

IMPROVING MOBILE PHONE SURVEY METHODOLOGY

Learnings from two Ipsos
studies

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Improving MPS Methodology: Ipsos' Learnings

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Measuring the Shadow Pandemic: Violence against women during COVID-19

- April 2021 to Sept 2021
- **Location:** Albania, Bangladesh, Cameroon, Colombia, Côte d'Ivoire, Jordan, Kenya, Kyrgyzstan, Morocco, Nigeria, Paraguay, Thailand and Ukraine
- **Purpose:** Understanding women's health and safety during COVID-19 pandemic, including implications for VAW
- **Method:** Interviews with 16,154 women aged 18+ (1200+ per country) via RDD to mobile phones
- Key aspects included use of list randomization, vignettes, and "safe" words to immediately end survey

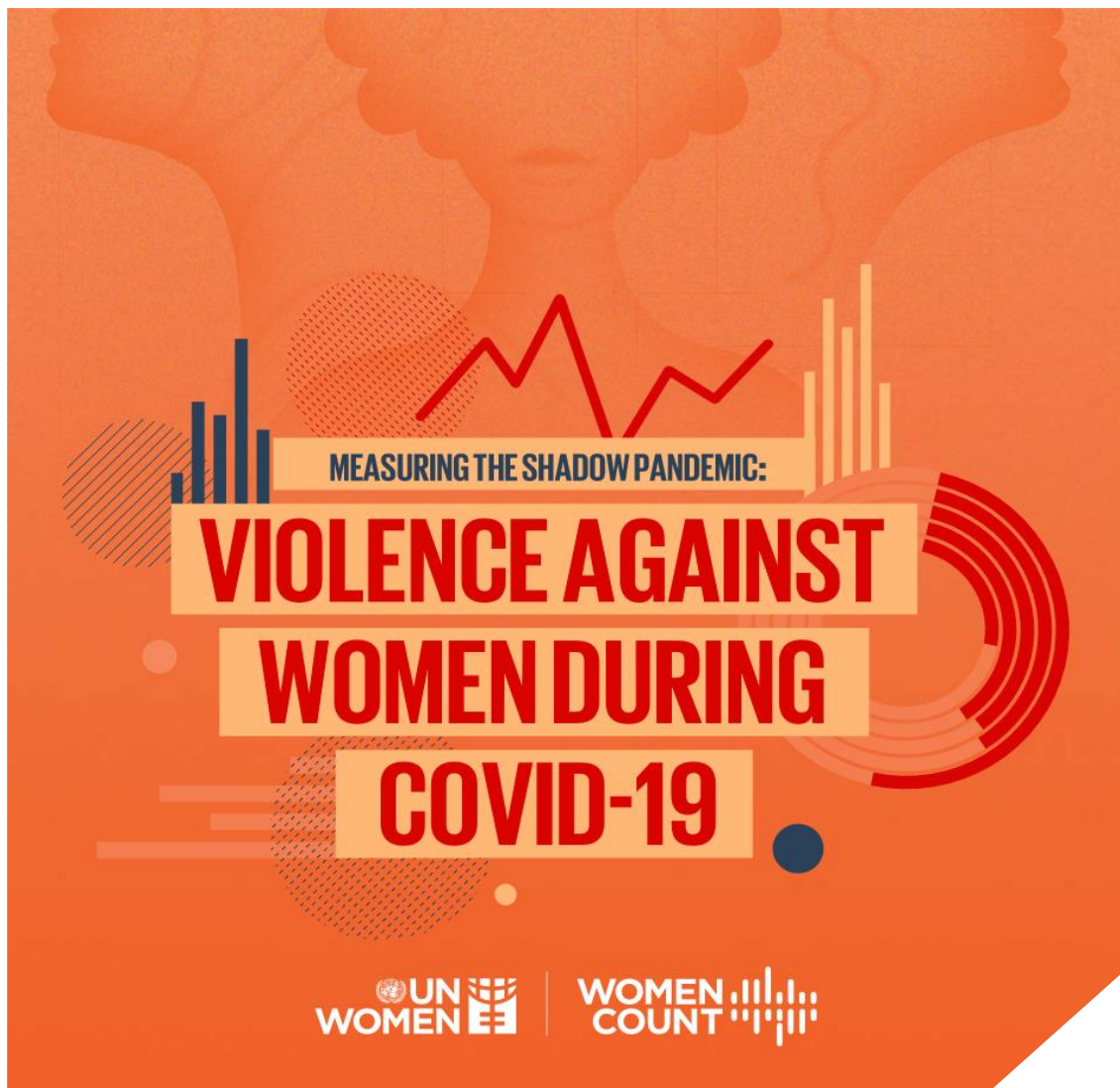
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Women's Survey in Kakamega

