

Using Multiple Modes of Data Collection during the Pandemic: the Decode Project in Brazil

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Grateful to:

NICHD

• Decode Team https://liberalarts.utexas.edu/zika/index.php

 Special thanks to Jen Barber, Mick Couper, Raquel Z. Coutinho, Molly Dondero, Gilvan Guedes, Kristine Hopkins, Andrew Koepp, David Lam, Raphael Nishimura, Felipe Nunes, Ana Paula Portella, Irene Rossetto, Jenny Trinitapoli, Sandra Valongueiro



Overall goal

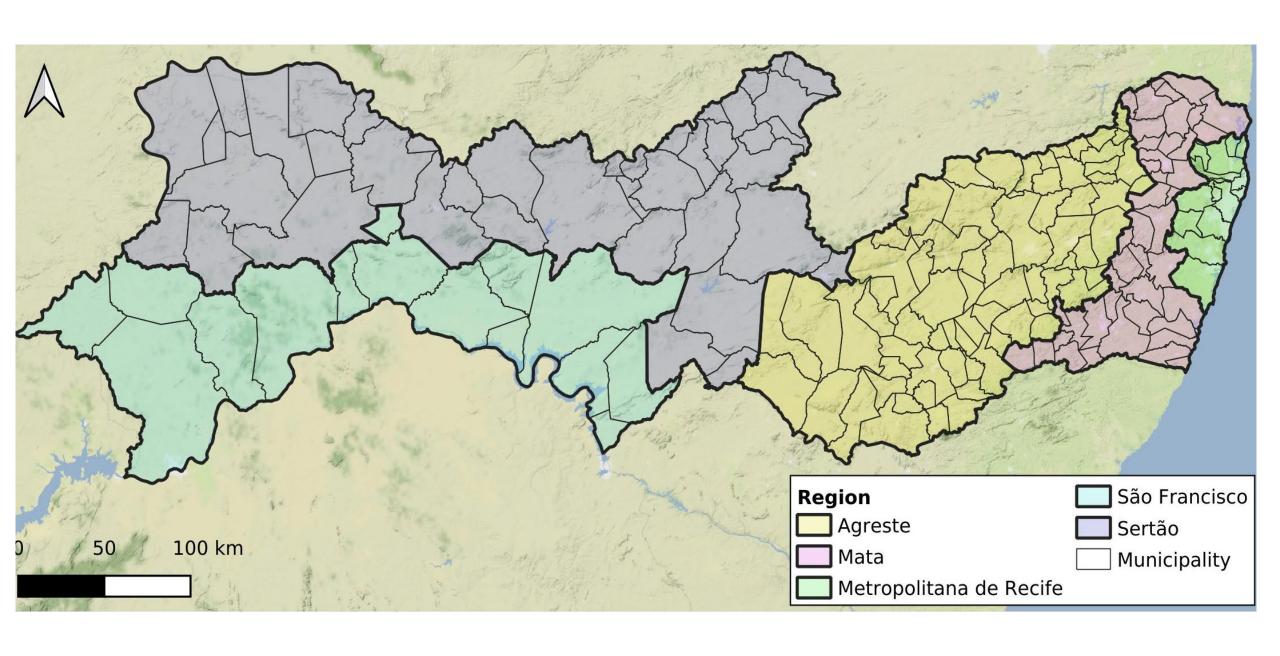
- How Zika affected and potentially continues to affect reproductive processes in Brazil?
- How different types of social and physical exposure to Zika shape women's desires for pregnancy, contraception, abortion, and pregnancy and birth outcomes?
- How is the Covid-19 pandemic affecting reproductive processes?
- Consequences of successive outbreaks of *new* illnesses on women's vulnerability and reproductive outcomes? Is there a *double jeopardy* from successive health outbreaks of international proportions?



