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Subject: Re: Missing values for child weight and height  
Posted by [Trevor-DHS](#) on Tue, 12 Jul 2016 21:48:40 GMT  
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There are two parts to the explanation:

1) In DHS, we first interview households, collect a list of persons living in the household and who slept in the household the night before the survey, and for selected groups of these people (children under age 5, women age 15-49, sometimes men age 15-49/54/59) we collect anthropometric measures and biomarker information. When we interview women we also collect a history of all of the children the woman has given birth to. HW13 in the BR and KR files relates to all of the children the woman has given birth to, and some of these may not live in the household. Any living child of the woman interviewed who does not usually live in the household and did not sleep in the household the night before the survey will have no anthropometric information collected for them in the household/biomarker questionnaire and are coded "No measurement found in household".

2) For surveys such as Malawi 2010 and Mali 2012 the anthropometric and biomarker information collected in the survey was only collected in a portion of the sample. For Malawi 2010, see section 1.7 on page 5 of the Malawi DHS 2010 report which explains that the hemoglobin test was conducted in a sub-sample of one third of households only. For Mali DHS 2012, I believe that a subsample of half of the households was used (see Mali 2012-13 DHS report). You should select only the households that were selected for the anthropometry and biomarker data collection (v042 == 1). `tab hw13 v042,m` to see the cases selected and not selected.

In general when analyzing the data on nutrition of children, we would recommend using the PR file and the HC series of variables which includes all children living in the household or who slept in the household the previous night and on which we base our analysis, rather than the BR or KR file. However, as it appears that you are linking this to intimate partner violence, there is no advantage to this as you need to be linking women and their children, but this also means that you will have no anthropometry or biomarker information for any child who does not live with the respondent, which would clearly be a limitation of your study (with a possible bias as it is possible that children not living with their mothers may be correlated with intimate partner violence).

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