Subject: Re: Infant data(less then 1 yr) from Children data
Posted by Bridgette-DHS on Tue, 25 Feb 2014 19:34:25 GMT
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Following is a response from one of our DHS experts Shea Rutstein.

Antenatal care in the Kenya 2008-09 DHS was only asked for the last live birth. For a simple tabulation of infant mortality by antenatal care, select last-born children who were born 12 to 59 months prior to the survey [v008-b3(1)>11 and v008-b3(1)<60]. The reason for selecting children born 12 or more months prior to the survey is to avoid a bias created by censoring of the time exposed to mortality.

Depending on the data file selected, you may have to link the maternity record to the birth history record using the index to the birth history [midx(1)=1]. Some children's files will not need linking but it depends on which file you are using.

Then recode age at death (imputed) into a new dichotomous variable, infmort, such that infmort is 0 if child is still alive or died at 12 or more months of age and 1 if child died at less than 12 months of age [infmort=0 if b7(1)=notappl or b7(1)>11; infmort=1 if b7(1)<12].

Cross tabulate by the antenatal variable of interest, for example, with m2a(1) if had antenatal care by a doctor. Remember that the difference in infant mortality by antenatal care may be confounded by other characteristics, such as wealth, education, residence, sex and birth order of child, mother's age at birth, etc. Multivariate analysis is usually need to sort out the confounding characteristics. For example, it was found that in Ghana children delivered by doctors died more often that those delivered by nurses. However, once wealth of the household was controlled, doctors had a better record of survival. The confounding was due to poorer mothers going late to get assistance from doctors when deliveries were complicated but richer women would go directly to doctors even for uncomplicated deliveries.