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Research Material

Interrogating the quality and completion of mortality mobile phone interviews conducted in Malawi during COVID-19: An examination of interviewer–respondent interactions

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Interrogating the quality and completion of mortality mobile phone interviews conducted in Malawi during COVID-19: An examination of interviewer–respondent interactions

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Abstract

BACKGROUND

Mobile phone surveys (MPSs) have gained traction as a tool for gathering survey data, especially following the emergency of COVID-19. However, our understanding of MPS data quality in contexts with limited mobile phone penetration is still modest.

OBJECTIVE

This study evaluates (1) the circumstances under which mobile phone survey interviews were conducted and how these might influence the completion and quality of interviews, and (2) whether mortality-related questions upset respondents.

METHODS

We present descriptive statistics on respondents' locations and a few debriefing questions, complemented by an analysis of audio recordings from a selection of interviews.

RESULTS

Findings indicate that interviews conducted while respondents are in public places are more likely to be interrupted or take longer compared to interviews conducted when

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respondents are at home. Furthermore, mortality questions only rarely trigger emotional distress among respondents. We observed no discernible shifts in respondents' tone when answering mortality questions relative to other questions.

CONCLUSION

It is less desirable to conduct MPS interviews when respondents are in public places, especially on topics that require privacy. Additionally, although sensitive, mortality questions should be treated like any other, as they are largely not as upsetting as commonly perceived.

CONTRIBUTION

As MPSs continue to gain ground in low- and middle-income countries, establishing good practices related to the circumstances wherein respondents take interviews is crucial. Aside from being sensitive and respectful when asking survey questions, enumerators should treat mortality questions like any other. Only in a few instances do these questions typically trigger negative emotional reactions.

1. Introduction

The COVID-19 pandemic underscored the need for timely and continuous mortality data to help researchers understand the magnitude and impact of the outbreak. Ideally, a country's civil registration and vital statistics (CRVS) system should provide such data for policy formulation. However, owing to deficiencies of CRVS systems in most low- and middle-income countries, census and survey data are used instead. The drawback of these data sources is that they are only conducted at periodic intervals (of five-plus years), thereby failing to provide timely and continuous information. They rely heavily on face-to-face interviews, making them impractical during emergencies and epidemic outbreaks. The inability to conduct face-to-face interviews at the height of the COVID-19 pandemic meant that the required data for effective health interventions and policy formulation were not readily available. This limitation led researchers to seek alternative approaches, including mobile phone surveys (MPSs), to gather COVID-19-related data (Dillon 2012; Phadnis et al. 2021).

However, as a departure from traditional face-to-face interviews, MPSs present additional and unique challenges over and above those that characterize face-to-face surveys. Key challenges with MPSs include representativeness, which may be hindered by the lack of an adequate sampling frame, the unequal distribution of mobile phone ownership, and high non-response rates (Brubaker, Kilic, and Wollburg 2021; L'Engle et al. 2018; Lau et al. 2019). In addition, it is more challenging for enumerators to establish rapport with respondents during telephone interviews (Glogowska, Young, and

Lockyer 2011; Novick 2008; Wilson and Edwards 2001), which may impede the collection of good-quality data. In the Malawian context, Chasukwa et al. (2022) established that it is feasible and acceptable to conduct a mortality MPS. However, it is important to understand better how the circumstances during data collection may affect data quality. Age data, in particular, are key in mortality estimation, and a recent comparison suggests that MPSs produce noisier self-reported age data than do face-to-face survey interviews (Helleringer et al. 2023).

Thus in this study we (a) examine how the circumstances under which MPS interviews were conducted influenced data quality. In particular, we assess how a respondent's location during the survey affects the quality and completion of an interview. We also (b) investigate whether questions eliciting mortality information upset respondents. We then discuss how the above-mentioned aspects influence the overall quality of (mortality) data collected through MPSs.

