Introduction to Qualitative Research Methodology

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Preface

About the manual

This manual is based on a course entitled 'Qualitative Research Methods for Non-Social Scientists' which was developed by the authors, and run in Entebbe, Uganda, in March 2010. The course was part of the capacity building efforts of the Evidence for Action Research Programme Consortium, funded by the Department for International Development, UK[1]. The participants came from Zambia, Malawi and Uganda, most with clinical backgrounds in HIV. Their high levels of motivation and enthusiasm for the course and their desire to build on what they had learnt led to the idea of this manual. Aimed primarily at non-social scientists, the manual is also accessible to a wider audience.

It introduces qualitative methods in an interesting and hands-on way to provide you with an understanding of key concepts and methods in qualitative research as applied to the field of health.

All three authors are trained anthropologists who have been working in health and development for many years. They have conducted research, taught, and built capacity for qualitative and applied anthropological research in different types of health settings in a variety of countries.

Purpose of the manual

The manual can be used as a stand-alone, self-learning tool by individuals new to the use of social science methods in health research; it can also be used by social scientists tasked with conducting short-term training in qualitative research methods for applied health research.

The authors have drawn extensively on their own experiences of teaching and using qualitative research methods, but they have also tried to synthesise many important insights gained from teachers, colleagues, and scholars, some of whom have been acknowledged in the previous section. There are, of course, many excellent manuals and websites providing introductions to qualitative methods. The objective here is to complement these more in-depth sources with an overview that introduces the user to the topic and approach. If you would like more information on the different topics covered, an annotated list of other useful references is provided on page 79.

Learning objectives

As you go through this manual, you will learn how to:

- Understand and describe theoretical and methodological assumptions underlying qualitative research
- Distinguish between quantitative and qualitative approaches to research and data
- Formulate qualitative research questions
- Recognise when and where to use qualitative research methods
- Make practical and logistic decisions in preparation for undertaking qualitative research
- Develop and apply basic study instruments for collection of qualitative data
- Record and manage qualitative data
- Prepare qualitative data for analysis

Structure of the manual

The manual is organised around three main goals:

- First, to introduce you to qualitative thinking and a qualitative approach in research (Chapters 1 and 2)
- Second, to equip you with knowledge to be able to plan and conduct selected qualitative research methods (Chapters 3 to 6)
- Third, to enable you to process the textual data obtained through these methods, and to undertake preliminary steps towards analysis of qualitative data (Chapters 7 to 9)

We emphasise throughout the manual - but particularly in Chapter 8 - that qualitative research is not just about applying a different set of tools to gain knowledge, but rather, involves a fundamental shift in the approach to research, and description of reality.

To aid learning, we combine short texts that introduce key concepts with examples to help you understand the ideas and reflect on their application. The chapters are also interspersed with Boxes, Examples, and Exercises to enhance your learning. Exercises will not only check your understanding of the concepts, but also encourage you to apply some of the gained skills yourself. Feedback on the exercises is provided at the end of the manual so that you can check that you are on the right track.

We hope you enjoy working with these materials. While we cannot provide distance learning support we would very much welcome any comments you might have on this manual. You can send your comments to **Qualitative.research.manual@gmail.com.**

CHAPTER 1
The Qualitative Lens

Learning objectives

This chapter will help you to:

- **Understand how theory influences methodology**
- **Distinguish qualitative from quantitative research on the basis of key features**
- **Adopt a qualitative lens to health-related questions**

Key words:
positivism; constructivism; meaning; context; humanism; holism; interpretive; reflexive; naturalistic; iterative

Introduction

What is reality? How do we make sense of it? Research in all fields of study focuses on finding and validating new ways to investigate and understand reality. The methods adopted to define and measure aspects of the natural, material, and social worlds depend very much on the individual researcher's background, training, interests, and familiarity with the subject. At the same time, researchers may have fundamentally different ways of thinking (theories) about the social and material world around them. In this chapter we begin to appreciate the ways in which a qualitative research approach differs from a quantitative research approach; we also see the ways in which the two methodological approaches complement each other.

EXAMPLE

Consider the following three descriptions of 'poverty'.
What does each of them tell you about poverty and how does it do so?

A.
"Rural poverty in Tanzania has been halved in the period from 1985 to 2001. At present about 38 per cent of people living in rural areas are classified as poor. This progress is reflected in the United Nations Development Programme's Human Development Index for Tanzania, which rose from 0.3 in 1991 to 0.4 in 2002."[2]

B.

C. [3]
- "Poverty is like living in jail, living under bondage, waiting to be free."
  — a saying from Jamaica
- "If you want to do something and have no power to do it, it is talauchi (poverty)." — a proverb from Nigeria
- "For a poor person everything is terrible - illness, humiliation, shame. We are cripples; we are afraid of everything; we depend on everyone. No one needs us. We are like garbage that everyone wants to get rid of."
  — a blind woman from Tiraspol, Moldova

1. How did each of the three examples describe or explain poverty?
2. What made the second and third examples so different from the first?
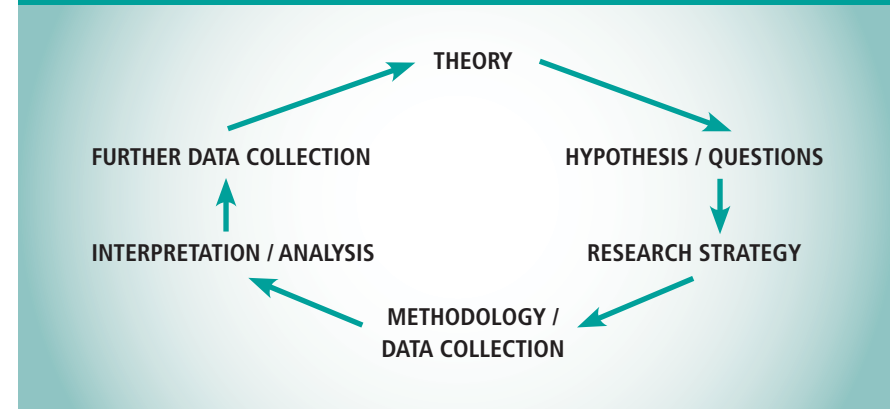**3. Which description did you find most convincing? Why?**

Theory and method

You will most probably agree that all three depictions of poverty constitute valid forms of representing poverty. However, (A) uses numbers to quantify poverty, that is, to provide an absolute numerical value or assessment of the magnitude in poverty levels in a specific setting. These numbers are produced by using quantitative methods that prioritise a particular definition of poverty through socio-economic indicators. In contrast, the photo in (B) and quotes in (C) are derived through the application of qualitative methods – they suggest that measuring poverty is only meaningful when represented in subjective ways, that is, in words or images that show us what it means to be poor. These also broaden our understanding of poverty, as they tell us that being financially badly off may also translate into feelings of inferiority and shame, and experiences of illness and powerlessness.

Thinking about the differences in these three depictions of poverty introduces us to the idea that the reality of a given social phenomenon has different dimensions, and that these dimensions can be captured through different lenses. By lens, we mean here the ways in which a researcher frames what s/he is looking for with the help of a theory and theoretical assumptions. These assumptions, in turn, shape the choice of methods that generate what is considered valid data.

Research of any type is a cyclical rather than a linear process; methodological choices and methods themselves are not neutral but are always influenced by the assumptions you make about your subject of study. Your use of theory is related to your training, your reading of the relevant literature, your political positioning and so on – in short, what you hold to be a valid picture or explanation for the phenomenon under study. Theory shapes the questions you think are worth asking, which in turn determine a research strategy. The strategy (study design) helps you choose appropriate methods. Particular methods yield data sets which you analyse and which may lead to further questions. In turn, new and unexpected data help to refine theoretical assumptions. This cyclical process is depicted in Figure 1.

Figure 1: The relationship between theory and method

THEORY

HYPOTHESIS / QUESTIONS

RESEARCH STRATEGY

METHODOLOGY / DATA COLLECTION

INTERPRETATION / ANALYSIS

FURTHER DATA COLLECTION

Quantitative and qualitative approaches can also be understood by contrasting the differences between two philosophical positions about the state of reality: positivism and constructivism.

Quantitative research, in general, holds a more positivist view of the world; it suggests that reality is something tangible that can be objectively measured with the help of observational and experimental methods.

Qualitative research generally adheres (although not always) to a constructivist view of the world, one that suggests that reality is in the eye of the beholder; in other words, that there is no single reality for a given phenomenon, but multiple, relative dimensions of reality which can only be partially captured using subjective, naturalistic methods.

Qualitative insights in health and illness

Quantitative methods provide a broad picture when used to collect data on health, risk, illness, and health-seeking behaviour. They help to answer descriptive questions such as: What is going on? What is the scope of the problem? How is the problem changing over time? They are also used to assess similarities, differences, and associations (for example, of a risk factor with a given illness) in the data through statistical analysis. It is important to recognize that the quantitative researcher has to make fixed decisions about what s/he is going to measure and compare.

Qualitative research on the other hand, does not take categories of health, risk, and illness for granted. Instead the qualitative researcher tries to ascertain how people who experience these conditions themselves define what they are going through, when they decide to seek treatment, what happens when they seek treatment, how their experience of illness impinges on their lives and so on.

These differences in the research 'lens' and methodology can be crudely contrasted in the ways epidemiologists and anthropologists study health, risk, and illness (see Box 1).

BOX 1: CONTRASTING EPIDEMIOLOGICAL AND ANTHROPOLOGICAL RESEARCH ON ILLNESS	
Epidemiology	Anthropology
How much disease is there?	How is illness recognized and classified?
What risk factors are associated with the disease?	What do risk factors mean in a context?
What is the measurable risk of obtaining specific outcomes?	How do people interpret, respond and cope with risk and illness?

As a qualitative researcher working in health you will pay close attention to the subject's social reality – social ties, 'culture', economic and environmental conditions etc. – and how this reality shapes the ways in which people talk about and experience health and illness. You will focus, for example, on:

- **Experiences** of illness, or of interactions with different health care providers. Listening to people's experiences provides stories or 'narratives', which are the data needed to understand the nature and complexity of illness and health-seeking episodes and the factors affecting them
- **Knowledge and understanding** of a given issue, for example people's understanding of the body and health in a certain cultural context, which influences their interpretation of an illness and how it was caused, and also the course of action they have taken to treat the illness
- **Meanings** derived by people based on their knowledge and experience. People attach meaning to things, events, relationships and the world at large to make sense of their lives and their experiences. For example, if they are diagnosed as HIV-positive, they are likely to attach a great deal of meaning to this, based on the ways in which HIV is conceptualised in their particular setting: they may feel that life is not worth pursuing any more, that they have failed their close relatives, or that they are somehow impure and that their social status has collapsed; or they may reconstruct their self image - it can give them new meaning and purpose in life
- **Explanations and rationale** given by people to justify their decisions and actions - the 'whys' and 'hows' of people's actions and responses to events that affect them. For example a person with diabetes may have frequent experiences of hypoglycaemia following his/her regular daily activities, which means s/he decides to maintain a higher blood sugar than recommended at the clinic, for safety and to avoid the nuisance of low blood sugar. This is a rational decision from the patient's point of view. People explain

their decisions and course of action as being beneficial and 'making sense' in their everyday life context

- **Social institutions (norms and rules)** that govern people's lives and dictate expectations and behavioural norms can also be derived from qualitative data. For example, in most societies there are 'rules' about courtship, marriage and childbirth that people are expected to adhere to, for example: no sex before marriage; seeking the father's permission for marriage; payment of dowry or bride-wealth; the importance placed on having children to sustain the kinship line; the expectation that wives should meet the sexual demands of their husbands, and so on. Of course these 'rules' are not always followed – people have sex before marriage and outside marriage, they may not pay bride-wealth. However, norms still influence their own lives and how they judge others who deviate from the norms

- **Social processes**, that involve how people communicate and interact to fulfil social goals, for example, how people negotiate, bargain and make decisions within a household - decisions about where to take a child for treatment, or decisions about how to allocate money to different priorities. Also, there are questions about how and when people choose to act collectively based on what they experience as a shared condition, for example, in a show of solidarity, or in the form of a self-help group, or as a way to more effectively access support or resources

Key features of qualitative methodology

As suggested above, qualitative research is **humanistic** because it focuses on the personal, subjective, and experiential basis of knowledge and practice. It is **holistic** because it seeks to situate the meaning of particular behaviours and ways of doing things in a given context (as opposed to isolating these as a quantitative researcher would). These features influence two other characteristics of the qualitative approach. Qualitative

researchers are constantly trying to make sense of what they see and hear in a specific context; their approach to understanding what is going on is **interpretive**, in other words, their aim is more often to explain rather than to merely describe. Finally, as we have already said, how the data gathered on people's experiences are interpreted depends much on the researcher's theoretical presuppositions and background. Qualitative researchers, more than quantitative researchers, generally adopt a **reflexive** position vis-à-vis their research, in other words, they are explicit about how their personal history and biography shape the questions asked, the framing of the research and the presentation of data.

As we will see in later chapters, these four characteristics of qualitative research require a different methodological approach. Methods in qualitative research are generally open-ended and in-depth, and **naturalistic**, that is, they attempt to study things, people and events in a natural (non-experimental) setting.

The methodology is **flexible** because it may use multiple methods to examine the same question or area ('triangulation', discussed in Chapter 2), and iterative. Iteration refers to questions or studies that are repeated over time with the same informant or group of informants. This is feasible when a researcher has access to the same informant over the course of a study, and is useful when new questions arise, or the researcher wants to go back and check some of the data s/he has analysed.

Iterative methods are also useful when a subject is relatively unexplored or sensitive, and may require more time to develop rapport, trust, and the ability to probe further. (see Box 2).

A participant in a study in Uganda, and her interviewer (Source: Grace Tumwekwase)

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BOX 2: ITERATIVE METHODS

A study of sexual and reproductive health of adolescent girls might include a series of in-depth interviews over a period of time to progressively explore areas such as:

• What it means to 'grow up'

• Familial, social and gendered context of adolescence

• Everyday perceptions/experiences of physical/mental changes

• Perceptions of the body in health and illness

• Perceptions/reported experiences of menstruation, sexuality, sexual and contraceptive behaviour

</div>

Finally, qualitative research can complement quantitative data. For example, a qualitative phase of research might precede quantitative data collection in order to explore a new area, to generate hypotheses, or to help develop data collection instruments. In turn, qualitative research might follow a quantitative phase of research in order to elucidate and explain the 'numbers' or to probe the issues more in depth with a smaller number of individuals.

CHAPTER 1
The Qualitative Lens

EXERCISE 1

Please look at the following quantitative data on utilisation of maternal health services in Kenya (Source: UNICEF)

Antenatal care coverage (%), At least once, 2005-2009*	92
Antenatal care coverage (%), At least four times, 2005-2009*	47
Delivery care coverage (%), Skilled attendant at birth, 2005-2009*	44

*Data refer to the most recent year available during the period specified.

Notes:
Antenatal care - *Percentage of women aged 15-49 years attended at least once during pregnancy by skilled health personnel (doctors, nurses or midwives).*
Skilled attendant at delivery - *Percentage of births attended by skilled health personnel (doctors, nurses or midwives).*

Please consider the following questions:
1. What do they tell you in quantitative terms?
2. What do they not tell you?
3. Formulate three qualitative questions you might ask about this data.

NOTES

C H A P T E R 2
The Quantitative - Qualitative Continuum

Learning objectives

This chapter will help you to:

- **Distinguish between less and more structured methods**
- **Make and justify methodical choices in your research**

Key words:
structured methods; unstructured methods;
methods continuum; etic; emic

Introduction

Research methods are often categorised as being *either* quantitative *or* qualitative, in other words, in terms of a dichotomy. Here, we suggest that this dichotomy presents a false divide, often argued along disciplinary lines (e.g., natural versus social sciences) and that it is more useful to think of methods along a continuum. Rather than simply a distinction between methods that produce numbers versus those that produce words, we suggest here that the important difference lies in how questions are asked and what kinds of responses we encourage from informants, how we record responses, and what we do with this data.

E X A M P L E

An interviewer seeking information about your educational background could frame the question in different ways, such as:

- How many years of formal schooling do you have? Or…
- What is your level of education? Or…
- Tell me about your schooling. Or…
- Tell me about the major learning experiences in your life. Let's start with your childhood…

In what ways do the questions differ and how might your responses differ? Why?

The methods continuum

All methods can be situated along a continuum from highly structured to less structured, which refers to the degree of structure expected at the point when questions are asked, in other words, when the data are collected.

Unstructured ⟷ Semi-structured ⟷ Structured

Although some questions are undoubtedly quantitative (for example, those starting with 'how much…?' or 'how many…?' or those demanding a yes/no response), in general, questions are not 'quantitative' or 'qualitative' *per se*. Rather, whether they generate quantitative or qualitative data depends on your approach to what you are setting out to 'measure', for example, how much is known about the phenomenon under study, what kinds of answers you expect to hear or find, and how you want to present the data.

The more you pre-structure the categories of response you are interested in (for example, by coding expected responses), the more closed-ended the data will be, lending themselves to quantitative analysis. The very same

questions can, however, generate open-ended data when framed differently and left un-coded by you. Hence, the question from the above example, "Tell me about your schooling" might generate a fairly long, narrative response in which the informant talks about the locations, time periods, and achievements during his/her school years. You may, however, have already categorised the responses you expect to hear in terms of levels of schooling, and may only record a tick in the box that corresponds to the highest level of formal schooling achieved. Another researcher, however, may take detailed notes on the narrative provided. The question is the same, but the way the response is recorded and analysed is different.

Overview of methods

All methods are based on some form of interview or observation. As discussed in Chapter 1 and above, some of the main differences in methods lie in the relationship between the researcher and the subject, the level of structure determined by the researcher, the type of data generated, and how these data are recorded. Quantitative research tends to use structured methods that anticipate a limited set of responses and generate data that are already in the form of counts or measurements, or can be readily quantified. The relationship to the subject of study is distanced, with the researcher maintaining full control over the data collected.

In contrast, qualitative research tends to use less structured and non-structured methods that address the questions about 'why' and 'how' a particular health-related phenomenon exists rather than 'what' and 'how much'. These methods generate non-numerical data, usually as text, but sometimes in the form of maps, pictures, and audio and visual recordings (see Figure 2). As we will see in later chapters, as a researcher you must develop a relationship with your informants in order to obtain in-depth data. Here, you do not have a fixed idea about what you will hear from the informant, and will use ways of eliciting information that encourage reflection and longer answers rather than a limited set of possible
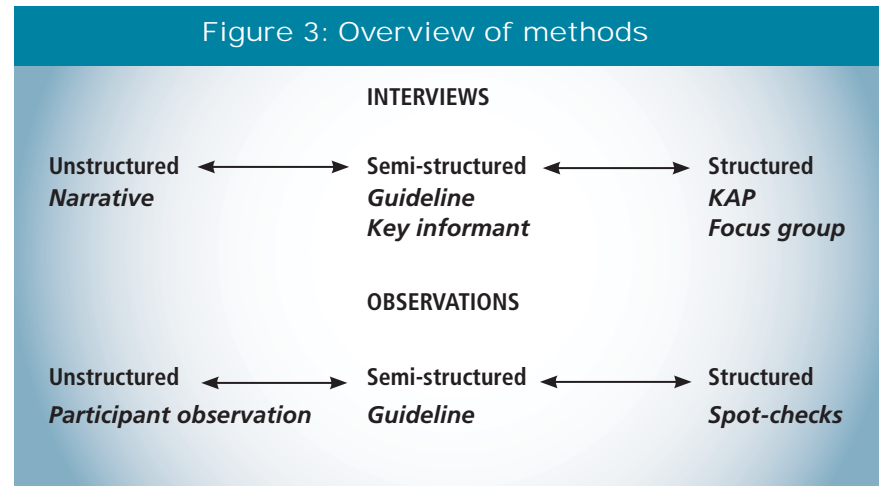
Figure 2: Social map created through participatory data collection
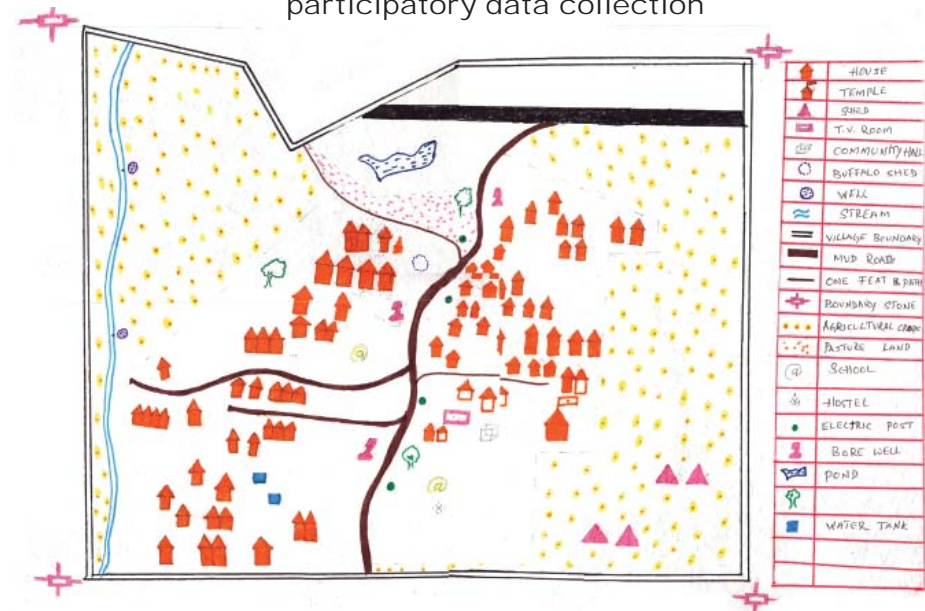
responses. You have less control over the data, as the informant's emic (their own) perspective is 'privileged'. In some cases, informants themselves participate in data collection, thus shaping what emerges as the final picture. Qualitative data can also include secondary sources such as historical accounts, press cuttings, and other documentary materials.

