

# What can you ask about? The effect on response to a postal screen of asking about two potentially sensitive questions

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## Abstract

**Study objective**—The purpose was to determine whether asking about ethnic origin and housing tenure in a postal survey affects the response rate.

**Design**—The study derived from a postal survey designed to determine eligibility for a study of outpatients. A two way factorial design was used to look at the two experimental factors, questionnaires being randomly divided into four groups with or without questions about ethnic origin and housing tenure.

**Participants**—10 000 people (1000 from each of 10 areas) were systematically sampled from electoral registers, the areas being chosen to give a nationally representative sample.

**Main results**—The response rate was 66% irrespective of whether ethnic origin was asked about, but was 65% and 67% respectively to questionnaires with and without questions about housing tenure.

**Conclusions**—Asking about ethnic origin did not affect the overall response to this survey although it is possible that the response from some ethnic minority groups was lower. Asking about housing tenure slightly, but significantly, decreased response.

Postal questionnaires can be used to study a sample of the population. This method was employed in a recent study at the Institute for Social Studies in Medical Care (ISSMC) about consumers' views of general practice.<sup>1</sup> There are obvious advantages over interviews in terms of cost, and possibly of reliability and validity where sensitive information is concerned.<sup>2-4</sup>

Postal questionnaires are also used as a way of screening to identify a particular group in the population. The ISSMC used this method to obtain random samples of hospital attenders,<sup>5</sup> elderly people,<sup>6</sup> and people who had been outpatients or who would have liked to have been referred to hospital but were not.<sup>7</sup>

When postal screens are followed by interviews of those who are found to be eligible, evidence suggests that sensitive information is best collected at the earlier postal stage, since people may find it easier to complete such questions themselves than to be asked face to face by an interviewer.<sup>3</sup> But it is possible that, although sensitive questions are seen by the researcher as relevant to the study, they are not viewed in this way by those who are supposed to answer them and this may deter them from replying. Decisions

about whether or not to include such questions can best be made if their effect on the response rate is known.

One such question is about ethnic origin. The health status of certain ethnic groups has been shown to be low<sup>8</sup> but research tends to concentrate on particular medical conditions or on maternal, child, and mental health, rather than use of services. Another criticism is that research is mainly dependent on analysis of routinely available morbidity and mortality data. For the first time in 1991, the census has contained a question about ethnic group.<sup>9</sup>

Another factor which has long been shown to have a bearing on health is social class.<sup>10 11</sup> There are many problems associated with the classification of social class by occupation.<sup>12</sup> Some are purely practical, such as accuracy<sup>13</sup> and cost (it can take a newly trained coder one hour to code 30 occupations).<sup>14</sup> There are difficulties with the classification of women's social class<sup>15</sup> and indeed with the rationale for using social class classification as an explanatory variable. Jones and Cameron feel that an analysis of the circumstances which society can change would be more appropriate.<sup>16</sup>

Housing tenure is such a circumstance. It has been shown that mortality gradients by housing tenure are as large as those by social class for adults in middle age.<sup>17</sup> It is easy to ask about and to code and it appears to be associated with self perceived health status. For example, Cartwright and Smith reported that among a sample of elderly people, more of the owner-occupiers than the tenants of council housing rated their health as excellent or good.<sup>18</sup> And a study of accidents in the home among younger children suggested that housing indicators needed to be looked at in conjunction with ethnic groups.<sup>19</sup>

If housing tenure is to be used as an alternative, or in addition to social class, then as with ethnic origin it is helpful to know the effect of asking it on response rates.

A postal screen of people on the electoral register was designed to identify a nationally representative sample of people who were, or would have liked to have been, hospital outpatients, with a view to interviewing them subsequently about their experiences and views. As part of this larger study we aimed to see how the inclusion of questions about ethnic origin and housing tenure would affect response rates.

## Methods

The postal screen for the main study was sent to a random sample of people in 10 parliamentary constituencies chosen from all those in England,

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with probability proportional to the number of electors. A systematic sample of 1000 people from each area was selected from the electoral registers published in February 1989.

We sent a four page A5 booklet entitled "Health and hospital survey" with a core of 12 questions: three questions about health and possible hospital attendance as an inpatient or at day hospital, five questions about possible outpatient attendances, two questions about consultations with general practitioners and about whether a referral to a hospital was wanted, and then questions about age and sex. Finally we incorporated a two factor experimental design, each factor with two levels. A random half of the questionnaires included the question about housing tenure, and a random half the question about ethnic origin. The four different questionnaires were each sent to 2500 people, with two reminders when necessary at three-four weekly intervals.

