

Resource Paper No.3

Social and Economic Research in Tropical Diseases

Qualitative research Methods:

Teaching Materials from a TDR Workshop

by:
Kikwawila Study Group



TDR

© World Health Organization 1994

The designations employed and the presentation of the material in SER Resource Papers do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.

Authors alone are responsible for the views expressed in SER Resource Papers and for the presentation of the material contained therein.

**RESOURCE PAPERS FOR SOCIAL AND ECONOMIC RESEARCH
IN TROPICAL DISEASES No. 3**

**QUALITATIVE RESEARCH METHODS:
TEACHING MATERIALS FROM A TDR WORKSHOP**

Kikwawila Study Group*

**UNDP/WORLD BANK/WHO Special Programme for
Research and Training in Tropical Diseases
(TDR)**

* The Kikwawila Study Group consists of the workshop participants and resource people listed in Appendix A-II

CONTENTS

Background	1
Introduction to qualitative research methods	4
Ethnographic semi-structured interviews	6
In-depth interviews	10
Observation	17
Key informant interviews	21
Focus Groups	24
Other group interviews	28
Case histories and narratives	29
Role play	34
Introduction to qualitative data management:	
Textbase alpha	36

LIST OF APPENDICES

Appendix A-I, Agenda	42
Appendix A-II, List of participants	48
Appendix B, List of possible research topics	51
Appendix C-I, Examples of instruments developed for field work	53
Appendix C-II, Focus Group Discussion Guide	56
Appendix C-III, In-depth Interview Guide	57
Appendix C-IV, Observation Guide	58

QUALITATIVE METHODS WORKSHOP

IFAKARA, TANZANIA

11-29 April, 1994

A collaborative activity of the Ifakara Centre, the Swiss Tropical Institute and the Special Programme for Research and Training in Tropical Diseases (TDR)

BACKGROUND

Of the social science approaches most appropriate for applied research on tropical diseases, "qualitative research methods" are among the most useful. They provide the possibility of identifying community factors inhibiting the introduction of interventions before such interventions are introduced, as well as rich and detailed information on knowledge, beliefs, attitudes and practices (KABP) of endemic populations. Such research has been found extremely useful in TDR's interdisciplinary work. An example is the multi-country filariasis project which relies heavily on qualitative data to provide baseline information on the study populations; the range of ideas surrounding filariasis allowing for the identification of key variables to be investigated by follow-up, focused questionnaires; as well as in-depth information on stigma, disability and social networks.

While there is considerable interest in qualitative research techniques among social and biomedical scientists, few are familiar with all aspects of qualitative research and analysis techniques. Social scientists, in general, are experienced in the collection of qualitative data, but less familiar with data analysis packages, some of which are only just emerging. These packages facilitate greatly the interpretation of large textual data sets resulting from long individual and group interviews. Biomedical scientists, on the other hand, are rarely familiar with these techniques, although their experience with the disease of interest and sensitivity to patients' experiences put them in a position to utilize qualitative techniques most effectively.

As TDR had received considerable demand from the applied field research community, both biomedical and social, for training in qualitative research, a course in qualitative research methods was organized by the Social and Economic Research unit of TDR, with funding from the Research Strengthening Group. The activity was advertised in "TDR News" for both biomedical and social scientists, asking interested researchers to submit a letter of intent to participate in the workshop, explaining why they needed this training and how it was related to their ongoing and future research needs on tropical diseases, as well as curriculum vitae and the kinds of data sets they would use such training to analyze. Over 100 applications were received, demonstrating the widespread need for this kind of training, from which 20 participants were selected for support.

Researchers were permitted to bring their own data sets if they wished, but they were also given the opportunity to collect and analyze original data at the workshop. This combination of activities allowed not only for the teaching and practice of qualitative techniques, but also for comparisons among the techniques and the information obtained among the various participants. It also allowed for the collection of information that could be written up as a report that could be useful to local health programmes.

Workshop Site

The workshop was conducted in Ifakara Centre, founded as a Swiss Tropical Institute Field Laboratory (STIFL) in 1957. Initially, its research focused on parasitic diseases and served as a training site for rural medical aids and medical assistants. When the training responsibility was handed over to the Tanzanian

Ministry of Health in 1978, the STIFL developed towards a health research and resource centre at the peripheral level. Its programme then included biomedical and epidemiological as well as health systems research. In 1991 the STIFL became the Ifakara Centre, an affiliate of the National Institute of Medical Research, and in 1993 the positions of both the Scientific Director and the Administrative Director were also assumed by Tanzanians.

Logistics

The agenda and list of participants in the workshop are found in Appendix A. A total of 20 participants working in 17 countries in Africa, Asia and Latin America (the majority being from Anglophone Africa) and 8 resource people from Europe, Africa and North America participated in the workshop. The workshop was of three weeks duration. The first week was devoted to training in qualitative methods, mainly using didactic methods. The second was dedicated to field work in Kilwawila village, 12 km. north of Ifakara, and the third to data analysis. The package "Textbase Alpha" was used to analyze the information collected in the field.

