RAPID GENDER ASSESSMENT ON THE IMPACT OF COVID-19 ON VIOLENCE AGAINST WOMEN

TECHNICAL REPORT - CÔTE D'IVOIRE SURVEY FIELDWORK

AUGUST - SEPTEMBER 2021



1 Introduction

Prompted by strong concern that the COVID-19 pandemic has intensified the risk of different forms of violence against women and girls, particularly intimate partner/domestic violence, and realizing the need to collect reliable data that are in line with methodological, safety and ethical standards, UN Women commissioned Ipsos to conduct a study on the impact of COVID-19 on women's well-being and safety in 13 countries across several regions all over the world. The participating countries were Albania, Bangladesh, Cameroon, Colombia, Côte d'Ivoire, Jordan, Kenya, Kyrgyzstan, Morocco, Nigeria, Paraguay, Thailand and Ukraine.

The **core objectives** of the study were to:

- collect data on the impacts of COVID-19 on violence against women in low- and middle-income countries
- strengthen measurement and methodologies for violence against women data collection and use.
- strengthen available knowledge on all forms of violence against women and improve capacities to collect, analyse and use data on violence against women in accordance with globally agreed methodological, safety and ethical standards.
- inform where the policy and programmatic response of UN Women should focus and support UN system-wide efforts to scale up actions to address violence against women in the context of COVID-19.
- The following groups contributed to the **project's management and execution**:
- 1. the UN Women project team, comprising statisticians, researchers and policy specialists;
- 2. the Technical Advisory Group an external reference group established by UN Women to provide independent technical advice and expertise to the project;
- 3. the Ipsos project team involved in the set-up and delivery of the study; and
- 4. national fieldwork partners.

Methodology of the study				
Target group	Women aged 18 +			
Timing	Two-phased approach: Phase I (four countries) took place May-June 2021; Phase II (nine countries) took place August-September 2021			
Data collection method	Computer-Assisted Telephone Interview (CATI)			
Sampling approach	Random probability sampling with monitoring of quota on age and region			
Sampling approach	Random-digit dialling to mobile sample frames			
Sample Size	1,200 women aged 18+ per country			
	Target duration of max. 20 minutes			
	No open-ended answers			
	Informed consent asked to each participant at the beginning of the interview			
Questionnaire length and	Awareness of safety, privacy and confidentiality of women respondents			
type	Guided by the "do no harm" principle applicable to the women respondents and the interviewers/research team			
	The questionnaire was adapted in each country by localizing characters' names and cultural references (i.e., popular food, music, sports).			
Scripting	Central scripting in software applications - iField and Dimensions			
Language	At least one main language per country			

The country chapters provide information on the set-up of the data collection process (obtaining of ethical clearance, sampling and translation), description of the fieldwork, main characteristics of the achieved sample by several indicators (age group, region, area type, educational attainment), technical information (interview duration, contact outcomes, screen-outs, temporary interview suspension at safety questions, survey drop-outs, use of safety word, and item non-response), key field observations and relevant lessons and recommendations.

2 Country information

2.1 Côte d'Ivoire

2.1.1 Obtaining ethical clearance

UN Women sought general support or tacit approval for the study from the National Institute of Statistics of Côte d'Ivoire (*Institut National De La Statistique*). A 'no objection' was granted on 27 March 2021 in support of the project.

2.1.2 Sampling plan

A single-frame cell-phone random-digit dialling (RDD) survey design was used to reach a nationally representative sample of women aged 18+. The sample mirrored the telephone database distribution (frame size) by provider. The gross (unscreened) sample included numbers for each of the providers in the country to the same proportions as in the frame size. In 2020, 152% of the population had a mobile subscription; in other words, many people in the country have more than one mobile phone number registered in their name.

• Of the 52,000,000 numbers available in the sample frame, 40,095,246³ (77%) were expected to be working numbers (based on cell subscriptions in 2020). The sample was pulsed, meaning that a signal was sent to the randomly generated phone numbers to verify if the numbers existed (i.e., if connection could be achieved). The upfront pulsing of the gross sample closely reflected the market shares of the different operators (in terms of subscriptions). The sample was also screened against business registers so as to exclude numbers that were used by companies. Further details on the sampling frame are provided in section 2.4.1 of the main technical report.

To ensure a representative sample, quotas were set on age (18–29, 30–39, 40–49, 50–59, 60+) and region (first-level administrative division), using the following statistical sources:

- Age: United Nations, Department of Economic and Social Affairs, Population Division (2019).4
- Region: Institut National de la Statistique (INS), Projection UNFPA (Common Operational Dataset, administrative level 1, 2019).5

¹ Moov 15,000,000; MTN – Côte d'Ivoire 19,000,000; Orange – Côte d'Ivoire 18,000,000.

² Calculations made using 2020 World Bank data.

