

# South Africa - Demographic and Health Survey 2016, South Africa

**National Department of Health, Medical Research Council, Statistics South Africa**

Report generated on: December 1, 2021

Visit our data portal at: <https://www.datafirst.uct.ac.za/dataportal/index.php>

## Overview

### Identification

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ID NUMBER  
zaf-doh-dhs-2016-v1

### Version

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VERSION DESCRIPTION  
v1: Edited, anonymised data available from an external repository

PRODUCTION DATE  
2019

NOTES

### Overview

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ABSTRACT  
The South Africa Demographic and Health Survey 2016 (SADHS 2016) is the third DHS conducted in South Africa and follows surveys carried out in 1998 and 2003. The SADHS 2016 was designed to provide up-to-date information on key indicators needed to track progress in South Africa's health programmes.

KIND OF DATA  
Sample survey data

UNITS OF ANALYSIS  
Households and individuals

### Scope

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NOTES  
The scope of this survey includes fertility and childhood mortality levels, pregnancy-related mortality, fertility preferences and contraceptive use, utilisation of maternal and child health services, children's nutritional status and child feeding practices, behaviour towards the risk of HIV infection, and measures of physical and sexual violence against women. In addition, among adults age 15 and older, use of tobacco and alcohol; the prevalence of malnutrition, hypertension, anaemia, diabetes, and HIV; and other indicators relevant to adult health were assessed.

### Coverage

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GEOGRAPHIC COVERAGE  
The survey was designed to provide representative estimates for main demographic and health indicators for the country as a whole, for urban and non-urban areas separately, and for each of the nine provinces in South Africa: Western Cape, Eastern Cape, Northern Cape, Free State, KwaZulu-Natal, North West, Gauteng, Mpumalanga, and Limpopo.

GEOGRAPHIC UNIT  
The lowest level of geographical area covered by the data is Census 2011 enumeration areas (EAs)

UNIVERSE  
The South African Demographic and Health Survey (SADHS) covered the population living in private households in the country.

### Producers and Sponsors

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PRIMARY INVESTIGATOR(S)

Name	Affiliation
National Department of Health	Government of South Africa
Medical Research Council	Government of South Africa
Statistics South Africa	Government of South Africa

## OTHER PRODUCER(S)

Name	Affiliation	Role
		Technical assistance

## FUNDING

Name	Abbreviation	Role
Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)	GF	Funder
Government of South Africa		Funder
United Nations Children's Fund	UNICEF	Funder
European Union	EU	Funder
United Nations Population Fund	UNFPA	Funder

## OTHER ACKNOWLEDGEMENTS

Name	Affiliation	Role
DHS Program	ICS International	Technical assistance

## Metadata Production

## METADATA PRODUCED BY

Name	Abbreviation	Affiliation	Role
DataFirst		University of Cape Town	Metadata Producer

## DATE OF METADATA PRODUCTION

2020-06-03

## DDI DOCUMENT VERSION

Version 3

# Sampling

## Sampling Procedure

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The sample for the SADHS 2016 is a stratified sample selected in two stages from the Master Sampling Frame. Stratification was achieved by separating each province into urban, traditional, and farm areas. In total, 26 sampling strata were created (since there are no traditional areas in Western Cape). Samples were selected independently in each sampling stratum by a two-stage selection. Implicit stratification and proportional allocation were achieved at each of the lower administrative levels within a given sampling stratum by sorting the sampling frame according to administrative units at different levels in each stratum and using probability proportional to size selection at the first stage of sampling.

## Deviations from Sample Design

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### Response Rate

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Of the total 972 PSUs that were selected, fieldwork was not implemented in three PSUs due to concerns about the safety of the interviewers and the questionnaires for another three PSUs were lost in transit. The data file contains information for a total of 966 PSUs. A total of 12,860 households was selected for the sample and 12,247 were successfully interviewed. The shortfall is primarily due to refusals and to dwellings that were vacant or in which the inhabitants had left for an extended period at the time they were visited by interviewing teams.

Of the 12,638 households occupied 97 percent were successfully interviewed. In these households, 12,327 women were identified as eligible for the individual women's interview (15-49) and interviews were completed with 11,735 or 95 percent of them. In the one half of the households that were selected for inclusion in the adult health survey 14,928 eligible adults age 15 and over were identified of which 13,827 or 93 percent were interviewed. The principal reason for non-response among eligible women and men was the failure to find them at home despite repeated visits to the household. The refusal rate was about 2 percent.

### Weighting

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Due to the nonproportional allocation of the sample to the different survey domains and to their urban and non-urban areas, sampling weights will be required for any analysis using the SADHS 2016 data to ensure the actual representativeness of the survey results at the national level and as well as the domain level. Since the SADHS 2016 sample is a two-stage stratified cluster sample, sampling weights were based on sampling probabilities calculated separately for each sampling stage and for each cluster.

# Questionnaires

## **Overview**

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Five questionnaires were used in the SADHS 2016. Interviewers used tablet computers to record responses during interviews.

## Data Collection

### Data Collection Dates

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<b>Start</b>	<b>End</b>	<b>Cycle</b>
2016-06-27	2016-11-04	N/A

### Data Collection Mode

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Face-to-face [f2f]

### Data Collection Notes

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### Questionnaires

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Five questionnaires were used in the SADHS 2016. Interviewers used tablet computers to record responses during interviews.

### Data Collectors

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<b>Name</b>	<b>Abbreviation</b>	<b>Affiliation</b>
Statistics South Africa	statssa	Government of South Africa

### Supervision

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The survey protocol was reviewed and approved by the SAMRC Ethics Committee and the ICF Institutional Review Board.

Data Processing

**Data Editing**

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**Other Processing**

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## Data Appraisal

### **Estimates of Sampling Error**

Sampling errors are computed in SAS, using programs developed by ICF. These programs use the Taylor linearization method to estimate variances for survey estimates that are means, proportions, or ratios. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

### **Other forms of Data Appraisal**



# Documentation

## Questionnaires

### q-zaf-doh-dhs-2016.pdf

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Title q-zaf-doh-dhs-2016.pdf  
Author(s) Department of Health  
Date 2016  
Country South Africa  
Language English  
Publisher(s) The DHS Program  
Description This is the questionnaire of the survey, extracted from the final report of DHS South Africa 2016.  
Filename q-zaf-doh-dhs-2016.pdf

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## Reports

### zaf-doh-dhs-2016-final-report.pdf

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Title zaf-doh-dhs-2016-final-report.pdf  
Author(s) Department of Health  
Date January 2019  
Country South Africa  
Language English  
Publisher(s) The DHS Program  
Description This is the final report for the DHS South Africa 2016  
Filename zaf-doh-dhs-2016-final-report.pdf

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### zaf-doh-dhs-2016-summary-report.pdf

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Title zaf-doh-dhs-2016-summary-report.pdf  
Author(s) Department of Health  
Date 2019  
Country South Africa  
Language English  
Publisher(s) The DHS Program  
Description This is the summary report for the DHS South Africa 2016  
Filename zaf-doh-dhs-2016-summary-report.pdf

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