
Subject: Child Poverty Analysis for Ethiopia

Posted by asifawuhabitamu5@gmail.co on Sat, 16 Oct 2021 14:44:35 GMT

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Dear Sir/Madam,

I am working on Multidimensional Child Poverty Analysis using 2019 Mini DHS of Ethiopia. The methodology I planned to follow is Alkir-Foster Method to analysis the level of child multidimensional poverty in the country. In the study I have many dimensions such as: Development/stunting, Nutrition, Health, Water, Sanitation, and Housing for child under age 5 and Education, Health related knowledge, Information and participation, Water, Sanitation, and Housing for children between age 5 to 17. Within each dimension I have indicators. Thus, the variables I am going to use are many. In this regard, my inquire is, please may you show me how to marge all data sets to a single data set? Thank You in Advance.

With Regards,

Subject: Re: Child Poverty Analysis for Ethiopia

Posted by [Bridgette-DHS](#) on Tue, 19 Oct 2021 16:00:32 GMT

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

These variables are in the PR and KR files. You need to merge ID codes hv001, hv002, and hvidx in the PR file with ID codes v001, v002, and b16, respectively, in the KR file. You should be able to find an example of this on the forum.

Subject: Re: Child Poverty Analysis for Ethiopia

Posted by asifawuhabitamu5@gmail.co on Thu, 21 Oct 2021 06:51:22 GMT

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Dear Sir/Madam,

Thank you for your help. I followed your suggestion and fixed some of my problems. But, since my indicators are many, I need additional help from your side. I have individual, household, household member as well as birth related variables; that looks for merging not PR and KR files, but also BR, FW, HR, and IR. Please may you help me in doing so? FYI, I have listed below the dimensions and indicators I work with. Thank You in advance.

Dimensions and Indicators
Development (stunting)

- Stunting: child's height-for-age is below -2SD from reference population.

Health

- Skilled birth assistance: unskilled birth attendance.
- Adequacy of ANC services: mother had less than 4 ANC visits during pregnancy or 4+ ANC visits were performed by an unskilled health professional.
- Vaccination: incomplete vaccination.
- Mother's knowledge on ORS for treatment of diarrhoea: mother does not have knowledge.

Nutrition

- Exclusive breastfeeding: child is not exclusively breastfed.
- Infant and Young Child Feeding (IYCF) practices: child is not fed a Minimum Acceptable Diet (MAD).
- Wasting: child's weight-for-height is below -2SD from the reference population.
- Underweight: child's weight-for-age is below -2SD from the reference population.
- Vitamin A supplement: child has not received a vitamin A supplement during the last 6 months.

Education

- School attendance: child is not attending school.
- Grade-for-age: child of primary school age (9-14 years) is attending school with two or more years of delay; child of secondary school age (15-17 years) is attending school with three or more years of delay.
- Illiteracy: child cannot read a full sentence.

Health-related knowledge

- Knowledge on diarrhoea treatment: child lives in a household where no adolescent or adult female knows about ORS for treatment of diarrhea.
- Knowledge about HIV/AIDS: child age 5-14 years lives in a household where none of the adolescent or adult members has knowledge about HIV/AIDS transmission and prevention; child age 15-17 years does not have knowledge on HIV/AIDS transmission and prevention.

Information and participation

- Information devices: no information device (TV, radio, phone or mobile phone) available in the household.
- Participation in community events or conversations: child age 5-14 years lives in a household in which none of the adolescent or adult family members have heard any family planning messages in the last few months through participation in community events or conversations; child age 15-17 years has not heard about family planning messages in the last few months through participation in community events or conversations.

Water

- Water source: household uses an unimproved water source.
- Distance to water: the water source is located more than 30 minutes away than is necessary to fetch water and return to the dwelling.

Sanitation

- Toilet type: household has access to an unimproved toilet type.

Housing

- Housing material: Floor, exterior walls or roof of the dwelling where the child resides are made of natural, non-permanent material.
- Indoor pollution: child is exposed to indoor pollution from usage of solid cooking fuels for cooking inside the house with no separate kitchen.

Subject: Re: Child Poverty Analysis for Ethiopia
Posted by [Bridgette-DHS](#) on Thu, 21 Oct 2021 12:04:33 GMT
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Following is a response from DHS Research & Data Analysis Director, Tom Pullum:

Everything in the HR file is also in the PR file. I don't think you need the HR file. Everything in the KR file is also in the BR file. Everything in the KR and BR files is also in the IR file. I doubt that the FW file would be useful.

Some children in the KR/BR files are not in the PR file (children who have died or do not live with the mother). Some children in the PR file are not in the KR/BR files (children whose mother has died or is not living with the child). Some child outcomes are collected in the household survey, e.g. height and weight, and are already copied from the PR file into the KR/BR files. Some other child outcomes are collected in the interview with the mother and are in the KR/BR files but not in the PR file.

The preparation of a single data file with all these indicators is not easy, and it may not be the best way to proceed. An easier option would be to analyze each indicator in the file where it is already found, without merging files. The code for several kinds of merges is already posted on the forum. We can't provide code for what you propose to do.

Subject: Re: Child Poverty Analysis for Ethiopia
Posted by [asifawuhabitamu5@gmail.co](#) on Fri, 29 Oct 2021 05:48:24 GMT
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Thank You Dear. The information provided is very helpful and I managed following your suggestion. Thank You again.

Additional inquire: I have indicators about household knowledge of ORS usage for treating diarrhoea and Household/individual knowledge about HIV/AIDS. The full information about the indicators are the following:

1. Household knowledge about ORS for treating diarrhoea: child aged 5-14 years lives in a household where none of the women members (ages 15-49) have used ORS for treating diarrhoea or know that ORS can be used for treating diarrhoea.

2. Household/individual knowledge about HIV/AIDS: child aged 5-14 years is deprived if none of the household members has knowledge about HIV/AIDS transmission and prevention; whereas a child aged 15-17 is deprived if she/he does not have knowledge on HIV/AIDS transmission and prevention. When individual information is not available, information from adult household members is imputed. The child is deprived if she/he or none of household members: i. Has never heard about HIV/AIDS; ii. Does not know that HIV/AIDS transmission can be prevented by having sex with one partner who has no other partners or by always using condoms during sex; iii. Does not reject any of the two most common misconceptions about HIV/AIDS transmission that HIV can be spread by mosquito bites or by sharing food with an HIV-infected person; or iv. If one

thinks that or doesn't know that a healthy-looking person can have HIV.

Please may you suggest the variables form DHS dataset to be used while dealing with the above indicators? Thank You in advance.

Subject: Re: Child Poverty Analysis for Ethiopia
Posted by [Bridgette-DHS](#) on Fri, 29 Oct 2021 20:11:04 GMT
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Following is a response from DHS Research & Data Analysis Director, Tom Pullum:

I need some clarification. Did you define these indicators yourself, or are you working with definitions from some other source? If from some other source, can you give a link or reference? Are you asking for Stata code to construct these indicators?