³ World Bank Data. 2019. https://data.worldbank.org/indicator/IT.CEL.SETS?end=2020&locations=Cl&start=2019

⁴ World Population Prospects 2019, Online Edition. Rev. 1.: File INT/3-3: Women population by single age, region, subregion and country, annually for 1950-2100. https://population.un.org/wpp/Publications/Files/WPP2019_Volume-I_Comprehensive-Tables.pdf

⁵ https://data.humdata.org/dataset/cote-d-ivoire-population-statistics

2.1.3 Translation

The questionnaire was translated into French. The translation procedure is explained in more detail in section 2.5.3 of the main technical report.

No issues related to equivalence (conceptual equivalence, semantic equivalence, etc.) were encountered during translation.

The questionnaire required localization for several items in the text of the questions and answers, including widely known, yet neutral in meaning, male and female names, which were used in the vignettes in the safety section of the survey. In Côte d'Ivoire, the male name used was *Mamadou* and the female, *Aminata*.

Interviewers fluent in Senufo, Dioula and Baoule were recruited and trained for the project in order to make the survey available to the population in Côte d'Ivoire that only speaks these languages and do not feel comfortable enough to be interviewed in French. Although in theory these languages have their own writing systems, these are not always taught in school and a large number of people speak the languages fluently but cannot write them. Therefore, no written translations were produced for the survey in Senufo, Dioula and Baoule. Instead, the interviewers read out the questions and answer options in the relevant language and recorded the answers using the French translation of the questionnaire. A special part of the interviewer training was dedicated to ensuring that all interviewers use unified translation of the text of the survey. It incorporated sharing a list with pre-determined translations of the key terms and expressions in the survey and having recordings of the survey in these languages so that these could be consulted by the interviewers at any time. The table below provides an overview of the number of interviews completed in each language during the fieldwork.

Table 1: Number of completed interviews, by language

Language	Number of interviews	Share of total interviews %
Senufo	5	0.4%
Dioula	44	3.3%
Baoule	11	0.8%
French	1265	95.5%
Total	1325	100%

2.1.4 Fieldwork period

Fieldwork took place between 18 August and 24 September 2021. The data-collection period took 11 days longer than originally planned, as the team in Côte d'Ivoire faced a large number of unanswered calls in the sample and experienced challenges in meeting some of the age group quotas in the survey. In the first two to three weeks of the fieldwork, the progress of the field team was very slow. The interviewers faced a large number of unanswered calls. Several factors contributed to this, the main ones being the fact that the population has multiple SIM cards, which are not always connected to a mobile phone (individual mobile phone ownership is much lower than SIM card ownership) and constant network issues causing disruption in communications. Several measures were implemented in order to offset the slow progress of the fieldwork in Côte d'Ivoire. The calling hours of the interviewers were adapted to match the times of day when women

were most likely to have time to take part in the survey. In addition to this, more interviewers were recruited and trained for the survey, enlarging the interviewing team from 10 to 30 people over the span of 10 days at the beginning of September. To further assist the process, after careful review and with official permission from the UN Women team, the Côte d'Ivoire field team supplemented the RDD sample with leads from a pre-existing contact database, compiled from previous surveys conducted in the country. The database consisted entirely of mobile phone numbers, and the selection of these numbers was performed at random in order to match the original design of the study. In combination, these various measures were successful in enabling the team to reach the target number of completes (1,200 interviews). However, subsequent quality checks revealed that the age profile of the achieved sample was skewed in some of the age groups and there was a significant shortfall in the number of interviews achieved among the younger and older age groups (18–29, 50–59 and 60+ age groups). In an attempt to address this, fieldwork was reopened for five days in Côte d'Ivoire and the team managed to increase the number of interviews with women in the relevant age groups.

2.1.5 Achieved sample

In total, 1,325 valid interviews were completed in Côte d'Ivoire. The distribution of the sample across the 30–39 and 40–49 age groups was in line with the targets. In the rest of the age groups, the number of completed interviews was below the set targets – by 6 percentage points in the case of the 18–29 age group, 2 percentage points in the case of the 50–59 group and 2 percentage points among the 60+ age group. To account for this deviance from the quotas, the achieved sample was weighted per country on the below age-group categories, according to the specified quota (target %).

Table 2: Achieved sample, by age group (Côte d'Ivoire)

Age group	Target	Target %	Completed (unweighted)	Completed % (unweighted)	Weighted % ⁶	Difference unweighted % vs. target % ⁷	Difference weighted % vs. target %
18 – 29	517	43%	487	37%	43%	-6%	0%
30 – 39	283	24%	421	32%	24%	8%	0%
40 – 49	184	15%	223	17%	15%	1%	0%
50 – 59	112	9%	104	8%	9%	-2%	0%
60+	104	9%	90	7%	9%	-2%	0%

The targets in four regions were met but there were some shortfalls in the other regions. These ranged from 4 percentage points below the target in Bas-Sassandra and Gôh-Djiboua regions, to 1 percentage point below the target in the Montagnes and Savanes regions. The achieved sample was weighted per country by region according to the specified quota (target %).

 $^{^{6}}$ Weighting procedures are discussed in more detail in section 4.4.2 of the main technical report.

⁷ The figures in this column reflect the actual difference of the unweighted and target percentages. Any variations are caused by the rounding up of the percentages in the table.

