

Maternal, Newborn & Child Survival

SURVEY DATA DHS & MICS

Aluísio J D Barros

International Center for Equity in Health Federal University of Pelotas





Household surveys



- Traditional strategy to obtain population representative estimates
- Most countries carry
 - Surveys attached to population census
 - Surveys on income, living standards and employment
 - Surveys on health status and utilization of health services
 - And so and so on
- Representativeness is a strong trait
 - Nationally
 - Geographical regions
 - Provinces
 - Metropolitan areas
 - Rural area



Sample design



- Is the key to representativeness
- Each population group that can have separate estimates is called a "domain"
 - Households in each domain must be selected in a way to provide a representative estimate (back to this soon)

Precision

- Sample size calculations needed to guarantee minimum precision
- Precision is defined as the width of the confidence interval
- Maximum acceptable CI width (and budget) defines sample size
- Each domain must meet the sample size requirements

How to select a sample?



- Easiest way = simple random sample
 - Names on paper mixed in a bag
 - In this case everybody has the same probability of selection
 - But usually there is no up-to-date complete list of households!
- To be called a SAMPLE
 - All units must have a known, non-zero probability of selection
- How to select households, then?



Multi-stage cluster samples



- Break down your problem into steps
 - The number of steps may vary
 - Often, two steps
- 1. Within the domain, first, select a cluster
 - Usually a census tract
- For each cluster selected
 - Enumerate all existing households
- 2. From the list
 - Select the desired number of households



Pros and cons



- Advantages
 - Drastically reduce the need to identify households
 - Limit the area to be covered by interviewers
- Disadvantages
 - More complicated to implement
 - Due to similarity within clusters
 - Less information = less precision = more variability
 - Increase the sample size compared to SRS
 - More complicated to analyse
- On balance, reduce the cost of the survey



Stratification



- Population groups have different sizes
 - Men and women are about the same
 - More adults than children or elders
 - More poor than rich
 - More urban than rural (or the opposite in some places)
- If subgroups are proportionally represented in the sample
 - We may end with very few rich households
 - Or very few elders
- Stratification
 - Disproportionate sampling of some groups
 - → reduction in sample size while keeping precision overall
 - Need to know the population proportion of each group!
 - Imply in different weights for households



Analysis must take



- Sample design into account!
- Failing to take clusters into account
 - Will produce variances that are underestimated
- Failing to take stratification into account
 - Will produce variances that are overestimated
- Failing to take sample weights into account
 - Will produce biased point estimates
 - Impossible to predict in what direction



DHS



- Demographic Health Surveys
 - Funded by USAID
 - Started in 1985 in El Salvador

El Salvador: Standard DHS, 1985

DHS Final Reports FR15 El Salvador 1985 DHS Final Report (Spanish) 💆 PDF, 1938K

Country: El Salvador

Contract Phase: DHS-I Recode Structure: DHS-I

Implementing Associación Demográfica

Organization: Salvadoreña

Fieldwork: May 1985 - July 1985

Status: Completed

Respondents

Households: Sample Size: 4922

Female: (All Women)

Age: 15 to 49 Sample Size: 5207

•

Male: No male respondents

Facilities: N/A

Survey Characteristics

Micronutrients
 Social Marketing

Survey Datasets
Data Available

HIV Testing
Not Collected

GPS Datasets
Not Collected

SPA Datasets Not Applicable



DHS phases

- DHS I 1985-89
- DHS II 1990-94
- DHS III 1995-99
- DHS IV 2000-04
- DHS V 2005-09
- DHS VI 2010-14

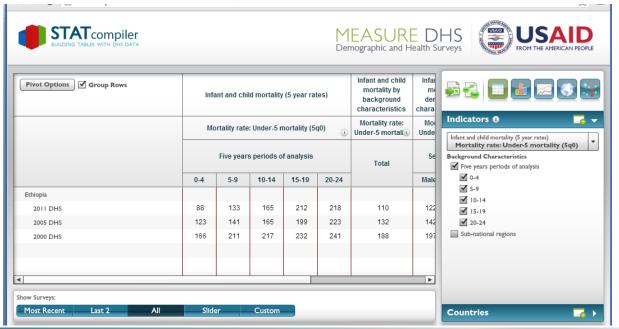
Most common topics in the surveys

Anthropometry	200
HIV Knowledge	182
HIV Behavior	149
Maternal Mortality	126
Reproductive Calendar	123
Micronutrients	121
Tobacco Use	103
Women's Status	102
Iodine salt test	99
Birth Registration	90
Anemia Testing	87
Social Marketing	85
Vitamin A Questions	82
Malaria/Bednet Questions	<i>57</i>
Malaria Module	55

