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Subject: Re: Antibiotic use for ARI - Tanzania DHS 2016

Posted by [soniwe](#) on Fri, 13 Jul 2018 09:27:08 GMT

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Hi Miriam and Bridgette,

Thanks very much for your responses.

Bridgette: We used the subpop option to specify that we only wanted children with ARI, which gives the same result as your antibari code, though specifying it in the code makes it easier for downstream analyses, so we will use that next time!

Miriam: We had noticed that the variable labels for h37i vary between surveys, but hadn't realised that this was related to differences in the data. The resources you shared are very useful.

Both: My question really relates to the fact that in the Tanzania 2016 dataset there are no data on antibiotic use for ARI (rapid or difficult breathing due to a problem in the chest, as defined by the DHS), unless there is also a fever. If you cross tab problem being chest-related (h31c) with antibiotic use (h37i) when there is no fever, no observations are returned.

```
tab h31c h37i if h22==0
```

However, according to the questionnaire (Qs 620 to 630), if there are symptoms of ARI (i.e. yes to rapid/difficult breathing, and yes to problem being chest-related) the skip should take you past the fever check to Q 624, which asks about treatment-seeking. In the Nepal 2016 DHS, where the questions and skips are exactly the same as Tanzania 2016 DHS, there is available data if you cross tab h31c with h37i. I'm trying to understand why this is the case.

Thanks for any clarification you can provide.

Sonia

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