2. Data

The data used in this analysis come from the Rapid Mortality Mobile Phone Survey (RaMMPS) project – a series of five-country case study MPSs (LSHTM 2022). For more information about the RaMMPS project, visit <https://www.lshtm.ac.uk/rammps>. Our data come from the Malawi RaMMPS study – a national survey conducted between January 2022 and July 2023. Sampling for the Malawi RaMMPS was done via random-digit dialing of phone numbers generated by a third party and verified against the Home Location Register, a database of authorized subscribers on the Global System for Mobile network. Sampling was based on quotas defined in terms of age groups (18–49 and 50–64), sex, region (North, Center, and South), and place of residence (urban or rural); quotas were derived from the 2018 Malawi Population and Housing Census.

Interviews were conducted by enumerators who had prior experience with mobile phone interviews but not necessarily with mortality surveys. Beyond the identification and eligibility questions, the questionnaire comprised four main sections: consent, respondent profile, household socioeconomic profile, and a few fertility and mortality modules covering household deaths and sibling and parental survival histories. Women of reproductive ages (18–49) were randomly assigned to report on fertility and child survival via full or truncated pregnancy history modules. Therefore respondents received different versions of the questionnaire, and interview durations varied accordingly.

All enumerators participated in a one-week training prior to the start of the interviews and a one-day refresher after each trimester (three months) of fieldwork. At the end of each interview, enumerators were required to complete a set of debriefing questions regarding the respondent's educational qualifications and their assessment of

the interview, in addition to the enumerator's own assessment of the interview. The SurveyCTO platform was used for case management, questionnaire navigation, data entry, and secure transmission of encrypted data. A random sample of 2%–3% of the interviews was recorded via the audio audit tool in SurveyCTO, primarily for quality control purposes: a supervisor listened to the interviews and provided feedback to enumerators. During the consent process, all respondents were informed that their interview might be recorded, and the recording itself started only after consent was given. Neither the enumerator nor the respondent knew whether the interview was selected for recording. Audio-recorded interviews did not include respondents' personal or identifiable information, such as name, age, or mobile phone number. However, for this analysis, necessary information like age and place of residence (rural or urban) was retrieved from the anonymized interview data and linked to the audio recordings using unique respondent identifiers. Respondents who completed the interview received an incentive of MWK1,000 (approximately US\$1 at the time of the study) in airtime credit as a token of appreciation for their participation in the survey.

To examine the conversations between interviewers and respondents, 97 audio-recorded interviews were transcribed: 36 from the first trimester of fieldwork, 28 from the second trimester, and 33 from the third trimester. To situate the analysis of the 97 audio-recorded interviews, we also used the quantitative data from the three trimesters of fieldwork. This dataset had 14,781 cases comprising 92% of completed interviews, several partially completed interviews that were earmarked for a callback (5%), and incomplete interviews where no callback was scheduled (3%).

3. Analytical approach

We use mixed methods to analyze the data: we use descriptive statistics to characterize the samples and examine the frequency distributions of variables of interest, and use a qualitative approach to review and examine audio-recorded interviews and their transcripts. We first discuss the place where respondents engaged with survey enumerators, assessing whether the context under which the phone calls were received influenced the quality and completion status of the interviews. Second, we examine the conversations between interviewers and respondents to identify whether questions about the death of a household member or a close relative upset respondents. In mortality surveys, there is concern that asking about deceased household members and relatives may be upsetting or unsettling to respondents (Kalter et al. 2004). Potentially, such a reaction could lead to question avoidance or inaccurate responses that can undermine the quality of mortality data. We leverage audio-recorded interviews to explore mechanisms that may lead to negative reactions. More specifically, we examine changes in tone within

respondents' answers when transitioning from non-mortality to mortality questions and investigate whether there were indications of question avoidance. Furthermore, we assess respondents' perceptions of the interview regarding the level of distress caused by all interview questions. In particular, we analyse responses to the following question: "I would like to ask you whether the questions I've asked during the interview have upset you?" If a respondent answered affirmatively, they were then asked about the severity of the distress. We examined how these responses related to the tone shift analysis from audio recordings.

All analyses were disaggregated by the respondent's age, sex, and place of residence (rural or urban), as well as the timing (recency) of the death (within the past three years or more than three years ago).

Due to the subjective nature of the analysis of audio recordings, three people, separately, reviewed the recordings to improve the analytical objectivity, especially regarding respondents' tone shifts during the interview process. Conclusions reached on this subject are a consensus of these individuals.

