



**Palestinian National Authority
Palestinian Central Bureau of Statistics**

**Palestinian Multiple Indicator Cluster Survey,
2019-2020**

User Guide

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Table of Contents

Introduction

Definitions and Explanations

Survey Tools

Data Set Linkage

Target Population

Sample frame and sample design

Weighing

Variance Calculation

Reference period

Data Collection

Response Rate

Data Quality

Derived Variables

Introduction

The Palestinian Multiple Indicator Cluster Survey (MICS) was carried out in 2019-2020 by Palestinian Central Bureau of Statistics in collaboration with Partner Ministries, as part of the global MICS programme. Technical support was provided by UNICEF. The survey was financially supported by the Palestinian National Authority (PNA), UNICEF and UNFPA.

The Multiple Indicator Cluster Survey (MICS) is an international household survey programme developed and supported by UNICEF. MICS is designed to collect estimates of key indicators that are used to assess the situation of children and women. Over the past 20 years MICS has evolved to respond to changing data needs, expanding from 28 indicators in the first round to 200 indicators in the current sixth round, and becoming a key source of data on child protection, early childhood education, and a major source of data on child health and nutrition. In addition to being a data collection tool to generate data for monitoring the progress towards national goals and global commitments aimed at promoting the welfare of children, MICS has provided valuable data for MDG monitoring being a major source of data for the UN Secretary General's Final Millennium Development Goals Progress Report.

MICS was already covering some of the SDG indicators that are household-based. After undergoing rigorous methodological and validation work to broaden the scope of the tools and include new topics that reflect SDG indicators and emerging issues in the 2030 Agenda for Sustainable Development context.

Concepts and Definitions

AIDS:

Acquired Immune Deficiency Syndrome - a serious (often fatal) disease of the immune system transmitted through blood products, especially by sexual contact or contaminated needles.

Breast feeding:

Refers to the method of feeding infants and children and is defined as a child fed breast milk directly from the breast or expressed.

Diarrhea:

The passage of loose or liquid stools more frequently than is normal for the individual. Diarrhea may be defined as it is understood by respondents or mothers. The interviewers used the mother's definition in this survey.

Exclusive breastfeeding:

Children aged 0-5 months who are breastfed and have not received any other food or drink, except for vitamins and medication.

Experience minor physical punishment:

Children aged 2-14 years who were exposed to the following during the previous three days: shaken or hit on the bottom, or elsewhere on the body, with something like a belt, hairbrush, or using hands.

Experience psychological aggression as punishment:

Children aged 2-14 years who were exposed to the following during the previous three days: shouted at, yelled at or screamed at, or called dumb, lazy, or another such term.

Experience only non-violent aggression:

Children aged 2-14 years who were exposed to the following during the previous three days: removal of privileges, forbidden something they like or not allowed to leave the house, given an explanation as to why behavior was wrong, or given something else to do.

Family Planning:

This is a method used for delaying or preventing pregnancy. Modern methods include the pill, IUD, injection, vaginal methods, female gel, female sterilization, male sterilization, and condoms.

Fertility:

The actual reproductive performance of an individual, a couple, a group, or a population.

Age-specific fertility rates (ASFRs):

Expressed as the number of births per 1,000 women in a specified age group

Height for Age:

This parameter reflects the achieved linear growth and its deficit. indicates long-term cumulative inadequacies of health or nutrition. Two related terms are used when describing this parameter: length and stature. Length is the measurement while in a recumbent position and is used for children under 2 years of age, while stature refers to standing height. For simplification,

the term height is used for both measurements in this report. Low height for age (below $-2SD$ of the NCHS/WHO reference) ranges from 5 to 65% among less-developed countries. In low prevalence countries, it is most likely due to normal variation, i.e. shortness: in less-developed countries it is likely to be due to a pathological process, resulting in stunting. A pathological process can be from the past or a continuous process. children whose height for age is less than $-2SD$ are considered as stunted children (moderate and severe) while acute stunting reflects those who are below $-3SD$.

