Critical Problems in Name Generator Survey Designs

- Structural truncation of networks
- Need 'name interpreters' to gather information on alters -collected from respondent (ego); increases survey length in w/number of alters
- Convention: truncation of types of interaction investigated (name generators)
- Convention: truncation of number of alters elicited (fixed choice)
- Ego reports of alter characteristics yield poor quality data
- Ignorance, recall, guessing, false consensus

Solution: Field Survey Over Pre-Existing, Prospectively Collected Longitudinal Surveillance System

- Link alter claims to surveillance system records
- Fewer name interpreters concerning alter characteristics
- More name interpreters concerning relationship quality/status
- More name generators
- Personal networks, not subject specific
- Free choice
- Higher quality data on alter characteristics

Qualitative Research on Cognitive Schemas/Health Ideation

- Develop survey measures of idealistic context that discriminate cognitive schemas related to health
- 10 in-depth interviews w/biomedical practitioners (and one key informant)
- 1 focus group with health post staff
- 98 in-depth interviews w/random sample of adult population: disease narratives

Qualitative Research on Dimensions of Sociability/Pilot survey

- Identify contours of social networks
- Semi-structured interviews (24) over 40 most commonly used name generators
- Pilot survey using 15 name generators
- Experimental instrument with 40 name generators
- Limits/multiplexity

Main Survey Instrument (panel 1)

- 15 Name Generators, 4 domains of interaction
- Unlimited number of alters elicited for each name generator
- Average 42 Alters named, 24 uniquely named
- Multiple measures of tie strength/social proximity
- Type of relationship
- Kinship (sanguinal/faux)
- Duration known
- Frequency of interaction
- Desired frequency of interaction
- Relative socioeconomic position
- Psychometric measures of tie strength
- Location, interaction with migrants
- After-specific aid provided/given
- Extensive respondent questionnaire
- Multiple measures of health ideation/schemas
- Ideal family size and and family planning acceptability
- Reproductive health
- Status of women and IPV
- Mental health

Main Survey Instrument (panel 2)

- Re-interviews and refresh sample
- New section on influence of national family planning program

Roster Instrument (2015; n=500)

- Goals: Alternative measures of density/reciprocity, knowledge of alter characteristics, identification of consensus/conformity effects
- 500 alters cited in first panel survey selected for interview
- Given roster of 40 names/identifying information, randomly selected within strata of household, village, and larger surveillance area
- First panel respondents citing them randomly inserted into list (double blind)
- For roster elements identified as known
- Relations across 15 name generators from main survey
- Name interpreter questions concerning tie strength
- Respondent’s own and perception of alters’ health beliefs
- Latter known from first panel (comparative)
- Respondent’s own and perceptions randomized order to estimate consensus/conformity effects

Analyses/Working Papers

- “Social learning about levels of perinatal and infant mortality in Niakhar, Senegal”. Social Networks, 34(2), 264-274.
- Infant mortality in networks associated with beliefs about mortality risk
- Morbidity, mortality and health seeking behavior in rural Senegal: local understanding and representation of disease across modality of treatment”.
- Health seeking behaviors associated with ethnomedical/biomedical schemas and beliefs concerning causation and efficacy
- “Fomber malade et en guerir sans aller au dispensaire : représentations de la maladie et de la guérison en milieu rural Sénégale”. Ethnomedical/autobio medical/biological health seeking
- Migration and Social Networks: Specificities of Circular Migrants’ Networks in Rural Senegal
- Circular migration and networks in rural Senegal
- Circular Migration, Social Networks and Feelings of Sadness
- Sadness explained by structure of migrant networks
- Ideal family size, acceptability of contraceptive use and social network processes”.
- Strong network effects, at times more so than educational attainment
- “Diffusion of innovation in family size preferences and acceptability of contraceptive use between urban migrants and non-migrants in rural Senegal”.
- Migrants’ characteristics associated with fertility ideation
- The structure of network health aide in a rural Senegalese context