Table 3: Achieved sample, by region (Côte d'Ivoire)

Region	Target	Target %	Completed (unweighted)	Completed % (unweighted)	Weighted %	Difference unweighted % vs. target % ⁸	Difference weighted % vs. target %9
Abidjan	259	22%	580	44%	21%	22%	0%
Bas-Sassandra	117	10%	71	5%	10%	-4%	0%
Comoé	64	5%	84	6%	5%	1%	0%
Denguélé	16	1%	20	2%	1%	0%	0%
Gôh-Djiboua	83	7%	26	2%	7%	-5%	0%
Lacs	68	6%	46	3%	6%	-2%	0%
Lagunes	77	6%	33	2%	6%	-4%	0%
Montagnes	119	10%	113	9%	10%	-1%	0%
Sassandra- Marahoué	116	10%	93	7%	10%	-3%	0%
Savanes	87	7%	78	6%	7%	-1%	0%
Vallée du Bandama	79	7%	68	5%	7%	-1%	0%
Woroba	45	4%	22	2%	4%	-2%	0%
Zanzan	51	4%	23	2%	4%	-2%	0%
Yamoussoukro	19	2%	48	4%	2%	2%	0%

The distribution across rural (10.9%) and urban (89.1%) areas (as self-reported by respondents) was lower than World Bank estimates indicating a rural population of 48.3%¹⁰ in Côte d'Ivoire. It is important to note the use of a mobile RDD sample here, however. Other research on mobile broadband coverage shows that 36% of the population in sub-Saharan Africa live in areas where there is no coverage by mobile broadband network.¹¹

⁸ The figures in this column reflect the actual difference of the unweighted and target percentages. Any variations are caused by the rounding up of the percentages in the table.

⁹ The figures in this column reflect the actual difference of the unweighted and target percentages. Any variations are caused by the rounding up of the percentages in the table.

¹⁰ World Bank Data. .2020. https://data.worldbank.org/indicator/SP.URB.TOTL.IN.ZS?end=2020&locations=Cl&start=2020&year_high_desc=true

¹¹ GSMA. 2018. Triggering mobile internet use in Côte d'Ivoire and Tanzania.

 $[\]underline{https://www.gsma.com/mobilefordevelopment/wp-content/uploads/2018/o7/GSMA-Triggering-Mobile-Internet-Use-in-Cote-Dlvoire-and-Tanzania.pdf}$

Table 4: Achieved sample, by area type (Côte d'Ivoire)

Area	Completed (unweighted)	Completed % (unweighted)	Weighted %
Urban	1180	89.1%	86.2%
Rural	145	10.9%	13.8%

Almost six in ten respondents had completed primary school or had no formal education, while a little over three in ten had completed secondary school or attended technical or vocational training. Fewer than one in ten respondents had attended a tertiary education programme.

Table 5: Achieved sample, by educational attainment (Côte d'Ivoire)

Education level	Completed (unweighted)	Completed % (unweighted)	Weighted %
No formal education	345	26.0%	26.5%
Completed primary school	448	33.8%	34.3%
Completed secondary school	241	18.2%	19.1%
Technical & vocational training	180	13.6%	12.6%
Completed university/college	99	7.5%	6.5%
Completed post-graduate	5	0.4%	0.4%
Don't know	7	0.4%	0.4%
Refused	5	0.3%	0.3%

2.1.6 Quality control and data processing

One hundred and forty-three interviews were removed from the sample in Cote d'Ivoire because they did not meet the quality criteria in terms of length, straight-lining and/or item non-response. (Section 4.4 of the main technical report provides a detailed description of the implemented quality control procedures and how data were processed).

2.1.7 Technical information

The interview duration was slightly shorter than the envisaged length of 20 minutes, at 18.41 minutes on average (compared with a mean of 23 minutes across the nine countries in Phase II).

Table 6: Interview duration (Côte d'Ivoire)

Mean	Median	Standard deviation
18.41	16.82	9.83

The **response rate in Cote d'Ivoire was 77.93%**, calculated by using the first American Association for Public Opinion Research (AAPOR) definition of response rate – that is, the number of complete interviews divided by the number of interviews (complete plus partial) plus the number of non-interviews (refusal and break-off plus non-contacts plus others) plus all cases of unknown eligibility (unknown if housing unit, plus unknown, other).¹² The table below shows the incidence of each outcome code.

