الهيئة العامة للإحصاء
General Authority for Statistics

# Metadata Report of Women Health and Reproductive Care Survey Statistics

V-2.0

Quality Management

Last update: 05.02.2023

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# 1. Contact

| | | |
|---|---|---|
| 1.1. | Contact organization | General Authority of Statistics |
| 1.2. | Contact organization unit | Health and Education Statistics Department |
| 1.3. | Contact person function | Health and Education Statistics Director |
| 1.4. | Contact mail address | P.O. Box: 3735<br>Riyadh, 11481<br>Kingdom of Saudi Arabia |
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# 2. Metadata Update

| | | |
|---|---|---|
| 2.1. | Metadata last update | 29/10/2023 |

# 3. Statistical Presentation

| 3.1. Data description |
|---|
| Women Health and Reproductive Care Survey presents data on all women at fertile age (15 to 49 years) in the Kingdom of Saudi Arabia.<br>**Women Health and reproductive Care It is a survey conducted to collect data on the basic characteristics as follows:**<br>• Health status: It includes all issues related to postpartum healthcare, reproductive health and mother health. |

- Healthcare: It includes all issues related to fulfilling the needs of family planning and female circumcision.

**Data is also used to estimate:**

- Percentage of women aged 20 to 24 years either married or engaged at the age of 15 or 18 years.
- Early breastfeeding.
- Postpartum checkup for births.
- Percentage of women at reproductive age (15-49 years) whose needs of family planning by using modern methods were met.
- Coverage of prepartum care- at least one visit (%).
- Coverage of prepartum care- at least one visit (%).
- Percentage of births by type of delivery.

## 3.2. Classification system

The following classifications are applied in the Women Health and Reproductive Care Survey:

**The National Classification for Economic Activities (ISIC4):**

The statistical classification based on the International Standard of Industrial Classification of All Economic Activities (ISIC4) is used to describe productive activities of an establishment.

**Saudi Standard Classification of Occupations (ISCO_08):**

A statistical classification based on the International Classification (ISCO_08) that provides a system for the classification and compilation of professional information obtained through censuses, statistical surveys, and administrative records. This classification is used in the Women Health and Reproductive Care Survey in order to classify employees based on their occupations.

**Saudi Classification of Specializations and Educational Levels:**

A statistical classification based on the International Standard Education Classification (ISCED_11) and (ISCED_13) for Education and Training Issued by United Nations Educational, Scientific and Cultural Organization (UNESCO) which is the reference classification for the organization of educational programs and related qualifications by education levels and fields. It is comprehensive for all educational programs, levels and methods, and covers all levels of education from kindergarten to postgraduate levels. This classification is used in the Women Health and Reproductive Care Survey to classify individuals 15 years and above according to their majors and education levels.

**National Code of Countries and Nationalities (3166 ISO – codes Country):**

A statistical classification based on the international standard (ISO 3166_Country codes), which is a standard issued by the International Organization for Standardization (ISO of the UN), and this classification gives numeric and literal codes for the world's (248) countries, based on the

classification of countries. The classification is used in the Women Health and Reproductive Care Survey to classify Saudi or non-Saudi individuals.

Metadata are collected through interviews, so that outputs can be produces in accordance with all relevant classifications.

The classifications are available on the GASTAT's website www.stats.gov.sa

## 3.3. Sector coverage

Not applicable.

## 3.4. Statistical concepts and definitions

**Concepts and definitions of women health and reproductive Care Survey:**

- Live birth:

An infant showing any definite sign of life such as: Crying, Breathing, heartbeats, whether the infant lives or dies after being born.

- Stillbirth:

A fetal at or after 20 or 28 weeks of pregnancy who was born dead at 24 weeks of pregnancy either the death happens before or during giving birth, where the newborn shows no signs of life after the complete separation from the mother. (The newborn baby is born with no signs of life).

- Miscarriage (Spontaneous Abortion):

All forms of pregnancy loss and pregnancy with abortive outcome before 20 weeks of gestation. It is the death and expulsion of an embryo before it is able to survive independently. Pregnancy loss after 20 weeks of gestation is called stillbirth. Miscarriage is a normal case unlike medical or surgical abortion.

