CHAPTER ONE

# Invitation to Explore

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WHY DO SOME PROGRAMS succeed and others fail? Why are screening programs underused? Why does chronic disease go untreated? Why do countless couples know how to protect themselves from sexually transmitted infection but do not do so? How does a community mobilize itself to solve a persistent health problem? Questions like these may be all too familiar to readers of this field guide—public health practitioners, researchers, and program planners, many of whom have worked for years to protect health and prevent disease in highly vulnerable populations.

*The field of public health is full of puzzling questions, complicated relationships, and slowly evolving events—phenomena leaving gaps in understanding that invite qualitative methods to fill.*

**(Rubin and Rubin 1995, p. 51)**

Advances in the biomedical and population sciences have brought the means to better health within reach of people around the world. Yet evidence of escalating disease and inadequate health resources in many countries tell us that there is still much we do not know. How do women and men understand and actually use the technical information they receive to make critical decisions that affect their lives and their children's lives? By opening windows on cultural understandings of health and disease, methods of qualitative research can help us comprehend some of these old problems in new ways.

## Our Purpose

The purpose of this book is to make the methods of qualitative science more accessible to researchers and practitioners challenged by problems that affect the public's health. The reader will observe that many of our illustrations are taken from the field of sexual and reproductive health–family planning, risk associated with sexually transmitted infection (STI) including HIV/AIDS, issues in adolescent pregnancy, and

numerous instances of related decision making about health, sometimes in highly sensitive contexts. The first edition of this book, published under the title *Qualitative Methods: A Field Guide for Applied Research in Sexual and Reproductive Health* (Ulin and others 2002), was developed by staff at Family Health International, a nonprofit international public health organization, for developing country researchers in maternal and child health, health education, community medicine, nursing, and the applied social sciences. Our many years of experience with colleagues in these countries, working to understand the critical problems they face in AIDS prevention and reproductive health, showed clearly the need for a practical but comprehensive field guide for qualitative exploration. Since then, readers from other fields of public health and other parts of the world have told us that many of the principles and problems inherent in reproductive decisions and STI prevention also apply to their research and practice in other areas. Some have contributed examples from their own experience with qualitative methods, further expanding the applicability of this edition to a wide range of social and behavioral health problems.

We write not only for the qualitative researcher but for applied social scientists, epidemiologists, health providers, health educators, program managers, and others whose training and experience may be predominantly in quantitative methods. Our readers will be students as well as seasoned professionals looking for ways to probe more deeply the *why*s and *how*s of questions they may partially have answered in terms of *how much* and *how many.* They will want to know what qualitative methods can offer to improve their practice or strengthen their research findings. And many of our readers will be training others to ask the same kinds of questions, to listen, and to observe.

Numerous disciplines have contributed to the phenomenal growth of public health. Sociology, anthropology, psychology, economics, demography, medicine, and nursing, among others, have brought their unique perspectives and methods to a multidisciplinary understanding of health and wellness. Parallel advances in these disciplines have resulted in different ways of conceptualizing and addressing issues as diverse as health decision making, health promotion, child survival, compliance, substance abuse, adolescent sexuality, domestic violence, and gender relations. Similar progress in service delivery research and evaluation have given us a broader understanding of providers' knowledge and values, client-provider communication, and issues related to the accessibility and quality of health care for populations at risk.

Much of this work has focused on objective questions, such as numbers of births, patterns of contraceptive use, trends in disease prevalence, and numerous factors that predict health behavioral outcomes. Research designs traditionally have been quantitative, describing measurable phenomena, projecting trends, and sometimes discovering causal relationships. Psychological research in health behavior has developed primarily from a quantitative perspective, contributing useful rating scales and behavioral indicators, along with case study methods and tools for observation. Anthropologists and qualitative sociologists have approached some of the same problems from different perspectives, focusing on cultural norms and relationships that influence how people interact and act on everyday experiences (Bernard 1995; Knodel 1997). Their meth-

**BOX 1.1**

### If You Want to Know, Ask Them: A Modern Fable

A country plagued with high rates of STI and low condom use invited a team of experts to introduce a new contraceptive option: the female condom. This new barrier device, they argued, was an effective alternative to the male condom and would at last give women the control they needed to protect themselves or their partners against infection.

