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Journalists' Guide *to the* **Demographic and Health Surveys** *updated July 2012*

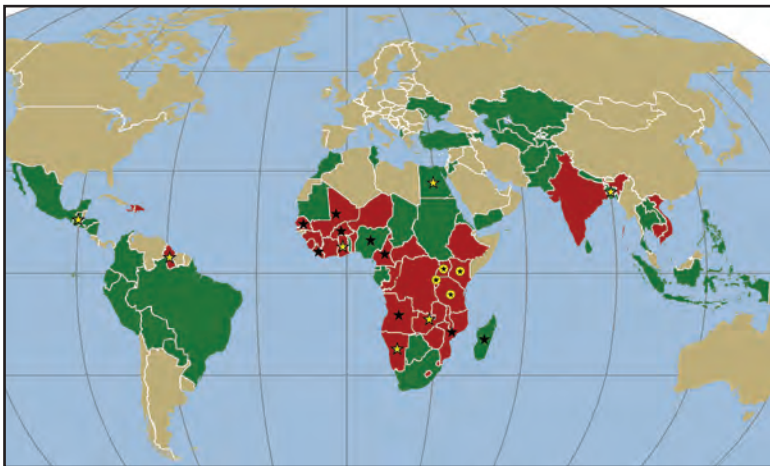


MEASURE DHS

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Why use **MEASURE DHS** data in reporting?

The Demographic and Health Surveys (DHS) are the most comprehensive source of data on real-life health issues found anywhere in the world. They provide detailed reporting on cutting-edge issues affecting your country.

MEASURE DHS population-based surveys provide reliable and accurate information on HIV, malaria, gender, family planning, maternal and child health, and nutrition in more than 90 countries. They offer statistics on the most common indicators, as well as trends and cross-country comparisons.

Using data from a reputable source like the DHS adds credibility and context to your story. And these stories about population and health can affect millions of people. These stories have the potential to influence policymakers and program managers, educate the public, and ultimately help people live longer, healthier, more fulfilling lives.

The **MEASURE DHS** Project

The MEASURE DHS project (www.measuredhs.com) helps implement survey research, disseminate data, and build capacity in the areas of health and population. MEASURE DHS provides technical assistance for the Demographic and Health Survey (DHS), the Service Provision Assessment Survey (SPA), the Malaria Indicator Survey (MIS), and the AIDS Indicator Survey (AIS). Since 1984 more than 220 surveys have been carried out in more than 90 countries. The survey reports and survey data are free to everyone.

MEASURE DHS is funded by the U.S. Agency for International Development and is implemented by ICF International.





What are the Demographic and Health Surveys?

What does DHS offer?

- Information from interviews with women and men age 15–49.
- Typical surveys cover more than 10,000 people representing urban and rural areas and provinces/states/regions.
- DHS surveys are conducted every 4 to 5 years in most countries. The same questions are asked in each survey so that comparisons can be made over time and between countries.
- Data from the surveys are used to report on international indicators such as fertility and mortality rates, HIV prevalence, and contraceptive usage.

What kind of surveys are conducted?

The MEASURE DHS group has designed and implements several types of surveys:

- **Demographic and Health Survey (DHS)**- household survey that provides data on population, health, and nutrition.
- **AIDS Indicator Survey (AIS)**- household survey focused on HIV/AIDS that may include testing for HIV, syphilis, and/or herpes.
- **Malaria Indicator Survey (MIS)**- household survey focused on malaria that may include testing for malaria and/or anemia.
- **Service Provision Assessment Survey (SPA)**- facility-based survey that obtains information on health services including infrastructure, service availability, and quality of services.

What stories will you find in MEASURE DHS surveys?

HIV/AIDS and other Sexually Transmitted Infections (STIs): knowledge and attitudes about AIDS and STIs, availability of counseling and testing, high risk sexual behavior, and in some countries, HIV prevalence.

Malaria: ownership and use of mosquito nets, use of preventive treatment, treatment of symptoms, prevalence of malaria.

