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Recommendations for the Demographic and Health Surveys

Definition of Urban The First Country Report that accompanies the release of each DHS survey should clearly state what the term “urban” means in the context of the survey. This would be particularly helpful for researchers concerned about the definition of towns. Even if the defining criteria are the same as those used by the national statistical office—as the panel suspects they usually are—the definition should be prominently displayed in the report. It would also be helpful to know how the answers given by respondents—say, to a question on place of previous residence—are converted into the urban classifications used in the published data. Remarkably little of this basic information can be found in the DHS reports.

City Size Categories Current DHS practice in reporting city size categories must be revised. The current practice is to define “large and capital cities” as those cities of 1 million population and above, leaving a broad residual category of “small cities,” which includes every city of between 50,000 and 1 million population. The smallest urban units, “towns,” are those whose population is below 50,000 but that meet country-specific criteria for defining a locality as urban. This coding yields too little information on the range and variety of urban locations. At a minimum, the number of city size classes used in the standard DHS location variables should be increased. If it is feasible to do so, these city size codings should be applied throughout each survey in, for example, questions referring to childhood and other previous residences.

City Population Sizes The population sizes of all cities of 100,000 and above should be listed, city by city, in the First Country Report, organized according to the most disaggregated regional classification given in the dataset.

Ideally, the population counts would be the most recent available to the national statistics office; a second-best solution would be to report the city populations given in Table 8 of the United Nations *Demographic Yearbook* or the appropriate table of *World Urbanization Prospects*.

Confidentiality: Two Levels of Access As of this writing, the DHS program does not release detailed geographic identifiers, evidently out of a desire to protect the confidentiality of the survey respondents. An authorization mechanism should be developed that would allow researchers to apply for permission to use geographically detailed identifiers. This mechanism might take the form of a two-level permission system whereby:

- Some authorized researchers have access to a data file that links sampling cluster codes to city names, thus permitting use of complementary city-level data in their analyses.
- Other authorized researchers have access to a more detailed data file that links sampling cluster codes to geographic information system (GIS) codes, thus permitting use of both city-level and neighborhood-level data.

Migration Status for All Women If possible, the household questionnaire should elicit the migration status of *all* women in the household, not just those of reproductive age who are selected for individual interviews.

Migration Status for Men If possible, the household questionnaire should elicit the migration status of *all men* as well.

Duration in Current Residence For women who participate in individual interviews, duration of residence in the current location should be categorized more clearly. For migrants, duration of residence is required to properly allocate conceptions and births between current and former residences and likewise to apportion risks of child death. Ideally, information would be provided on the month of the most recent move in the 5 years before the survey. Presumably this information could be gathered even in cases in which it is not feasible to collect a full migration calendar.

Water Supply For urban residents, data on access to drinking water need to be supplemented with information on the variability of water supply. Weekly or biweekly recall periods would probably be feasible. Questions should also be included on the time (i.e., waiting to use a well) and money costs of water supply.

Private Access to Sanitation Some countries include questions on private access to pit toilets and latrines, but this is definitely not the norm. Every effort should be made to include such questions in the standard survey and to

supplement them with questions on the time (i.e., waiting) and money costs of access to public or private latrines.

Electricity For urban residents, data on access to electricity need to be supplemented with information on the variability and money costs of supply. Weekly and biweekly recall periods would appear to be feasible.

Reproductive Health Services As discussed in Chapter 6, urban populations make far greater use of private-sector sources of reproductive health services than do rural populations. The DHS program should consider how to expand its measures of knowledge and access to include more information on private-sector sources of family planning and other reproductive health services. The time and money costs of access should also be included. It may prove useful as well to inquire into the location of services vis-à-vis place of work.

Urban Community Modules At present, DHS community surveys and inventories of public services and clinics are fielded almost exclusively in rural communities. Urban communities and neighborhoods are more difficult to define than rural, and some believe that urban communities are so much better supplied with reproductive health (and other) services that there is little to be gained from fielding urban community surveys. Yet situation analyses—as shown in Chapter 6—indicate that the neither access to services nor service quality should be assumed to be superior in urban as compared with rural areas. Hence the panel urges the DHS program to begin to field urban community modules, working on an experimental basis in selected cities or countries, to gain experience in the construction of meaningful assessments for these communities.