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Subject: Re: Neonatal mortality

Posted by [Bridgette-DHS](#) on Tue, 23 Aug 2022 11:41:05 GMT

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

Yes, any differences in definition can be problematic. However, the use of 30 days rather than 28 is just one of many things at DHS that were decided long ago. It would be possible (if not easy) to make a change going forward EXCEPT THAT there would be a discontinuity with the past. Would we then go back and re-calculate the rates from hundreds of surveys? We could make changes in STATcompiler, but what about all the final reports for the past 35+ years?

In the case of the NFHS-5, out of 8,702 deaths to children born in the past 5 years (b5=0 in the KR file) there are 16 deaths on day 28 or 29--a proportion .0018387. If you look at the distribution of day at death there is heaping on multiples of 5, even numbers, and multiples of 7. 15 deaths are reported on day 28, 1 on day 29, and 11 on 30. These are not numbers I would have much confidence in.

The Liberia further analysis report clearly stated that proportions based on age at death in the KR file were not rates. Most of the under-5 mortality rates are compound and can only be calculated for aggregates. And, as you say, the focus was really on early vs late neonatal deaths.

You can of course make adjustments to the data, for example in the way you described. Hope you can find a way to finesse this issue.

Thanks for using DHS data!

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