Infant and Child Mortality, Child Health: child survival, vaccination, acute respiratory infection, and diarrhea symptoms and treatment.

Households: age, sex, schooling of all household members, ownership of goods, access to electricity and water.

Women's Status: literacy, education, employment, decisionmaking, domestic violence.

Fertility: rates and trends, women's age at first birth and marriage, fertility preferences.

Family Planning: knowledge and use of contraceptive methods, source of methods, exposure to family planning messages, unmet need for family planning.

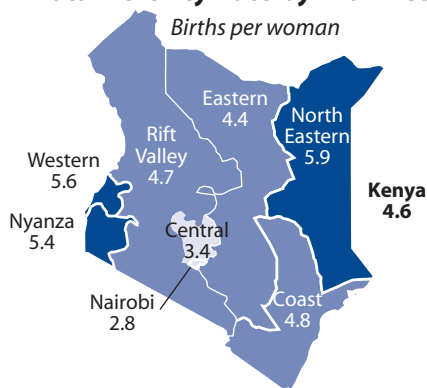
Women's Health: antenatal, delivery and postpartum care, access to health care, female genital cutting.

Nutrition: infant feeding practices, duration of breastfeeding, malnutrition, vitamin A supplementation, anemia levels.

Sample Data from MEASURE DHS Surveys

Demographic and Health Surveys data can be used to compare indicators across countries, view trends over time, or examine patterns within countries.

Kenya 2008-09: Total Fertility Rate by Province



Fertility in North Eastern, Western, and Nyanza twice the rate of Nairobi

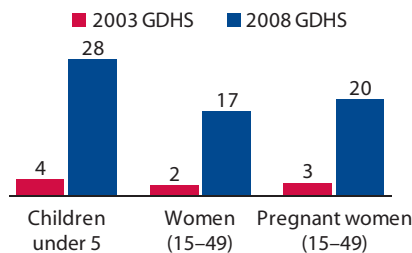
Fertility in Kenya has dropped to 4.6 children per woman, but still nears 6 in North Eastern and Western Provinces. Fertility is lowest in Nairobi, where women have an average of 3.4 children.

Seven-fold Improvement in Use of ITNs in Ghana

More than 1 in 4 children are currently using insecticide-treated mosquito nets (ITNs), compared to only 4% in 2003. Use of ITNs has also improved among pregnant women, from 3% in 2003 to 20% in 2008.

Ghana: Trends in Use of ITNs

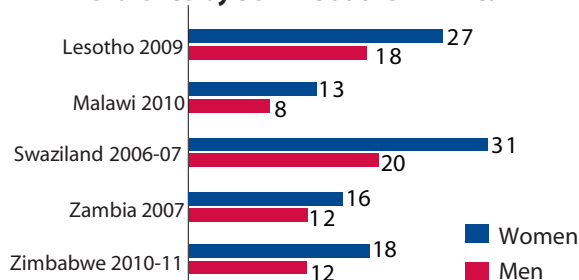
Percent who slept under an insecticide-treated net (ITN) the night before the survey



1 in 4 Women in Lesotho and Swaziland HIV-positive

HIV prevalence is higher among women than men throughout Southern Africa. More than one-quarter of women age 15-49 in Lesotho and Swaziland are HIV-positive.

HIV Prevalence by Sex in Southern Africa

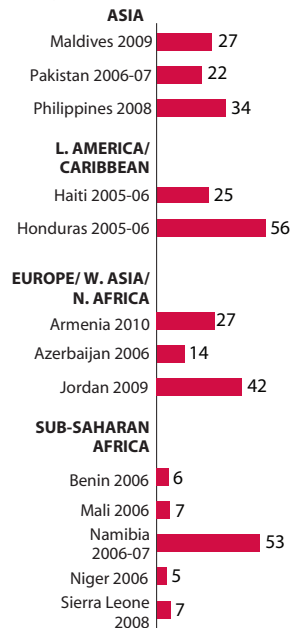


Women in Honduras and Namibia most likely to use family planning

More than half of married women in Honduras and Namibia are using modern methods of contraception according to recent Demographic and Health Surveys. Fewer than 10% of women in the West African countries of Benin, Mali, Niger, and Sierra Leone use modern methods.