- Feb 2021 to Jan 2025
- **Location:** Western Kenya
- **Purpose:** Perceptions of pregnant women on barriers to health care access
- **Method:** Phone interviews with over 68,000 women during pregnancy and after delivery, enrolled in ANC
- Key takeaways include the value of continuous engagement, importance of adaptability to address participant mobility and network issues, and building trust and empathy

MEASURING THE SHADOW PANDEMIC: VIOLENCE AGAINST WOMEN DURING COVID-19

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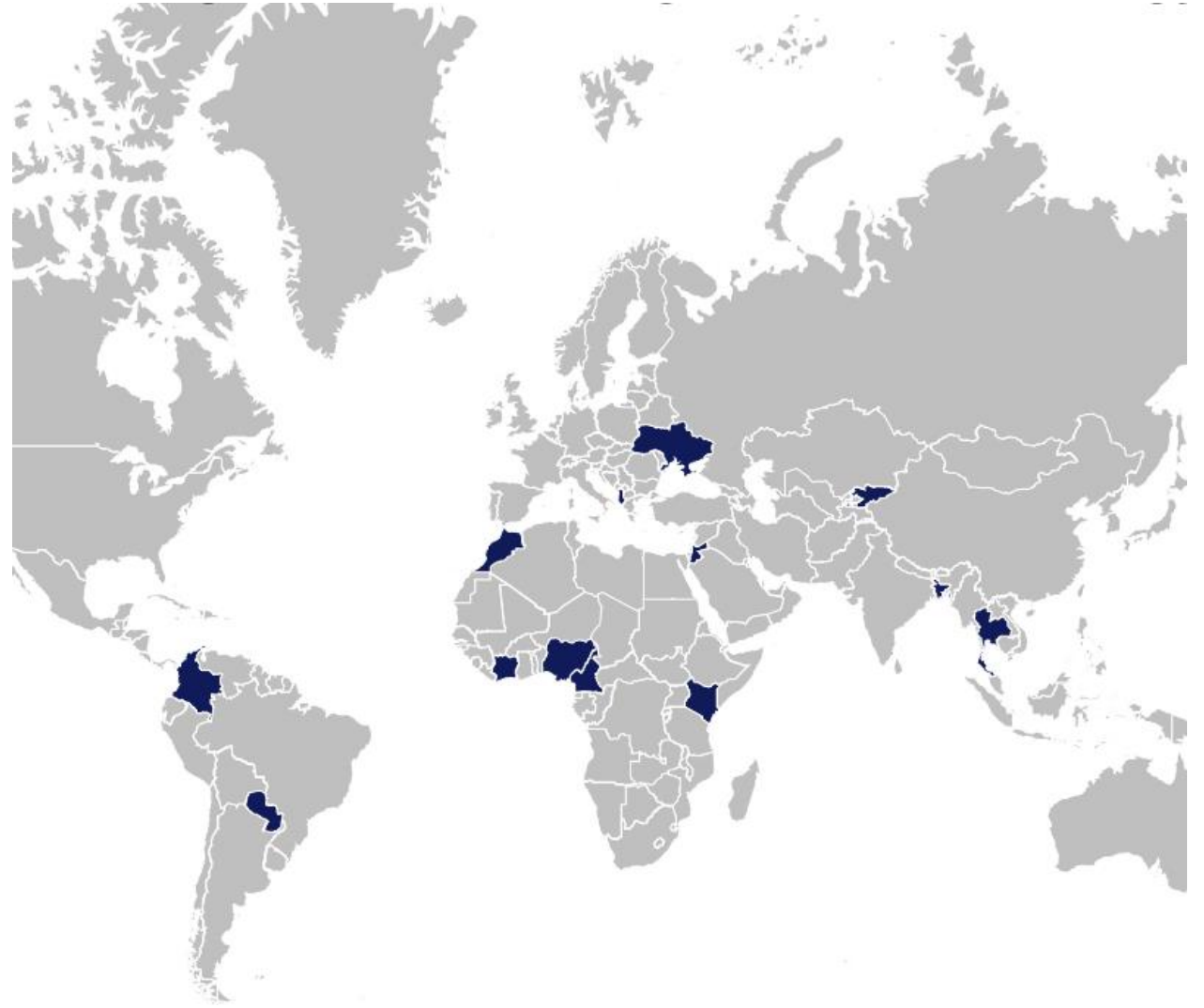