The logistics for the workshop were organized in an extremely competent manner by the Ifakara Centre and the Swiss Tropical Institute. All participants had to travel by train from Dar-es-Salaam to Ifakara, a journey that lasted over nine hours. A side benefit of the train ride was that the journey permitted the participants to see many wild animals in their native habitats, including lions, zebra, giraffes, gnu, warthog and many species of birds.

Also involved in the logistics were accommodation, a meeting room and transportation to the field site, for which 5 four-wheel drive vehicles had to be made available. Fortunately, the workshop was able to avail of the local parish where many participants were accommodated, and the conference room made available.

Involvement of local officials

As a first step to familiarize the group with problems of concern to Kilombero District and the study community, every day of the first week a local official participated in the workshop and introduced the group to different aspects of the district and community, as well as problems in the area where the field work would take place. A village was deliberately chosen for the field work that had been included in research activities of the Ifakara Centre previously. The preparatory activities included the involvement of the District officials, including the District Commissioner, the District Medical Officer, the Mother Child Health (MCH) Coordinator and two teachers from Kilwawila village. Each subsequent morning the group together identified issues that had been raised that could be addressed by the group in the field. In addition, the group discussed review articles on health and development studies in the study community over the past decade that had been sent to them in advance of the workshop. This consolidated the familiarization process and stimulated a lively interest in the issues to be addressed in the fieldwork.

On the basis of these discussions, a large number of issues were identified for possible investigation during the next week's field work (see Appendix B). Of these one major question, utilization of health services (Question I, Appendix B) was identified as the focus of the research and this was sub-divided into four sub-themes, one for each day. These were as follows:

- Identification of health problems and available health service offer;
- Utilization of different services and levels of care;
- Utilization of MCH services;

- ° The perspectives of health service providers.

Questionnaires and interview guides were developed for each method, and for each question. One example of each of these instruments is appended in Appendix C.

Field Work

Kikwawila village has three main areas, Kilama, Kapolo and Kikwawila. The field work covered all health services, including traditional healers, and two main areas in the village, Kilama and Kikwawila. The Ifakara Centre had informed the village leaders that a group of international workshop participants would be visiting the village to collect information and arrangements had been made for groups of people to greet the visitors. On the weekend preceding the workshop the organizers visited personally different parts of the village to inform leaders and other key people in the village of the plans for the fieldwork. Finally, on the morning of the first day of the field work, the organizers, with the resource people and the Kiswahili-speaking participants, paid a more formal visit to the Village Council Office to meet various village leaders and introduce key people from the workshop. This provided for very easy entry into the community when the larger group arrived.

Four days were spent addressing the four questions, one per day. Four groups of participants were organized, and for each, translators had to be arranged (in some cases Kiswahili-speaking participants also acted as translators). Every day each group addressed the day's question using a different method, so that each group had experience with each method. The resource people were responsible for guidance and supervision of the same method throughout the week. Each group appointed a leader responsible for interacting with the organizers regarding their needs such as the kinds of respondents they would like to interview each day. Also, the group leaders organized the division of responsibility for the various interviews, assuring that members of the group had an opportunity to rotate roles in the field work over the week, and to divide up reporting responsibilities. Each day a plenary was held for the groups to report back on their use of the method and their main findings and observations, as well as any problems experienced.

One of the main problems encountered was that of translation as only a few of the participants spoke Kiswahili. This meant that translators had to be provided from the Ifakara centre, disrupting the ongoing work of the Centre to some extent. Also, medical trainees were brought in from the Medical Assistants Training College. Organizing the translation in such a way that feedback to the participants was assured was not always smooth. The smoothest process was when a Kiswahili-speaking workshop participant conducted the interview and another person translated quietly. The second most satisfactory process was when a non-Kiswahili-speaking participant asked the question and kept eye contact as much as possible with the interviewer, while someone translated the response for the interviewer and onlooker participants. In semi-structured interviews where this method was used, a third person recorded the translated responses verbatim on the questionnaire form. The least satisfactory process (from the perspective of training) was when only a Kiswahili-speaking interviewer conducted the interview and no translation was offered. Generally, it was difficult for onlookers to retain their interest, especially in long focus group interviews when they did not understand what was being said.

At the end of each field work session, the resource person, who had supervised the sessions, met with the group and discussed their observations, making suggestions for improvement, and listening of the group's comments about their experiences and observations.

