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

Posted by [Bridgette-DHS](#) on Fri, 23 Aug 2024 15:31:44 GMT

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

A cross-sectional survey such as a DHS (or NFHS) is a poor substitute for the kind of longitudinal clinical study that you would like to have.

s728 covers 7 chronic diseases but all of them are self-reports. The respondents may report that they have "sought treatment" but we don't know whether they are currently receiving treatment or medication. We do know more about hypertension, because blood pressure readings were included in the NFHS-5 (enter "lookfor systolic" to find the variable names).

Even if the woman self-reports a chronic disease at the time of the survey, we don't know whether she had it at the time of any pregnancy.

I looked at the frequencies. For example, of the 724,115 women in the IR file in the NFHS-5, 13,589 (weighted frequency) say they currently have diabetes. 1,576 of the women with diabetes had a birth in the past 5 years. Of them, 87 had a child in the past 5 years who died as an infant. I think it would be very difficult to find a relationship between currently having diabetes and having had an infant death, especially if you take potential confounders into account. Because these are self-reports and the temporal sequence is reversed, any reviewers would be skeptical.

The issues of sample size, self-reports, and reverse timing would be present for other outcomes such as low birthweight. Note that if eclampsia develops, there is a high risk that the mother dies and the case is lost entirely.

Your research topic is certainly important. The problem is just that you may not be able to get very far with these data. I can't come up with any serious suggestions. Maybe other users can help out.

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