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# The DHS Program Demographic and Health Surveys

A Project Funded by  
The United States Agency for International  
Development and Implemented by ICF





# What is The DHS Program?

A project that provides, at the global level,  
assistance to developing countries in the areas of

## **Collection and use of data**

to monitor and evaluate population, health, and nutrition programs.



## Specific DHS objectives

- **Collect high-quality data** for policy formulation, program planning, and monitoring and evaluation
- Foster and reinforce **host-country ownership** of data collection, analysis, presentation, and use
- Increase the **capacity of host-country partners** to collect and use data for policy and program purposes





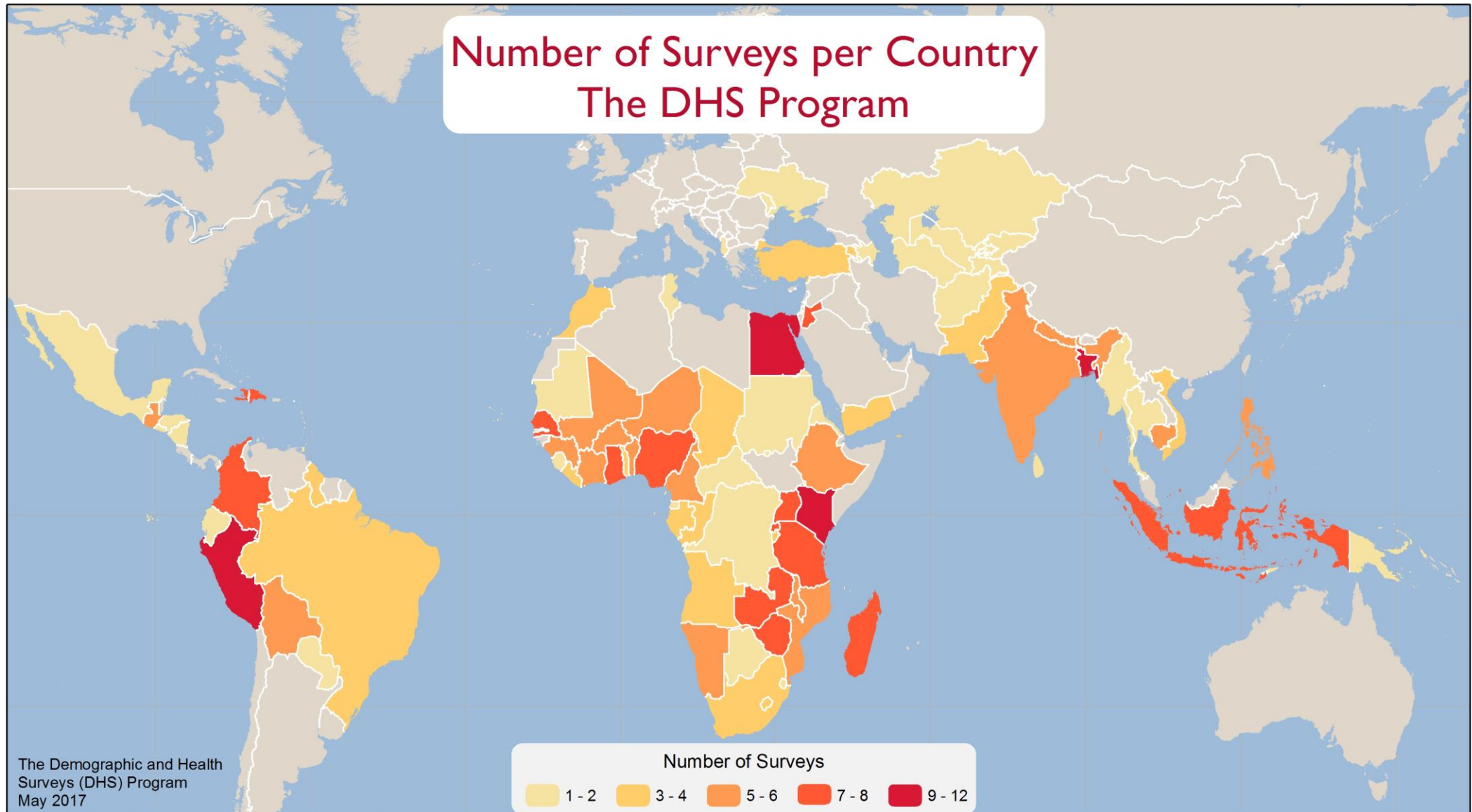
# History

The DHS started in 1984:

- **DHS-I** (DHS-1, 1984–1989)
- **DHS-II** (DHS-2, 1989–1993)
- **DHS-III** (DHS-3, 1992–1997)
- **MEASURE DHS+**  
(DHS-4, 1997–2003)
- **MEASURE DHS**  
(DHS-5, 2003–2008)
- **MEASURE DHS Phase III**  
(DHS-6, 2008–2014)
- **The DHS Program**  
(DHS-7, 2013–2018)



## Number of Surveys per Country The DHS Program



The Demographic and Health  
Surveys (DHS) Program  
May 2017

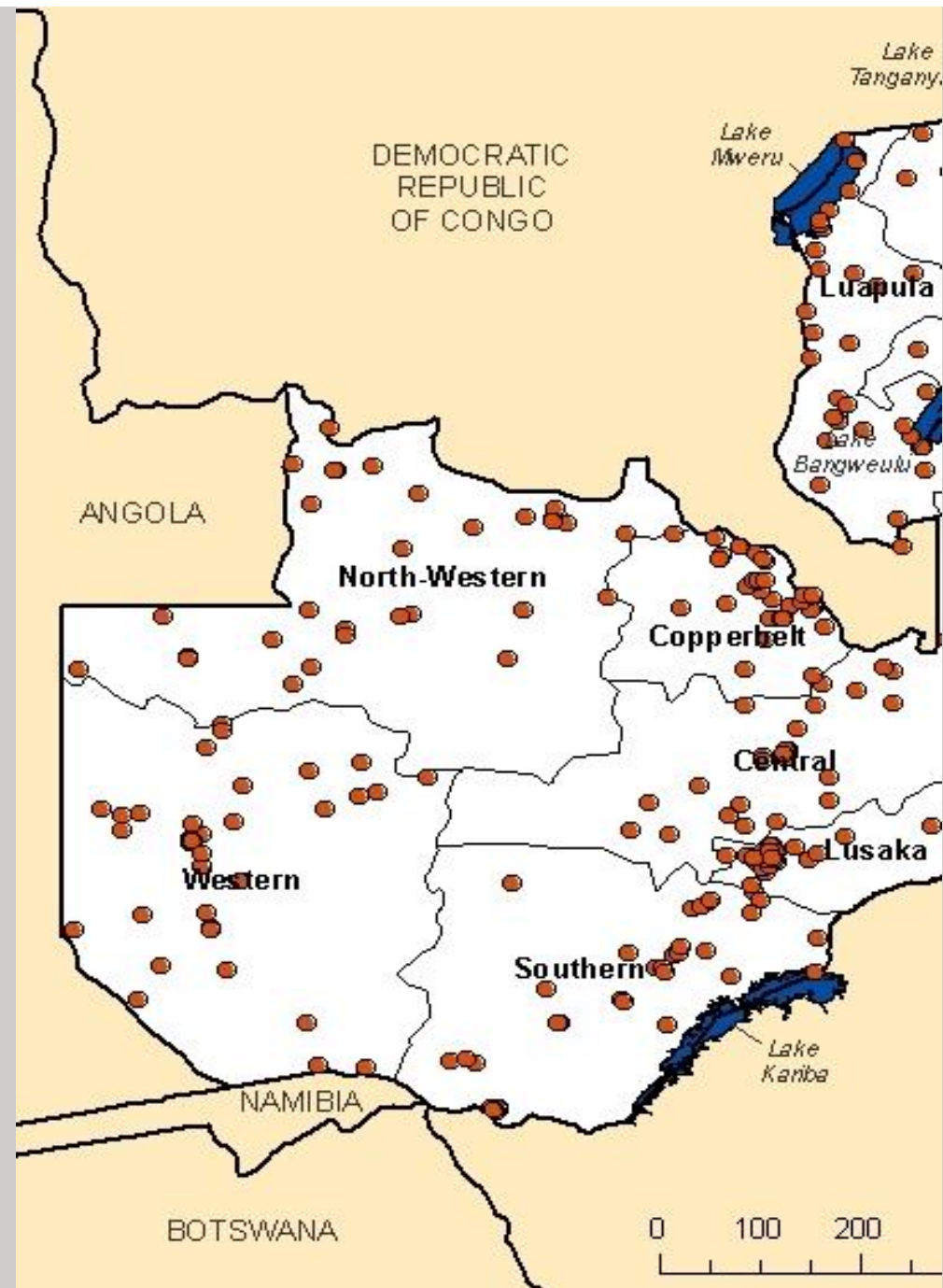
# Basics of the DHS

- Cross-sectional, nationally representative sample of households
  - Women and men interviewed in sample households
  - Standard sample size: 3,000–100,000+ households (India is exception)
- Standardized sample design, questionnaires, and implementation procedures
  - Key indicators measured with the same approach over time

## DHS Sample

The DHS sample is typically representative at

- The national level
- For urban and rural areas
- The regional level (sometimes groups of regions)
- Some surveys are representative at the state/provincial, or district level.





# DHS Core Questionnaires

## ‘Core’ questionnaires

- Core set of questions in each type of questionnaire implemented in every country
- Revised and updated every 5 years
- Provide trends in key indicators
- Allow cross-country comparisons
- Country needs met through country-specific questions





# Types of DHS Questionnaires

Standard DHS surveys generally include a:

- Household questionnaire
- Woman's questionnaire
- Man's questionnaire
- Biomarker questionnaire
- Fieldworker questionnaire



# Measurement of Poverty

In collaboration with the World Bank, The DHS Program developed a wealth index that uses household asset information from DHS surveys to calculate the relative wealth of households. The wealth index allows for an analysis of the effect of wealth on health.



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# DHS Questionnaire Modules

## Additional Modules

- Domestic Violence
- Female Genital Cutting
- Adult and Maternal Mortality
- Fistula
- Out-of-pocket Health Expenditures
- And more

## VIOLENCE IN WOMEN'S LIVES

Violence may be perpetrated against any individual, but across the world, women and girls are the populations most at risk and most severely impacted. Violence in women's lives impacts the health of women and their children; it is a violation of human rights and a barrier to economic development. DHS collected data on aspects of violence in the lives of women age 15-49 in 34 countries during the years 2000-2012.

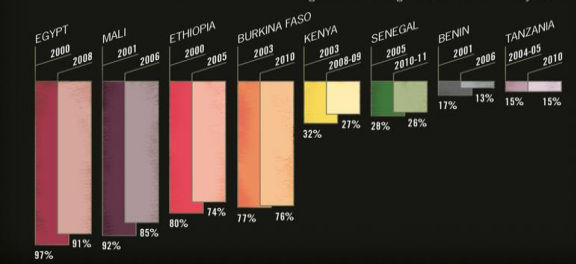
### Intimate Partner Violence

In every country, at least 10% of ever-married women experienced physical or sexual violence. In the Democratic Republic of the Congo, the prevalence is as high as 64%.



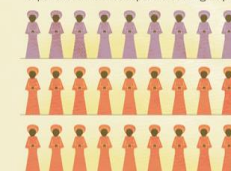
### Female Genital Cutting

Female genital cutting continues to be a problem for many women in Africa. Prevalence of FGC among women age 15-49 has changed little in the last several years.



### Seeking Help

In 17 countries, more than 1/3 of women who experienced violence reported seeking help.



Higher percentages of women report seeking help after violence in Sub-Saharan African countries than other regions.