Table 7: Contact outcomes (Côte d'Ivoire)

Contact outcomes	Count	% of all outcomes
Fixed appointment	0	0%
Soft appointment	0	0%
Incomplete interview with call-back to resume later	0	0%
Telephone answering device / voicemail / message service	0	0%
Busy / engaged	0	0%
No answer	0	0%
Complete	1331	58%
Screen-out	0	0%
Incomplete interview with no call-back (terminated)	0	0%
Immediate refusal (before eligibility of respondent has been confirmed)	86	4%
Refusal by eligible respondent (after eligibility of respondent has been confirmed, but before the actual interview started)	161	7%
Respondent never available for appointment	65	3%
Deceased respondent	0	0%
Respondent physically or mentally unable / incompetent	113	5%
Respondent or household language problem	36	2%
Call blocking / barring / do not call list	65	3%
Fax / data line / modem / pager	0	0%
Non-working / disconnected / dead / bad number	413	18%

¹² AAPOR. 2015. Standard Definitions. https://www.aapor.org/AAPOR_Main/media/MainSiteFiles/Standard-Definitions2015_8thEd.pdf

Non-residential number (business, government office, other organization)	17	1%
Technical issue / CATI system error	0	0%

The table below provides an overview of specific call outcomes (completed interview, partial interview, and refusals) by the time of the day (morning, afternoon, evening) and the day of the week. The figures should be interpreted with caution as they do not reflect the percentage out of all contact attempts performed during this time/on that day, but the split of these specific outcomes across the time of the day/day of the week. Feedback from the field team on the best time and the best day to obtain an interview is provided in section 2.1.8.

Table 8: Call outcome, by time of the day and day of the week (Côte d'Ivoire)

		Completed interviews		Partial intervie	Partial interviews		Refusals	
		Count	%	Count	%	Count	%	
Sunday	Morning	6	0%	0	0%	0	0%	
	Afternoon	41	3%	4	8%	1	9%	
	Evening	19	1%	0	0%	0	0%	
Monday	Morning	42	3%	2	4%	0	0%	
	Afternoon	139	9%	7	13%	0	0%	
	Evening	39	3%	1	2%	0	0%	
Tuesday	Morning	64	4%	1	2%	0	0%	
	Afternoon	218	15%	10	19%	1	9%	
	Evening	38	3%	2	4%	0	0%	
Wednesday	Morning	48	3%	1	2%	0	0%	
	Afternoon	142	10%	6	11%	1	9%	
	Evening	31	2%	2	4%	0	0%	
Thursday	Morning	40	3%	1	2%	1	9%	
	Afternoon	150	10%	7	13%	1	9%	
	Evening	37	3%	0	0%	1	9%	
Friday	Morning	72	5%	3	6%	0	0%	
	Afternoon	173	12%	4	8%	1	9%	
	Evening	19	1%	0	0%	0	0%	
Saturday	Morning	21	1%	1	2%	2	18%	
	Afternoon	97	7%	0	0%	2	18%	
	Evening	32	2%	1	2%	0	0%	

Fifty-four per cent of the sample called were men and so screened out at the very beginning of the survey. This is generally in line with the share of screened-out mens in the other Phase II countries, but higher than most of the Phase I countries. There is a big gender gap in mobile-phone ownership in the country, with men being more likely than women to own a mobile device, at 91% versus 77%, respectively. Six of the respondents were screened out because they were younger than 18 years, 11 because they did not want to participate, two because they did not understand fully the purpose of the survey, and three because they said they did not understand the confidentiality measures.

Table 9: Screen-outs (Côte d'Ivoire)

Question	Answer	Count	% of total answered
S ₃	Sex: Male	2,092	54%
S4_1+S4_2	Age: Below 18 years	6	0%
S ₁	Willing to participate: No	11	1%
S6	Understand purpose: No	2	0%
S ₇	Understand confidentiality: No	3	0%

The interview was temporarily discontinued in 72 cases because the respondent answered "no" to one of the four 'safety' questions (listed in Table 10 below). This result in Côte d'Ivoire is in line with the number of temporarily suspended interviews in Ukraine, but it is much higher than the numbers in Kenya (7), Bangladesh (6) and Jordan (6).

Table 10: Temporary interview suspension due to responses at safety questions (Côte d'Ivoire)

Question	Answer	Count	% of total answered
S2	Can you let me know if the speaker phone is off? No	25	1.5%
S ₅	Can you confirm if now is a good time? No	3	0.2%
Во1	Can you confirm that there is no one around you over the age of two that can overhear our conversation? No	26	1.7%
C18	Alternatively, if someone over two is listening to our call or is nearby that can hear, please say no. No	18	1.2%

Fifty-three respondents dropped out of the survey. The table below shows the questions at which the dropouts occurred. The largest numbers of dropouts were at A12 (9), Bo2 (7), and S11 (5). Generally, high dropout rates were not observed at question A12 for other countries in the study, except Nigeria, where 17 respondents dropped out at the same question.

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¹³ Ibid.

Table 11: Survey dropouts, by question (Côte d'Ivoire)