Feedback to Kikwarvila Village and District Authorities

After the one-week period of data analysis and report writing, the results of the field work were disseminated to the District authorities and Kikwarvila village representatives in a seminar held for this purpose. The results were presented by each group and discussed in detail. The participants emphasized that these findings were very preliminary, and not necessarily representative of the wider village or district population. The results and recommendations should rather be considered as a pilot study. Overall, the authorities welcomed the workshop participants' observations and indicated that they would try to investigate them further in more thorough, follow-up studies, or act on the recommendations, if they seemed sufficiently sound and possible to implement relatively easily.

The remainder of this report includes the materials used for training at the workshop. These have been revised to include the comments and suggestions of participants. We also include descriptions of the various exercises used for teaching of the various methods.

A second report containing the findings of the field work is under preparation for production as an SER Project Report.

_

INTRODUCTION TO QUALITATIVE RESEARCH METHODS (M. Weiss)

Definitions of qualitative research are not entirely consistent. In general, qualitative research does not refer to so specific a set of methods as analog of statistics for quantitative research; disciplines of anthropology, psychology, sociology and other social sciences each elaborate their own particular orientation towards qualitative research. Considered as a dichotomy with reference to quantitative research methods, qualitative research emphasizes the value of prose data, rather than categories and codes collected exclusively for quantitative analysis.

A "Guide to Qualitative Research" recently published by the WHO Division of Mental Health, suggests a broad definition, which may include quantitative techniques. Qualitative research, according to this definition, may be characterized by the following three features:

1. "An approach which seeks to describe and analyze the culture and behaviour of humans and their groups from the point of view of those being studied."
2. "An emphasis on providing a comprehensive or 'holistic' understanding of the social settings in which research is conducted."
3. "A research strategy which is flexible and iterative."

The anthropological approach to qualitative research is rooted in techniques of ethnography, which emphasize the importance of experience in local, natural settings. This approach values the experience of the informed observer, which itself becomes an object of study and analysis. Clifford Geertz described the work of the anthropologist as twofold, working in the capacity of pilgrim and cartographer. As pilgrim, the task is to journey to, live in, and become familiar with another culture beyond one's own familiar setting. As cartographer, the task is to order experience in that culture and present it, so that the ethnographer and others may understand and compare that experience with reference to others.

Several concepts in medical anthropology have become especially useful as a framework for health-related qualitative research: Concepts of "disease" and "illness" have come to be understood as technical terms. Disease refers to a professional formulation of medical disorder, usually with reference to a professional theoretical framework and etiology. Illness, on the other hand, refers to the experience of distress, viewed in medical terms, as it affects one who suffers from it, and as it affects relatives and others in that person's social network.

Concepts of "emic" and "etic" have developed as distinctive orientations for social research, derived by Kenneth Pike from the theoretical framework of linguistic anthropology. Phonetic analysis of language refers to basic units of language structure developed from linguistic theory, independent of a particular language, that provide a framework for the study of any language. A phonemic analysis refers to basic units of meaning based on features of the particular language under consideration.

An etic perspective for social analysis is based on professional concepts and theory developed outside the group one may be studying. It is essentially the "outsider's" perspective. For example, an epidemiologic study of risk factors for cancer, onchocerciasis, or schizophrenia is based on professional medical concepts of disease and its causation. An emic perspective for social analysis is based on local concepts of the culture in which the study takes place. For example, a study of the meanings of heat and cold as they apply to foods, health, and illness, or a study of culturally defined disorders, such as ataque de nervios among Latinos, wind disorders among South Asians, or the impact of qi among Chinese peoples constitute emic studies.

Various methods of qualitative research each serve to investigate aspects of community life from a different perspective. Each has its advantages and limitations when applied in particular circumstances. They each produce different kinds of data and make different demands on subjects with respect to required levels of cooperation, disclosure by self-report, and willingness to permit an investigator enter their community and observe them. Consideration of the ethics of qualitative research raises a number of questions, including that of informed consent, which are both similar and different from questions of informed consent in medical practice and medical research.

Techniques for interviewing individuals may be structured, semi-structured, and unstructured. Unstructured interviews are typically associated with in-depth and key informant interviews. They provide an opportunity for respondents to provide an account with minimal influence on the structure of that account by a framework imposed by an investigator. The investigator may follow the associations of that account. Structured interviews impose a fixed structure on the ordering and wording of questions and categories for coding responses. The technique is typically used for survey research where it is important to ensure consistency of administration so that data may be compared. Semi-structured interviews also rely on a structure that enables a researcher to cover a range of topics systematically and code responses with reference to a uniform framework. They are typically less rigid than structured interviews and may focus on eliciting narrative prose data keyed to queries, categories for quantitative comparisons, or a mixture.

Techniques for group interviewing also range along a spectrum characterized by the level and character of structure that defines them. Focus groups emphasize the importance of interaction among participants under the guidance of a moderator, who covers an agenda of research interests. Other forms of group interviews take advantage of opportunities provided in natural settings. Observation techniques are associated with different levels of involvement of the observer; participant observation refers to the aim of the investigator to join in activities of the community to facilitate development of relationships that put members of the community at ease. Settings in which observational data are collected may be more or less structured by features of the natural setting or activities organized by the investigator, such as role playing.