Brazil & Pernambuco

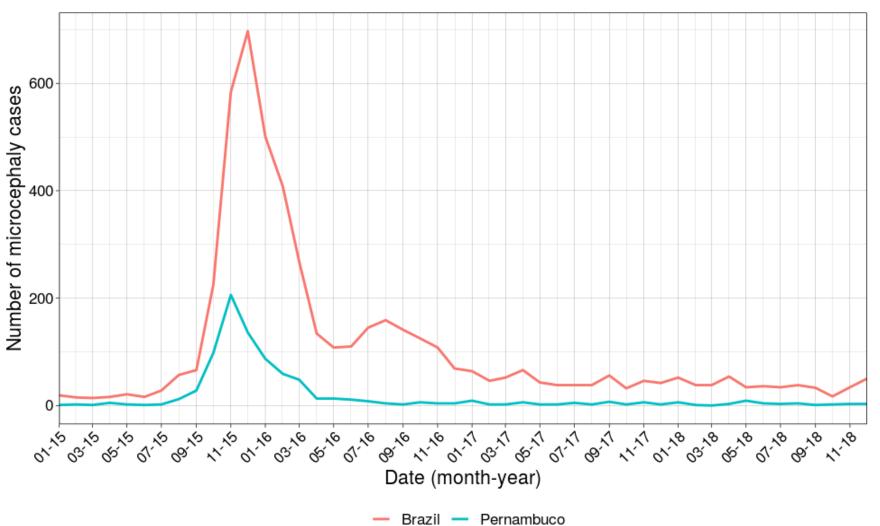
Data collection Preliminary findings

Source: IBGE, Brazil; Stamen Design / OpenStreetMap.





Why Brazil? Why Pernambuco? In the epicenter of the ZIKV epidemic Microcephaly in neonates, 2015-2018



Microcephaly cases

Brazil = 5053 **Pernambuco = 839 (16.6%)**

Live Births

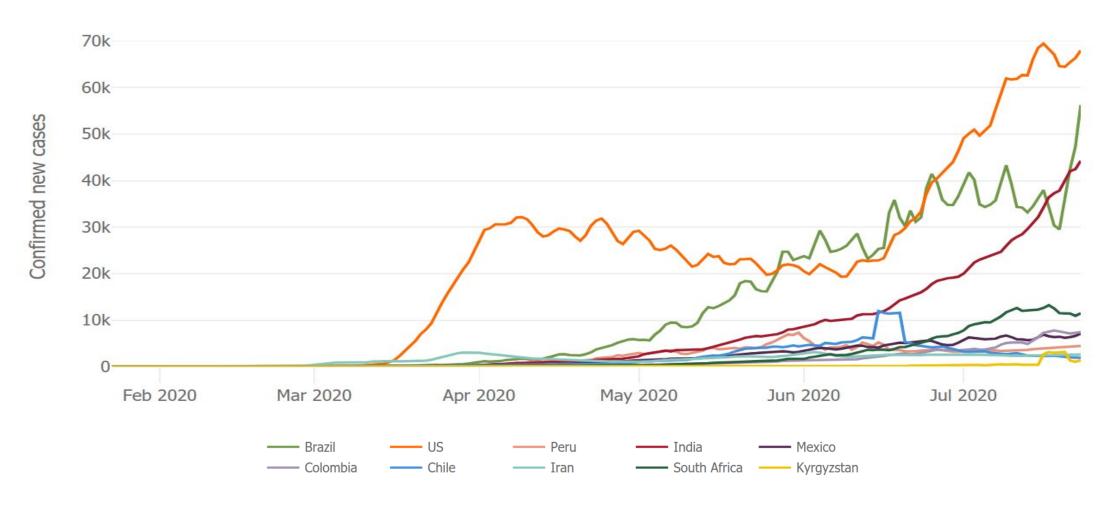
Brazil = 11741732

Pernambuco = 549856 (4.7%)



Why Brazil? In the epicenter of the Covid-19 pandemic \rightarrow Daily confirmed new COVID-19 cases (5-day moving average)

Outbreak evolution for the current 10 most affected countries in late July 2020





Data Collection

- 1. Panel ~ baseline survey
 - Women ages 18-34 in Pernambuco
 - Planned household
 - RDD individual-level panel ~ cell phones
 - Sample size → 4,000
- 2. Following Rs
- 3. Whatsapp follow-up + experiment
- 4. Longitudinal secondary data ~ contextual data
 - Sociodemographic and municipal characteristics to capture ZIKV & COVID-19 exposure
- 5. In-depth interviews via Zoom
- 6. Online survey