## DHS Strengthens Capacity Through:

- Close collaboration with implementing agencies and partners throughout survey design and implementation for on-the-job skills transfer
- Workshops on data analysis, data processing, report writing, data use for decision making, and more
- Distance learning and online tools





# Online Capacity Strengthening Tools

- E-Learning courses  
[www.globalhealthlearning.org](http://www.globalhealthlearning.org)
  - DHS Data Use
  - Social Media
  - Data Visualization
- Journalists' Guide and training course to better understand and use DHS data in health and population reporting
- YouTube tutorial videos on reading tables, opening datasets, and more



# Youtube.com/dhsprogram

- Key Findings
- Topical interviews
- Tutorials on use of datasets, sampling and weighting, key indicators, and much more



Key Findings from the 2014-15 Tanzania Service Provision



DHS Key Findings



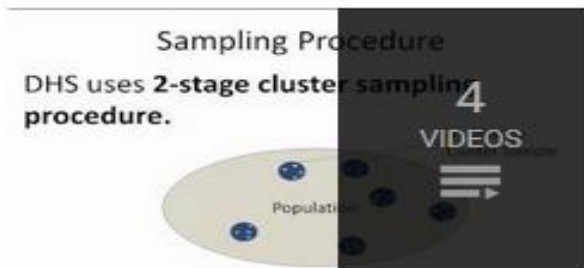
DHS in the News



Using DHS Datasets for Analysis



DHS Tutorials



DHS Sampling & Weighting Tutorials



Malaria

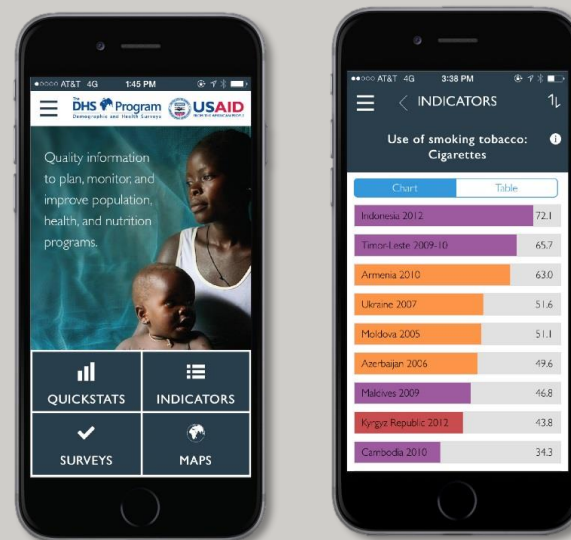


Celebrating 30 Years of The DHS Program

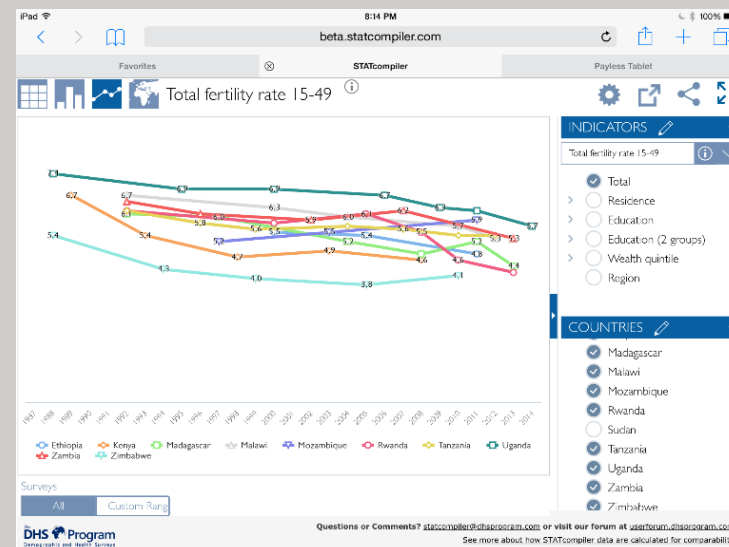


# Digital Dissemination

The DHS mobile app: Put DHS data at your fingertips!



Make your own charts, graphs, and data tables at [STATcompiler.com](http://STATcompiler.com)



## Social Media



[www.facebook.com/DHSProgram](http://www.facebook.com/DHSProgram)



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<http://www.linkedin.com/company/dhs-program>



[www.youtube.com/DHSProgram](http://www.youtube.com/DHSProgram)

[Blog.dhsprogram.com](http://Blog.dhsprogram.com)





# Key Indicators Report



## 2017-18 Jordan Population and Family Health Survey (JPFHS)

The 2017-18 Jordan Population and Family Health Survey (2017-18 JPFHS) was implemented by the Department of Statistics (DOS) from October 2017 to January 2018. The funding for the JPFHS was provided by the Government of Jordan, United States Agency for International Development (USAID), UNFPA, and UNICEF. ICF provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide.



August 16, 2018





# Objectives

- The primary objective of the 2017-18 JPFHS project is to provide up-to-date estimates of basic demographic and health indicators.
- Specifically, the JPFHS collected information on fertility levels, marriage, fertility preferences, awareness and use of family planning methods, breastfeeding practices, nutrition, childhood mortality, maternal and child health, awareness and behaviour regarding HIV/AIDS and other sexually transmitted infections (STIs), women's experience of violence.

# The Survey

- The 2017-18 JPFHS is the 7th Demographic and Health Survey conducted in Jordan as part of The DHS Program.
- It is designed to provide estimates at the national level, for urban and rural areas, 3 regions, and, for most indicators, 12 governorates.
- This survey was also designed to be representative for 3 nationality domains: Jordanians, Syrians, and other nationalities.



# Sample Design

**Sampling Frame:** 2015 Jordan Population and Housing Census (JPHC 2015)

**First Stage:** 970 clusters (blocks or groups of blocks) selected from JPHC; all households in these clusters were listed by DOS staff

**Second Stage:** 20 households were selected per cluster, for a total sample size of 19,384 households

Selected households were visited and interviewed; **ever-married women age 15-49** in all selected households and **men age 15-59** in half of the selected households were interviewed.

# Questionnaires

- Household Questionnaire
- Woman's Questionnaire
- Man's Questionnaire
- Biomarker Questionnaire
- Questionnaires were translated into **Arabic**



# Household Questionnaire

- Lists usual members and visitors to identify eligible individuals
- Basic characteristics of each person in the household collected (age, sex, education, etc.)
- Housing characteristics (access to drinking water, sanitation facilities, etc.)
- Identify women and men eligible for individual interview
- Women and children under 5: anthropometry and anemia testing
- Child discipline
- Health Expenditures and Diabetes

# Woman's Questionnaire

- Background characteristics (education, media exposure, etc.)
- Reproductive history
- Knowledge and use of family planning methods
- Fertility preferences
- Antenatal and delivery care
- Breastfeeding and infant feeding practices
- Vaccinations and childhood illnesses
- Domestic Violence
- Awareness and behaviour about HIV and other STIs
- Early Childhood Development
- Other health problems (including smoking)



# Man's Questionnaire

- Background characteristics
- Reproductive history
- Knowledge of family planning methods
- Fertility preferences
- Employment
- Awareness and behaviour about HIV and other STIs
- Other health problems (including smoking)

# Survey Trainings

## **Pretest July 2017:**

- 3+ weeks, 56 trainees
- Rural and urban clusters in Amman

## **Main Survey Training:**

- Aug-Sept 2017 in Amman
- **153 participants**
- **3 stages:**
  - Biomarker data (anthropometry and blood samples, 40 people)
  - Interviewer training (153 people)
  - CAPI training and tablets and fieldwork

## Fieldwork and Data Processing

- Total of 27 teams (consisting of 1 supervisor, 3 female interviewers, 1 male interviewer, 1 biomarker measurer, 1 driver)
- Fieldwork conducted from **October 2017-January 2018**
- Electronic data files sent to DOS every few days via IFSS for data processing
- Secondary editing completed in **February 2018**



## Results of the Household and Individual Interviews

All Household Interviews	
Households selected	19,384
Households occupied	19,136
Households interviewed	18,802
Response rate	98%
Interviews with ever-married Women age 15-49	
Eligible women	14,870
Women interviewed	14,689
Response rate	99%
Interviews with Men age 15-59	
Eligible men	6,640
Men interviewed	6,429
Response rate	97%