Other forms of qualitative research employ diaries, calendars, social network analysis, and other techniques. Complementary secondary sources of data that may be available can be very useful. These include studies from the professional literature, census data, other government records, clinical records, historical documents, and so forth. Ethnography and case studies typically employ a number of complementary methods. Narrative analysis studies the account of experience as respondents portray it. Presentations over the course of the workshop will discuss various qualitative research methods in detail.

ETHNOGRAPHIC SEMI-STRUCTURED INTERVIEWS (M. Weiss)

Purpose

Semi-structured interviews provide a means to address questions in a standard manner, enabling a researcher to elicit data appropriate for quantitative and qualitative analysis, and for comparisons. They ensure that a range of selected items are covered systematically and make it possible to employ a series of probes and coding strategies that distinguish categories and accounts of experience systematically. They may provide data for a quantitative and qualitative account of phenomena, based on a structure that defines the composition of questions, the ordering of these questions, and categories for coding responses. Semi-structured interviews are useful for studying the relative significance various ideas and experiences in the research setting. They also provide an effective means of collecting data suitable for systematic comparisons and testing hypotheses.

Designing semi-structured interviews

Two primary considerations reflect efforts to ensure that the information of interest to the researcher is clearly requested according to an appropriate conceptual framework. Topics of interest, variables, and codes should collectively provide a coherent structure. Moving from more general open-ended questions to more specific questions minimizes bias imposed by the structure of the interview on suggestible respondents. The flow of questions should not impose a structure that is difficult for the subject to follow, that forces shifts in the focus of the interview that subjects find difficult to make, or that may leave the subject with the impression that previous responses have not been heard or appreciated. It is important to evaluate semi-structured interviews with pilot testing to examine the utility of its structure.

The structure of the interview should create a context that enables, rather than impedes, respondents as they relate a coherent story covering items of interest in response to the researcher's queries. But some questions, for example, questions about health problems from a professional, often impose a test-like atmosphere that makes it difficult for subjects to respond, because they feel interviewers may judge them harshly. Beginning with an introduction that puts the subject at ease, the interview proceeds with an explanation of its context and expectations. Explaining that the interview is not a test, and answers are not considered right or wrong, the interviewer may need to emphasize the purpose of the questions is to understand the subject's experience and ideas.

A semi-structured interview may also include open-ended questions, although typically that is not its focus. If so, it may be important to distinguish responses to open-ended questions and specific queries that screen options known to be prominent in that cultural setting. By asking open-ended questions first, respondents are less likely to be biased by alternatives embedded in more focused screening questions. Open-ended questions may be followed by more specific probes. For example, an open-ended question about the kind of healer a subject has consulted for a particular problem may be followed by questions about whether they have used a doctor, health worker, traditional healer, and so forth. To determine the relative significance the subject places on each, it may be useful to follow screening questions asking the respondent to compare prior responses. For example, "Which of these healers did you use first?" Or, "Which of them helped you most?"

Wherever possible, it is useful to precode response items. This not only facilitates the analysis, but it also guides a trained interviewer. When it is clear what options are to be coded and analyzed, interviewers know when they have enough information to proceed to the next item. In designing the interview at the outset, however, it may not be clear what the appropriate codes should be. Qualitative data from previous studies, local personnel who know the community, health science and social science literature concerning the questions to be studied, and pilot testing the semi-structured interview are useful means by which to obtain the information needed to formulate appropriate codes.

The structure of the interview from one item to the next may include so-called skipouts, that is, questions that are omitted if the subject responds to a previous question in a particular way. For example, a question about the cost of a doctor consulted for a skin problem would be omitted if the subject had not made use of such a doctor. It will help interviewers to complete the interview efficiently if the printed page is prepared in such a way that it is clear which items are skipouts and how to manage any other contingencies embedded in the interview.

The structure of the interview and training of interviewers should note where and how the interview will be administered. Recognizing field conditions, it should provide some direction about the importance of privacy, if that is a concern, when the interview is administered. Does it matter if family and friends are present when the interview is administered? Is it necessary to identify a central location associated with the research activity where the interviews will be conducted?

Type of information sought

In some cases semi-structured interviews will provide a means of eliciting both quantifiable numeric or coded data as well as qualitative prose data. If so, the interview form should make adequate provision to record prose data. Questions may ask the subject for a response that is directly translatable into a coded entry, or they may ask for a response that the interviewer must evaluate before entering the appropriate code. Open-ended questions typically require more judgment for coding than focused screening questions. For example, the question, "What kind of healers have you used for skin problems?" elicits a response the rater must evaluate with respect to available codes. The question, "Have you consulted a health worker for skin problems?" may be expected to elicit a response that requires less judgment to code.

