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ANALYSIS OF PREMI KAP DATA
FOR PROGRAM PLANNING

by

Chessa Lutter, Ph.D.
Consultant

through subcontract to:

Manoff International Inc.
2001 S Street, NW
Washington, DC 20009

Prepared by Education Development Center, Inc.
55 Chapel Street, Newton, MA 02160 USA

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Scope of Work

Within PREMI, the group CLAI (Control de Crecimiento y Alimentacion Infantil) is planning to design and implement a nutrition education campaign to promote growth monitoring and optimal infant feeding practices. Knowledge of current maternal attitudes and practices in these areas is being acquired through two areas of investigation: 1) the analysis of existing data sources to provide quantitative information, and 2) a qualitative study.

At the request of CLAI, technical assistance was provided through Manoff International, Inc. to assist in the quantitative analysis of existing data sets. The terms of reference for the consultancy were to:

- 1) Assist with the computer processing of relevant nutrition information collected (and computerized on diskette) from the two CAF surveys carried out by INNFA (CAF 1 and CAF 2), the National Nutritional Survey (DANS), and a health practices study recently completed by ININMS;
- 2) Assist PREMI's nutrition team (CLAI) with the statistical analysis of this data, including performing cross tabulations and other functions deemed as appropriate; and
- 3) Participate in the interpretation of this analysis and the report writing of the results.

Activities

A list of persons contacted during the consultancy is provided in Annex A. The final report of the analysis of CAF 2 is provided under separate cover.

The members of CLAI, Drs. Maria Elena Acosta and Jorge Moncayo and Lic. Liliana fully participated in the planning and execution of all the activities conducted during the consultancy. However, because of prior commitments the director of the group, Dr. Victor Arauz, was only able to participate minimally. At the end of the consultancy, it became apparent that Dr. Arauz would be leaving his position as director to assume other responsibilities within the Ministry. Dr. Arauz had been director for only a short period, having replaced the previous director. The lack of continuity in the directorship of the group was seen as an obstacle to the overall management and efficient functioning of the group. A second serious problem is that the entire group is working without contracts and without definite assurances that this situation will be remedied in the near future.

1. Objectives of the Quantitative Analysis

The first step in the consultancy was to define the objectives of the quantitative analysis. These were defined by CLAI as (see section 2 of the final report):

- a) To quantify the attitudes and practices of Ecuadorian mothers with respect to well-baby care.
- b) To quantify attitudes and practices of Ecuadorian mothers with respect to infant feeding practices and in particular with respect to breast feeding and weaning.
- c) To quantify attitudes and practices toward feeding children during episodes of diarrhea.
- d) To identify priorities in the areas of infant feeding and growth monitoring to be investigated by qualitative methods.

2. Research Methodology

Two general areas of investigation were identified by CLAI: growth monitoring and infant feeding. To focus the analysis, a series of questions was outlined within each of these general areas that could be addressed through quantitative analysis and that would meet the objectives of the investigation (see section 3 of the final report). A set of variables was also defined that might influence the answers obtained for each of these questions. After setting forth the questions and identifying qualifying variables, the code book for CAP 2 was reviewed to identify those variables that would potentially contribute useful information in answering each of the questions. Group decisions were also made as to what variables might most usefully be cross tabulated with other variables.

The analytic plan that was used in the analysis is reported in detail in Annex 3 of the final report. It is hoped that this plan can serve as a model, on which additional analyses could also be added, for future analyses of CAP data that CLAI might deem necessary.

3. Data Processing

Data from CAP 2 were provided in the form of 13 floppy disks, and a code book. This code book was reviewed by CLAI to determine those variables needed to address the research questions. During the first week of the consultancy, a SPSSPC+ systems file was created containing the 130 variables identified by CLAI as important. Along with the original variables, a number of new variables were defined as needed to address the research questions (e.g. geographical region, child's age in

months, years maternal education etc.). All the programs used to create this systems file are documented and included in Annex 2 of the final report. Copies of the programs were also left on floppy disk with CLAI. A copy of the systems file was copied onto 10 floppy disks at the end of the consultancy and left with CLAI, as well as on the hard disk.

During all analytic procedures, the "echo" command in DOS was used so that all commands (both DOS and SPSSPC+) used in each procedure was recorded along with all computer output generated. All output was documented and left with CLAI.

During the second week of the consultancy, floppy disks containing data from CAF 1 were made available. The data were not cleaned, nor was a complete code book provided to facilitate the reading and processing of the data. Although information was provided that would have made possible the reading and processing of the data (Annex B of this report), the time this effort would have required combined with the time the analysis of CAF 2 required did not make analysis of these data possible.

Neither the data from the National Nutrition Survey (DANS) or ININMS were made available during the consultancy. CLAI also determined, after reviewing the letter of agreement between PREMI and CONADE concerning the data from survey that will be made available to PREMI, that the data would not be useful for their objectives.

The complete use of an IBM PC XT loaded with SPSSPC+ throughout the consultancy was essential and the consultant is grateful to Dr. David Nelson for setting up the hardware and solving problems which impeded progress in the analysis. Although no major hardware nor software problems were encountered, the lack of a math coprocessor considerably slowed down the the analysis. It is therefore strongly recommended that a coprocessor be installed before further analyses on such large data sets is attempted in a relatively short amount of time.

4. Open-ended Questions in CAF 2

During the analysis it was observed that a number of variables had a large number of cases with values in the "otro" category. These reflect answers that did not fit into one of the values assigned for that question. CLAI felt that reviewing these answers in the original questionnaires might provide insights of mothers' attitudes and perceptions, not captured in the quantitative analysis. These insights might help in the design of the qualitative investigation or in the design of nutrition messages.

To facilitate the review of this information, a program was run to provide the identification numbers of the questionnaires

in question for each of the variables. Because of the need of the full participation of CLAI members in the quantitative analysis during the consultancy, time was not available to review this information. The program was left with Dr. Maria Elena Acosta and it is hoped that this material will be reviewed when the group has available time.

5. Training Needs for CLAI

It is important for the research efforts being undertaken by CLAI that the group receive as much training as possible in research methodology. This is important for both the quantitative and qualitative investigations necessary to design and implement the nutrition education campaign and also for any on-going evaluations of the campaign that CLAI might wish to plan in the future. The analytic work carried out during the consultancy benefitted greatly from the groups knowledge and experience with the health sector in general, PREMI, and in growth monitoring and infant feeding. This knowledge and experience provides an excellent basis upon which to build research and analytic skills within CLAI.

The joint efforts of the group and the consultant in planning and undertaking the analyses were very fruitful. Close collaboration was also important during the interpretation and report writing phases of the project was also achieved, though lack of time at the end precluded in depth and unhurried discussions of the results and conclusions.

The consultant had brought a tutorial guide to SPSSPC consisting of a series of lessons. Two members of the group, Drs. Acosta and Moncayo, were able to complete 4 of these lessons under the supervision of the consultant. A copy of the tutorial was left with CLAI and it is hoped that they can spend time reviewing the rest of the lessons on their own. Dr. Acosta also achieved a reasonable degree of proficiency with the SPSSPC+ editor "review".

