

Recently, studies have been using community social and demographic characteristics to explain the interrelationship between individual and health outcomes. This is necessary because scholars and policy makers are contending that health outcomes such as family size, infant mortality, nutrition, reproductive health behaviors (sexual behavior) are products of normative and other social forces shared within communities. Therefore, to effectively explain the linkage between health outcomes and community level, there is a need for a structural-level model that makes reference to the social and demographic characteristics of communities. It may be difficult to fully explore the role of community level variables with current data being collected by DHS on community information. It will be recommended that DHS include a module on community level variables rather than scholars or researchers using the household module to construct community level variables. Having a community module will ensure standardization of the data elements and indicators unlike current practices where the individual scholar or researcher construct or generate their own metric which may make it less comparable across setting or countries.

Community factors or characteristics: should viewed as data elements or indicators that give describe the environments in the context of social, physical, and economic sphere in which people are born, live, and work. The factors will include cultural norms and practices, program interventions, and institutions and as well as other aspects of the social structure. Overall, the community factors can be clustered into 4 namely; equitable opportunity, place, people and health care services. Below is a brief description of each cluster

- Equitable opportunity relates to the fair and equal distribution of things like quality jobs and education;
- Place relates to the physical structures of a space like community centres/parks, streets and commercial retail;
- The people cluster includes how people interact with one another and civic engagement; and,
- Health care services relate to the availability and accessibility of high quality affordable health services

In this context, DHS should include indicators or measurement of:

- Ethnic diversity within cluster or community. This will measure the heterogeneity in a community
- Social disorganization that is the social networks (e.g. formal and informal social network)
- Social diffusion
- Community security e.g crime rate, violence
- Community economic opportunities for women
- Commercial activities
- Infrastructural development e.g. schools, hospital, electricity, recreational,