Working with local counterparts, the team initiated a program to strengthen STI prevention and treatment services, inform people about the female condom, train providers in its use, stock the shelves of clinics and dispensaries, and recruit lay outreach workers to carry the message to women in the communities. Six months later, encouraging results showed that rates of infection had dropped; women and men were indeed seeking treatment for STI symptoms. Twelve months later, treatment rates were still up, but rates of new infection were not declining as expected.

The team was forced to conclude that introduction of the female condom was not a cost-effective strategy because it had little sustained impact on the incidence of STI. The team leader, however, began to suspect that there might be more to the story. She invited a social scientist with qualitative research skills to investigate further the failure of the female condom to lower STI rates. This researcher designed a follow-up study that used in-depth interviews, focus groups, and clinic observation to explore the meaning of the new device to different community groups. He and his trained interviewers soon learned that clinicians were not distributing the female condom because they feared being accused of lacing the condoms with HIV virus—a rumor that was circulating in the community. Data from providers about the popular belief that the female condom could carry HIV were reinforced by comments from women in the communities. Talking with women revealed that most women knew about the method but did not ask for it, believing that providers (who rarely suggested it) either did not have it or thought it was ineffective or even dangerous.

In both men's and women's focus groups, participants discussed what the female condom meant to them. Men were candid in their criticism of giving women control over pregnancy and therefore license to engage in extramarital affairs. They surprised the researchers with their anger at a program that "encouraged promiscuity" while claiming to promote reproductive health. Some even questioned the motives of women "who would want to collect a man's semen" in a condom. Against a backdrop of cultural beliefs in the power of witchcraft to bring harm to one's enemies, men's anxiety concerning illicit use of the female condom was a serious and understandable obstacle to the program.

Women felt caught between program messages urging them to try the female condom and partner resistance. Although most were attracted to the idea of independent protection, they also understood that control carried its own risks. By accepting the female condom, they possibly would trade the risk of infection for the risk of abandonment by partners who could accuse them of infidelity.

Listening to people tell how they made their decisions gave program developers the information they needed to understand and address specific social and cultural issues in female condom promotion. But even more important was the realization that the forces motivating sexual and reproductive decisions are complex and often more powerful than competing health promotion messages. We may not know why some programs succeed and others fail, but the simple lesson from this situation is that if you want to understand how and why people make the decisions they do, ask them.

ods rely primarily on techniques of observation, participation, guided discussion, in-depth interviewing, life histories, and secondary analysis of documentary data.

Yet there is much overlap among different disciplinary approaches. Quantitative researchers at times use qualitative methods to guide a sampling design or to develop a sensitive data collection tool. Anthropologists and qualitative sociologists turn to quantitative methods when they want to describe a population or measure some tendency they may have observed qualitatively. Quantitative research with representative samples can produce hard, factual, reliable outcome data that usually are generalizable to wider populations (Steckler and others 1992). But most quantitative studies lack contextual detail and reflect a limited range of responses (Carey 1993). On the other hand, qualitative methods elicit rich, contextual data, but their small samples and flexible design usually are not appropriate if the study objective is to describe larger populations with statistical accuracy (Patton 1990). As a result, researchers increasingly are exploring creative new ways to combine techniques, letting the strengths of one method compensate for the limitations of another to yield a more powerful methodology (Wolff and others 1991).

We have written this guide not to promote one methodology over another, but because many quantitatively trained health professionals, policymakers, and researchers are looking for ways to expand their methodological options with new tools for answering difficult questions.

In searching the literature on qualitative research, we found it divided between manuals that summarize specific techniques for designing and conducting health-related studies (Yoddumnern-Attig and others 1993; Hudelson 1996; Campbell and others 1999) and more comprehensive texts for general academic audiences (Denzin and Lincoln 2000; Patton 1990; Rossman and Rallis 1998). Missing from most manuals was a theoretical basis for qualitative decisions, and few texts included strategies to address practical health research issues and problems that arise in the field. Nor did we find clear guidelines for dealing with the large volume of transcripts that qualitative data collection on sensitive topics often generates. Another gap in the literature was the lack of direction for writing and disseminating qualitative results. Our intent, therefore, is to show first how qualitative methods can shed new light on perplexing questions and second to provide basic skills to design, conduct, and disseminate the research.