Research background

- Limited data availability and challenges in data collection
- Difficulty in confirming the hypothesis of rising Violence Against Women (VAW) during COVID-19
- Sponsor: UN Women with support from the Bill and Melinda Gates Foundation.
- Collaboration with National Statistics Offices and women's machineries
- Objectives:
 - Produce critical data on the current state of VAW in public and private spaces → collect data from women directly
 - Better understand the extent of this “shadow pandemic” and the state of women’s mental well-being around the world
 - Develop guidelines for remote data collection during future crises / emergency humanitarian situations and test indirect measurements of VAW

Geographical coverage and methodology

- Cross-national survey
- 13 countries spread across the world - Albania, Bangladesh, Cameroon, Colombia, Côte d'Ivoire, Jordan, Kenya, Kyrgyzstan, Morocco, Nigeria, Paraguay, Thailand and Ukraine
- Sample: 1,200 women aged 18 years in each country, representative for age group and region
- 30 minutes interview via telephone
- Two-phased fieldwork to optimize questionnaire and field protocol:
 - Phase 1: 4 countries in May-June 2021
 - Phase 2: remaining countries in August-September 2021



Key challenges and how they were addressed (1/3)

Access to women

COVID-19 pandemic physical distancing and staying at home measures were in place.

Remote access to women was arranged by **telephone**:

- Increased mobile phone penetration
- Random digital dialing to ensure good coverage
- Extensive contact attempt rules to enhance response rates
- Random probability sampling with quota monitoring (age and region)

General research ethics and data protection

- Governmental clearance and support (i.e., no objection letter from the national statistical office or national women's machinery)
- Survey introduction with essential info
- Explanation source phone number
- Emphasis on anonymity/confidentiality
- Check understanding data protection rights and reference to privacy notice
- Obtain informed consent for the interview
- Confidentiality in all phases of the research

Key challenges and how they were addressed (2/3)

Do not harm principle and guaranteeing safety of respondents

- Only mobile phone numbers
- Only female interviewers, properly trained on safety measures
- Neutral introduction of the survey
- Screening of gender at the start
- Confirmation of being alone and no risk of being overheard/not being on speakerphone (repeated, but carefully placed checks throughout the interview)
- Safety code & neutral questions to conclude the interview
- No open questions; only 'neutral' answer options
- Helpline(s) provided at the end of the interview regardless of response
- Only live-listening in for quality control purposes (no recordings)