Question	Question text	No. of participants dropped out	% of total dropouts
S11	Great. If you don't have any further questions we can proceed. Now we just need a bit more information about you. Would you consider the area you live in to be urban or rural?	5	9.4%
A01	What is your marital status?	3	5.7%
A06	How many people, including yourself, live in your household?	3	5.7%
A02	What is the highest level of education that you completed?	4	7,5%
A03	Which of the following best describes what you mainly do each day?	2	3.8%
A04_1	Would you say that the money that you earn is	1	1.9%
A05	Do you have difficulty doing any of the following – walking, seeing (even when wearing glasses), hearing (even with hearing assistance), remembering or concentrating, self-caring or communicating?	2	3.8%
A11	Has your household's income changed at all since the onset of the COVID-19 pandemic?	3	5.7%
A12	During the last month, was there a time when, because of lack of money or other resources, you or others in your household	9	17.0%
Bo1	Thank you for your responses so far. I am now going to ask you some questions related to your health. Before we begin this section, can you confirm that there is no one around you over the age of 2 that can overhear our conversation?	1	1.9%
Bo2	I would now like to ask you some questions about your thoughts and feelings since the onset of the COVID-19 situation. How often have you been bothered by the following problems since the onset of the COVID-19 situation? Please answer with: not at all, several days, more than half the days, or nearly every day.	7	13.2%
Во4	Overall, would you say your own mental or emotional health (e.g., stress, anxiety, confidence, etc.) has been affected AS A RESULT OF THE COVID-19 SITUATION?	3	5.7%
Co2	To what extent, if at all, do you feel safe when walking alone during the day in the area where you live?	1	1.9%
C04	How, if at all, has your feeling of safety while walking alone at night changed SINCE THE ONSET OF COVID-19?	1	1.9%

Question	Question text	No. of participants dropped out	% of total dropouts
C07	To what extent do you think that physical harm, abuse, or harassment of women is a problem in the area where you live?	1	1.9%
Co8	How, if at all, do you think physical harm, abuse, or harassment of women in the area where you live have changed SINCE COVID-19?	1	1.9%
C10	How common do you think this type of situation is for women in the area where you live?	3	5.7%
C13	Who would [Scripter: insert Female name] most likely seek help from?	1	1.9%
C14	How common do you think this type of situation is for women in the area where you live?	1	1.9%
C30	Now I'm going to ask you about some situations that you or any other women you know may have experienced. For each situation, please tell if you or any other women you know have experienced this only before the start of COVID-19, only since the start of COVID-19, both before and since the start of COVID-19, or not at all. Please listen carefully and just answer "yes" or "no" for each question I ask.	1	1.9%
	Total	53	100%

As previously explained and as part of the safety protocols, respondents were given a safe word, a specific popular local food (PLF), that they could use if they were disturbed by a third party or otherwise felt unsafe at any point during the interview. In Côte d'Ivoire, the food used in the questionnaire was "Attiéké". It was used 52 times during the course of fieldwork. The table below shows the questions at which this occurred.

Table 12: Use of popular local food, per question (Côte d'Ivoire)

Question	Question text	PLF mentioned
S11	Great. If you don't have any further questions we can proceed. Now we just need a bit more information about you. Would you consider the area you live in to be urban or rural?	10
S6	Do you understand that this information is being collected by [SURVEY FIRM NAME] for UN Women so we can better understand the needs of women in your community and to help develop responses that improve wellbeing?	4
S ₇	Do you understand that your information will remain confidential and that you are able to go back to any of your responses and change and/or ask to delete any information you provide?	1

Question	Question text	PLF mentioned
S12_NEW	And do you own the phone you are speaking on?	2
A01	What is your marital status?	1
A08	How many of the people living in your household are men aged 18 or over?	2
A02	What is the highest level of education that you completed?	3
A04_1	Would you say that the money that you earn is	2
A05	Do you have difficulty doing any of the following – walking, seeing (even when wearing glasses), hearing (even with hearing assistance), remembering or concentrating, self-caring, or communicating?	1
A11	Has your household's income changed at all since the onset of the COVID-19 pandemic?	2
A12	During the last month, was there a time when, because of lack of money or other resources, you or others in your household	4
Bo2	I would now like to ask you some questions about your thoughts and feelings since the onset of the COVID-19 situation. How often have you been bothered by the following problems since the onset of the COVID-19 situation? Please answer with: not at all, several days, more than half the days, or nearly every day.	1
Во4	Overall, would you say your mental or emotional health (e.g., stress, anxiety, confidence, etc.) has been affected as a result of the COVID-19 situation?	1
Co ₃	To what extent, if at all, do you feel safe when walking alone at night in the area where you live?	1
C07	How common do you think this type of situation is for women in the area where you live?	4
Co8	How common do you think this type of situation is for women in the area where you live?	1
C11	Would you say the situation of COVID-19 has made conflict between adults in your household more frequent, less frequent or about the same?	2
C19	When people live together in the same household, they usually share both good and bad moments. And it is normal for people who live together to have arguments. How often in the last six months would you say that adults in your household have argued or have had some sort of conflict among themselves?	1
C21	In the last six months, did you ever feel unsafe in your home?	2
C23	Why do you feel unsafe in your home?	3
C30	Now I'm going to ask you about some situations that you or any other women you know may have experienced. For each situation, please tell if you or any other women you know have experienced this only before the start of COVID-19, only since the start of COVID-19, both before and since the start of COVID-19, or not at all. Please listen carefully and just answer "yes" or "no" for each question I ask.	3
C31	Are any of the following support services available for women in your community?	1
	Total	52

