



DHS Survey Design: Eligible Ages



Historically, DHS surveys have interviewed women age 15-49 and men age 15-54 and collected health information on children under the age of 5 years from mothers. As global health and population challenges evolve, there is increasing demand for data outside these age groups.

Why do we limit the woman's individual interview to those age 15-49?

Since 1984, The DHS Program has focused on demographic data, such as fertility rates and fertility preferences, child mortality rates, and family planning knowledge and use. Much of these data are most relevant to women of reproductive age. Reproductive age is defined as women age 15-49.

What about childbearing among younger adolescents?

There are very few births to women outside of the 15-49 age range. While there is interest in fertility before age 15, typically, age-specific fertility rates for 10-14 year-olds are about 1 or 2 births per 1,000 women, meaning that a DHS survey would have to interview 1,000 women below age 15 to find one or two women age 10-14 who had given birth. Collecting such data would be a very inefficient and costly process that would provide very little information on the indicators of interest. Estimating early adolescent fertility rates based on retrospective data (see <https://www.dhsprogram.com/publications/publication-MR23-Methodological-Reports.cfm> for calculation methods) from women who were recently in this age group is both more efficient and effective and is now standardly presented in DHS final reports.

Ethical considerations are also an important factor. All survey respondents must give their informed consent prior to interview. USAID and The DHS Program interpret age 15 as the minimum age at which informed consent can be provided.

Considerations for Inclusion

Validity:

The sample will need to be expanded to include sufficient numbers of respondents outside of the standard age groups to produce estimates of the desired indicators with desired precision.

Impact on cost:

Expanding the sample size to include younger and/or older respondents adds to the cost of the survey by increasing complexity and fieldwork duration; additional tools need to be developed to collect data appropriately in these age groups, which adds to the cost of questionnaire design, training, data processing, report production, and data dissemination.

Impact on quality:

Larger sample sizes and additional survey modules can overburden fieldworkers and negatively affect data quality. Alternatively, if overall sample sizes are not increased but additional age groups are included in the survey, there will be fewer adults in the 15-49 age range, which may impact the precision of estimates for key reproductive indicators.

What about health and other issues among school-age children?

Some data on school-age children living in the household are already collected in the household questionnaire, such as school attendance and orphanhood. Optional questions on child discipline and labor collect information on children age 1-14 and 5-17 respectively. An optional module on disability collects information on all household members including children age 5 and older.

Collecting data from school-age children is logistically challenging and costly. Often these children are at school when DHS interviewers visit the household. In order to interview them, the interviewer would need to make repeat visits to conduct the interview. Further, eliciting valid information from children may require interviewers and interviewing techniques that are different from those used for interviewing adults. Interviewing individuals under age 15 also requires consent of the parent/guardian as well as assent of the child. Finally, there are often other good sources of data about the school-age population from school-based surveys.

What about older ages?

The DHS Program often expands the survey to include older adults, most commonly increasing the age range for men who are eligible for interview with the Man's Questionnaire from 54 to 59 or 64. However, the majority of the information collected in the Woman's Questionnaire is focused on maternal and child health and such topics are less relevant to women age 50 and older.

Still, there is growing interest in collecting data on older adults, non-communicable diseases in older adults, and HIV infection in older populations. To address this gap, countries may consider:

- Including the DHS Disability Module - The standard disability questions have no upper age limit and provide information on hearing loss, vision loss, mobility, self-care, and communication.
- Including the DHS Accidents and Injuries Module - This module captures information for all household members regardless of their age.
- Modifying the standard Woman's and Man's Questionnaires to include older adults but restricting data collection for this age group to only questions on background characteristics and the DHS Non-communicable Disease Module.
- Expanding the age range in the sample for whom biomarkers are collected in order to measure HIV, hemoglobin, glucose, blood pressure, height and weight in older populations. Data may still need to be collected on background characteristics of these individuals.