Well-being of interviewers

- Proper training, incl. emphasis on 'do not act as counsellor'
- Provided with guidance on how to deal with emotional distress at any point
- Regular check-ins by supervisors
- Possibility to take a break or stop working on the survey
- Support systems in place via HR staff, a counsellor and/or qualified member of research staff

Key challenges and how they were addressed (3/3)

Measuring highly sensitive topics

- **Vignette questions**

We observed internal consistency with responses to the vignette vis-à-vis other similar or related questions

- **List-randomization (LR) questions**

Proved to be a safe way of asking about VAW (no refusals, no drop-outs) but harder for respondents to understand (extra explanation was needed)

Results from the LR showed some consistency with related questions in the survey, more testing of this format is needed

Need for cognitive testing and piloting (check and avoid correlation between sensitive statement and other statements in the list)

- **Direct prevalence questions**, asking women about their direct experiences of abuse from their spouse/partner.

This was included only in Colombia, could be safely done (no refusals, no safety word, no change in behaviour, sometimes a pause was needed)

Example vignette question

SHOWSCREEN: [READ] I would like to learn a bit more about the area where you live to understand what type of support women need. I will tell you some short stories that are not real, but I want to get your views on how likely you think it is that these things happen where you live. OK? [Wait for participant to agree to hearing and answering questions about the stories.]

[READ] [Female name] and [Male name] are a couple. They have been married for several years and have two children. [Male name] works in a repair shop, but lately the business has been bad, and they are worried about money. Sometimes when [Male name] gets stressed, he takes out his anger by yelling at [Female name], and sometimes he hits her. [Female name] feels hurt and wants him to stop but does not know what to do.

ASK ALL

C10. How common do you think this type of situation is for women in the area where you live?

SINGLE ANSWER

1. Very common
2. Common
3. Uncommon
4. Very uncommon
98. Don't know [DO NOT READ][EXCLUSIVE]
99. Refused [DO NOT READ][EXCLUSIVE]
00. [Country specific "POPULAR LOCAL FOOD"] [DO NOT READ][EXCLUSIVE][GO TO SSO AND CALL BACK LATER]

Vignettes describe an event, happening, circumstance or other scenario, the wording of which is often experimentally controlled.

For example, telling the story of a couple – both hypothetical characters – where the spouse/partner abuses the woman physically and verbally. It is followed by a question about whether this scenario is common or not in the area where the respondent lives. This serves as an indirect question as well as a proxy to the prevalence of violence against women

Example list-randomization question

ASK ALL

C27. I am now going to ask you two sets of statements. For each set, please tell me how many you regard as true.

So, if I read you three statements and two are true, you would simply tell me the number “two”.

I do not need to know which statements you are specifically referring to.

[SPLIT SAMPLE 50/50 EACH RESPONDENT RANDOMLY ASSIGNED ONE SET OF QUESTIONS C28 OR C29]

SPLIT SAMPLE = GROUP 1

C28A. Please tell me how many of the following statements you regard as true:

RANDOMIZE STATEMENTS

READ OUT + WRITE IN NUMERIC 0-4

- I prefer [LOCAL FOOD ONE] to [LOCAL FOOD TWO]
- I like [NAME OF WELL-KNOWN LOCAL MUSICIAN, BUT NOT ONE EVERYONE LIKES]
- I have been slapped or hit by my husband or partner BEFORE THE ONSET OF COVID-19
- Women in my family enjoy watching [POPULAR LOCAL SPORT]

98. Don't know [DO NOT READ][EXCLUSIVE][ANCHOR]

99. Refused [DO NOT READ][EXCLUSIVE][ANCHOR]

00. [Country specific “POPULAR LOCAL FOOD”][DO NOT READ][EXCLUSIVE][GO TO SS0 AND CALL BACK LATER]

For the list-randomization questions, the sample was split into a control and a treatment group who were asked about three of the same statements except that for the treatment group, an additional statement was added relating to direct experiences of violence against women. Then both groups were asked: How many of the statements do you [the respondent] regard as true? A difference-in-means estimator¹ is then derived.