Weight for Age:

This parameter is influenced by both the height and weight of the child. It reflects the long and short-term health of an individual or population. Lightweight and underweight have been used to describe normal and pathological processes. children whose weight for age is less than $-2SD$ are considered as underweight children (moderate and severe) while acute underweight reflects those who are below $-3SD$.

Weight for Height:

This parameter reflects body weight to height. Its use carries the advantage of requiring no knowledge of age. However, it is not a substitute for the other indicators. Low weight for height is called thinness if normal, or wasting if pathological, and can reflect a recent acute weight for height. Prevalence in non-disaster areas is around 5%. children whose weight for height is less than $-2SD$ are considered as wasted children (moderate and severe) while acute wasting reflects those who are below $-3SD$. Lack of evidence of wasting in a population does not imply the absence of existing nutritional problems.

Iodized Salt:

Food salt fortified with an adequate amount of Iodine 15 ppm and above to prevent iodine deficiency disorder, including goiter, in adults and children and mental handicap in children.

Infant:

A live-born child from the moment of birth through the completion of the first year.

Infant Mortality Rate:

The number of infant deaths under one year of age per 1,000 live births during a given year.

Live Birth:

A birth is considered live if the newborn has shouted, cried, or shown any signs of life upon birth.

Malnutrition:

Malnutrition means ‘badly nourished’ but is more than a measure of what we eat or fail to eat. Clinically, malnutrition is characterized by inadequate intake of protein, energy, and micronutrients and by frequent infections or disease. Nutritional status is the result of the complex interaction between the food we eat, our overall state of health, and the environment in which we live – in short, food, health and caring, the three “pillars of well-being”.

Nutritional Status:

Nutritional status is the state of nutrition of individuals and is one of the indicators of the level of development in a given country. Nutritional status is linked to the availability and type of food consumed, food habits and practices, as well as the level of poverty in a given society. It

is usually assessed using anthropometric parameters and growth (weight, height, i.e., wasting and stunting) body mass, as well as dietary intake of selected foods important for growth and good nutrition.

Reproductive Health:

Reproductive health is defined by WHO as a state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life. Reproductive health implies that people have the capability to reproduce and the freedom to decide if, when, and how often to do so. Implicit in this is the right of men and women to be informed and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, and the right to appropriate health-care services that enable women to have a safe pregnancy and childbirth.

Suspected Pneumonia:

Children aged 0-59 months who suffer from coughing during the two weeks preceding the survey, who are short of breath or have difficulty breathing due to a problem in the chest or in both the chest and a blocked nose.

Under-Five Mortality:

The proportion of children born alive who die before reaching their fifth birthday.

Neonatal mortality (NN):

Probability of children born alive who die within the first month of life.

Survey Questionnaires

Palestine MICS 2019 – 2020 included four questionnaires; one for the household, one for women 15-49 years of age, one for children age 5-17 years and one for children under age five.

Palestine MICS 2019 – 2020 included four questionnaires: 1) a household questionnaire which was used to collect basic demographic information on all de jure household members (usual residents), the household, and the dwelling; 2) a questionnaire for individual women administered in each household to all women age 15-49 years; 3) an under-5 questionnaire, administered to mothers (or caretakers) for all children under 5 years of age living in the household; and 4) Children in the age 5-17 years old, administered to mothers (or caretakers) for a chosen children living in the household.

The questionnaires included the following modules:

Household Questionnaire:

<ul style="list-style-type: none">○ Household Information Panel○ List of Household Members○ Education [3+]○ Household Characteristics○ Social Transfers○ Household Energy Use	<ul style="list-style-type: none">○ Water and Sanitation○ Handwashing○ Salt Iodization
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Questionnaire for Individual Women:

<ul style="list-style-type: none">○ Woman's Information Panel○ Woman's Background○ Mass Media and ICT○ Fertility/Birth History○ Desire for Last Birth○ Maternal and Newborn Health○ Post-Natal Health Checks○ Contraception	<ul style="list-style-type: none">○ Unmet Need○ Attitudes toward Domestic Violence○ Victimization○ Marriage○ Adult Functioning [18-49]○ HIV/AIDS○ Tobacco○ Life Satisfaction
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Questionnaire for Children Age 5-17 Years:

