Subject: Variables v367 & v401 in Pakistan DHS 2017-18 (BR-File)
Posted by shujaat.smc@gmail.com on Wed, 14 Oct 2020 11:52:31 GMT
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Dear DHS Representative,

Q1: Can I recode the variable V367 response a (Yes=Wanted than) (No=Wanted later or wanted no more) and rename this variable as Desired for last born child considering it as a proxy indicator for the "desire for the last pregnancy". I want to use the variable "Desire for last born child" as a predictor of neonatal mortality in Pakistan. (PDHS 2017-18)

Q2: Variable v401 (last birth a cesarean section) will give me only those last birth that had occurred in the preceding 5 years before the conduct of the survey? if not then how I can find the results of the mode of delivery for the last birth occurred in the preceding 5 years before the conduct of the survey? I want to use the variable "Mode of delivery" as a predictor of neonatal mortality in Pakistan. (PDHS 2017-18)

Kindly also respond to my questions asked in Topic "Full Birth History and Antenatal Care Information" as I am struggling how to make the (outcome variable=neonatal death early, late and those who survived) restricted to only those singleton births that were the last born in the preceding five years before the conduct of the survey in Pakistan (PDHS 2017-18)

Waiting for your reply.

Best Regards

Dr. Hussain

Subject: Re: Variables v367 & v401 in Pakistan DHS 2017-18 (BR-File)
Posted by Bridgette-DHS on Fri, 30 Oct 2020 19:45:43 GMT
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Following is a response from DHS Research & Data Analysis Director, Tom Pullum:

Regarding "Full Birth History and Antenatal Care Information", it will be easiest to use the KR file rather than the BR file. The KR file is restricted to births in the past 5 years. Singleton births will be those with b0=0. Early neonatal deaths have b6 between 100 and 106. Late neonatal deaths have b6 between 107 and 128. Other children who died at a later age have b5=0. Children who survived have b5=1.

For (1), I would say "Yes". It's possible that other users will have other suggestions.

For (2), I have highlighted two groups of words that seem to me to be identical in meaning. Did

you mean them to be the same? Am I missing something? Anyway, we just have that variable (v401 or m17) for the most recent birth in the past five years. I don't think you can use C-section as a predictor of child mortality. Increasing numbers of C-sections in many countries are due to non-medical considerations, but their original purpose was to enable the child and/or mother to survive. Such C-sections only happen for high-risk births. You would expect a positive association between C section and stillbirth or neonatal death but that does not mean that the C-section CAUSED the death.