

Trying harder to reach ‘hard-to-reach’ parents in surveys: Collecting data about and from parents who do not co-reside with their children in rural South Africa

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Abstract

Family-orientated interventions and social policy have the potential to make major contributions to improving child survival, health and development. In rural South African communities, family dispersal over a wide geographical area presents a major challenge to the collection of high quality, detailed longitudinal family data for use in the monitoring and evaluation of family programmes and policies. We present new empirical findings on approaches to collecting and validating parenting and caregiving data from 93 ‘hard-to-reach’ parents who are involved but not living with their biological children under 18 years. Nearly half (n=45) of the parents were successfully contacted. The findings suggest a strong differentiation within this group of non-resident parents in which social rather than residential distance is the greatest barrier to participation. Intervention research may benefit from initially screening parents but non co-residence with a child is not a good indicator of interest or potential engagement.

Extended abstract

Trying harder to reach ‘hard-to-reach’ parents in surveys: Collecting data about and from parents who do not co-reside with their children in rural South Africa

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More than 6 million preventable child deaths occur every year in developing countries and more than 200 million children fail to reach their full developmental potential (Black et al., 2003; Grantham-McGregor et al., 2007). There is an urgent need for more effective child health interventions. Families are central in shaping the health, development and health-related behaviours of children from gestation to adolescence (Doherty, 1992; Repetti et al., 2002). There is also increasing evidence that family-orientated interventions and social policy have the potential to make major contributions to improving child survival, health and development (Engle et al., 2007; Olds et al., 2007; Richter et al., 2004). Studies using high quality, appropriately conceptualised, longitudinal population data can elucidate the pathways by which families influence the child health (Lawlor & Mishra, 2009).

Background

Family dispersal over a wide geographical area presents a major challenge for studies seeking to collect high quality, detailed longitudinal family data (Batty, 2009). Household members, particularly mothers, can be good sources of information about the whereabouts of the other non-residential parent, but some informants may act as gatekeepers seeking to prevent the person, particularly fathers, from the opportunity to participate. Family-based studies in well-resourced settings have had mixed experiencing when contacting parents of children who live with in different places (Roggman et al., 2002).

In South Africa, high levels of migration and parental mortality and low rates of marriage result in socially and residentially dispersed living arrangements being commonplace for many children and parents (Hosegood et al., 2005; Hosegood & Madhavan, 2012; Madhavan et al., 2014; Posel & Devey, 2006; Posel et al., 2011). In rural KwaZulu-Natal, more than fifty percent of fathers’ and a large proportion of mothers’ of index children are not contacted

or identified in population-based surveys either because they are not members of their child's household, or are resident outside the surveillance area (Hosegood et al., 2009).

At the UAPS 2015 conference, we will present findings from an ongoing research project to improve the measurement of the family environment in child health research in low and middle-income countries. In the paper we discuss the rationale for collecting data on family involvement, in particular parenting and caregiving activities, directly from non-resident parents of children in surveys and longitudinal studies. We will present new empirical findings on the experiences and validity of data from 'hard-to-reach' parents of children <18 years.

Methods

The research described in this paper is part of a project funded by the Economic and Social Research Council UK (ESRC) *'Improving Measures of the Family Environment in Longitudinal Population Studies of Child Health in sub-Saharan Africa'*. The project has developed and tested new data collection instruments on parenting and caregiving within the Africa Centre Information System (ACDIS). ACDIS is an ongoing demographic surveillance system (HDSS) conducted by the Africa Centre for Health and Population Studies/ University of KwaZulu-Natal, South Africa. Started in 2000, ACDIS has conducted routine data collection on approximately 89,000 resident and non-resident members of 11,000 households and has been described in detail elsewhere (Tanser et al., 2008).

Between September and December 2014, a new household parenting and caregiving questionnaire (HPC) were completed by 3,120 household respondents during routine ACDIS household visits. The household respondent provided information about different aspects of parenting and caregiving given to, and received by, all children aged under 18 years in the household. The information collected in the HPC included details about involvement by biological parents and non-parental caregivers who do not co-reside with the household.