Contraceptive Use, Select Countries

Percent of currently married women using a modern method of contraception

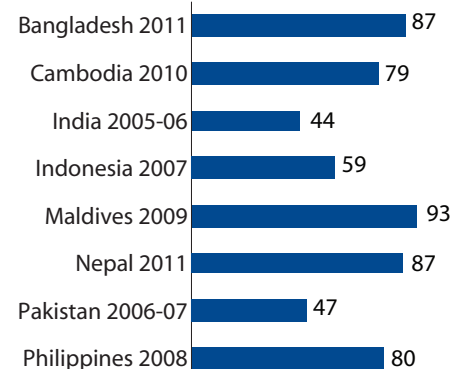


Maldives Leads Asian Nations in Vaccination of Children

More than 90% of children in the Maldives have received all recommended vaccinations, compared to less than half of children in India and Pakistan, according to recent Demographic and Health Surveys.

Vaccination Rates in Asia

Percent of children 12-23 months fully vaccinated



Who Uses DHS Data?

Presidents and prime ministers, policymakers, program planners, donor agencies, researchers, health professionals, teachers, and journalists use DHS data. Here are just a few success stories.

Targeted programming. Ghana's Vice President John Dramani Mahama announced in March 2012 that the Ghanaian Government is committed to supporting the National Tuberculosis Control Programme, especially by targeting women in regions where TB knowledge was particularly low as indicated by the 2008 Ghana DHS.

New health initiatives. Nepal's Health Ministry has developed a new initiative to focus on maternal and child health. This is in response to the 2011 Nepal DHS, which showed little improvement in children's malnutrition. Currently 41% of children under age five in Nepal are stunted, or too short for their age.

Expansion of health campaigns. A malaria campaign in Kagera, Tanzania, was reinforced by data from the 2007-08 Tanzania HIV and Malaria Indicator Survey, indicating that Kagera's malaria burden was one of the highest in the country. The region's Medical Officer noted that the campaign includes distribution of free ITNs and indoor residual spraying.

Legislation against domestic violence. The Parliament of Moldova, in response to domestic violence data collected in the 2005 Moldova DHS, adopted a law in 2007 that aims to prevent and combat domestic violence. The new law provides legal protection of victims and the creation of support services.

Zimbabwe's Ministry of Women's Affairs also used the ZDHS data to lobby for legislation against domestic violence, which was enacted by the Government of Zimbabwe in 2007.

High-level response. The NFHS-3 survey in India revealed overwhelming levels of malnutrition and anemia among children. The survey findings sparked swift and decisive action from Prime Minister Singh, prompting Singh to send letters to the Chief Ministers in each of India's 29 states requiring them to take measures to improve child nutrition.



"We need to show results, and the surveys help us measure them. They are vital to reach the goal of universal access to HIV prevention, treatment, care and support."

- Michel Sidibé, Executive Director, UNAIDS

"For a story on vaccination, I suddenly had trend data that showed that actually vaccination rates were improving, confirmation that a lot of the programs in the field were working. That to me, was an incredible public service."

- John Donnelly, reporter formerly of the Boston Globe



"The DHS is my bible."

- Joy Wanjia, Science and Health Reporter at the *Daily Nation*, Nairobi, Kenya. Winner of the 2010 Best Print Journalist in Reproductive Health at the Kenya Media Population Network Awards.



"You see even mayors, governors, local decision makers, NGOs, international community, citing the DH survey, as the most reliable data that you can get."

- Jaime Galvez-Tan, Professor, Philippines University College of Medicine and President of Health Futures Foundation



How Are DHS Data Disseminated?