Data may include coded responses, judgments of subject responses, and prose elaboration. At various points in the interview or at the end, some provision for process comments and impressions of the interviewer about the this particular interview may also be useful. If the researcher is especially interested in such process comments, they may also be structured to facilitate analysis, asking the interviewer to comment under specific headings, such as quality of the data from this interview, the setting where it was conducted, or thoughts of the interviewer regarding the implications of this particular interview to the research questions that motivated the study.

Selection of respondents

An appropriate selection of subjects for the semi-structured interview should follow clearly from the aims of the study. Insofar as the findings from the interviews are intended to characterize the reported experience of a particular group, representatives of that group should be selected for the interview. They should also be selected in sufficient number so that the sample is reasonably representative of the population for which the findings should apply. In community settings, depending on the focus of the study, the group may be defined by gender, age, health status, occupation, and other attributes. In clinic settings, study groups are typically defined by disease status or symptoms, and compared with a control group with a comparable condition or a comparable group in good health.

If the research aims to test specific hypotheses defined in operational terms that rely on statistical tests, appropriate formulas should be used to calculate sample sizes, based on the ability to detect findings of a specified level of significance with sufficient power. If the aim of study is to characterize the relative emphasis on diverse experience and ideas within the community, the estimate of sample size should be reasonable with reference to anticipated diversity, recognizing that comparing variables defined by responses to the semi-structured instrument among subgroups requires adequate representation among the variety of responses, or cell sizes.

Strengths of semi-structured interviews

The semi-structured interview methodology offers some advantages and suffers some disadvantages compared with other methods for social research. Among the key advantages of the structure, if it is not so rigid and offensive that it puts off the subject, is that it enables a researcher to cover a wider range of topics systematically than more open-ended methods. This ensures that items which need to be tabulated and compared for the entire group are not missed because the flow of the interview went in another direction, however interesting. For studies testing hypotheses, the semi-structured interview ensures important areas of interest are not missed.

Because it encourages investigators to think carefully about how they will frame questions and code responses, the method facilitates quantitative comparisons by ensuring response data are comparable. For example, if a researcher is interested in a detailed account of the cost of traditional healers for skin problems, an open-ended question may or may not elicit a response that specifies the cost of transportation and medicines separately (or at all). A semi-structured interview can approach each item of interest directly.

Semi-structured interviews may also facilitate comparisons of qualitative data that are keyed directly to coded variables. In this way it provides opportunities to explain the meaning of quantitative findings, or to help explain why anticipated findings failed to result in expected associations. Because the structure of the semi-structured interview systematically covers the range of interests of the study, it may provide and reflect a framework that helps to organize qualitative data collected by other methods. This helps to compare data concerning a particular question, such as the use of traditional healers, with reference to field notes from participant observation in the community, in-depth interviews, focus groups, or other sources of information.

Semi-structured interviews and other qualitative methods

Advantages in some settings may prove to be disadvantages in others. The same carefully considered structure that ensures a wide range of topics will be covered efficiently may make it difficult for some respondents to tell their story. If this is the case for many subjects, the interview should be revised. But even a carefully tested interview will sometimes impose a structure that provides a poor fit for the experience of some subjects. Restructuring the order of queries may raise questions about data being collected in an inconsistent manner. Open-ended methods, however, are usually more flexible and allow the subject to play a greater role in defining the structure for the interview. They usually permit or encourage the interviewer to follow the narrative flow of the subject's account.

Designing a useful semi-structured requires a considerable fund of knowledge about the community and research questions to be studied. The structure defined by the ordering, framing, and coding of questions draws upon a considerable database acquired from other sources. Other methods provide experience that is essential for designing a semi-structured interview. In the course of developing social research, the process of refining an appropriate structure for semi-structured interviews relies on substantial experience, especially in research settings where cultural differences make it difficult to know how well structures that worked elsewhere will work locally.

Because data in semi-structured interviews is constructed from subjects' responses to questions, limited awareness and insight of subjects may be a problem. Other problems arising from the accuracy of self-disclosure also reflect limitations of semi-structured interviews as well as other less structured techniques that are also based on self-reports. Projective tests, pile sorts, and observational measures of behavior are better suited to learning about aspects of local ideas and experience that subjects may not be directly aware of, or unable or unwilling to express. Some social research may focus on the process and structure by which subjects discuss their experience, rather than the substantive quality of responses to focused queries. For such studies semi-structured interviews may be wholly inappropriate. Other techniques, such as narrative analysis, are more likely to be applied to datasets obtained from open-ended in-depth interviews.

When to use semi-structured interviews

1. When single subject's responses are required, that is, the unit of analysis is the individual.
2. When measurement is required on certain topics.
3. When measurement of variation in views among study population is required and its significance.