Data Collection

1. Panel ~ baseline survey

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1. Baseline Phone Survey

Phone Interviews

- Women ages 18-34 in Pernambuco (RMR, Mata & Agreste)
- List-assisted RDD procedure ~ coverage 19 million #s
 - 1,000-banks selected with probability proportionate to # of listed phones from a phone directory of ALL #s listed in the area
 - All #s from 1,000-banks included to recruit a probability sample of participants in a phone survey to include some phone numbers from banks with no listed phones
 - 94% of women in this age group and area own a cell phone
 - Screening for age, sex, municipality of residence
- Quality control
 - Training
 - Audio recording ~ check 25%
 - Re-contacting respondents to clarify any inconsistent information
- Challenges & recommendations!



Summary of Decode Measures Phone Interviews ~ Cognitive Interviews

- Hh water issues; hh income loss
- Violence in hh, more hh work than usual
- Work; schooling; social origin; income, race; religion
- Interruption of health care access, issues obtaining contraception
- Social exposure to ZIKV & Covid-19
- Probability of ZIKV & Covid-19 infection in the future
- Had/suspected had ZIKV, Covid-19, Dengue
- Pregnancy and # live births (with each child's birth date)
- Childbearing intentions
- Contraceptive use
- Abortion
- Attitudes reg pregnancy & childbearing during new illnesses outbreaks

3. Whatsapp follow-up + experiments

Whatsapp Follow-up

- Whatsapp vs SMS/text
- Weblink vs one question per disparo
 - Challenges!
- Incentive vs no incentive for participation
- Formal vs informal introduction ~ experiment
 - Sign as university researchers vs using first names

