Reproductive Health Indicators National Meeting

Wednesday, February 27th, 2013
8:00 a.m. – 4:30 p.m.
The Sheraton Gateway Hotel

Recommendations for the Canadian Community Health Survey Content Redesign 2015 Sexual Health Behaviours Module

Introduction

Accurate data on reproductive health indicators (RHIs) are essential for public health agencies health planners and policy makers to assess the need for reproductive health services, evaluate the impact of health policies and programs, and examine trends over time. Analysis of such indicators by social and health systems determinants can also provide information on health inequities and inform the development and evaluation of interventions to reduce these inequities. The potential to inform and guide policy through international comparisons of appropriate RHIs has been realized in most economically similar countries around the globe.

Canadian researchers and policy makers are currently limited in their capacity to examine and address reproductive health problems by incomplete, inconsistent or non-existent data. Although data on certain RHIs such as those related to childbirth are robust and reliable, other data, such as pregnancy and contraceptive prevalence, are not. For much of the data that is collected, definitions and methods of collection vary over time and among collection instruments such that regional and international comparisons and time trends cannot reliably be performed.

In 2012, the Canadian Institutes of Health Research awarded a planning grant *(Competition 20122060MRP Application 284856, June 15, 2012)* to the Contraception Access Research Team-Groupe de recherche sur l'accessibilité à la contraception (www.cart-grac.ca) a national group of experts in reproductive health from policy, research, public health, and public domains. The aim was to develop a core set of national RHIs that are currently not well measured, such as contraception method prevalence and the population at risk for unintended pregnancy that can be harmonized across jurisdictions to provide comparable data.

The Canadian Community Health Survey (CCHS) is an important source of Canadian data on RHIs. With the coincidental timing of the CCHS redesign, the RHIs group recognized an opportunity to translate the outcomes of the indicator development into actual practice. We therefore focused on suggested revisions to the Sexual Behaviours (SXB) Module of the CCHS, while acknowledging that it was not feasible to include all core indicators in these suggested revisions. This document describes the methodology used for developing the consensus indicators and recommendations for the CCHS redesign, and presents the group's recommendations for revisions to the SXB Module.

Process

We convened a group (Appendix C) of key national and international experts, researchers, knowledge users, health data providers, consumers and strategic partners all of whom had an interest in RHIs, to work together develop recommendations for the redesign of the CCHS SXB Module.

In preparation for a face to face meeting on February 27, 2013, we administered an electronic survey (available from November 30 – December 27, 2012) to 20 RHI collaborators to gather information on the group's objectives for indicators development and priority topic areas for indicators. Seventeen responded (response rate of 85%) and survey results are presented in

Appendix A. The list of topic priority areas was subsequently mapped onto the current CCHS SXB Module questions to identify gaps between data collected in the survey and group priorities. We found that the current CCHS content addresses family planning utilization/methods used and pregnancy intendedness/intention but there was concern that the sample population is restricted (15-24 years for some questions) and current questions have limitations. For example, many commonly used contraceptive methods are not included as response options, pregnancy intention is not clear. Other group priorities such as access and barriers to family planning are not addressed at all in the CCHS content.

All members of the RHI collaborating group were then invited to participate in two tele/web-conferences on January 15 and February 6, 2013 whose aim was to further examine gaps between the CCHS content and the group's priority areas, and to develop preliminary suggestions for revisions to the CCHS SXB Module to address these gaps. Fourteen members of the group participated. At the first web-conference Lisa Smylie from the Public Health Agency of Canada provided an overview of the CCHS content redesign process. Discussion of the current SXB Module and the gaps with the group priorities generated potential suggestions for the CCHS redesign. Background information, meeting minutes and initial content suggestions were uploaded to an online collaborative platform where discussion continued. Comments and suggestions received online were amalgamated and reviewed with the group during a second teleconference, generating a revised set of questions. This work provided the background for a one day, face to face Reproductive Health Indicators Meeting which convened the entire expert group (see Appendix C for meeting program), revisited and analyzed CCHS SXB Module questions using a conceptual framework (see Appendix B) and came to an agreement on suggested question changes for the CCHS. These suggestions were subsequently circulated to the meeting participants for their final input.