Qualitative and quantitative research both use interviews and observations as key methods in research. Figure 3 shows how different types of interviews and observations (some of which will be presented in the following chapters), can be placed along the quantitative-qualitative continuum. Do not worry for the moment about the different methods listed; it suffices at this stage to recognise that methods of investigating 'reality' may be distinguished according to how much you decide to structure the instrument used. For example, a narrative interview is conducted in a way that allows informants to expand on their responses, while a KAP (Knowledge, Attitudes, Practices)

questionnaire pre-defines the range of possible answers to questions posed by the interviewer. Similarly, an unstructured observation (which is actually very difficult to do!) would attempt to capture as much of the total reality observed, whereas a structured observation might follow a checklist of very specific items to observe.

Figure 3: Overview of methods

INTERVIEWS

Unstructured	Semi-structured	Structured
Narrative	*Guideline*	*KAP*
	Key informant	*Focus group*

OBSERVATIONS

Unstructured	Semi-structured	Structured
Participant observation	*Guideline*	*Spot-checks*

Making methodological choices

Methodological choices are essentially about carefully thinking about the construct that you are trying to measure or assess in the research. A number of questions help to determine the kinds of methods you would use to describe or measure a construct. For example, let us imagine, you would like to study the scope and impact of stress among nurses in a particular setting. You need to consider the following:

• How much literature exists on the topic ('stress')? What theories have been put forward to define, explain, and 'measure' the construct? You might find that different researchers have different ideas about

what causes stress and what its consequences are. Some might be more biologically oriented, while others may adopt a model of stress that focuses on psycho-social determinants

• What model or theory (of e.g., stress among nurses) is most convincing or useful to you and why?

• What dimensions of the construct (e.g., stress among nurses) are considered as relevant and measurable as variables (qualitatively or quantitatively)? In the example given above, you might imagine a range of physical and mental dimensions of stress that you might choose to assess or ignore

• Once you have decided on some variables, how will you measure them? What indicators will you use? Considering the example above, you might decide that 'fatigue' is an important dimension of stress among nurses. 'Fatigue' might be measured using a structured instrument, for example, by using a scale to ask nurses how tired they feel at the end of the day (alternatively, you might ask about their hours of sleep or rest etc.). On the other hand, you might decide that asking nurses what 'fatigue' means to them, in which situations they experience it, and why, might provide a more sensitive assessment

The choices you make are highly dependent on how much you already know about the phenomenon under consideration. You may, for example, know a lot about 'stress' among nurses in a big UK hospital, but these ideas and experiences may or may not be shared by nurses in another health care facility, such as a small private hospital or another setting altogether that might have different characteristics (e.g., staff ratio, resources, division of labour etc.) that will influence what nurses experience as 'stressful'. There is often a balance to be made between an etic perspective, which refers to your 'outsider' perspective versus an emic perspective, which refers to the research subjects' own, subjective, experience-based meanings that they attribute to the construct under study.

BOX 3: EMIC OR ETIC PERSPECTIVES?

Kielmann (2003) conducted work in India to examine how a range of methods for assessing reproductive morbidity reflect different dimensions of illness as well as women's experience of illness. For example, she compared measures of perceived morbidity - where women were asked what kinds of reproductive illnesses they had experienced - and reported morbidity – where women were asked to respond 'yes' or 'no' to a list of conditions that were read to them from a checklist. The two methods yielded different types of data. Accounts of perceived morbidity included a number of local terms, reflecting etic perspectives and often broader socio-cultural understandings of the links between gender, work, childbearing and ill-health. These touched on, but did not fully overlap with the etic measures of reported morbidity that were used to develop the checklist.

Figure 4: How do I choose a method ?

Unstructured	Semi-structured	Structured

THE SETTING IS …

Unfamiliar		Familiar

THE PURPOSE OF THE DATA COLLECTION IS TO …

Explain a "problem"		Describe/measure a "problem"

THE SITUATION OR "PROBLEM" IS …

| Complex, Sensitive		Simple, Not sensitive

Ultimately, these considerations help to ensure that what you end up measuring through your methods truly approximates what you set out to measure when you first thought that 'stress' was a valid construct to examine. This is one of the key issues in considerations of validity. However, there are more general considerations that relate to the aim of your research and the nature of the study.

Figure 4 provides a rough guide to methodological choices in different situations. The more sensitive a research topic, the more likely you would be to use less structured methods since these will allow you to probe in an open, careful manner.

Methodological choices – what gains, what losses?

The use of more or less structured methods depends on what you as a researcher want to get out of your study, but also on your skills and your time. There are no inherent advantages or disadvantages to using one or the other type of method. However, you must be able to justify the choices you make and be aware of how methods will shape the data you generate. In general, structured methods (e.g., surveys) are easier to develop because you already have a fixed idea about what it is you would like to describe or measure. They are easier to administer as they require less training, take less time, and can be used with bigger samples. However, it is important to remember that because of the level of structure imposed by you, these methods are relatively inflexible. Often, they are limited to capturing a single dimension of a phenomenon that is multi-faceted. As researchers, we are often quick to accept measures that seem convenient, but that are not appropriate to the setting or population, hence will generate data that ultimately lack meaning and validity.
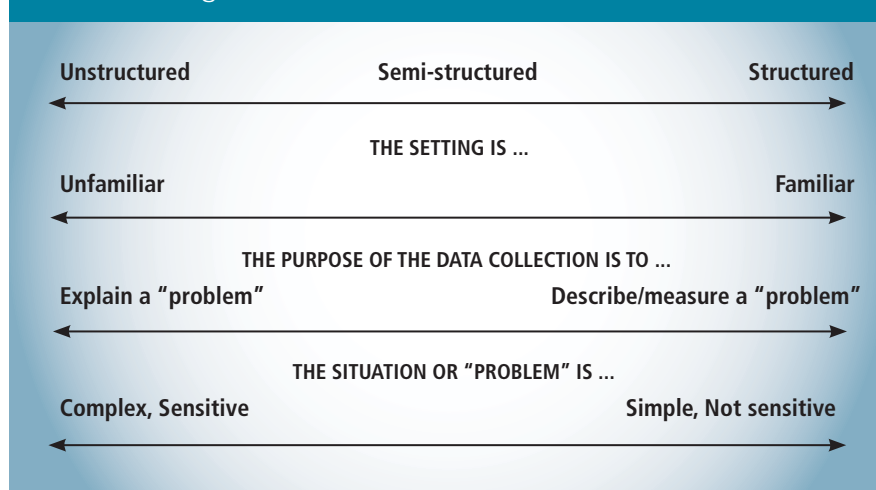
Conversely, less structured methods are harder to administer, as we will see in the following chapters. They require sensitivity to context and to the informant, and a different set of skills to probe for in-depth information. Because they tend to take more time to plan and to conduct, they lend themselves to smaller samples. The data are more difficult to record, to manage, and to analyse. However, as you are using a flexible and open-ended approach, you are able to adapt to a situation or setting. The methodology is driven by the ground-level reality. Data generated through less structured methods are rich, explanatory, and often multi-faceted.

In the previous chapter, we mentioned that qualitative and quantitative methods are often used to complement each other. Another way of thinking about using multiple methods to answer a question is **triangulation.** Triangulation means using more than one method to collect data on the same topic. This is a way of assuring the validity of research through the use of a variety of methods to collect data on the same topic, which involve different types of samples as well as methods of data collection. However, the purpose of triangulation is not necessarily to cross-validate data but rather to capture different dimensions of the same phenomenon. Thus, closed-ended survey questions regarding mothers' health-seeking behaviour for their young children might yield quite different data than in-depth interviews with mothers in their homes, or semi-structured interviews with nurses regarding their perceptions of mother's care-seeking. The fact that these triangulated data sources differ enriches our picture of the issues at stake.

Questionnaire-based interview in Nepal (Source: Janet Seeley)

C H A P T E R 2
The Quantitative - Qualitative Continuum

E X E R C I S E 2

Let us imagine you are conducting research on smoking cessation practices.
You want to understand the experiences of smokers who have made
at least one attempt to quit smoking in the past about when, why,
and how they attempted to stop smoking.

Consider the following possible methods:

- *Semi-structured group discussion*
- *Individual semi-structured interviews*
- *Direct structured observation*
- *Direct unstructured observation*
- *Survey*

1. Based on your understanding of methods so far, decide what might be the
most appropriate method(s) to address the research question and explain why.
If you have chosen more than one, explain why.
2. Think about what else you could do to add to/supplement the information
gained through the method(s) chosen.

NOTES

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C H A P T E R 3
Issues in the Design of Qualitative Research

Learning objectives

This chapter will help you to:

• **Plan your research**
• **Make and justify choices about sampling**

Key words:
sample; saturation; generalisability; validity

Introduction

In the last chapter you considered how to choose your research method. Now you need to think about how to start planning your qualitative research.

How do you choose whom to interview? How can you be sure you have asked enough questions of enough people? Will your findings be valid? Will you be able to generalise from what you find and will your data be considered reliable? Thinking about these important questions will help you design your research project. Let's consider an example.

A recent study of the impact of HIV on older people in Uganda had two components.[4] Both components addressed the psychological, physical health and socio-economic well-being of the study participants.

The **first component** consisted of a survey with 500 people over 50 years of age. The participants (equal numbers of men and women) were selected to represent different types of experience of HIV:

• has an adult child who died of HIV/AIDS
• has an adult child who is living with HIV and on antiretroviral therapy (ART)
• is HIV infected and has been on ARV therapy for at least one year
• is HIV infected and not on ART
• has no child with HIV/AIDS and is not infected with HIV

The survey included a systematic assessment of health, well-being and socio-economic determinants, and biological and clinical data collection. It adapted international measurement approaches, notably those used in the multi-country WHO study on healthy ageing (Study on Global Ageing and Adult Health WHO), which has developed standardised modules for the assessment of both physical and mental health status. A team of seven people, half of whom were medically trained, carried out the survey.

The **second component** of the study consisted of monthly visits to 40 people over 60 years of age. The sample of 40 people was chosen purposely from the 500 people in the first component sample to represent different age groups, gender and experience of HIV. These visits took place once a month for 12 months. The purpose of the visits was to collect an oral diary on the person's life for the week prior to the visit as well as document his or her life story. Seven older people – all but one aged over 60 years – carried out the visits and each spent one or two hours interviewing the person participating in the study. Consider these questions:

1. **Why were there two components to the study?**
2. **Why did the researchers choose different sample sizes?**

3. **What were the strengths of the sampling for each component?**
4. **What were the weaknesses?**

The issues raised in these questions will be considered in the following sections in this chapter.

Sampling and saturation

Some researchers select samples in order to provide illustrative case material while others are primarily concerned with obtaining a representative sample to make inferences about a whole population - in the latter case a sample is studied to learn something about the larger grouping of which it is a part. In quantitative research we are used to generating a sample that is representative of the wider population, which allows us to generalise about that population.

So, if you think about the example above, the sample for the first component of the study, the quantitative component, was chosen to represent people over 50 who had (or had not) been affected by HIV in different ways. The wider population that the study was interested in, and wanted to generalise its findings about, was older people living in Uganda at the time of the HIV epidemic.

Because a survey is a structured method, as explained in Chapter 2, the same questions are asked of a large number of people in order to be able to say that any variation we see in responses of individuals is not due to chance alone, but rather is reflective (or representative) of the whole population we are studying.

In qualitative research the way the sample is designed, and sample size chosen, depends on the aims of the researcher. As discussed in the previous chapter, the methods are less structured, hence the data generated will differ from individual to individual or group to group. We need enough

in-depth data from individuals or groups to be able to capture variations in informants' perspectives and experiences related to our research question. For some types of studies, for example, a study examining how traditional healers have changed practices in a particular setting over the past 30 years, a few cases may be enough – as collecting the life histories of a few elderly healers will provide rich and ample detail in order to address this question.

So, in the example above, the second component sought to gather in-depth data on the daily lives of older people to answer research questions which focused on the physical and mental health and well-being of the participants. The researchers wanted to hear what they had to say about their everyday lives throughout the year, as well as how they described their lives, to learn about the impact of HIV. Did women and men have similar experiences? Did those who were infected with HIV themselves experience stigma, distress, or specific difficulties which were related to their age and background?

We can compare the differences between approaches to sampling for quantitative and qualitative research:

QUANTITATIVE RESEARCH	QUALITATIVE RESEARCH
Large probability samples	**Relatively small samples**
Randomly selected	**Purposefully selected**
Statistically representative	**Representative (but not statistically) of the broad types of informants relevant to the research**
Purpose: generalisation; statistical comparison	**Purpose: selection of *information-rich* cases**

Sometimes people trained in quantitative methods assess the validity of qualitative research samples on the basis of the criteria they use for quantitative research. This shows a lack of understanding of qualitative research. Generalisability is not necessarily the main goal of good qualitative research. Instead, as we have discussed in Chapters 1 and 2, we are mainly trying to understand the *meaning* of what we hear or see with regard to the research question in a broader *context* (which might be social, cultural, economic, environmental etc.).

When qualitative research is combined with quantitative research, we often compromise and aim for some form of representativeness to ensure that we can address some of the research questions posed by the quantitative study (as in the example from the older people's study above). Even when that is not so, we may seek a sample that is representative in some way, of a bigger group, to answer our particular research question or hypothesis. We have to use our judgement, and often discuss with others, to ascertain the type of sampling we should undertake for our project.

One of the study participants of the Household Coping Study, Uganda.
(Source: Grace Tumwekwase)

BOX 4: THE 'HOUSEHOLD COPING STUDY'

The 'Household Coping Study' that the Medical Research Council/Uganda Virus Research Institute (MRC/UVRI) Research Unit on AIDS undertook in 1991/1992 was wholly qualitative (Seeley, J. et al. 2008).[5] The researchers believed, at that time, that poor women, in female-headed households, were particularly vulnerable to HIV-infection. One of the aims of the study was to see if that was so, therefore the researchers purposely chose female-headed households from across the socio-economic spectrum to explore their potential vulnerability to infection and the impact of HIV.

The study was based in a research area of the MRC/UVRI where a cohort of about 4,000 households in 15 villages had been established in 1989. A census and survey takes place household by household annually. The researchers chose their sample from three randomly selected villages. They used the information from the annual census for their sampling, choosing households that fitted their criteria (based on gender of household head, socio-economic status, marital status and household size). 30 households were chosen, but three dropped out leaving 27. The majority of the households were female headed, but six male-headed were included for the sake of comparison (representing different socio-economic levels and household sizes in the villages).

The researchers conducted a restudy of these 27 households in 2006/2007, and were able to trace 24 of the 27. Additionally, in order to find out what had happened in terms of demographic and social and economic changes, the researchers added a quantitative component with 144 households (a stratified random sample from across the cohort of 4000+ households) to see if some specific factors drawn from their qualitative data were mirrored in what they found across the larger sample. The researchers found that the qualitative data helped them to explain some of the patterns they found in the quantitative data.

Types of sampling

A confusingly large array of terms is used to describe different qualitative samples. Some of these are:

Typical case sampling - We take cases that are average or typical of whatever phenomenon we are studying.

Extreme or deviant case sampling - We take unusual examples of the phenomenon we are studying, such as outstanding successes or failures, extremely poor people or the very, very rich (depending on what we are studying).

Maximum variation sampling - We choose a wide range of examples from one extreme to the other. We might be able to identify common patterns that cut across the variations or understand what factors make one case result in x while another results in y under certain similar conditions. We might find, for example, that two children who appear to have begun the year at the same educational level at school, and are from a similar socio-economic background have done very differently academically by the end of the year, with one doing poorly and the other doing exceptionally well at school. When we explore the reasons for these differences we might find, for example, that this is because of the support they received at home for their studies.

Homogenous samples - We choose people or cases that are largely similar. This is often the choice when choosing a sample for focus group discussions (see Chapter 5), because we want people to feel at ease with each other and talk freely.

Snowball sampling (respondent driven sampling) - First, we choose people with certain characteristics who are willing to take part in our study and provide useful information on our topic (thereby showing that they do meet our selection criteria) and then, after we have interviewed them we ask them to identify people like themselves for the study who we then interview.

This continues until we have interviewed as many people as we need to interview to reach saturation (see below).

Purposeful (or purposive) random sampling - We choose our sample with an intention (purpose) of representing certain characteristics. We then choose our cases randomly from that purposely chosen 'universe'. This approach reduces the role of judgement within a larger sample, and provides a credible cross-section from that sample, but we would not claim that it provided representative data from the larger population that the purposeful sample was chosen from, because we had purposively chosen the original larger sample. Marshall (1996)[6] simplifies the number of different types of qualitative sampling approaches by focusing on three broad approaches:

- Convenience sampling
- Judgement sampling
- Theoretical sampling

Convenience sampling is the least rigorous of sampling strategies, as selection is based on who is most accessible (most convenient). This type of sampling may result in poor quality data and lack intellectual credibility, however, may be useful if you want to try out a data collection method to see if it works (piloting). For most research a more thoughtful approach to selection is usually justified.

Judgement sampling is also known as purposive or purposeful sampling as noted above. Here, the idea is to select the most 'productive' sample to answer the research question(s) by developing a framework of variables to guide the selection. This framework is more than a simple demographic framework based on age, gender, socio-economic status and it may include other characteristics like position in household, engaging in a particular occupation, acknowledged sexual risk behaviours. Judgement sampling is frequently used when the researcher's aim is to generate theory and a wider understanding of social processes or social actions, and the representativeness of the sample is of less importance.

Theoretical sampling is theory driven rather than data-driven. It refers to building interpretative theories from emerging data and selecting a new sample to examine and elaborate on that theory. The sampling is governed by the selection of respondents who will maximise theoretical development. Theoretical sampling directs the researcher to collect, code, analyse and test hypotheses during the sampling process. This goal is quite different from that of the researcher seeking a representative sample.

Now we return to some of the other points raised in the questions at the beginning of this chapter. How do we know if our sample is big enough and how can we know if our data, based on the chosen approach to sampling, will be reliable and valid?

Theoretical saturation

How do we know if our sample is big enough? Marshall (1996: 523) observes that '…an appropriate sample size for qualitative study is one that adequately answers the research question'. That sounds simple, but it is seldom so! Since we are not undertaking calculations to arrive at the optimum sample size as we would do for quantitative research, we can adjust our sample size as we go along, taking into account when:

- No new or relevant data seem to emerge regarding a category under study
- The category is well developed in terms of its properties and dimensions demonstrating variation, and
- The relationships among categories are well established and validated new data

Note that this flexibility often required in qualitative research poses a challenge for ethical clearance where each change in sample size may need to be approved.

Issues of representativeness, generalisability and validity

Some factors to be considered when evaluating samples and choosing the study design:

Is the sample appropriate and adequate? Do the choice of informants and method of selection fit the purpose of the study (e.g., do they fit the research question, the stage of the research?) and will the number sampled be enough to provide information to address the purpose of the study and answer the research question?

Are the informant characteristics clearly defined? Is it clear who would be included/excluded from the sample? If someone else used the same selection criteria would you expect him/her to choose a similar sample?

Is the design appropriate for the type of information needed? Will those sampled be able to provide the information needed? Has anyone or group been left out that would have provided useful information on the topic?

Is the sample adequate? Will the sample provide you with sufficient and high quality data? Are you confident that the data gathered will be as complete as possible (taking account of time constraints, which may restrict the amount of time available for data collection)?

Is the sample valid and the study design appropriate? This is linked to the points above. If someone else reviews your work will they consider the way you have selected your sample to have been likely to have produced valid data? Validity refers to the relationship between an account and something external to it. Is that external assessment likely to conclude that the selection was as objective as it could be or might it have been biased in some way (perhaps because of convenience?)