When a survey is completed, MEASURE DHS staff work with host-country staff to disseminate the findings. This generally includes:

- a national seminar to present the major findings to an audience of stakeholders, including donors, government staff, program managers, policymakers, and the media
- a press conference
- distribution of various print materials including the final report, and other more user-friendly summary documents
- distribution of a press release at the national seminar and at www.measuredhs.com

Journalists are encouraged to attend national and regional dissemination seminars, are given press releases, and in some cases, may be invited to attend press conferences or journalists workshops.

All materials are available for free at www.measuredhs.com.

How Can Journalists Use DHS Data?

Cover the national seminar and related events. DHS surveys often get a lot of press coverage at the time of the national dissemination seminar. While this summary of the main results of the survey is essential, it is just a first step.

Create a regular feature exploring different health topics. One week might explore the malaria results of the DHS, supplemented by interviews with local managers of mosquito net campaigns. The following week could focus on family planning use, and might highlight availability of methods in local clinics. There is sufficient data in the DHS to inspire at least a dozen stories.

Create infographics, comparing DHS data over time or in neighboring countries. Create easy-to-read charts, tables, and maps at www.statcompiler.com and insert them into your own stories.

Educate citizens on the process of a national household survey. Is a DHS being planned or are fieldworkers currently collecting data? Explore the data collection process as interviewers travel all over the country administering the survey.

Hold decisionmakers accountable with DHS data. Policymakers and program managers should use quality data to inform their decisions. When major votes are pending, or budget decisions looming, tell decisionmakers and the public about the data behind their choices.

Use the DHS report as a reference tool to provide background information and context to other news stories that arise. While your story might not be about DHS data, you should always be looking for quality data to bolster your story. Perhaps you are investigating a report of poor treatment in maternity wards at local hospitals. DHS data will indicate what percentage of women deliver in health facilities, and SPA data, if available, will give more background on the quality of this care.



Adding Value, Depth to News Stories

Hot Topic

Supporting DHS Data

Government to Spend \$2 Million on Women's Hospital



DHS surveys: What percent of women deliver in hospitals? **SPA surveys:** What percent of facilities currently provide delivery services? What are the barriers to care? Is maternal health care of high quality? What fees are associated with care?

Malaria Comes Early to West Region



DHS/MIS surveys: What percent of households have mosquito nets? Do women and children use mosquito nets? Are pregnant women receiving preventive treatment? Do children with malaria symptoms receive treatment? What are the current rates of anemia and malaria? **SPA surveys:** Are children with malaria symptoms receiving appropriate diagnosis and treatment?

Woman Killed in Domestic Violence Incident



DHS surveys: What are women's and men's attitudes about domestic violence? What percent of women experience domestic violence? What kinds of violence do women face?

Anti-Retroviral Stock-Outs Plague Health Care Centers



DHS/AIS surveys: What percent of the population is HIV-positive? How does HIV prevalence vary by regions? **SPA surveys:** What percent of health care facilities provide ART? Are stockouts common? Are providers trained to provide ART?

Measles Outbreak Kills 30



DHS surveys: What percent of children are currently vaccinated? Where in the country is vaccination least common? **SPA surveys:** What percent of facilities provide vaccination services? Do providers check sick children for vaccination history?

Thousands of Men Leave Country in Search of Jobs



DHS surveys: What percent of households are headed by women? How many women have paying jobs? What kinds of occupations do women and men have?

Minister of Education Calls for More Funding for Primary Schools



DHS surveys: What are current school attendance rates? Are children receiving more education than their parents did?

Local Woman Has 14th Child



DHS surveys: What are the national and regional fertility rates? What percent of women use family planning? How does number of children affect child mortality?

World Health Organization Announces New Recommendation for Child Feeding



DHS surveys: What percent of infants are breastfed? At what age do they begin eating supplementary food? Are children fed according to the current guidelines? Are children undernourished?

Stories from Around the World

Peru nears goal of reducing child chronic malnutrition to 30%

Lima, Dec. 14 2010. (ANDINA). Peru is about to achieve its goal of reducing child chronic malnutrition to 30 percent in rural areas of the high Andes, said the president of the National Program of Direct Support to the Poorest (Juntos), Ivan Hidalgo.