4. Findings

4.1 Sample characteristics of respondents

Table 1 provides an overview of selected characteristics of the Malawi RaMMPS sample and the subset of respondents whose audio interviews were transcribed. The mean age for the total RaMMPS interviews and the audio-recorded interviews is the same: 31 years. Owing to the sampling quotas that were imposed, the sex composition of the total RaMMPS data corresponds with the 2018 Malawi Population and Housing Census. However, the reviewed audio recordings comprised slightly more male (55%) than female (45%) respondents. In terms of residence, the total RaMMPS sample again corresponds to the distribution in the 2018 Malawian census, with 75% of respondents living in rural areas. Out of the 97 audio-recorded interviews, 56% and 44% of the respondents lived in rural and urban areas, respectively.

After consent for the interview was obtained, all respondents were asked about the location from which they were taking the call, with response options including home, work, or somewhere else. Most respondents (58% for the total sample and 54% for audio-recorded interviews) reported taking the call from their home, while 25% and 21%, respectively, answered from their workplace. Further, 17% (for the total sample) and 26% (for audio-recorded interviews) took the call from locations other than their home or workplace. In most cases, these respondents were in public places – either at a marketplace or on the road (e.g., on foot or in a vehicle).

Table 1: Characteristics of respondents – total RaMMPS sample vs. audio-recorded interviews

Description	Total RaMMPS sample, N = 14,781			Sample from audio-recorded interviews, N = 97		
	Percent	Min	Max	Percent	Min	Max
Age (mean)	31 (10)	18	64	31 (10)	18	58
Sex						
female	47.7			45.4		
male	52.3			54.6		
Place of residence						
rural	74.9			55.7		
urban	25.2			44.3		
Respondent's location						
home	57.7			53.6		
workplace	25.0			20.6		
elsewhere	17.4			25.8		

Note: Standard deviation in parentheses.

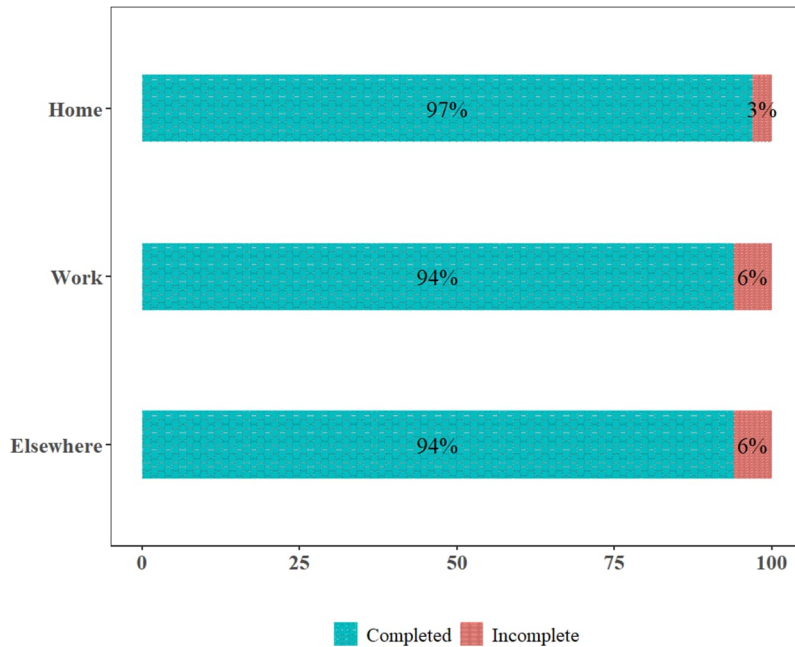
4.2 General quality of the audio interviews

4.2.1 Location of respondents and the completion of interviews

We reviewed and evaluated both datasets to determine whether the completion of an interview, conditional on consent, was associated with the respondent's location during the interview. Incomplete interviews included those that ended prematurely and those where part of or an entire questionnaire module was skipped. Figure 1 shows the completion status of interviews by location of respondents. Overall, the completion status of phone interviews, conditional on consent, was high. Nevertheless, the location of respondents during interviews is a significant factor for interview completion. For instance, whereas only 3% of interviews conducted while respondents were at home were incomplete, 6% were incomplete when respondents were at work or elsewhere. A chi-square statistic shows that the difference is significant at the 0.01 alpha level (Pearson $\chi^2 = 81.8$, $df = 2$).