Proficiency in processing data is however only a minor part of the research skills necessary to carry out a quantitative analysis. Far more important and challenging are the skills needed to define the questions or hypotheses to be addressed, plan the analysis, interpret the data and attempt to resolve the inconsistencies often contained therein, and to present the data (visually in the form of graphs or tables) and in written form. The group worked diligently and carried out the activities the consultant defined in each of these areas. It is important that group has continued opportunities to develop their skills in these areas, and in data processing. Specific courses in data processing, and close collaboration with the technical assistance staff within PREMI, and with short-term consultants are called for.

6. Usefulness of the Analyses on CAP 2 for CLAI's Objectives

Data from CAP 2 were useful to meet only partially the objectives of CLAI (defined in section 2 of final report). With respect to the questions formulated in the area of growth monitoring, a series of conclusions were reached concerning mothers' attitudes and practices toward well-baby care, as well as their perception of health care services. The results supporting these conclusions can serve as a baseline by which to monitor changes over time in these attitudes and practices. The results also provide some broad guidelines that may help in designing an educational campaign to promote growth monitoring, such as messages to dispel the notion that one uses well baby care because the child is ill, to educate the health care providers to record the child's weight in the growth chart in the "carne de salud infantil", to promote the use of the "carne de salud infantil" as way for mothers to know that their children are growing adequately, to educate the health care providers to give concrete advice based on the child's weight profile on infant feeding practices, and to reinforce the current practice to continue breast feeding during episodes of diarrhea.

The results in the area of infant feeding practices are less clear, in part because of problems and inconsistencies in the data (section 4.3.1 of final report), and in part because the questions asked were few and did not elicit detailed information in this area. As a result, the findings in this area may not be as useful as a baseline against which to compare future progress as those results in the area of growth monitoring. The analyses did serve as a basis to identify questions that need to be investigated qualitatively (section 6 of final report). Some broad conclusions were also reached concerning differences in infant feeding patterns based on region of the country, age and education of the mother, and sex of the infant (section 5.2).

Next Steps

Important follow-up steps for CLAI concerning quantitative analyses of available data.

1. Review of open-ended questions in CAP 2 questionnaires. As mentioned under "Activities", a number of important variables had a large number of cases with values in the "otro" category. These reflect answers that did not fit into the one of the values assigned for that question. Reviewing these answers in the original questionnaires may provide insights of mother's attitudes and perceptions, not captured in the quantitative analysis, that may help in the design of the qualitative investigation. These questionnaires should therefore be reviewed as soon as the members of CLAI have the day or two necessary for this activity.

2. Further discussions within CLAI on the analyses and final report. Because the analysis of data took somewhat longer than anticipated, discussions concerning the interpretation and conclusions of the analyses were necessarily brief, and addressed only those questions defined at the outset by CLAI. The large number of tables generated for the final report were, in part, an attempt to record as much information as possible in readily accessible form so as to be used as a reference to further elaborate the conclusions and to investigate additional questions. All the output used to generate the report was also documented and left with CLAI. Both the original analyses and tables contained in the report should be used to investigate more thoroughly mothers' attitudes and practices with regard to growth monitoring and infant feeding. In this respect, the final report should not be considered "finished" but as a working reference to meet CLAI's objectives concerning the need for quantitative data in these areas.

3. Future quantitative analyses

a. Encuesta Nacional de Nutricion (DANS). After reviewing the list of questions that CONADE has agreed to provide to PREMI from DANS, CLAI concluded that analyses of these data would not be useful to meet their objectives. Only two questions were related to growth monitoring, and these were so similar to questions in CAF 2 that the only reason for their analysis would be for purposes of validation of the information in CAF 2. The analyses of these data for CLAI is therefore not recommended (although the information will be very useful for the purposes of PREMI).

b. ININMS. Data from the health practices study recently conducted by ININMS were not available during the consultancy, nor was the questionnaire used to collect the data. The usefulness of these data for the purposes of CLAI or the time the analyses would take cannot therefore be evaluated.

c. CAF 1. A clean and documented data file from CAF 1 is being prepared according to Dr. Eduardo Contreras and should facilitate any future analysis of the data. Although, CAF 1 contains more questions than CAF 2 in the area of infant feeding, doubts about the reliability of the data expressed by many individuals involved in the survey and PREMI make projections about the usefulness of the data for the purposes of CLAI difficult. Information in CAF 2 in the area of growth monitoring was sufficiently complete to serve as a baseline for future evaluations of PREMIs and CLAI's efforts in this area. Although analysis of CAF 1 may provide information about changes in maternal attitudes and practices between the two surveys, it is unlikely that this information will contribute toward the efforts of CLAI to develop a nutrition education campaign. The extent to which an analysis of CAF 1 will provide additional useful

information over that provided by CAP 2 should be defined by CLAI.

Depending on the state of the data (i.e., degree to which it has been cleaned and well-documented), and the type of analyses CLAI defines as beneficial to their objectives, a minimum of 1 week would be necessary to complete the analysis and write a report. (This time projection is based on minimum estimates of one-half day to define the questions and objectives of the analysis, one day to set up the systems file, 2 days for analysis and interpretation, and 1 and a half days for report writing. The projection assumes that a math coprocessor would be available and that the data are clean and documented.)

D. CAP 2. Although all the main questions put forth by CLAI with respect to the two areas of investigation were addressed in the analysis, additional analyses of CAP 2 may potentially be of benefit to CLAI. In particular, the question concerning infant feeding practices during diarrhea may be more thoroughly addressed than was possible during the consultancy. The reason for this is that mothers responded to multiple questions about changes in infant feeding practices, many of which could be complementary or contradictory. The results presented in the final report provide some general observations that could be reached from the analyses performed (section 4.3.4). However, additional analyses might further elucidate differences in feeding practices during diarrhea potentially useful to the design of the educational campaign.

A second area that might benefit from future analyses is in the effect of infant sex in feeding practices. No sex-specific differences were found with respect to breast feeding practices, whereas significant differences were found with respect to the timing of introduction of weaning foods (section 4.3.2). However, in the absence of differences in breast feeding practices it is difficult to know how to interpret differences in the introduction of weaning foods. Analyses of sex-specific differences by geographical region, and age and education of the mother might help resolve the conflicting evidence found in the more general analyses. It needs to be cautioned however, that even if sex-specific differences in feeding practices were found it is questionable what practical application this information would have for a nutritional education campaign.

Time was available to analyze data from only the first child in the "formulario del nino", although sample sizes were sufficiently large for the second and third child to have potentially provided additional useful information. These analyses could be easily conducted, following the same analytic method used to analyze data from the first child. (All SFSSPC+ commands and output generated in the analysis of the child-specific data were left with CLAI.)

e. Future CAPs. Knowledge gained from the analysis of CAP 2 could usefully be applied to improve the quality of data in future CAPs. Examples of how future CAPs might be modified to make the data more useful for planning and evaluation purposes are as follows:

- 1) The large number of missing values in the section on infant feeding practices may in part result from the placement at the end of the questionnaire and reflect interviewer and interviewee fatigue. Therefore placement of questions in this area earlier in the questionnaire might improve the quality of the data collected.
- 2) A reduction in the number of children for whom information is obtained could serve to shorten the interview time and potentially result in less fatigue and hence missing values at the end of the questionnaire. Information on 2 children should provide sufficient information for the purposes of PREMI and it is unclear what additional information is contributed by the third and fourth.
- 3) The gap of nearly two months between the reported termination of exclusive breast feeding and the introduction of weaning foods documented in CAP 2 will likely reoccur in future CAPs unless the questions are revised to more precisely get at the true values for these parameters. In particular, questions as to the timing of introduction of weaning foods need careful consideration, reformulation and pre-testing prior to their inclusion in a CAP.