DHS resources



- Measure DHS site
 - Info on surveys manuals, questionnaires
 - Survey lists by country, year, region, etc.
 - Statcompiler custom tables/graphs of indicators, possible to obtain national estimates, and some stratifications





MICS



- Multiple indicator cluster surveys
 - Funded & managed by Unicef
 - Started in 1995:
 - MICS1 (1995)
 - MICS2 (2000)
 - MICS3 (2005-06)
 - MICS4 (2009-11)
 - MICS5 (2012-14)

MICS4 Questionnaires

Flow of Questionnaires v3.0

Core Questionnaires

Household Questionnaire

Questionnaire for Individual Women (With Birth History)

Questionnaire for Individual Women (Without Birth History)

Questionnaire for Individual Men

Questionnaire for Children Under Five

Additional Questionnaire Forms

Questionnaire Form for Child Disability

Questionnaire Form for Vaccinations at Health Facility

Changes to MICS4 Questionnaires v2.1 to v3.0

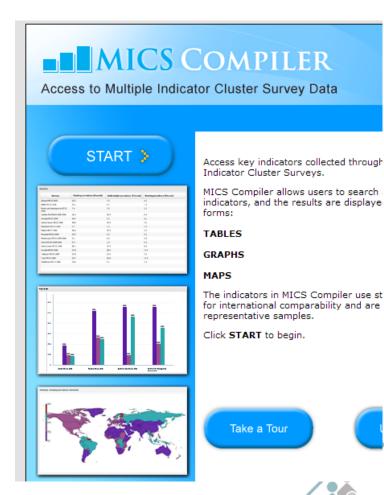


MICS resources

Countdown to 2015 Maternal, Newborn & Child Survival

Childinfo site

- Information on surveys manuals, questionnaires, reports
- Survey lists
- MICScompiler separate site where you can build tables, graphs and maps



Available surveys



country	Countdown					year			
Afghanistan	У	2000(a)	2003(a)	2010	2010(n)				
Ethiopia	у	2000	2005	2011					
Kenya	У	1989(a)	1993	1998	2000(a)	2003	2008	2008(n)	
Lebanon	n	2000(a)							
Malawi	у	1992(a)	1995(a)	2000	2004	2006	2010		
Pakistan	У	1990(a)	2006						
Pakistan(Balochistan)	У	2010							
Peru	у	1986(a)	1991(a)	1996	2000	2004-2008	2009-2012(n)		
Rwanda	У	1992(a)	2000	2000(a)	2005	2007	2010		
Tanzania	У	1991(a)	1996	1999	2004	2010			

_			_		_		_		_
Legend									
	MICS								
	DHS standa	rd							
	DHS contin	uous							
	DHS specia	l or interim							
# non-star	ndard DHS								
a = old sur	vey for wh	ich data ar	e available	e but were	not analyz	ed (MICS1	, MICS2, DI	HS1, DHS2)	
b = old sur	vey for wh	ich data ar	e not avai	lable or ha	ve restrict	ed access (MICS1, MIC	CS2, DHS1,	DHS2)
n = recent	survey for	which dat	a are not a	vailable (N	AICS3 onwa	ards, DHS3	onwards)		
z = survey	that was re	ecently ma	de availab	le - yet to	be analyze	ed			



ICEH - original objectives



- Analyze all DHS or MICS starting with DHS3 and MICS3 and update analyses as new surveys become available
 - coverage of a set of core Countdown maternal, neonatal and child health interventions + WHO selected indicators
 - the composite coverage indicator
 - the co-coverage index for preventive interventions
- Do original analysis & write up papers
- Maintain an equity database