<ul style="list-style-type: none">○ 5-17 Child Information Panel○ 5-17 Child's Background○ Child Labour○ Child Discipline [5-14]	<ul style="list-style-type: none">○ Child Functioning○ Parental Involvement [7-14]○ Foundational Learning Skills [7-14]
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Questionnaire for Children Under Five:

<ul style="list-style-type: none">○ Under-Five Child Information Panel○ Under-Five's Background○ Birth Registration○ Early Childhood Development○ Child Discipline [1-4]○ Child Functioning [2-4]	<ul style="list-style-type: none">○ Breastfeeding and Dietary Intake [0-2]○ Immunization [0-2]○ Care Of Illness○ Anthropometry
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Water Quality Testing

The Water Quality testing questionnaire will be administered to a subset of households, this will focus on the standard MICS water testing (E. Coli).

Data Set Linkage

The data set for users consists of two primary files that are related by identification variables (keys). A description of the files is below.

File Name	Content	Identification Variable
Household, HH.sav	Data on dwelling characteristics	HH1: cluster serial number HH2: household number
Household members, HL.sav	Households members' data	HH1: cluster serial number HH2: household serial number HL1: member's serial number
Women 15-49 years old , WM.sav	Data on women aged 15-49 yrs	HH1: cluster serial number HH2: household serial number HL1: Women serial number
Children under five, CH.sav	Data on health status and vaccination for children under five	HH1: cluster serial number HH2: household serial number HL1: child serial number
Birth history, BH.sav	Data on reproduction history for ever married women aged 15-49 yrs	HH1: cluster serial number HH2: Household number HL1: Woman's line number
Children in the age 5-17 old, FS.sav	Data on health status and vaccination for children under five	HH1: cluster serial number HH2: Household number HL1: Member's serial number

Filtering and Grouping of Respondents

Units of analysis (Other units are generally derived from these) and filtering instructions are as follows:

Unit	file	Filtering
Family	Housing	Families who were interviewed
Person	Household	Characteristics of housing for families who were interviewed
Woman	Women	Women who were interviewed (15-49) years
Children	Children under five	Children under five
Children	child in the age 5-17 years old	One chosen child in the age 5-17 years.
Birth	Birth history	Births of women in all their reproductive life

Sampling

The sample will depend on the sampling frame established in PCBS, these frames consist basically from list of Enumeration Areas (EAs)"The Enumeration Area is a geographical area contains number of buildings and housing units of about 150 housing units in average" and will be updated in 2019. The target population of the survey consists of all the following groups: All Palestinian households normally residing in the Palestine, focusing on the females aged 15–49 years, and Children aged 0–17 years old.

Sampling Frame

The 2017 census frame was used for the selection of clusters. Census enumeration areas were defined as primary sampling units (PSUs), and were selected from each of the sampling strata by using systematic pps (probability proportional to size) sampling procedures, based on the number of households in each enumeration area from the 2017 Population and Housing Census frame. The first stage of sampling was thus completed by selecting the required number of enumeration areas from each of the sixteen governorates, separately for the urban, rural and camps strata.

Listing Activities

Since the sampling frame (the 2017 census) was not up-to-date, a listing of households was conducted in all the sample enumeration areas (EAs) prior to the selection of households. For this purpose, listing teams were formed who visited all of the selected enumeration areas and listed all households in these enumeration areas. The listing was conducted in 393 enumeration areas; this excludes 27 sample EAs in Jerusalem within the barriers J1. A total of 288 EAs were updated in the West Bank area and 105 EAs in the Gaza Strip. A 6-day training took place during the 2nd week of July 2019 in order to provide the fieldworkers with the skills needed for conducting the listing in the sample EAs for the Palestinian Multiple Indicator Survey 2019-2020.

