

# Addendum to Pre-Analysis Plan for Phase II of ‘The Effects of Media Messages on Social Attitudes in Uganda’

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During Phase II of ‘The Effects of Media Messages on Social Attitudes in Uganda’ we collected data by blocks. After the data collection was completed in the first block, we made several adjustments to our data collection strategy which we register here prior to having access to the complete outcome data. We also encountered attrition. This addendum serves to describe our analysis strategy given this complication.

## Changed Question Wording

We made a change in the wording of one of the outcome questions (additions in italics) to increase the variation in the responses to this question. This change was made after we finished the data collection within all trading centers within the first block. As such, there is no correlation between question wording and treatment assignment within block.

ipv\_efficacy:

Suppose a man beats his wife almost every evening. In your view, should other people intervene or should they wait for the situation to improve on its own?

- They should intervene *even if it might create tensions.*
- They should wait for the situation to improve on its own.

## Addition of One Question

Additionally, we changed the questions about compliance in the two trading centers in which we implemented only five movie screenings instead of six to the following wording:

19.1) Recently, a series of five free films (Pirates of the Caribbean, Creed, Fast and Furious, Spy, Slumdog Millionaire, Oz The Great And Powerful) [DELETE MOVIE THAT WAS NOT SCREENED] were screened in the kibanda in your trading center. Have you heard about the screenings and if so, how many screenings did you attend?

CHANGE ANSWER CATEGORIES TO ONLY GO UP TO 5, NOT 6.

19.2) Did your friends or family attend any of the screenings?

19.3) If 19.1) = saw at least one screening or knew about the screenings or 19.2 = had friends or family that went to the screenings:

Originally, an additional movie ([INSERT NAME]) was scheduled to be screened in your village around the time when the other screenings happened. This additional screening was cancelled due to unforeseen events. Did you know about this screening?

Yes No

19.4) If 19.3) = Yes:

Had you been planning to attend this screening?

Yes No

Based on these additional questions, we will make a change to our analysis strategy for dosage effects.

## Dosage Effects

Previously, we had specified that dosage analysis would contain a fixed effect for the number of screenings attended (irrespective of treatment status). This variable will be coded based on the new question wording above in the two trading centers in which only 5 screenings were aired. Specifically, for respondents interviewed in these trading centers the fixed effects will reflect the number of screenings that a respondent would have attended had 6 screenings been aired. The logic behind this decision is to have a fixed effect for compliance type and a continuous measure of actual dosage received. The count variable that indicates the dosage will thus still be calculated based on actual attendance.

## Changes to the Sampling Strategy

To target a younger demographic more likely to have complied we narrowed the age bracket from which we drew our sample from 18-65 to 18-50. We also sampled 50 adults instead of 40 in each trading center. Again, this change was made after we finished the data collection within all trading centers within the first block. As such, there is no correlation between the sampling strategy and treatment assignment within block. Note also that we will not be re-weighting the trading centers to account for the fact that some have more expected compliers than others due to sampling, since our estimand is the ATE among the compliers that we find.

## Attrition

We were unable to carry out data collection activities in two trading centers. At the point of writing, it is unclear whether we will yet be able to carry out data collection in one of those two.

We believe that our inability to work in these locations was unrelated to the treatment status of the trading center. The two locations are located in an area known for suspicion towards outside groups. In both locations villagers were suspicious of the research team and in particular their motives for collecting head of household names (a component of the sampling procedure). There were fears related to land evictions and kidnapping. We deemed it unsafe to continue data collection in those areas. According to the research team, there was no indication from their discussions with the residents of these trading centers that these difficulties were related to the specific treatment messages that were screened.

In terms of the analysis, the above implies that we can recover an unbiased estimate of the average treatment effect among compliers in cooperative trading centers. Therefore, in our main analysis we simply exclude trading centers in which we could not survey. However, as a robustness check, we plan to report extreme value bounds which we will obtain in the following way. First, we will build a model to predict the number of compliers per trading center. We will use a negative binomial model with the following predictors: attendance during the screening, radius size, block, latitude and longitude and census data if available. Second, we will use this model to predict the number of compliers in the trading centers in which we could not collect data. Finally, we will impute the highest and lowest possible value for each outcome assuming the number of compliers predicted by our model. These models will be run without covariates.