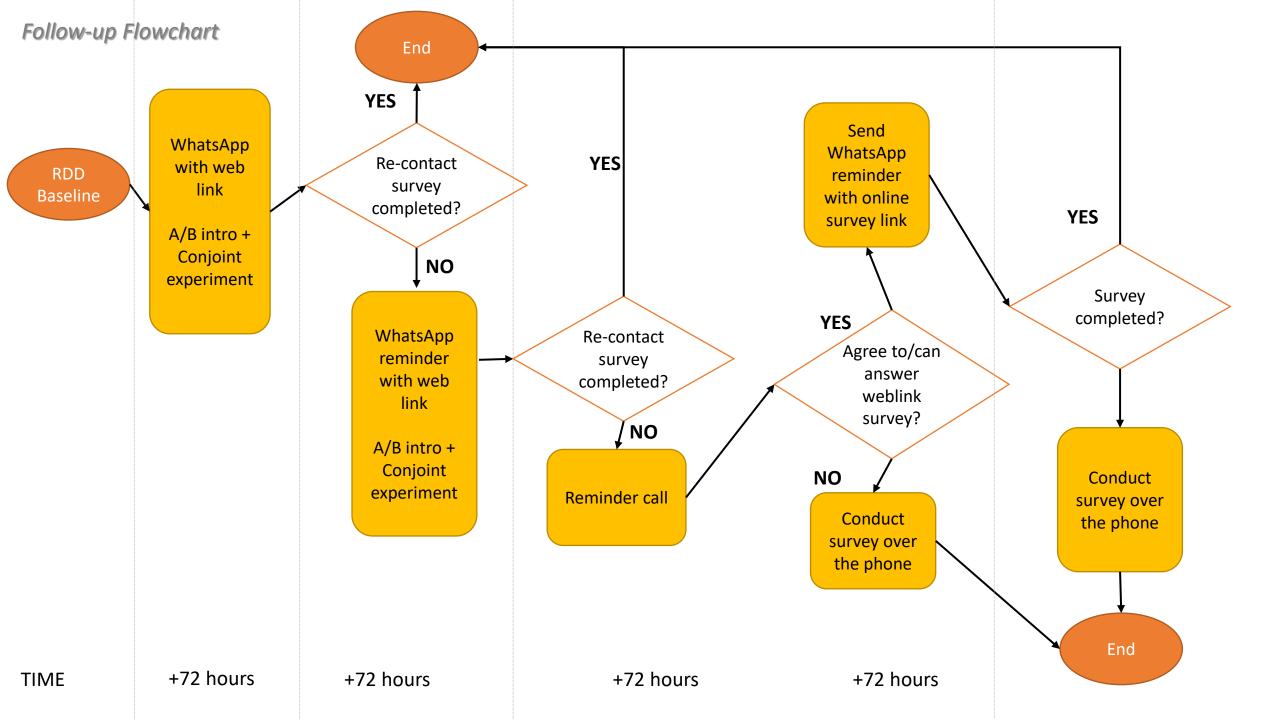
Whatsapp Follow-up

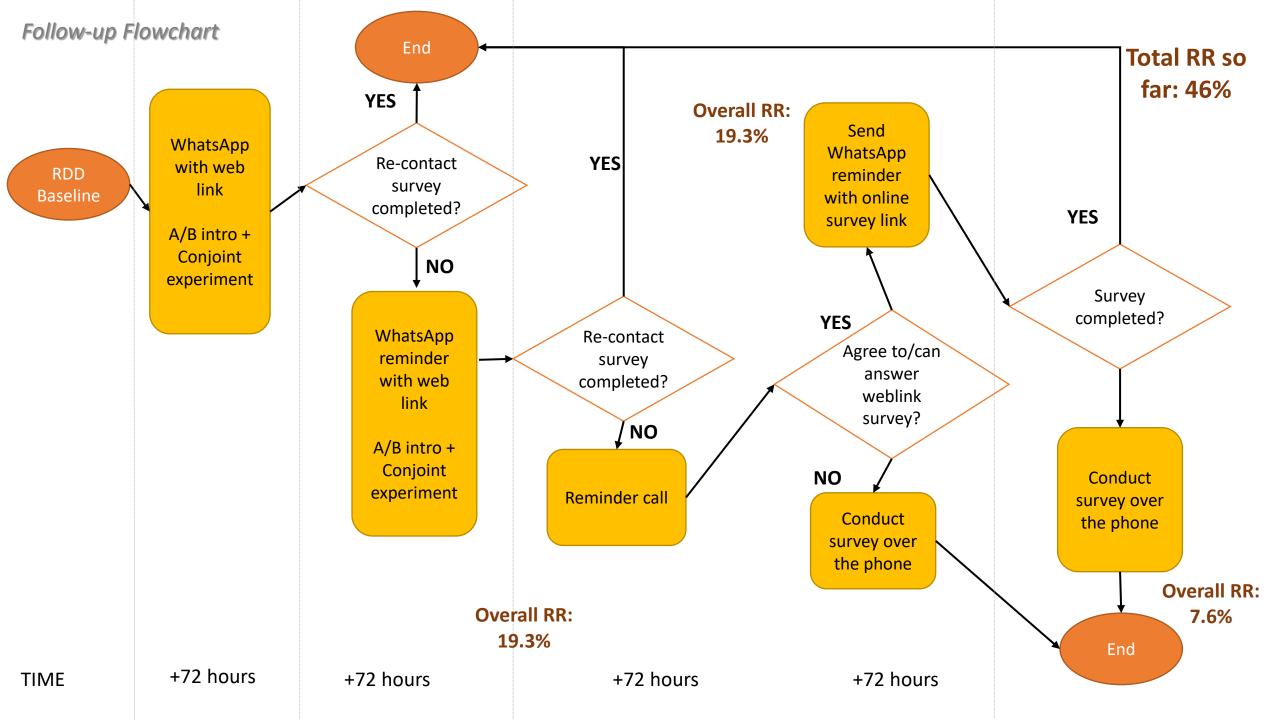
- Intro + thank you
- Confirm/complete email, date of birth and contact information
- Depression and stress, Covid-19 knowledge of symptoms and transmission in general and pregnant women, fetuses and babies in particular
- Yes or No
 - Pregnant women have a higher chance of developing the severe form of Coronavirus than women who aren't pregnant.
- Incentives/reimbursements via cell phone credit or online gift card (R\$30 ~ U\$6)
 - Challenge!
- Conjoint experiment

Randomly varying class, race, # of children, and age (in a conjoint way)... show pairs of women for comparison

What would you suggest each woman to do? Get pregnant? To use contraception? During the ZIKV epidemic? During the Covid-19 pandemic?

