Pakistan - Demographic and Health Survey 2017-2018

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Acronym: DHS/ PDHS 2017-18

Description:

The Pakistan Demographic and Health Survey PDHS 2017-18 was the fourth of its kind in Pakistan, following the 1990-91, 2006-07, and 2012-13 PDHS surveys. The primary objective of the 2017-18 PDHS is to provide up-to-date estimates of basic demographic and health indicators. The PDHS provides a comprehensive overview of population, maternal, and child health issues in Pakistan. Specifically, the 2017-18 PDHS collected information on: - Key demographic indicators, particularly fertility and under-5 mortality rates, at the national level, for urban and rural areas, and within the country's eight regions - Direct and indirect factors that determine levels and trends of fertility and child mortality - Contraceptive knowledge and practice - Maternal health and care including antenatal, perinatal, and postnatal care - Child feeding practices, including breastfeeding, and anthropometric measures to assess the nutritional status of children under age 5 and women age 15-49 - Key aspects of family health, including vaccination coverage and prevalence of diseases among infants and children under age 5 - Knowledge and attitudes of women and men about sexually transmitted infections (STIs), including HIV/AIDS, and potential exposure to risk - Women's empowerment and its relationship to reproductive health and family planning - Disability level - Extent of gender-based violence - Migration patterns The information collected through the 2017-18 PDHS is intended to assist policymakers and program managers at the federal and provincial government levels, in the private sector, and at international organisations in evaluating and designing programs and strategies for improving the health of the country's population. The data also provides information on indicators relevant to the Sustainable Development Goals.

Type: Microdata

Topics: Topic not specified

Economy Coverage: Economy Coverage not specified

Languages Supported: English

License: License Not Specified

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The user of the data acknowledges that the original collector of the data, the authorized distributor of the data, and the relevant funding agency bear no responsibility for use of the data or for interpretations or inferences based upon such uses.

Estimates of Sampling Error:

The estimates from a sample survey are affected by two types of errors: nonsampling errors and sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2017-18 Pakistan Demographic and Health Survey (2017-18 PDHS) to minimise this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically. Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2017-18 PDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability among all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results. Sampling error is usually measured in terms of the standard error for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95% of all possible samples of identical size and design. If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2017-18 PDHS sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulas. Sampling errors are computed by SAS programmes developed by ICF. These programmes use the Taylor linearisation method to estimate variances for survey estimates that are means, proportions, or ratios. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates. The Taylor linearisation method treats any percentage or average as a ratio estimate, r = y/x, where y represents the total sample value for variable y, and x represents the total number of cases in the group or subgroup under consideration. A more detailed description of estimates of sampling errors are presented in Appendix B of the survey final report.

Primary Investigator Name, Affiliation:
National Institute of Population Studies (NIPS) - Government of Pakistan

Response Rates:
A total of 15,671 households were selected for the survey, of which 15,051 were occupied. The response rates are presented separately for Pakistan, Azad Jammu and Kashmir, and Gilgit Baltistan. Of the 12,338 occupied households in Pakistan, 11,869 households were successfully interviewed, yielding a response rate of 96%. Similarly, the household response rates were 98% in Azad Jammu and Kashmir and 99% in Gilgit Baltistan. In the interviewed households, 94% of ever-married women age 15-49 in Pakistan, 97% in Azad Jammu and Kashmir, and 94% in Gilgit Baltistan were interviewed. In the subsample of households selected for the male survey, 87% of ever-married men age 15-49 in Pakistan, 94% in Azad Jammu and Kashmir, and 84% in Gilgit Baltistan were successfully interviewed. Overall, the response rates were lower in urban than in rural areas. The difference is slightly less pronounced for Azad Jammu and Kashmir and Gilgit Baltistan. The response rates for men are lower than those for women, as men are often away from their households for work.

Series Information:
Demographic and Health Surveys (DHS) are nationally-representative household surveys that provide data for a wide range of monitoring and impact evaluation indicators in the areas of population, health, and nutrition. The 2017-18 Pakistan Demographic and Health Survey (PDHS) is the fourth to be conducted in Pakistan and follows surveys in 1990-91, 2006-07, and 2012-13. A nationally representative sample of 16,240 households from 580 PSUs was selected. All ever-married women 15-49 in selected households who were usual residents of the selected households or who slept in the households the night before the survey were eligible for individual interview. The survey expected to result in about 15,778 interviews of women.

Unit of Analysis:
- Household - Individual - Children age 0-5 - Woman age 15-49 - Man age 15-49

Universe:
The survey covered all de jure household members (usual residents), children age 0-5 years, women age 15-49 years and men age 15-49 years resident in the household.

Weighting:
Due to non-proportional sample allocation, the sample was not self-weighting. Weighting factors have been calculated, added to the data file, and applied so that results are representative at the national level for Pakistan (including FATA and ICT Islamabad) and separately for Azad Jammu and Kashmir and Gilgit Baltistan. A spreadsheet containing all sampling parameters and selection probabilities was prepared to facilitate the calculation of the design weights. Design weights were adjusted for cluster level non-response, household level non-response, and for individual non-response to get the sampling weights for women's and men's surveys respectively. The differences of the household sampling weights and the individual sampling weights are introduced by individual nonresponse. The final sampling weights were normalised in order to get the total number of unweighted cases equal to the total number of weighted cases at national level, for both household weights and individual weights, respectively. There are four sets of weights to be calculated: - one set for all households selected for the survey - one set for women selected for individual survey - one set for households selected for the male survey - one set for the male individual survey - one set for the domestic violence survey It is important to note that the normalised weights are relative weights, which are valid for estimating means, proportions and ratios, but not valid for estimating population totals nor for pooled data. Also the number of weighted cases by using the normalised weight has no direct relation with the survey precision because it is relative, especially for oversampled areas. The number of weighted cases is much smaller than the number of unweighted cases; the latter is directly related to survey precision. For further details on sampling weights, see Appendix A.4 of the final report.

Version Notes:
The data dictionary was generated from hierarchical data that was downloaded from the The DHS Program website (http://dhsprogram.com).

Citation Text:
Use of the dataset must be acknowledged using a citation which would include: - the Identification of the Primary Investigator - the title of the survey (including country, acronym and year of implementation) - the survey reference number - the source and date of download

License:	License specified externally
Study Type:	Demographic and Health Survey [hh/dhs]
Primary Dataset:	Yes

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