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Subject: Re: Variables v367 & v401 in Pakistan DHS 2017-18 (BR-File)

Posted by [Bridgette-DHS](#) on Fri, 30 Oct 2020 19:45:43 GMT

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Following is a response from DHS Research & Data Analysis Director, Tom Pullum:

Regarding "Full Birth History and Antenatal Care Information", it will be easiest to use the KR file rather than the BR file. The KR file is restricted to births in the past 5 years. Singleton births will be those with b0=0. Early neonatal deaths have b6 between 100 and 106. Late neonatal deaths have b6 between 107 and 128. Other children who died at a later age have b5=0. Children who survived have b5=1.

For (1), I would say "Yes". It's possible that other users will have other suggestions.

For (2), I have highlighted two groups of words that seem to me to be identical in meaning. Did you mean them to be the same? Am I missing something? Anyway, we just have that variable (v401 or m17) for the most recent birth in the past five years. I don't think you can use C-section as a predictor of child mortality. Increasing numbers of C-sections in many countries are due to non-medical considerations, but their original purpose was to enable the child and/or mother to survive. Such C-sections only happen for high-risk births. You would expect a positive association between C section and stillbirth or neonatal death but that does not mean that the C-section CAUSED the death.