“According to the Demographic and Family Health Survey (Endes), child chronic malnutrition (DCI) in rural areas of the country reached 30.9 percent as of the first half of 2010, with which Peru is about to accomplish its goal set at the beginning of the current administration,” Hidalgo stated.

He recalled that in 2000, child chronic malnutrition stood at 40.2 percent and declined only 0.1 percentage points to 40.1 by 2005.

However, after five years and due to several factors including an economic incentive for the poorest families in the country, the current rate is 30.9 percent. . . .

<http://www.andina.com.pe/Ingles/Noticia.aspx?id=uifu7Vn42Gk=>



HIV/AIDS agency to give information via cell phones

Nigeria, Feb 10, 2011. (NEXT). The National Agency for the Control of AIDS (NACA) says it has concluded plans to disseminate HIV and AIDS information through cell phones, since about 70 million Nigerians use phones.

Dr. John Idoko, director general of the agency, said this in Abuja on Thursday during the national HIV and AIDS call centres stakeholders meeting.

“At the last survey by the Nigeria Demographic and Health Survey, only about 24 per cent of women have correct information about HIV. This is just the vehicle to do that. You can disseminate information through this mobile technology that we are trying to use, not only to people in the urban area but in the rural areas.

“Seventy million Nigerians use the cell phones. I guess that most of these live in the rural areas. So this is just a wonderful vehicle,” Dr. Idoko said.

He said that the programme was geared toward protecting people from HIV and AIDS, adding that this would be used in enlightening people about other diseases like tuberculosis, malaria, as well as maternal and child mortality. . .

Mrs. Mohammed said that the centres would be installed with capacity of 30 simultaneous voice calls and at no cost to callers. She said that the project would be owned and operated by all relevant stakeholders in the National Response. . .

<http://234next.com/csp/cms/sites/Next/Home/5676377-146/story.csp#>



ETHIOPIA: Still too many deaths in childhood

ADDIS ABABA, 25 April 2012 (IRIN) - A lack of awareness of the importance of skilled hospital deliveries in Ethiopia, cultural beliefs, and transport challenges in rural areas are causing a high number of deaths during childbirth, say officials.

Only 10 percent of deliveries take place within health facilities, according to the Ethiopia's latest (April) Demographic Health Survey results. Nevertheless, the figure is a significant improvement on 6 percent in the previous 2005 survey. . .



At present, the ministry is seeking to increase the number of women delivering in hospitals by tapping into those seeking antenatal care and providing sustained family planning services at the district level.

“We are particularly trying to decrease mothers’ deaths by retaining the significant numbers of pregnant women who come to receive antenatal care from hospitals but [go] missing [during] delivery,”

(continued from left) said Frewoine.

At least 34 percent of pregnant women aged 15-49 receive antenatal care from a skilled health provider such as a doctor, nurse or midwife, but only 10 percent give birth there.

“The same can be said about the high unmet need for family planning in couples and also among young people,” she said, adding that plans are under way to assign two midwives to every health centre in every district in the next three years.

<http://www.irinnews.org/Report/95356/ETHIOPIA-Still-too-many-deaths-in-childbirth>

Stories from Around the World

Bangladesh headed for healthier tomorrow

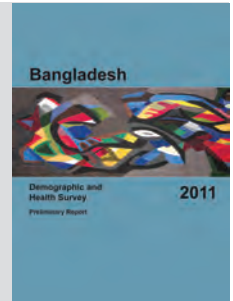
Nurul Islam Hasib, bdnews24.com Senior Correspondent

Dhaka, Apr 17 (bdnews24.com) – Bangladesh is moving towards better health as the preliminary results of the sixth demographic and health survey released on Tuesday show improvement on almost all health indicators, though some inequities still persist.

The under-5 mortality rate dropped from 65 per 1,000 live births in 2007 to 53, while fertility rate declined from 2.7 births per woman to 2.3, according to the preliminary findings of 2011 Bangladesh Demographic and Health Survey (BDHS).

