Data Release Information Sheet

Data Summary

<u>Dataset name</u>: Belize Salud Mesoamérica Initiative Baseline LQAS Survey 2013

<u>Project name</u>: Salud Mesoamérica Initiative Evaluation

<u>Date of release</u>: February 27, 2019

<u>Summary</u>:

The Salud Mesoamérica Initiative (SMI) focuses on reducing inequalities in maternal and child health in Mesoamerica. This dataset is the product of an SMI impact evaluation. It includes results of a baseline survey of women of reproductive age conducted in three districts in Belize: Cayo, Corozal, and Orange Walk. The survey employed a Lot Quality Assurance Sampling (LQAS) methodology. The target sample size was 350 women. In half of the sample locations selected, eligible women (ages 15-49) were interviewed through convenience samples taken in public spaces such as markets and town centers. In the other half of the locations, all eligible women were interviewed at randomly selected households. Information was collected on demographic characteristics; healthcare access and use; and perceived quality of key interventions for women of reproductive age and children.

<u>Relevant publications and visualizations</u>:

Mokdad AH, Colson KE, Zúñiga-Brenes P, Ríos-Zertuche D, Palmisano EB, Alfaro-Porras E, et al. Salud Mesoamérica 2015 Initiative: design, implementation, and baseline findings. *Popul Health Metr*. 2015 Feb 7; 13:3. doi: 10.1186/s12963-015-0034-4.

Acknowledgments

<u>Contributing organizations</u>:

- Institute for Health Metrics and Evaluation (IHME)
- The University of Belize

File Information

Data Files

File Name	Description	Data structure
IHME_SMI_BLZ_LQAS_2013_ Y2019M02D27 [CSV, DTA]	BLZ community survey	Each row represents one woman

Additional File Information

Inventory

A file inventory (**IHME_SMI_BLZ_LQAS_2013_FILE_INVENTORY_Y2019M02D27.XLSX**) contains a list of all files and information on each. This information includes file name, format (CSV, PDF, etc.), type (data, codebook, questionnaire, or documentation), description, and version date.

Language

The questionnaires and codebooks for all Belize surveys are in English. The questionnaires and codebooks for the El Salvador Baseline Health Facility Survey are in English. The questionnaire for the El Salvador Baseline Census and Household Survey is in both English and Spanish, while the codebooks are in Spanish. Questionnaires and codebooks for all other surveys are in Spanish. Some questionnaires and codebooks also include indigenous languages.

Codebooks

These contain variable names, questions (variable labels), numeric values and labels for coded values, and question types. Accents have been removed in SMI codebooks, which affects Spanish and indigenous language translations. Some codebooks, however, contain other special characters that do not display properly if a CSV is opened in Excel. Therefore, codebooks are provided in both the machine-actionable CSV format and, for reference, the human-readable XLSX format.

There are nine major types of questions found in the codebooks: calculated, checkAllItem, checkAllSummary, comment, hidden, poplist, preload, radioGroup, and text. These question types are determined by the survey software program and can be grouped into the following categories:

- Check all that apply: The check all that apply questions are labeled as either checkAllItem or checkAllSummary
- Single response option: The single response options are labeled as either poplist, preload, or radioGroup. These are defined by the type of table that was used in the DatStat survey.

- Text response: The text response is labeled as either text or comment
- Calculated or pre-populated variables: Any variable that is created by the survey software system, such as time it takes to complete the survey, is labeled as either calculated or hidden. For the purposes of this study, no birth dates or identifiable information is collected, but internal survey calculations were done based on the date of birth to determine age in years. Other examples of pre-populated variables include geographic information piped into the survey from external census data.

The codebooks contain the most accurate list of variables asked in the survey. The PDF questionnaires produced do not reflect questions that were hidden from participants and interviewers after the initial survey was published for testing and piloting purposes.

Methodological Statement

Data Collection

The SMI-Belize Baseline Community Survey (also known as the Baseline LQAS Survey) was conducted by the University of Belize between April 18, 2013 and May 3, 2013. Five data collection teams of two interviewers were deployed to conduct the SMI-Belize Community Survey. Two supervisors were responsible for reviewing all questionnaires for quality and consistency.