Summary of Suggested Content Revisions

The survey, working group teleconferences, web discussion and RHIs meeting resulted in consensus on the following suggestions for the CCHS redesign.

1) Delete question CCHS SXB_Q07, "Have you ever been diagnosed with a sexually transmitted infection?" because of the known lack of validity of this question.

2) A more comprehensive list of contraceptive choices is essential for accurately determining contraceptive use in Canada. We recommend expanding response options using a more relevant and inclusive list of contraceptive methods. (Q 9 and 10)

3) It is important to have data on use of emergency contraception. We recommend adding a question about use of emergency contraception in the preceding year to be asked of those engaging in vaginal sex in the last 12 months. (Q 11)

4) We suggest that a series of questions about pregnancy intendedness/intention should be added to the Maternal Experiences Module. (Pregnancy Intendedness/Intention questions 1-4)

5) The current restriction of some of these questions to individuals 15-24, limits knowledge of sexual behaviours and contraceptive use in the broader population. As couples defer childbearing to later ages, it becomes more and more important to understand sexual behaviours in a broader range of ages. We recommend that age group of respondents be 14-49 years as this is comparable to other national surveys and identifies women of reproductive age.

6) Although outside our proposed scope related to family planning/contraception, we suggest that questions related to sexually behaviours be inclusive of behaviours outside heterosexual intercourse, such as oral and anal intercourse, that put individuals at risk for acquiring STIs. (Q 4 and 5)

7) Delete SXB_Q08, "Did you use a condom the last time you had sexual intercourse?". This content is collected in our suggested question 10.

Specific Content Recommendations

These consist of 11 questions related to family planning and STI risk for the SXB Module and four questions related to pregnancy intendedness and intention, which fit more closely with the Maternal Experiences Modules. Although **not** the focus of our recommendations, questions about STI risk were included to acknowledge the ongoing need for STI-related content within the SXB Module of the CCHS. We have considered the time constraints for administration of the survey in these suggestions. The suggested sample population for our questions is women and men aged 14-49 years.

1. **Have you ever had vaginal sexual intercourse?**
   « *Yes* » « *No* »

   Rationale: This question serves as a warm-up and a lead-in to the age of sexual initiation question that follows.

2. **How old were you the first time you had sexual intercourse?**
   « *Age in years* ___ » « *I have never had sexual intercourse* » (proceed to next Module)

   Rationale: This question defines the population of interest and age of sexual initiation. This is an important public health indicator. There is no skip pattern from the previous question to allow the respondent another opportunity to disclose if they have had sexual intercourse.

3. **In the past 12 months, have you had vaginal sexual intercourse?**
   « *Yes* » « *No* »

   Rationale: This question identifies risk for pregnancy and STI.

4. **In the past 12 months, have you had oral sex?**
   « *Yes* » « *No* »

   Rationale: This question identifies broader STI risk and isn't limited to heterosexual intercourse.

5. **In the past 12 months, have you had anal sex?**
   « *Yes* » « *No* »

   Rationale: This question identifies broader STI risk and isn't limited to heterosexual intercourse.

6. (Ask if « Yes » response to Q3, Q4 or Q5)
   In the past 12 months, with how many different partners did you have sex (including vaginal, oral, or anal sex)?

« *1 partner* » « *2 partners* » « *3 partners* » « *4 or more partners* »

Rationale: This question relates to STI risk and captures all sexual behaviours that could put the individual at risk for an STI.

7. (Ask if a « Yes » response to Q3)
Are you or your partner(s) trying to become pregnant <u>right now?</u>

« *Yes* » *(proceed to Q11)* « Currently pregnant » « *No* » « *Not sure* »
Rationale: This question is about pregnancy intention. A « *Yes* » or «Currently pregnant» response defines who does <u>not</u> need contraception.

8. (Ask if NOT answer « Yes » or « Currently pregnant » on Q7)
In the <u>last 30 days</u>, have you had vaginal sexual intercourse?

« *Yes* » « *No* »

Rationale: identifies individuals currently at risk for unintended pregnancy and uses a time frame that is comparable to that used in the United States - National Survey of Family Growth. This would allow international comparisons. A « No » response defines who does **not** need contraception.