C H A P T E R   3
Issues in the Design of Qualitative Research

E X E R C I S E   3

Recall the set of data that were presented in the exercise in Chapter 1.

You were asked to formulate qualitative questions that relate to the quantitative data you were given. Choose one of these questions and think about TWO methods you might triangulate to collect data to answer this question. Now consider what type of samples you would select for each of the methods you thought about. Why did you select these samples?

CHAPTER 4
Interviews

Learning objectives

This chapter will help you to:

- **Choose the type of interview and questions to suit your study design**
- **Carry out interviews**

Key words:
interview; structured; semi-structured;
direct and indirect questions

Interview conducted during a study in Wakiso District Uganda, funded by EfA. (Source: Photo was taken by the participant's son and used with their permission)

Introduction

The interview is one of the main methods through which we collect data for qualitative research. Interviews can be used in various settings to collect information on a specific theme or topic. This chapter introduces some of the principles and procedures that should be used for conducting interviews. You will learn about the process of interviewing, different types of interviews, and a range of practical considerations during and after data collection.

Interviewer using an interview guide in South West Uganda. (Source: Joseph Katongole)

Read through this extract from an interview that took place in 2008.

Interviewer: Can you tell me about your life history from childhood to date; and all that you can remember about yourself. You may not know about your infancy but at least your parent or somebody must have talked about it so just tell me what you know or remember.
Respondent: Well, my names are XX and I'm 29 years old; I've been working as a dressmaker here for the last 13 years.

Interviewer: Where were you born from?
Respondent: I was born in xx in xx District.

Interviewer: Tell me about your parents.
Respondent: My parents were a wedded couple from a Catholic church. While my father was a teacher and mother was a house wife.

Interviewer: Is your father still teaching now?
Respondent: My father died in1987 when I was in primary school. He was a teacher by profession; but later on in 1982 he changed to second-hand clothes business. He used to go to xx and purchase a big bag of second hand clothes and then sell them in the market. My mother died in 2005 after suffering two months fever.

Interviewer: How many of you were you born into your family?
Respondent: We were born six of us with mother.

Interviewer: Then what of father?
Respondent: We were born ten of us with father; that is including my four step siblings.

Interviewer: Then what is your position in the birth order?
Respondent: I'm the second to last born to both father and mother; but my twin sister died while she was in primary school. She collapsed while standing in the school assembly. She fell down and later after two days she died.

Interviewer: When was that?
Respondent: It was around 19… ah, I don't remember!

Interviewer: So you remained seven or six?
Respondent: We are now six children. There is a brother who died in 2004; and another one died in 2006.

Interviewer: Tell me about your schooling.
Respondent: I went to school at xx school up to class two; from there, father transferred me to xx primary school up to class seven then to xx up to senior class one and I stopped there.

Interviewer: Why did you stop there then?
Respondent: I dropped out of school because of pregnancy.

Consider the following questions:
1. What is the topic of this interview?
2. How does the interviewer introduce the topic and maintain the focus on that topic?
3. Are there differences between this interview and a conversation? If yes, note down the differences.

Interviews and conversations

An interview, unlike a conversation, always has a specific agenda. As suggested in Chapter 2, very few interviews are completely unstructured, as the interviewer generally has an aim in mind, and will tend to follow a logic in terms of the questions s/he asks, even if these are not listed in the form of a topic guide or questionnaire. Conversely, the respondent will want to know what the interviewer wants him/her to talk about, and will also make choices about what kind of information s/he will give. This sounds very straightforward but there are some important factors to keep in mind.

Perhaps the young woman in the example above dropped out of school in primary school and not in secondary school? Perhaps she changed her story a little because she was concerned that the interviewer would think badly of her for becoming pregnant at a young age. Sometimes a respondent may think the interviewer wants to hear a certain type of answer, and may not want to present him or herself as wrong, bad, immoral, sexually promiscuous or ignorant. For example, people may under-report their utilisation of traditional medicine to survey enumerators from a medical research organisation when they are asked about treatment seeking behaviour. This is because they do not want to appear 'ignorant' or 'backward' (not modern) in the eyes of the researcher.

Traditional healer in a village in Orissa, India
(Source: DFID-funded Western Orissa Rural Livelihoods Project. Dr B.D. Pradhan)

During interviews people will very often describe their lives and their actions according to norms, to try and portray themselves as 'normal'. But these stories may not actually reflect how they live their lives in practice. For example, a female respondent may say that 'in general', the husband makes the decisions around crop planting or spending money; but if asked for specific instances, it may emerge that she made the decisions!

Similar examples include interviews with:
- leaders or managers who will want to present themselves as effective, competent and fair
- men who will want to narrate stories that present themselves as masculine (a good husband, a good father, a good worker who brings in money, or sexually successful), or who have morality and control (they are not sexually promiscuous and are faithful to their wives)
- potential project clients who will want to exaggerate their problems or needs in the hope that they will get more help from the NGO or government undertaking research for a new project

The respondent's account may change over time if the interviewer and respondent meet more than once. However, this is not always possible, particularly when in-depth interviews are conducted only once with each respondent. The way the respondent behaves and the things said are often influenced by the level of intimacy or familiarity that you, as the researcher have with the respondent and his or her social and physical environment. It is important to remember, that however relaxed an interview may seem, the data generated by an interview will represent the public presentation of the respondent (an interview is a public event, even if between two people).

At a 'deeper' and more invisible level, the responses you get during interviews are likely to reflect power relations between you and the respondent. You need to be aware of what set of social characteristics you, as the researcher, embody - who you are (or who the interviewers you are working with are) and how you or they relate to the people you are interviewing. A respondent being asked questions about their health by a

physician may answer in a different way than if the same questions were asked by someone who they know is not medically trained. They may be reluctant to tell the physician about the local herbs they use to treat an ailment, while they are happy to tell that to the lay person. Conversely, they may provide much more detail to the physician, perhaps in the hope they might get treatment or because they believe they will understand their condition. We will return to this topic in Chapter 7.

Conducting interviews

You need to think about the context of research and adapt the interviewing style accordingly. What is the most suitable method of interviewing for this social context? How do you start and finish an interview? Where should the interview take place? Will someone else see or hear the person being interviewed? Will this matter? How will the method make a difference to

Conducting an interview while the respondent continues working, Nepal (Source: Janet Seeley)

Conducting an interview in a private spot, Uganda (Source: Joseph Katongole)

Conducting an interview while the respondent continues working, Uganda (Source: MRC/UVRI)

the data that are collected? Try and find somewhere private where you can conduct the interview without interruption and without other people over hearing what is said, particularly if the topic could be sensitive.

While you need to keep a relatively natural flow of conversation between yourself and the interviewee, effective interviews usually follow a strict set of do's and don'ts and we will consider some of these next. Note, however, that a convenient place for an interview may not necessarily be sitting somewhere private; indeed sometimes people prefer to carry on working while you talk.
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Types of interviews and interview questions

Many different types of information can be explored in the course of an interview: facts, meanings, experiences and observations. There are several different types of interviews and many books and papers describing how the different types might be used in different contexts. The two main types that we will focus on in this manual are **unstructured** and **semi-structured** interviews.

Unstructured interviews - While there are no research methods that are completely unstructured (because the research in question will always have an aim), these interviews most closely resemble a conversation, because the respondent is least constrained in his or her responses by the questions asked. You have a broad idea of the things you want to discuss, but there may be a single question that you ask which starts the interview. After the interviewee has responded you may pick up different themes from what the interviewee has said, and the interview may go off on different tangents to pursue those themes.

Semi-structured interviews - As the name suggests, these interviews contain a mix of closed-ended and open-ended questions, and cover fairly specific topics or themes. In a semi-structured interview, you, as the interviewer, work with a loosely structured topic guide or checklist of topics you want to cover. This guide may include some questions that are more structured than others, although as a rule these tend to be followed up by less structured 'probes' which are ways of following up on a topic in order to generate more information. This is not a questionnaire, because the interviewee can respond freely to what is asked. The questions may not be asked in the order given in the guide; you may introduce additional questions to get more information about particular topics.

BOX 5: USING LIFE HISTORIES IN A STUDY OF OLDER PEOPLE IN UGANDA

Much research on the impact of HIV and AIDS on older people fails to differentiate between age groups, and treats those aged from 50 years to the highest ages as homogeneous. The 'oldest old' or those aged over 75 years may be particularly vulnerable through declining health and independence as a result of the AIDS epidemic, which has forced some to take on roles that younger relatives would have performed had they lived. In this paper [7] we describe the past and current experience of eight people in advanced old age living in rural Uganda who were informants for an ethnographic study of the impact of HIV and AIDS on households during 1991–92 and again in 2006–07. The aim of the study was to understand how they had coped with the impacts of the epidemic. From the eight case studies it is concluded that family size, socio-economic status and some measure of good fortune in sustained good health enabled these people to live to an advanced age. While we recommend that targeted social protection is important in helping the poorest among the oldest, we suggest that sustaining respect for age and experience and ensuring that older people do not feel discarded by family and society are as important as meeting their practical needs.

EXAMPLE OF PROBING

Interviewer: So what happened next?
Respondent: Okay, 1985, in April, I was sick. Mmmm. So it was something rare. I did not even get proper treatment and I went to the dispensary. Everybody was saying, "We have not seen this! What is this?" And I was not aware of anything. So they just gave me the antibiotics. Then in 1988 my husband took a new wife and I followed them. (Breathing in deeply)
So I followed them to xxx but went straight to the hospital, for two weeks…

Interviewer: In xxx?
Respondent: Yeah, that is xxxxx Hospital. They call it "xxx" Hospital. (Lowers voice) I was very weak! Hands, feet (gesturing with hands, then feet). Everything was spoilt.

Interviewer: What was on the hands?
Respondent: They were swollen, because of oedema. So they treated me for all those years. They treated me. (Short pause) Until I got better.

Interviewer: So you were in xxx for how long under treatment?
Respondent: Okay. I went there in 1988. So we came back in 1995. That is when we came back. So all that time, I was on treatment.

However, for semi-structured interviews conducted with a number of different respondents, all the main questions will be asked and similar wording will be used across interviews so that data can be compared.

The following table contrasts how questions on the same topic may be phrased in unstructured and semi-structured formats.

UNSTRUCTURED QUESTIONS	SEMI-STRUCTURED QUESTIONS
1. When did you start feeling unwell? What signs told you that you were unwell?	1. When did you start getting symptoms?
2. What did you do first?	2. Who did you talk to first about your symptoms?
3. Then what happened?	3. How did you make the decision to seek treatment? Where?
4. …and then?	4. Describe how you accessed the clinic

Preparing interview guides for semi-structured interviews

It is important to organise your thoughts before you get to the interview. If a team of people is conducting the interviews, then it is essential that the guide is prepared well in advance and everyone is trained on the use of the guide (in case people interpret questions differently or are tempted to give examples to explain questions, which will influence the answers given).

Draft a short list of topics and areas that follow a logical order, starting with general questions and moving to more details. The flow must feel logical as you move down the guide; this helps you to ensure that the interview builds from one topic to the next. Be prepared to change the order if the respondent mentions something earlier in the interview than you had expected! Be careful not to leave topics out if this happens.

Use language that is easily understood in an interview situation, and avoid scientific or technical terms that the respondent may not know.

Remember to include structured information at the start (identification number, age, sex). Write that down at the start of the interview (or record it on the tape-recorder) so this is not forgotten! A few questions about personal circumstances (family, background, occupation, etc.) are often a nice introduction to an interview, and allow the respondent to relax in the first few minutes of the process.

Take care when deciding on the sequence in which questions are to be asked. It is helpful for the interviewing process to think about the logic of the questions. Most informants are more comfortable with an interview that flows 'organically', for example chronologically tracing their steps in health-seeking, or decision-making because this follows the natural order of how they did things. It is also worth thinking about the timing of particular types of questions. It makes sense to move from general to specific questions, and simple 'fact-based' (for example on a respondent's profile) to more complex questions that involve reflection. In general, more abstract questions (for example, 'what is your opinion on x?') or hypothetical questions about the future are best kept for the end. Before asking about controversial matters, ask about uncontroversial facts! Finally, always have an open question at the end so the respondent can add information or ask a question.

See Appendix B for an example of an interview guide for a semi-structured interview.

Formulating interview questions[8]

The type of question asked and the way the question is asked need careful thought because both will influence the answers given. Who asks the questions may also influence the answers (as in the example of the physician and non-medical interviewer given above).

EXAMPLES OF QUESTIONS THAT HELP TO STRUCTURE THE INTERVIEW

Introductory questions - 'Can you tell me about … ?'

Follow-up questions - 'What happened then?'; You could also nod or say 'mmmm' to encourage the person to continue.

Probing questions - 'Could you tell me a bit more about that?'; 'Can you give me an example?'; 'Can you say more about …?'

EXAMPLES OF QUESTIONS WHICH ELICIT CONTENT (WITHOUT SUGGESTING AN ANSWER)

'Grand' and 'little tour' questions - 'Tell me about a busy work day...'; 'Can you describe what is normally done...?'; 'How would you get from x to y?'

Typology/classification questions - 'What are the different types of x?'; 'Can you give me other examples of that type of x?'; 'What else do you do (is done) as part of that activity?'

Ranking questions - 'Which do you think is more important?'; 'Which comes first?'; 'In which order does that happen?'

Specifying questions - 'What did you actually do when that happened?'

Direct questions - 'Do you know where xxx is?' (can be followed with a probing question).

Indirect questions - 'Do women in this area go to xxx?' (can be followed with a direct or probing question about the respondent's own behaviour).

Structuring leads to questions - 'Can we move on to another topic?'; 'Now I would like to talk about...'

Interpreting questions - 'So you mean that xxx?'; 'have I understood correctly that x means…?'

In addition, you may want to consider the following issues:

Use of pauses and silence - By allowing pauses the interviewee is given time to respond and add more information or reflect on what has been said. You don't necessarily need to fill the silence with another question, and note that it is appropriate in some settings to have longer periods of time where nothing is said in the course of a conversation!

Avoid questions with obvious answers - For example, if you need to know the respondent's sex you usually don't need to ask! You don't need to ask if there is a road near someone's house if you are sitting at their house by the road. Use your judgment, as obvious questions can frustrate respondents or demonstrate a lack of attentiveness.

Be careful not to ask leading questions (that suggest the 'correct' answer) or closed questions (which might be answered with a single word answer – unless this is definitely what is wanted).

EXAMPLE OF LEADING QUESTIONS

Interviewer: Could you tell me something about your religious background?
Respondent: As I was saying, my mother was Catholic and insisted we should go to a Catholic school…

Interviewer: So she was quite strict, was she?
Respondent: Well, yes, in a way, but at the time, I didn't really think of it as strict.

Sensitive questions - Sensitive questions often evoke normative answers (that is, answers that show that the person complies with the norms or rules of their group). For example, in a society where church or mosque attendance is the norm then questions about church or mosque attendance might generate positive responses whether people attend or not. Or a question like, 'How many units of alcohol do you consume a week?' is a well known question for generating incorrect answers, in many countries! Questions on sexual behaviour again, often result in incorrect answers. Questions about possessions or land size may also be sensitive, particularly if a government is carrying out or plans to carry out an exercise related to taxation!

CHAPTER 4
Interviews

EXERCISE 4

We would like you to conduct two short interviews for this exercise. Ask two friends or relatives if they can spend ten minutes with you discussing the types of food they like to eat or clothes they like to wear.

With the first friend/relative conduct an unstructured interview. Ask him/her a single question and then see what s/he says. Encourage him/her to carry on talking, but don't ask any questions that direct the interview. Let him/her lead.

The second interview is to be semi-structured. First prepare a guide to the topics you want to cover and think through the way you will phrase the questions, then carry out the interview.

For both interviews write up some notes on what was said. Compare your notes and reflect on how easy/difficult it was for you to take notes. We will return to the topic of recording data in Chapter 8.

NOTES

CHAPTER 5
Group Interviews

Learning objectives

This chapter will help you to:

- **Understand the purpose of group interviews in contrast to individual interviews**
- **Identify the uses of both *natural* and *focus* group interviews**
- **Understand the advantages as well as the challenges of group interviews**
- **Consider practical arrangements for conducting group interviews**

Key words:
group interviews; focus groups; group dynamic; power relations

Introduction

Group interviews are often included in qualitative research and sometimes used as an alternative to one-on-one interviews. They may be conducted with a *natural group*, as discussed above, or with a *focus group*, which is a group that is organised by the researcher. Group interviews are often mistakenly used as a way of getting views from a larger or more 'representative' sample of individuals. However, this is an inaccurate understanding of the purpose of group interviews. In this chapter we will

consider the distinct type of information that group interviews can yield, discuss the logistics of setting up and conducting group interviews, and comment on their value as a methodological tool.

EXAMPLE

Group interview in Pokhara, Nepal. (Source: Janet Seeley)

The photograph depicts a group interview held in a natural setting, in other words, a place in which these women would normally congregate socially or for other reasons, for example, for a specific meeting, for domestic tasks etc. Consider the following questions:

1. **Who is the interviewer in this picture?**
2. **What characteristics are shared between the interviewer and the interviewees?**
3. **Which are not shared?**
4. **What kind of relationship do you think group members have between themselves?**
5. **What challenges do you think an interviewer might face when conducting a natural group interview?**

Group dynamics

Group interviews are conducted when qualitative researchers want to explore commonly held views on a topic. It is assumed that a group of people with common characteristics or experiences can provide an understanding of the 'shared knowledge' on a particular topic, as opposed to the unique views and experiences of an individual. Here, the assumption is that the collective view of a group on a particular topic reflects what is held to be common knowledge, based in social or cultural norms. However, groups may also reveal tensions, conflicts, and differences in views that may reflect the relative positions held by individual members. As these interviews offer a way of observing groups interacting with each other, they provide a unique window into the dynamics between the members of a group.

For example, interviewing members of a family together may highlight similarities and differences in the perceptions that each individual has towards a specific subject, and will often offer some indication of the power dynamics at stake within the family unit.

Similarly, interviewing a couple, a team of colleagues, or a group of students in a classroom together rather than individually may provide some important information about how dyads and groups relate to each other. This can, for instance, help to inform how gender disparities are played out in this context; what kinds of power dynamics exist; how these dynamics are linked to personalities, individual background or age group, as well as other aspects of group dynamics, such as cultural norms, which often become more apparent when the group interacts together.

Group versus one-on-one

Group interviews are a useful tool for eliciting information from individuals who naturally congregate together and can provide a shared perspective on a particular topic. For example, in order to better understand the working lives of women in rural India, Kielmann (2002) conducted natural group interviews in places where women came together during daily social and work activities, such as washing clothes in the river, collecting water from the well, and preparation of foods for selling. Women perceived certain areas of their lives as commonly shared experience, and were able to talk freely, joke, and lament their lot in public (see Box 6).

Interviewing a family in Orissa.
(Source: DFID-funded Western Orissa Rural Livelihoods Project. G.K. Manik)

BOX 6: DATA EXTRACTS FROM A FOCUS GROUP INTERVIEW CONDUCTED IN MAHARASHTRA, INDIA (SOURCE: K. KIELMANN)

Interviewer: What is the difference between a man's health and a woman's health?

[all chimed in emphatically that there were big differences]

(6) The woman has to bear the brunt of operations, menstruation and children. Women do not get any rest.
(2) A man has no problems anyway.
(3) His only health problems are colds and coughs.
(2) We cannot tell anybody what is happening to us.
(1) Even if I am tired, I walk around stooped.
(4) All this work we have to do...wash the clothes, clean the pots...
(3) Everyday I cry when I go to bed.
(7) He [the husband] would ask me, "How come you are constantly sick?"
(2) [added] ... [he would say] "…you are 'spoilt'…".
(6) Do we get ill deliberately? How is it possible?

Interviewer: So are you saying your illnesses are related to the work you have to do?

(4) No, work is not a problem.
(5) Work is part of a woman's life.
(6) Work is there, you have to do it.
(7) If the children trouble you, you have to look after them.
(1) If you are not feeling well, then you may keep it aside for a day, but ultimately you have to complete it.

It is important to understand that the value of this information lies in its ability to capture how people articulate common views and experiences. Note that this may or may not correspond to how they, when interviewed individually, may talk about the same topic. So, in the above example, women collectively ranted, but also joked about the shortcomings of men, yet in individual accounts, women's descriptions of their relationships, and the division of labour in their households differed substantially.

Group interviews may be useful in specific population groups, in which it is difficult to conduct individual interviews. Interviewing children and young adolescents, for example, may be challenging - and in some cases unethical - without the inclusion of a parent or guardian in the interview process. This often results in a group interview of various family members rather than a one-on-one interview with the child.