Sample Size:

The overall sample size for the Palestinian MICS was calculated as 10,080 households, 7,560 in West Bank and 2,520 in Gaza Strip.

Design Strata:

In PMICS6, two variables were selected to divide the population into strata, depending on the urban, rural and camp areas within each region were identified as the main sampling strata and the sample of households was selected in two main stages. Within each stratum, a specified number of census enumeration areas were selected systematically with probability proportional to size. After a household listing was carried out within the selected enumeration areas, a systematic sample of 24 households was drawn in each sample enumeration area. At the national level a total of 420 sample EAs and 10,080 sample households were selected.

After determining the sample size which equals 10,080 households, we selected a probability sample, which is multi-stage stratified cluster sample as following:

- 1- **First stage:** selecting sample of clusters (enumeration areas), using PPS without replacement method to get 420 enumeration areas from the total EAs frame.
- 2- **Second stage:** selecting 24 households from each EA selected in the first stage.
- 3- **Third stage:** Select the targeting person.

Sample Weights

The Palestinian MICS sample is not self-weighting. Essentially, by allocating equal numbers of households to each of the regions, different sampling fractions were used in each region since the sizes of the regions varied. For this reason sample weights were calculated and these were used in the subsequent analyses of the survey data.

Since the number of households in each enumeration area (PSU) from the 2017 Census frame used for the first stage selection and the updated number of households in the enumeration area from the listing are generally different, individual overall probabilities of selection for households in each sample enumeration area (cluster) were calculated.

After the completion of fieldwork, response rates were calculated for each sampling stratum. These were used to adjust the sample weights calculated for each cluster.

Sample weights were appended to all data sets and analyses were performed by weighting households, women, under-5s, or child 5-17 years old with these sample weights.

Variance Calculation

It is necessary to compute standard errors of the principal survey estimations, so that a user can identify the accuracy of estimations and the survey reliability.

Indicator	Value (%)	Standard error (%)	Coefficient of variation	Weighted count	Confidence limits	
					Lower bound (%)	Upper bound (%)
Sample coverage and characteristics of the respondents						
Access to electricity	0.9998	0.00022	0.000	47,219	0.999	1.000
Ownership of mobile phone (women)	0.8489	0.00572	0.007	11,135	0.837	0.860
Use of internet during the last 3 months (women)	0.8539	0.00538	0.006	11,135	0.843	0.865
ICT skills (women)	0.2827	0.00660	0.023	11,135	0.270	0.296
Use of tobacco (women)	0.0927	0.00403	0.043	11,135	0.085	0.101
Survive						
Neonatal mortality rate	9.386	1.420	0.151	na	6.547	12.225
Infant mortality rate	12.119	1.579	0.130	na	8.960	15.277
Under-five mortality rate	14.248	1.674	0.117	na	10.900	17.596
Thrive - Reproductive and maternal health						
Total fertility rate	3.839	0.081	0.021	na	3.676	4.001
Adolescent birth rate	42.840	3.567	0.083	na	35.707	49.974
Contraceptive prevalence rate	0.5733	0.00650	0.011	6,938	0.560	0.586
Need for family planning satisfied with modern contraception	0.6100	0.00945	0.015	4,872	0.591	0.629
Antenatal care coverage (at least four times by any provider)	0.9476	0.00552	0.006	2,445	0.937	0.959
Skilled attendant at delivery	0.9966	0.00113	0.001	2,445	0.994	0.999
Thrive - Child health, nutrition and development						
Primary reliance on clean fuels and technologies for cooking, space heating and lighting	0.8148	0.00778	0.010	47,219	0.799	0.830
Care-seeking for children with acute respiratory infection (ARI) symptoms	0.7727	0.02155	0.028	424	0.730	0.816
Exclusive breastfeeding under 6 months	0.4329	0.02201	0.051	677	0.389	0.477
Stunting prevalence (moderate and severe)	0.0872	0.00434	0.050	5,754	0.079	0.096
Wasting prevalence (moderate and severe)	0.0133	0.00179	0.135	5,714	0.010	0.017
Overweight prevalence (moderate and severe)	0.0863	0.00401	0.046	5,714	0.078	0.094
Early child development index	0.8386	0.00917	0.011	2,430	0.817	0.857
Learn						
Participation rate in organized learning (adjusted)	0.9378	0.00796	0.008	1,190	0.922	0.954
Children with foundational reading and number skills (reading, attending grade 2/3)	0.5270	0.01205	0.023	8,469	0.503	0.551
Protected from violence and exploitation						
Birth registration	0.9916	0.00116	0.001	6,328	0.989	0.994
Violent discipline	0.9007	0.00366	0.004	16,387	0.893	0.908
Child labour	0.0725	0.00505	0.070	14,264	0.062	0.083
Child marriage (before age 15, women age 20-24)	0.0070	0.00198	0.282	2,150	0.003	0.011
Child marriage (before age 18, women age 20-24)	0.1343	0.00987	0.074	2,150	0.115	0.154
Safety (women)	0.6724	0.00736	0.011	11,135	0.658	0.687