Audio recordings reveal instances where interviews ended because respondents were busy at work or on the road. For example, interviews with a 33-year-old female and a 25-year-old male, who at the start of the interviews were on the road, were curtailed when they reached their respective destinations – a workplace and a church. The enumerators' efforts to re-establish contact were not successful. In another instance, a 21-year-old female respondent, who was at her workplace and unable to complete the phone interview, was unreachable for a callback within the agreed time frame.

Figure 1: Interview completion (conditional on consent) by location of respondents (N = 14,200)



Similarly, the respondent's location at the time of the interview plays a role in determining whether certain sections of the questionnaire are skipped. Audio recordings reveal that respondents may feel uncomfortable about answering specific questions when in a compromising environment. For instance, a 35-year-old female respondent, who at the time of the interview was at a friend's house, declined to answer questions about her pregnancy history and requested that the interviewer call back the next day:

Interviewer [I]: Now I would like to ask you about the births and pregnancies that you have had in your life. Before I do that, I would like to confirm that you are at a place where I can comfortably ask you these questions.

Respondent [R]: Aah [laughs briefly], no.

I: Eh!

R: No, ask me those questions another day.

The above scenario highlights that some locations, especially where there are unwanted ears regarding survey responses, may not be ideal for discussing potentially sensitive topics, as this is likely to produce incomplete interviews for various reasons, including privacy issues.

4.2.2 Location of respondents and the quality of interviews

Survey data from the enumerator debriefing section and audio recordings were also analyzed for the general quality of the interviewing process. Two key issues emerged. First, interviews conducted while respondents are at work or in a public place are more likely to be of poor quality, affected by background noises or other disturbances, and this impedes the normal conduct of the interview. For instance, enumerators reported poor signal or excessive background noise in only 6% of the interviews conducted when a respondent was at home but reported such problems 11% of the time when a respondent was in a public place (Figure 2). These differences in phone call quality were significant at the 0.01 alpha level (Pearson $\chi^2 = 92.4$, $df = 4$). There were no observable differences by sex of the respondent.

A conversation with a 33-year-old female respondent on her way to church highlights this problem. In this case, excessive background noise ultimately led to interview interruption:

I: I would like to ask you about your siblings who were born to your biological mother [noise in the background].

R: The ones I was born with from the same mother?

I: Yes, but it sounds like you are at a noisy place.

R: These are noisy people, but I can hear you because I am wearing headsets.

I: Okay.

R: Yes, you can speak. I can hear you [loud noise continues].

...

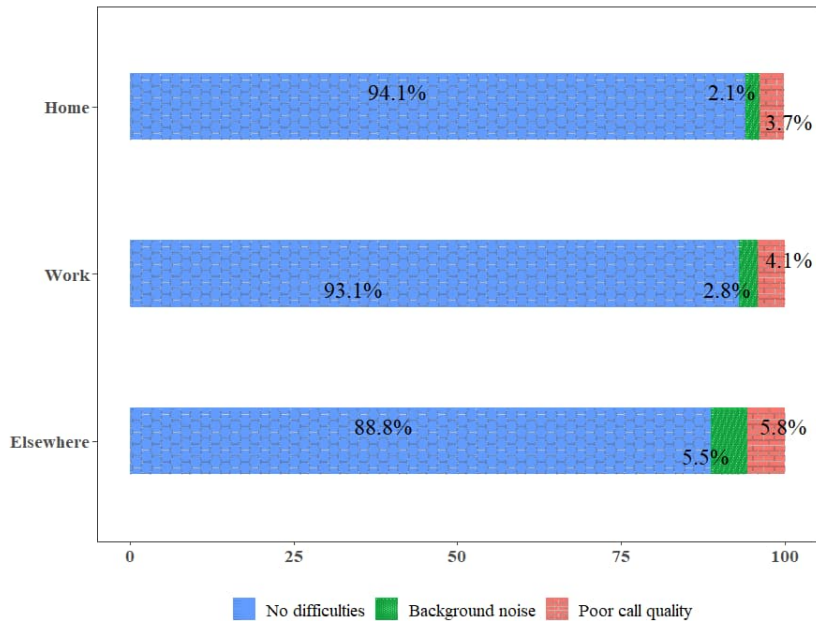
I: Now I would like to ask you about the births and pregnancies that you have had in your life. But, before I continue, I would like to confirm that you are in a place where I can comfortably ask you these questions. Eh, your environment is very noisy [women singing in the background].