Unfortunately, at the time of the consultancy CAP 3 was being fielded and hence it was too late for any changes to be incorporated. If existing CAP data are analyzed prior to the fielding future CAPs, problems with the data can be corrected, questions that need reformulation can be identified, and areas in which additional information is needed can be specified. This should result in more efficient use of resources devoted to the CAP surveys, and improve their usefulness for planning and evaluation purposes.

4. Importance of Carrying Out Investigations within PREMI

Although CAP data, once coded on floppy disks, could be analyzed anywhere it is important that all future efforts in quantitative analysis be conducted within PREMI and with the full participation of CLAI. This is necessary for several reasons. First, it will help CLAI to develop their analytic skills so that the need for outside consultants and supervision is reduced. Second, it draws upon the knowledge CLAI has with respect to the health sector, and maternal attitudes and practices. This is critical in regard to defining the objectives of the analysis and in the interpretation and presentation of the results. Third, it

will be more efficient in that the body of information being built from the CAF surveys and from other surveys and studies can be drawn upon.

ANNEX A

Persons Contacted

Best Available Document

ANNEX A: Persons Contacted

Ministerio de Salud Publica

PREMI

Dr. Pablo Martinez, Coordinador Nacional del PREMI y Jefe de Materno-Infantil

Dr. Victor Arauz, Director del Programa de Monitoreo de Crecimiento y Alimentacion Infantil (CLAI)

Dra. Maria Elena Acosta, Miembro del equipo CLAI

Dr. Jorge Moncayo, Miembro del equipo CLAI

Lic. Liliana , Miembro del equipo CLAI

INNFA

Dr. Marco Polo Torres, Jefe de Comunicaciones, PREMI

AID/Quito

Dr. William Goldman, Director, Population, Health and Nutrition

David Nelson, Technical Advisor to PREMI

CONSULTANTS

Eduardo Contreras, Asesor Evaluacion del Componente Comunicacion-PREMI

Reinaldo Fareja, Asesor Componente de Comunicacion-PREMI

OTHER

Dr. Jaime Benavente, Community Systems Foundation. Will begin position of evaluation advisor of PREMI in July.

Joe Baldi, Candidate for position of advisor to PREMI

ANNEX B

Documentation for CAP 1

KAP PLUS RURAL SUPPLEMENT

E NAME
TABLE LIST

ECUALDATA 4-1, 2-2, 1-12, 12-12, 1-14, 2-22
 NCUEST, REGION, PROVINC, AREA, SUBAREA, RESULT, RELACION,
 EDAD, EDAD1, SEXO1, CARNET1, EDAD2, SEXO2, CARNET2, EDAD3,
 SEXO3, CARNET3, EDAD4, SEXO4, CARNET4, EDAD5, SEXO5, CARNET5,
 EDAD6, SEXO6, CARNET6, TNINOS, DIARON, ULTDIAR, EDULDIA,
 HMEJORE, DMEJORE, TCASA, PVEPA, PROFA, LLUSCO,
 GMEJORE, HMEJOR, DIOSO, DIOSD, DIOABU, DIOSC, DIOANT, DIOOH,
 HIZOO, ACONSEJO, ANTUSE, DIOSD, NODS, CCOND, PNDN, HPFA,
 HPFS, HPDH, HPCD, HPAB, HPAH, HPFE, HPOC, PONCO, CHLLNH,
 CHLLNH3, CHLLNH3, HODOSO, DOSO1, DOSO2, DOSO3, OTOSO, CSSO,
 CAYSO, COUSO, NARSO, PONTNSO, DCUSO, COSTSO, OHSO, HPSO, SPSSO,
 CLUSA, TLUSA, CSUSA, CMSO, HDLLE, CSDD1A, OTUSO, EODSO, DESO,
 VUSO, PMSO, VPVA, PONVV, POSV, CEDV1, CEDV2A, CEDV3A, HVNH,
 PONVA, PONV2A, PONV3A, TRDV, REACV1A, REACV2A, REACV3A, DORV,
 EHPV, DDDV, HVVD, OPNRD, OVPA, PARCG, PADPT, PAPOLIO, PAANTIS,
 PATRAS, VRBV, RVBCG, RVDPD, RVPOLIO, RVANTIS, RVOTVAC,
 NSQVAVC, EUNSH/ESVNM, TCVNH, ESCARV, ECV, DBCG, DDP1, DAN1PO,
 DAN1SA, DVUV, EMBV, POSVEH, HRVT, CSNCE1, CSNCE2, DLNSH, CLLVSH,
 CLLC, E1CNS, HCNS35, CCNS6, CHUCNS, SOHUCHS, ULCPES, ULGVAC,
 ULCHID, ULCEXA, UCLLA, UCHOM, ODPN, DF152 TO DF245 CUALCAR
 FIXED(26F3.0/26F3.0/26F3.0/26F3.0/26F3.0/26F3.0/26F3.0/26F3.0/
 26F3.0/12F3.0) 210, 252, 202, 252, 252
 NCUEST, NUMERO DE QUESTIONARIO/REGION, REGION GEOGRAFICA/
 PROVINC, PROVINCIA/AREA, AREA/SUBAREA, SUB-AREAS/RESULT,
 RESULTADO DE ENTREVISTA/
 RELACION, RELACION ENTREVISTADA CON NINOS/
 EDAD, EDAD DE LA ENTREVISTADA/EDAD1, EDAD PRIMER NINO/
 SEXO1, SEXO PRIMER NINO/CARNET1,
 TIENE NUEVO CARNET DE SALUD INF. /
 EDAD2, EDAD DEL SEGUNDO NINO/SEXO2, SEXO SEGUNDO NINO/
 CARNET2, TIENE NUEVO CARNET DE SALUD INF. /
 EDAD3, EDAD DEL TERCER NINO/SEXO3, SEXO DEL TERCER NINO/
 CARNET3, TIENE NUEVO CARNET DE SALUD INF. /
 EDAD4, EDAD DEL CUARTO NINO/SEXO4, SEXO DEL CUARTO NINO/
 CARNET4, TIENE CARNET DE SALUD INF. / EDAD5,
 EDAD DEL QUINTO NINO/SEXO5, SEXO DEL QUINTO NINO/CARNET5,
 TIENE NUEVO CARNET DE SALUD INF. / EDAD6, EDAD DEL SEXTO NINO/
 SEXO6, SEXO DEL SEXTO NINO/
 CARNET6, TIENE NUEVO CARNET DE SALUD INF. /
 TNINOS, NINOS MENORES DE 5 AÑOS DE EDAD/DIARON,
 NINOS CON DIARREA O VOMITO/
 ULTDIAR, ULTIMA VEZ NINO CON DIARREA/
 EDULDIA, EDAD ULTIMO NINO CON DIARREA/
 HMEJORE, HIZO ALGO PARA QUE MEJORE EL NINO/
 DMEJORE, DONDE LLEVO NINO A QUE MEJORE/
 TCASA, LO TRATO EN CASA/PVEPA, PREGUNTO A VECINA-FARIENTE/
 PROFA, PREGUNTO EN BOTICA-FARMACIA/LLUSCO,
 LLEVO A UNIDAD DE SALUD-CONSULT/
 GMEJORE, QUE HIZO PARA QUE NINO MEJORE/
 HMEJOR, QUE HIZO PARA QUE EL NINO MEJORE