9. (Ask if « No » or « Not sure » response for Q7)
In the <u>last 30 days</u> did you and/or your partner (s) use any of the following? Select all that apply:

a. *Withdrawal, pulling out*
b. *Rhythm /natural family planning*
c. *Condoms*
d. *Pill*
e. *Patch or Ring*
f. *Intrauterine device or system also called IUD or IUS, copper T or Mirena)*
g. *Birth control shot/depo provera*
h. *I/my partner had a tubal ligation/female sterilization/hysterectomy*
i. *I/my partner had male sterilization/a vasectomy*
j. *Emergency contraceptive pill*

k. Some other method to prevent pregnancy _____

l. No method

Rationale: This question offers more choice in the response options than the current CCHS question and will more accurately capture contraceptive use. It includes methods that are not widely recognized by the public as contraception; for example, 'withdrawal' may not be selected if it is not specifically identified as an option. This question sets a time frame that is comparable to that used in the US National Survey of Family Growth, and asks the question of individuals who have had sexual intercourse within the past 12 months and who indicate that are not trying or are unsure about becoming pregnant. Thus individuals who have not had sexual intercourse in the past 30 days can still respond. This may be relevant for individuals using non-coitally related methods of contraception. For example a woman who has not had vaginal intercourse in the past 30 days, may still indicate that she is using an oral contraceptive, or has had a tubal ligation.

10. (Ask if « No » or « Not sure » response for Q7)
The <u>last time</u> you had vaginal sexual intercourse, what contraceptive method(s) did you and /or your partner use?

Response option 1 (preferred but may not be feasible because of time constraints with interview administered survey):

a. Withdrawal, pulling out

b. Rhythm /natural family planning

c. Condoms

d. Pill

e. Patch or Ring

f. Intrauterine device or system also called IUD or IUS, copper T or Mirena)

g. Birth control shot/depo provera

h. I/my partner had a tubal ligation/female sterilization/hysterectomy

i. I/my partner had male sterilization/a vasectomy

j. Emergency contraceptive pill

k. Some other method to prevent pregnancy _____

l. No method

Response option 2:

« *Please specify*_____ »

Rationale: This question is similar to question SXBQ_13 in the current SXB Module and comparable to the US National Survey of Family Growth question. It identifies current contraceptive use and offers expanded range of response options to more accurately capture contraceptive use.

Option 1: Repeats all contraceptive options listed in the previous question and offers the advantage of being clear and inclusive. This is a more time-consuming option and may not be feasible in an interview setting because of time constraints. It would be feasible in a computer-assisted/written survey.

Option 2: Asks the respondent to name all methods used. This would save time in an interview setting. A comprehensive contraceptive list was provided in the preceding question but this option requires respondents to remember the list and correctly identify all methods used.

11. (Ask if « Yes » to question Q3)
In the last 12 months, how many times did you use the emergency contraceptive pill/Plan B/Next Choice/Norlevo?

« *0*» « *1*» « *2*» « *3 or more*»

Rationale: This question gathers information on emergency contraception use and is asked of all respondents who indicate they have engaged in vaginal sex in the past 12 months. Data about this back up method of contraception are important for public health.

Pregnancy intendedness/intention questions: this set of questions adapted from *National Survey of Family Growth* estimates the levels of unintended pregnancies nationally. These questions would fit best in a Maternal Experiences Module of the CCHS.

1. What was the month and year that your last pregnancy ended?

« *I am currently pregnant*» « *I have never been pregnant*» *(Skip to Q4)*

2. Right before you became pregnant with your last (or "current" if pregnant) pregnancy, did you yourself want to have a(nother) baby at any time in the future?

«*Yes*» *(go to next question)* «*No* » « *Not sure/I don't know*»

3. Would you say you became pregnant too soon, at about the right time, or later than you wanted?

« *Too soon* » « *Right time* » « *Later* »

4. *(Ask if* « *I have never been pregnant*» *or NO response* « *I am currently pregnant*»*)*
Do you yourself want to have a baby at any time in the future?