Woman 1	Woman 2
Lawyer	Manicurist
White	Black
Age 25	Age 35
No children	Two children
Married	Married





5. In-depth Interviews

Recruitment

- Design

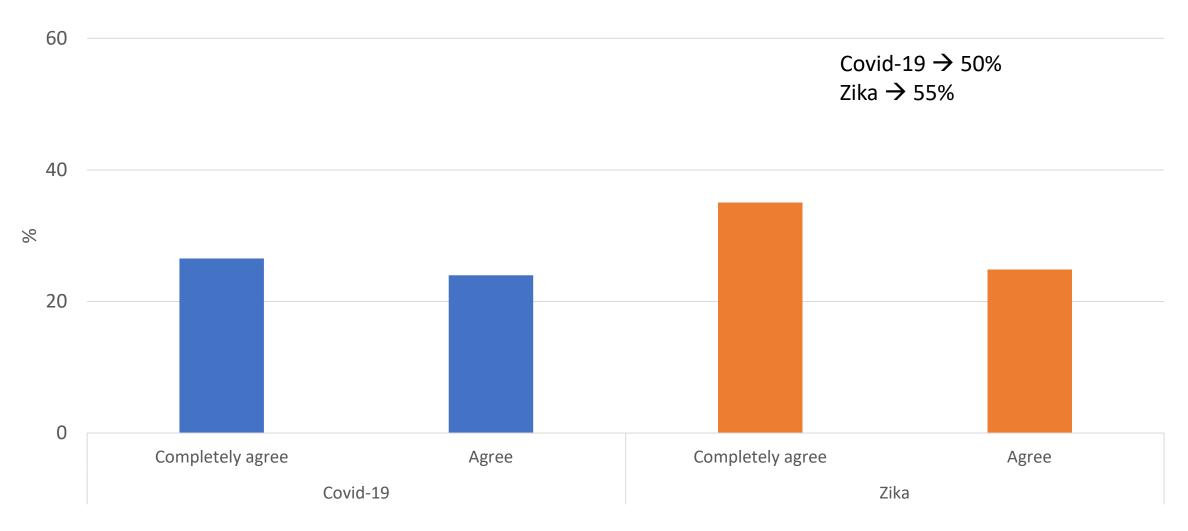
 High/low schooling + pregnant during ZIKV vs during Covid-19 vs not
- 3 Decode interviewers in same community and age group
- Already trained for in-depth interviews
 - Field supervisor
- Started with 9 participants

 Snowball sampling
- Recruited 64 → 56 participated
- Incentive ~ R\$75 or U\$15
- Zoom + recorded → planned ahead and trained for using Zoom