IT FORMAT
LABELS

(7)

DIO SUERO ORAL PARA QUE MEJORE/
DIOAGU, DIO AGUJITAS PARA QUE MEJORE/
DIDOS, DIO OTRO SUERO PARA QUE MEJORE/DIONO,
DIO SUERO CASERO PARA QUE MEJORE/
DIOANT, DIO ANTIBIOTICO PARA QUE MEJORE/
DIOON, DIO OTRO MEDICAMENTO/
HIZOO, HIZO OTRA COSA PARA QUE MEJORE/
ACONSEJO, QUIEN ACONSEJO DAR ESQ/ANTDSE,
ANTES DE DIARREA PARA EL SENO/
DIOSD, DIO SENO DURANTE LA DIARREA/
HODS, PRO QUE NO DAR SENO SI DIARREA/COND,
QUE CODIDA DIO A NIÑO CON DIARREA/
PIDN, PUEDE MATAR A UN NIÑO LA DIARREA/
PIPA, MUERE POR PERDIDA DE AGUAS/
PIPS, MUERE POR PERDIDA DE SALES/
PIPD, MUERE POR DESHIDRATACION/
PIPD, MUERE PRO CAUSA DE DESHIDRATACION/
PIPAF, MUERE POR PERDIDA DE APETITO/
PIPAH, MUERE POR PERDIDA DE ANIMO/HPIE, MUERE POR FIEBRE/
PIOC, MUERE POR OTRAS CAUSAS/
POND, POR QUE MURER UN NIÑO CON DIARREA/
OILLIN, QUE MOTIVO LLEVAR NIÑO AL MEDICO/
OILLINO, QUE MOTIVO LLEVAR NIÑO AL MEDICO2/
OILLNIS, QUE MOTIVO LLEVAR NIÑO AL MEDICOS/
RODUSO, HA OIDO DEL SUERO ORAL/DOS01,
DONDE OYO DEL SUERO ORAL 1/DOS02, DONDE OYO DEL SUERO ORAL 2/
DOS03, DONDE OYO DEL SUERO ORAL 3/
OTOSO, CUANTO TIEMPO HACE OYO DE S.O./
OS0O, COMO SUFO DEL SUERO ORAL/
CAYSO, COMO AYUDA AL NIÑO EL SUERO ORAL/
COUSO, CON QUIEN HA USADO SUERO ORAL/
NARSO, EL NIÑO ACEPTO-RECHAZO EL SUERO O./
PONTNSO, POR QUE NO TOMO SUERO ORAL EL NIÑO/
DCUSO, DONDE CONSIGUIO ULTIMO SUERO ORAL/
COSTSO, COSTO DEL SOBRE DE SUERO ORAL/OMSO,
OPINION DEL MEDICO AL SUERO ORAL/
HPSO, PREPARADO EL SUERO ORAL/
SPSO, SABE PREPARAR EL SUERO ORAL/
CLUSA, CANTIDAD DE LIQUIDO USADO/
TLUSA, TIPO DEL LIQUIDO USADO/OSUSA,
CANTIDAD DE SOBRE USADO/OMSO, COMO MESOLO EL SUERO ORAL/
ADLEF, HASTA DONDE LLENA LA FUNDA/
CSDDIA, CUANTO SUERO DAR AL NIÑO AL DIA/
OTUSO, QUE TIEMPO USAR S.O. PREPARADO/
EODSO, EN QUE DAR AL NIÑO EL SUERO ORAL/
OESD, CUANDO EMPEZAR A DAR S.O. AL NIÑO/
VUSO, VOLVERIA A USAR SUERO ORAL/
PNSO, PUEDE MOSTRAR SOBRE DE SUERO ORAL/
VPVA, VALEN LA PENA LAS VACUNAS/
POVV, POR QUE NO VALEN LAS VACUNAS/
POSV, PARA QUE SIRVEN LAS VACUNAS/
CEDVI, COMO SE ENTERO DE VACUNAS. 1A/CEDV2A,
COMO SE ENTERO DE VACUNAS. 2A/
CEDV3A, COMO SE ENTERO DE VACUNAS. 3A/
RNVIN, HA VACUNADO A SUS HIJOS/PONVIA,
POR QUE NO VACUNO A SU HIJO. 1A/
PONV2A, POR QUE NO VACUNO SO HIJO. 2A/
PONV3A, POR QUE NO VACUNO SU HIJO. 3A/TRDV,
TUVO REACCION DESPUES DE VACUNA/
REACVIA, REACCION DE VACUNA 1A/
REACV2A, REACCION DE VACUNA 2A/
REACV3A, REACCION DE VACUNA 3A/
ODRV, QUE OPINA DE REACCION A VACUNA/EEMPV,
A QUE EDAD EMPEZAR VACUNAS/