All surveys were conducted using a computer-assisted personal interview (CAPI). The CAPI was programmed using DatStat Illume and installed onto computer netbooks. CAPI supports skip patterns, inter-question answer consistency, and data entry ranges. The aim of introducing CAPI to the field was to reduce survey time by prompting only relevant questions, maintain a logical answering pattern across different questions, decrease data entry errors, and permit rapid data verification.

The research protocol was approved by the Internal Review Board of the University of Washington. All data collection instruments and procedures were approved by the Ministry of Health of Belize.

Sampling/Population

The SMI-Belize Community Survey follows a Lot Quality Assurance Sampling (LQAS) methodology in order to balance the costs of data collection with the need to provide estimates of the coverage of key health interventions and indicators for an aggregate geographic area that approximates the lowest wealth quintile of the population of Belize.

The primary administrative unit in Belize is the district. Belize has six districts. IDB identified three of these districts (Cayo, Corozal, and Orange Walk) for the SMI-Belize initiative on the basis of their high concentration of residents in the country's lowest wealth quintile. From the three districts selected for the study, we selected a two-stage sample in order to reach a target minimum sample size of 350 women at the baseline.

The SMI-Belize Community Survey was conducted in a set of 16 communities where the health facilities selected for the SMI-Belize Health Facility Survey were located, in order to maximize potential of matching individual interview data about health services received with data from the facility attended for care. Of 20 eligible health facilities identified using a referral network provided by the Ministry of Health, seven

units providing basic- and complete-level Essential Obstetric and Neonatal Care services were selected with certainty, and nine of 13 ambulatory-level facilities were sampled at random.

In order to achieve the desired sample size of 350 women, we sought to complete interviews with 23 randomly selected women residing in each of the localities where the 16 selected health facilities were located. Half of the sixteen localities were randomly assigned to interview a convenience sample of women in public space such as markets and town centers, and half were assigned to interview a sample of households selected using field randomization techniques. In interviews taking place at the household, the survey was applied to all eligible women. Because multiple interviewers worked the sample simultaneously, in a handful of instances more than 23 surveys were completed in each locality.

Following data collection, we compared estimates for key indicators for the sub-sample of randomly selected women interviewed in their households with estimates for the sub-sample of women approached in public places. Because results did not differ substantially between these samples, estimates from these data are assumed by the investigators to be representative of the sampled population of the aggregate study area.

Weighting

LQAS methodology is not designed to be representative for disaggregation to lower administrative levels, and sampling weights are not derived given that the probability of selection cannot be calculated at the individual level. The investigators do not account for clustering in analysis of these data, since the sample of 16 communities makes up the large majority of the 20 total communities identified as the study area.

Imputed Variables and/or Constructed Variables – What was Imputed/Constructed and How

There are no imputed variables in the data.

Known Data Quality Issues

During the cleaning and measurement process for country indicators, some 'don't know' or 'decline to respond' answer values were irreversibly replaced with missing values.

Public Use Dataset Notes

This is a public use dataset. The data have been de-identified. Variables determined to contain identifiable private information, or potentially identifiable private information, for individuals and/or health facilities have been removed in accordance with IHME's microdata release protocol. The protocol's determination for variables that constitute identifiable private information is based primarily on HIPAA'S De-identification Standard.

No personally identifiable information was collected for this study; however, these data were stripped of comments and information on who conducted the interview. Some variables in the dataset do not contain data, such as date of birth, because this information was not stored on the survey or sent to IHME. The date of birth was entered into the survey and an internal calculation was done to provide age.

Additional Information

Terms and Conditions

http://www.healthdata.org/about/terms-and-conditions

Contact Information

To request further information about the Salud Mesoamérica Initiative (SMI), please contact IHME:

Institute for Health Metrics and Evaluation
2301 Fifth Ave., Suite 600
Seattle, WA 98121
USA
Telephone: +1-206-897-2800
Fax: +1-206-897-2899
Email: data@healthdata.org
www.healthdata.org

These files may be updated periodically, so we appreciate hearing feedback or additional information about how these data are being used.