Disclosure of Violence Against Women in Senegal: The Role of Survey Administration

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*Presenter in spirit – could not attend due to visa issues
Measurement of Violence Against Women

- VAW prevalence measures are universally acknowledged to be “lower bounds” of true prevalence → shame, stigma, fear of repercussions & more

- Measurement is ethics: Relevant for both ‘do not harm’ field approaches & for understanding what works

- Role of survey administration? → self-administered surveys increase privacy & anonymity, but do they also increase disclosure rates?

Current evidence is mixed: Self interviewing (vs. face-to-face)

- Malawi & Liberia: Women report higher levels of any intimate partner violence (IPV) (13 pp) in Malawi, but no significant differences in Liberia (Park et al. 2022)

- Nigeria: Women report higher sexual violence (3 pp), no difference for physical IPV; Men report higher incidence of limiting wife’s family contact (2 pp), no difference for threatening her (Cullen 2020)

* Questions in Malawi if lack-of-comprehension for self-interviewing on tablets may be driving differences?
Research objectives

- **Primary**: Understand if administering surveys via ACASI (self-administered on tablets) increases disclosure of VAW measures among a sample of adolescent girls and young women in rural Senegal (15-35 years)

- **Secondary**:
  - Discuss development and logistics around administration of ACASI modules
  - Explore background characteristics linked to increased disclosure—in particular, education, age, VAW attitudes and norms

- **Context**:
  - An impact evaluation endline survey in 117 villages in Kaolack and Kolda regions of Senegal collected in 2021
  - Senegal is a ‘moderate prevalence’ setting as per DHS—lifetime (12-month) physical and/or sexual IPV is 20% (12%) (ANSD & IFC 2018)
Violence Against Women Measures (12-month)

**Intimate Partner Violence**

- Modified Conflict-Tactics Scale (CTS) following the Senegal Demographic and Health Survey
  - **Emotional**: 5 questions, e.g. says something to humiliate you in front of others
  - **Physical**: 7 questions, e.g. try to choke you or burn you on purpose
  - **Sexual**: 3 questions, e.g. physical force you to have sexual intercourse with him when you did not want to?

**Non-Partner VAW**

- Combination of validated instruments for non-partner domestic violence, sexual harassment & community violence
  - **Emotional**: 6 questions, e.g. Spread false rumors about you or one of your children?
  - **Physical**: 4 questions, e.g. Forced you to work excessively against your will?
  - **Sexual harassment & violence**: 8 questions, e.g. made unwelcome attempts to establish a romantic or sexual relationship with you—despite your efforts to discourage it?

*All analysis presents 12-month measures – which is less subject to recall bias, however the same trends hold for lifetime measures*
Development & testing of the ACASI

- Translation to local languages by ‘high performing’ enumerators (Wolof & Pular)
- Enumerator training & verification of all phrasing – re-recordings for certain questions
- Iterative pilot testing among approximately 40 women with follow-up ‘cognitive interviewing’ questions to verify acceptability, preference, comprehension of questions
- Pre-scripted introduction to ACASI with help from enumerators
- Additional protocol for COVID-19 – sanitizing wipes for screens, ear buds
3,434 females [15-35 years]

1/3 Face-to-face [1,170]

2/3 ACASI [2,264]

Ability to be interviewed alone?

No [20] → [376] No

Pass test questions & tablet comfort*

Yes → ACASI interview [1,908]

No → Face-to-face interview [1,526]

* Three test questions: Pass rates were 95-98% per question – e.g. Is Macky Sall the president of Senegal?
Methodology

- Randomization was successful: ACASI and face-to-face groups are similar across ~30 background characteristics at the individual, household, geographic level

- Main results: Unadjusted regression of ACASI randomization on VAW outcome (clustered SE) – results are robust to enumerator fixed effects

- Hetero effects: Regression with interaction between ACASI x characteristics
  - Age, education, ethnicity, attitudes and norms around violence, if partner is cohabiting

Ethical protocols:

- Implemented regardless of survey administration modality

  - Enumerator selection criteria, including previous VAW experience and only females
  - Training on ethical procedures
  - De-identified / anonymous written or oral referrals for all women, regardless of disclosure
  - Direct referrals with follow-up for acute cases to multiple local services
  - Support for enumerators, including for adverse field experiences
Effects of survey administration on IPV outcomes

Prevalence significantly higher in ACASI group in all outcomes except emotional IPV.

Largest absolute increases for most sensitive types of violence (sexual IPV).

Increases also recorded for willingness to intervene in the case of a ‘woman living nearby’ suffering from physical IPV & reporting of ever having sought help to stop IPV from happening.

90% Confidence intervals shown, standard errors are clustered at the village level.
Effects of survey administration on VAW outcomes

- Prevalence significantly higher in ACASI group in all outcomes
- Largest absolute increases for rarer types of violence (physical VAW)

90% Confidence intervals shown, standard errors are clustered at the village level.
Learning from logistics!

- **Building in flexibility:**
  - Approximately 17% of the ACASI assigned women were not able to complete the assigned module due to comprehension or preferred not to use the tablet – allowing these women to switch to face-to-face interviews is of high value for accuracy of measurement.
  - Women who switch are older and have lower levels of education – even a small % of “false positive” responses due to lack of comprehension could inflate results.

- **Considering interview length & complexity:**
  - Trade-offs exist between privacy & complexity of surveys – we opted to only ask Yes/No questions, however if only collecting data face-to-face would have collected additional measures (frequency, perpetrator etc.).
  - Implementing one ACASI module (out of 16) results in a 4 min longer survey (7% longer as compared to face-to-face survey 54 minutes).

- **Allowing women to opt out of answering without pressure:**
  - Overall rates of “Refuse or NR” are low (1.6%) – however ACASI rates are higher and up to double rates in face-to-face surveys (p<0.001). While suggestive, this could be because ACASI allows women to opt out without pressure from enumerators.
Conclusions & implications

- We find **increases in prevalence of VAW** when surveys are self-administered: a) 2-6 pp increases for IPV and b) 8-12 pp increases for non-partner VAW.

- There are **no clear correlates** of increases according to the range of background characteristics we test.

- We hypothesize that **development and logistics** around ACASI implementation are important for accuracy.

- **Additional testing & understanding of self-administered surveys** has potential to increase disclosure for experience and perpetration of VAW in large-scale surveys & protect participant anonymity.
Acknowledgements & citations

- Agence Nationale de la Statistique et de la Démographie (ANSD) [Sénégal], et ICF. 2018. *Sénégal : Enquête Démographique et de Santé Continue (EDS-Continue 2017)*. Rockville, Maryland, USA : ANSD et ICF.


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Study sites: Senegal

117 villages in Kaolack (Central) & Kolda (Southern) regions