

---

Subject: Re: NFHS-5 (2019-21)

Posted by [Bridgette-DHS](#) on Thu, 22 Aug 2024 17:54:41 GMT

[View Forum Message](#) <> [Reply to Message](#)

---

Following is a response from Senior DHS Staff member, Tom Pullum:

Thanks for your clarification. You may not be able to do quite what you want to do, because this survey did not include pregnancy histories. The calendar (vcal\_1) includes pregnancy outcomes other than live births (with the letter T for termination) but it does not classify them with respect to whether they were a stillbirth, miscarriage, or abortion, EXCEPT for the most recent termination in the past 5 years, for which the breakdown is given with s234.

Also, in this survey, ANC information is provided only for live births. It is not asked for terminations.

You may have to reduce to the most recent pregnancy outcome in the past 5 years, because it is the only one you can classify as a birth / stillbirth / miscarriage / abortion, but even so, you will only have ANC information if it was a live birth.

Hemoglobin / anemia information is current status, that is, on the day of the survey. There is currently much discussion at CDC and WHO of the link between hemoglobin concentration and anemia. For many years, DHS has measured hemoglobin concentration and converted it to an anemia classification, but that may not continue. You may want to look into that link.

As for the connection between ANC and birth outcomes, such as stillbirths and early neonatal deaths, it has proven difficult to show that more ANC leads to better outcomes. Women who have a problematic pregnancy tend to have more ANC visits AND more risk of a poor outcome. This produces a spurious counter-intuitive relationship between the number of visits and the outcome.