In some settings, it may be inappropriate to interview a person on his or her own, and the presence of one or several other individuals is required. This often results in a group interview situation where information given by the respondent is influenced by the presence of others as well as by pre-existing group dynamics. However, note that as a researcher, your preconceptions about whether it is appropriate or not appropriate to conduct an individual interview may not be confirmed in practice. In the mid 1990s, Kielmann[9] conducted interviews with bargirls in Kenya on 'sensitive' topics relating to sexual behaviour, commercial sex work, and perceived risk for sexually transmitted illnesses including HIV. Although she anticipated that individual interviews would be ethically more appropriate to broach these topics, on the ground she found that women were far more at ease when interviewed in small groups in which – as they pointed out – both positive and negative experiences of transactional sex were shared, out of friendship, solidarity, but also as a protective measure.

Interviewer - interviewees

As described in Chapter 4, individual interviews can at times be stressful and intimidating, both for the interviewer and interviewee. Group interviews can also be a stressful experience for interviewees. Depending on your skills as an interviewer (or facilitator) to 'break the ice', as well as on the

personalities that compose that group, interviews conducted in pairs or in groups can often be less intimidating for interviewees.

The topic of the interview and cultural as well as social norms of the group in question will influence how individuals may feel and how they express themselves in a group situation. For instance, talking about domestic violence, political views, sexual practices and other intimate subjects may prove difficult with certain groups, whilst in a different context these issues will be easier to debate in the presence of others who might share similar experiences.

The relationship between interviewer and interviewees must be considered carefully in group interviews. Individual or one-on-one interviews would

Two young women being interviewed together, Kenya
(Source: K. Kielmann)

allow for a certain intimacy to develop between you and the respondent, which impacts on the nature of the information shared during the interview. In a group situation, there are fewer opportunities for you to develop a relationship with members of the group. You are often facilitating the discussion between members of the group, and have less interaction with each group member individually.

Varying levels of formalisation

When embarking on a group interview, you need to consider the level of formalisation of a group. Some groups have clear pre-defined limits in terms of their membership (e.g., family unit, work team, ethnic group), with a power structure clearly established, for example though hierarchy levels (e.g., a work organogram) or established social roles (e.g., parenthood, guardian, team leader). Other groups are far less structured, or only exist for the purpose of a group interview, as defined and organised by the researcher. The latter category has more intangible boundaries (e.g., individuals sharing similar socio-demographic characteristics, hailing from the same geographical location, accessing a specific service such as a health clinic, etc.). These groups do not necessarily pre-exist as a group entity before the interview.

Assessing the degree of formalisation of a group and which power and social structures lie beneath group dynamics is key to understanding how the content of the interview is being shaped beyond what is said. What individuals express during group interviews is generally influenced by the reactions of their peers. Groups that are heavily formalised can influence quite drastically what individuals share with each other, by adopting and re-enacting the pre-determined roles adopted by each group member. In less formalised groups, members may also feel some peer-pressure to comply with the general consensus of the group.

Focus groups

We have already mentioned a specific type of group interview, one that takes place with a group that is formed by the researcher with a specific purpose in mind. Focus group discussions originated among market researchers in the United States. They first gained popularity because they allowed manufacturers and publicists to explore the reasons behind customers' choice and reactions in relation to specific products. Focus groups also provided an opportunity for politicians to capture the 'voice of the people' on political issues. Social sciences adopted focus groups as a valid research tool in the late 1980s.

A Focus Group has distinct characteristics:
- The group is organised by the researcher
- It is composed of individuals who share a number of characteristics (e.g., age, sex, occupation, experience of a particular condition)
- Data are collected using a semi-structured guide that uses a set of probes to elicit information about a specific topic
- Group interactions are used to elicit information from group members in relation to a clearly defined topic
- The researcher plays the role of a facilitator rather than an interviewer

Focus groups is often one of the most challenging methods to employ, as you must resist the tendency to 'interview' individuals in the group. In many cases, you may employ an assistant who facilitates the group discussion, while you sit quietly in the corner and take notes! (see Chapter 8 on taking notes).

Advantages of focus groups

Focus Group Discussions are often used at the outset of research, in order to explore an unknown area, and to generate discussion and consensus around a topic of inquiry. Hence, it is possible to gather information about shared understandings of everyday life and the ways in which individuals are influenced by others in group situations. Further, information about the ways in which groups interact can be gained through observation of participants' reactions to others' verbalised experiences that stimulate memories, ideas and experiences. Since group members use common language to describe experiences, it is possible to capture a form of 'vernacular speech', in other words, forms of language that are commonly used by group members. Note that this does not only refer to language *per se* but rather to ways of speaking, the use of particular words or intonation (for example, slang), and gestures. Individual members often have an opportunity for 'disclosure' among peers in a setting where participants validate each other's experiences. Some examples where focus groups have been successfully used include a group of women sharing their experience of ill-health, violence and drugs, and for adolescents living with HIV.

Interviewer talking to a small group of elders, Burkina Faso
(Source: K. Kielmann)

BOX 7: USING FGDS TO STUDY PERCEPTIONS OF VIOLENCE

Cataldo (2009)[10] used focus groups in Brazil in order to contextualise observational data relating to men, women and adolescents' perceptions of violence and health in Rio de Janeiro's shanty towns. A series of focus groups were organised with the same participants over six months to allow for a progressive and thematic approach into the complexity of the issues in question. Each session was organised around a different activity, which provided the group with a tool to start debating and reflecting on their own thoughts. For example, participants were asked to work on 'mind maps' or 'acting sketches' which helped to represent visually their thoughts on what constitutes violence, and which elements were important to this definition. Although the group did not need to agree on a common representation of violence, the interactions and debates which took place during and after the focus group were useful to understand experiences shared between inhabitants from different socio-economic backgrounds, and from various parts of the city.

Limitations of focus groups

By definition, group interviews are limited in terms of their ability to generate information on individual perceptions and experiences. Instead of generating consensus around a topic, bringing individuals together in a group may reveal differences and divisions within the group. This may work to your advantage, as long as you are sensitive to these differences and how to respond to them.

Anonymity and confidentiality are not guaranteed, and therefore focus groups may not be useful for sensitive topics. Focus Group Discussions may fail to provide fresh perspectives, and often seem to support foregone conclusions.

There are also practical challenges to running focus groups:
• It may not always be feasible to organise a group of people to come together, especially if they do not do so of their own accord, as in a natural group interview
• As a facilitator you have less control than at a one-on-one interview, and often find it difficult to observe and record all interactions and reactions
• Focus group discussions are subject to interruptions and a lack of flow. Individuals may join the interview late or leave early; the discussion may go on a tangent or bring out various feelings to which participants want to react; one individual may want to dominate the conversation or constantly interrupt others, etc. These interruptions can sometimes be useful to observe so as to ascertain what group dynamics are at stake, but they can also disrupt the flow of the conversation and hinder the depth of data collected

Setting up and running Focus Group Discussions

Before the discussion, consider...

Composition - Focus groups are generally homogenous, based on shared characteristics that have a bearing on the topic of study. Think about the composition of the group carefully: how will you choose a group that can best address the topics you are interested in?

Selection of participants - Identify and select participants carefully. Different selection methods include: convenience, purposive, representative, and snow-ball sampling (see Chapter 3 on sampling strategies). The size of the group is generally between 6 and 12 individuals; more than 12 becomes difficult to manage

Topic guide - A semi-structured guide is needed to facilitate the discussion. This should include not only a list of themes that you want the group to talk about but also consider the strategies you will use to initiate the discussion and keep it flowing (e.g., ice-breakers, probes, links and transitions from topic to topic). Note that topic guides may be organised with a sequential order in mind; however, for the most part they are used flexibly. For an example, refer to Appendix A.

Logistics - Where will the discussion be held? You will need to give thought to a place and time that is convenient and where external interruptions can be kept to a minimum.

Roles of researchers - Ideally, there are two researchers present in a focus group - one facilitating the discussion and the other taking notes and (if applicable) managing the tape-recorder. Sometimes, a third person is present, whose role is to carefully observe the process and dynamics of the focus group and take notes (See Chapter 6 for observation).

During the discussion...

Setting the scene - Provide some space for individual introductions; use a small activity as an ice-breaker.

Confidentiality - Think about how to reach agreement within the group regarding the information that is discussed in the group interview. When dealing with highly sensitive issues, it is important to reiterate to participants that full confidentially is not always guaranteed.

Flow of discussion - Ensure that you (or the facilitator) are an active listener, can reiterate what is said, can both stimulate the discussion but keep it 'on track' and can interject when appropriate to verify what is being said, but also to move on to another question or angle.

Documentation - It's a good idea to have a diagram of the set-up with participants numbered so that you can keep track of who is speaking, in your notes. Ensure that both what is said and what is observed are recorded in the notes.

After the discussion...

Expand notes as soon as possible afterwards. Note down your observations in terms of the process, the group dynamics, power structures, gender imbalance, and any other things you noticed that have a bearing on the themes in which you are interested.

C H A P T E R 5
Group Interviews

EXERCISE 5

Choose one of the following topics.
Think about conducting research within a setting you
are most familiar with. Now consider how you might use
group interviews as a way of obtaining data on the topic.

- *Barriers to smoking cessation*
- *Adolescent pregnancy*
- *Introduction of a new vaccine for children under five*

1. When might you use a group interview to collect
information on this topic, and why?
2. What type of group interviews might you use and why?
(natural versus focus groups)
3. Who would you want to interview in groups?
(how would you stratify groups?)
4. What topic areas would lend themselves to a group interview?
(in what ways are they distinct from what you would ask if you
conducted individual interviews?)

C H A P T E R 6
Observation

Learning objectives

This chapter will help you to:

- **Develop your skills of observation as a research method**
- **Become familiar with different types of observations, their strengths and their limitations**
- **Decide when and how observation might be used as a method in your research**

Key words:
direct observation; indirect observation; overt observation; covert observation; participant-observation

(Source: Rajyashree Dutt)

Introduction

We 'see' what is happening around us all the time, but to make sense of, interpret, and later recall what was seen is dependent on what we 'observed'. 'Observation' involves situating what we *see* in relation to what we *know* about a particular setting. The ways in which we 'observe' depend on a variety of factors, including our background experiences, training, familiarity with a setting, and interests. In this chapter, we will focus on observation as an important, yet often neglected tool in qualitative research. In particular, you will gain understanding of when and how observation is used as a method, and the potential challenges of this method.

Take a minute to look at the above photograph.

1. What are the first things you notice? (What are your first impressions?)
2. Now take a closer look at the background. What do you notice that you may not have seen the first time you looked at the photograph?
3. Reflect on what you first focused on, and why you were able to observe what you did. How do your background, interests, knowledge etc., shape what you observed?

Purpose of observation

Particularly in unfamiliar settings, we automatically tend to use our sense of observation to gather knowledge about human behaviour and the environment around us. For the most part, this is done intuitively. We tend to notice things that we are looking for, or that we have decided to focus on. We also notice things that are unusual or striking or different, and tend to be less attentive to things that are part of the taken-for-granted, everyday environment that we are used to. However, observation skills are essential to good scientific research, and their development and application to specific types of health-related research (e.g., laboratory research, clinical research) requires training and practice. In qualitative research, observational data is as important as interview data; in fact, the two are closely linked, as qualitative researchers might use interviews to make sense of what they observe, and observation to interpret their interview data. In order to qualify as a research method, observation should meet the following criteria:

• The observation should serve a specific research purpose
• The 'data' you intend to collect through observation should be related to a hypothesis or pre-existing idea that is derived from your review of the literature and/or your theoretical framing of the project
• The observation should be systematically planned and carried out
• The observation must be recorded systematically

As a researcher you would usually opt for observation when it complements or adds to what is known through other forms of data collection, or when it presents the best possible way to gain information on a particular topic. However, factors like access to subjects and situations, the role of the observer, constraints of time and space, and ethical considerations (such as consent and confidentiality) would affect your decision on whether or not to use observation as a research method, and when to use it.

In qualitative health-related research, observations might serve any of the following purposes:

1. Gaining familiarity with the context and broader physical environment that has an influence on people's behaviour e.g., observing how living and working in an economically deprived settlement influences health and health-seeking.

2. Gaining an appreciation of 'how things work' in an unfamiliar research setting e.g., observing the routines and dynamics of ward rounds.

3. Gaining in-depth understanding of an event or a process e.g., observing how patients with a particular condition move through the health system in search of treatment and care.

4. Gaining insights on social interaction between individuals, and in groups e.g., observing a patient network association meeting.

5. Checking whether reported behaviour corresponds to actual behaviour e.g., observing whether health workers do what they've been trained to do.

6. Gaining information about topics which might be difficult to talk about because they are sensitive, or taken-for-granted e.g., observing young peoples' drinking behaviour (alcohol consumption) in bars.

Types of observation

Broadly, observations differ along four criteria. These include considerations of whether the subject/object of observation is being directly or indirectly observed, how structured the observation is, and what role the researcher plays in the observation.

Direct and Indirect - Direct observation means that you, as the researcher, would study particular events, spaces and behaviours directly and in 'real time', without any intermediaries. For example, you might sit in on a staff meeting at a hospital in order to gain insights into the dynamics of staff supervision. You are observing what is going on in the meeting (through interactions, gestures, expressions) first-hand. Note that you have also become part of the environment you are studying!

In indirect observation, you infer something about the subject of the study indirectly through clues, traces or artefacts. For example, you might examine the number of pills left in a bottle in order to say something about medicine-taking behaviour, or look at rubbish bins outside a hospital to examine hospital waste disposal practices.

Unstructured and Structured - As we have already discussed in Chapters 2 and 3, all qualitative research methods can be placed along a continuum of structure; that is, the extent to which you would decide *a priori* on the categories of interest, and allow for more or less freedom in collecting the data you want. Observations too, can be relatively unstructured – this is when you simply decide on a setting, event, or process you would like to watch, and take free-flowing notes on what you see. As with other less structured methods, these kinds of observations may be very useful at the outset of a project, when you are relatively unfamiliar with the topic of study. For example, if you are studying traditional healing in a non-Western setting you might want to spend time conducting some unstructured observations of traditional healers at work at the outset of your research period. Simply observing and taking notes on what you see – e.g., appearance of the healer, interactions with clients, routines and rituals of healing, healing substances etc. – will help enormously in starting to describe what traditional healing in this setting entails.

More structured observations might follow a set of topics in which you are interested. For example, if you had conducted a few unstructured observations with traditional healers, you might have already begun to notice some similarities, or themes in what you observed. You might then decide that a particular area of interest was the interaction with clients. Based on what you noted in the unstructured observation, you could now draw up a set of things relating to interaction to which you would pay specific attention (for example, greetings, communication, expressions, physical gestures, physical contact etc.).

A highly structured observation is when you use a checklist of items that you have decided are relevant to the research. The checklist provides a quick, closed-ended way of assessing whether a particular item is present or not, or may assess a characteristic of a particular item along a qualitative scale. So, for example, structured observations might be used to assess some aspects of the quality of a health service.

Overt and Covert - This characteristic relates to whether or not those being observed know they are being observed. Overt observations are situations where the participants know they are being observed, whereas

A traditional healer with a patient in a village in North Karnataka, India
(Source: Mahila Samakhya Karnataka. G. Karunakaran)

covert observations are studies where participants are not aware that they are being observed. Whether an observation is overt or covert raises many practical as well as ethical issues, which will be discussed further in Chapter 8.

When participants know they are being observed for research purposes, they may initially behave quite differently from what they do normally, although most researchers note that they revert back to 'normal' behaviour within a short period of time. On the other hand, covert observation may be difficult to justify ethically, although it may reveal a wealth of information which might otherwise not be possible to gain, as seen in the example provided in Box 8. However, there are many situations where covert observation is the norm, simply because it is neither feasible, nor necessary to gain consent of all those who may be present in a setting that is observed. For example, a study of faith healing in churches may involve your sitting in on a congregation or a gathering to observe what is happening, but may not require that you make yourself known to all present.

Level of participation by the observer - As noted above, as a researcher involved in any form of direct, overt observation you are part of the reality you are observing. The extent of your involvement varies. While in quantitative health-related research (e.g., epidemiological or clinical research) it is assumed that you are entirely detached from what you are observing, in qualitative research, you are generally engaged with the subject of observation, even if this is silently, simply by being present, visible, and involved in an activity that draws you and the subject together. A particular characteristic of anthropological fieldwork is a form of observation that involves full immersion into the subject's world for a period of time, in order not only to observe, but to directly experience something that is being observed. This is known as participant-observation. Because this is a unique, and important feature of in-depth qualitative work, we shall be discussing this type of observation in the next chapter.

BOX 8: VAN DER GEEST AND SARKODIE (1998). THE 'FAKE PATIENT' [11]

In the mid-90s, two researchers from the University of Amsterdam conducted a research experiment involving the admission of one of them as a 'pseudo-patient' in a rural Ghanaian hospital. The experiment was meant to assess the feasibility of carrying out unobtrusive participant observation in a hospital setting. One researcher was admitted to the general male ward as a patient suffering from malaria, with the staff aware of the experiment, but not the patients. He was able to observe many issues relating to the lack of hygiene and sanitation on the ward, but also the integral role played by relatives of patients in their care and support, the ways in which patients assisted each other, and the importance of religion and prayer for the patients as well as their relatives.

The two authors discuss their surprise at being granted access to the ward for this research experiment, suggesting possible reasons might be the lack of a concept of patients' privacy in this setting, limited awareness of patient rights, but also the fact that the staff seemed unaware that they too, were being observed. The disadvantages of covert participant-observation include not being able to conduct formal interviews, take notes or record conversations with patients, leading to incomplete data. The participant-observation was only partial, in that the 'fake' patient could not truly experience the suffering and anxieties faced by a real patient.

Logistics of observing

As we have suggested above, different types of observation require different considerations, both practical, and ethical. Once you have decided that observations will be a useful method for the topic, you need to think about whether the observation will be direct or indirect. For any form of direct observation, you need to work out ways to access the setting, and whether you want to observe at a distance, covertly, or whether you require direct observation, or indeed feels that participant-observation

may be the best way of accessing practical knowledge about the subject under study. Gaining access to a setting might involve identifying and negotiating with gate-keepers, discussing when and how observations will be conducted, what possible ethical issues might arise, and what method will be used for recording the observation. Depending on the level of structure of observation, you may have specific criteria around who and what is being observed, and may also develop ways to assess particular aspects.

Recording observations

While structured observations usually follow a format, and are recorded in a closed-ended form, less structured observations require good note-taking to record details of the setting, process, events, and content of activities or interactions being observed. There are different components to the notes that might be recorded, depending on your overall aim, the purpose of the observation, and your training.

Identifying information - These are notes that help you to manage observational data. They include details on the particular setting, the date of observation, the type of observation, who the observer was, the purpose of the observation, as well as the duration and in the case of multiple or iterative observations, the frequency of observation.

Descriptive notes - These notes constitute the body of your 'data'. They describe in concrete terms what you saw in as neutral a way as possible, in other words, without ascribing any interpretation or value judgments on what you saw. They attempt to faithfully 'reproduce' a setting so that another person reading your notes might be able to visualise the scene.

Analytical notes - These notes are often placed in brackets and involve interpretation, or inferences on your part, in other words, judgements or conclusions drawn about what is being observed based on contextual information.

Reflexive notes - These notes reflect on the process of observation itself, as well as the broader purpose of the observation. They might include points regarding your own positioning and influence on the conduct of observation, as well as thoughts on how this observation compares with others, confirms or contests another source of data collection, inspires you to ask new questions etc.
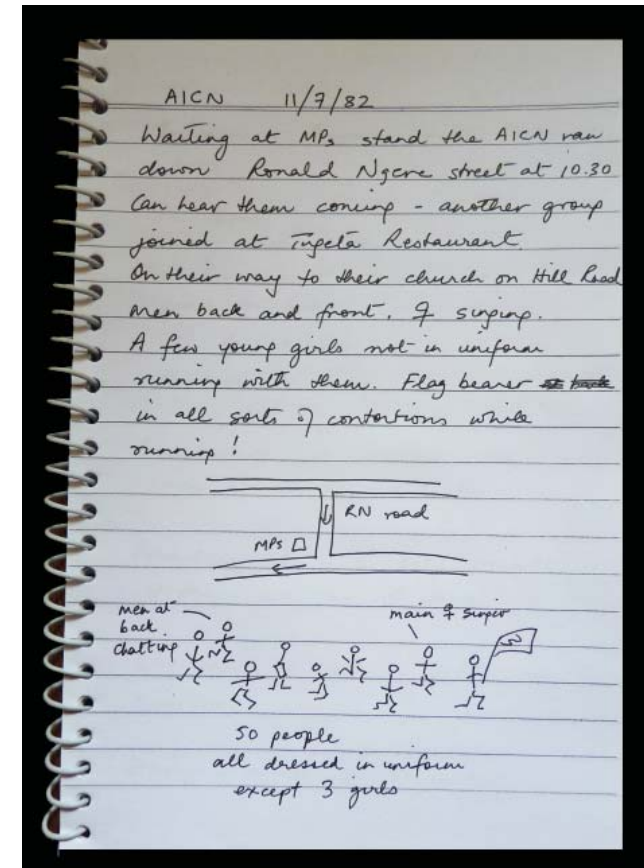
Observation notes while watching members of one of the local independent churches on the way to their service, Kenya, 1982
(Source: Janet Seeley, fieldnotes).

