

APPENDIX A

SAMPLE DESIGN

A1 Introduction

The 1998 South African Demographic and Health Survey (SADHS) covered the population living in private households in the country. The design for the SADHS called for a representative probability sample of approximately 12,000 completed individual interviews with women between the ages of 15 and 49. It was designed principally to produce reliable estimates of demographic rates (particularly fertility and childhood mortality rates), of maternal and child health indicators, and of contraceptive knowledge and use for the country as a whole, the urban and the non-urban areas separately, and for the nine provinces. As far as possible, estimates were to be produced for the four South African population groups. Also, in the Eastern Cape province, estimates of selected indicators were required for each of the five health regions.

In addition to the main survey of households and women 15-49 that followed the DHS model, an adult health module was administered to a sample of adults aged 15 and over in half of the households selected for the main survey. The adult health module collected information on oral health, occupational hazard and chronic diseases of lifestyle.

A2 Sampling Frame

The sampling frame for the SADHS was the list of approximately 86,000 enumeration areas (EAs) created by Central Statistics (now Statistics South Africa, SSA) for the Census conducted in October 1996. The EAs, ranged from about 100 to 250 households, and were stratified by province, urban and non-urban residence and by EA type. The number of households in the EA served as a measure of size of the EA.

A3 Characteristics of the SADHS Sample

The sample for the SADHS was selected in two stages. Due to confidentiality of the census data, the sampling was carried out by experts at the CSS according to specifications developed by members of the SADHS team. Within each stratum a two stage sample was selected. The primary sampling units (PSUs), corresponded to the EAs and will be selected with probability proportional to size (PPS), the size being the number of households residing in the EA, or where this was not available, the number of census visiting points in the EA. This led to 972 PSUs being selected for the SADHS (690 in urban areas and 282 in non-urban areas. Where provided by SSA, the lists of visiting points together with the households found in these visiting points, or alternatively a map of the EA which showed the households, was used as the frame for second-stage sampling to select the households to be visited by the SADHS interviewing teams during the main survey fieldwork. This sampling was carried out by the MRC behalf of the SADHS working group. If a list of visiting points or a map was not available from SSA, then the survey team took a systematic sample of visiting points in the field. In an urban EA ten visiting points were sampled, while in a non-urban EA twenty visiting points were sampled. The survey team then interviewed the household in the selected visiting point. If there were two households in the selected visiting point, both households were interviewed. If there were three or more households, then the team randomly selected one household for interview.

In each selected household, a household questionnaire was administered; all women between the ages of 15 and 49 were identified and interviewed with a woman questionnaire. In half of the selected households (identified by the SADHS working group), all adults over 15 years of age were also identified and interviewed with an adult health questionnaire.

A4 Sample Allocation

Tables A1 and A2 show the estimated distribution of the population of South Africa, broken down by province and urban /non-urban, as of October 1996, based on the preliminary estimates from the 1996 census.

Table A1. Population of South Africa, October 1996.

Province	Urban	Non-urban	Total
Western Cape	3,703,000	415,000	4,118,000
Eastern Cape	2,188,000	3,677,000	5,865,000
Northern Cape	535,000	211,000	746,000
Free State	1,718,000	752,000	2,470,000
KwaZulu-Natal	3,341,000	4,331,000	7,672,000
North-West	1,060,000	1,983,000	3,043,000
Gauteng	6,911,000	260,000	7,171,000
Mpumalanga	1,014,000	1,632,000	2,646,000
Northern	490,000	3,638,000	4,128,000
South Africa	20,960,000	16,899,000	37,859,000

Table A2. Percent population distribution (1996)

Province	Urban	Non-urban	Total
Western Cape	89.9 %	10.1 %	10.9 %
Eastern Cape	37.3 %	62.7 %	15.5 %
Northern Cape	71.7 %	28.3 %	2.0 %
Free State	69.6 %	30.4 %	6.5 %
KwaZulu-Natal	43.5 %	56.5 %	20.3 %
North-West	34.8 %	65.2 %	8.0 %
Gauteng	96.4 %	3.6 %	18.9 %
Mpumalanga	38.3 %	61.7 %	7.0 %
Northern	11.9 %	88.1 %	10.9 %
South Africa	55.4 %	44.6 %	100.0 %

Except for Eastern Cape, the provinces were stratified by urban and non-urban areas, for a total of 16 sampling strata. Eastern Cape was stratified by the five health regions and urban and non-urban within each region, for a total of 10 sampling strata. There were thus 26 strata in total.