EVALUATION OF THE IMPLEMENTATION OF SERVICE DELIVERY REDESIGN (SDR) FOR MATERNAL AND NEONATAL HEALTH IN KAKAMEGA COUNTY, WESTERN KENYA

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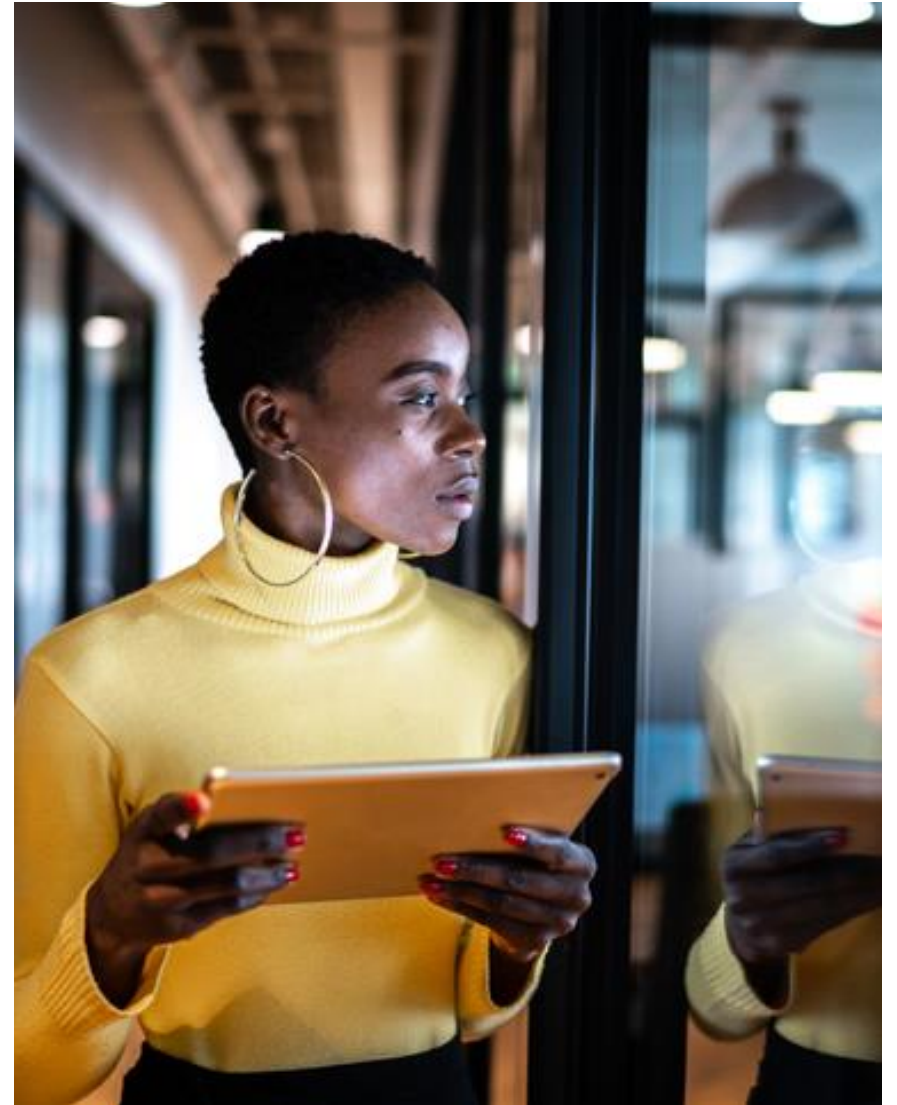


Research background

- Service Delivery Redesign (SDR) is a new policy reform which worked to ensure all deliveries were moved out of primary care clinics and into 16 “delivery hub” hospitals after being equipped to provide advanced services such as caesarian sections, and upgraded with additional beds, equipment, and better-trained health workers.
- The study evaluated the impact of the SDR policy on maternal and newborn mortality and morbidity, quality of care, patient satisfaction and cost of services.
- The findings will inform implementation of the SDR policy in Kakamega county and assist other organizations contemplating a redesign of maternal and child health services.