## What Is Qualitative Research?

A challenge to the author of any book on qualitative research is to answer the commonsense question: What is it? Although there is no short, comprehensive definition, the unique organizing framework is a theoretical and methodological focus on complex relations between (1) personal and social meanings, (2) individual and cultural practices, and (3) the material environment or context. Similarly, there is no universal blueprint for doing qualitative research, but the availability of rigorous methods for qualitative inquiry can take us down many rewarding paths to understanding life in ways that consider the perspectives and experiences of people who live it. Note that

although qualitative analysis can answer questions about how people make sense of the world, it also can address many objective dimensions of human action and interaction, relating these findings to the contexts in which they occur.

Many problems central to public health research and practice are deeply embedded in their cultural contexts. People in communities confront decisions and challenges that are conditioned by membership in multiple social groups—whether or not to use contraception, how to get through pregnancy and childbirth safely, where to go for help in times of illness, and how to give young people the skills and confidence they will need for healthy adulthood. Contradictions and competing priorities can make many seemingly commonplace decisions difficult: Spend money on prescription drugs or save for retirement? Protect oneself from sexually transmitted infection and risk losing the attention and economic support of a sexual partner or accept the risk of disease? Running through the fabric of economic, sexual, and reproductive lives is the pervasive influence of gender, a theme that resonates in the voices of the women and men in our research.

*Qualitative researchers seek answers to their questions in the real world. They gather what they see, hear, and read from people and places and from events and activities. . . . their purpose is to learn about some aspect of the social world and to generate new understandings that can be used by that social world.*
**(Rossman and Rallis 1998, p. 5)**

The fact that people differ in the ways they interpret—and consequently act on—ordinary situations has profound implications for health research. If it is true that what people define as real is real in its consequences (Thomas and Thomas 1929), then applied behavioral research in public health must have the capacity to uncover multiple perspectives and understand their implications for health decision making. Qualitative researchers have taken seriously this charge, with the result that we now have at our disposal powerful techniques for "hearing data" (Rubin and Rubin 1995, p. 12), listening to what people are saying about their own lives in their own words.

Qualitative researchers know that there are always at least two key players: the participant who contributes the information and the researcher who, as learner and co-interpreter, guides the process toward the understanding that both seek to articulate. Together they form a partnership for exploring different social understandings of reality. Creating a qualitative research partnership requires a high level of skill. It also carries with it profound ethical obligations, because the relationship is based on trust and mutual understanding of a common goal.

## Application of Research to Action

We have chosen to focus on applied research because it informs action and enhances decision making on practical issues, unlike basic research, which is conducted to generate theory and produces knowledge for its own end. Although applied research can add immeasurably to our understanding of human behavior, its outcomes are "judged by their effectiveness in helping policymakers, practitioners, and the participants themselves make decisions and act to improve the human condition" (Rossman and Rallis 1998, p. 6). Most well-designed qualitative studies have elements of both the basic and the applied, because rigorous applied research has a theoretical base, and scholars ground their theory in concrete findings. Unfortunately, however, too many examples of hastily constructed qualitative research attempt to apply faulty findings to policy or program issues.

**BOX 1.2**

**Characteristics of Qualitative Research**

- Asks why, how, and under what circumstance things occur
- Seeks depth of understanding
- Views social phenomena holistically
- Explores and discovers
- Provides insight into the meanings of decisions and actions
- Uses interpretive and other open-ended methods
- Is iterative rather than fixed
- Is emergent rather than prestructured
- Involves respondents as active participants rather than subjects
- Defines the investigator as an instrument in the research process

Such studies often have an inadequate theoretical base or use data collection techniques that are inappropriate to the purpose of the research. These misguided efforts do not constitute science and seldom contribute significantly to solutions to problems.

At least three important developments are fueling the demand for qualitative expertise in the international health arena:

- Advances in cross-cultural understanding of health and health-related behavior
- Global health patterns
- Increased awareness of issues in human rights

Discussion of these items follows.

## ADVANCES IN CROSS-CULTURAL UNDERSTANDING OF HEALTH AND HEALTH-RELATED BEHAVIOR

Sophisticated quantitative methods have produced an extensive base of knowledge for understanding such phenomena as population growth, disease patterns, and many aspects of human behavior that are determinants of health and sickness. But each new finding leads to more questions and new research problems that often require a different approach to data collection and analysis. For example, knowing the contraceptive prevalence rate in a population leads us to ask why fertility is still high in some sectors. Or with the wide availability of primary health care services, we must ask why so many potentially serious diseases continue to go undetected in their early stages. Qualitative methods are adding a new dimension to the ongoing search for answers to these and other complex questions.