Originally, it was decided that a sample of 9,000 women 15-49 with complete interviews allocated equally to the nine provinces would be adequate to provide estimates for each province separately; results of other demographic and health surveys have shown that a minimum sample of 1,000 women is required in order to obtain estimates of fertility and childhood mortality rates at an acceptable level of sampling

errors. Since one of the objectives of the SADHS was to also provide separate estimates for each of the four population groups, this allocation of 1,000 women per province would not provide enough cases for the Asian population group since they represent only 2.6 percent of the population (according to the results of the 1994 October Household Survey conducted by SSA). The decision was taken to add an additional sample of 1,000 women to the urban areas of KwaZulu-Natal and Gauteng to try to capture as many Asian women as possible as Asians are found mostly in these areas. A more specific sampling scheme to obtain an exact number of Asian women was not possible for two reasons: the population distribution by population group was not yet available from the 1996 census and the sampling frame of EAs cannot be stratified by population group according to SSA as the old system of identifying EAs by population group has been abolished.

An additional sample of 2,000 women was added to Eastern Cape at the request of the Eastern Cape province who funded this additional sample. In Eastern Cape, results by urban and non-urban areas can be given. Results of selected indicators such as contraceptive knowledge and use can also be produced separately for each of the five health regions but not for urban/non-urban within health region.

Table A3 shows the allocation of the target sample of 12,000 women by province and by urban/non-urban residence. Within each province, the sample is allocated proportionately to the urban/non-urban areas. The allocation of the sample to the health regions of Eastern Cape will be shown in table A7 below.

Table A3. Sample allocation of 12 000 women with complete interviews

Province	Urban	Non-urban	Total
Western Cape	899	101	1,000
Eastern Cape	1,119	1,881	3,000
Northern Cape	717	283	1,000
Free State	696	304	1,000
KwaZulu-Natal	1,265	565	1,800
North-West	348	652	1,000
Gauteng	1,164	36	1,200
Mpumalanga	383	617	1,000
Northern	119	881	1,000
<i>South Africa</i>	<i>6,680</i>	<i>5,320</i>	<i>12,000</i>

In the above allocation, the urban areas of KwaZulu-Natal have been oversampled by about 57 percent while those of Gauteng have been oversampled by less than 1 percent. For comparison purposes, Table A4 shows a proportional allocation of the 12,000 women to the nine provinces that would result in a completely self-weighting sample but does not allow for reliable estimates for at least four provinces (Northern Cape, Free State, Mpumalanga and North-West).

Table A4. Proportional sample allocation

Province	Urban	Non-urban	Total
Western Cape	1,173	132	1,305
Eastern Cape	694	1,165	1,859
Northern Cape	169	67	236
Free State	545	238	783
KwaZulu-Natal	1,059	1,373	2,432
North-West	336	629	965
Gauteng	2,191	82	2,273
Mpumalanga	322	517	839
Northern	155	1,153	1,308
South Africa	6,644	5,356	12,000

The number of households to be selected for each stratum was calculated as follows:

$$\text{Number of HHs} = \frac{\text{Target number of women 15-49}}{\text{Number of women 15-49 per HH} \times \text{Overall response rate}}$$

According to the 1994 October Household Survey, the estimated number of women 15-49 per households is 1.2. The overall response rate was assumed to be 80 percent, i.e., of the households selected for the survey only 90 percent would be successfully interviewed, and of the women identified in the households with completed interviews, only 90 percent would have a complete woman questionnaire. Using these two parameters in the above equation, we would expect to select approximately 12,500 households in order to yield the target sample of women. The number of households to be selected in each stratum is shown in Table A5.

Table A5. Number of households to be selected

Province	Urban	Non-urban	Total
Western Cape	936	105	1,041
Eastern Cape	1,166	1,959	3,125
Northern Cape	747	295	1,042
Free State	725	317	1,042
KwaZulu-Natal	1,286	589	1,875
North-West	363	679	1,042
Gauteng	1,213	38	1,251
Mpumalanga	399	643	1,042
Northern	124	918	1,042
South Africa	6,959	5,543	12,502