Indicator	Value (%)	Standard error (%)	Coefficient of variation	Weighted count	Confidence limits	
					Lower bound (%)	Upper bound (%)
Live in a safe and clean environment						
Use of basic drinking water service	0.9921	0.00177	0.002	47,219	0.989	0.996
Handwashing facility with water and soap	0.9517	0.00308	0.003	45,723	0.946	0.958
Use of improved sanitation facilities	0.9878	0.00162	0.002	47,219	0.985	0.991
Equitable chance in life						
Children with functional difficulty	0.1229	0.00524	0.043	17,983	0.112	0.133
Any social transfers or benefits	0.3259	0.00818	0.025	47,219	0.310	0.342
Discrimination (women)	0.1725	0.00567	0.033	11,135	0.161	0.184
Overall life satisfaction index (women age 15-24)	6.9782	0.04374	0.006	4,408	6.891	7.066

The tables above indicate a high level of data accuracy.

Reference period:

The data collection period began on December 1, 2019 and ended on January 19, 2020.

Training and Fieldwork:

Training for the fieldwork was conducted for 23 days in November, 2019. Training included lectures on interviewing techniques and the contents of the questionnaires, and mock interviews between trainees to gain practice in asking questions. Participants first completed full training on paper questionnaires, followed by training on the CAPI application. The trainees spent two days in the field practice and one day on a full pilot survey in selected localities in the West Bank and Gaza Strip. The training agenda was based on the template MICS6 training agenda. Measurers received dedicated training on anthropometric measurements and water quality testing for a total of 4 days, including 2 days in field practice and pilot survey.

Field Supervisors attended additional training on the duties of team supervision and responsibilities.

The data were collected by 26 teams; each was comprised of 4-5 interviewers, one measurer and a supervisor. Fieldwork began in December, 2019 and concluded in January, 2020. Data was collected using tablet computers running the Windows 10 operating system, utilising a Bluetooth application for field operations, enabling transfer of assignments and completed questionnaires between supervisor and interviewer tablets.

MICS6 used CAPI method in data collection process, where the questionnaire was completed on the survey application that was designed on the CSpro package to collect data, as the data was checked and verified simultaneously and automatically. In Jerusalem J1, the PAPI method were used, for quality assurance purposes there were double entry.

Standard procedures and programs developed within the framework of the Global Multiple Indicator Cluster Survey (MICS) program were used and were customised according to the Palestinian Multiple Indicator Cluster Survey (MICS) questionnaire.

