



Introduction to IPUMS PMA webinar

May 27, 2020 (10:00 a.m.-11:00 a.m. CST)

QUESTIONS AND ANSWERS

The following are the questions received during the live webinar and their answers. For more user support, email IPUMS at ipums@umn.edu.

1. Does PMA plans to expand to more countries?

Currently, PMA has no definitive plans to expand to more countries.

2. Does the database contain information about mortality by age?

PMA does not provide data on mortality by age, but you could use information collected about whether the woman's most recent child had died, and use the birth and death dates to identify how old they were when they passed.

3. I found that on PMA datalab we can make our own graph. So, is the data the same which you are providing on IPUMS as well?

The microdata behind the PMA DataLab is the same microdata that we provide on IPUMS PMA, though we have different coding schemes.

4. How is the data ownership managed with individual countries?

PMA data are a public good, provided to governments, NGOs, and researchers free of charge. Dataset distribution is managed by the PMA Team based at the Johns Hopkins Bloomberg School of Public Health with input from local implementing partners. The network of implementing partners is the key to the success of PMA through their value-added technical contributions and leadership in implementing survey activities. They help shape survey content and promote data use by engaging an advisory board of relevant government and health stakeholders.

5. Is there an online data analysis tool?

There is currently no online data analysis tool on IPUMS PMA like there is on IPUMS USA. However, the [PMA Datalab tool](https://pmdatlab.org) allows you to interact with the data in graph and table form on their website at pmdatlab.org.

6. Can the registration for PMA be used across all IPUMS datasets?

No, the registration for IPUMS PMA is only for IPUMS PMA. We manually review applications to ensure that the data is being used appropriately. Registration is always free, and you may also register for free with other IPUMS projects at any time.

7. How should the data be cited in a publication?

On the IPUMS PMA website pma.ipums.org, there is a link on the left-hand side of the homepage called “Citing IPUMS PMA”. The page from this link has the preferred citation for IPUMS PMA. When using IPUMS PMA, you should also cite the individual country rounds that you use in your analysis. Go to <https://www.pmadata.org/pma2020-citations> for the exact citation for each country round.

8. Is there any place where I can form a map like QGIS?

Unfortunately, IPUMS PMA does not have a tool to map these data online. However, it is a priority for us in the near future to provide shapefiles at the first administrative region boundary that are compatible with IPUMS PMA data so that it is easier for you to create maps using these microdata.

9. Is PMA sampling cluster same as DHS sampling cluster per country? In order words, is it possible to compare IPUMS outputs with DHS's by clusters?

PMA uses a similar multi-stage sampling design, but does not use the same sampling clusters as DHS. It would not be possible to compare PMA output to DHS output by cluster. However, you could compare weighted estimates at the first administrative geographical unit, such as state or region.

10. Any plans for releasing GIS location data for clusters?

IPUMS PMA does not release the displaced GPS coordinates of the EAs, however, you can apply to access those data directly from [PMA](#) if you provide a thorough research description for how you plan to use those data.

11. Does IPUMS collect data on young children and disabilities?

PMA does not currently collect data on disabilities; however, they do collect information about young infants and certain health conditions in the Maternal and Newborn Health module collected in Ethiopia 2016-2017. This is the infant unit of analysis and can be accessed on our website.

12. Other input from PMA about what's coming next:

The new PMA platform (formerly PMA2020) has new features including a panel approach that provides rich data on contraceptive dynamics and supply-demand factors that underlie contraceptive service utilization practice and that allow periodic cross-sectional estimates, and enhanced and more frequent data collection at the facility-level with client exit interviews.