3

DMVID, QUE PASA NO RECIBE TODAS LA DOSIS/
 DVPA, QUE VACUNAS RECIBEN PRIMER AÑO/
 PAOC6, PRIMER AÑO RECIBEN P.C.G./
 PADPT, PRIMER AÑO RECIBEN D.P.T./
 PAPOLIO, PRIMER AÑO RECIBEN POLIO/PAANTIS,
 PRIMER AÑO RECIBEN ANTISARAMPION/
 PADTRAS, PRIMER AÑO RECIBEN OTRAS VACUNAS/
 VRSM, QUE VACUNAS RECIBEN 3 VECES/
 RSMDCG, DEBE RECIBIR 3 VECES DCG/
 RSMVDT, DEBE RECIBIR 3 VECES DPT/
 RSMVPLIO, DEBE RECIBIR 3 VECES POLIO/RSMVANTIS,
 DEBE RECIBIR 3 VECES ANTISARAMPION/
 RSMVOTVAC, DEBE RECIBIR 3 VECES OTRAS VACUNAS/
 NSOVIAVC, NO SABE O VACUNAS 1 AÑO VE CARNET/
 EUNSH, EDAD ULTIMO NIÑO > DE 3 MESES, /ESVNH,
 ES VACUNADO NIÑO MENOR /TCVNH, TINE CARNET DE V. NIÑO MENOR/
 ESCARV, LO QUE ENSEÑA ES CARNET DE VACUNAS/
 ECV, ENCOTRO CARNET DE VACUNAS/
 DBC6, DOSIS REGISTRADAS DE DCG/
 DDPT, DOSIS REGISTRADAS DE DPT/
 DANTIP0, DOSIS REGISTRADAS DE ANTIPOLIO/
 DANTISA, DOSIS REGISTRADAS DE ANTISARAMPION/
 DVU, DONDE LO VACUNA LA ULTIMA VEZ/
 EMBV, LAS EMBRAZADAS DEBEN VACUNARSE/
 POSVENB, PARA QUE SIRVE VACUNA EMBARAZADAS/
 HRT, HA RECIBIDO VACUNA CONTRA TETANOS/
 CSNCB1, COMO SABE SI NIÑO CRECE BIEN 11/
 CSNCB2, COMO SABE SI NIÑO CRECE BIEN 12/
 DLN5H, DEBE LLEVAR NIÑO SANO AL MEDICO/
 CLTVSH, CUANDO LLEVARLO SANO PRIM. VEZ MEDIC/
 CLLC, CADA CUANTO LLEVARLO AL CONTROL/
 EICNS, EDAD AL PRIM. CONTROL DEL NIÑO S. /
 NCNSB5, CONTROLES AL NIÑO SANO EN 1985/
 CCNS, CADA CUANTO CONTROLAN AL NIÑO SANO/
 CHUCNS, CUANTO HACE DEL ULTIMO CONTROL/
 S0HUCNS, SABE QUE LE HICIERON EN EL CONTROL/
 ULCPES, ULTIMO CONTROL LE PESARON/
 ULCVAC, ULTIMO CONTROL LE VACUNARON/
 ULCHD, ULTIMO CONTROL LE MIDIERON/
 ULCEXA, ULTIMO CONTROL LE EXAMINARON/
 UCLLA, ULTIMO CONTROL INDICARON ALIM-LACT/
 UCHON, ULTIMO CONTROL HICIERON OTRAS MAS/
 ODPIT, QUE DIJERON DEL PESO DEL NIÑO/
 DF152, POR QUE EL NIÑO NO GANA PESO/
 DF153, QUE HACE SI NIÑO NO CRECE BIEN 11/
 DF154, QUE HACE SI NIÑO NO CRECE BIEN 12/
 DF155, PARA QUE SIRVE EL CARNET DE S.1./
 DF156, CARNET PARA VER CRECIMIENTO/
 DF157, CARNET PARA ANOTAR LAS VACUNAS/
 DF158, CARNET COMO ALIMENTAR AL NIÑO/
 DF159, CARNET COMO USAR EL SUENO ORAL/
 DF160, CARNET PARA VER GANANCIA DE PESO/
 DF161, CARNET PARA VER PROXIMO CONTROL/
 DF162, CARNET VER DESARROLLO PSICOMOTOR/
 DF163, CARNET PARA INGRESO A LA ESCUELA/
 DF164, CARNET SIRVE PARA OTROS FINES/
 DF165, EDAD DEL ULTIMO HIJO/
 DF166, QUE ES MEJOR DAR BIBERON O SENO/
 DF167, POR QUE ES IMPORTANTE DAR BIBERON/
 DF168, POR QUE ES IMPORTANTE DAR EL SENO/
 DF169, DIO DE MAMAR AL ULTIMO HIJO/
 DF170, POR QUE NO DIO DE MAMAR/
 DF171, DIO EL SENO A OTROS NIÑOS/
 DF172, EDAD ULTIMO HIJO AL QUE DIO SENO/

(4)

DF176. DIO PRIMERA LECHE AL NIÑO/
DF177. SI LACTA PUEDE COMER TODO 11/
DF178. SI LACTA PUEDE COMER TODO 12/
DF179. SI LACTA PUEDE COMER TODO 13/
DF180. TIEMPO DESPUES DEL PARTO DIO SENO/
DF181. CADA CUANTO MAMA AL DIA/
DF182. CUANTAS MAMADAS DA EN LA NOCHE/
DF183. SI LACTA TOMA MAS-MENOS LIQUIDOS/
DF184. EDAD AL DARL OTROS ALIMENTOS/
DF185. HASTA QUE EDAD LE DIO EL SENO/
DF186. POR QUE SUSPENDI EL SENO/
DF187. SUSPENDIO SENO POR MESTRUACION/
DF188. SUSPENDIO SENO POR IRA AGITACION/DF189.
SUSPENDIO EL SENO POR ANTIBIOTICOS/
DF190. SUSP. SENO POR ENF. TRAD. DE MADRE/
DF191. SUSPENDIO SENO POR ESPOSO/DF192.
SUSP. SENO POR ENF. NORM. MADRE/
DF193. SUSP. SENO POR ENF. TRAD. NIÑO/
DF194. SUSP. SENO POR ENF. NORMAL NIÑO/DF195.
SUSP. SENO POR CONSEJO MEDICO/
DF196. SUSPENDIO SENO POR EMBARAZADO/
DF197. SUSPENDIO SENO POR EDAD DEL NIÑO/DF198.
SUSPENDIO SENO POR OTRA RAZON/
DF199. NOLESTA AUSENCIA DE PEZONES/
DF200. NOLESTA PEZONES RESQUEBRADOS/
DF201. NOLESTA DIENTES DEL NIÑO/
DF202. NOLESTA SENOS SOBRECARGADOS/DF203.
NOLESTA NO BAJA LECHE/DF204. NOLESTA NIÑO NO COGE/
DF205. NOLESTA SALEN GRANDES-JEFECIONES/
DF206. NOLESTA CME PECHO-ENGORDA-FIGURA/
DF207. OTRAS NOLESTIAS/
DF208. HASTA QUE EDAD SOLO LECHE MATERNA/
DF209. HAY RADIO EN CASA/DF210.
ESCUCHA LA RADIO/DF211. CUANTAS HORAS AL DIA OYE RADIO/
DF212. HAY TELEVISOR EN CASA/DF213. VE LA TELEVISION/
DF214. CUANTAS HORAS AL DIA VE TELEVISION/
DF215. SABE QUE ES EL PREMI/
DF216. DEFINICION DE PREMI/
DF217. SUPO DE CAMPANA DE VACUNACION/
DF218. SUPO DE VACUNACION PREMI 11/
DF219. SUPO DE VACUNACION PREMI 12/DF220.
SUPO DE VACUNACION PREMI 13/DF221. ASISTO A LA ESCUELA/
DF222. GRADO O AÑO QUE APROBO/
DF223. CUANTAS PERSONAS SABEN LEER/
DF224. OCCUPACION DEL JEFE DEL HOGAR/
DF225. TRABAJA LA MADRE FUERA DEL HOGAR/
DF226. QUE TIPO DE AGUA UTILIZAN/
DF227. QUE SS. HH. TIENEN EN EL HOGAR/
DF228. QUE TIEMPO VIVE AQUI/DF229. SIEMPRE HA VIVIDO AQUI/
DF230. ANTES DONDE VIVIA/
DF231. COMO LLEGA AL CENTRO DE SALUD/
DF232. DEMORA AL CENTRO DE SALUD/
DF233. HA VISTO O ESCUCHADO AVISO EN 3 MESES/
DF234. DONDE LO VIO O ESCUCHO AVISO -1/
DF235. DONDE LO VIO O ESCUCHO AVISO -2/
DF236. DONDE LO VIO O ESCUCHO AVISO -3/
DF237. QUE DIJERON EN LA RADIO/
DF238. QUE LO VIO EN TV/
DF239. ESCUCHA LA RADIO ENTRE HORAS 1/
DF240. ESC. RADIO HASTA HORAS 1/
DF241. ESC. RADIO ENTRE HORAS 2/
DF242. ESC. RADIO HASTA HORAS 2/
DF243. ESC. RADIO ENTRE HORAS 3/