Study Design and Methodology

- 3-year study longitudinal tracking using a prospective, observational stepped-wedge design that will assess the program's effect on maternal and neonatal health outcomes while evaluating SDR policy implementation.
- Over 68,000 pregnant women were enrolled from 70 primary care facilities and hospital using face-to-face interviewing (CAPI)
- Sampling strategy: the survey sampled all pregnant women over 15 years, residents of Kakamega, attending ANC for the first time. Informed consent was administered.
- Enrolled women were followed 2-4 times during (8 months pregnant) and after (7days, 28 days and 2 months) pregnancy using Computer-Assisted Telephone Interviewing (CATI) surveys. Those not reached via phone were traced at their homes.



Operational Aspects and Data Collection

For ease of follow up and tracing of respondents, during F2F enrollment at the facilities, the following information was gathered:

- ✓ Detailed physical address of respondents for physical tracing of those not reachable over the phone
- ✓ Multiple alternative phone numbers to reach respondents via other relatives, neighbors or friends
- ✓ Most convenient times for calling them

During physical tracing, community health workers facilitated tracing of women or providing alternative phone numbers

Expected dates of deliveries were collected and shared with the call centre to manage the exact timing of the follow up dates (delivery date then later confirmed & updated)

Strategies for Improving Response Rates

- Thorough training of interviewers ensured respondents were interviewed in a sensitive and culturally appropriate manner, making them feel valued and willing to stay on the study
- Incentives were offered to participants to encourage consistent participation for the different rounds
- Interviewers were flexible to schedule calls/interviews to accommodate the respondents' availability
- Calls were attempted at different times, including outside office working hours. This was facilitated by setting up CATI-at-home interviewing capabilities

- Respondents were called by the same interviewers, which helped in building rapport and fostering trust and engagement, leading to better response rates.
- Interviewers used all the alternative contacts provided to try and reach respondents
- Respondents were provided with a toll-free number where they reported back when they delivered or any change of contacts or relocations. This ensured easy two-way communication with the cohort

Operational Challenges

- **Network connectivity:** Poor network coverage in some areas led to difficulties in reaching respondents consistently
- **Relocation of participants:** Some women relocated or separated from their spouses, making follow-ups challenging

- **Sensitive topics:** Sensitive questions such as miscarriages, stillbirths or maternal deaths required trained and empathetic interviewers who would support the respondents when they became emotional
- **Misconceptions about some questions:** Some respondents thought that questions about cost of travel would result in reimbursements, leading to initial inaccuracies in data as they provided inflated costs. This was mitigated by explaining the rationale for the questions, as well as monitoring outliers and re-contacting respondents to confirm responses.

Lessons Learned & Key Takeaways (1/2)

Building trust and empathy for respondents and the survey team

- Establishing a supportive relationship with respondents increases their willingness to share personal experiences
- Empathy and active listening are critical, especially when dealing with sensitive topics like pregnancy loss
- Psychological support to the survey team is important. The survey team encountered many emotional stories and so the Ipsos Office arranged monthly counselling sessions

The importance of adaptability and flexibility

- Flexibility in communication methods and follow-up strategies can address challenges like network issues and participant relocation
- Probing techniques are essential to ensure accurate data collection when initial responses are inconsistent

Lessons Learned & Key Takeaways (2/2)

The value of continuous engagement and conversational interviewing techniques

- Regular follow-ups improve data quality and help participants feel cared for and involved in the study
- Making the survey conversational and offering participants a chance to share their stories creates a positive feedback loop, enhancing participation rates.

Designing CATI surveys with physical tracing for unreachable respondents ensures higher response rates

THANK YOU

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