Response Rate

	Total	Region	
		West Bank	Gaza Strip
Households			
Sampled	10,080	7,560	2,520
Occupied	9,751	7,291	2,460
Interviewed	9,326	6,900	2,426
Household completion rate	92.5	91.3	96.3
Household response rate	95.6	94.6	98.6
Water quality testing			
Sampled	2,035	1,216	453
Occupied	1,969	1,178	440
Household water quality test			
Completed	1,848	1,089	423
Completion rate	90.8	89.6	93.4
Response rate	93.9	92.4	96.1
Source water quality test			
Completed	1,819	1,071	418
Completion rate	89.4	88.1	92.3
Response rate	92.4	90.9	95.0
Women age 15-49 years			
Eligible	11,464	8,148	3,316
Interviewed	11,135	7,931	3,204
Women's response rate	97.1	97.3	96.6
Women's overall response rate	92.9	92.1	95.3
Children under 5 years			
Eligible	6,394	4,490	1,904
Mothers/caretakers interviewed	6,328	4,444	1,884
Under-5's response rate	99.0	99.0	98.9
Under-5's overall response rate	94.7	93.7	97.6
Children age 5-17 years			
Number of children in interviewed households	14,329	9,736	4,593
Eligible	5,456	3,893	1,563
Mothers/caretakers interviewed	5,360	3,824	1,536
Children age 5-17's response rate	98.2	98.2	98.3
Children age 5-17's overall response rate	94.0	93.0	96.9

Data Quality

There are many aspects related to the concept of data quality. This comprises the initial planning of the survey, the dissemination of the results, and how well users understand and use the data. There are three components to the quality of statistics: accuracy, data comparability, and quality control.

To ensure the high quality of the data, a series of steps were undertaken:

- Inspect and review all the tools of the survey.
- Training of researchers on the questionnaires for sufficient time according to international recommendations and by qualified trainers.
- The constant supervision of all areas and all phases of fieldwork.
- Examination of the questionnaires in the field and auditing at office.
- Continuous examination of the data entered in terms of consistency and rationality.
- During the fieldwork, field-testing the use of tables that examine the distribution and collection of questionnaires depending on the difference, sex ratio, age heaping, target groups, and other relevant tests.
- After receipt of the raw data file it has been cleaned and examined the abnormal values and examine the consistency between the different questions on the questionnaire .

Accuracy of data comprises different aspects of the survey, mainly statistical errors due to the use of a statistical sample, as well as non-statistical errors due to staff and survey tools, in addition to response rates in the survey and its effect on estimates.

Statistical Errors

Since the data reported in this survey are based on a sample survey and not on a complete enumeration, there may be sampling errors as well as non-sampling errors.

Data from this survey may be affected by statistical errors due to use of the sample. Therefore, the emergence of certain differences from the real values obtained through censuses is possible.

Non-Statistical Errors

Procedures were developed to ensure that non-statistical errors were minimized as much as possible. Fieldworkers were selected based on strict criteria with adequate qualifications and experience in data collection. All fieldworkers underwent training on data collection best practices, topics of the questionnaires, and how to interview and obtain accurate answers from respondents.

In addition, office editors were also trained on editing guidance to ensure data was consistent and complete. Data entry programs were also designed to resemble the structure of the questionnaire itself to ensure consistency within the data in each record and cross-records. All entered data were verified by different data entry clerks to ensure that all data were entered correctly.

The fieldworkers reported that respondents sometimes had difficulty understanding some of the questions and terminology. However, fieldworkers were able to overcome these difficulties due to the good training and proper understanding of the survey's instruments.

The main non-statistical errors that emerged during the implementation of the survey can be summarized as:

1. Errors resulting from the way a question was presented by the fieldworker during the interview.
2. Errors resulting from the way the respondent understood and answered the questions of the survey.

Assessment of Data

Different methods were applied in the assessment of the survey data, including:

1. Occurrences of missing values and answers like "other" and "do not know".
2. Examining inconsistencies between the various sections of the questionnaire, including within record and cross-record consistencies.
3. Comparability of data with previous surveys 2010, 2014 and showed logical homogeneity in the results.

The results of these assessment procedures show that the data are of high quality and consistency.

