Subject: Neonatal Mortality
Posted by amanki2002@yahoo.com on Tue, 07 Sep 2021 08:57:44 GMT

Dear DHS Experts, I want to conduct a research on predictors of 4+ ANC, Health Facility Delivery and its association with Neonatal mortality among neonates born five years preceding the survey in ten countries. When I prepared a cross-tab using the KR file for one sample country (Ghana-GHKR72FL), I generated neonatal mortality using the following STATA command:
gen neonatal_death=0
replace neonatal_death=1 if b7==0
tab neonata_death[iweight=v005/1000000]
.... then....
tab m14 neonatal_death,
Information on 4+ ANC was available in only 66 of the 167 diseased neonates, of whom only 1 has no ANC visits, 2 have one-time ANC visits, none have 2 ANC visits, and 3 have 3 ANC visits. Therefore, the overall <4 ANC visit among the diseased neonates was 6(9%).
My questions:
1. Am I using the right data set to address my objectives? If not which data set should I use?
2. Do I need to merge two or more data sets? If yes, which one should I merge?
3. Could you please share with me the STATA commands on how to filter the above variables of any data set sources?

Looking forward to your reply.

My kind regards

Subject: Re: Neonatal Mortality
Posted by Bridgette-DHS on Wed, 08 Sep 2021 12:00:05 GMT

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

Information about antenatal care is only collected for the youngest child under 5. You can see this if you enter "tab m14 bidx". Then enter "tab m14 neonatal_death if bidx==1". The children in this table are the only ones for whom you have information about the relationship between antenatal visits and neonatal mortality / survival.

If you calculate the mean number of visits with "summarize m14 if bidx==1 & neonatal_death==0 & m14<=20" and "summarize m14 if bidx==1 & neonatal_death==1 & m14<=20" you will find a slightly greater mean number of visits for the children who died--although the difference is probably not significant.

This is a difficult topic to analyze because women who have problematic pregnancies are more likely to be referred for antenatal care AND are more likely to have a neonatal death. For this reason it's difficult to show that better care results in fewer deaths.

Subject: Re: Neonatal Mortality
Posted by amanki2002@yahoo.com on Wed, 08 Sep 2021 14:45:07 GMT
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Thank you very much for your post! This is very helpful

Amanuel

Subject: Re: Neonatal Mortality
Posted by rattanpreety11@gmail.com on Mon, 27 Sep 2021 21:29:51 GMT
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Re: Neonatal Mortality Wed, 08 September 2021 08:00
Bridgette-DHS

Thank you for you response to this question, very helpful. But I want to ask for which is better variable to use bidx or midx in context of neonatal mortality??

Subject: Re: Neonatal Mortality
Posted by Bridgette-DHS on Tue, 28 Sep 2021 13:40:11 GMT
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Following is another response from DHS Research & Data Analysis Director, Tom Pullum:

In general, when they are in the data, bidx and midx are exactly the same. However, midx is limited to children born in the past five years and bidx includes all children in the birth history, so midx is NA (a dot in Stata) for children born more than five years ago. I would use bidx, even though in the analysis you are describing, midx should give the same result. If in doubt, run once with bidx and run again with midx and compare the results. They should match.