### Results

The response was rather disappointing, 66%, compared with 71% to the feasibility study we carried out in 1988.<sup>20</sup> It could be that the increase in commercial mailshots has deterred people from replying. Certainly increasingly poor response rates to surveys in general have been noted over the last two decades.<sup>21</sup>

*Response to questionnaires with and without questions about ethnic origin and housing tenure. Base numbers shown in brackets.*

	Housing tenure		Total
	Yes	No	
Ethnic origin Yes	66% (2459)	67% (2453)	66% (4912)
No	65% (2469)	67% (2455)	66% (4924)
Total <sup>a</sup>	65% (4928)	67% (4908)	66% (9836)

<sup>a</sup> The 164 people who had died, were not at the address given in the electoral register or were too young, are not included in the bases.

For this study we asked a random half of the sample "What is your ethnic origin?: White/Caucasian, Asian, West Indian or Other—please specify:-". The response rates are shown in the table. Those who were asked were no more or less likely to respond than those who were not. The recent ISSMC study of general practitioner services in which the same question was asked of a randomly selected group had similar results,<sup>22</sup> as did a follow up study of the voluntary 1989 census test. Less than half of one per cent of households refused to participate because of the question about ethnic group.<sup>9</sup>

The question about housing tenure was "Is the house or flat where you live owned by:- The Council, You and/or your wife/husband, A private landlord, or Other: please specify:-?" The response from those who were asked this question was lower, 65%, than from those who were not from whom the response was 67% ( $p < 0.05$ ).

### Discussion

The indication that asking people about their ethnic origin does not deter them from responding to postal questionnaires is reassuring, particularly as it is easier to ask about ethnic origin in an unbiased way in a postal study than in a face to face interview.

However, there appears to be considerable bias in response to interview surveys between ethnic groups, black and Asian groups being less likely to respond.<sup>9</sup> This probably extends to postal surveys. There are no data about the ethnic origins of the non-responders to this study. So it cannot be shown whether people from different ethnic groups were more or less likely to respond, or whether they were deterred from replying by the inclusion of the question.

In addition it has been estimated that at least 94% of the adult population of Great Britain are white,<sup>23</sup> so it could be that the response of this majority group was marginally higher or unaffected while the response of people from some ethnic groups was considerably lower.

The response from those who were asked about their housing tenure was slightly but significantly lower but perhaps the difference of 2% is acceptable if the inclusion of the question is desirable. A further methodological study might yield more decisive results and could perhaps develop a less offputting question.

It is possible that people see as dubious a question about their housing, as its relevance to their health and use of health services is not immediately apparent. They may view the genuineness of the research with some scepticism. As one woman replying on behalf of her daughter wrote:

"I don't know . . . what your *real* reasons for the questionnaire are. If it was as you say, why the question about where she lives?"

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## Kupio Declaration on Health Research and Human Development

Research on human health and health care has become increasingly common in developing countries. There is an urgent need to discuss and plan the principles of these research activities. The Society of Social Medicine in Finland and the Health Development Cooperation Group/National Agency for Welfare and Health in Finland (HEDEC) organised a conference on Health Research and Developing Countries in Kuopio, Finland, in September 1991.

The conference nominated a committee to prepare a declaration on health research and human development, which was unanimously adopted by all the participants. The declaration is reproduced below.

### Kuopio Declaration on Health Research and Human Development

Health is the foundation of human development and the quality of life. Without health human and economic development is impossible. Health research is a powerful tool to enable people in diverse circumstances to apply knowledge that is already available and to generate new knowledge to tackle still unsolved problems. Health research is an investment in people—a country's most precious resource.

The overriding goal of health research is equity for women, men and children within families, communities, countries and the world. Research can achieve this goal if researchers work in partnership with the people, decision makers and their international colleagues.

To improve health and achieve equity and social justice we urge researchers and their institutions to:

- \* focus upon the health problems of *all* the people, especially the poor and disadvantaged;
- \* recognise the uniqueness of communities and the need for both specific and generic solutions;
- \* find solutions to health problems which are ethically acceptable, effective, realistic and within the means of the family, community and country; and
- \* share information to empower the people and their families to take responsibility for their health.

We urge each country to:

- \* evolve its own plan of research to achieve equity in health;
- \* allocate national resources to implement the research and apply the results;
- \* create an environment for research that will enable the country to identify its health problems, find and apply solutions and evaluate their impact, all these *on an ongoing basis*.

At the same time we urge all countries, in particular the industrialised countries and development assistance agencies to:

- \* facilitate the establishment, and support the operation of international research networks and partnerships to share information and research resources and to identify and solve global health problems;
- \* work with partner countries, their research institutions and their researchers to strengthen and maintain their national health research capacity;
- \* establish within their own countries mechanisms to promote and facilitate partnerships in health research between countries;
- \* provide the necessary financial resources to support health research partnerships; and
- \* provide such resources on a long-term basis.

We the participants of the Conference on Health Research and Developing Countries believe that if the above recommendations are implemented, health research will make a significant contribution to health for all.

September 14, 1991.  
Kuopio, Finland