Underweight children under-5 declined from 41 percent in 2007 to 36 percent, while another 41 percent children had stunted growth, which was 43 percent in 2007. . .

<http://bdnews24.com/details.php?cid=13&id=222667>



Zimbabwe: When Health Care Is Beyond Reach Roselyne Sachiti

10 May 2012. (The Herald) . . . A middle-aged woman, Mary, helplessly lies in a wheelbarrow as her husband Tendai pushes it towards them.

She is diabetic and also has fibroids, which sometimes causes heavy bleeding during her monthly periods. Both Mary and Tendai are not formally employed and earn a living through vending.

The money they get is not enough to meet Mary's medical bills and neither is it adequate to pay for the myomectomy (operation to have fibroids removed).

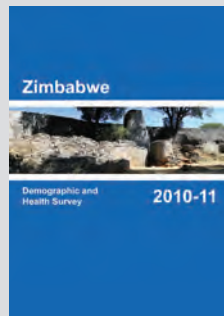
. . . Mary and her husband are just some of the millions of Zimbabweans who do not have medical aid and are not covered by any form of health insurance.

They say they once considered taking health insurance but realised that they could not afford it. The little money they get goes to food, rent, clothes and school fees. . .

The Zimbabwe Demographic Health Survey 2010-11 . . . confirms that 93 percent of Zimbabwean women and 91 percent of men do not have health insurance.

It said the few women who have health insurance are covered by social security or other employer plans.

Six percent of women, according to the report, have insurance through their employer, less than 1 percent are covered under a privately purchased commercial plan, and the remaining women are covered through some other mechanism. . . . -<http://allafrica.com/stories/201205100380.html>



Midwives Get Mobile Brooke Lewis and Mom Kunthear

Dec. 16, 2010. (The Phnom Penh Post). Sem Phai, a 35-year-old rice farmer in Kampong Thom province's Prasat Sambor district, has three children and says she cannot afford any more.

But living in Tang Krasao village, which lies a bumpy hour-long drive from Kampong Thom town, means that Sem Phai's options for preventing unwanted pregnancies are limited.

She tried using a contraceptive pill but soon stopped after noticing that it was causing her to become "thinner and thinner".



"I don't want more children because I'm poor and I'm afraid I can't earn enough to support them when they grow up," she said. "I want to spend time working to support my family." . . .

Along with 14 other women, Sem Phai visited her local health centre last month to receive a hormonal implant. The implant, which is inserted just beneath the skin on the woman's upper arm, protects against pregnancy for three to five years and is not usually accessible for women in remote vil-

lages like Tang Krasao. . .

"Some of the women like to use abortion rather than family planning," she said. "A surgical abortion takes only five minutes and doesn't hurt after, but for family planning, they have to take some time to do that."

The need for accessible family planning services was made evident in the 2005 Cambodia Demographic and Health Survey, which found that 59 percent of married women in Kampong Thom province did not want any more children, yet only 30 percent of them reported using modern contraceptive methods. . .

-www.phnompenhpost.com/index.php/2010121645457/National-news/midwives-get-mobile.html

Glossary of Health and Demographic Terms*

Fertility and Contraception:

Contraceptive prevalence rate (CPR): The percentage of women age 15-49 who currently use any method of family planning.

Total fertility rate (TFR): The average number of births per woman.

Modern contraceptive methods (also known as modern methods of family planning): Most common methods are: contraceptive pill (oral contraceptives), intrauterine device (IUD), injectables (Depo), implants, male condom, female condom, female sterilization (tubal ligation, voluntary surgical contraception), male sterilization (vasectomy, voluntary surgical contraception for men) and lactational amenorrhea (LAM).

Traditional family planning methods: Periodic abstinence (rhythm, calendar method), withdrawal, country-specific traditional methods of proven effectiveness, folk methods (locally described or spiritual methods that have not been proven effective, such as herbs, amulets, gris-gris, etc.).

Unmet need for family planning: The percentage of women who are not using contraception but say they do not want another pregnancy or want to wait at least 2 years before having another child.

