

User notes for PMA2016-17/Ethiopia Maternal and Newborn Health survey, version 1

Disclaimer: PMA2020 cannot provide in-depth support for data analysis or data related questions, however, to assist the end-user, some explanation of the data is provided below.

Variables

Select multiple variables: Some questions allow for the selection of multiple answers. These variables are in string format and the values are the concatenation of answer choices (e.g. if a household respondent said that they use two sources of water, such as a protected well and rainwater, the value of the observation would read “protected_well rainwater”). For every string select multiple variable, binary numeric yes/no variables for each response option were generated (e.g. the aforementioned respondent would have “yes” values for the generated variables protected_dug_well and rainwater and “no” values for generated variables for other water sources).

In this dataset, select multiple variables with the choice option list “place_list” are an exception to the above. For these variables, binary yes/no variables for each response option were NOT generated. Rather, if all respondents selected at most one response option for a question, the variable was converted from string to numeric and response options were numbered with the value label “place_list_num.” If any respondent selected more than one response option, the variable was kept as a string variable. In these cases, numeric variables labeled with “place_list_num” were generated for the maximum number of responses selected.

Sampling

The study was conducted in Southern Nations, Nationalities and Peoples’ region, which is one of the nine regions in Ethiopia. The longitudinal household survey was designed to collect information on knowledge, practice and coverage of maternal and neonatal health. The study was implemented in the same 44 enumeration areas that were used in the first four rounds of the PMA2020 core survey.

The study first conducted a census of all households in the 44 EAs. All household members were enumerated and all women between the ages of 15-49 were screened. Women who were six or more months pregnant, by self-report of gestational age, were eligible for participation in the longitudinal study. A household and individual questionnaire were completed at the time of enrollment. During the postpartum period, Resident Enumerators (REs) returned to administer questionnaires in-person at seven days and six weeks postpartum, and either called or visited in person at six months postpartum to administer the final questionnaire.

Data collection occurred at the following times:

- Screening and enrollment: July to October 2016
- MNH-1 interview: August 2016 to January 2017
- MNH-2 interview: September 2016 to February 2017
- MNH-3 interview: January to July 2017

For detailed information on the study methodology and results, please see the PMA2020 MNH Final Report, which is available on the PMA2020 website:

- Zimmerman, L., Shiferaw, S., Seme, A., Yihdego, M., Desta, S., Shankar, M., Wood, S., Ahmed, S. (2018) Final Report: Performance Monitoring and Accountability 2020 – Maternal and Newborn Health in Southern Nations, Nationalities and Peoples’ region (SNNPR) – Ethiopia. Baltimore, Maryland, USA: Bill & Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins University Bloomberg School of Public Health.

Dataset structure and sample size

The folder of materials for this study includes five datasets: one dataset from the household screening, one dataset from the female screening, and one dataset from each of the three follow up surveys. The datasets contain survey results for only the women screened who were eligible for the study. A total of 328 households had at least one woman who met the study eligibility criteria. A total of 329 women met the study eligibility criteria and were enrolled in the study (one household had two pregnant women who enrolled in the study). The number of respondents to the follow up surveys is 324 for the seven day follow up (response rate of 98.5%), 322 for the six week follow up (97.9% response rate), and 321 for the six month follow up (97.6% response rate). The unit of observation in the follow up datasets is infants. Some women had twins, thus the number of infants with completed surveys included in each follow up dataset is 328 for the seven day follow up, 326 for the six week follow up, and 325 for the six month follow up.

Datasets from this study can be merged using **metainstanceID** (the unique identifier for households), **FQmetainstanceID** (the unique identifier for females) and **ChildmetainstanceID** (the unique identifier for children). Merge the female screening to the household screening using **metainstanceID**. Merge the seven day follow up to the female screening using **FQmetainstanceID**. Merge the six week and the six month follow up to the seven day follow up using **ChildmetainstanceID**.

Dataset version updates

Any updates made to datasets after their initial release will be documented here.

To report errors or inconsistencies:

Please email datamanagement@pma2020.org