



A Survey for All Myanmar People

Frequently Asked Questions about the 2015-16 Myanmar Demographic and Health Survey (MDHS)

What is the Myanmar Demographic and Health Survey (MDHS)?

The Myanmar Demographic and Health Survey is a nationally representative survey of women and men age 15-49 throughout Myanmar to assess the population and health status of adults of reproductive age and their children under age 5. The MDHS is part of the worldwide Demographic and Health Surveys (DHS) Program, which is funded by the United States Government as well as many other donors. Nationally representative DHS surveys have been conducted in over 90 countries since 1984 using a standardized methodology to produce internationally comparable data.

The 2015-16 MDHS is the first DHS ever conducted in Myanmar, and was supported by USAID and the Three Millennium Development Goal (3MDG) Fund.

What is a nationally representative survey?

A nationally representative survey includes a sample of people that represents the population of the country on a national level. The sample has very similar characteristics to the general population of the entire country. This means that the 2015-16 MDHS interviewed people from all States/Regions, of all educational levels, and from all economic groups. Findings are representative for the national level, and for each State/Region in the country.

What is the difference between the census and the Myanmar DHS?

A census collects information about household members and living conditions from every household in the country. It is a snapshot of the country's population and it counts all people in the country on a specific day. The recent Myanmar census was not able to visit every household due to security concerns in some regions. The MDHS is a representative sample survey conducted only in selected areas of the country and among selected households in those areas. It did not visit all households in Myanmar.

Who was included in the MDHS?

A sample of neighborhoods (clusters) from all states and regions of Myanmar was selected for the MDHS. Within each of the 442 neighborhoods sampled, a sub-sample of 30 households was selected randomly so that all households had an equal probability of being selected. Women and men age 15-49 in the 12,500 selected households were asked to participate in interviews. Almost 13,000 women and over 4,700 men were interviewed. The map on page 2 illustrates the location of the MDHS clusters that were surveyed.

How was the sample frame drawn?

The 2015-16 MDHS sample was based on the 2014 Census Frame and included 442 clusters from across the country. When clusters were identified that had not been included in the 2014 Census due to security concerns, the DHS teams carried out additional household listings to ensure that all households in the country had an equal probability of being selected.

How were data collected in hard-to-reach areas?

The MDHS deliberately recruited interviewers for data collection that were from the survey areas. All the interviewers were trained by the DHS program experts in Myanmar.

Extensive advocacy efforts took place before the survey teams arrived at sensitive locations to ensure that communities were informed about the survey and felt comfortable participating. Community-based and local organizations also supported data collection, helping to ensure data collection reached all areas in the country.

These interviewers were able to communicate in local languages when it was not appropriate to conduct the survey in Myanmar language.

Was data collected in any IDP camps?

Yes, the sample did include a cluster that was located in an Internally Displaced Persons (IDP) Camp in Rakhine State.

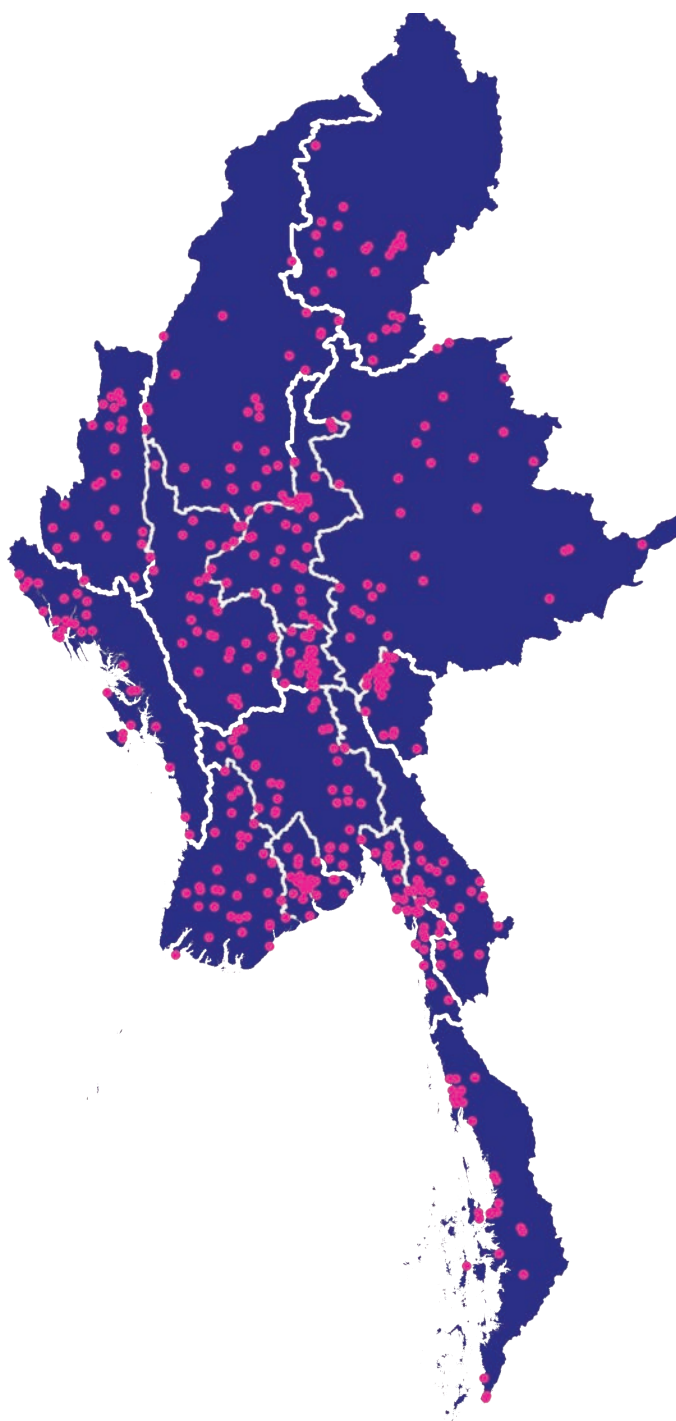
Did the survey really interview people in all regions and states? What about security issues?