Designs for quantitative surveys increasingly are incorporating qualitative techniques in an effort to improve the validity of interview tools through better under-

standing of the language and perspectives of study populations. Hearing participants' customary language for sexual issues helps the survey researcher compose standardized items in familiar words or prestructure response categories from actual experience. Program planners too are finding that participation of local people in collecting qualitative data and analyzing local problems leads to more relevant programs and a greater sense of community ownership. In Zambia, for example, CARE International used a participatory approach to design a peer outreach program, the Partnership for Adolescent and Sexual Reproductive Health Project, to reduce sexual health risk among periurban adolescents. The active participation of young people and others in in-depth interviewing was instrumental in the design of the project and its successful implementation (Shah 1999).

## GLOBAL HEALTH PATTERNS

Demographic and health statistics speak to the urgent need for solutions to public health problems everywhere. Growing health disparities between rich and poor countries highlight different research needs. In the United States, tobacco use, poor diet and physical inactivity, and alcohol consumption together account for roughly one-third of total deaths (Mokdad and others 2004). In the poorest areas of the world, preventable and treatable diseases, such as diarrhea, measles, and malaria, take a heavy toll on human life. In Africa alone more than 2.3 million people die from vaccine-preventable diseases annually (Carr 2004). Complications of pregnancy, childbirth, and unsafe abortion claim the lives of over five hundred thousand women every year, 99 percent of them in developing countries (World Health Organization 1996). In sixteen sub-Saharan African countries, more than 10 percent of fifteen- to forty-nine-year-olds are infected with HIV; and in the hardest-hit countries, the toll exceeds one-third of the population (UNAIDS 2000b). Moreover, many health experts are only just beginning to acknowledge the full impact of social problems like gender-based violence, the feminization of poverty, economic crises, persistent regional conflict and refugee resettlement—all played out in a climate of increasing globalization and overburdened resources. This book illustrates the principles of qualitative research in the context of global health, with reference to social and behavioral determinants of many preventable health problems. Qualitative research is not a solution but rather a route to better understanding of the human condition, with the hope of contributing to more rational decision making for improved health program effectiveness and impact. Given the magnitude of the problems we face, we must use all the tools at our disposal and use them well.

## INCREASED AWARENESS OF ISSUES IN HUMAN RIGHTS

International discussion of population and health has brought attention to the need for a new global consensus on population and development, human rights, and gender. There is growing recognition that if we hope to address pressing needs for improved health and social development, we urgently need to understand better the complexities of human behavior. (Among the more widely publicized international gatherings were the International Conference on Population and Development in Cairo

in 1994 and the Fourth World Conference on Women in Beijing in 1995.) The desire to probe interrelationships among, for example, health decisions, human rights, gender equity, equality, and empowerment calls for new ways to address old, intractable questions. Investigators from the fields of women's studies and applied disciplines in the social sciences continue to search for better understanding of key developmental processes such as gender socialization and role awareness, raising new questions that invite a more qualitative approach to research.

Concern for the status of women is a critical element in development policy, but human rights and the ethics of inclusion add another dimension. We are seeing a gradual shift of priorities toward new goals for community participation, human rights advocacy, and gender equity, broadly defined. This trend has strengthened research outcomes by influencing how research is conceptualized and conducted. Our research questions are more likely now to include attention to gender relations in reproductive health decision making and to status and power as significant factors in the study of health service delivery. Qualitative methods enable researchers to explore more fully the nature and consequences of gender identities and relations in reproductive health. As they become more aware of the powerful role of status in everyday life, researchers themselves are adopting participatory approaches to research that are consistent with qualitative work. This shift is creating new collaborative relationships with study participants and heightened awareness of the researcher's ethical responsibility in the data collection partnership.