R: Uh-huh, wait. I will beep you when I have disembarked from the vehicle. People are making noise.

I: Okay.

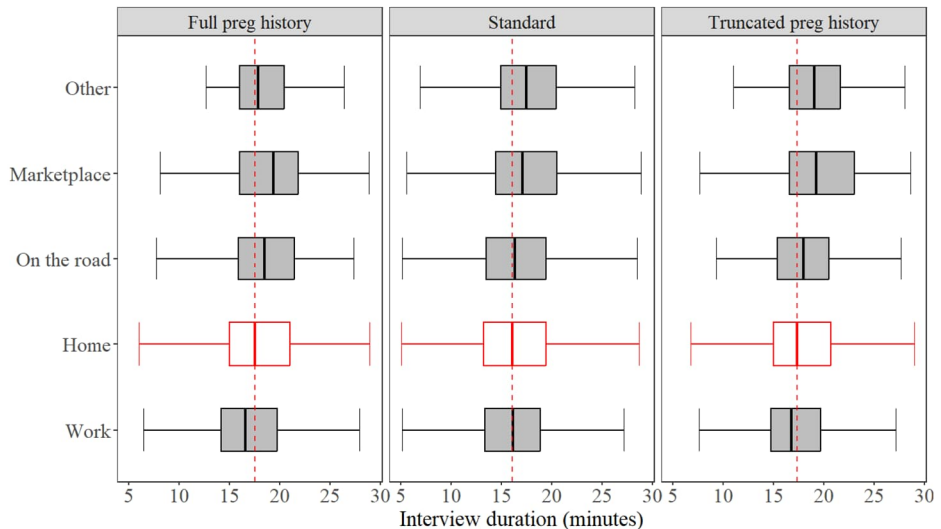
R: I will beep you. Let me just get off.

Figure 2: Enumerator perception of call quality by location of respondent (N = 13,515)



Second, interviews conducted while respondents are not at home may be rushed in the interest of completion or prolonged due to disruptions. Figure 3 presents boxplots showing interview durations based on respondent location and type of questionnaire administered: standard and questionnaires with or without pregnancy history modules. For purposes of this analysis, “elsewhere” was disaggregated into specific locations (with $n \geq 30$) to unmask differences within this category. Notably, there are substantial differences in median call durations depending on the respondent’s location, ranging from 16.1 minutes when the respondent is at home to 19.6 minutes when the respondent is at a marketplace. Generally, interviews take slightly longer when respondents are in public places (e.g., a marketplace, funeral, friend’s home, hospital, church) than when respondents are at home, irrespective of questionnaire type. However, interviews are slightly shorter when respondents are at their workplaces, especially when the questionnaire includes pregnancy history modules. We found no differences in median interview durations by sex of the respondent for the standard questionnaire.

Figure 3: Call duration by respondent's location and questionnaire type (N = 13,054)



Notes: The standard questionnaire was administered to men and women older than 50. Women of reproductive age were randomly allocated to a version of the questionnaire with either a truncated or a full pregnancy history. Questions about the survival status of siblings were not asked of women receiving the full pregnancy history instrument. Thus the lengths of the respective questionnaires differed. The dotted vertical line in the figure is the median duration for home interviews.