CHAPTER 6
Observation

EXERCISE 6

*Choose a setting where it will be easy for you to sit down
with a notepad and unobtrusively take notes for a short time.
This might, for example, be a market, a park, a street corner,
a shopping mall, or another central area where people come
and go. Take care that there is not 'too much' going on,
nor 'too little' otherwise it will be difficult to conduct the
activity or possibly to have to justify your presence.*

*1. Keeping time, conduct a 5-10 minute **unstructured** observation,
jotting down as many notes as you can on what you see in that time
period. Following the time period, take time to flesh out the notes,
including some analytical notes and thoughts regarding your
description of the scene and what was happening during your
observation.*
*2. Now reflect on how you might **structure** the observations if you
were to do a number of them. In other words, what things did you
note in your unstructured observation to which you might want
to pay closer attention?*

NOTES

CHAPTER 7
Fieldwork

Learning objectives

This chapter talks about what it means to be in the 'field'. It will make you more aware of:

- **Your self-presentation**
- **Your social interactions**
- **Your dual role as 'participant' and 'observer'**

… in the broader context of 'fieldwork' within which you collect data.

Key words:
the field; fieldwork; self-presentation;
participant-observation; reflexivity; positionality

Introduction

In the previous chapters, we have described the general characteristics of qualitative research as well as the purpose and use of particular methods. However, all data collection takes place within a given context which constitutes the 'field'. Although you may not conduct extended fieldwork in order to collect your qualitative data, you nonetheless will engage with the 'field' in many ways – you will have the experience of a new, perhaps unfamiliar setting where you have to make contacts, and learn to interact and work in certain ways. For some social scientists, such as anthropologists, reflecting on and documenting this engagement with the 'field' is as important as formal data collection.

EXAMPLE

Look at the following quotes attributed to two famous anthropologists renowned for their contributions to making fieldwork the hallmark of classical anthropology.

"It is good for the Ethnographer sometimes to put aside camera, note book and pencil, and to join in himself in what is going on. He can take part in the natives' games, he can follow them on their visits and walks, sit down and listen and share in their conversations." (Bronislaw Malinowski).

"The way to do fieldwork is never to come up for air until it is all over." (Margaret Mead)

1. What do the statements suggest about your relationship as a researcher to your subject?
2. What does this mean for data collection?
3. What challenges might arise?

The 'field' and 'fieldwork'

For qualitative researchers, the 'field' is the site of data collection. It could be a real physical space within which researchers work and interact, or it could represent the broader social institution that is the focus of research. So, for example, the field may refer to a village, a town, a hospital, or a set of households, but it can also be 'the clinic', 'the church' or 'the support group' which do not necessarily have fixed locations.

For some social scientists, fieldwork requires the researcher's presence in the field usually over a longer period of time, and in direct, first-hand contact with the subject of study. This contrasts with more conventional forms of data collection which may involve shorter periods of time depending on the sample and sampling strategy, but also are often conducted as a

This clinic was a site for research in Uganda (Source: Celestine Ilakut)

The researcher meets the respondent in his village in Uganda (Source: Celestine Ilakut)

one-off experience. In the course of fieldwork, information is gathered not just through formal interviews and observations, but also by paying close attention to what happens in between – as informal situations involving talk and action are often more useful than formal interviews in highlighting that people often do things very differently from how they say they do things. Because of the long-term presence in the field, you, as a researcher can also go back and ask new questions or more in-depth questions, more sensitive ones etc., as rapport is built with the respondents. As a result, the product – the ethnography – becomes a unique take on the reality being described – it is not reproducible. This contrasts with methods of data collection that assume a pre-existing reality that can be measured or assessed through instruments that are objective, validated, and don't really change from one interviewer to the next.

While 'classical' fieldwork is still a required methodology for most anthropologists, it is time-consuming and intensive, and often a solitary learning experience that has been described as the anthropologist's 'rite of passage'. Many applied anthropologists and qualitative researchers in health work within the frame of producing results that will have an impact on programmes or policies, and within tight time-lines and limited budgets. As we discussed in the first chapters, qualitative research methods are frequently geared towards practical ends such as assisting in developing quantitative tools, elucidating quantitative research, and informing programmes and interventions in areas such as health, education and nutrition. This usually results in less time to engage with the field surroundings, and higher costs if research is conducted in an unfamiliar setting, as you will need assistants who speak the local language and are trained in the use of qualitative methods. Regardless of these constraints, it is useful for you to consider how you can adopt a more ethnographic approach in your research. In the following sections, we discuss how you can become more aware of your own background and presence in field interactions, and more aware of how context shapes how you interpret your observations and encounters.

Social interaction and the presentation of self

How you present yourself to the respondent is critical to the success of the research project. The nature of the data you can collect will be influenced by practical issues such as:

- The relationships you develop in the field, and the levels of trust you develop in the community and with respondents
- Your 'position' as the researcher (who you are in terms of your age, gender, ethnic group, socio-economic status) in relation to the 'position' of the research participant (male, female, ethnic group, socio-economic status)
- The wider power structures in society that mean that some people's views are more accepted and more frequently represented than others'

At a surface level, this means you have to be conscious about how you present yourself and relate to people in the field. Think of a job interview situation; you would probably dress smartly in an effort to present yourself as the ideal candidate, and you would be more conscious than usual of how you speak and answer questions. The interviewers, however, will be in a position of power and however much they might smile at you and try to make you feel at ease, you know that your fate is in their hands! It is helpful to remember what that feels like (if you have indeed been in that position) when you undertake interviews for research.

- What should you wear?
- How should you introduce yourself?
- What can you do to make people feel at ease?
- How do you behave (where do you sit, how do you greet people...)?
- What should be your first question and how can it help to build rapport?
- What is the tone of voice when you ask questions?

- How do you avoid phrasing questions that reflect pre-conceived ideas or thoughts?
- How do you show your interest in what the person you are talking to is saying?
- What do you do to conclude the interview?

These factors are equally important in collecting quantitative data. However, in qualitative data collection, when we are especially interested in how people express themselves (the words and phrases they use) as well as how they behave towards us or other interviewers, paying due attention to the impact of our own presence on interviewees' speech and behaviour needs to be taken very seriously. Social researchers need to think about the context of research and adapt the interviewing approach (or other method) accordingly. What is the most suitable method of interviewing for this social context? How will the method that you use make a difference to the data that is collected? How will the person undertaking the interviews impact upon the data that is collected?

Please see exercise 7A on page 52. As we have discussed in Chapter 4, the interview is always likely to reflect power relations between interviewer and the interviewee. You need to be conscious of who you are (or who the interviewers you are working with are) and how you or they relate to the people being interviewed.

Beyond the question of proper 'etiquette' in field working relations, being aware of social context, physical and material surroundings, and how people around you interact and do things is crucial for the research itself.

Being an observer, being a participant

For many anthropologists, the only way to begin to understand the underlying cultural rules that shape particular behavioural codes and scripts is to 'participate', in other words, to try to take part and experience things

that you are researching in ways that come as close as possible to what your respondents experience. This idea stems from a humanist paradigm of research, namely, that the only way to understand what it means to be human in a particular setting is to immerse yourself in the context for an extended period of time, either through living, working, or at the very least interacting with the subjects of your study, and participating in their ways of doing things. While most qualitative researchers are bound by time and resources and are not able to spend prolonged periods of time in the field as participant-observers, some extent of participant-observation is feasible and can be very illuminating. For example, in a study of women's work roles and their impact on health, spending time in households, observing and participating in daily activities in which women might be involved, such as cooking, cleaning, childcare, fetching water, selling items in the market, and carrying wood, will give you a much better

A woman washing dishes in rural Orissa, India
(Source: DFID-funded Western Orissa Rural Livelihoods Project)

sense of what these activities actually involve, and how much time and effort is expended when they are carried out.

Alternatively, simply sitting in the waiting spaces of clinics and hospitals as if you were a patient will provide important insights on waiting time, interaction with providers, and the dynamics between patients. However, as we saw in the example provided in Box 8: Van der Geest and Sarkodie (1998). The 'fake patient', participant-observer situations give rise to a number of ethical questions. It is probably a myth to believe you can ever become fully involved as a 'participant-observer' in a setting that is not your own. As a qualitative researcher, your engagement with the field is often about achieving a balance between being a *participant* (immersing yourself through interactions, activities, participation in the social field you are studying) and being an *observer* (maintaining a critical, 'objective' distance from the social field).

Participant	⟷	**Observer**
Participant as Observer		Observer as Participant

This is a delicate balance: how do you 'step back' to describe another world 'objectively' while understanding it, in other words being 'subjectively' immersed in it? It's important to be explicit about ethical questions that arise through this tension, for example, is the researcher known as a researcher? If so, how much is known about the research? Where are the limits of participation? How do researchers straddle the balance of simultaneously being observers while being participants engaged with their subjects? Many of these questions continue to be actively debated within anthropology and other social sciences that rely on participant-observation as a way of 'knowing the world'.

For most qualitative researchers, 'real' participant-observation is quite limited. Nonetheless, better understanding of the meaning of behaviours, activities, events, and how these relate to the social and cultural context can be achieved through greater awareness and attention to your surroundings by:

- making personal connections and engaging in social relations
  i.e., becoming part of the social field within which you are
  doing your research
- interacting and asking lots of questions
- learning the language at least partially and using it
  wherever feasible
- paying attention to what the people around you do,
  both when they know they're being watched and when they don't
- learning how to do things the way your research subjects do them –
  or making mistakes in trying and learning from your mistakes

Awareness of who you are in the field and how your interactions and participation colour your approach to data collection and analysis should ideally be made explicit. Social scientists refer to the need for *reflexivity*. In contrast to quantitative research which often assumes a distanced, neutral researcher who is 'invisible' in the final product (e.g., a report or article), qualitative researchers often take note of and include a written account of their experience in the field, and reflections on how their assumptions, their background, and training, drive particular research questions and approaches. Similarly, the term *positionality* refers to being explicit about your position (e.g., in terms of power, hierarchy, solidarity, control) and how this influences social relations in the field, and ultimately your presentation of findings.

C H A P T E R 7
Fieldwork

E X E R C I S E 7 A

*Interviewing an older person in Uganda
(Source: Celestine Ilakut)*

*Interviewing a farmer in Nepal
(Source: Janet Seeley)*

Look at the two pictures of interview situations. Identify the interviewer and the respondent. Explain why you are able to see this. Think about the ways the interviewer in the two situations has attempted to adapt an interviewing approach to the social context of the interviewee.

N O T E S

E X E R C I S E 7 B

*Two elderly women, Burkina Faso
(Source: K. Kielmann)*

Imagine that you are about to interview one of these women. Think about the way you will introduce yourself to the interviewee. What would you say about yourself? How do you think she would perceive you? What can be done to hinder or help building rapport in this situation? Would a participative approach help understanding the circumstance of your respondent? If so, how?

N O T E S

CHAPTER 8
Ethics and Logistics of Data Collection

Learning objectives

**This chapter will enable you to gain an understanding of the practical dimensions of collecting qualitative data.
Specifically, the chapter will help you to:**

- **Consider the ethical dimensions of conducting qualitative research**
- **Consider the role of different researchers in the conduct of research**
- **Gain skills in recording and managing your textual data**
- **Ensure the quality of data that you collect**

*Key words:
gaining access; ethics; note-taking;
data recording; data management; teamwork*

Introduction

Although we have concentrated thus far on technical aspects of qualitative research methodology, it is equally important to spend time thinking about the ethics and planning the logistics of data collection. How will you gain access to the 'field' and to your respondents? What are the ethical issues that you need to consider in relation to your conduct in the 'field' - how do you relate to your respondents and to the data you elicit from them? How will you record and manage the data collected? In addition to the important aspects of social interaction and self-awareness in the 'field', as explored in Chapter 7, planning the logistics of the research systematically can help you minimise – or at least be ready for – the difficulties that you may face in convincing people your research is worthwhile, establishing yourself in the field, finding respondents, and managing your data.

EXAMPLE

Theobald et al (2011)[12] suggest that focus group discussions (FGD) are becoming popular in research on tuberculosis (TB) and HIV as a means of understanding the experiences and needs of both patients and carers. They caution, however, that, "…conducting FGDs in resource-poor settings with vulnerable participants who are living with diseases that are frequently stigmatised poses multiple challenges."

Think about the steps involved in setting up and conducting a focus group with a group of people living with TB and/or HIV in a low-income setting. What do you think the practical and ethical challenges might be?

Ethical considerations

Primary data collection is subject to formal ethics review, usually by a committee. The committee will check the study proposal and scrutinise whether there are any ethical concerns raised by the research concerns. We are not concerned with the process of obtaining ethical clearance here, rather with the ethical issues that may arise while you are in the field carrying out your research.

Informed consent

Informed consent is when potential participants freely agree to be part of your project, with full understanding of the research activities and any risks or benefits attached to being part of it. Only if the participants understand what you tell them about the study and their participation can they give 'informed consent'. This is often a very difficult area because people may be very happy to take part, but not concerned about listening to a long explanation of what the research is about. An information sheet, in an appropriate language, can be useful so people can look at it later if they have questions after the data collection which they had not thought of at the time. The information sheet needs to include contact details for someone who can genuinely be contacted if questions arise, and who has access to the information on what the study is about.

To help participants understand the nature and purpose of your study, and more importantly, their role in it, they need information about:

Purpose and procedures - why the research is relevant and how it will be conducted.

Risks - what type of risks exists for research participants and researchers; for example, is there a risk that the data collected may be shared with others, or is there a risk that the level and quality of care might change as a result of participation in the study?

Benefits - are there any benefits to the research participant? This might be a direct benefit such as material compensation, or indirect such as the improvement of a service that is available to a number of individuals, including the research participant.

Confidentiality - researchers must ensure that the data is collected and processed in a way that protects the identity respondents, in other words any references to name, location, and other personal details.

Voluntary participation, refusal and withdrawal - no research can be conducted without voluntary participation and respondents must be given the choice to refuse or withdraw their participation at any time in the research process. They should also have access to the data collected on them.

There are many examples of information sheets available. However, the most important thing is that they are easily understood by the participants and they are not too long, so that people can understand the content when they read or have the sheet read out to them.

A consent form details the participant's rights (for example, to choose not to answer a question or to withdraw from the interview) and consists of a record that the participant has agreed to participate in the study, usually in the form of a signature. Such forms can be problematic when people are unable to read the text for themselves or cannot sign their name as this may raise fears or suspicions. In these cases, verbal consent may be more appropriate. While there is a debate among researchers about the validity of verbal consent, it is important to note that it is unethical to carry out any research without securing the consent of participants.

Privacy and confidentiality

The Social Research Association (SRA) Ethical Guidelines[13] caution social researchers from becoming too intrusive. They should understand that the goal of collecting information does not give them the right to intrude into other people's lives and disregard their social and cultural values.

Participants' privacy should be a key component of any ethical research project. Some of the most common errors committed by researchers include seeking contact with the subjects without advance intimation, asking questions that cause distress or offence, and observing people without their knowledge.

Confidentiality of information provided by participants to the researchers needs to be respected. Since these data constitute private information, field notes, tapes, questionnaires and so on, need to be stored in safe and secure locations. Data collected should be used only for the purpose agreed with the participant and not shared with others. If a participant decides to withdraw from the study, or withdraw something s/he has said, the record of the information must be destroyed.

Linked to these issues is the issue of maintaining participant anonymity. The researcher has the responsibility of keeping the identity of participants private so that they will not be personally identifiable in any outputs. This holds unless there is a specific reason why they should be identified, or if they specifically requested their identity to be given. Despite this, the researcher should make sure that participants understand the consequences of disclosing their identity – for example, the report may end up on the web and be accessible to all. In some situations, where someone can be identified by the position they hold, the researcher should explain when anonymity may not be maintained.

Other ethical issues

Some of the other ethical aspects of qualitative research relate to data analysis and ownership of data.

Trust - when collecting data, a relation of trust is established as research participants contribute to a study with the assumption that their circumstances will be reflected as accurately as possible by the researcher.

Honesty - qualitative data are, like quantitative datasets, easy to manipulate in order to 'demonstrate' a pre-conceived idea or result. Researchers have to adhere to a professional ethos which prohibits the manipulation and 'cherry picking' of data in order to 'fit' an idea that they want to substantiate.

Reciprocity - those involved in the research process are investing their time and sharing experience or thoughts in order to advance a study project. It is important that research participants receive feedback about the findings of the study and, if applicable, benefit from the study results themselves.

Advocacy and intervention - Beyond dissemination of results to academic audiences, researchers often forget to ensure that a process is in place for the uptake of results amongst stakeholders such as policy makers and programme implementers (depending on the nature of the research). Activities that can be described as advocacy or information for interventions are often left out from plans and budgets of research projects.

Ethical issues also arise when the research is focused on participants who are 'vulnerable' people, that is, those individuals who may have difficulty giving informed consent or saying 'no' to your request to participate. This would include groups such as children, women in dependent relationships, particular ethnic groups, and marginalised groups of men and women.

Gaining access to the field

When setting up a qualitative research project, you need to consider how access to the field will be gained and what strategies to adopt in order to identify and select research participants. This 'access to the field' rarely happens as planned, and one of the most difficult aspects of doing fieldwork is to develop strategies that can help to approach respondents willing to openly share their experience.

Various strategies can be applied to get in touch with potential participants, and the approach you decide on should generally be detailed in the ethical application submitted before the start of the study, which is also a good opportunity for you to clarify how you will select and approach research participants.

Depending on the issues at stake in the research, you may need to approach participants individually or through a 'gatekeeper'. You may want to make direct contact using purposive sampling methods with participants who are attending an event or who are gathered in a specific location. This would be the case if you were to conduct 'exit interviews', for instance, with women who have just had a consultation with their doctor.

In other circumstances it is useful to identify one or two individual(s) who can help introduce you to the other respondents. This is useful, for example, when you are trying to understand the level of authority and hierarchy in a specific group; the gatekeeper can introduce you to those who may be playing a key role in that community. Being introduced by a gatekeeper follows a more 'natural' way of meeting new research participants, and although one will need to go through the process of obtaining 'informed consent' (see above), this helps to establish a first contact.

In fieldwork situations, you will frequently confront unforeseen events that can result in difficulties to access study participants.[14] For example, research permits do not arrive on time; once 'in the field' one realises that people are reluctant to participate in the research; the ethical approval is delayed; data is missing or stolen; or it is challenging to identify and meet with a particular group of research participants. In these situations, it helps when one has already identified potential obstacles in accessing the field, and has considered a variety of alternative ways to carry out data collection should these problems arise.

Working with research assistants

In the previous chapters, we have described how you go about conducting interviews and observations. However, the reality of many research projects is that we may be in settings where we rely heavily or entirely on local researchers and research assistants for data collection, recording, translation and transcription of the data if a recording device has been used. These are some of the key considerations to keep in mind when working with a team in the field:

Composition of the team - This needs careful thought. Do you need people of a certain age? Gender? Geographical background? Fieldwork experience? It is worth taking the time to find the right team members and ensuring that they can work well together, and work well with you too!

Training - This is essential, and should go beyond merely demonstrating the use of a particular data collection instrument. Qualitative research requires specific skills of rapport-building, sensitivity, and eliciting open-ended data through listening, probing, asking further questions that build on what the respondent is telling you. These techniques can be learned but require practice. It is important to plan for enough time to have research assistants who work with you understand the rationale for the study, the research process, data procedures and the specific skills of note-taking and interviewing.

Management and coordination - Have a clear plan for the team and lines and areas of responsibility so that data are recorded carefully and notes from observations and interviews, as well as general fieldwork notes as described above, are written up. In many research situations, we are dependent on research assistants, but often undervalue their critical role in collecting good data, and helping us to analyse them. It's important to acknowledge the different roles team members have in collecting data, but also interpreting 'what's going on'.

Supervision and support - Make sure that there is a team leader, or more than one if you have different teams, particularly if you are not in the field with the team all the time. Ensure that this person has a clear plan for who is doing what, when and debriefs with team members after each interview/observation.

Ensuring data quality

Whether working alone or in a team it is essential to ensure the quality of the data collected by establishing practices before, during, and after data collection.

