Albania - Demographic and Health Survey 2008-2009

Institute of Statistics (INSTAT), Institute of Public Health (IShP)

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Sampling

Sampling Procedure

The 2008-09 Albania Demographic and Health Survey is based on a representative probability sample of almost 9,000 households. This sample was selected in such a manner as to allow separate urban and rural, as well as regional-level estimates for key population and health indicators, e.g., fertility, contraceptive prevalence, and infant mortality for children under five.

The 2008-09 ADHS utilized a two-stage sample design. The first stage involved selection of a sample of primary sampling units (PSUs) from the PSUs used for the 2008 Living Standards Measurement Study (LSMS). In total, 450 PSUs were selected for the ADHS sample, including 245 urban PSUs and 205 rural PSUs, covering 4 geographic domains-mountains, central, coastal, and urban Tirana. A listing of each of the selected PSUs was carried out in preparation for the LSMS. The ADHS survey selected 20 households from the updated household listing in each PSU, excluding those households selected for the LSMS. In two PSUs, numbers 27 (13 households) and 172 (17 households), there were less than 20 households in the re-listed PSU-all households were selected in those cases. In a further 6 PSUs there were less than 20 households after the LSMS households were excluded. In these PSUs some of the households from the LSMS sample were included to bring the number of households selected up to 20. After selection of the households, the sample selection forms were printed and the list of selected households was adapted for use in a Personal Digital Assistant (PDA).

All women age 15-49 in the total sample of households, and all men age 15-49 in the subsample of half of the households, who were either usual residents of the households or visitors present in the household on the night before the survey were eligible to be interviewed.

Note: See detailed description of sample implementation in APPENDIX A of the survey final report.

Response Rate

A total of 8,994 households were selected in the sample, of which 8,168 were occupied at the time of fieldwork. This difference between selected and occupied households is largely due to structures found to be vacant or nonexistent. The number of households successfully interviewed was 7,999, yielding a household response rate of 98 percent.

In the households interviewed in the survey, a total of 7,733 eligible women were identified; interviews were completed with 7,584 of these women, yielding a response rate of 98 percent. In a sub-sample of half of the households in the ADHS sample, a total of 3,144 eligible men were identified; interviews were completed with 3,013 of these men, yielding a men's survey response rate of 96 percent. Household response rates are slightly lower in urban areas than in rural areas, while the opposite is seen for individual response rates. The response rates for women and men in urban areas (99 and 98 percent, respectively) are slightly higher than the response rates for their counterparts in rural areas (98 and 94 percent, respectively). Response rates vary little by region, although urban Tirana has slightly lower response rates for households (97 percent), and slightly higher response rates for eligible women and men (99 percent).

The principal reason for non-response among both eligible women and men was the failure to find individuals at home despite repeated visits to the household.

Note: See summarized response rates by residence (urban/rural) in Table 1.1 of the survey final report.

Questionnaires

Overview

Three questionnaires were used for the 2008-09 ADHS: the Household Questionnaire, the Women's Questionnaire and the Men's Questionnaire. The content of these questionnaires was based on model questionnaires developed by the MEASURE DHS programme.

Consultations with partners were held in Tirana to obtain input from various national and international experts on a broad array of issues. Based on these consultations, the DHS model questionnaires were modified to reflect issues relevant in Albania concerning population, women and children's health, family planning, and other health issues. After approval of the final content by the Steering and the Technical Committees, the questionnaires were translated from English into Albanian.

The Household Questionnaire was used to list all the usual members and visitors in the selected households and to identify women and men who were eligible for the individual interview. Basic information was collected on the characteristics of each person listed, including their age, sex, education, and relationship to the head of the household. In addition, a separate listing and basic information on former household members who had emigrated abroad was collected. The Household Questionnaire also collected information on characteristics of the household's dwelling unit, such as the source of water, type of toilet facilities, materials used for the floor and roof of the house, and ownership of various durable goods. A module was included to obtain information about methods used in the household for disciplining children; the information was gathered concerning one selected child in the age range 2-14 years. Finally, height and weight measurements, and the results of haemoglobin measurements for consenting women and men age 15-49 years and children age 6 to 59 months were recorded in the Household Questionnaire. The haemoglobin testing procedures are described in detail in the next section.

The Women's Questionnaire was used to collect information from all women age 15-49. These women were asked questions on the following topics:
- Background characteristics (education, residential history, 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;
- Marriage and sexual activity;
- Woman's work and husband's background characteristics;
- Infant and child feeding practices;
- Childhood mortality; and
- Awareness and behaviour about AIDS and other sexually transmitted infections (STIs).