- Death:

The permanent disappearance of all evidence of life at any time after live birth has taken place (postnatal cessation of vital functions without capability of resuscitation).

## 3.5. Statistical unit

Statistical unit in Women Health and Reproductive Care Survey is the individual (woman).

### 3.6. Statistical population

The target population in the Women Health and Reproductive Care Survey consists of all women (Saudi and non-Saudi) of fertile age (15 to 49 years) , who regularly reside in the Kingdom of Saudi Arabia.

### 3.7. Reference area

The survey sample is a representative sample for Saudi Arabia's 13 administrative regions.

### 3.8. Time coverage

Data is available for 2023.

### 3.9. Base period

Not applicable.

## 4. Unit of measure

- Most results are measured by numbers (for EX: number of marriages).
- Some indicators are reported as rates (for EX: death rate of newborn babies (28 days)).
- Some results are reported as percentage (for EX: Percentage of women aged 20 to 24 years either married or engaged at the age of 15 or 18 years).

## 5. Reference period

**References period to the variables or dataset as following:**
Data is referred to the date of data collection in 23/05/2023.

# 6. Confidentiality

## 6.1. Confidentiality - policy

According to the Royal Decree No. 23 dated 07-12-1397, data must always be kept confidential, and must be used by GASTAT only for statistical purposes. Therefore, the data are protected in the data servers of the Authority.

## 6.2. Confidentiality - data treatment

Data were displayed in appropriate tables to facilitate its summarization, comprehension, and results extraction. Also, to compare data with other data and extract statistical meanings for the study community. It is also easier to check tables without the need to see the original questionnaire, which usually include data like names and addresses of individuals, names of data providers, which violates data confidentiality of statistical data.

"Anonymity of data" is one of the most important procedures. To keep data confidential, GASTAT removed information on individual persons, households, or business entities such a way that the respondent cannot be identified either directly (by name, address, contact number, identity number etc.) or indirectly (by combining different - especially rare - characteristics of respondents: age, occupation, education etc.).

# 7. Release policy

## 7.1. Release calendar

Women health and Reproductive Care results are bound by a statistical calendar.

### 7.2. Release calendar access

The statistical calendar is available at: Statistical Releases | General Authority for Statistics (stats.gov.sa)

### 7.3. User access

One of GASTAT's objectives is to meet its clients' needs, so it immediately provides them with the publication's results once the Women Health and Reproductive Care publication is published. **It also receives questions and inquiries of the clients about the Publication and its results through various communication channels, such as::**

- GASTAT official website www.stats.gov.sa
- GASTAT official email address info@stats.gov.sa
- Client support email address cs@stats.gov.sa
- Official visits to GASTAT's official head office in Riyadh or one of its branches in Saudi Arabia.
- Official letters.
- Statistical phone (92002008).
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## 8. Frequency of dissemination

Annual.

## 9. Accessibility and clarity

### 9.1. News release

The announcements for each publication are available on release calendar as mentioned in 7.2. Release calendar access. The news release can be viewed on the website of GASTAT in the link https://www.stats.gov.sa/en/news.

## 9.2. Publications

GASTAT issues the Health Condition Statistics on a regular basis within a pre-prepared dissemination plan and are published on GASTAT's website.
GASTAT is keen to publish its publications in a way that serves all users of different types, including publications in different formats that contain (publication tables, data graphs, indicators, metadata, methodology, and questionnaires) in both English and Arabic.
The results of Healthcare Statistics are available on link:
https://www.stats.gov.sa/en/1239

## 9.3. On-line database

The data is published on the statistical database:
https://database.stats.gov.sa/home/indicator/542

## 9.4. Micro-data access

Microdata are unit-level data obtained from sample surveys, censuses, and administrative systems. They provide information about characteristics of individual people or entities such as households, business enterprises, facilities, farms, or even geographical areas such as villages or towns.
The different types of microdata files to meet different information needs:

- Public use:
  It consists sets of records containing information on individual persons, households, or business entities anonymized in such a way that the respondent cannot be identified either directly (by name, address, contact number, identity number etc.) or indirectly (by combining different - especially rare - characteristics of respondents: age, occupation, education etc.).
- Scientific use:
  These files established based on specific methodology asked by data requester to extract the datasets with specific characteristics used for strategic studies and decision making as well scientific research purposes on individuals, households and enterprises with no direct identifiers, which have been subject to control methods to protect confidentiality.