## Getting Started

This volume takes you step-by-step through the qualitative research process from its theoretical base to its application in public health problems, with particular emphasis on issues in sexual and reproductive health, and finally to dissemination of findings for program and policy change. Key elements in the process will be interaction and interpretation. By *interaction,* we mean broadly the art and science of asking, observing, listening, reflecting, probing—always with the purpose of engaging people in meaningful dialogue. We advocate qualitative techniques, independent of or in association with quantitative methodology, as a way of discovering how people act and interact in the familiar contexts of their lives. Our purpose is to share what we have learned with other researchers who are similarly committed to systematic policy and program development for healthier and more empowered populations.

The chapters that follow build the qualitative process—understanding, designing, implementing, and using methods to answer questions and solve problems that challenge workers in public health. Chapter Two, The Language and Logic of Qualitative Research, begins with a brief overview of the theoretical basis for qualitative research, emphasizing the practical application of theory to research design and analysis. To help the reader locate qualitative research in the theoretical universe, we review three important paradigms, or theoretical frameworks, that have guided methodological decisions in social and behavioral health research. We emphasize the complementarity of these

frameworks and the added value of linking them in well-coordinated designs to solve complex problems. Chapter Two also reviews key qualitative concepts, explaining what they mean and how they are interrelated. We conclude Chapter Two with a discussion of standards for judging the scientific rigor of qualitative research. We maintain that different assumptions and purposes make the criteria for evaluating quality in quantitative and qualitative studies analogous but not interchangeable.

Chapter Three, Designing the Study, reviews the basic steps in research design, from defining the area of inquiry and the purpose and problem of the research to analyzing, writing, and disseminating the findings. We also discuss conceptual and initial frameworks that link concepts and relationships to qualitative data collection strategies. We then review aspects of informed consent that are particularly relevant to qualitative studies, including the ethical responsibility of the researcher in an open-ended interview or discussion. To underscore the point that combining qualitative and quantitative methods can increase the power of the design and result in a more comprehensive understanding of the topic of study, we present a practical strategy for mixed-method design.

Chapter Four, Collecting Qualitative Data: The Science and the Art, describes the principal methods of data collection. We identify three fundamental methods—observation, in-depth interviewing, and focus group discussion. Observation is further divided into nonreactive (including documentary research) and participant observation. Techniques of in-depth interviewing and focus group discussion are presented in detail, along with participatory research methods and other selected structured qualitative approaches: freelisting and pile sorts, photo narrative, storytelling, network analysis, and body mapping. We recommend a semistructured approach to data collection and discuss the construction and use of topic guides.

In Chapter Five, Logistics in the Field, we focus on implementation. This chapter contains practical recommendations for introducing a study; building a research team; working with stakeholders and policymakers; selecting and training data collectors; developing field materials; and recording, transcribing, and translating data.

Chapter Six, Qualitative Data Analysis, is a comprehensive overview in which the reader learns how to process and interpret text using manual methods as well as a coding technique appropriate for conducting computer searches and synthesizing findings. Included in this discussion are some guidelines for analysis of data in mixed-method studies. We then detail the concept of rigor in qualitative studies, showing how qualitative concepts analogous to validity and reliability can be used to judge the findings' trustworthiness. In this chapter we also emphasize the importance of selecting appropriate software for computer text analysis and summarize some of the distinguishing features of several programs in common use.

Chapter Seven, Putting It into Words: Reporting Qualitative Research Results, discusses the steps in writing up qualitative study findings. These steps incorporate ethical norms that govern how we present results, integrate thematic ideas into a meaningful narrative, determine our audiences, and select a presentation format that is both appropriate to the study methods and relevant to potential readers. The chapter offers

practical advice on how to organize qualitative findings in written reports, report combined qualitative and quantitative results, and enhance the credibility and communicability of qualitative writing. We include criteria that external reviewers commonly use to evaluate manuscripts.

Chapter Eight, Disseminating Qualitative Research, outlines ways to effectively disseminate and promote the use of results. We suggest some possible outcome indicators for dissemination and use of study findings and challenge researchers to reconsider their roles in planning and implementing dissemination.

Finally, one of our objectives in writing this field guide is simply to share with readers the rewards and frustrations of doing qualitative research. Therefore, we offer numerous examples from our own research and from the practical experiences of others who already have embarked on this journey. Throughout the book you will find short field perspectives written by some of these colleagues. They speak to you from lessons they have learned in their own experiences with qualitative methods, offering stories, ideas, reflections, and advice to help you on your way.