Coverage indicators



- Contraceptive prevalence / demand for family planning
- Skilled attendant at delivery
- Antenatal care (1+ visit with skilled provider)
- Antenatal care (4+ visits)
- C-section rate
- Early initiation of breastfeeding
- Postnatal visit for baby
- DPT3, measles, polio vaccine
- Oral rehydration therapy for children with diarrhea
- Careseeking for pneumonia
- Insecticide-treated bednets (child slept under last night)
- Vitamin A supplementation
- Improved drinking water source
- Improved sanitation



Stratifiers



- Sex
- Place of residence
- Wealth quintiles
 - Q5/Q1 ratio & difference
 - Slope index of inequality (absolute inequality)
 - Concentration index (relative inequality)
- Maternal education
- Region of the country
- In 2013 adding maternal age



What we have done so far



- Re-analysis of 207 DHS & MICS surveys
- Indicators estimated
 - All coverage estimates relevant to Countdown and GHO
 - Under-5 mortality and all components
 - Age-specific fertility rates
 - Nutritional scores, % of deficit and % children obese
- All estimates stratified by
 - Wealth quintiles, maternal education, urban/rural, geographic area, sex of the child



What our analyses added



- From compilers
 - Not all indicators are directly available (e.g. SBA)
 - Stratifications vary by indicator
- All our estimates have
 - N's (important to assess validity)
 - SE's (direct estimation or jackknife for mortality & fertility)
- Composite indicators
 - Composite coverage index
 - Co-coverage (only estimable from microdata)



Individual vs batch analysis



- From start, our idea was to build a platform allowing for standardized analyses of a large number of surveys
- Advantages
 - Quick response to new indicators or stratifiers
 - Comparable estimates, independent of local adaptations or political decisions
 - Ability to produce specific indicators such as the CCI and cocoverage



The analysis process



- Dataset names
- Check variables
- List relevant variables & codes
- → Control dataset

Prep

Analysis

- Use individual, child and household datasets
- Merge wealth index and nutritional scores
- → Estimates

- All estimates and stratifications produced?
- Results comparable to published?
- → Final results

Verification



Equity datasets



- Our main statistical package = Stata
- Results in 6 Stata datasets
 - 1 for national estimates = "all.dta"
 - 1 for each stratifier
 - Wealth quintiles = "wiq.dta"
 - Maternal education = "meduc.dta"
 - Area of residence (urban/rural) = "area.dta"
 - Region of the country = "region.dta"
 - Sex of the child = "sex.dta"
- Also, results in a single Excel spreadsheet
 - Each original Stata dataset in one separate sheet
 - Tabs have the same names as the Stata datasets

Plenty of opportunity to work with the datasets in the practical sessions

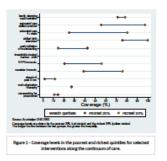


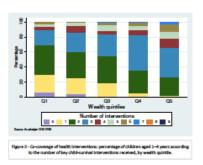
Full equity profile

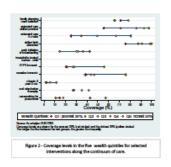


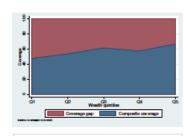
Azerbaijan (DHS 2006)