The following conversation with a 25-year-old male respondent, who was on his way to work, illustrates how interviews may be rushed through for the sake of completion, resulting in a shorter-than-expected interview duration. In this case, the respondent repeatedly requested the interviewer to expedite the interview:

- I:** Now I would like to ask you about your biological mother. Is your biological mother alive?
R: She died.
I: I am sorry. When did she die?
R: I don't know.
I: You don't know?
R: Yes, it's a long time ago.
I: How old were you so that I can calculate?
R: Ah, maybe 3 years.
I: When you were 3 years old?
R: Yes.

R: I have arrived at my workplace.

I: Okay, alright.

I: Do you know how old was your mother when she died?

R: No.

I: Okay.

R [interrupts]: Please be quick because I have arrived at my workplace.

I: Yes, I will be quick.

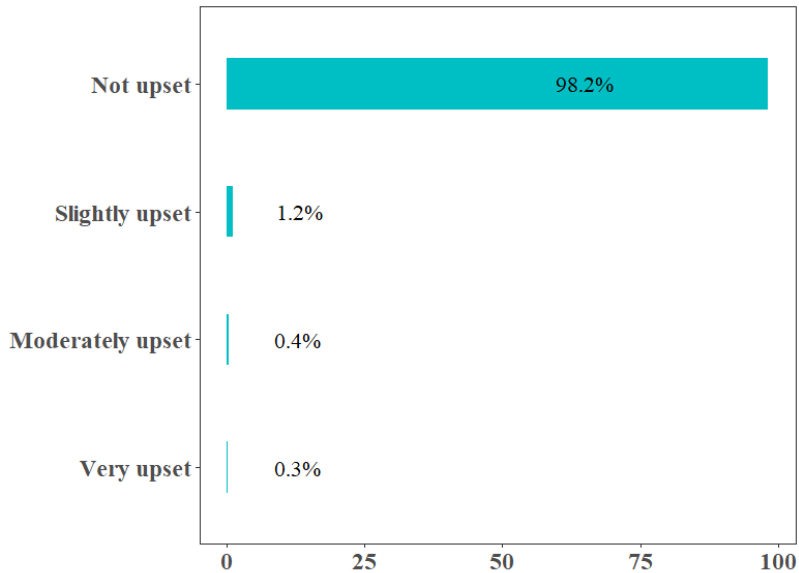
The respondent encouraged the enumerator to speed up the interview, leaving insufficient room for the necessary probes and thus hindering the collection of quality data. Unsurprisingly, a few questions later, the call was disconnected.

4.3 Examining if administering mortality questions triggers negative emotions among respondents

Enumerators were trained to cautiously approach questions about deceased household members or relatives to avoid causing distress. In the debriefing section at the end of the interview, respondents were asked whether they found any portion of the interview upsetting. Results indicate that respondents were rarely upset by the interview questions, including those related to mortality. Only a small proportion of respondents reported being slightly or moderately upset (1.6%), and an even smaller proportion reported being very upset (0.3%) (Figure 4). These statistics do not differ by age or sex of the respondent (results not shown). Thus most respondents considered all interview questions, including those on mortality, to be normal.

This perception was investigated further by examining audio recordings for changes in tone during the interviewing process, comparing responses to non-mortality and mortality-related questions. Throughout the interviews, no noticeable shifts in tone were observed when respondents were answering mortality questions compared to general household questions. These observations were consistent regardless of factors such as the recency of a death, the sex and age of the respondent, the place of residence, and whether the interviewer kept a constant tone during mortality questioning. For example, a 40-year-old female urban respondent who lost both parents on the same day in 2021 due to COVID-19 showed no indications of being upset by the mortality questions. When asked if the survey questions during the interview had upset her, she responded negatively. Such was also the case with a 35-year-old male rural respondent who had lost a relative due to COVID-19 three months prior to the interview.

Figure 4: How upset were respondents with the interview questions? (N = 13,562)



Nevertheless, we observed a few instances where an interviewer's – and not the respondent's – tone shifted upon learning that the respondent had lost both parents and two siblings many years before. Although throughout the rest of the mortality module, the interviewer consistently expressed condolence to the respondent, no discernible tone changes were noted from the respondent's side. Such was also the case even in the event of a recent death, as the conversation below indicates. In this conversation, a 24-year-old female rural respondent did not display any signs of distress as the interviewer expressed words of condolence, and she responded negatively when asked if any interview question was upsetting:

I: Is your biological father alive?