Infant and Child Health

Birth interval: The amount of time between two successive live births. Doctors recommend that women wait at least 3 years between births.

Infant mortality rate: The number of children who die by their first birthday per 1,000 live births.

Under-five mortality rate: The number of children who die between birth and age five per 1,000 live births.

Fully immunized/vaccinated: Children age 12-23 months who have received all recommended immunizations against infectious diseases (tuberculosis, diphtheria, pertussis, tetanus, polio, and measles).

Oral rehydration therapy (ORT): Treatment for diarrhea consisting primarily of a solution prepared from commercially produced packets of oral rehydration salts (ORS) or a homemade mixture prepared from sugar, salt, and water (recommended home fluids).

Maternal Health:

Antenatal care (or prenatal care): The health care a woman receives while she is pregnant. The World Health Organization (WHO) recommends that women receive antenatal care at least 4 times.

Maternal mortality ratio: In the DHS, maternal mortality refers to any death of a woman that occurs during pregnancy, childbirth, or in the two months after childbirth or termination of the pregnancy. The maternal mortality ratio is expressed as the number of maternal deaths per 100,000 live births.

Trained/skilled health care provider: Medically trained providers, such as doctors, nurses, midwives, and community health workers are included in this group. Traditional birth attendants are not included.

Nutrition

Anemia: A disease caused by low levels of the oxygen-carrying material (hemoglobin) in the blood. Anemia is often caused by too little iron in the blood and in food, or by too frequent pregnancies. Anemia in women (especially pregnant women) and children can have serious health effects, including illness and death. Anemia can also be caused by infections, including malaria.

Exclusive breastfeeding: Feeding an infant nothing but breastmilk; exclusive breastfeeding is recommended for the first 6 months of life.

IYCF: Infant and young children feeding practices. A set of feeding practices recommended by the World Health Organization.

Stunting: Being too short for one's age; usually a sign of chronic malnutrition.

Vitamin A: A vitamin that prevents blindness and infection. Vitamin A is particularly important for children and new mothers. It is found in certain foods and vitamin supplements.

Wasting: Being too thin for one's height; usually a sign of acute malnutrition.

Gender

Domestic violence or interspousal violence: Violence against women by their current or former husbands or consensual partners; can be emotional, physical or sexual violence.

Female genital cutting (FGC) (also called female circumcision): A general term for a number of traditional operations that involve cutting away parts of the female external genitalia. It is often performed during infancy, childhood, or adolescence.

Gender analysis: An examination of the differences in roles, activities, needs, constraints, opportunities, and power associated with being male or female. The standard DHS includes questions on gender issues including the status of women, domestic violence, and FGC.

HIV/AIDS/STIs

AIDS: Acquired Immune Deficiency Syndrome is the name given to the variety of illnesses and symptoms experienced by those living with advanced stages of HIV. A person is said to have AIDS, as opposed to being HIV-positive, when either the number of CD4 cells in their immune system drops below a certain level or when they develop one of a specific group of opportunistic infections.

Concurrency/concurrent: Having more than one sexual partner at a time; concurrency is thought to be a risk factor for HIV infection.

Discordant HIV infection: the term used when one member of a couple is HIV-positive and the other is HIV-negative.

*These definitions are based on those usually used in the Demographic and Health Surveys. Refer to individual country reports for exact definitions.

Glossary, continued

HIV Incidence: The number of people contracting HIV in a year per 1,000 people. Incidence measures new cases of HIV infection in a given year. DHS surveys do *not* collect information HIV incidence.

HIV Prevalence: The percentage of people in a population who are infected with HIV. Prevalence measures both new and ongoing cases of HIV infection. Some DHS surveys measure HIV prevalence.

Sexually transmitted infections (STIs): A group of diseases that are generally transmitted through sexual activity, including HIV. These diseases affect both men and women (and sometimes children), and, if left untreated, may lead to infertility or death.

Malaria

ITNs: Insecticide-treated bednets used to prevent malaria.