At the same time, a new individual parent and caregiving questionnaire (IPC) was administered directly to 3,302 resident adults 15 years and older during the annual general health and HIV visit. The IPC was used to collect information directly about the participants' own family involvement as a parent or non-parental caregiver for children (aged under 18 years) within their own household or of children living elsewhere.

An exploratory data collection exercise with ‘hard-to-reach’ parents

In addition to the testing of the new HPC and IPC questionnaires, we are conducting an exploratory data collection exercise to test the feasibility of collecting data directly from ‘hard-to-reach’ parents. Biological mothers and fathers of children resident in the ACDIS study area are defined as ‘hard-to-reach’ if we know from another household member during the HPC interview that she or he is alive and either:

- a) is a member of the same household but resident elsewhere or,
- b) is not a member of the same household and thus no information will be collected on this person during the routine ACDIS visits to the household.

The exploratory study uses the ACDIS data collected in the HPC to identify and sample children with a parent meeting the definition of ‘hard-to-reach’ and who is also reported to be involved with the child in one or more ways including regular contact, caregiving or financial support. The first step was to contact the household respondent who completed the HPC form in order to inform them about the ‘hard-to-reach’ sub-study. We then asked their permission to contact the child’s parent, and to provide us with their contact details. The second step was to make contact with the parent to introduce the sub-study and arrange an interview. Thirdly, interviews were conducted with consenting individuals, either in person, or by phone. For all of the ‘hard-to-reach’ parents administer an IPC questionnaire. The IPC questionnaire used for hard-to-reach parents covers nearly all the same topics as that used in the individual surveillance, however, the wording is modified slightly to more appropriately reflect a dispersed residential and/or social arrangement.

The goal of the sub-study was to interview 50 ‘hard-to-reach’ fathers and 50 ‘hard-to-reach’ mothers. The tracking and interviews have been conducted by the lead author of this paper - a bilingual Zulu and English-speaking researcher with experience of collecting data in qualitative and quantitative studies in rural communities in KwaZulu-Natal.

Findings

To date, numerous attempts have been made to contact 93 parents. Nearly half (N=45) of these parents were successful contacted, but less than half have consented to an interview.

The findings suggest a strong differentiation of situations within ‘hard-to-reach’ parents with regards to the ease of successfully making contact by phone or in-person. ‘Hard-to-reach’ parents who were considered to be a member of the same household as their child although living elsewhere were much more likely to be contacted and consent to be interviewed than parents who were not considered to be a member of the household irrespective of whether he or she was living locally. Thus, social rather than residential ‘separation’ appears to be a much greater barrier to a) the likelihood that people living with the index children will actively encourage the parent to participate in the research project, and b) that he or she themselves chooses to participate.

These findings have implications for family-orientated interventions and data collection. We have shown that it is possible to reach many mothers and fathers who are typically excluded from surveys and Intervention studies on the basis that he or she is not co-resident with the index child and/or household being surveyed. However, we also show that for some parents the description ‘hard-to-reach’ is very apt for some parents and efforts are unlikely to be successful in engaging the parent for a mixture of complex reasons including gatekeeping by people with whom the child is living and conflict between parents and caregivers. For generalizability and inclusion of engaging there can be considerable value in engaging all involved parents in promoting child health irrespective of the specific social and residential arrangements in which he or she is living. In South Africa, reaching and engaging non-resident parents is particularly important in efforts to promote and support positive father involvement with children and families. However, because research and programme resources are finite, the feasibility and effectiveness may be increased if those non-resident parents who although being involved with their child are unlikely to be reached by studies or interventions working with the household in which the child is living. Although contact and participation is improved when household members contact the parent in advance or provide use with a personal introduction to the parent; this may be unhelpful in situations of conflict. In family-based intervention studies, carefully designed and piloted screening questions have been used in order to identify family circumstances that are may be unsuitable or impractical for successfully delivering the intervention (Darbes et al, 2014). In the presentation, we will discuss our results in more detail and identify possible screening questions.

In the full paper we also document process outcomes within the exploratory study including refusal and knowledge of household members, successful contacts by method of introduction and relationship of informant, participation rates of contacted parents, and quality of data collected by phone interview. The differences in the responses of non-resident parents and household respondents will also be examined. We review these findings in terms of recommendations for future data collection in surveys and studies.

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