IN-DEPTH INTERVIEWS (A. Kumar) Conducting In-Depth Interviews

Much of the following information was taken from:

Ackroyd, S. and J.A. Hughes. 1981. Aspects of Modern Sociology: Data Collection in Context. Longman Group Ltd.: London.

Taylor, S.J. and R. Bogdan. 1984. Introduction to Qualitative Research Methods: The Search for Meanings. John Wiley & Sons: USA.

WHO, Qualitative Research for Health Programmes.

Purpose

To obtain detailed information on particular cultural beliefs and practices from the perspective of the informant.

Definition: Repeated face-to-face encounters between the researcher and informants directed toward understanding informants' perspectives on their lives, experiences, or situations as expressed in their own words.

An in-depth interview can be considered to be a directed conversation between equals where the interviewer, not an interview schedule or protocol, is the research tool. This means not only learning the answers to questions but learning which questions to ask.

When to Conduct In-depth Interviews

1. The research interests are relatively clear and well-defined.

Though qualitative research is generally broad and open-ended, the more precisely one can define the information being sought, the more detailed information one can collect. For example, if the broad research topic is women's utilization of health services, then conducting interviews with women (among other possible respondents) on past experiences with health clinic or clinic personnel would yield more detailed information on reasons for use or non-use of services. Narrowing down a research topic depends on how much previous experience the researcher has with the study population.

Sometimes, however, interviews can be used as a way of exploring various research ideas or hypotheses. In this situation, one would not too narrowly define the topic.

2. Settings or people who are not otherwise accessible.

One cannot go back in the past and observe events, one has to rely on the recollection of those present to explain why they did what they did or why and how an event was done.

Similarly, one cannot always easily enter certain social settings. For example, studies on individuals who abuse drugs have often taken the individual out of their environment and into the research setting of an in-depth interview. This has the disadvantage of placing the respondent in an unfamiliar and, perhaps, uncomfortable environment. On the other hand, the distance from their own environment may free the individual to answer questions or think about issues that they may not have in their own homes.

3. To understand subjective human experience.

This is especially true for life histories, when one person is interviewed repeatedly about the salient experiences of their lives and their own perceptions of those experiences. But even in in-depth

interviews, the essential purpose is to gain the respondent's perspective on his/her experiences.

Selection of Respondents

There are no strict rules about sampling or sample sizes in qualitative research. Sample size depends on the purpose of the research, the quality of the information being collected, and the available resources. The investigator decides what kinds of respondents to interview, based on emerging and predefined criteria, and continues to interview these respondents until no new information is discovered. While there are no formulas for determining sample size, this does not mean that selection of respondents can be haphazard. All decisions regarding sampling strategies and sample sizes should be clearly justified.

There are two major types of samples: probability samples, which are designed to be statistically representative, and non-probability samples, which are designed to be theoretically representative. While probability samples increase the validity of study findings, it is often impossible to do strict probability sampling in the field. Non-probability samples are equally valid as long as the characteristics used to select respondents are truly relevant to the topic.

In non-probabilistic sampling one could select respondents for in-depth interviews based on a particular characteristic, such as income, employment, presence or absence of disease. The key is to consider what factors are likely to influence the research question. If female employment appears to be an important factor in determining treatment seeking behaviour, then respondents could be selected on the basis of this characteristic.

There are subjective criteria that are important as well. For instance, the extent to which a respondent is open or hostile to the research process. One could also find someone who has had a particularly interesting experience or someone who is able to analyze their own situation thoughtfully. Remember the point of in-depth interviews is to learn as much as possible from the respondent about their lives not to quantify that experience.

Selection of research sites is also an important issue. The first step is to identify the largest area which is relevant for the research questions and objectives. Next, consider the heterogeneity of the study population and choose areas which represent the range of variation on the most important characteristics. The final selection of sites will depend on site visits, discussions with community leaders, maybe informal interviewing and preliminary data collection. Ultimately, site selection will be determined by the communities' characteristics as well as their willingness to participate in the study.

Where to Conduct the Interview?

In general, it is best to conduct the interview in a setting where the respondent feels most comfortable. In order to determine this, the researcher must have some experience with and knowledge of the respondents. It is not always safe to assume that the respondent's home is where they feel most comfortable. If many people live in the same house, then privacy during the interview becomes an important issue. Clinic settings may also not be conducive to relaxed speech. Interviews can also be conducted in a neutral place, such as a coffee shop or bar, as long as privacy can be assured. Another alternative could be to conduct the interviews at the home or office of the researcher. However, if the researcher has an office in a large university, this may not be an environment respondents are familiar or comfortable with.

