Subject: Preceding Birth Inteval and child mortality Posted by resti\_bkkbn on Mon, 21 Oct 2013 05:18:18 GMT View Forum Message <> Reply to Message

Hi, I would like to analyse the effect of the length p[receding birth interval on infant and child mortality using Indonesian DHS 2012. What do you think about the statistical analysis which is appropriate to analyse this relationship?

Then, I am having trouble to get some variable explanations in the recode data IDIR61FL.SAV related to the length of preceding birth interval (B11\$01-B11\$20), what it means 01-20?in the questionnaire there are 12 coloumns of children.

About child deaths, there are 3 variables :

- Child is alive (B5\$01-B5\$20)

- Age at death (B6\$01-B6\$20)

- Age at death (month imputed)(B7\$01-B7\$20)

What are the differences and Which one should I use in the analysis?

Do you have some references or statistical guidance how to analyse this kind of relationship?

Thank you

Subject: Re: Preceding Birth Inteval and child mortality Posted by Reduced-For(u)m on Mon, 21 Oct 2013 19:04:12 GMT View Forum Message <> Reply to Message

Hi,

That's a pretty big question, but I can give a few hints that I've picked up working with analyzing mortality rates.

First, it sounds like you have the woman/individual recode to work with. For me, the birth recode is the right thing for mortality, because the observations are by child, not by woman (so no, like, B06\_01, B06\_02, etc... just B06 for each kid).

Second, be sure you drop all children who have not yet lived through the "exposure period." So if you are looking at U1 mortality, drop all kids born less than 12 months before the survey (you don't know who will be alive/dead by the time 12 months are up...well, you know some will be dead, but...).

Third, your choice of which birth interval variable to use shouldn't matter too much, but I'd say the imputed one (which should just have more/more precise lengths) makes sense. The question is whether there is some systematic problem where imputed birth intervals for, say, dead children are under/over estimated. I think that is probably a secondary concern here.

Fourth, pick some cap year, meaning maybe don't use every birth to every woman, just all after some date - some of these birth recodes will be from the 1970's or 80's.

Fifth, I would think that estimation strategy shouldn't matter too much here in a simple framework like this: you could use a linear probability model (OLS), probit, or some hazard function. They should all be similar. See the FAQ on the measureDHS site about weighting and standard errors.

Hope some of that helps, even if it isn't the exact answer you were probably looking for.

Subject: Re: Preceding Birth Inteval and child mortality Posted by Liz-DHS on Tue, 22 Oct 2013 21:02:03 GMT View Forum Message <> Reply to Message

## Dear User,

Please refer to The Guide to DHS Statistics on our website. http://www.measuredhs.com/pubs/pdf/DHSG1/Guide\_to\_DHS\_Statis tics\_29Oct2012\_DHSG1.pdf Thank you!

Subject: Re: Preceding Birth Inteval and child mortality Posted by Liz-DHS on Mon, 27 Jan 2014 22:03:24 GMT View Forum Message <> Reply to Message

## Dear User,

The birth history for the Indonesia DHS 2012 had a maximum of 20 entries. The questionnaire shows 12 columns of entries, but if there are more, the interviewer is instructed to use another questionnaire. The birth history entry program allows for 24 but in this case the maximum was 20. This is why the SPSS variables you reference have the \$01 through \$20, for example (B11\$01-B11\$20). There is at least one case in the dataset where there were 20 entries (children). This is my understanding.

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