The Women's Questionnaire had a number of important additions not present in the DHS model questionnaire. First, the BP readings were taken for all women age 15-49 that lived in the households selected for the men's survey. Secondly, a vaccination module was added for each child under the age of five years to be completed at the local health clinic or centre. As indicated by the 2005 MICS survey findings and according to child health experts, immunization information in Albania is more frequently kept at the health clinics or centres than on an immunization card or child health book in the mother's possession. The purpose of this module was, therefore, to collect information on immunizations from the local health clinics or centres in addition to that collected during the woman's interview. The vaccination module provides better quality immunization indicators because information gathered during the interview is augmented with information from the local health facilities. Additionally, a series of questions were asked to assess the occurrence of chronic illnesses or disabilities and acute illnesses or injuries among eligible women. Finally, eligible women were asked a number of questions aimed at assessing the accessibility and affordability of health services in the country.

The Men's Questionnaire was administered to all men age 15-49 living in every second household in the ADHS sample. The Men's Questionnaire collected much of the same information as the Women's Questionnaire, but was shorter because it did not contain questions on reproductive history, maternal and child health, and nutrition.

Data Collection

Data Collection Dates

Start	End	Cycle
2008-10-28	2009-04-26	N/A

Data Collection Mode

Face-to-face [f2f]

DATA COLLECTION NOTES

Fieldwork training was conducted between 1 October and 24 October, 2008 in Durres. A total 82 trainees (47 female and 35 male trainees) took part in the main survey training. IPH and INSTAT selected the trainees from a large pool of approximately 200 candidates. The trainees were recruited on the basis of their education, prior experience as interviewers or supervisors in other household surveys, interest and ability to work with PDAs, any other related experience and their performance during the selection interview. Trainees were divided into two classrooms due to the large number of trainees; the second group received the same training as the first group and from the same trainer, but with a half day delay. Interviewer training was conducted mostly in Albanian by a team of trainers. The training team consisted of two consultants from ICF Macro and staff from INSTAT and IPH. Several guest lecturers from the Ministry of Health and IPH made presentations on Albania's family planning, maternal and child health, and HIV/AIDS programmes. All participants were trained on interviewing techniques and the content of the ADHS questionnaires. In addition, participants were also trained to conduct anthropometry measurements, perform haemoglobin testing, and take blood pressure measurements.

The training was conducted following the standard DHS training procedures, including class presentations, mock interviews, and written tests. All of the participants were trained on how to complete the Household Questionnaire, the Women's Questionnaire and the Men's Questionnaire. The training first focused on a particular module of the questionnaire using the paper questionnaire, covering the details of the subject matter and data collection issues, and explaining how to comp lete the questionnaire on paper. This was followed by training on the same module using the PDA, with mock interviews, one-on-one interviews, and small group practices.

In addition to in-class training, participants practiced taking anthropometric measures and conducting anaemia testing on children at local kindergartens. Trainees also conducted three rounds of field practice to gain more experience in interviewing, anthropometry, anaemia and blood pressure measurements, and fieldwork logistics and team dynamics. While both female and male interviewers interviewed respondents for the Household Questionnaire, only female interviewers interviewed women eligible for the Women's Questionnaire and only male interviewers interviewed men eligible for the Men's Questionnaire. Participants selected as field supervisors were given an additional two days of training on how to supervise fieldwork and ensure the collection of good quality data.

Twelve teams were constituted for the fieldwork. Each team was made up of a supervisor, three female interviewers, two male interviewers, and a driver. Interviewers and supervisors were selected on the basis of in-class participation, field practice, and eight theoretical assessment tests. The most experienced trainees, those who had participated in the pre-test, and those who did extremely well in the practices and the tests were selected to be supervisors.

IPH and INSTAT supervised all aspects of fieldwork activities. For this purpose, four quality control (QC) teams were formed with one staff person from each institution in each team. The quality control teams were responsible for between two and four interviewing teams (depending on the locality and the difficulty of accessing the teams). Selection of the quality controls teams was based on full participation in the pre-test training or the main survey training and practice, thorough experience with the full ADHS questionnaire, and ability to use and resolve problems on the PDA. ICF Macro followed the progress of fieldwork by receiving approximately every two weeks a standard set of quality control tables generated from the most recently collected data. In addition, ICF Macro staff visited 6 of the 12 interviewing teams and, along with the QC team members, observed fieldwork, reviewed progress, and checked the quality of fieldwork.

Data collection took place over six months, from late October 2008 to April 2009. On average, each team took about three days to complete one PSU, taking advantage of early mornings and late evenings to find respondents at home.

Data Processing

Data Editing

Because the 2008-09 ADHS used PDAs for data collection, data processing activities were an integral part of all survey activities. Throughout data collection, range and consistency checks were applied to the data collected, and interviewers reviewed and corrected the data as needed. At the end of each interview the data collected were backed up to secondary storage within the PDA. As soon as data collection for the day ended, the data for the completed interviews were transferred via Bluetooth from the interviewer's PDA to the supervisor's PDA, and the household, women's and men's questionnaires were reconciled and automatically checked against the list of selected households.