In terms of item non-response (INR), this varied across the survey but was highest at the question on respondents' marital status (Ao1) (42.60%). The field team reported that it is not unusual for women respondents in Côte d'Ivoire to refuse to provide details on their marital status. A high item non-response on this question was observed among many of the countries in Phase II of the survey – though not during phase I (the average item non-response for all four Phase I countries at Ao1 was less than 5%). Another question with high INR was the one related to the services available for women in their communities (C31). This may reflect a lack of knowledge among respondents of services available for women in their communities. Additionally, in Côte d'Ivoire a relatively high INR was observed at the questions on physical harm, abuse and harassment of women in the area of the respondents (Co7 and Co8), as well as at the questions related to the vignettes in the survey (C10, C11, C14, C15). Observations shared by the field team reveal that the higher INR at these questions may have been influenced by the period of lockdown, when women in the country were not able to discuss such issues with other family members, close friends or neighbours, which usually happened during gatherings of several women. Since respondents were answering these questions based not on their own experiences but on the experiences of other women, it may have been the case that they were uncertain how to answer and were thus refusing to do so or indicated that they did not know the answer.

Table 13: Item non-response (Côte d'Ivoire)

Question	Question text	Item non- response
A01	What is your marital status?	42.60%
A07	How many of the people living in your household are aged 0–17?	1.20%
Ao8	How many of the people living in your household are men aged 18 or over?	0.80%
A02	What is the highest level of education that you completed?	0.50%
Аоз	Which of the following best describes what you mainly do each day?	0.10%
A04	In addition to this, do you do any activity that generates an income, even if only for a few hours a week?	0.10%
A04_1	Would you say that the money that you earn is	3.70%
A05	Do you have difficulty doing any of the following – walking, seeing (even when wearing glasses), hearing (even with hearing assistance), remembering or concentrating, self-caring, or communicating?	0.10%
A11	Has your household's income changed at all since the onset of the COVID-19 pandemic?	2.70%
A12_1	During the last month, was there a time when, because of lack of money or other resources, you or others in your household 1. were worried you would not have enough food to eat?	0.70%
A12_2	During the last month, was there a time when, because of lack of money or other resources, you or others in your household 2. were unable to eat healthy and nutritious food?	1.20%
A12_3	During the last month, was there a time when, because of lack of money or other resources, you or others in your household 3. ate only a few kinds of food?	1.20%

A12_4	During the last month, was there a time when, because of lack of money or other resources, you or others in your household 4. had to skip a meal?	1.00%
A12_5	During the last month, was there a time when, because of lack of money or other resources, you or others in your household 5. ate less than you thought you should?	1.00%
A12_6	During the last month, was there a time when, because of lack of money or other resources, you or others in your household 6. ran out of food?	0.90%
A12_7	During the last month, was there a time when, because of lack of money or other resources, you or others in your household 7. were hungry but did not eat?	0.80%
A12_8	During the last month, was there a time when, because of lack of money or other resources, you or others in your household 8. went without eating for a whole day?	0.90%
B02_1	I would now like to ask you some questions about your thoughts and feelings since the onset of the COVID-19 situation. How often have you been bothered by the following problems since the onset of the COVID-19 situation? Please answer with: not at all, several days, more than half the days, or nearly every day. 1. Not being able to stop or control worrying	0.70%
B02_2	I would now like to ask you some questions about your thoughts and feelings since the onset of the COVID-19 situation. How often have you been bothered by the following problems since the onset of the COVID-19 situation? Please answer with: not at all, several days, more than half the days, or nearly every day. 2. Having little interest or pleasure in doing things	0.70%
Bo2_3	I would now like to ask you some questions about your thoughts and feelings since the onset of the COVID-19 situation. How often have you been bothered by the following problems since the onset of the COVID-19 situation? Please answer with: not at all, several days, more than half the days, or nearly every day. 3. Feeling down, depressed or hopeless	0.90%
Во4	Overall, would you say your own mental or emotional health (e.g., stress, anxiety, confidence, etc.) has been affected AS A RESULT OF THE COVID-19 SITUATION?	0.70%
C02	To what extent, if at all, do you feel safe when walking alone during the day in the area where you live?	1.80%
Co3	To what extent, if at all, do you feel safe when walking alone at night in the area where you live?	7.80%
C04	How, if at all, has your feeling of safety while walking alone at night changed SINCE THE ONSET OF COVID-19?	4.20%
C07	To what extent do you think that physical harm, abuse, or harassment of women is a problem in the area where you live?	17.40%
Co8	How, if at all, do you think physical harm, abuse, or harassment of women in the area where you live have changed SINCE COVID-19?	21.70%
C10	How common do you think this type of situation is for women in the area where you live?	18.20%
C11	Would you say the situation of COVID-19 has made things better, worse or the same for [Scripter: insert Female name] from this story?	10.20%