Derived Variables

Variable name	Description	Values
Region	Region	1. West Bank 2. Gaza Strip
HH6	Type of locality	1. Urban 2. Rural 3. Camps
windex5	Wealth index quintile	1. Poorest 2. Second 3. Middle 4. Fourth 5. Richest
Refugee	Refugee Status	1. Refugee 2. Non-Refugee 9. Missing/ DK
HHSEX	Sex of household head	1. Male 2. Female 9. No response
HHAGE	Age of household head	value
helevel	Education of household head	1. None or basic 2. Secondary 3. Higher 4. DK/ No response
MLINE	Mother's line number	0. Not in household
FLINE	Father's line number	0. Not in household
caretakerdis	Functional difficulties (age 18-49 years)	1. Has functional difficulty 2. Has no functional difficulty 7. No information
mRefugee	Mother/caretaker Refugee Status	1. Refugee 3. Non- Refugee 7. No information 9. Missing/ DK
melevel	Mother's education	1. None or basic 2. Secondary 3. Higher 9. Missing/ DK

Variable name	Description	Values
felevel	Father's education	1. None or basic 2. Secondary 3. Higher 5. No information 9. Missing/ DK
WAGE	Age (for women)	1. 15-19 2. 20-24 3. 25-29 4. 30-34 5. 35-39 6. 40-44 7. 45-49
welevel	Education for women	1. None or basic 2. Secondary 3. Higher 9. Missing/ DK
disability	Functional difficulties (age 18-49 years)	1. Has functional difficulty 2. Has no functional difficulty
MSTATUS	Marital status	1. Currently married 2. Formerly married 3. Never married
CEB	Children ever born	value
CSURV	Children surviving	value
CDEAD	Children dead	value
WDOBFC	Date of birth of first child (Calculated)	value
WDOBLC	Date of birth of last child (Calculated)	value
WDOI	Date of interview women (CMC)	value
WDOB	Date of birth of woman (Calculated)	value
WDOM	Date of marriage (Calculated)	value
WAGEM	Age at first marriage/union of woman	value
brthord	Birth order	value
magebrt	Mother's age at birth	value
birthint	Previous birth interval	value
BH4C	Date of birth of child (Calculated)	value

Variable name	Description	Values
BH4F	Date flag for BH4C	1. Month and year 2. Month and age -y imp 3. Year and age - m imp 4. Y & age - y ignored 5. Year - a, m imp 6. Age - y, m imp 7. Month - a, y imp 8. None - all imp
BH9C	Age at death months (Calculated)	value
FSAGE	Age	1. 5-9 2. 10-14 3. 15-17
fsinsurance	Health insurance	1. With insurance 2. Without insurance
fsdisability	Child's functional difficulties (age 5-17years)	1. Has functional difficulty 2. Has no functional difficulty
fselevel	Child's education	1. None or basic 2. Secondary 3. Higher 9. Missing/ DK
cinsurance	Health insurance	1. With insurance 2. Without insurance
BMI	body mass index	99.97 Measurement out of ----- 99.99 Not measured
ZBMI	body mass index (zscore)	99.97 Measurement out of 99.98 Z-score out of range 99.99 Not measured
HAZ2	height for age WHO (zscore)	99.97 Measurement out of ----- 99.98 Z-score out of range 99.99 Not measured
WAZ2	weight for age	99.97 Measurement out of ----- 99.98 Z-score out of range 99.99 Not measured
WHZ2	weight for hight	99.97 Measurement out of ----- 99.98 Z-score out of range 99.99 Not measured

Variable name	Description	Values
HAZFLAG	Height for age flag WHO	value
WAZFLAG	Weight for age flag WHO	value
WHZFLAG	Weight for height flag WHO	value
BMIFLAG	BMI flag WHO	value
WHZNOAGE	Weight for height - Age flag WHO	value
FLAG	Flag for anthropometric indicators	value
CAGE	Age in Months	age
CAGED	Age in Day	age
CAGE_6	Age (in months)	1. 0-5 2. 6-11 3. 12-23 4. 24-35 5. 36-47 6. 48-59
CAGE_11	Age (in months)	1. 0-11 2. 12-23 3. 24-35 4. 36-47 5. 48-59
cdisability	Child's functional difficulties (age 2-4 years)	3. Has functional difficulty 4. Has no functional difficulty