The number of sample points (or clusters) to be selected for each stratum is calculated by dividing the number of households in the stratum by the average "take" in the cluster. In SADHS, each cluster will correspond to a census EA. Analytical studies of surveys of the same nature suggest that the optimum number of women to be interviewed is around 20-25 in each urban cluster and 30-35 in each non-urban

cluster. However it was decided that these numbers would be lower for the SADHS, given the practice of small cluster "take" in surveys conducted in South Africa and that the field cost is generally reasonable. If we selected 10 households in each urban cluster and 20 households in each non-urban cluster, the distribution of sample points or EAs would be as follows:

Table A6. Number of EAs to select

Province	Urban	Non-urban	Total
Western Cape	94	5	99
Eastern Cape	117	98	215
Northern Cape	75	15	90
Free State	73	16	89
KwaZulu-Natal	129	29	158
North-West	36	34	70
Gauteng	121	2	123
Mpumalanga	40	32	72
Northern Province	12	46	58
<i>South Africa</i>	697	277	974

Some rearrangement was then necessary so that in each stratum there was an even number of EAs. This is recommended for the purpose of calculating sampling errors using Taylor linearization in which the first step is to form pairs of homogeneous clusters.

In the Eastern Cape, the sample was distributed equally among the five health regions since estimates are required at the level of health region. Within each health region the sample was distributed proportionally to urban/non-urban according to the distribution of population in 1993. Table A7 shows the proposed number of EAs to be selected.

Table A7. Proposed number of EAs to be selected

Province	Urban	Non-urban	Total
Western Cape	94	6	100
Eastern Cape	108	102	210
Health reg A	54	4	58
Health reg B	18	22	40
Health reg C	26	18	44
Health reg D	6	28	34
Health reg E	4	30	34
Northern Cape	74	16	90
Free State	74	16	90
KwaZulu-Natal	130	28	158
North-West	36	34	70
Gauteng	122	2	124
Mpumalanga	40	32	72
Northern	12	46	58
<i>South Africa</i>	690	282	976

In allocating the number of EAs to the five health regions of the Eastern Cape, we tried to follow the rule of an even number of clusters per sampling stratum while aiming for a regional sample of approximately 600 households (resulting in about 600 women aged 15-49).

The magisterial district composition of the health regions in Eastern Cape is as follows:

Health region A (14 magisterial districts) (88% Urban)	Aberdeen Graaf-Reinet Willowmore Steytlerville Joubertina Humansdorp Hankey Jansenville Pearston Somerset-East Kirkwood Uitenhage Port Elizabeth Alexandria
Health region B (14 magisterial districts) (30% Urban)	Venterstad Steynsburg Middleburg Cradock Hofmeyer Tarka Queenstown Albert Aliwal North Wodehouse Lady Grey Herschel Barkley East Indwe
Health region C (21 magisterial districts) (43% urban)	Bedford Adelaide Fort Beaufort Stockenstrom Keiskammahoek Albany Bathurst Peddie Middledrift Victoria East King Williams Town Mdantsane East London Stutterheim Butterworth Nqamakwe Willowvale Kentani Idutywa Komga Tsomo
Health region D (11 magisterial districts) (7 % urban)	Elliot Maclear Qumbu Tsolo

	Engcobo
	Umtata
	Mqanduli
	Elliotdale
	Ngqeleni
	Port St. Johns
	Libode
Health region E (9 magisterial districts)	Umzimkulu
	Matatiele
	Mount Fletcher
	Mount Frere
(2 % Urban)	Tabankulu
	Flagstaff
	Bizana
	Mt Ayliff
	Lusikisiki

A5 Stratification and Systematic Selection of EAs

Stratification and selection of the EAs for the SADHS was done by CSS according to the following specifications. Explicit stratification of the EAs was by province and by urban/non-urban within province except in Eastern Cape where the strata were the urban and non-urban areas of each of the five health regions. EAs that contain only institutions such as prisons and mine hostels were excluded from the sampling frame. Within each EA type, the EAs were ordered according to geographic or administrative units as adopted by SSA for the census. The number of EAs, as specified in Table A7, were then selected independently within each explicit stratum and with probability proportional to size. The measure of size used for selection was the number of households enumerated in each EA by the census.

The selection procedure that SSA used in each explicit stratum was as follows:

1. calculating the selection interval for the EAs:

$$I = \frac{\Sigma M_i}{a}$$

where ΣM_i is the size of the stratum (total number of households or population in the stratum according to the census) and a is the number of EAs to be selected in the stratum;

2. calculating the cumulated size of each EA;
3. calculating the series of sampling numbers $R, R+I, R+2I, \dots, R+(a-1)I$, where R is a random number between 1 and I ;
4. comparing each sampling number with the cumulated sizes.