Before
- Provide adequate training for research assistants; ensure that they understand why observing and listening are as important skills as asking questions
- Take enough time to develop appropriate guides and instruments for data collection; pilot and refine them to make sure they will elicit the data you want, but more fundamentally, to ensure that what you are asking is really contributing to answering your research question(s)

During
- Spend the time needed to develop good working relationships – in the research team, with the communities you are working with, and in your interviews. Do not underestimate the need for mutual trust and respect in order to promote a conducive environment for an open exchange of data that are reliable
- On-going 'debriefing' with your team is important because it helps research assistants to recall material they may have forgotten and also highlights issues that may not be clear in the data that was collected. If the team is in the field for the following days, such issues can be cross-checked. Team meetings to discuss issues arising from the data can be very important in maintaining quality across a team
- Take notes and transcribe early on in data collection. As noted above, this is essential to ensure that data are not lost
- If translation is involved, select a sample of the notes to be translated back into the original language and compare the two versions to ensure that the translation is as accurate as possible

After...
Read periodically through notes and transcripts, in order to check for:
- **Technique -** is the process working in terms of how people respond to you? Should another approach be tried, if this is not working?
- **Completeness -** are the responses complete? Did you miss crucial questions? Was the interview cut off or cut short for any reason?
- **Consistency -** note that 'inconsistencies' may not necessarily be errors; they may signal differences in the way people view the same event, or how a person has changed his/her story about his/her life, or an event between interviews which you may wish to probe to understand
- **Content -** are you 'measuring' or 'describing' what you set out to measure/describe?
- **Data 'saturation' -** if no new findings are emerging is this because people have nothing more to say, or could it be because you are asking questions in the wrong way?
- **New and interesting questions arising -** remember that flexibility is a key feature of qualitative research!

Field notes

One of the key skills in qualitative research is being able to take good field notes, even if you are tape-recording your interviews.

What are field notes?
Taking notes on what you see and hear in the field, your thoughts about what is happening, and your own experience of being in the field are essential to providing a rich and multi-dimensional context to the data you collect. Remember that data instruments will only capture specific facets of the 'reality' that you are exploring through your research.

For social scientists who spend long periods of time conducting fieldwork (see Chapter 7), field notes are often a daily record of observations and experiences in the field. They capture things you find interesting and noteworthy, terminology that is new or unfamiliar, direct quotes from what you have overheard that seem relevant or peculiar, but also reflections on your own position in and responses to situations that arise.

What 'tools' do you need?

To create field notes, it is useful to carry a small, unobtrusive note pad with you for jotting down particular pieces of information during an interview or observations, so that you don't forget important points. This notebook is not usually for taking detailed notes because that may make having a relaxed conversation with the respondent difficult – the notebook allows you to keep note of points to jog your memory. In their rudimentary form, notes are usually 'raw' scribblings or jotting down of words and phrases, sometimes accompanied by diagrams or drawings. These 'raw notes' are ideally expanded into more detailed descriptions in the form of complete sentences during the process of writing up. Writing up seems reasonably straightforward, yet can be quite a tedious process in practice, a fact that even experienced ethnographers acknowledge!

What aspects would you cover in field notes?

Initial field notes taken in an unfamiliar setting are likely to be descriptive and concrete. They may include details on the following aspects of your field encounter:

The setting - recording the details of the physical environment in a way that providers the reader a good 'visual' experience of what it is like to be there.

BOX 9: FIELD NOTES
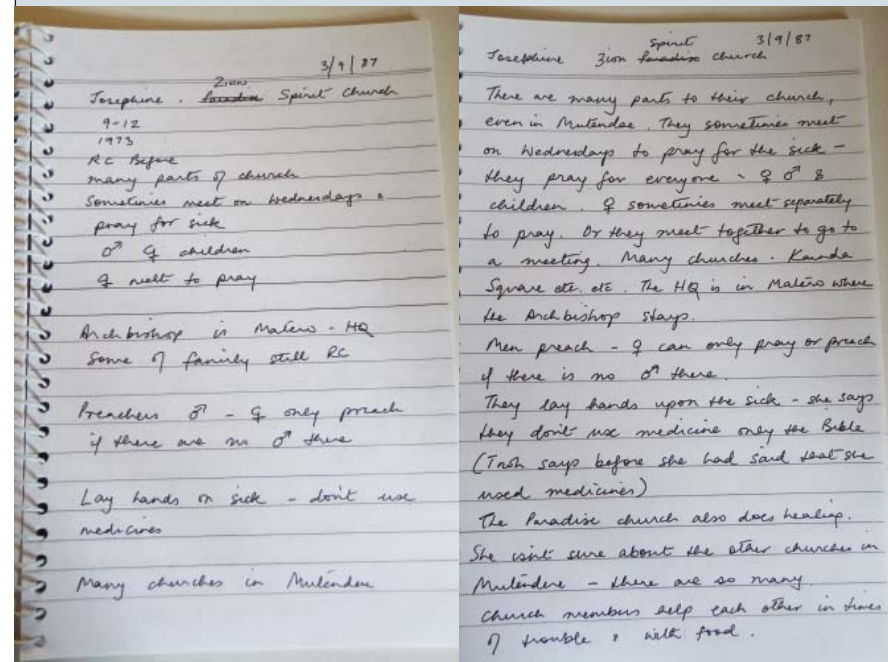
This is an example of some field notes and the initial write up from post-doctoral research done by Janet Seeley in Zambia in 1987. The left hand text shows the 'raw' notes made while Janet was at the church. The write-up on the right is the notes she expanded and transcribed into a duplicate notebook in her room that evening. This is before the days of laptop computers, so all transcriptions were done by hand.

EXAMPLE

Extract from field notes taken by Janet Seeley in 2005:
The hut was small and cramped. A curtain divided the living area from the sitting area. We sat in the latter, on four low wooden chairs, around a small table. R drew back the curtain slightly so that she could sit on the bed opposite us. I could see that the bed was piled with clothes. Under the bed was a tin trunk. There was a shelf with some cooking pots on it, a radio and the container for her drugs. A water container was perched on top of the shelf, unused.

The participant(s) - recording details of appearance, behaviour, verbal and physical interactions, for example:
- What is the participant wearing? Is it different from usual if you have seen the person before, or is it exactly the same? Is there anything striking about the participant's appearance?
- How does the participant interact with different people including you (is s/he friendly, authoritative, tired?) How is the participant's status and/or relationship with others expressed (e.g., tone, use of language, bodily stance)
- What gestures does the participant use? (body language, facial expressions, how s/he chooses to enter or place him/herself in a room, ways of greeting other people, ways of interacting with children/adults or with strangers)
- How does the participant respond to questions you ask (is s/he able and willing to respond or is s/he in a hurry or evasive or does s/he (claim to) not know the answers?)

Activities and behaviour - what is going on during your visit? Observations could include, but should not necessarily be limited to, the following:
- What activities are going on?
- Where?
- Who is involved?
- Who else is present?

- How long does it go on?
- How do people behave?

Informal interactions - brief conversations or exchanges of information. You may take part in the conversation or you may simply listen and observe 'on the sidelines', without direct intervention.

Observing what does *not* happen and surprise findings - when someone does not do what you expect them to do (what may be culturally or socially appropriate) - for example, when someone does not greet a visitor or does not offer a seat to an elder.

How would you make sense of your field notes?
As you gain familiarity with the setting and start to understand more about the phenomenon you are studying, your notes will become more analytical. In other words, you are likely to include more interpretation of what you are experiencing. So, for example, during fieldwork in a support group for people living with a particular condition, some of the information gathering might be sitting in on and observing support group meetings on a regular basis. Your early field notes will probably be quite descriptive, noting physical environment, composition of group, schedule of meeting, topics discussed. Later notes may be more focused on the dynamic of who talks when, about what, including degree of participation in the group. Even later, notes may be about the types of social interaction created or discouraged by the very notion of a support group – which assumes a certain type of bond between the people who participate.

Field notes *must* be written up as carefully as your interview data, not least because you will not recall important details even three days later. Good note-taking habits will help put your data collection in context, and encourage you to think analytically throughout the research process.

Using tape recorders and other recording devices

Using a recording device is no doubt helpful in some situations, but it also has its limitations. For interviews, recording devices allow you to capture the exact words of the respondent, including parts that may have been quick and difficult to follow when you were conducting the interview. Digital recorded data can be coded while still in the digital format, thereby saving time that would have been spent on transcription.

However, recording devices can put some people off, and make them less free in what they say. Consider carefully whether to request participants to make audio recordings of interviews. Sometimes the presence of the machine, however small it is, can change the content of the interview because people may fear saying something that will be captured by the

A tape recorder placed unobtrusively on the side during an interview in a village in Orissa, India. (Source - DFID-funded Western Orissa Rural Livelihoods Project)

machine. People may be happy to have some of the interview recorded, but offer the opportunity to conduct some of the interview without the machine on.

It has become common for researchers to rely on recording devices for interviews; unfortunately this coincides with a tendency to avoid taking notes. This is a mistake, as you are missing the chance to gather important data that strengthens the validity of your data, as discussed above. Also, recording devices are not infallible – they can fail to record adequately or audibly. If you have not kept good notes and do not check the recording immediately after the interview, valuable information may be forgotten and then lost. If you use a recording device, make sure you take notes too, and pay careful attention to what is going on.

Managing your field notes and data

Ideally, 'raw notes' from observations and notes from interviews that have not been recorded should be expanded as soon as possible after the period of observation, reflection, or of interviewing. Interviews that have been recorded can be transcribed later; however it is good practice to transcribe within a reasonable period of time so that you can recall the context of the interview.

If you use a digital recorder, recordings should be downloaded after each interview and carefully labeled and stored. The label will include details such as respondent name, date, time, place of interview. These tapes should be transcribed within a few days of conducting the interview so that the memory of the interview is still fresh in your mind so that any missing data might be recalled. Transcription must be a priority from the very start of the fieldwork, otherwise one ends up with a backlog and details about the interview are forgotten and future interviews cannot so easily build on previous interviews. You must take care to keep the tapes carefully and securely and to delete the content once the tape has been transcribed.

For both recorded and non-recorded data pieces, it is very helpful to have a 'header' with summary information at the front of the data piece. At the very least, it's important that you provide a name or pseudonym, perhaps an ID number, and the location and date of the interview. Remember that all personal identifying information is confidential and must be anonymised later through the use of pseudonyms. You may also consider including brief information on the context, process, and main content points of the piece of data (see Box 10).

These notes should be copied (using carbon paper or photocopying for example) or printed out twice (if using a computer) so that one set of notes can be kept in chronological order and the other can be filed in broad subject categories (this is the first step in analysis). All notes, notebooks and computer files must be kept securely so that confidentiality is not compromised.

Older people's study team writing up field notes, Entebbe, Uganda
(Source: Celestine Ilakut)

BOX 10: EXAMPLE OF 'HEADER' FOR INTERVIEW NOTES [FICTIONAL]

Informant: **'Grace B.' (IDI *32)**
Location of interview: **At home, Rosemount**
Date of interview: **January 28th 2004**
Length of interview: **50 minutes, cut short as Grace had to leave for the clinic…**
Conducted by: **SL and MR**
Type of interview: **In-depth**
Context of interview: **This was the 3rd interview we conducted in Grace's home. We went back after …**
Process: **Grace welcomed us warmly, she seemed very comfortable…**
Two of her children were present…
At one point, a neighbour entered…
Content: **During this interview, Grace told us that…**
Another important issue that emerged was…

Data organisation and indexing ready for analysis

Qualitative research can generate a large amount of data. Taking care to label your data as you collect, is essential. Organising the data for analysis starts right from when you write up or transcribe your first interview.

Checklist - As you collect your data keep a list of all the data you have, for example a list of all focus group discussions, a list of all key informant interviews, a list of other methods where data were recorded. If the data are stored on a computer include on the list the computer file name for each set of data, so you can find the information easily by referring to the list.

Identifiers - Make sure the set of data from each interview or session has an identifier on it, as described above. This identifier should list the place,

date and time of the session, the respondent's identification number, and if you are working in a team, note who did the interview (could be a code for the interviewer) and who wrote the notes.

Indexing - Number each line on the document (this can be done automatically by the computer), for purposes of referencing later on when you sort the data into themes or categories, for example an excerpt of data might be copied to a new file but can be indexed as:

T/KII/Young man/12July05/para 16

Indexing allows us to identify where a paragraph was extracted from in the original document so that the context is not lost.

Completeness - Make sure that the data from each session are complete, for example make sure there are no missing pages. This can be a particular problem where a script has been edited and an older or unfinished version has been saved by mistake. While it is not essential to use a computer to write up your material, it is better if the data are typed because it gives you more flexibility for analysis (and if you do use a software package, it means the data are ready for uploading). In preparation for manual analysis ensure that when the pages are printed out there are large margins for notes to be made. It is important to have working copies from the original data, but maintain an original reference copy and store it securely, just in case something goes wrong with your working copy.

C H A P T E R 8
Ethics and Logistics of Data Collection

E X E R C I S E 8

*1. Look at the notes you made for the **unstructured observation** exercise at the end of Chapter 6. How would you expand the notes to produce a coherent script?*

2. How would you distinguish between descriptive and analytical notes?

3. Were there any ethical issues that you might consider in the conduct of such an observation exercise and the use of the data you have collected?

N O T E S

CHAPTER 9
Steps Towards Data Analysis

Learning objectives

This chapter will familiarise you with a number of preliminary steps in qualitative data analysis. It will help you to:

- **Organise your data, and format them in a way that facilitates analysis**
- **Identify themes and domains of interest in your data**
- **Set up a coding system for your data**
- **Start coding your data**

Key words:
indexing; themes; descriptive; analytical; constant comparison; coding

Introduction

In contrast to quantitative analysis, qualitative analysis does not begin when all the data are collected, but rather is an on-going process. We have already hinted at this process in the preceding chapters by explaining how theory, your background, and your familiarity with a setting determine what you decide is worthy of study, and how you formulate your questions. In this chapter, we introduce you to the principles and procedures of analysis that take place once your data has been collected and organised

as described in Chapter 8. We describe the process for manual data analysis, in other words, without the use of a software package. We do this for two reasons: 1) not everyone has access to software or has time to learn a new package, but more importantly; 2) the steps are the same whether you manually sort your data or use a computer programme; there are no short-cuts to thinking critically about your data! However, there are some excellent guides to computer-assisted analysis.[15]

EXAMPLE

In taking in what happens around us on a daily basis, much of our understanding of 'what's going on' is based in our intuitive interpretation of what we see and hear. This happens because we are familiar enough with the context of visual cues to be able to attribute meaning to them. A simple exercise can make you aware of this. Pick up a magazine or a newspaper and leaf through until you find an advertisement (for example for a soft drink, ice cream, washing powder, a car, life insurance, or other consumer item). Examine it carefully.

What does the advertisement convey to you? Consider both the face value (in other words, what you *see*) as well as the more implicit meanings of the image (what you don't necessarily see but *know*). Think about why you are able to attribute a 'deeper' meaning to the image.

As you will have noted, making sense of images used in advertising involves analysis, even though it may feel intuitive or 'obvious'. Analysis means making sense of the data – interpreting or assigning a meaning to what is seen or heard by placing it within a given context. It involves interpretation of data beyond 'face value' ('reading between the lines'). This is important because much of qualitative research is about interpreting/understanding what we observe, as we saw in Chapter 6. However, when working in an unfamiliar setting, the data collected may appear 'meaningless' initially. How do we start organising the data in a way that facilitates us in seeing themes and patterns?

Getting to know the data

Once the data are in a manageable format, you can undertake preliminary steps to analysis. Read all the notes and text (data) from the beginning to the end. Reading and re-reading the transcripts or notes helps you to familiarise yourself with your data and the context within which they were collected, particularly if data collection has taken place over a long period of time and you have forgotten some of the detail from your early material. As you go through each script try to grasp the essential points – it's useful to have a short summary of the main issues arising in each interview or observation transcript that you can refer to later.

Go back to the original research questions and consider the key questions or themes that you expected or planned. Write a list of these expected research themes which may be drawn from theory (deductive approach). You can use this as a starting point for thinking about the themes coming out of your data but make sure you remain open to new and unexpected ideas that emerge from your data (inductive approach). Consider recurrent themes – what evidence keeps repeating itself? Start making a list of these themes. Are there other themes (in addition to those expected or planned) that are emerging? Were there any differences or contrasts within the themes as expressed by the informants?

Identifying and classifying themes (and sub-themes)

As a result of the above activities, you can generate a list of themes that are relevant to your data in their totality (the process may be inductive or deductive). In qualitative analysis we can talk of two different types of themes:

Descriptive themes - These relate to concrete, easily discernible things that do not need much interpretation. For example, what someone was doing or wearing, what crops were growing, who was present etc.

Analytical themes - These relate to things that are abstract, open to interpretation, and require inference on the part of the researcher. For example, the understanding of a gesture or comment made or recognizing the broader context of an event or conversation that may shed light on why x or y has happened.

Themes might be divided into sub-themes depending on the material you have and the variation you are finding in the data across informants. For example, in a study on migration and health, one of your themes might be 'gender roles' as you have noticed that men and women experience the effects of migration differently. 'Gender roles' is a fairly broad theme which you might imagine could be broken down further into sub-themes that reflect variation in the data around how gender roles are enacted across the lifecycle, or in different spheres (for example, social, work, private, public). Note that it is important to allow the data to 'speak' to you rather than pre-defining how themes might be sub-divided.

As you identify themes and start to list a set of themes that are recurrent, you need to check their validity across the data set that you are preparing to analyse. *Constant comparison* refers to the procedure whereby you compare data which you consider fit a theme with data from other transcripts which you consider fit the same theme. Comparing one with the other as you go along will help you to: a) begin to see common themes; b) see suggestions for new themes or sub-themes; and c) ensure consistency in the way you use the themes so your usage does not `drift' across time as you read and think about the themes emerging from your data.

Setting up a coding system

We use codes in everyday communication. Symbols, shapes, language, written words, gestures, colours, patterns, and images help us to communicate with each other by making reference to a shared representation of an idea or concept. Some symbols are more obvious than others, for example,

a red cross. Others are less obvious in part because they are taken for granted, for example, someone waving or winking at you. These gestures are symbolic because they do not intrinsically have a meaning but rather derive their meaning from the context within which they occur.

In qualitative research, codes are labels used to denote a particular theme or sub-theme. Coding involves assigning labels to text sections that relate to a particular thematic idea. It is a systematic method of 'breaking' down the data into meaningful segments and getting the essence of the data without reducing them.

The list of themes that you come up with after reading your data a number of times often serves as the basis of your coding framework. You may have already established a hierarchy between your themes and sub-themes. Remember that identifying themes that are recurrent in the data can be data-driven (inductive) or researcher-driven (iterative-deductive), or both. If needed, go back to your research question and ask yourself if you need to add any new themes which will help to complete your analysis. Once you are satisfied with the list of themes and sub-themes for which you will be coding the text, you will need to 'translate' this list into a set of codes. Whether you intend to code manually or to use a software package, you must come up with a way to define codes that will be used to signify your themes and sub-themes. These can take a variety of forms:

Mnemonic (abbreviations) - e.g., HBC – Home Based Care; UN – United Nations; HOSP – Hospital, etc.)

Words - e.g., Health, kinship, sexuality, professional activity, etc.

Numbers - e.g., 1001, 2023, 4045

Using colours to highlight a theme - e.g., '... he is well known to us. My father knew him very well. When my father had heart problems, he was referred to a specialist.' (e.g., green: relationships; blue: health and access to health services)

Shapes - □ △ ▭ ○

You may find that using numeric codes can be faster, but can also become confusing if you deal with a large number of sub-themes. Note that mnemonic codes are most commonly used today, as they avoid mistakes and permit a quick reference to themes during the coding process. Some of the issues to consider when preparing a coding system:

- Codes should reflect recurrent themes
- Codes should be neither too broad, nor too narrow
- Codes, like themes, can be descriptive or analytical
- Codes have a short form (e.g., 'MIGR-IMP') and a long form (e.g., 'Impact of migration on food habits')

The coding system or matrix that you set up must include a list of the codes (and sub-codes if applicable), the long form of the codes, as well as operational rules for using the code. For example, the above code 'MIGR-IMP' derived from a study of migrants' nutritional status, might have the following rule: 'to be used whenever individuals refer to how moving from one place to another place of residence has affected their food habits'. Clear operational rules will help prevent an overlap of codes and consistency in coding, whether you are doing all the coding yourself but especially if there is more than one person coding data.

E X A M P L E

The table below presents an extract from a coding matrix prepared for a study of home-based care for People Living with HIV (PLHIV) in Zambia by Fabian Cataldo and Karina Kielmann (2009). A specific mnemonic code was created for each sub-theme. A short description of the theme was added to ensure that all researchers involved in the coding would use the same code.