R: No.

I: Ooh, I am so sorry.

R: He died of COVID.

I: Ooh, he died of COVID-19. I am very sorry, my sister, I am very sorry.

R: Yeah.

I: When did he die?

R: October 2020.

...

I: Okay, I am so sorry. My condolences for losing your father.

...

I: I would like to thank you, my sister, for your cooperation. But before we conclude, I would like to ask you if, in this interview, there were questions that have upset you?

R: No.

I: Are you not upset?

R: No.

I: Okay, it's nice that you are not upset.

We also encountered two instances where respondents declined to provide specific mortality-related information. In one case, a respondent refused to disclose the name of a deceased sibling. The respondent provided other information about the death but was unwilling to share the name unless there was a valid reason to do so. In this case, we speculate that the respondent may simply have felt uncomfortable sharing the name. Additionally, it is worth mentioning that the respondent did not exhibit any sign of being upset during the conversation:

I: I would like to ask you about your siblings who were born to your biological mother.

R: Okay.

I: In your family, how many children were born to your mother?

R: Girls?

I: All of you, whether girls or boys, either deceased or alive.

...

I: Of the seven siblings, how many are deceased?

R: One.

I: Did this sibling die between 2019 and now or prior?

R: That was last year in April.

I: 2021, okay. Is it possible to tell me the name of your deceased sibling?

R: Okay, can I ask a question?

I: Yes, you have all the liberty.

R: The name, what do you do with it?

I [explains without answering the question]: You are free to say, "No, I will not provide the name. Continue with the other questions." You are free to say so.

R: Okay.

I: Can we continue with the questions?

R: Yes, but I will not provide the name, unless there is an important reason.

In another case, a respondent declined to provide information about the survival status of a sibling. Here we suspect that the mortality questions asked just prior, regarding the survival of the respondent's parents, had triggered negative emotions. When asked if any of his six siblings had passed away, the 30-year-old male rural respondent stated, "I cannot answer such questions at the moment. Ask another question." We observed a tone shift from the respondent at this particular instance in the interview, although later the respondent stated that he was not upset by the interview questions.

It is worth mentioning that we also observed tone shifts in a few additional interviews when respondents were discussing pregnancy histories. Specifically, respondents expressed discomfort with questions regarding their pregnancy histories. For example, women were puzzled when asked about the names of their newborns, questioning the relevance of such details within the scope of a study focused on COVID-19.

5. Discussion and conclusions

Mobile phone surveys are increasingly considered because they are easier and cheaper to implement than face-to-face surveys (UNSD 2022). However, our experience with MPSs is still modest, and we need a better understanding of their suitability for collecting demographic data. In particular, the quality of mortality data generated through MPSs is yet to be appraised. Due to their departure from traditional face-to-face interviews conducted within the premises of a respondent's household, we examined how the respondent's location during the survey phone call influenced the quality and completion of interviews. In addition, we considered whether MPSs can be used to collect mortality data without triggering negative emotions among respondents. This was investigated using quantitative evidence from the survey, particularly by utilizing a series of survey debriefing questions, and qualitative evidence from transcripts of interview audio recordings.

Descriptive statistics show that more than half of respondents were interviewed while at home, with around 40% of respondents interviewed at a location other than the home. This is consistent with reports from elsewhere, which indicate that most MPS respondents are interviewed at home (Kühne and Häder 2012; Vicente and Lopes 2015). Furthermore, our results show that the respondent's location during a mobile phone interview is associated with the completion and quality of the interview. We find that conditional on consent, interviews conducted while respondents are at work, on the road,

or in other public places are slightly more likely to be incomplete, either because they end prematurely or due to the omission of certain sections considered sensitive to discuss in such locations. In addition, the quality of such phone calls was often labeled problematic by enumerators due to background noise or poor reception. Our study provided specific examples illustrating how a respondent's location during an interview can compromise privacy and disrupt the interview process (although this did not happen often), therefore affecting the overall quality of the generated data. These findings support those from Ward et al. (2014), who found differential reporting of survey data among US respondents based on their location (home or away from home) during telephone interviews. Although MPSs boast the advantage that respondents can be interviewed from any location (Oltmann 2016), our results suggest that some locations have the potential to undermine the reliability and quality of data collected through MPSs. It is therefore a good practice to allow respondents to discontinue or interrupt such interviews, even if, in the end, this will result in partially completed interviews.