C12	Do you think [Scripter: insert Female name] would seek help for this situation?	3.20%
C13	Who would [Scripter: insert Female name] most likely seek help from?	1.20%
C14	How common do you think this type of situation is for women in the area where you live?	17.40%
C15	Would you say the situation of COVID-19 has made things better, worse or the same for [Scripter: insert Female name] from this story in terms of her feelings of safety?	11.60%
C16	Do you think [Scripter: insert Female name] would seek help for this situation?	3.30%
C17	Who would [Scripter: insert Female name] most likely seek help from?	1.30%
C19	When people live together in the same household, they usually share both good and bad moments. And it is normal for people who live together to have arguments. How often in the last six months would you say that adults in your household have argued or have had some sort of conflict among themselves?	2.00%
C20	Would you say the situation of COVID-19 has made conflict between adults in your household more frequent, less frequent or about the same?	6.50%
C21	In the last six months, did you ever feel unsafe in your home?	0.80%
C22	Would you say the situation of COVID-19 has made things better, worse or the same in terms of how safe you feel in your home?	1.90%
C23_1	Why do you feel unsafe in your home? 1. I have a serious medical condition or disability and feel vulnerable	0.10%
C23_2	Why do you feel unsafe in your home? 2. My shelter is insecure from external threats (e.g., there are no locks on my front door)	0.20%
C23_3	Why do you feel unsafe in your home? 3. I am unable to communicate/reach out for help	0.20%
C23_4	Why do you feel unsafe in your home? 4. I am living with people I cannot trust	0.10%
C23_5	Why do you feel unsafe in your home? 5. There is substance abuse (e.g., alcohol or drugs) in the household	0.10%
C23_6	Why do you feel unsafe in your home? 6. There is physical violence or threats of physical violence in my home	0.10%
C23_7	Why do you feel unsafe in your home? 7. There is verbal abuse in my home	0.10%
C23_8	Why do you feel unsafe in your home? 8. Other adults in the household have hurt me	0.10%
C23_9	Why do you feel unsafe in your home? 9. Other women in the household have been hurt	0.10%
C23_10	Why do you feel unsafe in your home? 10. Children in the household have been hurt	0.10%
C23_11	Why do you feel unsafe in your home? 11. Something else	0.40%
C24	How often, if at all, did you go out of your house by yourself in the last month?	0.20%

C25	Would you say the situation of COVID-19 has limited your interactions with your friends and social groups, such as seeing or speaking to them?	0.30%
C30_1	Now I'm going to ask you about some situations that you or any other women you know may have experienced. For each situation, please tell if you or any other women you know have experienced this only before the start of COVID-19, only since the start of COVID-19, both before and since the start of COVID-19, or not at all. Please listen carefully and just answer "yes" or "no" for each question I ask. 1. Been slapped, hit, kicked, had things thrown at them, or other physical harm	4.80%
C30_2	Now I'm going to ask you about some situations that you or any other women you know may have experienced. For each situation, please tell if you or any other women you know have experienced this only before the start of COVID-19, only since the start of COVID-19, both before and since the start of COVID-19, or not at all. Please listen carefully and just answer "yes" or "no" for each question I ask. 2. Been yelled at, called names, humiliated	4.00%
C30_3	Now I'm going to ask you about some situations that you or any other women you know may have experienced. For each situation, please tell if you or any other women you know have experienced this only before the start of COVID-19, only since the start of COVID-19, both before and since the start of COVID-19, or not at all. Please listen carefully and just answer "yes" or "no" for each question I ask. 3. Had resources (like healthcare) or basic needs (like money, food, water, shelter) denied	4.90%
C30_4	Now I'm going to ask you about some situations that you or any other women you know may have experienced. For each situation, please tell if you or any other women you know have experienced this only before the start of COVID-19, only since the start of COVID-19, both before and since the start of COVID-19, or not at all. Please listen carefully and just answer "yes" or "no" for each question I ask. 4. Been forced to stay alone for long period of time or denied communication with other people	5.00%
C30_5	Now I'm going to ask you about some situations that you or any other women you know may have experienced. For each situation, please tell if you or any other women you know have experienced this only before the start of COVID-19, only since the start of COVID-19, both before and since the start of COVID-19, or not at all. Please listen carefully and just answer "yes" or "no" for each question I ask. 5. Been the subject of inappropriate jokes, suggestive comments, leering, or unwelcome touch/kisses	4.40%
C31_1	Are any of the following support services available for women in your community? 1. Information about security/crime prevention	27.50%
C ₃₁ _2	Are any of the following support services available for women in your community? 2. Access to basic needs such as shelter, food, clothing	26.80%

C ₃₁ _3	Are any of the following support services available for women in your community? 3. Medical support	22.80%
C ₃₁ _4	Are any of the following support services available for women in your community? 4. Someone to talk to like professional mental health experts	30.00%
C ₃₁ _5	Are any of the following support services available for women in your community? 5. Legal support or help in reporting the incident or dealing with police	26.40%
C ₃₁ _6	Are any of the following support services available for women in your community? 6. Financial support	26.00%
S12	And as a final question, I would like to know if you have another mobile phone number besides the one I am calling you on? IF YES: How many other mobile phone numbers do you have?	2.20%

2.1.8 Field observations

This section describes the observations made by the field managers and interviewers in the course of fieldwork. The observations relate to the most productive days for fieldwork; the main reasons for refusal to take part in the survey; challenges reaching certain age groups; and the clarity of terms, concepts and questions, among other topics. The observations effectively complement the fieldwork statistics included in the previous section, providing a more nuanced picture of the fieldwork experience.

