DOCUMENTATION GUIDE #7: MIGRATION AUTOPSY



Purpose

Many TLT respondents moved away during the study period. In order to both carefully track attrition and gather valuable information about migration, TLT performed a *migration autopsy* on study participants who migrated from the study area during the course of the 8-wave observation period (2009-2011). In the respondent's absence, migration autopsies were completed by informants who were either related to the respondent or had previously lived with or nearby. Occasionally, when relatives and neighbors were unavailable, the migration autopsy was completed by less intimate individuals who knew the respondent and could speak about the reasons for the migration and the likely destination.

Instrument

TLT's Migration Autopsy questionnaire was heavily informed by prior work conducted by Philip Anglewicz in 2006/7 in conjunction with the Malawi Diffusion and Ideational Change Project (Anglewicz 2012). The instrument was modified to suit the specific needs of the TLT study by investigators at Kamuzu College of Nursing at the University of Malawi, Penn State University, and the University of Colorado Denver. When enrolled respondents could not participate in a survey wave due to possible migration, interviewers would begin the process of locating informants who could report on key aspects of the respondent's whereabouts, including: timing of migration, reasons for migration, and destination. This relatively short survey took approximately 15 minutes to complete.

Notes to Analysts

For the Migration Autopsy data, the questionnaire is the codebook and should be read carefully. Identifying variables, redacted to protect respondents confidentiality, are shaded in grey.

Correspondence between TLT respondents' attrition from the main survey and completion of a migration autopsy by a key informant is imperfect.

In 68 cases, more than one migration autopsy was collected for the same respondent. Informants completed two migration autopsies for 63 respondents (46 females, 11 random men, and 16 partners) and three migration autopsies for 5 respondents (3 females and 2 partners). In 76 cases, migration autopsies were collected during waves in which the respondent also completed a main questionnaire; in other words TLT interviewers were "eager" to gather information on a "migrant" but the respondent made his/her way back to the TLT research center in Balaka before

the wave had completely ended. These migration autopsies are included in the present dataset; we've constructed a variable called inwave to identify cases in which the migration autopsy is redundant to the respondent's participation in that wave.

A total of 675 migration autopsies were administered regarding 602 respondents. For 20% of women (N=306) who were enrolled at baseline, TLT collected at least one migration autopsy during the study period, totaling 352 migration autopsies. Twenty-four percent of random men (N=139) and 16% of partners (N=157) who participated in the study at any wave had at least one migration autopsy report associated with their TLT records.

Analysts interested in examining unique migration events throughout the study period should not rely on migration autopsy reports for such estimates. Migration events would have to be estimated by a thorough analysis of attrition in the survey, combined with data from these migration autopsies and relevant data from the main questionnaires at completed waves. In a few cases, for example, as many as three migration autopsies were administered for the same respondent; these reports were collected by multiple informants (e.g., a parent and a brother) about young female respondents who had migrated circularly to attend secondary school.

Cleaning to the dataset was minimal.

Three cases were missing information on the exact date the migration autopsy was administered. Because interviewers administered migration autopsies at each wave during a dedicated period of time (approximately 1 week at the end of the wave), we imputed values for these three cases by deducing the most likely date based on migration autopsy dates, interviewer, location, and the other migration autopsies that interviewer completed. For example, if all MAs were conducted between Nov 10 and Nov 15, 2010 and interviewer 300 completed interviews on Nov 12, 13, and 15, we assumed the interview was conducted on Nov 14th, along with the other MA conducted in that same village on that same day.

mg10y

One respondent was reported to have migrated in 2001. Cross-checking this information using the migration autopsy and main questionnaires in other waves, we confidently interpreted this as a typo and replaced the value as 2011. Five additional cases were missing information about the approximate date of migration. These values are missing in the present dataset. Using adjacent information from the migration autopsy and a complete reading of these respondents' full records, we suggest the following values to analysts who are inclined to impute:

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** Replace mg10y (year migrated) using information from migration autopsy and main questionnaire **
replace mg10y=2011 if respid==125531 & wave==7
replace mg10y=2011 if respid==219449 & wave==8
replace mg10y=2011 if respid==219546 & wave==6
replace mg10y=2011 if respid==322469 & wave==6
replace mg10y=2011 if respid==6429121 & wave==6

replace mg10m=8 if respid==125531 & wave==7
replace mg10m=9 if respid==219449 & wave==8
replace mg10m=8 if respid==219546 & wave==7
replace mg10m=4 if respid==322469 & wave==6
replace mg10m=4 if respid==322469 & wave==6
replace mg10m=4 if respid==6429121 & wave==6
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mg12

Eight cases were missing information on whether the respondent moved alone or with his/her spouse. The respondents' marital status can be known from the questionnaires administered at adjacent waves, yet the timing of the respondents' migration and their spouses' migration remains unclear. Around these 8 cases, data in mg13 and mg13spec contain useful hints for analysts who would like to impute. But no edits to mg12 were made here.

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