All states and regions were visited. The DHS field teams took additional security and training precautions when visiting areas presenting possible security risks, and worked closely with local organizations and communities to access hard-to-reach areas. Out of the originally selected 442 clusters, four located in Kachin and Shan States were deemed too insecure and were replaced with other nearby clusters in the same states. Ultimately, one of the urban clusters in Shan State was dropped as security worsened. This is the standard protocol used by The DHS Program and cluster substitution is done without threatening the representativeness of the survey.

What were the response rates?

A total of 98% of households responded to the survey, along with 96% of eligible women age 15-49 and 91% of eligible men age 15-49. These response rates are quite high and comparable with those seen in other DHS surveys around the world.

2015-16 MDHS Cluster Locations



How was data quality assured?

Field staff conducting interviews were thoroughly trained in probing techniques and checking consistencies to identify the correct data. All completed questionnaires were edited immediately while in the field and checked by the supervisors before going to the Nay Pyi Taw data processing center. The completed questionnaires were edited and entered by trained data processing personnel twice for 100% verification. Double entry of data enabled easy comparison and identification of errors and inconsistencies. Inconsistencies were resolved by tallying with the paper questionnaire entries.

What is the significance of Myanmar completing the MDHS?

The significance of Myanmar having completed a nationwide MDHS is that, for the first time, Myanmar will have reliable demographic and health data that are comparable with over 90 countries around the world. These results will inform government, donor, private, civil society and academia on critical policy decisions that will lead to improved health for the Myanmar people.

How will MDHS results be used?

DHS results are used to inform policies and programs in survey countries, as well as for analysis of global health and population trends. Examples of DHS data use in other countries include targeted budgeting of child health and nutrition funds to better meet the needs of women and children, development of national policies to address domestic

violence, and creation of communication strategies to inform people about prevention of malaria and HIV.

Does the MDHS tell us if the health situation in Myanmar has improved?

Because the MDHS is the first survey of its kind in Myanmar, the data cannot be compared directly to previous surveys such as the census. However, the results of the MDHS are optimistic and suggest that Myanmar is making good progress. The childhood mortality data, in particular, point to improvements in child survival. Mothers were asked about all of the children they have ever had, and the survival status of these children. Based on these retrospective data, the MDHS determined that far fewer children have died in the past 5 years than earlier 5-year periods.

How do Myanmar's MDHS results compare to neighboring countries?

The DHS Program has recently completed surveys in Bangladesh, Cambodia, Nepal, and Pakistan. Myanmar is outpacing many of its neighbors in use of family planning and children's nutrition (see table below). Myanmar lags behind its neighbors in the area of childhood vaccination coverage.

Will the MDHS be repeated?

Most countries repeat their DHS surveys every five years to track trends over time. Myanmar hopes to do the same.

Key DHS Indicators in Asia

	Bangladesh 2014	Cambodia 2014	Nepal 2011	Pakistan 2012-13	Myanmar 2015-16
Total fertility rate	2.3	2.7	2.6	3.8	2.3
Use of modern methods of family planning	54	39	43	26	51
Under-five mortality rate	46	35	54	89	50
Health facility delivery*	37	83	35	48	37
Skilled assistance at delivery*	42	89	36	52	60
Children with all 8 basic vaccinations	84	73	87	54	55
Children stunted	36	32	41	45	29

*delivery data based on the 5 years before the survey except for Bangladesh which is based on the 3 years before the survey

How will the results of the 2015-16 MDHS be shared with all Myanmar people?

All DHS survey results including the datasets are made available through the Myanmar Ministry of Health and Sports, as well as on The DHS Program website (www.dhsprogram.com). The results are disseminated in a number of ways:



The MDHS Final Report (in print and online)

User-friendly print materials including Key Findings document, Wall Chart, and Infographic (in print and online)



Social media messages on Twitter and Facebook



Key Findings Video on YouTube
(www.youtube.com/dhsprogram)



MDHS data included in The DHS Program's STATcompiler
(www.statcompiler.com)



The DHS Program's Mobile Application (available for free for Apple and Android devices in your app store)



Datasets for data analysis - register and download at www.dhsprogram.com

In addition, the MOHS, in coordination with USAID, 3MDG, and The DHS Program will be hosting state/regional dissemination workshops for local stakeholders, including local organizations and community representatives. Summary print materials and presentations will be available in multiple languages.

More questions? Contact:

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