Mined and published to the control of the control o	71.3 62.5 62.6 62.6 78.4	83 80 80 84 83	0.0 6.0 6.0 6.0 6.0	85 187 107 864	77.8 84.4	28	36.8	868	84.7	718							_		
GG	65.5 65.6 65.6 76.6	60 60 64	61.5 51.5	10.7							26.8	-	43	31.4	10.8	100	344	46	62.2
GO G	65.5 65.6 65.6 76.6	60 60 64	61.5 51.5	10.7		2.0													
GO G	65.6 78.6	60 60 64	61.5 51.5	10.7	84.4		63	8.0	444	66.3	38.6	-	4.7	272	14.5	100	4.0	38	47.0
CAS CAS CAS CAS CAS CAS CAS CAS	78.4	48.4	96.8	95.6		5.6	20.0	4.4	784	44.7	36.4	86.3	34	27.0	40.0	100	44.7	4.0	56.0
OIL pity indiscess OILGI crain OILGI	78.6				86.8	4.0	80.0	432	88.6	75.0	27.8	46.8	2.5	41.6	67.8	HC.	36.8	3.0	62.0
ging indication OUGS crash OUGS crash OUGS crash Communication index Sectional solumition man primary communicy s	44	67.3		63.7	67.5	6.4	38.3	34.7	643	71.0	28.4	6.7	6.7	36.3	17.8	100	84.3	6.0	67.A
OUGL rate OLGS difference Consensation below U standard situation new princery semestry s			95.3	74.0	98.6	4.6	8.4	147	67.6	98.6	96.0	36.0	44.5	276	100	80	0.6	13.2	47.0
(F-Q) difference Companies below the companies below the companies below the companies of the companies of the the companies of the comp															-				
Companies below Si stance of selection more primary secondary = diffuses		1.0	4.8	8.7	6.0	6.5	8.4		4.6	4.8	2.7	2.0	44	1.0	9.7	80	44	46	6.6
O stampi obsetion non prinary servicey o differen	7.4	2.0	40.4	54.3	34.8	6.3	36.6	4.7	34.6	43.3	35.4	27.0	4.8	0.4	3.4	80	26.7	46.0	40.4
otomal observer non prinary security :	24	4.8	10.4	24.8	5.3	8.6	463	35.3	8.0	113	20.4	23.6	40.0	3.5	162	MO.	73	MA	5.8
otomal observer non prinary security :	7.6	2.6	534	63.5	36.0	22	28.6	1840	613	48.5	16.4	24	11.2	4.3	26.8	80	36.6	44.0	26.0
primary primary paramilary o										_									
different	67.6	51.4	954	667	83.4	MG.	2.6	100	662	800	76.6	75.8	68	1000		100	100	673	164
different	36.8	25.0	947	14.6	86.5	2.0	64	1.7	608	434	15.4	NO.	3.6	100	-	100	196	196	24
	40.6	11.6	22.6	45.8	88.7	4.7	84.7	44.9	83.5	72.0	38.4	4.5	4.3	34.3	10.6	100	196	4.5	67.6
nuite	16.6	NA.	27.8	67.8		5.6	10.0	45.0	62.6	716	30.6	-	3.6	83.8	36.2	100	196	43	74
levels .	44	NA.	754	40.5	100.4	3.6	86.7	6.0	867	724	38.7	40.5	6.0	34.3	26.6	100	196	6.4	16.6
no of residence																			
urban.	70.8	54.8	86.7	58.8	96.6	5.4	28.3	28.0	484	76.6	10.3	0.6	4.0	313	26.6	100	86.4	74	40.3
nosi	48.0	50.3	63.3	36.7	86.7	4.3	44.5	72	46.6	43.6	36.3	6.3	18	40.6	12.4	80	46.7	34	16.7
and the last of th																			
delene	56.4	44.2	96.3	68.4	95.4	8.5	23.7	35.4	68.0	87.6	10.4	44.0	4.8	304	54.5	10	96.8	4.8	62.0
	66.3	48-0	63.2	10.4	MG 4	4.8	86.3	4.5	48.0	613	34.5	86.7	17	317	36.6	100	W. B	12	51.4
lade:	77.0	58.4	95.6	76.6	66.5	9.6	45.4	27.6	95.4	86.5	44.6	44	8.6	304	-	10	94.0	***	164
delinik siteran	48.3	47.6	SAS	18.6	76.6	8.6	36.7	4.5	77.0	64.7	17.6	8.3	5.8	41.4	10.6	100	77.4	4.3	62.8
pris prairi	64.5	48.7	78.4	46.8	86.8	7.8	20.6	46.7	83.4	75.6	16.3	44.0	48	38.3	28.6	100	46.3	82	68.8
pite thefree	76.4	57-0	643	96.8	95.8		9.7	104	682	46.5	10.8	86.7	4.3	8000		100	95.4	62	MA.
erie an	67.4	47.3	66.6	36.6	76.5	6.6	34.4	6.0	62.7	66.0	3.6	6.4	3.6	46.7	36.8	HO.	36.7	14	52.7
chald serpetate militari keminahi	70.8 77.4	6.4	75.4	10.4	10.4	3.5	5.4	116	734	663	13.6	64	12	31.0	10.E 77.A	100	9.2	38 32	63.3









Each country gets

- A big table
- 4 graphs

They sit at

www.countdown2015mnch.org
/reports-and-articles/equity

There is also an Excel version for easier data access.