# Key Indicators

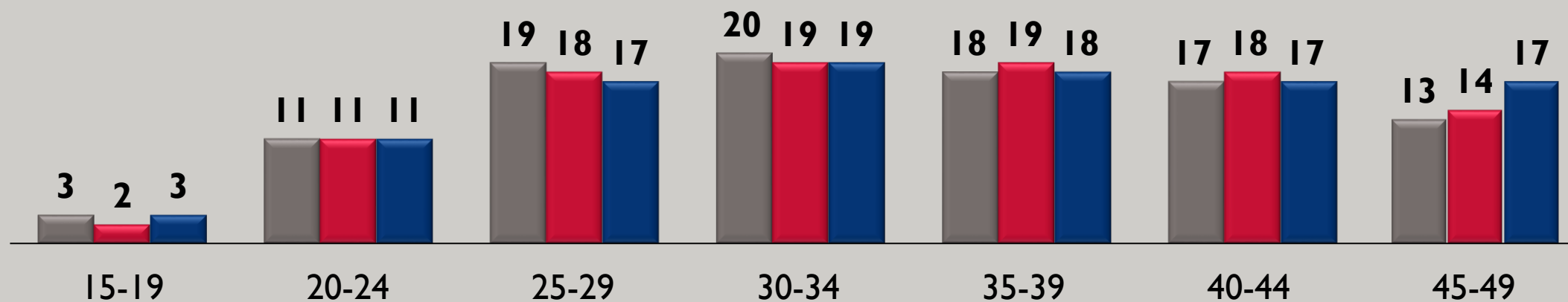


## 2017-18 Jordan Population and Family Health Survey (JPFHS)

# Trends in Distribution of Ever-Married Women by Age

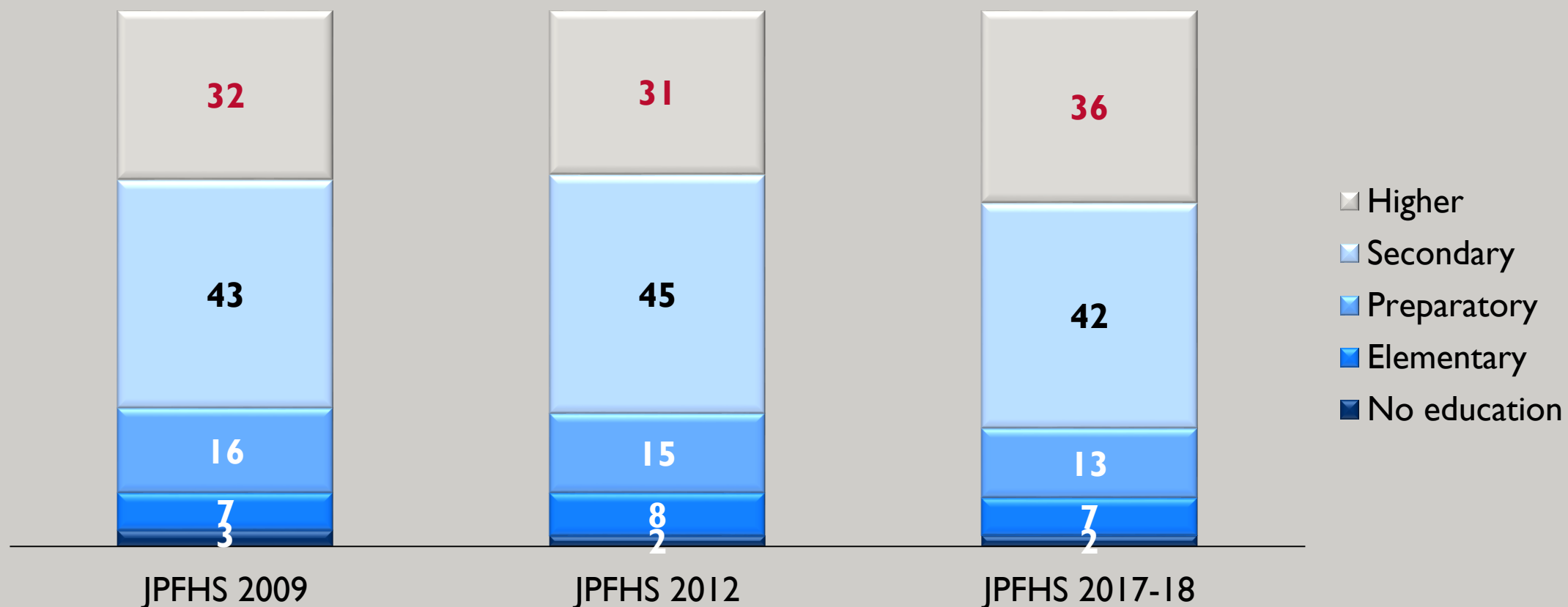
*Percent distribution*

■ JPFHS 2009 ■ JPFHS 2012 ■ JPFHS 2017-18

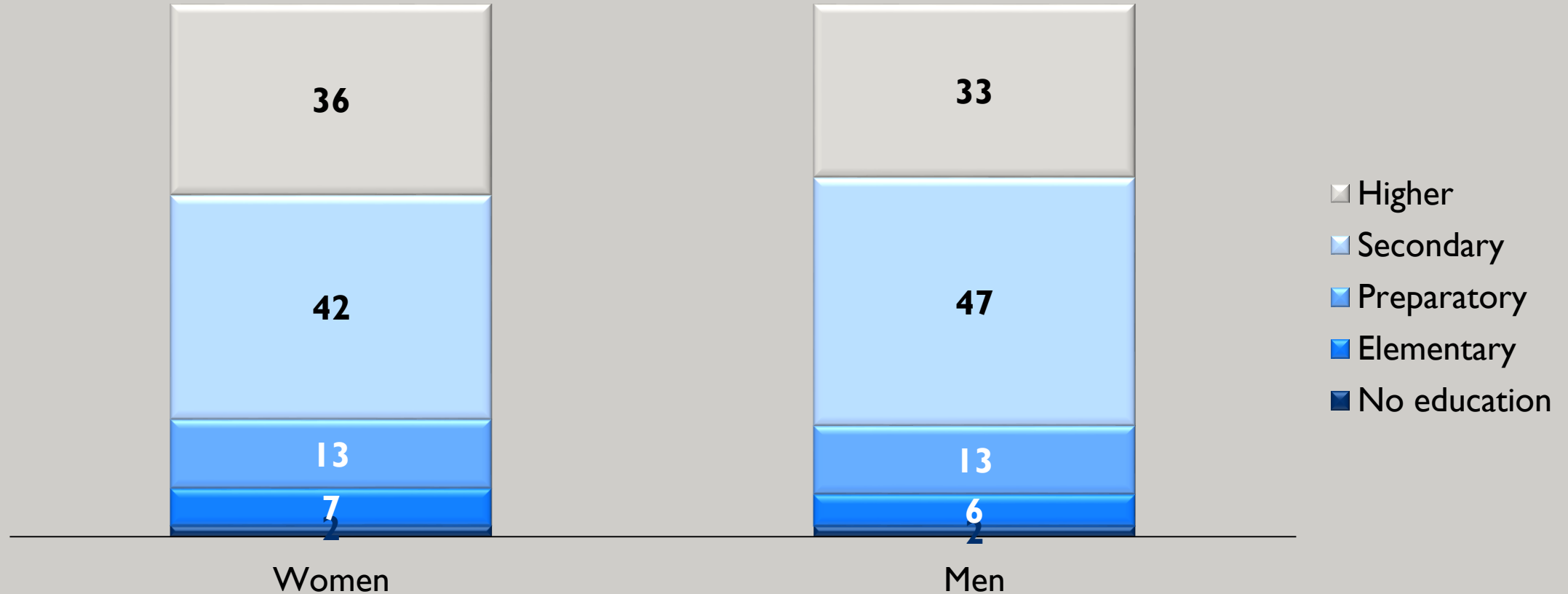




## Trends in Educational Attainment of Ever-Married Women Age 15-49



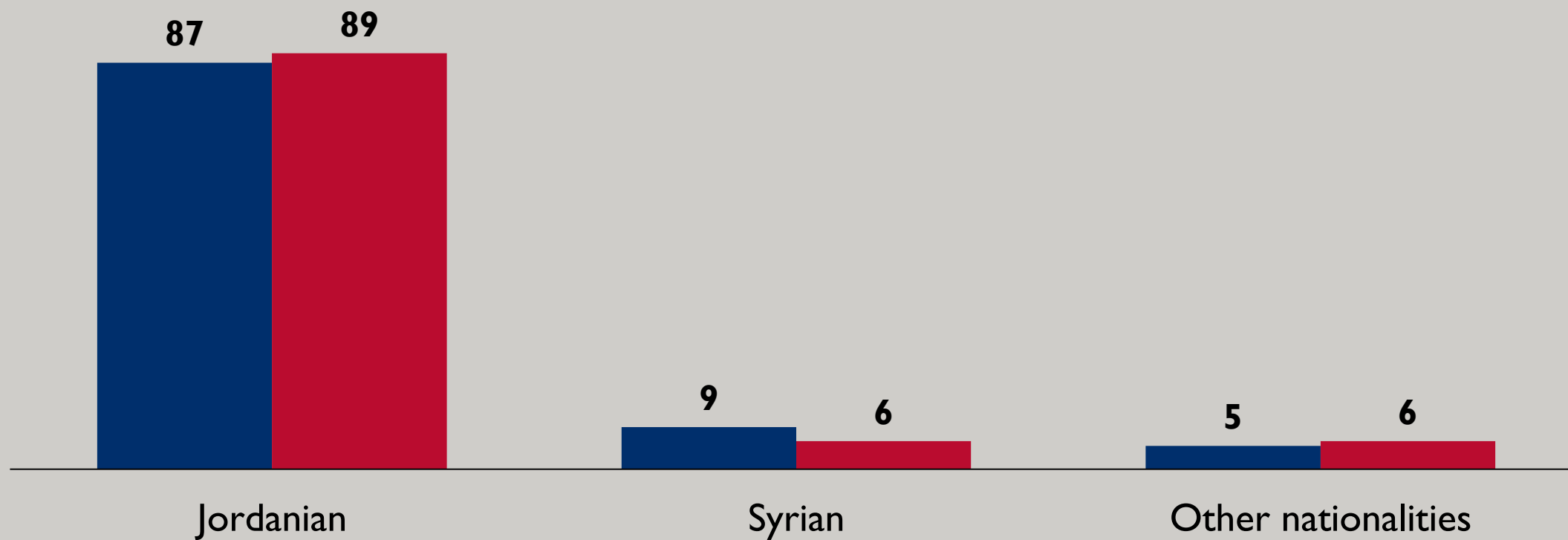
## Educational Attainment of Ever-Married Women and Men Age 15-49