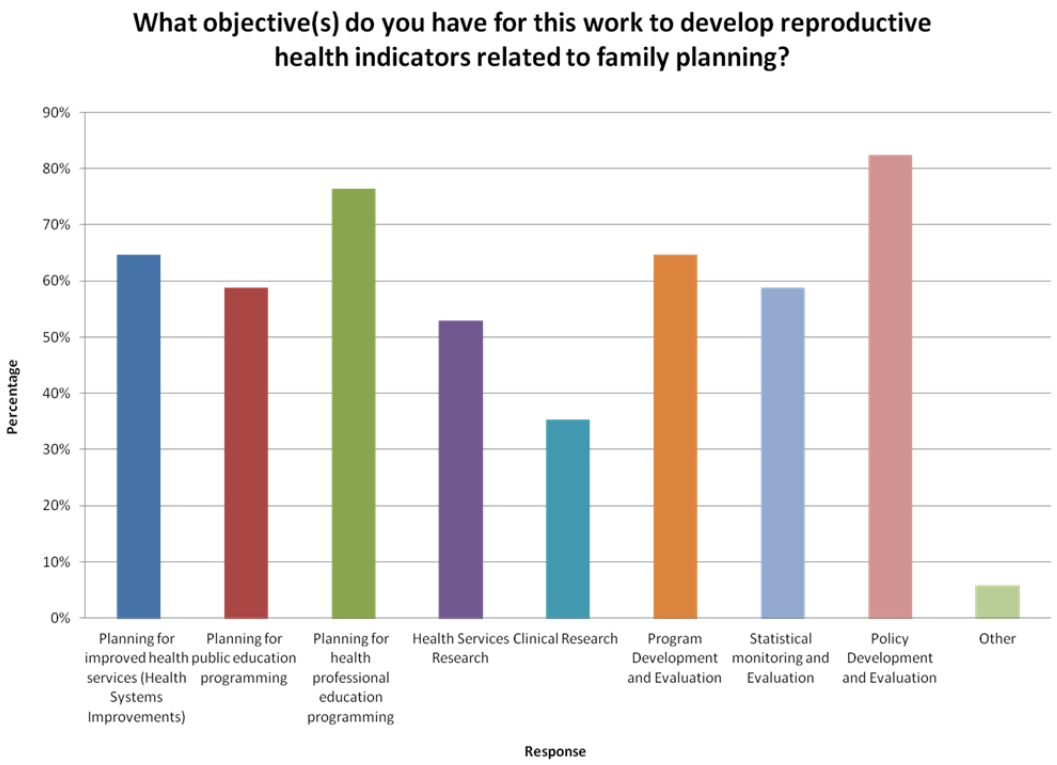
« *Yes* » « *No* » « *Not sure* »

Rationale for **pregnancy intendedness/intention questions:** Unintended pregnancy has negative impacts on both maternal and child health but rates are unknown in Canada. These questions will capture data needed to determine rates of unintended pregnancy and intention for future pregnancy to examine the scope of the problem and, if followed over time can provide evidence of the effectiveness of family planning policies and services. These data are collected by many countries and valuable international comparisons can be drawn which are relevant to health policy and programming.

Summary

The Canadian Community Health Survey is an important source of data on the sexual behaviours of Canadians and is used by researchers, public health and policy makers to help address the reproductive health needs of the population. Our national and international expert group of researchers, knowledge users, health data providers, consumers and strategic partners came together with a commitment to agree on suggestions for CCHS content that reflect the needs of end users for data relevant to their work. Our recommendations focus on changes that will address our need for valid population-based data on contraceptive prevalence and pregnancy intendedness/intention. We respectfully submit the recommendations for your consideration.