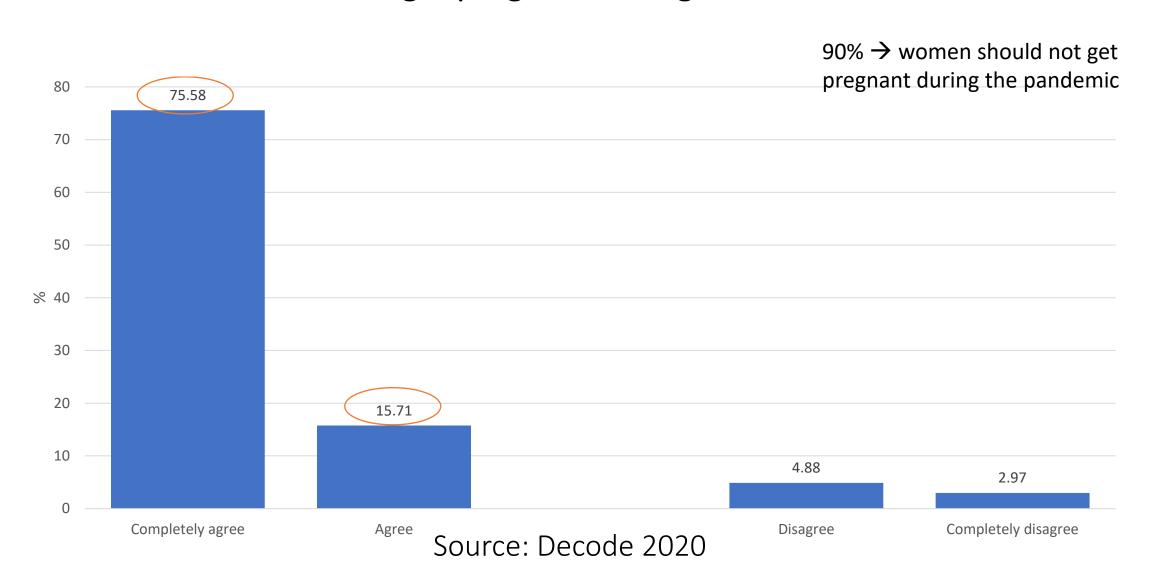
Preliminary Findings

- Disagreement with family and household members; not only partners or husbands
- More work in the household, hh income reduction and uncertainty
- Anxiety, depression
- High-SES women → Enjoy more time spent with children
- Concerned about an eventual pregnancy
 - Uncertainty & stress regarding risk for pregnant women and impact of Zika & Covid-19 on baby's health
 - ZIKV & Covid-19 strengthen the desire NOT to have children or at least to postpone a pregnancy

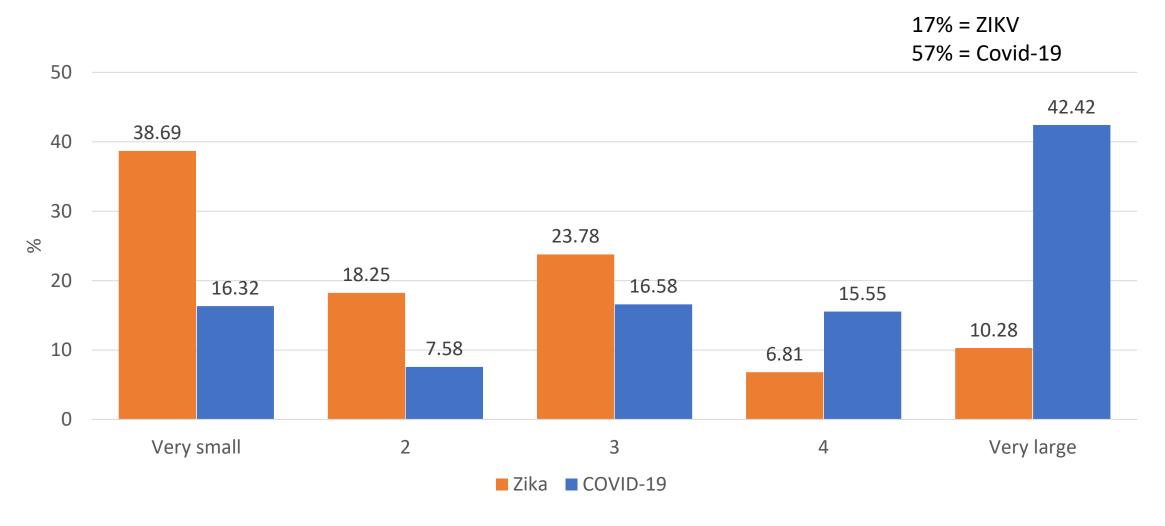
Reproductive Concerns: Concerned with ZIKV & COVID-19 Infection if were/got pregnant