The table rows



- Stratifiers in the rows
- 5 in total
 - Wealth quintiles
 - 1 to 5
 - Maternal education
 - No education
 - Primary
 - Secondary +
 - Child's sex
 - Urban/rural
 - Geographic region
 - Variable by country

Azerbaijan (DHS 2006)

Table - Coverage of Countdown indicators at I

	Family planning needs satisfied	Contraceptive prevalence rate
National	69.4	51.1
Wealth quintiles		
Q1	71.3	55.2
Q2	65.5	48.0
Q3	65.9	47.0
Q4	65.6	48.4
Q5	78.4	57.2
Equity indicators		
Q5/Q1 ratio	1.1	1.0
Q5-Q1 difference	7.1	2.0
Concentration index	2.1	1.3
SII	7.5	2.8
Maternal education		
none	67.6	51.4
primary	39.8	25.0
secondary +	69.6	51.4

The table columns

Table - Coverage of Countdown indicators at national level and by key equity stratifiers.

	Family planning needs satisfied	Contraceptive prevalence rate	Antenatal care (1+ visits, skilled provider)	Antenatal care (4+ visits, any provider)	Skilled attendant at delivery	C-section rate	Early initiation of breastfeeding	Postnatal care for babies born at home	F
National	69.4	51.1	76.9	45.2	88.6	4.7	31.9	10.8	_
Wealth quintiles									

- Indicators in the columns
 - FPS family planning need satisfied
 - Contraceptive prevalence
 - ANC1s, ANC4
 - SBA
 - C-section
 - Early BF
 - Postnatal care for babies (born @ home & all)

- BCG, DTP3, Measles
- Vitamin A
- ORT
- Careseek for diarrhea
- ITN by children
- Improved drink water
- Cocoverage
- CCI composite coverage index



Reading the table

Countdown to 2015

Maternal, Newborn & Child Survival

- Each cell shows coverage
- For the whole country
- For wealth quintiles
- And so on...
 - Not getting into the definition of each one
- Oops
 - Not all rows are stratifiers!

Azerbaijan (DHS 2006)

Table - Coverage of Countdown indicators at I

	Family planning needs satisfied	Contraceptive prevalence rate
National	69.4	51.1
Wealth quintiles	X	
Q1	71.3	55.2
Q2	65.5	48.0
Q3	65.9	47.0
Q4	65.6	48.4
Q5	78.4	57.2
Equity indicators		
Q5/Q1 ratio	1.1	1.0
Q5-Q1 difference	7.1	2.0
Concentration index	2.1	1.3
SII	7.5	2.8
Maternal education		
none	67.6	51.4
primary	39.8	25.0
secondary +	69.6	51.4

Equity indicators



- Just after the coverage by wealth quintiles
 - Some equity indicators:
 - Richest / poorest ratio
 - Richest poorest difference
 - Concentration index (CIX)
 - Slope index of inequality (SII)

We will discuss equity indicators in detail in the next equity lectures.

_	. FPS	CPR	ANC1s
Equity indicators			7 11 1 3 1 3
Q5/Q1 ratio	1.1	1.0	1.8
Q5-Q1 difference	7.1	2.0	42.1
Concentration index	2.1	1.3	11.4
SII	7.5	2.8	53.0



Issues to bear in mind



- When using survey-based indicators
- 1. Measurement error
 - Results only as good as the quality of info collected
 - Questionnaires rely on understanding and recall
 - Complex indicators are less reliable
 - Some definitions are loose ex. pneumonia based on cough and difficulty breathing
 - Anthropometry is difficult!
 - Especially measurement of height/length



Issues continued



- 2. Sampling error
 - Coverage and prevalence measured to a given precision
 - Subgroups have smaller Ns, and less precision
 - Need to take precision into account
 - Time trends, group comparisons
 - Evident differences may not be so evident!
- More issues will be covered in another lecture

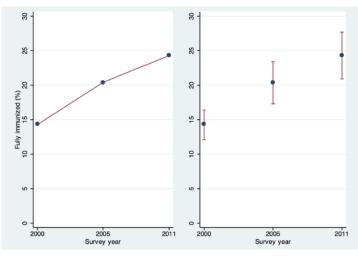


Figure 1. Two ways of looking at coverage of full immunization in Ethiopia—with and without confidence intervals. Ethiopia DHS surveys 2000, 2005, 2011 [33]. doi:10.1371/j.jpumal.pmed.1001386.q001

