

disaggregated data: impacts of demographic and health surveys

data

the Demographic and Health Surveys (DHS) program gathers sex-disaggregated information from 82 countries on HIV/AIDS, female genital cutting, and gender-based violence

impact

DHS results have pushed several countries to adopt legislation banning domestic violence and develop HIV education programs tailored for young women

Photo: Elizabeth Whelan
Kisumu, Kenya

The Demographic and Health Surveys (DHS) program is a USAID-funded initiative that seeks to collect high-quality, nationally representative data. The datasets are openly accessible by the public. DHS surveys have been useful for national and local level policymakers, international organizations doing cross-country analysis to identify global trends, donors deciding how to best allocate funds, and local advocates of particular health issues. Several countries that no longer receive USAID assistance value the program enough to fund data collection directly from their national budgets.¹

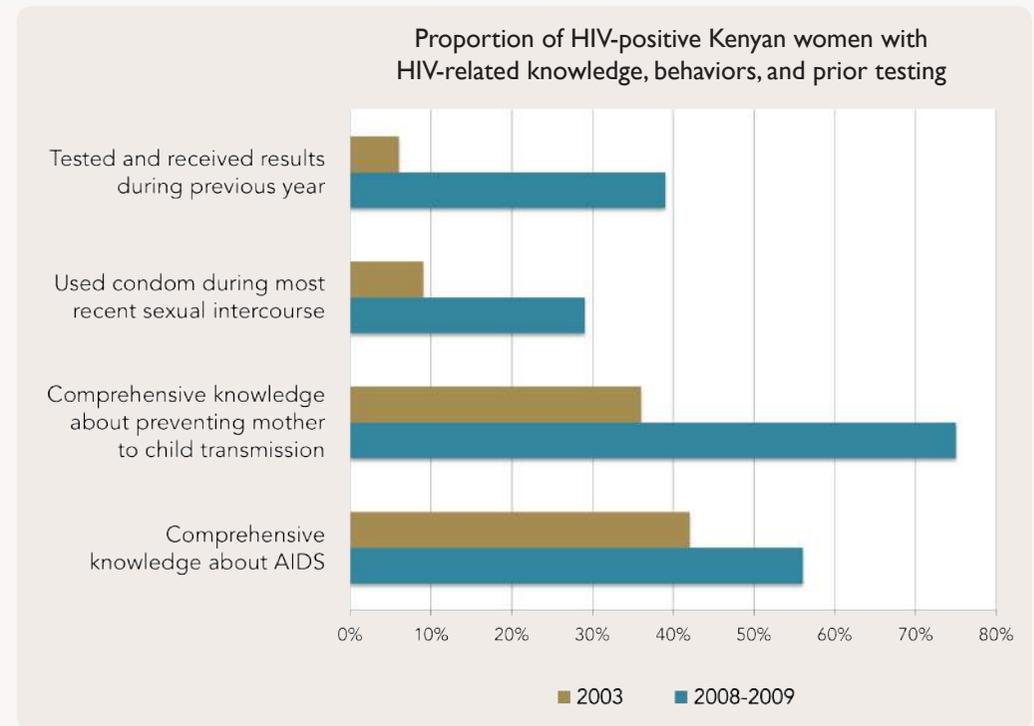


using disaggregated data to identify at-risk populations

One of the most important contributions of the DHS program is its AIDS Indicator Survey, which includes sex-disaggregated HIV/AIDS data. In the vast majority of sub-Saharan African countries, DHS data made clear that women – especially those in their teens and early twenties – were disproportionately at risk for contracting the virus. Governments responded by creating specific curricula on HIV transmission for young women and made this population a priority in the fight against infection. In Kenya, partially as a result of DHS data, women now get tested more regularly for HIV/AIDS and targeted education programs for young women have led to much higher levels of knowledge about transmission (see figure).²

legislative action on women’s health and security

After activists pointed to DHS data showing high rates of gender-based violence, a number of countries, including Moldova, Kenya, East Timor, and Uganda, passed national legislation prohibiting domestic violence. Reforms to ban female genital cutting were carried out in Egypt and other countries where data showed a high prevalence of the practice. When 2003 DHS results in Kenya showed no change in use of contraceptives since 1998, the government, activists, and NGOs promoted a stronger agenda of family planning. Funding for contraceptives was included in the National Health Sector Strategic Plan Budget for the first time, and the country’s first National Reproductive Health Policy was adopted in 2007.³



In Kenya, results from the DHS survey suggested that government and NGO educational programs played a role in improving knowledge and changing sexual behavior amongst HIV-infected women. Source: Wang et al. 2012