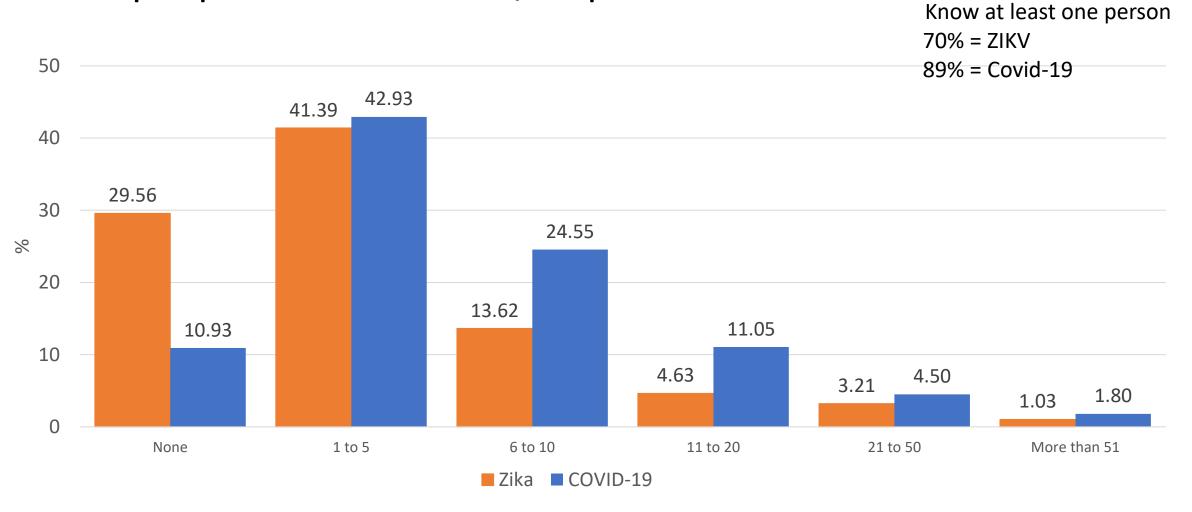
Reproductive Concerns: Women shouldn't get pregnant during the Covid-19 Pandemic



Self-assessment of probability of infection in the next 6 months with...

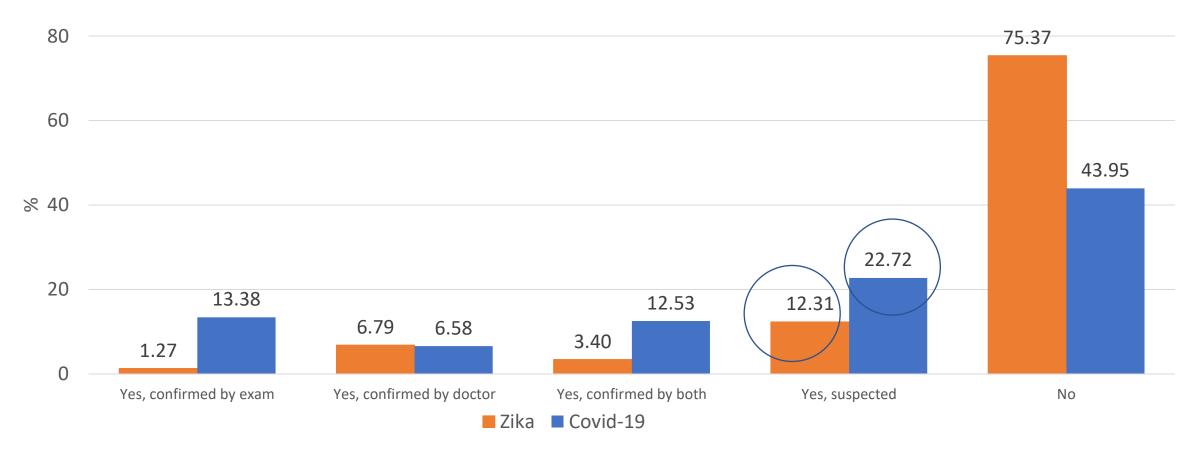


Social exposure index: # people know who had/suspected Zika? And COVID-19?





Suspected/confirmed infection with Zika and Covid-19 and how...





Conceptual directions

- Effects of social risk + exposure to the risk of infection to successive new illnesses
 - How social risk to ZIKV & COVID-19, separately and combined, affect reproductive intentions and outcomes?
- Covid-19 pandemic unfolding in tandem with the recent recovery from the ZIKV epidemic → complexity, stress and uncertainty with the potential to endanger the health of young women and increase inequities
- The combination of the ZIKV epidemic + Covid-19 pandemic make an imprint on how cohorts of Brazilian women experience reproductive health, pregnancy and childbearing, and on the circumstances around which children are born?