## Distribution of Respondents by Nationality

*Percent distribution*

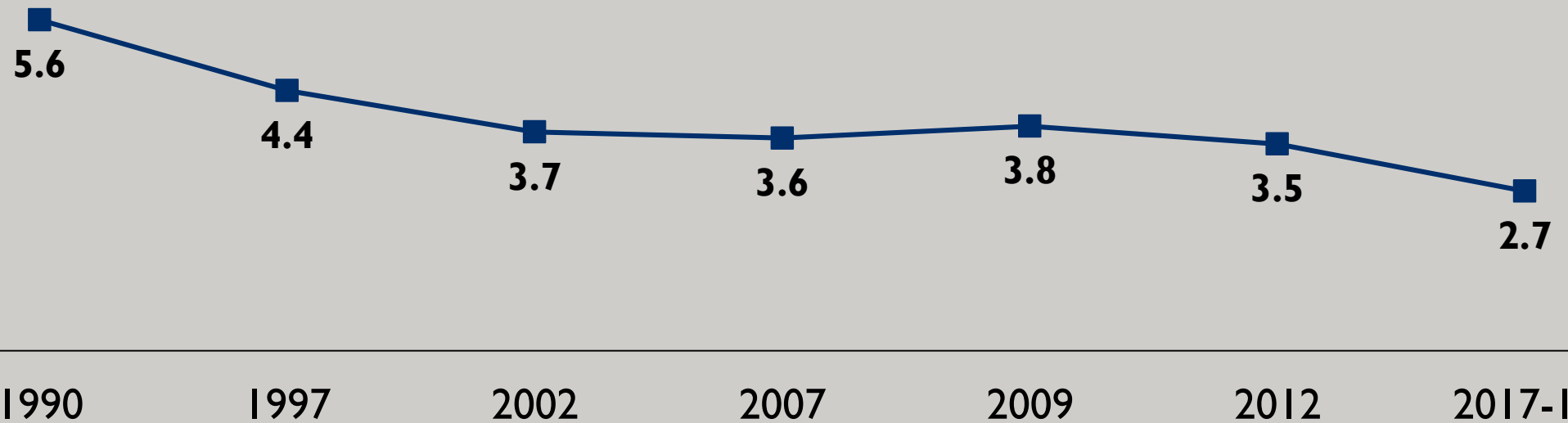
■ Women ■ Men





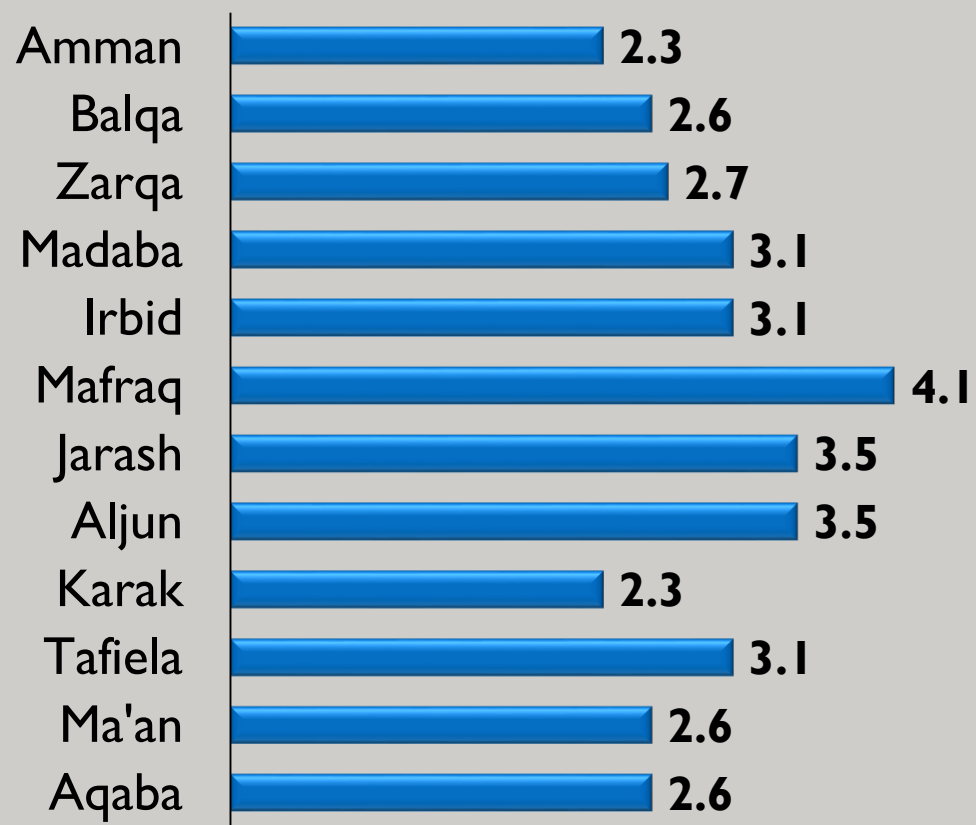
## Trends in Fertility

*Births per woman for the 3-year period before the survey*



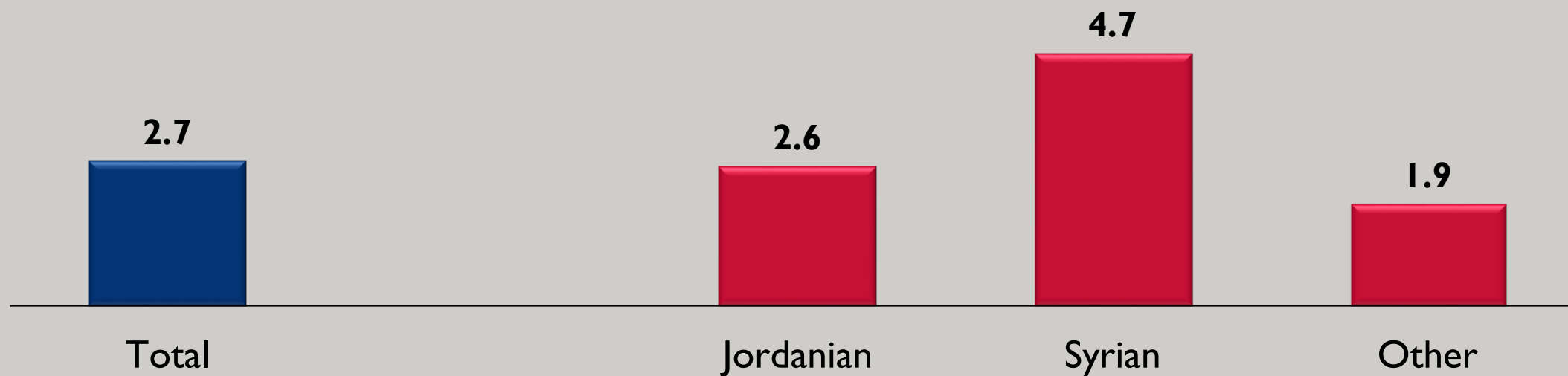
## Fertility by Governorate

*Births per woman for the 3-year period before the survey*



## Fertility by Nationality

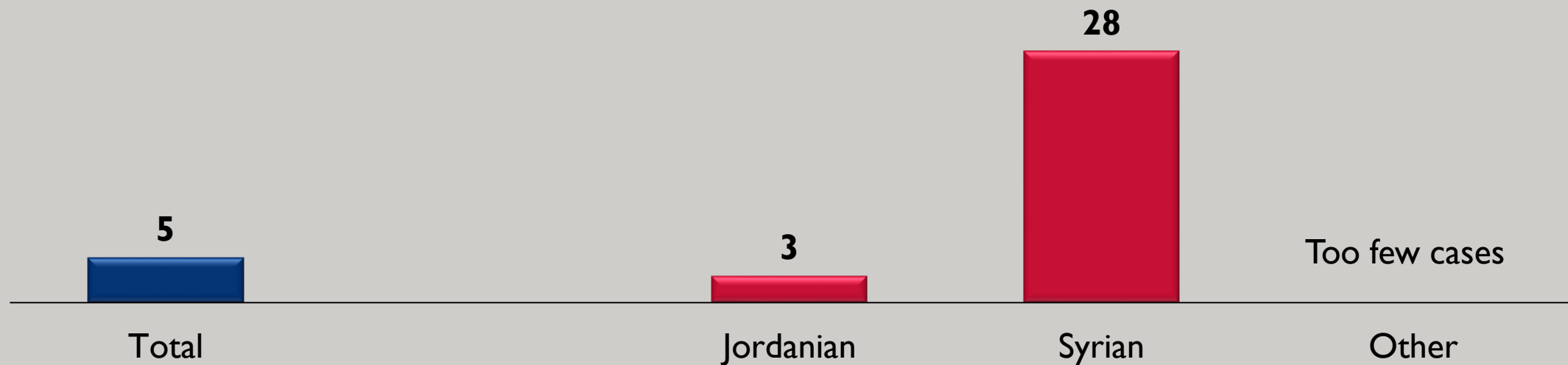
*Births per woman for the 3-year period before the survey*





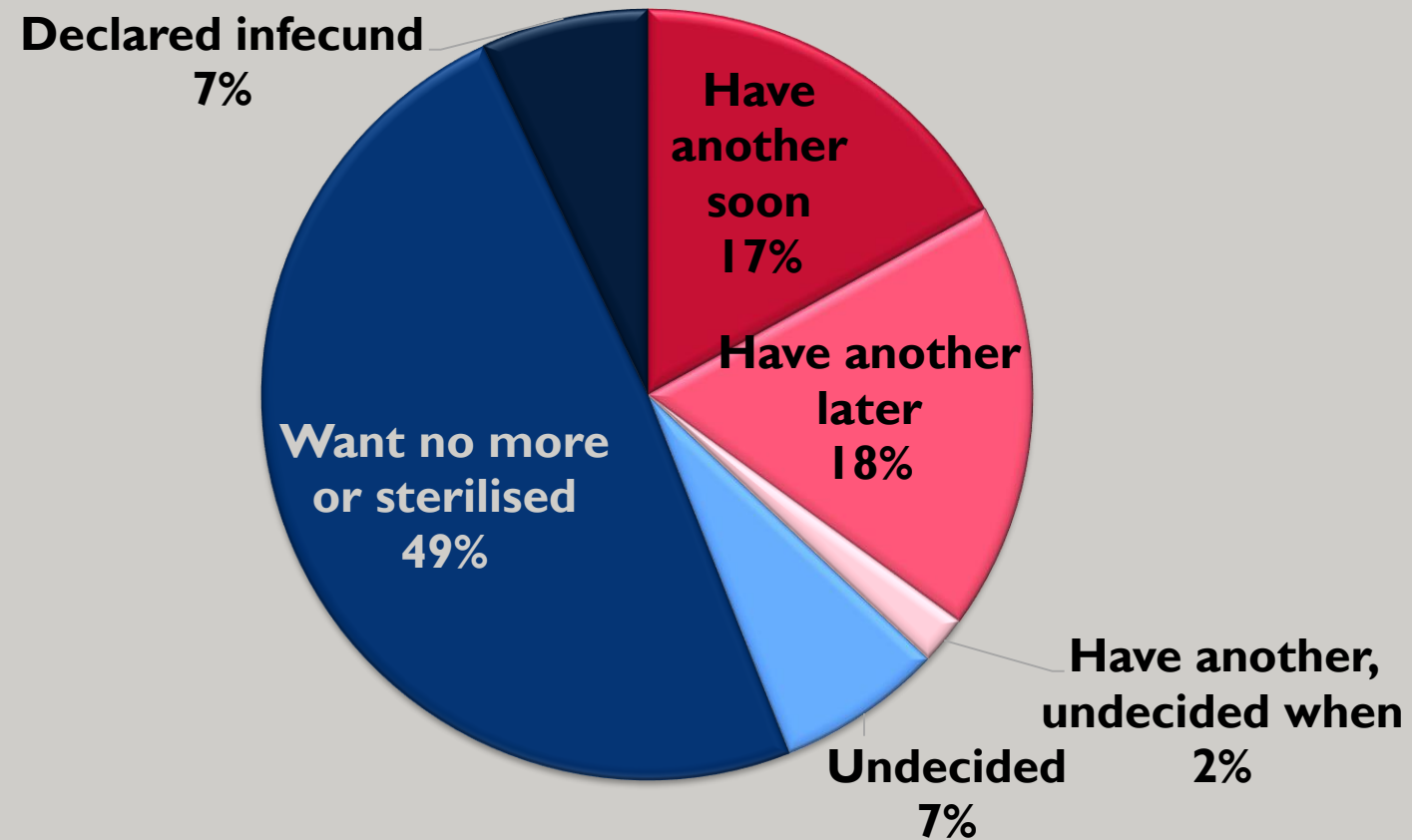
## Teenage Childbearing by Nationality

*Percent of women age 15-19 who are mothers or pregnant with their first child*



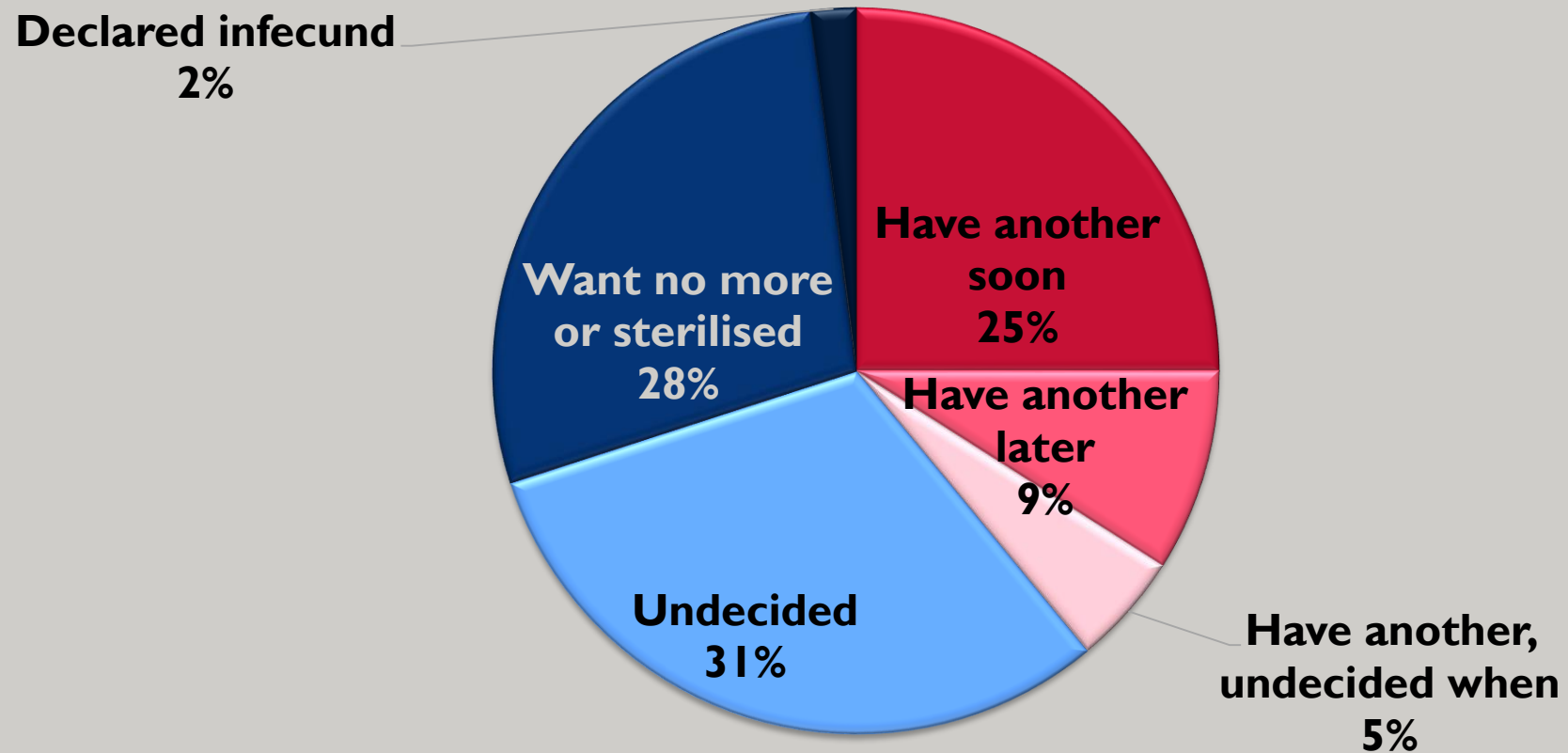
# Fertility Preferences of Married Women

*Percent distribution of currently married women age 15-49 by desire for children*



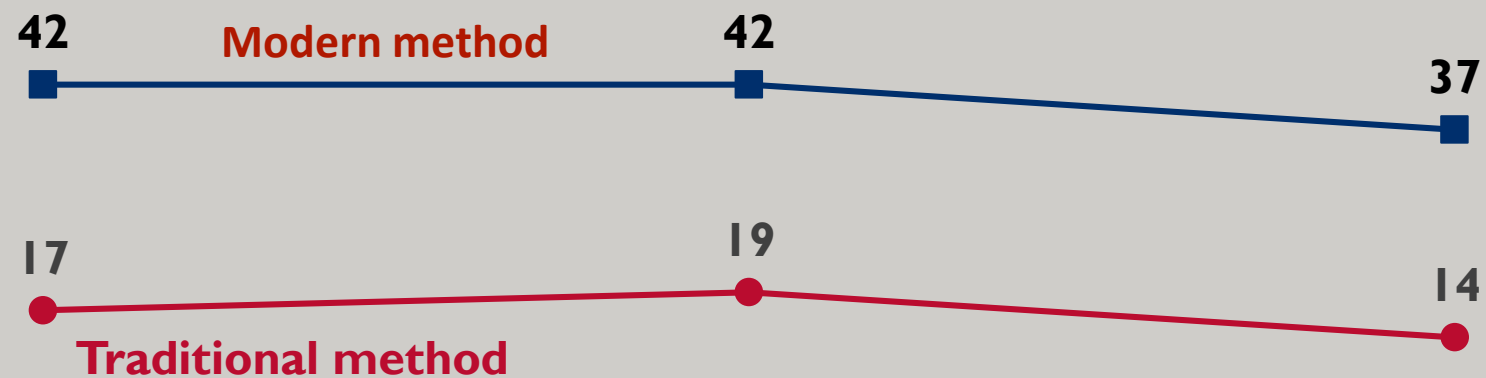
# Fertility Preferences of Married Men

*Percent distribution of currently married women age 15-49 by desire for children*