After all interviewing was completed for the PSU, and the supervisor had received all data for that PSU, all questionnaires were checked for completeness before being prepared for transfer to the central office at INSTAT in Tirana. The data recorded in the PDAs from the completed PSUs were downloaded to desktop computers and sent from the field to INSTAT headquarters in Tirana on a regular basis, typically every one to two weeks. The data received at INSTAT were checked for completeness and edited by data processing personnel who were specially trained for this task. All programs for processing the ADHS were prepared using the Census and Survey Processing System (CSPro). On a weekly basis, a set of data quality tables was prepared based on the data received; these were used to provide feedback to the interviewing teams on their performance and to advise them of any problems detected.

Following the completion of fieldwork, additional data processing was performed to aggregate all data, complete secondary data editing and date imputation, compute sampling weights and prepare the data files for analysis. This phase of the survey was completed in late May 2009.

Data Appraisal

Estimates of Sampling Error

The estimates from a sample survey are affected by two types of errors: 1) non-sampling errors, and 2) sampling errors. Non-sampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2008-09 ADHS to minimize this type of error, non-sampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the ADHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the standard error for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the ADHS sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the ADHS is the ISSA Sampling Error Module (ISSAS). This module used the Taylor linearization method of variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

Note: See detailed estimate of sampling error calculation in APPENDIX B of the survey final report.

Other forms of Data Appraisal

Data Quality Tables

Three types of tables are produced to examine the quality of the data collected in the 2008-09 ADHS:

- Table C.1 contains the single-year age distribution of the de facto household population by sex. The purpose of Table C.1 is to examine the age structure obtained in the 2008-09 ADHS for evidence of heaping, especially ages ending in 0 and 5, and to examine the age limits of eligibility for interview, comparing women with men.

- Tables C.2.1 and C.2.2 contain the age distribution of the eligible respondents. The purpose of these tables is to detect both displacement of respondents out of the eligible age range and differential response rates by age.

- Table C.3 shows completeness of reporting of basic indicators. The purpose of this table is to examine the amount of missing information for certain key indicators. High levels of missing data may indicate that the non-missing data are biased or of poor quality.

- Table C.4 shows the distribution of births by calendar years. The purpose of Table C.4 is to examine the impact of omission of births in the five years preceding the survey and the transference of births out of the dates of eligibility for the health, calendar and anthropometry sections of the questionnaire.

- Table C.5 contains information on the reporting of age at death in days and Table C.6 shows the reporting of age at death in months. The purposes of these tables are to examine the possible omission of neonatal and early neonatal deaths and to examine the effects of age at death heaping.

- Table C.7 contains nutritional status indicators for children under five years of age, based on the NCHS/CDC/WHO reference population and can be used for comparison with older nutritional status data that did not use the newer WHO Child Growth Standards.

NOTE: See detailed tables in APPENDIX C of the survey final report.

Related Materials

Questionnaires

Demographic and Health Survey 2008 - Questionnaire

Title	Demographic and Health Survey 2008 - Questionnaire
Author(s)	Institute of Statistics Institute of Public Health MEASURE DHS
Date	2008-01-01
Country	Albania
Language	English
Filename	Albania_DHS_2008_questionnaire_Eng.pdf

Demographic and Health Survey 2008 - Questionnaire

Title	Demographic and Health Survey 2008 - Questionnaire
Author(s)	Institute of Statistics Institute of Public Health MEASURE DHS
Date	2008-01-01
Country	Albania
Language	Albanian
Filename	Albania_DHS_2008_questionnaire_Alb.pdf

Reports

Demographic and Health Survey 2008 - Report

Title	Demographic and Health Survey 2008 - Report
Author(s)	Institute of Statistics Institute of Public Health ICF Macro
Date	2010-03-01
Country	Albania
Language	English
Filename	http://www.dhsprogram.com/pubs/pdf/FR230/FR230.pdf

Demographic and Health Survey 2008 - Report

Title	Demographic and Health Survey 2008 - Report
Author(s)	Institute of Statistics Institute of Public Health ICF Macro
Date	2010-03-01
Country	Albania
Language	Albanian
Filename	http://www.dhsprogram.com/pubs/pdf/FR239/FR239.pdf

Demographic and Health Survey 2008 - Fact Sheet

Title	Demographic and Health Survey 2008 - Fact Sheet
Author(s)	ICF Macro
Date	2010-03-01

Country	Albania
Language	English
Filename	http://www.dhsprogram.com/pubs/pdf/GF16/GF16.pdf

Other materials

DHS-V Recode Manual

Title	DHS-V Recode Manual
Author(s)	MEASURE DHS
Language	English
Description	The Recode Manual provides the information necessary to understand these datasets. It describes each data file and contains its associated dictionary and documentation. Each data file and its associated dictionary and documentation are distributed in archived ZIP files, for all available formats (hierarchical and flat). ASCII data and System data files are available for CSPro, SAS, SPSS, and STATA. Users are strongly encouraged to download the DHS recode manual for use with all recode files.
Filename	Recode5DHS.pdf