Eligible users can access microdata sets through secure interface built-in by GASTAT called "Etaha" with specific documentary requirements.

## 9.5. Other

Not available.

## 9.6. Documentation on methodology

The concepts, definitions, issues and classifications are based on internationally approved scientific standards. GSBPM statistical phases were followed starting from determination of needs, design, collection, processing, analysis, publication and finally evaluation. However, methodology of sampling was as follows:

- The survey population has been divided into non-overlapping parts characterized by relative homogeneity in its units. Each part is considered a stratum, and each stratum is treated as an independent society in its own right.
- A random sample was taken from each stratum independently. At the end, all the sampling units withdrawn were combined to form the total sample.
- The sampling units were selected from the statistical frameworks that were designed to cover the target statistical population in two phases. In the first phase, the primary sampling units (enumeration areas) were selected from the framework of Saudi Census 2022. By using a regular random sample, (2586) enumeration areas were selected and distributed among all strata in all administrative regions using methods with probability proportional to size by estimating the number of individuals . In the second phase, the final sampling unit was selected, which is the individual in the enumeration areas that were selected in the first phase using a simple random sample of (20) individuals from each enumeration area, i.e. (51720) individuals in the Kingdom.
- Preparing the optimal methodology for selecting sample units in order to provide outputs with the required quality, while reducing the burden on data providers through statistical methods known to statisticians such as the use of rotation methods and interference control.

Identifying the metadata required to apply the statistical framework and allocate and select the sample.

### 9.7. Quality documentation

Quality documentation covers documentation on methods and standards for assessing, measuring, and monitoring the quality of statistical process and output. It is based on standard quality criteria such as relevance, accuracy and reliability, timeliness and punctuality, accessibility and clarity, comparability, and coherence.

## 10. Quality management

### 10.1. Quality assurance

GASTAT declares that it considers the following principles: impartiality, user orientated, quality of processes and output, effectiveness of statistical processes, reducing the workload for respondents.
Quality controls and validation of data are actions carried out throughout the process in different stages such as the data input and data collection and other final controls.

### 10.2. Quality assessment

GASTAT performs all statistical activities according to a national model (Generic Statistical Business Process Model – GSBPM). According to the GSBPM, the final phase of statistical activities is overall evaluation using information gathered in each phase or sub-process. This information is used to prepare the evaluation report which outlines all the quality issues related to the specific statistical activity and serves as input for improvement actions.

## 11. Relevance

### 11.1. User needs

**Internal GASTAT's users, which make use of Women Health and Reproductive Care Survey, include:**

- Social statistics

- Population, gender and diversity
- Living conditions, lifestyles and justice statistics
- Health and education statistics

**External users who make significant use of Women Health and Reproductive Care Survey data include, but is not limited to:**

- Government entities
- Regional and international organizations
- Research institutions.
- Media
- Individuals

**The disseminated key variables that mostly used by key users:**

| | |
|---|---|
| Ministry of Health | Survey variables and indicators. |
| Ministry of Economy and Planning | Survey variables and indicators. |
| Public Health Authority | Survey variables and indicators. |
| Saudi Health Council | Survey variables and indicators. |
| Health Sector Transformation Program | Survey variables and indicators. |
| Health Assurance Council | Indicators of healthcare expenses coverage during pregnancy and giving birth |

## 11.2. User satisfaction

Not available.

## 11.3. Completeness

Women Health and Reproductive care Survey data are based on survey data in order to provide comprehensive information on:

- Mother health and reproductive care indicators
- Postpartum healthcare indicators
- Family planning needs indicators

The data is in complete status.

# 12. Accuracy and reliability

## 12.1. Overall accuracy

- The data collected is improved through the researchers, that have been selected according to a set of practical and objective criteria and training program related to the field of work.
- Alert, prevention, and correction rules are applied during the data collection process in order to improve data quality.
- Data is checked with previous years to identify any significant changes in the data. The internal consistency of the data is checked before it is finalized. The links between variables are checked and coherence between different data series is confirmed.