Appendix A: Results of Survey



Topic Areas of Priority

	Very Low Priority	Low Priority	Neutral Priority	High Priority		Very High Priority
Abortion	6%	0%	24%	35%	**[70]**	35%
Access and Barriers to Family Planning	6%	0%	6%	18%		71%
Attitudes toward Family Planning	0%	0%	35%	35%	**[64]**	29%
Family Planning Intention to Use	0%	0%	35%	35%	**[64]**	29%
Family Planning Utilization/ Methods Used	0%	0%	6%	18%		76%
~~**Gender and Sexual Orientation**~~	~~6%~~	~~12%~~	~~47%~~	~~12%~~		~~24%~~
Pregnancy Intendedness/ Intention	0%	0%	12%	24%		65%
~~**Reproductive History (pregnancy and childbirth)**~~	~~6%~~	~~12%~~	~~41%~~	~~41%~~		~~0%~~
Sexual Coercion & Violence	0%	6%	29%	41%	**[65]**	24%
~~**Sexual Dysfunction**~~	~~12%~~	~~24%~~	~~59%~~	~~6%~~		~~0%~~
Sexual Education & Knowledge	0%	6%	18%	29%	**[70]**	47%
Sexual History	0 %	12%	24%	29%	**[64]**	35%
Sexually Transmitted Infections	0%	12%	18%	41%	**[70]**	29%

Appendix B: Framework for Analysis of Current CCHS SXB Questions

Example Question: SXB_Q01 **Have you ever had sexual intercourse?**				
What is the question getting at?	**How should the question be worded?**	**Who is intended to answer the question?**	**Why is the question being asked? (Rationale)**	**Is this question currently used in other surveys?**

Appendix C: Meeting Agenda and Participants

Agenda:

8:00 a.m. – 8:45 a.m.	**Registration and Breakfast**	
8:45 a.m. – 9:15 a.m.	**Welcome, Introductions and Meeting Overview**	*Dunn*
9:15 a.m. – 10:00 a.m.	**Conceptual Framework & the Importance of Reproductive Health Indicators** An international perspective	*Jones* *Blanchard*
10:00 a.m. – 10:30 a.m.	**Canadian Community Health Survey (CCHS)** Background, 2015 Redesign How is it currently used?	*Smylie* *Rotermann* ***Group***
10:30 a.m. – 10:45 a.m.	**Break**	
10:45 a.m. – 11:15 a.m.	**Setting the Stage** Work to date - Results of initial survey - CCHS working group activities Assumptions	*Dunn* *Brown* ***Group***
11:15 am – Noon	**CCHS Sexual Behaviours Module Revisions – The 'easy' stuff** Questions: Q01 to Q04 and Q07, Q08	*Dunn* *Brown* *Panjwani* ***Group***
Noon – 1:00 p.m.	**Lunch**	
1:00 p.m. – 3:00 p.m.	**CCHS Sexual Behaviours Module –The 'harder' stuff** Questions: Q09 to Q13 and 2 new questions Revisions and suggested new questions Next steps with survey questions	*Dunn* *Brown* *Panjwani* ***Group***
3:00 p.m. – 3:15 p.m.	**Break**	
3:15 p.m. – 4:15 p.m.	**Moving Forward with Priority Topic Indicators** Identifying core set, indicator gaps and data sources	***Small Groups***
4:15 p.m. – 4:30 p.m.	**Summary & Reflection on the Process**	*Dunn* ***Group***
4:30 p.m.	**Adjourn**	

LEADERSHIP:

Sheila Dunn, Associate Professor, Department of Family and Community Medicine, University of Toronto; Scientist, Women's College Research Institute

Édith Guilbert, Médecin-conseil, Institut National de Santé Publique du Québec; Professeure de Clinique, Obstétrique et Gynécologie, Université Laval

PARTICIPANTS:

Amanda Black, Associate Professor, Department of Obstetrics and Gynecology, University of Ottawa

Kelly Blanchard, President, Ibis Reproductive Health

Melissa Brooks, Senior Obstetrics and Gynecology Resident, Dalhousie University

Suzanne Campbell, Director, School of Nursing, University of British Columbia

Latifa Elfassihi, Direction Générale Adjointe de la Santé Publique, Ministère de la Santé et des Services Sociaux, Québec

Lorraine Ferris, Professor, Dalla Lana School of Population and Public Health, University of Toronto; Senior Scientist, Institute of Clinical Evaluative Sciences

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Joan Geber, Executive Director, Healthy Women, Children and Youth Secretariat, Population and Public Health, Ministry of Health, British Columbia

Jennifer Hulme, Family Medicine Resident, Clinician Scientist, University of Toronto

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Alex McKay, Research Coordinator, Sex Information Education Council of Canada; Associate Editor, Canadian Journal of Human Sexuality

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