Conditions of the Interview

Since the point of an interview is to collect detailed information from the respondent, the interviewed must encourage the respondent to discuss issues. This depends on many things including how comfortable the respondent is with the interviewer. Thus, even before an interview is arranged, the

following should be taken into consideration:

- social differences between respondent and interviewer, including age, gender, and class, ethnicity
- the extent to which the respondent is accustomed to the interviewer's presence in the community (this can mitigate or exacerbate the social differences)
- whether the interviewer is fluent in the local language

Working through a translator places distance between the interviewer and respondent and is not conducive to good data collection. However, in situations where research must be conducted in a short period of time, a translator may be the only option. Another strategy is to hire individuals fluent in the local language to conduct the interviews. However, it is best for the principal investigator to conduct interviews her/himself. If the number of interviews to be conducted is large, then assistants may be hired but the PI should still do her/his share of the interviews. This is very important for data analysis.

Introducing Yourself to the Respondent

- Explain the purpose and objective of the research
- Describe how the respondent was selected for an interview
- Identify the sponsor or the agency conducting the research
- Explain who has access to the data, how confidentiality will be maintained
- Explain that the respondent has the right to terminate the interview at any time
- If using a tape recorder, explain who will listen to the tape and what will happen to it once the research is completed

Interviewing Techniques

1. Avoid dichotomous response questions.

Simple yes/no responses is not the sort of information an interview is intended to generate. The respondent can also be lulled into apathy by a string of these questions. One or two may be helpful in setting up a follow-up question of "why did you do this?"

2. Language should be at the level of the respondent.

This is not only so that the respondent will feel comfortable with the interviewer, but also so that the data will be in the local language. Language reveals a great deal about cultural concepts and it is important to understand local expressions. For example, in Rajasthan once a woman is married she is referred to as "X's wife," and once she has a child she is referred to as "Y's mother," but rarely by her own name. This is important not only for knowing how to refer to women, but also in understanding women's position in the family.

3. Use common sense when probing for more details.

Essentially, this means paying attention to what the respondent is saying and fitting it into the context of their life. For example, if a woman has informed you she is infertile don't ask her why she has no children.

4. Use phrases such as "Why?," "How did it make you feel?" "How do you feel about that?" "What do you think?" "What happened when ...?"

In order to get the respondent to elaborate on a response, turn the answer into a question. For example,

Q: Why don't you use an oral contraceptive?

A: Well, it's my neighbor. She doesn't like it.

Q: Oh, your neighbor doesn't like it.

A: Yes, you see she's my husband's aunt and she heard that it was bad.

Q: Oh, I see. Does she really think it is bad?

A: Yes, she heard from her daughter that the local health worker said it would cause infertility.

5. Try to remain non-judgmental in your responses.

Remember, you are trying to get the respondent's perspectives on issues, not your own.

6. Always allow the respondent to ask you questions.

After all, it is hardly fair that all the questioning should be from one side. The respondent may be curious about where you come from, how you live, etc. and in order to build a relationship with those who you are studying, you must share some of yourself. In addition, the questions the respondent poses may lead to new insights into how they perceive and organize their world.

7. If possible, tape record interviews and transcribe them as soon as possible.

If you are unable to record the interview, take notes during the interview and flesh them out as soon as you can. The longer you wait to transcribe or make detailed notes, the more information you lose.

8. Conducting interviews is an exhausting process.

If the interviews are to be an hour long, do not schedule more than 2/day. Use the rest of the day to transcribe the tapes and/or make notes.

9. It is important to continuously read the transcripts of your interviews and develop new questions or new ways of asking questions. In qualitative research, analysis is an iterative process. One adapts the methodology to the issues being addressed and as the issues become better defined or change, the methods change.

Other Techniques

The techniques described below can be used during an interview to change the pace a bit or they can be used at later interviews with the same respondent. The techniques do require a certain amount of knowledge of the local culture and environment. They also require careful planning and recording of results.

1. Presentation of a hypothetical case:

The intention of presenting a situation in a hypothetical manner is to avoid inhibitions that arise from the respondent's particular social or economic situation. The point is to discover what the individual would prefer to do if she/he were not constrained by her own specific circumstances. You may learn that respondents are not comfortable with hypothetical scenarios, in which case you may have to make the scenario more concrete by showing photographs or placing the scenario in another community or in the past.

The researcher can also use a series of hypothetical cases and alter certain salient features of the cases, such as gender and age, so as to learn what the impact of these characteristics is on the decision-making process.

For example, if the researcher wishes to learn what respondents do if a family member has malaria, scenarios describing individuals with malarial symptoms could be read aloud to the respondent.

Scenario: Imagine that your neighbor, Mrs. X, has a daughter, Child A, who is 2 years old. Child A has high fever and is feeling tired. She doesn't play or run as she used to. This is your neighbor's first child and it is the first time the child has been ill. Mrs. X needs advice: what should she do?

Depending on the response, several questions can be asked. If the respondent says Mrs. X should wait to make sure the Child A doesn't get better on her own, the interviewer could ask: Why? How long should she wait? If the respondent recommends a home treatment, then the interviewer could ask: how soon should the child improve? If the child doesn't improve, then what should Mrs. X do? What other signs should the mother watch for?