# 13. Timeliness and punctuality

## 13.1. Timeliness

GASTAT uses the Special Data Dissemination Standard (SDDS) issued by the International Monetary Fund.
According to this Standard, all statistics agencies are required to publish data on an annual basis, and with a delay of not more than mid of year (180 days) after the end of the reference period. If the data are from different source, they may be published in a different frequency.

## 13.2. Punctuality

Publication takes place in accordance with published release dates for
Women Health and reproductive Care Survey in GASTAT webpage.

The data are available at the expected time, as scheduled in the statistical release calendar, If the publication is delayed, reasons shall be provided.

# 14. Coherence and comparability

## 14.1. Comparability - geographical

Data are fully comparable.

## 14.2. Comparability - over time

The survey started in 2023 as an annual survey. It is one of the new surveys that conducted by GASTAT.

## 14.3. Coherence- cross domain

Not applicable.

### 14.3.1. Coherence - sub annual and annual statistics

Not applicable.

### 14.3.2. Coherence- National Accounts

Not applicable.

## 14.4. Coherence - internal

Women Health and Reproductive Care Survey estimates have full internal coherence, as they are all based on the same corpus of microdata, and they are calculated using the same estimation methods.

# 15. Resources used

| Description | Total |
|---|---|
| Total employees (GASTAT employees and researchers) | 80 |
| Number of targeted units in the survey | 51,720 |
| Total number of days during which data is collected (end date- start date) | 72 |
| Average number of interviews carried out daily (throughout data collection phase) | Not applicable. |

# 16. Data revision

## 16.1. Data revision - policy

Not applicable, only final results will be published.

## 16.2. Data revision - practice

Not applicable, only final results will be published.

# 17. Statistical processing

## 17.1. Source data

Women Health and Reproductive Care Survey is the only source of data.

**The disseminated key variables of survey data are:**

- Nationality
- Administrative region:
- Age groups

## 17.2. Frequency of data collection

Annual.

## 17.3. Data collection

**Data collection**
Women Health and Reproductive care Survey data are collected from a sample of (female individuals) at fertile age (15 to 49 years) through Computer-assisted telephone interviewing (CATI) and Computer-assisted web interviewing (CAWI).

## 17.4. Data validation

Data are reviewed and matched to ensure their accuracy and precision in a way that suits their nature with the aim of giving the presented statistics quality and accuracy.

The data of the current year publication are compared with the data of the previous year to ensure their integrity and consistency in preparation for processing data and extracting and reviewing results.

In addition to the data processing and tabulation to check their accuracy, all the outputs are stored and uploaded to the database after being calculated by GASTAT to be reviewed and processed by specialists in Health and Education Statistics- Social Statistics through modern technologies and software designed for this purpose.

## 17.5. Data compilation

**Data Coding:**
In the Women Health and Reproductive Care Survey, interviewers collect from respondents, a detailed description of each field.

This information is then coded in-house by an automated process, which is reviewed by a small-dedicated team of coding experts using a series of consistency checks.

**Data editing:**
Specialists of Health and Development Statistics- Social Statistics have processed and analyzed data in this stage, and this step was based on the following measures:

- Sorting and arranging data in groups or different categories in a serial order.

- Summarizing detailed data into key points or data.
- Combining many data segments and ensuring their interconnection.
- Processing incomplete or missing data
- Processing illogical data.
- Converting data into statistically significant data.
- Arranging, presenting and interpreting data.

**Extrapolation and weighting:**
After processing the data collected from respondents, survey weights were generated to produce indicator tables by following two main steps in creating survey weights:

- Adjustment of non-response
- Calibration weight

**Applied statistical estimations:**
GASTAT has relied on the formulas approved by the international standards in calculating Women Health and Reproductive Care Survey indicators, as follows:

- Percentage of women aged 20 to 24 years either married or engaged at the age of 15 or 18 years..
- Early breastfeeding.
- Postpartum checkup for births.
- Percentage of women at reproductive age (15-49 years) whose needs of family planning by using modern methods were met .
- Coverage of prepartum care- at least one visit (%).
- Coverage of prepartum care- at least four visits (%).
- Percentage of births by type of delivery.

### 17.6. Adjustment

Not applicable, only final results will be published.

## 18. Comment