# Trends in Contraceptive Use

*Births per woman for the 3-year period before the survey*



2009

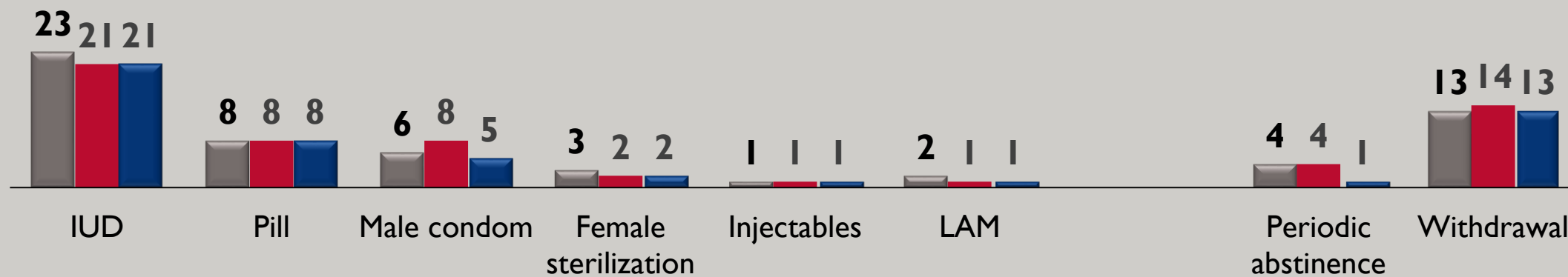
2012

2017-18

# Trends in Contraceptive Use by Method

*Percent of currently married women age 15-49*

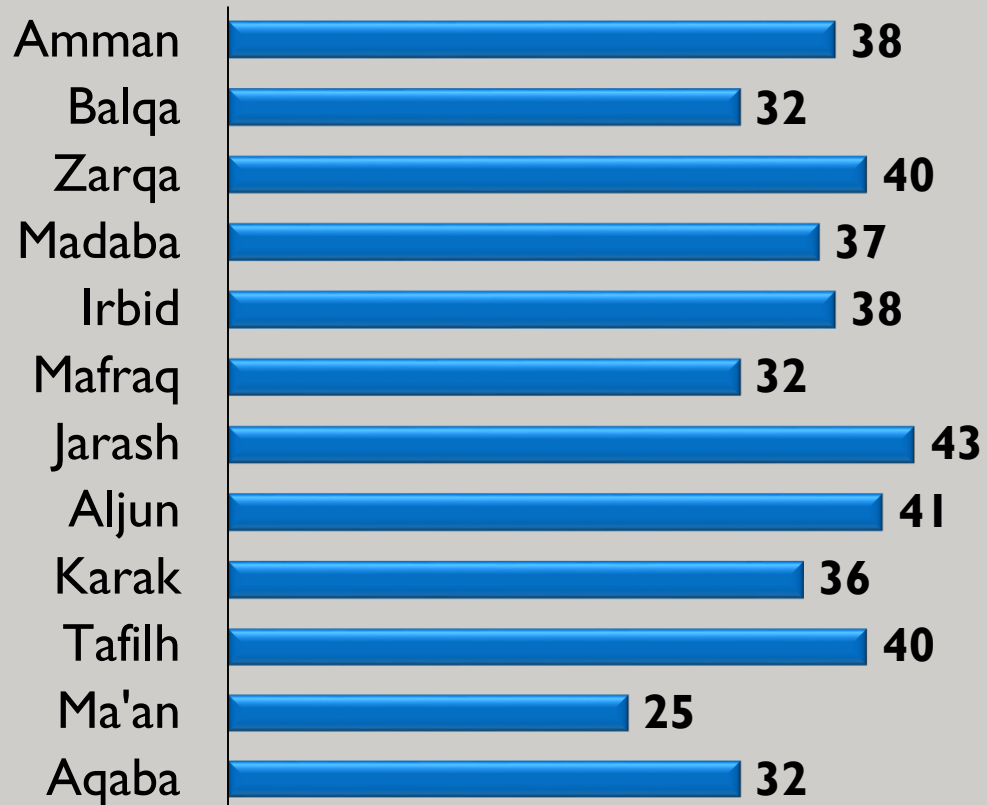
■ 2009 ■ 2012 ■ 2017-18





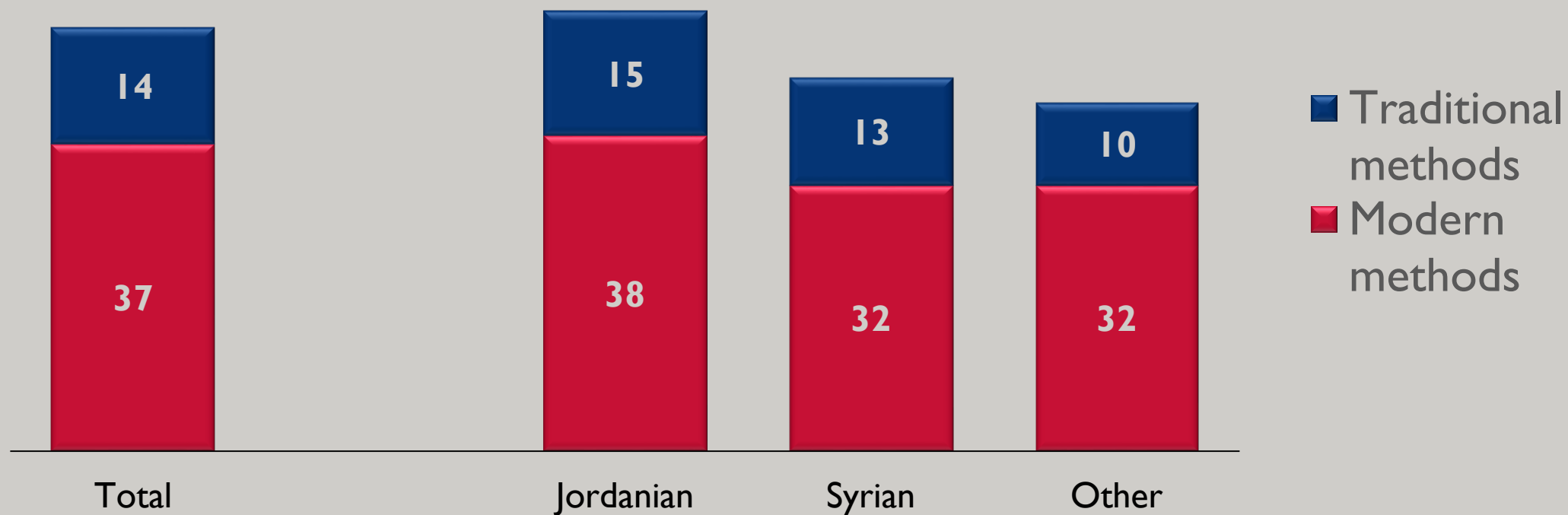
## Modern Contraceptive Use by Governorate

*Percent of currently married women age 15-49 using a modern method*



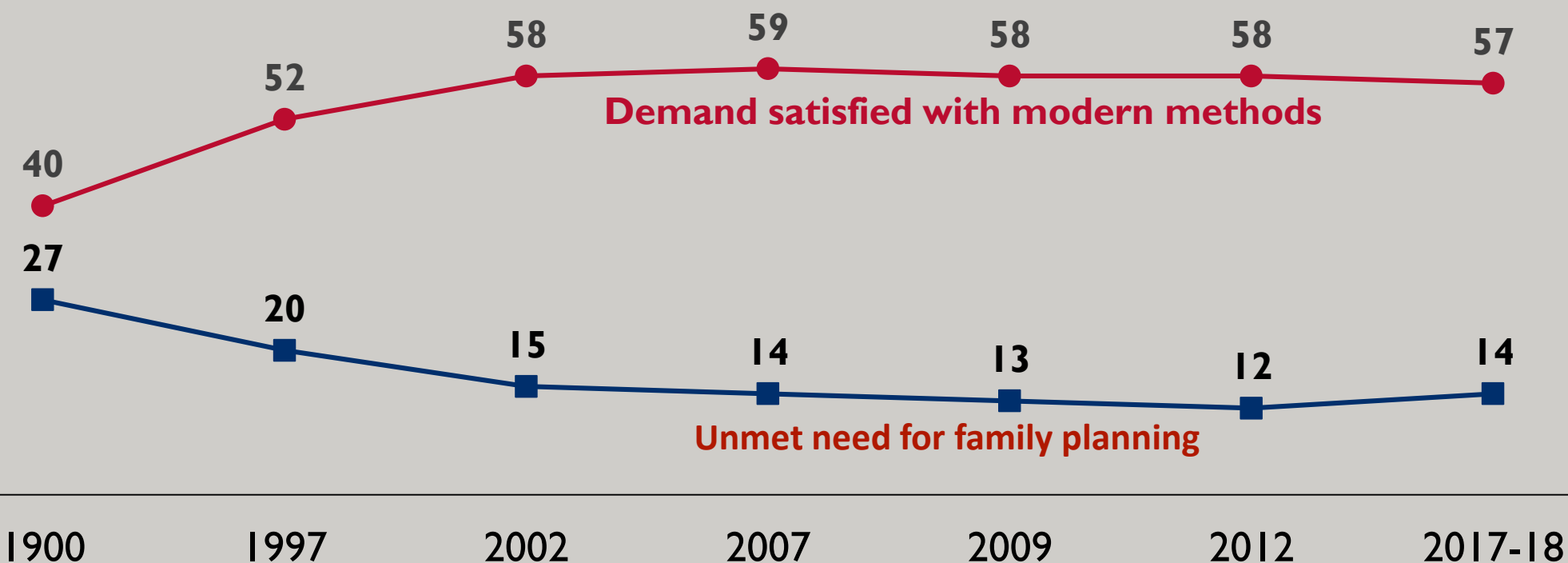
# Modern Contraceptive Use by Nationality