Question/Theme	Sub-Theme/category	Mnemonic Code
Personal circumstances	**PERSONAL circumstances of PLHIV** Any references to personal details of individuals and households, including information on education, employment and household composition but NOT about relationships within household	PLHIV_PERS_CIRC
	PERSONAL circumstances of caregivers References to family background, education, households dynamics, etc.	HBC_PERS_CIRC
	Allusions to FAITH and the role of RELIGION in personal histories	PERS_FAITH-REL
HIV related trajectories	**HEALTH/CARE/TREATMENT history – up to ART** Description and experience of health (living with HIV) and treatment-seeking up to ART including testing: up until initiation on ART	PRE-ART_HEALTH
	HEALTH/CARE/TREATMENT history and experience of ART - AFTER starting ART Treatment seeking (including descriptions of interactions with providers) as well as physical symptomatology, taking ART, physical and psychosocial **transformation**, etc.	ART_CARE
	CARE/TREATMENT history specific to TB	TB_CARE
	ASSISTANCE/SUPPORT (financial, social, psychological) NOT related to HBC e.g., family, neighbours, support groups, church groups	SUPPORT_PERS

Coding

Now that you have set up a list of codes, you can start coding the text. This means that you will apply one or several code(s) to a portion of the text. Think of it as if you were highlighting a word, a sentence or a group of sentences with a different marker for each code. Go through each sentence, one paragraph at a time and think carefully about the text and its meaning – does it correspond to one of the codes? If it does, then highlight it and note the code in the margin.

Coding is a laborious exercise and you need time to do it properly. You will need to pilot the coding system that you established in order to adapt it if you find that your codes are either too broad or too narrow. Each section of the data can be coded, including interviews, observation notes, diary, focus group transcripts, etc.

Beware of over-coding (assigning too many codes to short sections of text) or under-coding (using a code for a large chunk of text) as both will result in retrieved data that lacks meaning. Data that are over-coded lack context, while data that are under-coded may refer to many more themes than indicated by the code you have used.

You may find it easier, especially for large datasets, or if several individuals are involved in coding the same data, to use a software package to help you keep track of the coding and which will also help you later to retrieve portions of the coded text more easily than if you do this manually. Retrieving the coded segments means that you 'cut and paste' these sections of the text onto a new sheet. The retrieved data sections correspond to the theme which you need to look at during your analysis.

Some examples of popular software packages are: NVivo, Atlas-ti, and NUDIST. Using a software will help organise your codes, but no software will do the coding for you. Coding is not straightforward and you will need to think critically about the meaning of each portion of the text in order to apply a code to it.

Here is an extract from an interview conducted with a hospital nurse working with PLHIV in Zambia (Cataldo 2009). You can see the original transcript (the verbatim text) 'marked up' with codes that have been applied to segments of the text. Can you guess what the long version of the codes might be, based on their mnemonic form?

Interviewer: In what ways is home-based care still important?

A.   [Laughs]. You know, not all HIV patients are admitted. Not all TB patients and other patients are admitted because we can not contain the situation in our hospitals. So these home-based caregivers are able to monitor patients within their catchment areas. They are able to attend to the complaints of these clients and also to bring these complaints to the health centres so that we attend to them because there are so many bed-ridden patients who are being helped by these home-based caregivers.

[CONTEXT_HOSP]

[HBC_TASKS]

Interviewer: And with regard to ART services, how important are the caregivers?

A. Monitoring, they have to continue monitoring to ensure that these patients are taking their drugs correctly and they are collecting their drugs. Because you know when someone is HIV and is collecting their drugs, they have to continue taking the drugs, it is a life time which has to continue, so they have to help these patients, we have to support them, as a clinic and as home-based care. We have to work hand in hand - so that these patients continue their treatment. And also, you know there is an issue of resistance, so if we are not caring, we are not supporting, some will be stopping, they come and get they stop and in the end, they will get resistance which is very difficult to address and very expensive to treat

[HBC_TASKS_ART]

REL_HBC_HOSP]

[ART_NONADHERE]

[ART_NONADHERE]

Checking for consistency

One way of ensuring that researchers use a coding system consistently is to code the same text individually and then compare notes. Identify any discrepancies and look back at the description of the code in the coding matrix. Is the description clear enough? Is it specific enough? Have all researchers understood it in the same way? Checking how each individual codes the same data ensures a more systematic and consistent analysis process. It is also important to pilot a coding system on a small set of data. You are then able to check which codes are too broad, which are too narrow, which ones are being used too frequently and which are being used too seldom.

Organising your data, thinking about themes, and developing a coding system are all important analytical steps, although analysis does not end here. Further analysis, which we will not be discussing in this manual, involves different techniques for looking at your data (both coded and not-coded) in ways that allow you to compare and contrast across informants, group and link themes in new ways, and ultimately relate the data back to your questions and your theoretical assumptions.

CHAPTER 9
Steps Towards Data Analysis

EXERCISE 9

Here is a list of some of the themes prepared for a study with sex workers in East Africa. The study examined women's ideas about risk, health, and sex work.

Which of these themes do you think are descriptive?
Which are more analytical? Why?

Women characteristics
a. Living conditions
b. Education
c. Family background
d. Work
e. Coping strategies

Reproductive health
a. Family planning knowledge
b. Pregnancy and childbearing experiences
c. Understanding of links between gender, sex and health

Partnerships
a. Types of partnerships
b. Support within partnership
c. Abuse within partnership
d. Children
e. Experience of violence
f. Sexual economics (e.g., She is with this partner for housing, and this partner for her children's school fees, etc.)

NOTES

Next Steps

We hope that if you have reached this point in this manual, you feel equipped to use what we have tried to convey through the preceding chapters in your present and future research. As you will have noted, the skills required for qualitative research do not necessarily imply acquisition of a specific type of technical knowledge, but rather a different way of 'seeing' and 'listening', which can be practiced in everyday situations as well as those, in which you find yourself in an unfamiliar setting. Thus, using qualitative methods is more than just applying another set of tools – and we hope that you have gained this sense of the shift in approach to research that qualitative methodology involves.

As we said at the outset, we intend for this manual to complement the many excellent resources, manuals and websites providing guidance on qualitative methods. We have included a list of some of these resources on Page 79 to help you find more support in the future.

End Notes

[1] Evidence for Action was a five-year international research programme (2006-2011) with core funding from the UK Department for International Development. The goal of the research programme was to contribute to knowledge on how to design, manage and deliver comprehensive HIV treatment and care programmes in resource poor settings. http://www.evidence4action.org/content/view/12/27/

[2] International Fund for Agricultural Development. www.ruralpovertyportal.org

[3] Voices of the Poor, The World Bank Group, 2000. www.povertynet.org

[4] Scholten, F., Seeley, J., Mugisha, J. and Zalwango, F. (2011). Direct and indirect effects of HIV/AIDS and anti-retroviral treatment on the health and wellbeing of older people. WHO, Geneva

[5] Seeley, J., Biraro, S., Shafer, L.A., Nasirumbi, P., Foster, S., Whitworth, J. and Grosskurth, H. Using in-depth qualitative data to enhance our understanding of quantitative results regarding the impact of HIV and AIDS on households in rural Uganda. *Social Science and Medicine* 67: 1434-1446 (2008)

[6] Marshall, Martin N. (1996). Sampling for qualitative research. *Family Practice* 13(6): 522-525. This paper is available to download from http://spa.hust.edu.cn/2008/uploadfile/2009-9/20090916221539453.pdf (accessed 22nd April 2011)

[7] Seeley, J., Wolff, B., Kabunga, E., Tumwekwase, G. and Grosskurth, H. (2009). Ageing & Society 29, 115–134

[8] This list is based on one provided by Steiner Kvale. (1996). Interviews: an introduction to qualitative research interviewing. Sage: Thousand Oaks California. See pp. 133-135

[9] Kielmann, K. (1997). "Prostitution", "Risk" and "Responsibility": Paradigms of AIDS Prevention and Women's Identities in Thika, Kenya. Chapter 13. I*n Inhorn, M. and P. Brown (eds.) The Anthropology of Infectious Diseases*. Amsterdam: Gordon and Breach. Pages 375-412

[10] Cataldo, F. (2009). New Forms of Citizenship and Socio-political Inclusion: Accessing Antiretroviral Treatment in a favela. *Pharmaceuticals and Society: Critical Discourses & Debates (Williams, Gabe, Davis, Eds.), 14th Sociology of Health and Illness Monograph*. Blackwell London

[11] Van der Geest, S. and Sarkodie, S. (1998). 'The Fake Patient': a research experiment in a Ghanaian hospital. *Soc. Sci. Med.* Vol. 47, No. 9, pp. 1373±1381

[12] Theobald, S., Nyirenda, L., Tulloch, O. et al. (2011). Sharing experiences and dilemmas of conducting focus group discussions on HIV and tuberculosis in resource-poor settings. *International Health* 3(1):7-14

[13] Visit: http://www.the-sra.org.uk/documents/pdfs/ethics03.pdf

[14] Optional Exercise 5 provides you with some examples of 'real life' situations that may arise

[15] Some sources are listed on the `Online QDA Project' website: http://onlineqda.hud.ac.uk/resources.php#software (accessed 29th September 2011)

[16] Cataldo F., Kielmann K., Musheke M. (2009). New challenges for home-based care providers in the context of ART rollout in Zambia. [study report]

Feedback on Exercises

Chapter 1 - Exercise 1

1. The statements provide you with an approximate figure of the number of women who attended antenatal care (ANC) services and who had a skilled attendant during the delivery of their child. They show that although 92% of women attended at least one ANC visit on average during the period 2005-2009, the figure drops to less than half (47%) when we consider women who attended ANC at least four times. Less than half of the women (44%) have a skilled attendant at delivery.

2. The figures are approximate, so we don't know about trends over the years, across urban and rural settings, and across differences in the women, e.g., wealth, marital status, number of children, proximity to a health facility and so on.

3. Your questions should ideally ask WHY and HOW we are seeing these trends. For example, why does women's attendance of antenatal care drop off after one visit? What are women's delivery preferences in terms of location and attendant? What is their experience of 'skilled attendants' versus non-skilled attendants? You might also be thinking about questions around the gaps identified in part 2, for example, what differences do we see in these figures across rural and urban settings, and how can we explain them?

Chapter 2 - Exercise 2

1. The methods that would be most likely to help us understand this question would be semi-structured group discussions and individual semi-structured interviews. Through group discussions, we might obtain common experiences, motivations, and challenges in trying to give up smoking. Individual interviews might highlight the influence of individual characteristics and contexts on attempts to stop smoking. Observations would be difficult to conduct on this topic, as it's not clear what one would be observing, and where. A survey might provide us numbers of smokers who had tried to stop smoking in the past and some of the reasons why, but would not help us to understand what strategies were undertaken, and how these were experienced.

2. We might consider interviewing other types of informants e.g., pharmacists or doctors, to find out what their experience is of smoking cessation programmes and strategies. We might also consider identifying and talking to people who belong to a smoking cessation support group.

Chapter 3 - Exercise 3

Let's take one of the possible questions you may have asked: 'Why does women's attendance of antenatal care drop off after one visit?' Here, you might choose to interview health care staff asking them in brief, semi-structured, interviews why they think this happens. You would probably need to keep the interviews brief because of the time available to interview such workers (a longer interview might discourage participation). You could also hold an informal group discussion in the waiting area with women waiting for care about their views on the frequency of visits required, the purpose of the visits. If time and resources allow, you might ask health care workers if you could visit women who had not returned to the clinic and, if they consent to an interview, ask them for the reasons they did not come back after the first visit.

Given the number of health workers in any one facility, your sample for the interviews with the health workers is likely to be all available staff. These may be self-selected on the basis of availability but you would certainly want to try and interview the medical officer in charge of the facility and nurses who provide the care during antenatal visits. The group discussion sample would be the group of women in a certain waiting area at a particular time of day. You could expect this group to be representative of attendees if you cross-check with staff that there was nothing exceptional about the group in the waiting area. If interviews at the homes of women who have not come back for care are possible the sample is likely to be purposive: those recommended by health facility staff as likely to be willing to take part and ready to share their stories with you.

Chapter 4 - Exercise 4

Think about the differences in the experience of interviewing and the type of 'data' you were able to obtain. Ideally, your first interview would have allowed your respondents to speak openly about their preferences and experiences. Your question would be broad enough to allow the respondents to speak freely, but also focus on the topic of interest, for example: Can you tell me about what represents a 'good meal' for you? Your probes to encourage the respondents might include small questions that allow further description, which are, most commonly the 'where, when, how, why' questions.

Your second interview would be based on a topic guide that pre-structures the themes of interest. For example, for 'food habits', this might include types of foods, when these are eaten, why they are eaten, how they are prepared etc. You will have noted that the first interview, which was free-flowing, was probably harder to record as the informant spoke at length and it may have been difficult to capture everything that was said. The second interview might have been easier to record, as you had a set of questions which the respondents responded to in a particular order, and which may have set a limit to what was said in response.

Chapter 5 - Exercise 5

If we choose adolescent pregnancy as an example, which may be quite a sensitive topic, we might choose group discussions, for example, with adolescent school-going girls to talk about views of pregnancy in general - issues like cultural norms and expectations around becoming pregnant, reasons for becoming pregnant, what types of pregnancy are thought to be 'acceptable' versus 'not acceptable' and why. Depending on whose views we want to hear, we may also run group discussions with parents of adolescents to hear their perceptions of adolescent sexual behaviour and pregnancy. The questions asked in group discussions are generally aimed at getting an understanding of expected as opposed to actual behaviour, and gaining the common language, meanings, and social responses that might be used to talk about a particular issue.

Chapter 6 - Exercise 6

1. You will have noted that this is not an easy exercise, since it forces you to take greater notice of things around you that you normally take for granted. When you start to do this, it's quite difficult to take detailed descriptive notes without providing an analysis of what you are seeing. Review the notes you took down – how long are they? How did you take them – in short hand or did you try to write down full sentences? How much detail where you able to capture? When were you descriptive? When does your own familiarity with the setting show? In what ways? What does the process of adding in analytical notes involve? What are the things you saw that required some 'interpretation' on your part and why? Reflecting on these questions will help you to become more aware of the challenges of using observation as a method.

2. This exercise will have forced you to consider the setting you observed from a more specific angle, or area of interest. This might relate to concrete things that you saw and can be described as absent or present (for example, number of

people wearing a certain colour; number of people talking on a mobile phone) or they might relate to more abstract ideas that you would like to explore (for example, communication styles in market seller-client interactions; how children play).

Chapter 7

Exercise 7A

In both pictures, the interviewers are sitting at the same height and relatively close to the informants, shifted towards the informant in a slightly forward position, which suggests careful listening. They are holding their notes and, possibly, an interview guide.

The interviewers have chosen a context familiar to the informants, near where they live and work, or in one of the small sheds in the village; they are dressed simply, and do not carry unnecessary material and papers with them. In most situations, informants are not used to being interviewed, and may feel stressed and uncomfortable at first.

The physical position of the interviewer, the way s/he addresses the research participant and the location of an interview will often impact on the flow of the discussion. It is important to choose a location with which the informant is comfortable and which minimizes the frequency of interruptions. For example, an interview about a health related issue may be best conducted within the intimacy of one's home, or within the premises of a health centre, preferably in a separate room, so as to avoid exposing the informant to questions from other curious people.

Exercise 7B

One way of engaging with these two women sitting on the floor, after you have introduced yourself, would be to ask them to describe the activity which they are engaged in. As they are sitting on the floor, see if you can also sit at the same level to engage in a discussion rather than standing up or being too far from them. One way of building rapport is to express interest and curiosity in learning more about what they are currently doing, in this case, preparing food for the rest of their families. For example, and if they are willing to do so, ask them to show you how to cook the rest of the meal. You could also suggest coming back at another time to do this. Being engaged in the activity of the informants will help to 'break the ice' and will allow for a more personal engagement with their daily life, rather than jumping into questions related to your own field of inquiry. Also, it is helpful to engage with research participants at a personal level. As you engage with the two women, you could tell them about what food you like, your background and your family, in a tactful way which ensures that they do not feel ostracised from your own experience, but rather to try and find similar interests or past experience.

Whilst you start building rapport with a potential informant, there are a number of steps that must take place before an interview can take place. First, agree a time and place for the meeting. Short interviews may be conducted on the spot, but most of the time a different day and place will be chosen. On the day of the interview, think about ways to introduce yourself and the study. It is important to explain why you are doing this work. Also, think beforehand about where the interview should take place. It may not be appropriate to sit outside with these two women to talk about sensitive issues, in which case you could suggest moving to another area. Once you have explained the process, ensure that they agree to the interview and that written or verbal consent is given.

When conducting the interview, start by asking general questions about the informant and his/her personal circumstances; this often helps to put the informant at ease and is also an important source of information. You may want to mention or reiterate, at this stage, any similarities in your background, or if you engage in similar activities in order to continue building a personal relationship with respondent. Sometimes, for example when interviewing a child or young adolescents, it could be helpful to

suggest an activity to take place during the interview (drawing, colouring, short games). This helps to break the formality of the interview. In other circumstances you may want to take part in the respondent's daily activity whilst conducting the interviews, for instance engaging in the work they are doing (cooking, cleaning, etc.), or following them throughout the day.

Chapter 8 - Exercise 8

1. While you were trying to expand notes from the observation exercise, you probably realised that some details came back to your mind which you were able to insert into your notes. These details may be lost if you wait too long to do this after the observations. A good way of going about this is to provide a short summary up-front of all your key observations. This will be helpful when you need to go through them again. Then go through your notes and note down (in the margin or within the text) any additional information which is relevant to the study. Try to 'unpack' what may seem obvious and add details about what you saw, heard and perceived.

2. Descriptive notes recount a situation or interaction by focussing on a depiction of the unfolding events and the processes taking place. Analytical notes tend to make sense of a situation by suggesting potential explanations and/or by making relations with other observations in different contexts. Descriptive and analytical notes are both valuable to understand situations, interactions and their contexts. Many researchers tend to use both types of notes, starting by descriptive statements followed by more analytical perspectives and correlations. Read again your own notes from the observations – do they tend to be more analytical or descriptive?

3. Some of the data collected may lead to informants being identified. It is a common practice in social science to change names and to alter any information which could lead to breaking the anonymity of the data. For instance, you may change the name of the street or location where observations took place, and choose a similar location, or you may need to change the name of the health centre, restaurant, church, community centre, etc., so as to ensure that your informants' identity is protected.

Reflect further on how you felt while conducting observations. Where and when did you take notes? How do you think you were perceived by others during the observations?

Chapter 9 - Exercise 9

The following themes are likely to be **descriptive:** living conditions; education; family background; work; family planning knowledge; pregnancy experiences; types of partnerships; children. They appear to refer to more concrete circumstances that can be described at face value. For example, *living conditions* is a descriptive theme that helps to build a picture of the context in which these women live. *Pregnancy and childbearing* experiences is a theme that allows for exploration of a particular period and event in women's lives.

The following themes are more **analytical:** coping strategies; understanding of links between gender, sex, and health; support within partnership; abuse within partnership; experience of violence; sexual economics. These themes involve some interpretation and theory on the part of the researcher, e.g., the theme *coping strategies* may be used to examine how poor women use their resources, roles, and relationships to get by. The theme *sexual economics* will help to explore the logic of multiple partnerships.

Note that some themes are both descriptive and analytical. For example, the theme *support within partnership* might cover some aspects of support that are descriptive such as financial support, however you may also be interested in other forms of support that might be very specific to the given socio-cultural context (and not necessarily 'transferable' to another context).

Optional Exercises

Exercises

1. Choose one of the following concepts:
- women's status
- health
- poverty

Think about what the concept means and implies in your particular cultural setting. Jot down a few dimensions of the construct that are derived from the ways in which this concept is generally understood in your setting.

2. Recall the notes you made for Optional Exercise 1. Examine carefully the dimensions you chose. Which ones do you think lend themselves to a more structured methodological approach? Why? Which ones lend themselves to a less structured approach? Why?