The first EA to be selected was the first EA on the list whose cumulated size was equal or greater than the first sampling number. The second EA to be selected was the next EA on the list (after the first selected one) whose cumulated size was equal or greater than the second sampling number, and so on.

A6 Sampling Probabilities

The sampling probabilities were calculated separately for each sampling stage, and independently for each stratum. The following notations will be used:

- P_1 : first-stage sampling probability (EAs)
 P_2 : second-stage sampling probability (households)

Let a_h be the number of EAs selected in stratum h , M_{hi} the size (number of households according to the sampling frame) of the i^{th} EA in stratum h , and ΣM_{hi} the total size of the stratum (number of households according to the sampling frame). The probability of inclusion of the i^{th} EA in the sample is calculated as follows:

$$P_{1hi} = \frac{a_h \times M_{hi}}{\Sigma M_{hi}}$$

In the second stage, we will select a number b_{hi} households from the number M_{hi} of households in the i^{th} EA. We then have:

$$P_{1hi} \cdot P_{2hi} = \frac{a_h \cdot M_{hi}}{\Sigma M_{hi}} \times \frac{b_{hi}}{M_{hi}}$$

In order for the sample to be self-weighting within the stratum, the overall probability $f_h = P_{1hi} \cdot P_{2hi}$ must be the same for each household within the stratum, where f_h is the sampling fraction calculated separately for stratum h :

$$f_h = \frac{n_h}{N_h}$$

where n_h is the number of households selected in stratum h , and N_h is the number of households that exist in stratum h .

A7 Sample Implementation

The sampling of EAs was carried out by SSA as described in section A4. This led to a total of 972 EAs being selected for the SADHS (690 in urban areas and 282 in non-urban areas). Fieldwork in three EAs was not implemented and the questionnaires for another three EAs were lost in transit. So the data file contains information for a total of 966 EAs. Results of the sample implementation are given in Table A.8 for the usual DHS schedule (women's questionnaire) and in Table A9 for the adult health module.

The results for the usual DHS schedule (women's questionnaire) indicate that of 12,860 households selected in the survey, 95.2 percent were successfully interviewed. The main reasons for not successfully interviewing the households were refusals (1.8 percent), dwelling vacant (1 percent) and household absent (0.6 percent). The response rate at the household level was 97 percent. In these households there were 12,327 women aged 15-49, 95 percent of whom were successfully interviewed. The overall response rate for the women's questionnaire is thus 92.3 percent.

Table A.9 presents the results for the Adult Health survey. Of the 6,457 households selected for the adult survey, 95.3 percent were completed. Two percent of households refused, being the largest category of non-response. The response rate for households was 96.8 percent once the appropriate exclusions were made. At the individual level, 92.6 percent of eligible adults were included in the survey, although not all of them had all the measurements taken. There were 3.1 percent of the respondents not at home and a further 2.1 percent refused. The overall response rate for the adult survey was 89.7 percent. It was substantially lower in Gauteng (67.5 percent) where a large proportion of adults were not at home (13 percent). The response rate was higher in the non-urban area than the urban area.

A8 Fieldwork

The SADHS questionnaires were translated into all nine official languages in South Africa. They were pretested in November/December 1996 as part of a pilot study carried out by a private research company, Markinor, using sixteen female interviewers, most of whom were part of Markinor's regular pool of interviewers. The interviewers for the pilot study were trained for 10 days by two MRC staff members; after training they conducted approximately 150 interviews in several provinces under the supervision of staff from MRC and Macro. Areas were specifically chosen in order to test the questionnaires in all the major ethnic groups and several languages. Discussions with the pilot field staff were held, and revisions were made to the questionnaires and the translations, based on the experience of the pretest exercise.

Towards the end of 1997, the group responsible for the field work (the Centre for Health systems Research at the University of the Free State) recruited 175 candidates for involvement in the field work. The survey staff were selected for their education, maturity, field experience and ability to conduct interviews in the relevant languages in a given province. Training was done in two phases. During the first four days editors, supervisors, provincial managers and representatives of the provincial Health Departments were given an overview of the content of the questionnaires and the objectives and design of the survey, as well as brief training on editing questionnaires. During the second week the interviewers joined the editors, supervisors, provincial managers and health representatives for more detailed training on the questionnaires. The training was followed by a third week of field practice and discussions in each province. The training was conducted by personnel from the MRC, the Human sciences Research Council, Free State University and Macro International. Training consisted of plenary sessions on more general issues such as contraceptive methods, and more specific discussions in separate venues for each of the nine provinces. There was also intensive training in anthropometric measurements, taking blood pressure and measuring lung capacity.