*Percent of women age 15-49 who are currently using a method of family planning*



# Trends in Unmet Need and Demand Satisfied

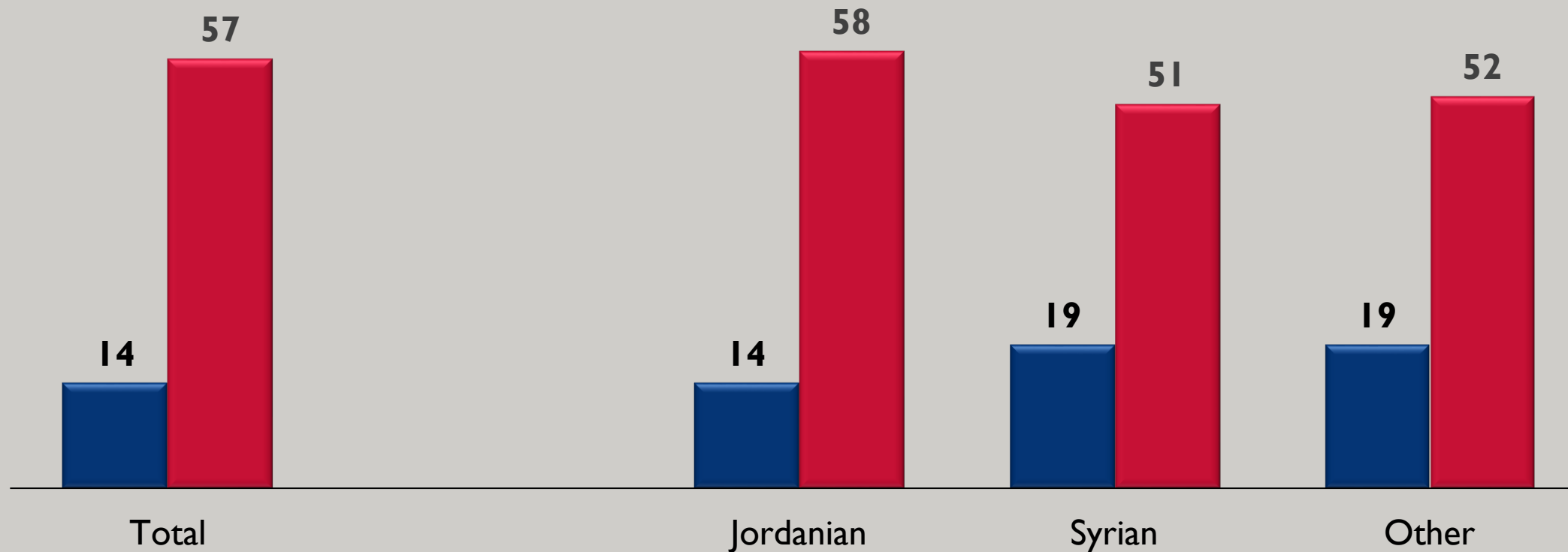
*Percent of currently married women*



# Unmet Need and Demand Satisfied by Nationality

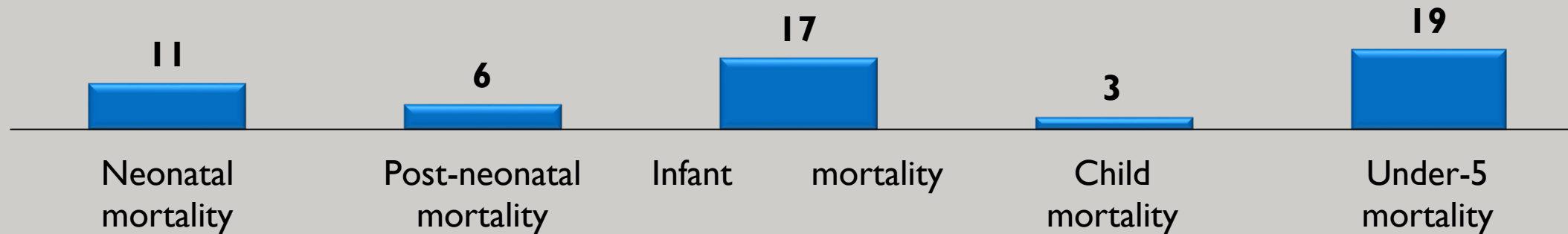
*Percent of currently married women*

■ Unmet need    ■ Demand satisfied by modern methods



# Childhood Mortality

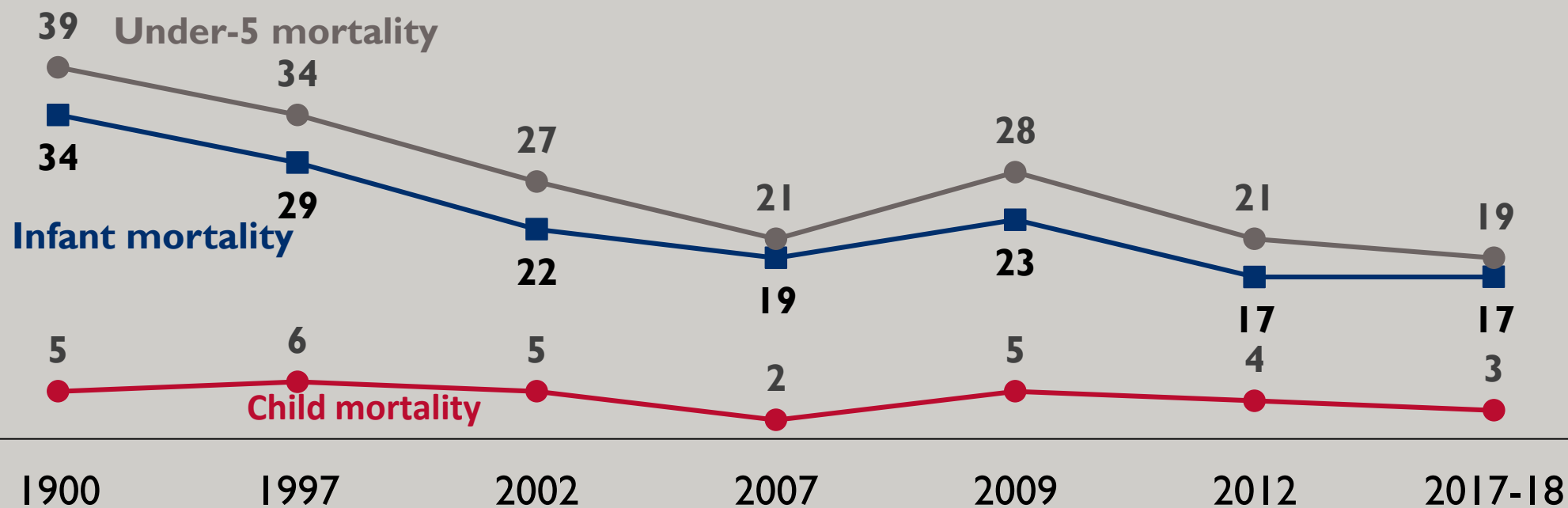
*Deaths per 1,000 live births for the 5-year period before the survey*