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CUALCAP CAP SEMI-URB O CAP RURAL/
 AREA (1)URBANA (2)RURAL/RESULT (1)COMPLETA (2)INCOMPLETA
 (3)APLAZADA (4)AUSENTE (5)RECHAZADA (6)OTRO/RELACION
 (1)MADRE (2)HERMANA (3)ABUELA (4)PARIENTE (5)OTRO/
 SEXO1,SEXO2,SEXO3,SEXO4,SEXO5,SEXO6 (1)H (2)M/
 CARNET1,CARNET2,CARNET3,CARNET4,CARNET5,CARNET6 (1)SI (2)NO/
 DIARON (1)SI, DIARREA (2)SI, VOMITO (3)SI, LOS DOS
 (4)NO, NINGUNO (5)NO SABE/ULTDIAR (0)NUNCA HA TEN. DIA.
 (1) ULTIMAS 2 SEMANAS (2)ENTRE 3 Y 4 SEMANAS
 (3)MAS DE UN MES ATRAS (5)NO SABE-RECUERDA/
 HMEJORE (0)NO HIZO NADA/DMEJORE (0)NO SABE-RECUERDA/
 TASA TO LLUSCO (1)MENCIONE/DMEJORE (0)NADA/
 HMEJOR (0)NO SABE-RECUERDA/
 DIOSO TO HIZOO (1)MENCIONE?/Aconsejo (1)YO SABA
 (2)LA MADRE-ABUELA (3)OTRO FAMILIAR-VECINO (4)PERS. DE LA U. DE SAL.
 (5)BOTICARIO (6)MEDICO PARTICULAR (7)CURANDERAS EMPIRICAS
 (8)OTROS/ANIDSE, DIOSO (1)SI (2)NO (3)NO RECUERDA/
 HOS (1)NO QUISO EL NINO (2)PORQUE LE HACE DAÑO
 (3)POR COSTUMBRE (4)POR CONSEJO MEDICO
 (5)POR CONS. DE OTR. PERS. (6)OTROS (0)NO SABE-RECUERDA/
 LEON (1)NO NINGUNA COMIDA (2)SI COMIDA BLANDA
 (3)SI SOLO LIQUIDOS (4)SI NIN. CAMB. EN ALIM. (5)OTRA RESPUESTA/
 HON (1)SI (2)NO (3)NO SABE/HPPA TO HPOC (0)NO (1)SI/
 POND (0)NO SABE/OMLUM TO OMLUMS (1)MOLLERA HUNDIDA
 (2)OJOS HUNDIDOS (3)LLANTO SIN LAGRIMAS (4)TIENE MUCHA SED
 (5)BOCA SECA (6)PIEL ARRUGADA EN EL ESTOMAGO
 (7)ORINA POCO O NO ORINA (8)DEBIL (9)NO COME
 (10)MUCHA DIARREA (11)LLORA MUCHO (12)OTROS (0)NO SABE/
 HOIDOSO (1)SI, SUERO ORAL (2)SI, OTROS (3)NO, DE NINGUNO/
 DOSO1 TO DOSO3, CSSO (1)POR LA RADIO (2)POR VISIT. ESTUD. A C.
 (3)POR LA TV (4)POR LOS DIARIOS (5)POR AVISOS-CARTELES
 (6)POR MEDIC. O UN. DE SAL.
 (7)POR LA FARM.-BOTICA (8)POR FAMILIAR AMISTADES
 (9)POR PUEST. DE VACUN. (10)POR DESFILES (11)OTROS/
 CAYSO (1)REPONE AGUA Y SALES (2)LE QUITA LA DIARREA
 (3)NO RELA. COM DIARREA (4)OTRO (5)NO AYUDA (0)NO SABE/
 COUSO (1)SI, EN UN ADULTO (2)SI, EN UN NINO > 5 AÑOS
 (3)SI, EN UN NINO < 5 AÑOS (4)SI, EN ADULT. Y NINOS
 (5)NO, NUNCA LO HA USADO (6)NO SABE-RECUERDA/
 NARSO (1)RECHAZO (2)ACEPTO/PONTNSO (1)NO LE GUSTO
 (2)LO VOMITO (3)NO QUISO TOMAR MAS (4)OTROS (0)NO SABE/
 DCUSO (1)UNIDAD DE SALUD-MSF (2)MEDICO PARTICULAR
 (3)FARMACIA-BOTICA (4)PREMI O PUEST. DE VACUN.
 (5)ALIGUEN EN COM. TENIA (6)TIENDA (7)PARIENT. AMIG. VEC.
 (8)OTRO (0)NO SABE/
 COSTSO (0)GRATIS (88)NO RECUERDA/OMSO (0)NO HA DICHO NADA
 (1)NO LE GUSTA (2)LE HA RECOM. USARIO (3)OTROS/
 HPSO (1)SI (2)NO/SFSSO (0)NO SABE/CLUSA (1)EN UN LITRO
 (2)EN TAZA O VASO (3)OTRA MEDIDA < UN LITRO
 (4)OTRA MEDIDA > UN LITRO (5)EN LA PROF. FUND. DE S.O.
 (6)EN CANTID. NO DETERM. (7)NO MENCIONO CANTIDAD/
 TLUSA (1)AGUA HERV. FRIA-ENFRIADA (2)EN OTRO LIQUIDO
 (3)NO HERC. TIPO LIQUIDO/CSUSA (1)TODO EL SOBRE
 (2)PARTE DEL SOBRE (3)NO ESPECIFICA/OMSO
 (1)LO AGITA-MEZCLA-REVUELE (2)NO LA MEZCLA
 (3)NO ESPECIFICA/HDLF (1)HASTA LA LIN. MARCADA
 (2)ARRIBA DE LIN. MARCADA (3)POR DEBAJO DE LIN. MARC.
 (4)OTRO/CSDDIA (1)1 TAZA DESP. CADA DESP. (2)1 CUCHARADITA
 (3)VARIAS CUCHARADITAS (4)DOS TAZAS 1.5 L
 (5)UN LITRO (2-5 TAZAS (6)MAS DE UN LITRO (0)NO SABE/
 OTUSO (1)UN DIA SOLAMENTE (2)MAS DE UN DIA
 (3)HASTA CUANDO SE TERMINE (4)OTRA (0)NO SABE/
 EODSO (1)EN TAZA CUCHARA (2)EN BIDERON