Fieldwork for the SADHS was carried out by 33 interviewing teams. Each province had three teams, with the exception of the Eastern Cape, which had seven teams and KwaZulu-Natal which had five teams. Each team consisted of 2-5 female interviewers, a supervisor, and a field editor. In each province there was a provincial manager who was an overall supervisor of the fieldwork operations. In addition, two fieldwork co-ordinators, based at the University of the Free state, provided logistical and management support for the field operations. In many provinces, staff from the provincial Department of Health offices, who had attended the training course, formed fieldwork quality control teams to check on the field work teams and to conduct revisits. Finally staff from the MRC, the HSRC and Macro International conducted periodic quality control visits during fieldwork. Fieldwork commenced in late January 1998 and was completed in september 1998.

A9 Data Processing

All completed questionnaires for the SADHS were submitted to the provincial offices of King Finance (who were in partnership with the Centre for Health Systems Research at the University of the Free State), which then forwarded them to the MRC for data processing. The processing operation consisted of office editing, coding of open-ended questions, initial data entry and subsequent re-entry of all questionnaires to ensure correct data-capture, and finally editing inconsistencies found by the computer program. The SADHS data entry and editing programs were written using ISSA (Integrated System for Survey Analysis) by staff from Macro International. Data processing commenced in mid-March 1998 and was completed in October 1998.

Table A.7 Results of the household and individual interviews by residence and province

Percent distribution of households and eligible women in the sample by results of the household and individual interviews, and household, eligible women and overall response rates, according to province and residence, South Africa 1998

Result	Province							Residence				Total
	Western Cape	Eastern Cape	Northern Cape	Free State	KwaZulu Natal	North West	Gauteng	Mpuma-langa	Northern	Urban	Non-urban	
Selected households												
Completed (C)	87.9	98.4	96.4	97.4	95.5	95.8	88.7	95.9	96.1	93.3	97.8	95.2
No competent respondent at home (HP)	2.6	0.1	0.5	0.5	0.7	0.8	1.9	0.8	0.2	1.1	0.3	0.8
Postponed	0.3	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.1	0.0	0.0
Refused (R)	4.7	0.4	0.9	0.4	2.2	0.7	7.2	0.6	0.0	3.0	0.3	1.8
Dwelling not found (DNF)	1.2	0.1	0.1	0.2	0.1	0.2	0.2	0.9	0.5	0.3	0.3	0.3
Household absent (HA)	1.6	0.2	0.9	0.2	0.3	1.3	1.3	0.3	0.1	0.8	0.3	0.6
Dwelling vacant	0.7	0.6	0.9	1.3	1.1	1.1	0.5	1.5	3.0	1.1	1.0	1.0
Dwelling destroyed (DD)	0.3	0.1	0.1	0.0	0.0	0.2	0.1	0.1	0.1	0.1	0.1	0.1
Other (O)	0.8	0.1	0.2	0.0	0.0	0.1	0.2	0.0	0.0	0.2	0.1	0.1
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,091	3,238	1,092	1,049	1,954	1,037	1,320	1,042	1,037	7,202	5,658	12,860
Household response rate (HRR)^a												
	90.2	99.3	98.3	98.9	96.8	98.2	90.4	97.7	99.3	95.2	99.1	96.9
Eligible women												
Completed (EWC)	92.3	96.4	97.9	96.4	95.7	95.4	84.6	98.0	99.0	93.3	97.6	95.2
Not at home (EWNH)	3.9	1.3	0.3	1.2	1.8	2.4	8.0	0.4	0.1	3.0	0.8	2.1
Postponed (EWP)	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Refused (EWR)	2.7	0.6	0.8	0.6	1.3	0.3	5.3	0.3	0.0	2.0	0.3	1.3
Partly completed (EWPC)	0.4	0.0	0.2	0.0	0.0	0.2	0.4	0.3	0.0	0.2	0.1	0.1
Incapacitated (EWI)	0.6	1.4	0.6	1.5	0.7	0.7	0.5	0.3	0.6	0.8	0.9	0.9
Other	0.1	0.3	0.2	0.2	0.6	1.0	1.1	0.7	0.3	0.7	0.2	0.5
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	996	2,860	1,063	971	1,909	976	1,249	1,154	1,149	6,983	5,344	12,327
Eligible woman response rate (EWRR)^b												
	92.3	96.4	97.9	96.4	95.7	95.4	84.6	98.0	99.0	93.3	97.6	95.2
Overall response rate (ORR)^c												
	83.2	95.6	96.3	95.4	92.6	93.7	76.5	95.8	98.4	88.9	96.7	92.3