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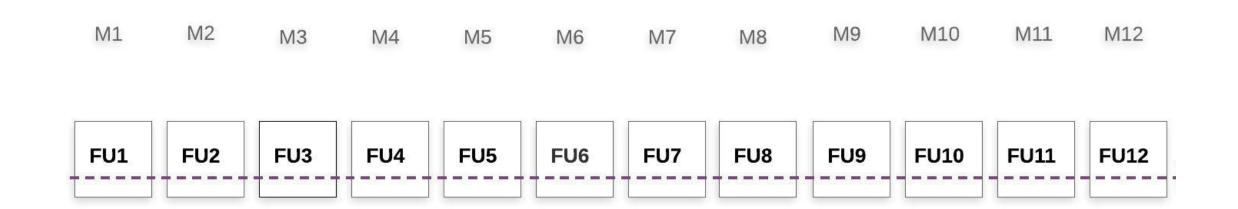
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2. Following Respondents

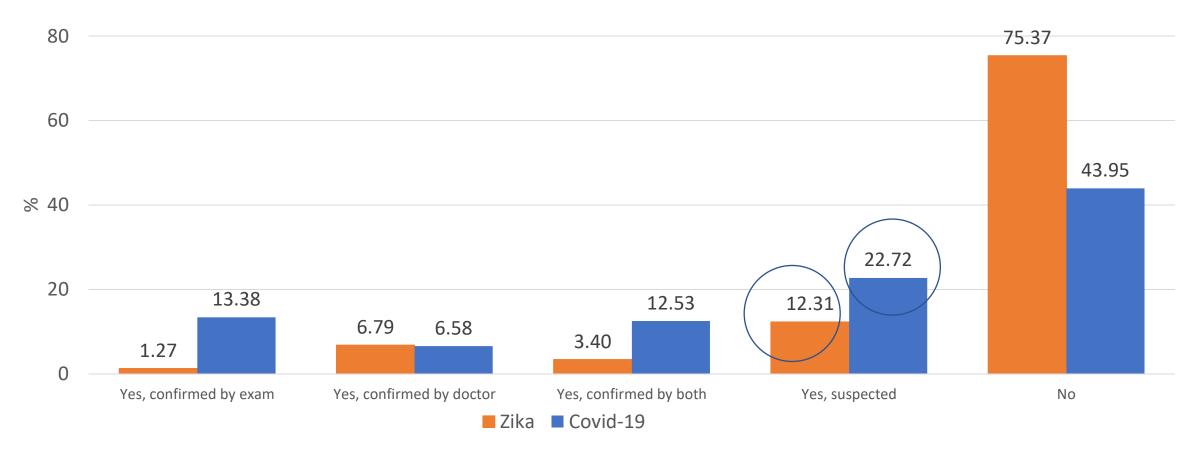
Follow-ups



- Based on the results of Whatsapp follow-up, starting in October, we will follow up with Rs via a combination of Whatsapp message/SMS/email/call to ask quick questions about pregnancy intentions and outcomes, Covid-19 symptoms and to keep in touch
- We will follow up with a longer Q're via phone every 6 months for 2 years
- Evaluate the field for face-to-face interviews one year from now



Suspected/confirmed infection with Zika and Covid-19 and how...



Young Women's Double Jeopardy in Brazil

- Covid-19 pandemic is unfolding in tandem with the recent recovery from the ZIKV epidemic. Two successive outbreaks of *new* illnesses with reproductive consequences → complexity, stress and uncertainty with the potential to endanger the health of young women in unprecedented ways + increase inequities
- Next steps

 The combination of the ZIKV epidemic + Covid-19 pandemic make an imprint on how cohorts of Brazilian women experience reproductive health, pregnancy and childbearing, and on the circumstances around which children are born?

Takeway Points

- Vulnerability \rightarrow financial, health access, overwhelmed with work
- Uncertainty + stress + complexity
- Social exposure
- Concern over infection ~ self and fetus
- Effects on childbearing intentions, desires and outcomes

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