(5) CUANTO MEDICO LO INDICA (6) OTRO (0) NO SABE/
 VUSO (1) SI, SUERO ORAL (2) SI, ORALITE (3) TALVEZ-DEPENDE
 (4) NO (5) NO SABE/PHSSO (1) NO TIENE SOBRE
 (2) MUST. UN SOBR. USADO (3) MUEST. UN SOBR. SIN USO/
 VPVA (1) NO VALEN LA PENIA (2) VALEN LA PENIA (0) NO SABE/
 POSV (1) PREV.-EVITAR ENFERM. (2) CURAR LA ENFERMEDAD
 (3) MATRIC. PARA LA ESCUELA (4) OTRO (0) NO SABE/
 CEDV1, CEDV2A, CEDV3A (1) POR LA RADIO (2) POR VISTI. ESTUD. A CASA
 (3) POR LA TV (4) POR LOS DIARIOS (5) POR AVISOS, CARTELES
 (6) POR MEDIC. O UNID. DE SAL. (7) POR FAMIL. O AMISTAD.
 (8) POR PUEST. DE VACUNACION (9) POR DESFILES (10) OTROS
 (0) NO RECUERDA/HVNH (1) SI (2) NO/PORV1A, PORV2A, PORV3A
 (1) NO HABIA VACUNA (2) QUEDABA MUY LEJOS
 (3) NO AVIS. O. HARTA O. VACINAR (4) LO ATIEND. HAL A UNO
 (5) PORO. SERVIC. NO ABRE (6) CENTR. ABRE-NO APPL-TIENE VAC
 (7) TENIA OTR. COS. O. HACER (8) VACUNA NO SIRVE
 (9) NO SABIA NECES-IMP. VACUNAR (10) SE OPUSO EL HERIDO
 (11) LE RECOM. NO HICERIA (12) NINGO SE PONA MAL
 (13) SE ME PASO LA FUCHA (14) CURANDERO CURA MEJOR
 (15) NINGO TIEN. O. ENFERMARSE (16) NINGO EST. ENFERM-NO LLEVE
 (17) CENTRO SAL. NO VAC-ENFERMO (18) EL NINO ES < 3 MESES
 (19) OTRA RAZON (0) NO RAZON-NO SABE/TRDV (1) SI (2) NO/
 REACV1A, REACV2A, REACV3A (1) DOLOR EN SITIO VACUNA
 (2) HINCHAZON EN SIT. VAC. (3) COHEZON EN SIT. VAC.
 (4) FIEBRE O TEMPERATURA (5) VONITO (6) NINGO LLOROSO
 (7) DIARREA (8) DOLOR DE CABEZA (9) DOLOR DE GARGANTA
 (10) PIEL TORNO ROJA (11) COJERA (12) CONVULSIONES-ATAQUES
 (0) NO TUVO REACCION (13) OTRO/
 ORBV (1) ES NORMAL (2) ES ALGO SERIO (0) NO SABE/EDPV (0) NO SABE/
 ODDV (1) CANTIDAD O. SE PONE (2) LAS VECES O. SE PONE (3) OTRO
 (0) NO SABE/HVVD (1) UNA SOLA VEZ (2) MAS DE UNA VEZ (0) NO SABE/
 OPRRTD (1) NADA (2) HAY O. COMPL. VACUNAS (3) NO ESTA PROTEGIDO
 (4) SE ENFERMARI (5) OTRO (0) NO SABE/OVPA (0) NO SABE/
 PABCS TO PADTRAS (1) MENCIONA (0) NO MENCIONA/
 VRSV (0) NO MENCIONA/
 RSVBCG TO NSOVIAYS (1) MENCIONA (0) NO MENCIONA/ESVNH (1) SI (2) NO/
 TCVNH (1) SI, CARNET DE VACUN. (2) SI, NUEVO CARN. SAL. INF.
 (3) SI, AMBOS (4) NO, PERO TIENE OTR. CARN. (5) NO, NINGUNO
 (0) NO RECUERDA-SABE/ESCARV, ECV, DBCG (0) NO (1) SI/
 DDPT, DANTIPD (0) NO (1) SI 1 DOSIS (2) SI 2 DOSIS (3) SI 3 DOSIS/
 DANTISA (0) NO (1) SI/
 DVUV (1) CENTR. SAL. O UNID. MSP
 (2) OTRA INSTIT. PUBLICA (3) CONSULATORIO MEXICO
 (4) PASADON-PUESTOS-PREMI (5) OTRO/EMIV (1) SI: NO ESPECIFICA
 (2) SI: TETANOS (3) SI: OTRO (4) NO (0) NO SABE/POSVENB
 (1) NO SIRVE (2) PROTEGE LA MADRE (3) PROT. EG. AL NINO REC. NAC.
 (4) PROT. A MADRE Y NINO (5) OTRO (0) NO SABE/
 HRVT (1) NO, NUNCA (2) UNA VEZ (3) DOS VECES (4) NO RECUERDA
 (0) NO SABE/CSNOC1, CSNOC2 (1) HENC. CONTR. MEDIC. GEN.
 (2) HENC. PESO DEL NINO (3) HENC. TALLA DEL NINO
 (4) SE REF. AL BUEN APETITO (5) SE REF. AL NIVEL ACTIVIDAD
 (6) SE REFIERE A LA ROPA (7) POR LA FICHA DE CRECIMIENTO
 (8) SE REFIERE AL COLOR (9) OTRO (0) NO SABE/
 DCLNSH (1) SI SE LO DEBE LLEVAR (2) NO SE LO DEBE LLEVAR
 (0) NO SABE/CLLIVSH (1) ANTES DEL MES D. NACIDO
 (2) 1-3 MESES DESPUES (3) 4-6 MESES DESPUES (4) > 6 MESES DESPUES
 (5) DEPENDE (0) NO SABE/CLLCC (1) CADA MES (2) CADA 2 MESES
 (3) 3 VECES AL AÑO (4) 2 VECES AL AÑO (5) 1 VEC AL AÑO
 (0) NO SABE/ETONS (1) NUNCA HECHO CONTROLAR (2) < UN MES DE EDAD
 (3) 1-3 MESES DE EDAD (4) 4-6 MESES (5) MAS DE 6 MESES
 (6) NO RECUERDO YA (0) NO SABE/CCONS (1) CAD. VEZ LLAMA PERS. SAL.
 (2) CUANDO TENGO TIEMPO (3) CUAND. LE TOCAN VAC.
 (4) CUAND. ENTREG. LECHE-AVENA (5) CADA MES (6) CADA TRES MESES
 (7) CADA SEIS MESES (8) CADA AÑO (9) OTRO