IPT: Intermittent preventive treatment; treatment of pregnant women to prevent malaria. Treatment consists of 2 doses of SP (Fansidar), at least once during antenatal care.

LLIN: Long-lasting insecticide-treated nets. LLINs are treated in the factory and can last up to 3 years in the field without retreatment.

RDT: Rapid diagnostic tests used to test for malaria parasites in human blood. Results from RDTs can be given in the field.

Other

GIS: Geographic Information System. A system that captures, stores, analyzes, manages, and presents data that are linked to a geographic location. For the purposes of the DHS, GIS includes mapping software and its application to survey data.

GPS: Global Positioning System. A space-based global navigation satellite system. It provides positioning information to users who have an unobstructed view of four or more GPS satellites. The DHS uses GPS to identify the latitude and longitude of survey clusters.

Wealth Index: The DHS wealth index is a composite measure of household wealth. It measures the living standard of a household based on a household's ownership of assets, materials used for housing construction, and access to water and sanitation facilities. The wealth index places individual households on a continuous scale of relative wealth. The scale is cut into 5 quintiles to differentiate the poorest households (the bottom 20%) to the richest households (the top 20%).

Helpful Hints

- **Highlight country comparisons.** Readers/viewers love to see how their country or region measures up to the neighbors.
- **Highlight trends.** Everyone wants to know if health indicators are improving. This suggests successful interventions. Conversely, worsening health indicators are often a cause for further investigation. Pay attention to trends!
- **Be sensitive with sensitive topics.** HIV/AIDS and domestic violence are especially delicate. Keep in mind that HIV-positive sources, or victims of domestic violence are often putting themselves on the line when they speak with you. Anonymity should be preserved except where explicitly indicated.
- **Understand your indicator and use technical terms correctly.** Not all health data are expressed as a percentage. Fertility rate is average number of children. Maternal mortality ratio is number of deaths per 100,000 births; infant mortality is number of deaths per 1,000 births. Double check!! See the glossary for more information.
- **Round appropriately.** For example, a headline may be stronger with “Kenyan women now have about 5 children”. In the text, you can point out that the fertility rate among Kenyan women is 4.6 births.
- **Respect data embargoes.** Groups like DHS often have strict limits on when they can release their data, and yet good reporting requires a bit of lead time. Allow yourself sufficient time to do your research while respecting data embargoes.
- **Cite your sources.** DHS or other data sources should be cited appropriately. All DHS reports contain suggested citations on the inside of the cover page.
- **Use appropriate visuals.** Use photographs, videos, or graphs or charts that fairly represent your story. Don't use visuals from unrelated topics just to fill space.

A Success Story



In 2010, 19 journalists in Bangladesh worked with veteran reporter John Donnelly, Associated Press Bureau Chief Farid Hossain, and MEASURE DHS's Senior Advisor for Communication, Laurie Liskin, to write features based on Bangladesh DHS data. One of the participants, Mahbuba Zannat, staff reporter for The Daily Star, received the World Population Day Media Award 2010 by Ministry of Health and Family Welfare for an article on maternal mortality which she published under the fellowship program.



Free DHS data and resources:

www.measuredhs.com

Press releases and reports can be downloaded for free on the MEASURE DHS website. Hard copies of publications can also be ordered. Visit the News Room (<http://www.measuredhs.com/Who-We-Are/News-Room/index.cfm>) for additional media resources.

STATcompiler: www.statcompiler.com

An online database of population, health and nutrition indicators from DHS surveys. It contains more than 600 indicators from over 80 countries. Compare a given indicator over many countries or view trends within one country over time. Make custom tables, charts, and maps.

Facebook: Be our fan! Demographic and Health Surveys- MEASURE DHS.

Twitter: Follow us @MEASUREDHS

Learn more:

Check out the elearning course on using DHS data at: www.globalhealthlearning.org. Register for free and find the “Demographic and Health Surveys: Data Use” course.

Download the DHS curriculum on the DHS website (www.measuredhs.com/curriculum)

Questions? Contact us at press@measuredhs.com

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