In addition, we also find that a respondent's location when being interviewed is associated with the duration of the interview. We find that interviews conducted while the respondent is not at home are more likely to be either rushed due to time constraints or prolonged due to disruptions. Overall, interviews conducted while a respondent was in a public place, especially a marketplace, took slightly longer than home interviews, suggesting that disruptions tend to prolong such interviews. In contrast, interviews conducted while a respondent was at work, particularly questionnaires containing pregnancy history modules, took slightly less time than home interviews. This may suggest two things: (1) Time constraints compel respondents to rush through interviews; (2) women avoid questions about their reproductive history if they are not in a safe space to discuss such topics. Although both are plausible explanations, we are more inclined toward the second than the first explanation because, for the standard questionnaire, we found no durational differences between interviews conducted with respondents at the workplace and those conducted with respondents at home. This aligns with discussions from Beall and Leslie (2014) on the impact of interview context on the reliability of birth history data. They highlighted that, depending on context, interview settings can influence the reporting of sensitive topics, such as miscarriages and abortions, during the collection of data about women's reproductive histories.

The above results, along with the finding that respondents tend to skip certain interview questions deemed sensitive to discuss at locations other than the home, suggest that it is less desirable to administer sensitive interview questions, such as those concerning pregnancy histories, when a respondent is not at home. Overall, these results strengthen the argument that while MPSs have the advantage that a respondent can be interviewed from anywhere, some locations undermine the reliability and quality of the collected data. However, it is worth noting that, for this analysis, the reported survey

completion rates are relatively high, even for respondents who were not at home, because the location question was asked only after the eligibility screening and informed consent stage. So it is quite plausible that important disparities in interruptions and tacit refusals existed before this point.

Furthermore, we also find that contrary to the common perception, mortality questions may not be more upsetting than survey questions on other topics. We draw this conclusion based on two key observations. First, if respondents are upset during mortality survey questioning, we would expect to hear changes in their tone when answering questions or other extreme reactions, such as sobbing. However, the analysis of audio recordings did not reveal detectable signs of tone shifts when respondents answered mortality questions compared to general household questions. But we did note tone shifts in non-mortality-related questions, which strengthens our argument. Second, during the debriefing, each respondent was asked whether any of the interview questions had upset them. The majority responded negatively, indicating that none of the questions had caused distress. This was true across various factors, such as the respondent's location during the call, their age and sex, and the type and recency of a death. These results agree with a study by Chasukwa et al. (2022) that found that MPSs with questions about (recent) deaths in the family and household are as acceptable as those with socioeconomic questions. However, there were a few instances where respondents avoided discussing certain aspects of mortality questions, refusing to engage with modules related to a specific mortality subject, suggesting that mortality topics are not completely non-distressing. Therefore, while mortality survey questions might be considered sensitive, they do not trigger negative emotions in most respondents, contrary to common perception. Thus they should be treated like any other question. However, these conclusions are based only on the researchers' interpretation of the audio recordings, focusing on observed tone shifts in conversations. Perhaps more tests using other methods, such as acoustic techniques (Snider 2018), need to be conducted to ascertain these conclusions. In addition, it is possible that those who consented to the survey were a selection of respondents with relatively less negative feelings or with more motivation to complete the interview, even if the questions were upsetting. Indeed, respondents were forewarned about death-related questions that could be upsetting and were promised a token of appreciation (approximately US\$1 worth of airtime) at the end of the interview. It is possible that this could have impacted the outcome of negative feelings among respondents.

Nonetheless, our analysis highlights and provides an entry point for a conversation regarding two issues that require further investigation: (1) how the circumstances under which respondents attend to MPS interviews influence the quality and completion of the interviews, and (2) the contrary opinion about the common perception that mortality questions are upsetting.

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