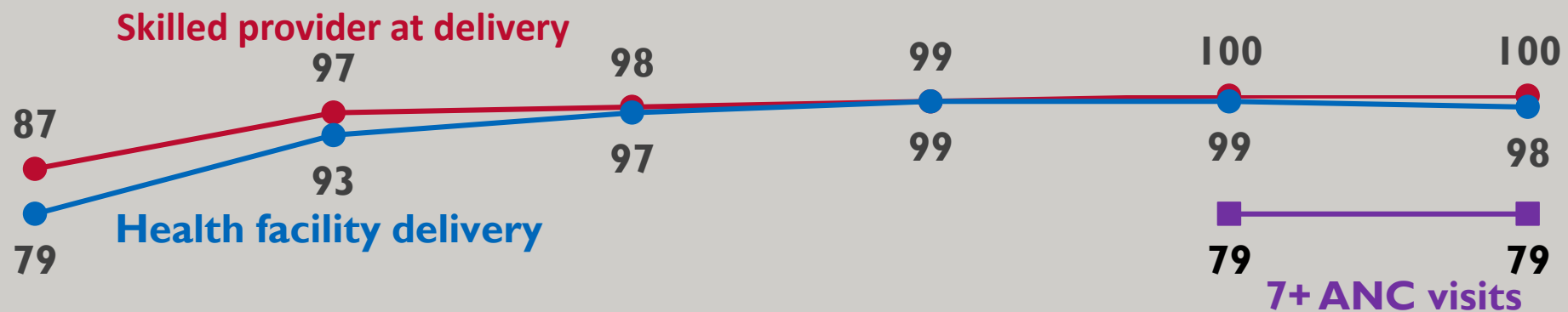


# Trends in Childhood Mortality

*Deaths per 1,000 live births for the 5-year period before the survey*

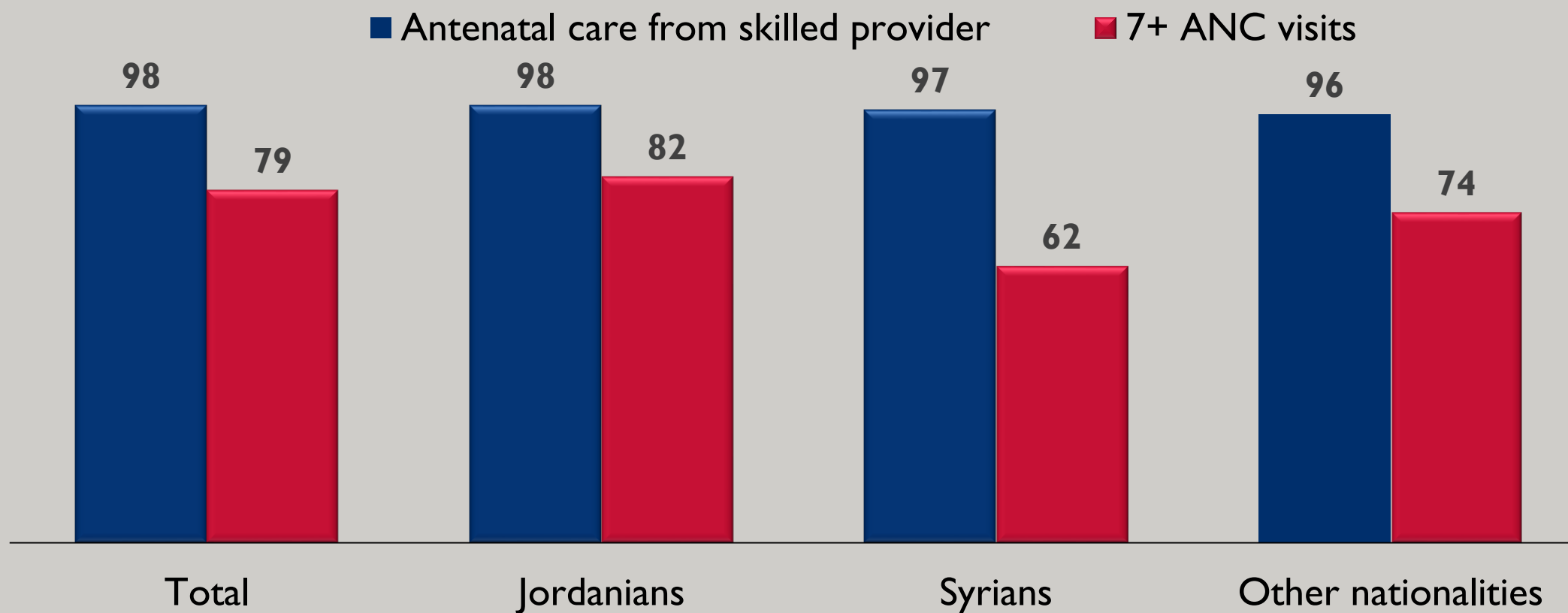


## Trends in Maternal Health

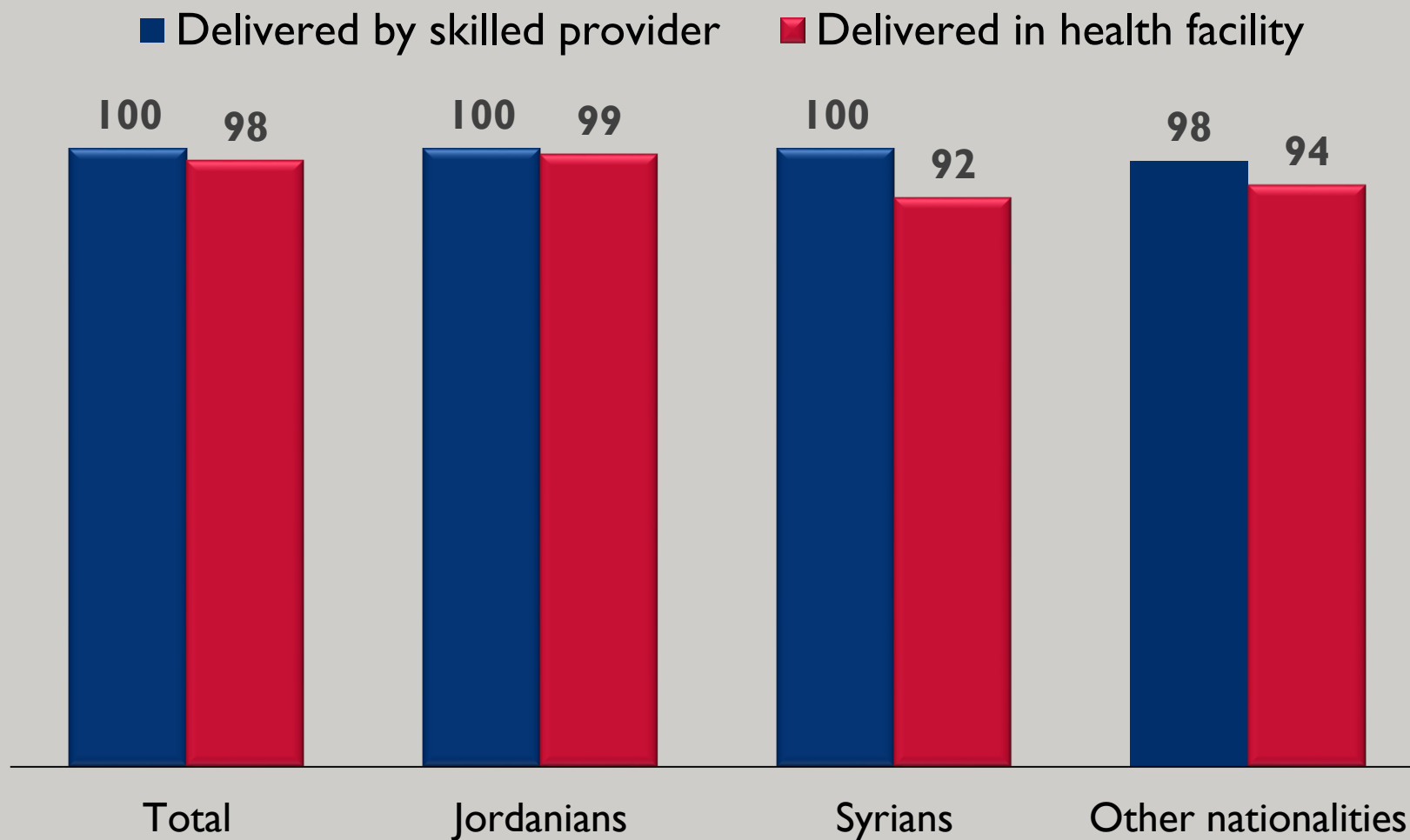


## Antenatal Care by Nationality

*Percent of women age 15-49 with a live birth in the 5 years before the survey*

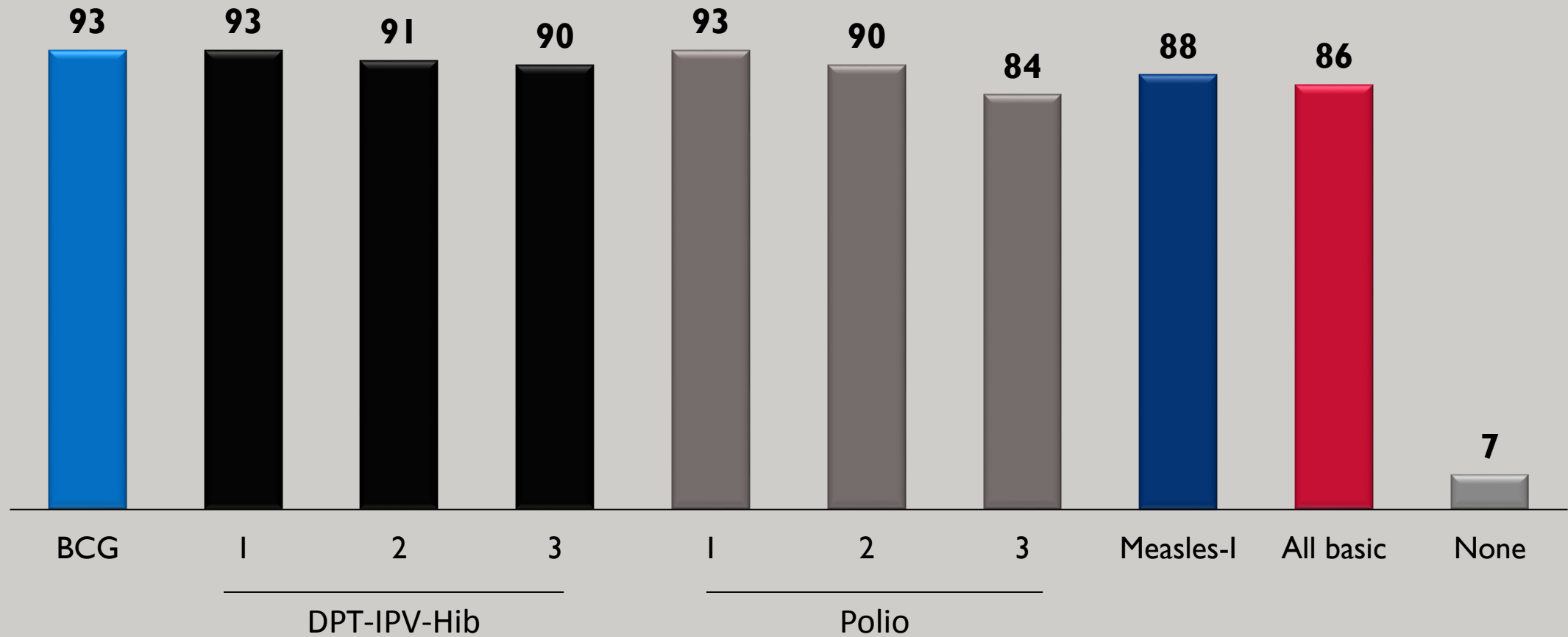


## Delivery Care by Nationality



# Childhood Vaccinations

*Percent of children age 12-23 months vaccinated*



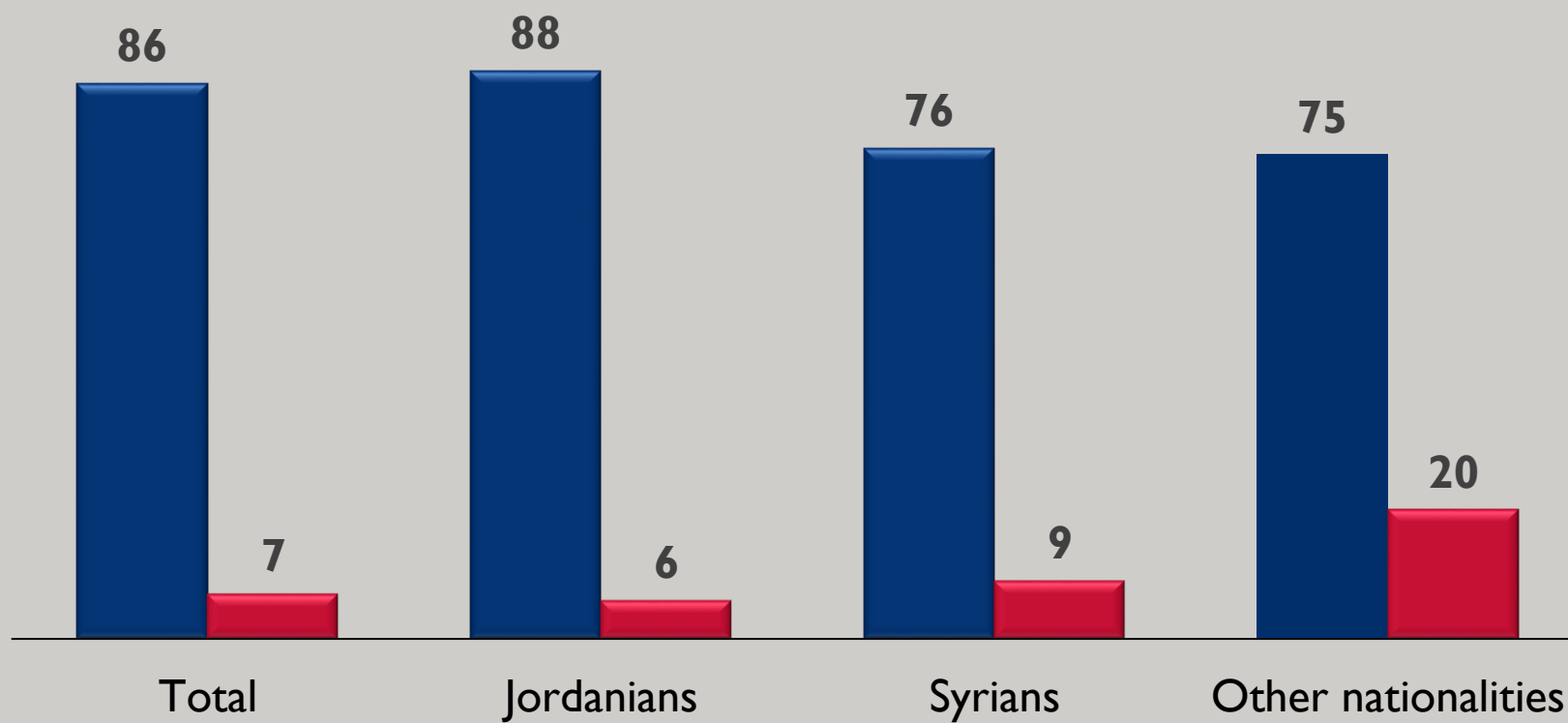


# Childhood Vaccinations by Nationality

*Percent of children age 12-23 months vaccinated*

■ All basic

■ None



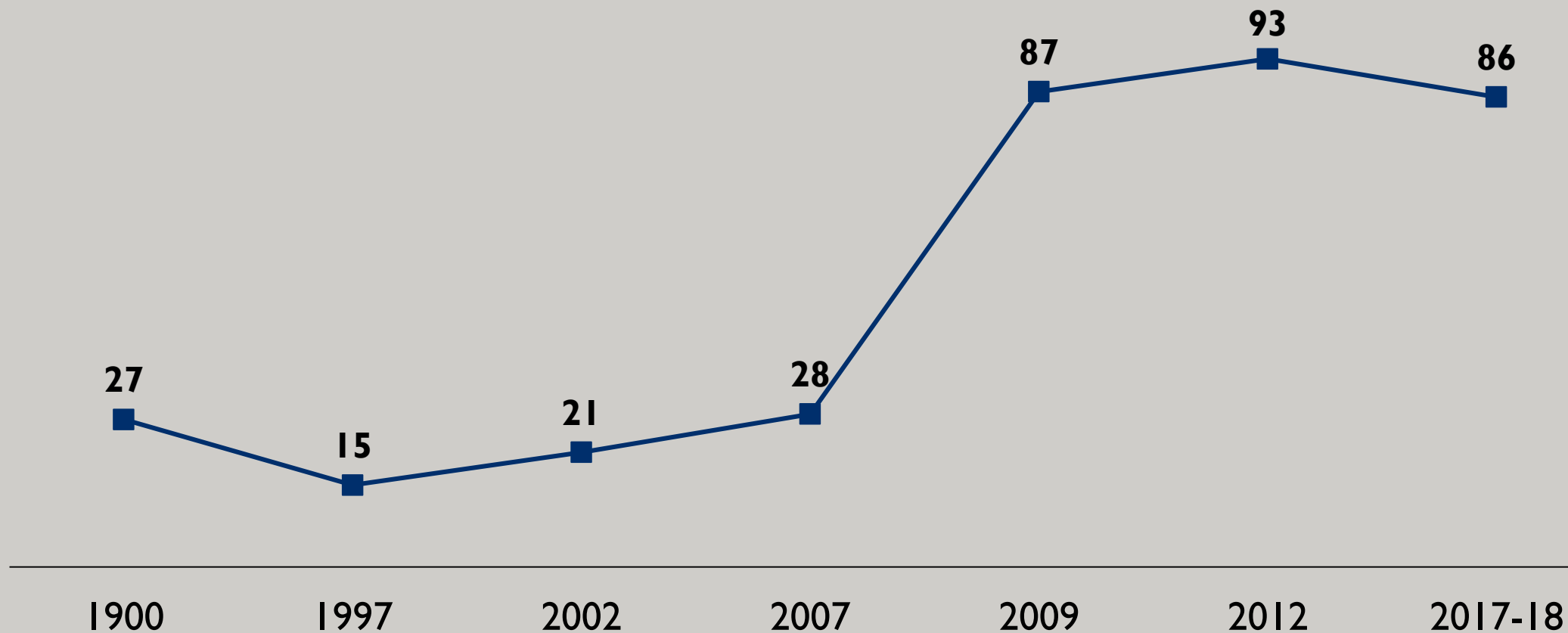
## Basic Vaccination Coverage by Governorate