3. Consider the following short questionnaire on exercise habits, conducted with people who said that they exercised on a regular basis. Imagine you had the chance to conduct a semi-structured interview with the same individuals. Keeping the same topics as your focus of the interview, formulate a semi-structured guide for your interview.
(i) What is your preferred form of exercise?
Check up to 3 activities *(checklist of common sports and fitness activities)*
(ii) How often do you exercise?
a) > 5x a week; b) 2-5 times a week; c) once a week;
d) roughly 2-3 x a month; e) it depends
(iii) How long do you exercise each time?
a) less than 20 min; b) between 20 and 30 min;
c) between 30 and 60 min; d) more than 60 min; e) it depends
(iv) Where do you exercise?
a) indoors; b) outdoors; c) both indoors and outdoors
(v) Please cite the most important reason for exercising regularly.
a) health; b) strength and endurance; c) pleasure/leisure
(vi) Do you exercise:
a) alone; b) with someone else or c) in a group; d) it depends

4. Observations are useful for gaining information that you might not get through an interview. Recalling Chapter 6, here are three ways in which observations might be used in qualitative health-related research:
- Gaining familiarity with the context and broader physical environment that has an influence on people's behaviour
- Gaining in-depth understanding of an event or a process
- Gaining insights on social interaction between individuals, and in groups

Come up with your own specific examples for each of the three situations listed above. Ideally, these should be drawn from health-related topics and settings with which you are familiar and have experience. In what way would an observation be useful to address the particular topic? Start to think about how the suggested observational data might be collected. What challenges might you face?

5. Even if you have the 'perfect' question, and the 'perfect' tools, many situations may arise in the field that make it difficult for you to conduct your research. Consider how you might handle the following situations, all of which are based on the authors' experiences:
a. You are conducting a focus group discussion with adolescent girls about their relationships with their parents. They are initially shy, look down, and respond tentatively in a monosyllabic way. Later, they burst into giggles when asked anything.
b. You are starting an in-depth interview with a young woman about her last pregnancy. Just after introducing yourself, her mother-in-law,

who has been cooking at the back of the room, joins in, initially commenting on her daughter-in-law's responses, and later dominating the interview.

c. You are conducting research on private practitioners' management of HIV patients. One of the practitioners, who originally agreed to be interviewed when you last met him informally at the clinic, becomes progressively suspicious as you read out the consent form, and does not wish to sign his name, demanding to know what you mean by 'risks' of participation.

6. What do you think is meant by 'too broad' or 'too narrow' with regard to codes? Why is it important to get the balance right? What is likely to happen if you have very broad codes? What if the code is too narrowly defined?

Feedback on Optional Exercises

1. In order to be able to think about dimensions of these constructs, you would have carefully considered what the concepts mean in your setting, how they are defined, and how they are 'measured' or assessed. You may have noted that for any of these concepts, there are differences in the way the concepts are understood, depending for example on who is making use of them, e.g., professional versus lay perspectives, and depending on your personal views of what should be included as an aspect that helps to circumscribe the concept.

2. As an example, you may have listed the following dimensions for 'women's status': education, employment, health indicators, social mobility, and decision-making power within the household. While we can imagine that the measurement of *education* and *employment* might be undertaken through a structured approach (i.e., using closed-ended questions), the dimension of *decision-making powers* might be more complex, requiring a mix of structured and less structured approaches. This is because the importance of *decision-making powers within the household* might differ widely according to pre-existing characteristics of the woman herself, the household in which she lives, and the community gender norms around who makes decisions and in what spheres of household life.

3. You will have noted that the above questionnaire is closed-ended and does not allow the respondents to explain or expand on their choices. Your semi-structured guide for an interview should include open-ended questions and probes that allow you to explore the respondents' preferences, motivations, and choices. This does not necessarily mean that the questions are different, but that you would be asking a bit more about context and meaning for each response. For example, you might start the interview by asking about what 'regular exercise' means for your informant. For question (i) which is around preferred types of exercise, a semi-structured guide might probe to find out why the person prefers certain activities more than others. The respondents might take the opportunity to tell you more about their background for this preference e.g., a childhood activity, or an activity that s/he pursued competitively etc. For questions (iv) and (iv) which are about the context of exercise, your questions would ideally allow the respondents to tell you about *why* they exercise the way they do, i.e. the rationale they provide for their choices.

4. The examples you have thought about will be specific to the context that you are familiar with; by this we mean the cultural setting, but also the particular health system, issues, and population you have experience with. For example, you may have experience working on the delivery of HIV services in a sub-Saharan African country. As an example of the third situation mentioned above, you might envisage how observations of a PLHIV support group meeting would be useful to understanding the influence of social support on people's ability to access knowledge about treatment and care. Yet, there are real logistic and ethical challenges associated with this type of observation – how would you gain access to, and trust of, the support group? What would your role be? What kinds of things might you be observing? Each of the areas that potentially lends itself to collecting observational data has a set of

challenges associated with it; these have to do with your observation skills, but also how your role as an observer is perceived, and how your presence and participation as an observer affects the 'normal' course of events.

5. a. This is a common scenario when working with young people, and especially when talking to them in a group. You may try first to understand what makes them laugh, or what issue makes them feel uncomfortable. Try to get their attention by making them laugh as well, or by introducing an activity, rather than sitting too formally in a circle. Sometimes you may need to change the dynamic of the group – you can do this by introducing a short game, for instance one which requires being focused on names, e.g., participants need to remember additional names (try fruits or animals!) for each participant as they pass an object around. The danger is often to start getting 'pushy' or becoming strict to try and get young people to engage with the focus group, so try to watch your own response to the situation and stay open towards different types of interactions from your informants, as they are all important sources of information. Remind yourself that these dynamics are part of the focus group and form an interesting set of data in themselves.

b. When another person intervenes during an interview, or takes over the respondent, the nature of the interview is changed. You are no longer doing an interview of the young woman, you are talking to her mother-in-law as well. The responses that you will be getting are likely to be different as you are talking to the young woman about a subject which she may not want to share with others, especially her mother-in-law. It is often beneficial to suggest a short break when this type of situation occurs rather than continuing until the end of the interview. During the break, you may want to speak to the mother-in-law separately to explain why you think it would be important to talk to her daughter-in-law, rather than to the two of them. Sometimes, you may also suggest to the person who is intervening that they could also be interviewed at a separate time – and then see if you actually need to set up an actual interview, or if an informal conversation would be more appropriate.

c. It is important that every person involved in the research feels they understand the study objectives and potential risks are at stake for themselves. Make sure you schedule enough time before starting an interview to talk about the study and the process of getting consent. Informants must be able to trust that you will be using the data collected in an ethical way, and respect rules for anonymity and confidentiality. When this situation arises, try to understand why the informant is asking you these questions, and avoid rushing the process through in order to get to the interview questions. Instead, take the time to explain in detail anything which was unclear. Keep in mind that it is not about the number of interviews that you conduct, but the quality of information gathered through the process. Research participants must be allowed to decline an interview without being pressurised.

6. Codes that are too 'broad' tend to include so much material that large chunks of the transcript could be included under that code. For example, the code 'professional circumstances' may be too broad for an interview that aims to understand someone's work practices. On the other hand, codes are too 'narrow' when they are so specific that they end up only being relevant to none or few sections in the interview, or because they reflect pre-existing analytical categories. For instance, codes such as 'age', 'ethnic background' or 'source of income' are likely to capture data that is very narrowly related to one's demographic background, whereas a broader code such as 'personal circumstances' may be more appropriate. Very broad codes will tend to contain too much data and very narrow codes will contain too little data that miss out on important information or context. In both cases, this will impact on the quality of the resulting analysis. An important step in coding is to pilot your coding system – you can then decide to break down codes that are too broad or general or merge codes that are too narrow.

Qualitative Research Methods - a List of Useful References

This list is not intended to be exhaustive. There are many excellent resources available in peer-reviewed journals, books and on websites. We have put together this list below to give you a taste of what is available.

Bernard, H.R. (1994). *Research methods in cultural anthropology: Qualitative and quantitative approaches.* Second edition. Thousand Oaks, CA: Sage

Bernard, H.R. (2000). *Social Research Methods: Qualitative and Quantitative Approaches.* London: Sage

Britten, N. (1995). Qualitative research: qualitative interviews in medical research. *British Medical Journal.* 311(6999):251. (available at: http://www.bmj.com/content/311/6999/251.full [accessed 21st September 2011])

Crane, J.G., Angrosino, M.V. (1992). *Field projects in anthropology: A student handbook.* Prospect Heights: Waveland Press

Creswell, J.D. (1997). *Research Design: Qualitative and Quantitative Approaches.* London: Sage

Cresswell, J.D. (1997). *Qualitative Inquiry and Research Design: Choosing Among Five Traditions.* London: Sage

Danesi, M., Perron, P. (1999). *Analyzing Cultures: An Introduction and Handbook.* Bloomington: Indiana University Press

Davies, C.A. (1999). *Reflexive ethnography: A guide to researching selves and others.* London: Routledge

Davies J., Spencer D. (Eds.) (2010). *Emotions in the field: the psychology and anthropology of fieldwork experience.* Stanford: Stanford University Press
Dey, I. (1993). *Qualitative data analysis. A user-friendly guide for social scientists.* London: Routledge

Dewalt, K.M., Dewalt, B.R. (2002). *Participant Observation. A guide for Fieldworkers.* Oxford: AltaMira Press

Ellen, R.F. (ed.) (1984). *Ethnographic research: A guide to general conduct.* London: Academic Press

Garro, L.C., Mattingly, C. (Eds.) (2000). *Narrative and the cultural construction of illness and healing.* Berkeley: University of California Press

Gilbert G.N. (2001). *Researching social life.* Thousand Oaks, CA: Sage Publications Ltd.

Guba, E.G., Lincoln, Y.S. (1994). Competing Paradigms in Qualitative Research. pp. 105-117 in N.K. Denzin and Y.S. Lincoln (eds.) *Handbook of Qualitative Research.* Thousand Oaks, CA, Sage

Huygens P., Kajura E., Seeley J., Barton T. (1996). Rethinking methods for the study of sexual behaviour. *Social Science and Medicine.* 42(2):221-231

Johnson, M. (1987). *The Body in the Mind: The Bodily Basis of Meaning, Imagination and Reason.* Chicago: The University of Chicago Press

Kleinman, A. (1988). *The illness narratives: Suffering, healing, and the human condition.* New York: Basic Books

Lakoff, G., Johnson, M. (1980). *Metaphors We Live By.* Chicago: The University of Chicago Press

Lambert, H., McKevitt, C. (2002). Anthropology in health research: from qualitative methods to multidisciplinarity. *British Medical Journal* 325:210-214

Marshall, M.N. (1996). Sampling for qualitative research. *Family Practice.* 13(6):522-525. (available at: http://fampra.oxfordjournals.org/content/13/6/522.full.pdf [accessed 21st September 2011])

Mays, N., Pope, C. (1995). Qualitative research: rigour and qualitative research. *British Medical Journal* 1995; 311(6997):109. (available at: http://www.bmj.com content/311/6997/109.full [accessed 21st September 2011])

Meyer, J. (2000). Using qualitative methods in health related action research. *British Medical Journal.* 320(7228):178. (available at: http://www.bmj.com/content/320/7228/178.1.full [accessed 21st September 2011])

Moerman, M. (1990). *Talking culture: Ethnography and conversation analysis.* Philadelphia: University of Pennsylvania Press

Morgan, D.L. (1998). Practical strategies for combining qualitative and quantitative methods: Applications to health research. *Qualitative Health Research.* 8(3):362

Mulhall, A. (2003). In the field: notes on observation in qualitative research. *Journal of Advanced Nursing.* 41(3):306-313. (available at: http://ceres.fss.uu.nl/files/observation.pdf [accessed 21st September 2011])

Pelto, P.J., Pelto, G.H. (1996). Research Designs in Medical Anthropology. pp. 293-324 in C.F. Sargent and T.M. Johnson (eds.) *Medical Anthropology: Contemporary Theory and Method,* Westport, C.T.: Praeger

Pelto, P.J., Pelto, G.H. (1999). *Anthropological Research: The Structure of Inquiry.* Cambridge: Cambridge University Press

Pope, C., Mays, N. (1995). Reaching the parts other methods cannot reach: an introduction to qualitative methods in health and health services research. *British Medical Journal.* 311(6996):42-45. (available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2550091/pdf/bmj00599-0046.pdf [accessed 21st September 2011])

Russell, S. (2005). Illuminating cases: understanding the economic burden of illness through case study household research. *Health Policy and Planning.* 20(5):277-289 (available at: http://heapol.oxfordjournals.org/content/20/5/277.full [accessed 24th September 2011])

Saks, M., Allsop, J. (2007) *Researching health: Qualitative, quantitative and mixed methods* London: Sage. (preview available at: http://books.google.com/books?hl=en&lr=&id=KU-OD0OF_Y4C&oi=fnd&pg=PP1&dq=Mike+Saks+and+Judith+Allsop+&ots=i9XwM_3KLs&sig=Vz6m2YaJTKHTa940pi3MWpD08Qo#v=onepage&q=Mike%20Saks%20and%20Judith%20Allsop&f=false [accessed 25th September 2011])

Seeley, J., Kajura, E., Mulder, D.W. (1995). Methods used to study household coping strategies in rural South West Uganda. *Health Policy and Planning.* 10(1):79-88

Silverman, D. (2005). *Doing qualitative research: A practical handbook.* Thousand Oaks, CA: Sage Publications Ltd.

Spradley, J. (1979). *The ethnographic interview.* Fort Worth: Harcourt Brace Jovanovich College Publishers

True, W.R. (1996). Epidemiology and medical anthropology. Pp. 325-346 in C.F. Sargent and T.M. Johnson, (eds.) *Medical anthropology: Contemporary theory and method,* Revised edition, Westport, CT: Praeger

Ulin, P., Robinson, E.T., Tolley, E.E. (2005). *Qualitative methods in public health: a field guide for applied research.* Family Health International/Wiley Imprint: San Francisco. (preview available at: http://books.google.co.in/books?id=TOonhPWDmj4C&pg=PA9&lpg=PA9&dq=%28qualitative+methods+health+science%29+AND+%28training+manual%29&source=bl&ots=LSWYyNqSfo&sig=_75MwbKHttaT6CtKG_QPjcJrJbI&hl=en&ei=EjenTIO-KZC6vQOpkfXlDA&sa=X&oi=book_result&ct=result&resnum=10&ved=0CEcQ6AEwCTgK#v=onepage&q&f=false [accessed 25th September 2011])

Some useful websites

http://www.qualitative-research.net/index.php/fqs

An introduction to using qualitative methods for health systems/services research, which was developed as part of a collaboration between LSHTM, Curatio Foundation and Tashkent Medical Academy:
http://curatiofoundation.org/qualitativemethods/
(accessed 25th September 2011)

QUALITATIVE RESEARCH FOR IMPROVED HEALTH PROGRAMS: A Guide to Manuals for Qualitative and Participatory Research on Child Health, Nutrition, and Reproductive Health. Downloaded File name: Qualitative.pdf. Covers every aspect of topic with different books/manuals reviewed for each topic. (eg. see page 3 for comparative table):
http://sara.aed.org/publications/cross_cutting/qualitative/qualitative.pdf
(accessed 25th September 2011)

Qualitative Research Methods: A Data Collector, A Field Guide: Module 1 Qualitative Research Methods Overview: http://www.fhi.org/nr/rdonlyres/etl7vogszehu5s4stpzb3tyqlpp7rojv4waq37elpbyei3tgmc4ty6dunbccfzxtaj2rvbaubzmz4f/overview1.pdf (accessed 25th September 2011)

Can health professionals learn qualitative evaluation methods on the World Wide Web? A case example (Article on issues related to learning qualitative evaluation methods on the web. [Refers to EDUSIT project in the late '90s]):
http://her.oxfordjournals.org/content/16/6/735.full
(accessed 25th September 2011)

Qualitative Research Methods: A Data Collector's Field Guide By Natasha Mack, Cynthia Woodsong, Kathleen M. MacQueen, Greg Guest, and Emily Namey (FHI Publication available for free download as .pdf.) About the manual:
http://www.fhi.org/en/rh/pubs/booksreports/qrm_datacoll.htm
(accessed 25th September 2011)

Qualitative Research Methods: A Data Collector's Field Guide By Natasha Mack, Cynthia Woodsong, Kathleen M. MacQueen, Greg Guest, and Emily Namey (FHI Publication available for free download as .pdf.) To download:
http://www.fhi.org/NR/rdonlyres/emgox4xpcoyrysqspsgy5ww6mq7v4e44etd6toiejyxalhbmk5sdnef7fqlr3q6hlwa2ttj5524xbn/datacollectorguideenrh.pdf
(accessed 25th September 2011)

A Manual for the Use of Focus Groups (Methods for Social Research in Disease) (INFDC, 1993, 97 p.). Manual on Focus Groups. Link to the manual text:
http://www.nzdl.org/gsdlmod?e=d-00000-00---off-0fnl2.2--00-0----0-10-0---0---0direct-10---4-------0-1l--11-en-50---20-about---00-0-1-00---4----0-0-11-1-0utfZz-8-00&a=d&cl=CL2.8&d=HASH01c8fe505576ae3b16a6846a.3
(accessed 25th September 2011).

Acknowledgements

Appendix A - Example of a Focus Group Discussion Guide

The guide describes some examples of activities that may be conducted during a Focus Group Discussion. In this instance, the target population group is young and a number of games and visual techniques are used to elicit information and discussion from the group.

Topic: Focus Group on Adolescents' Use of Health Services in Malawi
Material Needed: • Flipchart paper • Pens and papers for the participants • Markers • Participants' questionnaire Time limit: 1 hour to 1h 30 min Population group: Adolescents (girls) aged 15-19 Number of participants: 6 to 8

Topics Areas	Comments
Objectives of the FG	• Explain briefly the objectives of the discussions • The objectives of the Focus Group discussion are: To explore the topic of adolescent health and health-seeking To elicit their understanding and awareness of HIV and related health services. To explore their awareness and perceptions of sexual health services
Participants' consent	Explain that the participants can ask for any clarification at any time
Introduce the participants to each other	Use an ice breaker to relax the group. Focus Groups can be stressful for participants, especially if the participants do not know each other at all. You need to establish some ground rules about disclosure with the group – explain that you can't guarantee confidentiaity in a group but suggest that people could talk about "people they know" rather than their own personal experience

Questions	Activities
What access do adolescents have to health services in Malawi?	Social map of all people, services and resources related to growing up, love, sex, pregnancy, babies, contraception, abortion, relationships, safer sex options,etc. Discuss some of the gaps between needs shown on social maps and available services
What services do adolescents consider important in relation to access to information, health services, access to care and treatment?	Use mind maps – the group is asked to identify and write down on a large sheet of paper which services they consider important. The most important services are positioned at the centre and the less important ones at the outskirts of the map. They draw a circle around each service which shows its importance (large or small)
What is the nature of the relationships between adolescents and health service providers? What kind of interactions do they have with staff?	Role plays of good and bad interactions
How are services and interventions (facility-based and 'community' interventions) taking into account the specific needs of adolescents?	Problem page letters – the group gives advice to health providers on what improvements they would like to see

Wrap-Up	
	Thank the participants and *summarise the activity* and how the Focus Group will help inform the study Do not try to *summarise the content* of the discussions at this stage, as you may only reduce the wealth of the information that you gathered Ask the participants if there is any information they need and let them know that you will be available after the Focus Group to answer any questions individually
Referral to external services	ASSESS IF SOME OF THE ADOLESCENTS WHO PARTICIPATED IN THIS FOCUS GROUP NEED TO RECEIVE SOME SPECIALISED SUPPORT/ADVICE AND/OR NEED TO BE REFERRED TO SPECIALIST SERVICES (COUNSELLING, TREATMENT ADHERENCE, SAFER SEX ADVICE, ETC.)
Recording additional observations	Gather all notes from the note taker and from the person doing the observations. Note down any additional observations directly after the Focus Group

Appendix B - Example of an Interview Guide - Semi-Structured Interview

This extract from an In-depth Interview Guide was used in a study on Home Based Care for People Living with HIV[16]. This section of the guide was designed for interviews with Home Based Care (HBC) givers in Zambia in 2009.

0. Personal Background

- Place of residence
- Age and level of education
- Family circumstances

1. Motivations - Philosophy – training

- How long have you been working with this organisation?
- What were you doing before?
- Why did you start working with HBC? Describe your motivations to working in HBC
- What training did you receive on HIV and antiretroviral therapy (ART)? (with the organisation or other)

2. Practicalities

- How many days a week (or month, as appropriate) are you busy with organisation activities?
- What are the main tasks you are involved in?
- Describe a typical 'busy' day in your work – what are the practicalities involved in your work?
- How do you get involved with a specific household?
- Could you describe one of the households you work with in more detail...tell us about the client X and his/her household.
- What care do you provide for this household; how often are you in contact with this client and his/her household?
- How would you describe your relationship with X? And with the rest of the household; do you have family ties with them?
- Can you describe some of the challenges you face in providing HBC, specifically in relation to treatment? (encourage to refer to specific cases, without naming individuals)

3. Role status and changes

- What changes do you perceive in the evolution of your work in HBC since the start of ART? What additional responsibilities are you facing since start of ART?
- In what ways has ART changed the way your work on HBC? (elicit both positive and negative aspects)
- Do you feel your role has become less important/more important since the availability of ART? Can you explain?