^a Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$C$$

$$C + HP + P + R + DNF$$

^b Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$EWC$$

$$EWC + EWNH + EWP + EWR + EWPC$$

^c The overall response rate (ORR) is calculated as:

$$ORR = HRR * EWRR$$

Table A.8 Results of the household and individual interviews by residence and province for adult health survey

Percent distribution of households and eligible adults in the sample by results of the household and individual interviews, and household, eligible adults and overall response rates, according to province and residence, South Africa 1998

Result	Province									Residence		Total
	Western Cape	Eastern Cape	Northern Cape	Free State	KwaZulu Natal	North West	Gauteng	Mpumalanga	Northern	Urban	Non-urban	
Selected households												
Completed (C)	88.2	98.8	96.2	97.3	95.8	95.6	87.4	96.2	96.7	93.3	97.9	95.3
No competent respondent at home (HP)	0.5	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.1
Postponed	2.3	0.1	0.4	0.4	0.5	0.9	2.4	0.4	0.0	1.1	0.2	0.7
Refused (R)	5.3	0.4	1.3	0.6	2.4	0.6	7.7	0.8	0.0	3.3	0.4	2.0
Dwelling not found (DNF)	0.9	0.1	0.0	0.0	0.0	0.2	0.2	1.2	0.4	0.2	0.3	0.3
Household absent (HA)	1.6	0.1	1.1	0.4	0.3	1.3	1.5	0.2	0.2	0.9	0.2	0.6
Dwelling vacant	0.2	0.4	0.9	1.3	0.8	0.8	0.5	1.2	2.8	0.8	0.9	0.8
Dwelling destroyed (DD)	0.2	0.0	0.0	0.0	0.0	0.4	0.2	0.2	0.0	0.1	0.0	0.1
Other (O)	0.7	0.1	0.2	0.0	0.0	0.2	0.2	0.0	0.0	0.1	0.1	0.1
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	561	1,620	549	527	982	528	661	521	508	3,635	2,822	6,457
Household response rate (HRR)^a												
	90.0	99.3	98.1	99.0	96.9	98.1	89.3	97.7	99.6	95.0	99.0	96.8
Eligible adults												
Completed (EAC)	89.1	95.1	97.5	96.0	90.6	94.7	75.6	97.6	97.3	90.0	96.3	92.6
Not at home (EANH)	4.9	1.8	0.2	1.0	3.8	2.5	13.0	0.7	0.3	4.6	1.1	3.1
Postponed (EAP)	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.1	0.0	0.0	0.0	0.0
Refused (EAR)	3.6	0.8	1.1	0.8	3.2	0.9	8.0	0.3	0.4	3.2	0.6	2.1
Partly completed (EAPC)	1.0	0.0	0.2	0.1	0.1	0.2	0.6	0.2	0.2	0.3	0.2	0.2
Incapacitated (EAI)	0.7	1.6	0.8	2.0	1.1	0.8	1.0	0.6	1.1	1.0	1.3	1.1
Other	0.7	0.7	0.2	0.1	1.2	0.8	1.6	0.6	0.7	1.0	0.6	0.8
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,288	3,548	1,293	1,250	2,265	1,310	1,471	1,272	1,231	8,618	6,310	14,928
Eligible adults response rate (EARR)^b												
	89.1	95.1	97.5	96.0	90.6	94.7	75.6	97.6	97.3	90.0	96.3	92.6
Overall response rate (ORR)^c												
	80.1	94.4	95.7	95.1	87.8	92.9	67.5	95.3	96.9	85.5	95.3	89.7

^a Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$C$$

$$C + HP + P + R + DNF$$

^b Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$EAC$$

$$EAC + EANH + EAP + EAR + EAPC$$

^c The overall response rate (ORR) is calculated as:

$$ORR = HRR * EARR$$