*Percent of children age 12-23 months with all basic vaccinations*



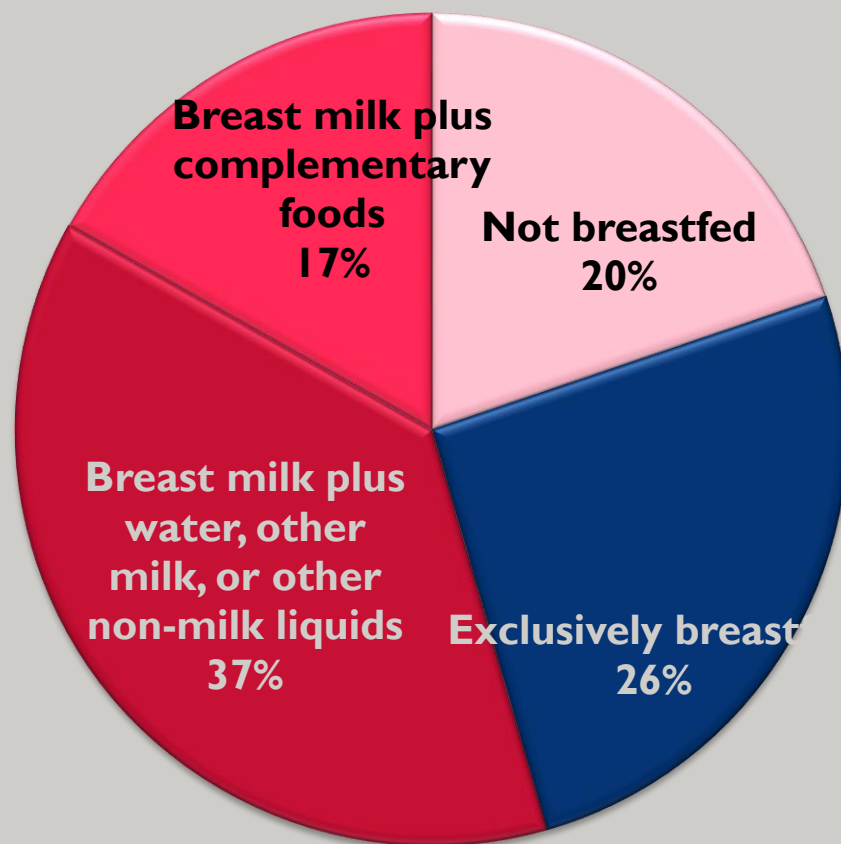
# Trends in Vaccination Coverage

*Percent of children age 12-23 months with all basic vaccinations*



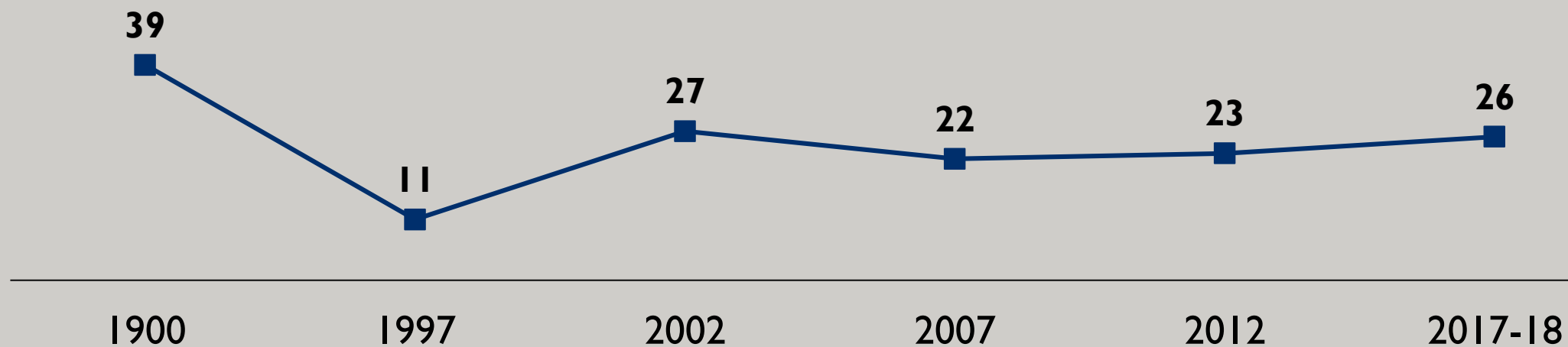
## Breastfeeding Status Under 6 Months

*Percent distribution of youngest children under 6 months who are living with their mother by breastfeeding status*



## Trends in Exclusive Breastfeeding

*Percent of children age 0-5 months who are exclusively breastfed*

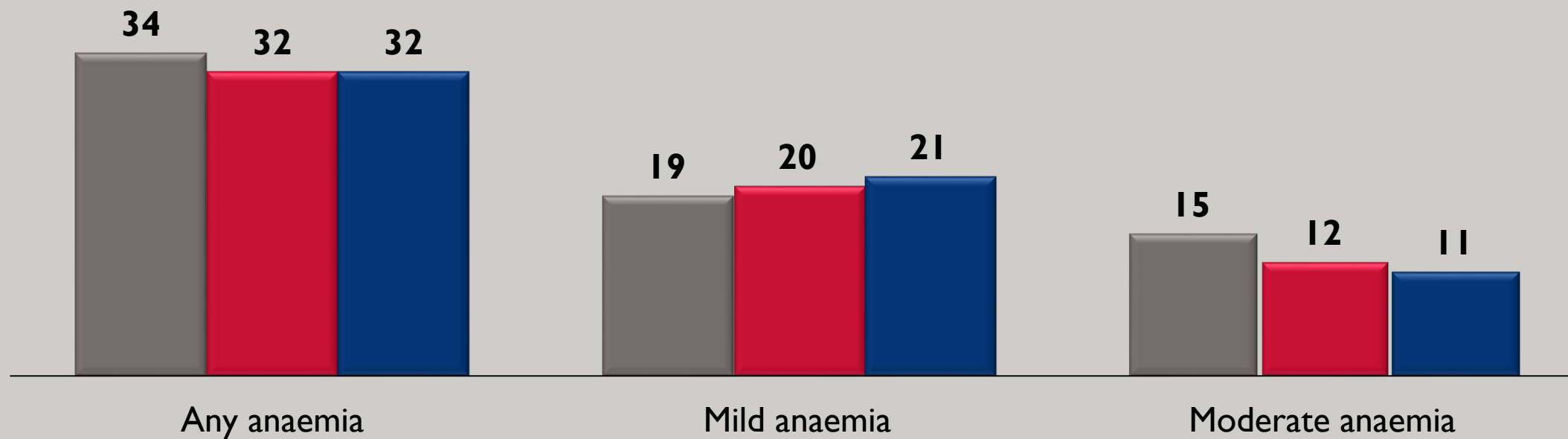




## Trends in Anaemia in Children

*Percent of children 6-59 months*

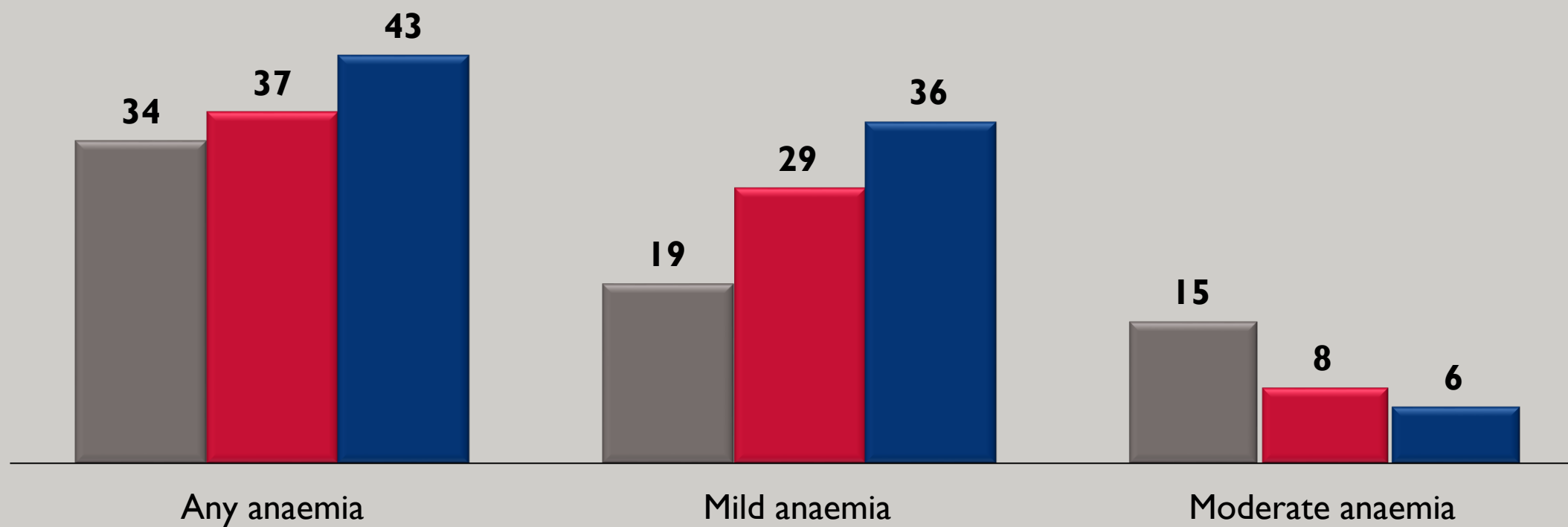
■ JPFHS 2009 ■ JPFHS 2012 ■ JPFHS 2017-18



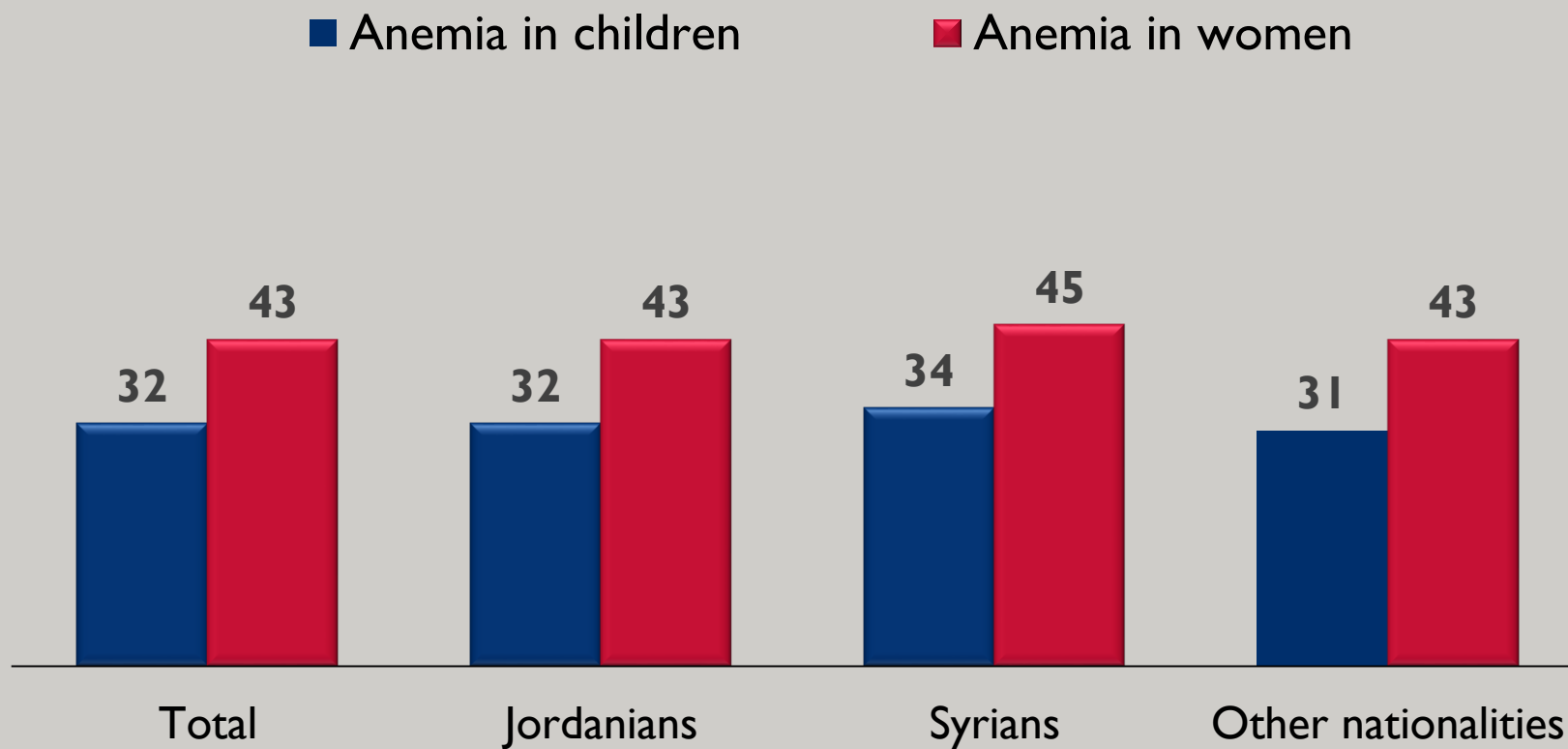
# Trends in Anaemia in Women

*Percent of ever-married women 15-49*

■ JPFHS 2009 ■ JPFHS 2012 ■ JPFHS 2017-18



## Anemia by Nationality



## SDG Summary: KIR

SDG #	Indicator	JPFHS Data
3.1.2	Proportion of births attended by skilled health personnel	<b>&gt;99%</b>
3.2.1	Under-5 mortality rate	<b>19</b>
3.2.2	Neonatal mortality rate	<b>11</b>
3.7.1	Need for family planning satisfied by modern methods	<b>57%</b>
5.6.1	Women who make their own informed decisions about sexual relations, contraceptive use and reproductive health care	<b>58%</b>

## SDG Indicators in Final Report:

SDG #	Indicator
3.7.2	Adolescent birth rate
3.b.1	Vaccination coverage
5.2.1	Spousal violence (physical, sexual, emotional)
5.3.1	Women married before age 15 and 18
5.b.1	Mobile phone ownership
6.1.1	Population using safe drinking water
6.2.1	Population using safely managed sanitation including handwashing area
7.1.1	Population with access to electricity
7.1.2	Population with primarily reliance on clean fuels and technology
8.7.2	Adults with a bank account or other financial institution
16.9.1	Children with registered birth
17.8.1	Percent of individuals using the internet

## Key Findings

- Women have an average of **2.7** children, a decline since 2009.
- The **modern contraceptive prevalence rate** among married women is **37%**.
- **Infant mortality rate** is **17** deaths per 1,000 live births and **under-5 mortality rate** is **19** deaths per 1,000 live births.
- **98%** of births were **delivered** in a health facility.
- **86%** of children received **are fully vaccinated**.
- **32%** of children and **43%** of women are **anaemic**.

# Thank you!

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