- According to the field team, in the first weeks of the fieldwork Friday and weekends were the most productive days of the week to reach respondents. In the latter part of the fieldwork, all days except Sundays were indicated as productive in reaching respondents. As far as the most suitable time of day to reach respondents was concerned, the interviewers observed that the late afternoon and evenings were a better time to call women as they were more available.
- The main reason for refusals to take part in the survey was the length of the interview.
- In Côte d'Ivoire, the 50–59 and the 60+ age groups were less represented in the RDD sample frame. The field team also observed that older respondents (over 60) were more likely to get tired in the middle of the interview (mentioning that it was hard for them to hold the phone for such a long time), which necessitated the setting of follow-up appointments. Towards the end of the fieldwork, the local team observed that the use of the RDD sample alone would not be sufficient to meet the 50–59 and 60+ age groups quotas despite the extension of the fieldwork. Therefore, with the permission of the UN Women team and after careful review, the team in Côte d'Ivoire supplemented the RDD sample with leads from a contact database compiled from previous surveys conducted in the country. The database consisted entirely of mobile phone numbers, and the selection of these numbers was performed at random for all age groups in order to match the original design of the study.
- Given the circumstances at the time of conducting the survey (unstable public health situation due to the COVID-19 pandemic) the telephone **data-collection method** was perceived as appropriate.

However, given the high rate of unanswered phone numbers, which came as a result of a smaller share of individual mobile phones and higher share of mobile SIM card subscriptions, and the difficulty in reaching older age groups (60+) via phone, a face-to-face approach may ultimately be better for fieldwork in Côte d'Ivoire, should the public health conditions allow it.

In terms of observations relating to the survey questionnaire:

- Regarding reactions to **more sensitive questions**, the field team reported that some of the respondents took longer to answer or lowered their voice whenever they were asked about indirect experiences of violence against women, or when referring to such experiences that took place in their neighbours' households.
- The respondents who used the **popular local food** safety word generally did so correctly, that is, to indicate that their privacy or safety has been compromised.

2.1.9 Lessons learned and recommendations

This section draws upon the fieldwork statistics and observations outlined in the previous sections to provide recommendations for future surveys on violence against women in Côte d'Ivoire. Specifically, whether remote data collection can be considered as an appropriate approach to develop an evidence base on perceptions and incidence.

- CATI and the single-frame cell phone RDD design enabled the target number of interviews to be achieved, so the method could be considered for future surveys. However, certain age groups (18–29, 50–59, and 60+) and those living in certain regions (Bas-Sassandra, Gôh-Djiboua, Lacs, Lagunes, Montagnes, Sassandra-Marahoué, Savanes, Vallée du Bandama, Woroba, Zanzan) were more difficult to reach than other groups with the RDD sample. This should be reflected in the time dedicated to active data collection in future surveys with age- and region-based quotas. A longer fieldwork period would also help to address the fact that despite the high rate of mobile subscriptions in Côte d'Ivoire, the number of unique subscribers (i.e., people who own a mobile phone) is lower. It is commonplace for people to own a SIM card which is not constantly inserted in a mobile device, thus leading to a lot of numbers that remain unanswered over several calling attempts. Conducting more call attempts (over the minimum of three required for the study) was needed to reach respondents in the RDD sample in Côte d'Ivoire.
- Given the high rates of unanswered numbers in the RDD sample, a face-to-face approach may ultimately be more effective for fieldwork in Côte d'Ivoire, should the public health conditions allow it. In the case of a face-to-face approach, a longer fieldwork period would be absolutely necessary owing to the extra time required for physical visits to prospective respondents' homes.
- Given the field team's observations that **Sundays** were relatively unproductive for fieldwork we recommend that more of the interviewing effort should be concentrated during the weekdays. Additionally, given that **afternoons and the early evening hours** proved to be a good time to reach respondents, distributing the calling times of the interviewers into shifts is advisable so that more hours of the day can be covered, while at the same time remaining mindful of the need to avoid skewing the sample by interviewing only the most easy-to-reach women.
- Almost 43% of the respondents did not answer the **question asking about their marital status** (Ao1). The issue was also evident to varying degrees across most of the other Phase II countries. As mentioned previously, the wording of the answer options to Ao1 was adjusted in Phase II of the

study and this may in part have contributed to the higher item non-response rate observed. This point notwithstanding, generally the researchers would recommend placing potentially sensitive sociodemographic questions like marital status towards the end of a survey (rather than at the beginning as was the case in the Rapid Gender Assessment Survey), by which point some rapport will have been built between the interviewer and the respondent, making it easier for the interviewer to obtain an answer to the question.

• Given the use of languages in which respondents and interviewers had speaking fluency but no actual ability to write, the researchers recommend supplementing the written interviewer manual with audio recordings of translation of parts or the entire questionnaire in these languages. In addition to this, it is recommended that a special part of the interviewer training be dedicated to providing instructions on the use of unified terminology and explanations of key terms and expressions in the survey.



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