(4)QUE ESTA GAN.PESO (5)NO ME DIJER.NADA (0)NO SABE-RECUERDA/
 DF152 (1)ESTA ENFERMO (2)NO COME BIEN (3)OTROS (0)NO SABE/
 DF153,DF154 (1)IR AL MEDICO-DOCTOR (2)CUIDARLO MAS
 (3)DARLE MAS COMIDA-MAS FREC. (4)DARLE OTRA COMIDA
 (5)DARLE VITANINAS-MEDICAM. (6)OTROS (0)NO SABE/
 DF155 TO DF164 (1)SI (0)NO/DF166 (1)ROBERON (2)DAR DE MAMAR
 (3)LOS DOS (0)NO SABE/DF167,DF171 (1)SI (2)NO/
 DF173 (1)HAY QUE DARLE IMMEDIAT. (2)ENTRE 1 Y 2 HORAS
 (3)ENTRE 3 Y 24 HORAS (4)MAS DE 24 HORAS (0)NO SABE/
 DF174 (1)LA PRIMERA LECHE (2)LA LECHE AMARILLA (3)OTRO/
 DF175 (1)SI (2)NO (3)NO SABE/DF177,DF178,DF179
 (0)NO SABE (1)PUEDE COMER TODO (2)NO PUEDE COMER TODO/
 DF180 (1)DE IMMEDIATO (2)MENOS DE UN HORA
 (3)ENTRE 1 Y 3 HORAS (4)ENTRE 3 Y 24 HORAS (5)A LAS 24 HORAS
 (6)MAS DE 24 HORAS (7)MAS DE 2 DIAS (8)OTRO/
 DF181 (1)NO ESTA LACTANDO (2)CADA VEZ QUE PUEDO
 (3)CAD.VEZ NINO QUIERE (4)CADA 2 HORAS (5)CADA 3 HORAS
 (6)CADA 4 HORAS (7)OTRO/DF182 (1)NO LE DOY D.MAMAR
 (2)CADA VEZ QUE PUEDO (3)C.VEZ NIN. QUIERE-DESP-LLORA
 (4)CADA 2 HORAS (5)CADA 3 HORAS (6)OTRO
 (7)OTRO/DF183 (1)MENOS (2)MAS (3)IGUAL (0)NO SABE-RECUERDA/
 DF184 (0)TODAY.NO DAND.COMIDA (13)NO RECUERDA/
 DF185 (0)AUN ESTA LACTANDO (6)NO RECUERDA/
 DF186 (0)NO SABE/DF187 TO DF207 (1)SI (0)NO/
 DF208 (20)HASTA QUE SE PUEDA (0)NO SABE/DF209,DF210,DF212,DF213
 DF230 (1)SI (2)NO/DF215 (1)SI (0)NO SABE/
 DF217 (1)SI SUPO (2)NO SUPO NADA (0)NO RECUERDA-SABE/
 DF218,DF219,DF220 (1)POR LA RADIO (2)POR LA TV
 (3)POR VISIT.ESTUD.E.C. (4)POR LOS DIARIOS
 (5)POR AVISOS-CARTELES (6)POR FAMIL.-AMIST.
 (7)POR FUEST.D.VACUN. (8)POR DESFILES (9)OTRO
 (0)NO RECUERDA/
 DF221 (1)SI (2)NO/DF222 (1)CENTRO D.ALFABETAZ.
 (11)PRIMARIA (21)SECUNDARIA (31)UNIVERSIDAD/
 DF223 (0)NADIE/DF225 (1)SI (2)NO/DF226 (1)AUGA ENTUBADA
 (2)ADEQUIRA-RIO-VERTIENTE (3)POZO (4)TANQUERO
 (5)OTRO (0)NO SABE/DF227 (1)EXCUS.D.USO EXCL.VIVI.
 (2)EXCUS.DE USO COMUN (3)LETRINA (0)NINGUNO/
 DF228 (1)MENOS DE 1 AÑO (2)1 A 5 AÑOS (3)MAS DE 5 AÑOS/
 DF229 (1)SI (2)NO/DF230 (1)MISMA PROV.:URBANO
 (2)MISMA PROV.:RURAL (3)OTRA PROV.:URBANO (4)OTRA PROV.:RURAL/
 DF231 (0)NO VA (1)CAMINANDO (2)TRANSP. NOTORIZADO (3)CAMINA Y TRANSP
 (4)CABALLO O BURRO/
 DF232 (0)NO SABE (1)MENOS DE .5 HORA (2)ENTRE .5 Y 1 HORA
 (3)MAS DE 1 Y MENOS DE 2 (4)DOS O MAS HORAS/
 DF234 DF235 DF236 (1)RADIO (2)TV (3)UNIDAD DE SALUD (4)AFICHES (5)
 PUESTO-VAC. (6)FAMILIARES (7)ESTUDIANTES (8)OTRO (9)NO SABE, RECUERDE,
 DF237 DF238 (9)NO SABE, RECUERDE (1)MENCIONA ESTO/
 CUALCAB (1)SEMI-URBANO:NOVIEMBRE (2)RURAL:ABRIL

MISSING VALUES

OMLLNM,OMLLNM2,OMLLNM3,DOS01,DOS02,DOS03,CTDSD,CS50,
 EDAD1,EDAD2,EDAD3,EDULD1A,
 CEDV1,CEDV2A,CEDV3A,PONV1A,PONV2A,PONV3A,
 REACV1A,REACV2A,REACV3A,HEMPV,EUN3M,
 NENS85,CCONS,CHUCNS,DF165,DF172,DF184,DF197,
 DF208,DF211,DF214,DF223(99,999) /
 -CSNCR1,CSNCR2(10)
 -DF218,DF219,DF220(10,999)/DF224(38,99) /
 REGION,PROVINC,AREA,SUBAREA,RESULT,RELACION,EDAD,
 SEX01,CARNET1,SEX02,CARNET2,SEX03,
 CARNET3,SEX04,CARNET4,SEX05,CARNET5,
 SEX06,CARNET6,TNINOS,DIAYOM,ULTDIAR,
 INCJORE,DMEJORE,TCASA,PVEPA,PROFA,LLUSCO,ONEJORE,PREJORE,
 D1050,D1005,D10AGU,D10SC,D10ANT,D10OH,H1000,ACONSEJO,
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PMSO, VPVA, PONYV, POSV, TRDV, CORV, ODDV, HVVD, OFRTD, OVPA,
 FABCG, FADFT, FAPOLIO, FAANTIS, FAOTRAS, VR3V, R3VBCG,
 R3VDFT, R3VPOLIO, R3VANTIS, R3VDIVAC, R3OV1AVC, ESNH, TEVNH,
 ESCARV, ECV, DRCG, DDFI, DANTIPO, DANTISA, DVUV, ENRV, POSVENTI,
 HRVT, DLLNSH, CLLVSN, COLLC, EIONS, SOHUCNS, ULCLES,
 ULCVAC, ULCHTD, ULCXVA, UCLLA, UCHON, CDFI, DF152, DF153, DF154,
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(LINE) EQUATOR.DATA (MODIFIED) PLUS
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2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	1	2	4	1	0	1	1	1	0	1	0	0	1	1	0	0	0	0	0	0
4	4	9	1	4	5	1	2	1	3	1	7	2	1	0	0	0	0	0	0	0
5	0	0	0	0	0	1	0	2	2	9	1	2	3	2	2	2	2	2	2	2
6	1	1	1	1	1	1	1	2	9	1	14	8	8	2	1	2	2	2	2	2
7	1	18	1	1	1	1	24	2	1	2	2	2	2	2	2	2	2	2	2	2
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15	1	0	0	0	1	0	0	10	11	12	3	9	2	5	7	8	1	1	2	4
16	2	0	4	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0

CVALCAP 1=KAPA, 2=Real Supplement

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ACUEST 1-3 , REGION 4-6 , PROVINCIA 7-9 , ARJA 10-12 ,
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EDAD 5 61-63 , EDAD 5 64-66 , CARIST 5 67-69 , EDAD 6 70-72 ,
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