The scenario can be altered to determine if the recommendations would be different if, for example, Mrs. X was the one that had malaria and not her child, or if it was her husband or son that was ill.

In designing the scenarios, use local terms and give the characters real names. In order to judge if there are trends in the responses, the scenarios must be presented to a sufficient number of people.

2. Paired Comparisons:

This procedure is designed to yield information on preferences. This is a "forced choice" task in that the respondent is asked to select between only two specific alternatives at a time. The systematic presentation of all possible choices and all combinations of choices permits the researcher to rank order them.

For example, lets say you wish to find out which health care providers respondents prefer for a particular illness. The range of health care providers could include private physicians (A), government clinics (B), traditional healers (C), pharmacist (D), etc.

Next, create the sets of paired comparisons. The following chart illustrates the combinations of all possible paired comparisons for six different practitioners:

Health Care Options (6)

Dr Smith	A
Dr Jones	B
Mrs. Red	C
Govt. Clinic	D
Private Hosp	E

All Possible Pairs (15)

A---BB---F
A---CC---D
A---DC---E
A---EC---F
A---FD---E

B---E

Obviously, the researcher must know the range of health care providers available in the community and which are sought out for a particular health problem. It is best to use their names or their titles when presenting the choices.

Once again, a hypothetical scenario is used. The following text is one possibility:

"From my discussions with people in the community, I understand that there are several different places or types of people families can go to for help when someone is ill. For example, there is Mr Brown, the government clinic, and the private clinic. I'd like to ask you some questions about this. If your child had high fever and chills, and you could only go to Dr Smith or Dr Jones, who would you go to?"

The researcher would then continue down the list of paired possibilities and record each response. Then, the researcher would go back to the first pair and ask why the choice was made.

The researcher would then tabulating the results by calculating how often a choice was selected. For example, consider the following table of results for Option A from 24 respondents:

	A	Other
A vs B	6	18
A vs C	12	12
A vs D	20	4
A vs E	19	5
A vs F	16	8
Total	73	47

Number of times selected: $73/120 = 61\%$

The researcher would do the same calculation for all the options and construct a rank order based on the percent of time each option was selected. Finally, an analysis of the reasons respondents gave for their choices would be done.

Advantages & Disadvantages of In-Depth Interviewing

Advantages include:

1. Potential for very rich information in the words of the respondents.
2. Ability to broach sensitive issues.
3. Possibility of easily combining this method with others such as, quantitative methods, clinical exams, and participant observation.
4. Useful for exploratory research when the topic and questions are not fixed.
5. Flexible

Disadvantages include:

1. Time consuming, and therefore, a research expense.

Interviews can easily go for an hour or several hours. This is something to keep in mind not only for the researcher but also for the person being interviewed.

2. Data are not easy to code and analyze.

Qualitative data can, of course, be systematically analyzed and we will spend time in this workshop on this. However, data analysis is much different than for quantitative data since one codes ideas and/or statements rather than numbers and variables.

3. Relies solely on verbal statements which is subject to distortions.

People may lie or exaggerate in interviews. There may also be a discrepancy between what they say and what they actually do. If you think of casual conversations with friends, you realize that every conversation has an element of concealment. With a stranger, this element of concealment is likely to be great.

4. People say and do different things in different situations.

An interview is a particular kind of social situation, one where specific questions are being asked for a specific reason. Opinions voiced in an interview situation may not correspond with an opinion in another situation.

5. Relying solely on interview data without observing people in their everyday lives means that researchers will not understand the context of the statements made by informants.

Interviewers could misunderstand the language of the informants since they do not know how it is commonly used. Some salient social concepts are not easy to articulate and can only be observed. Interviewers make assumptions that may be incorrect.

6. Comparability of interviews is not always possible.

Comparability depends on how the respondents were selected and if the same questions were asked of all of them.

Distinction Between Key Informants and In-Depth Interviewees

Key informants are people with whom the researcher develops a special relationship. Key informants are considered "experts" with special knowledge of interest to the researcher. Key informants are interviewed repeatedly.

In contrast, in-depth interviewees are ordinary people. It is not expected that these respondents will have any special knowledge and will only provide information in terms of their own personal experience. A researcher may develop a special relationship with some of the respondents, but this does not necessarily mean that the respondent is a key informant.

In-depth Interviews and Other Methods

In-depth interviewing is a method that can and should be used with other research methods. Looking back at the list of disadvantages associated with in-depth interviewing, one can see that these are especially a problem if the method is used alone.

In-depth interviewing can most easily be used with participant observation. By living in the research site, the researcher is able to place the interviews in context. Also, the researcher becomes familiar to people in the community. This means that respondents will be more willing to talk to the researcher and more likely to tell the truth.

Strict observation can also be combined with in-depth interviewing. For example, in order to study patient-client interactions, a researcher could simply sit and observe various encounters at a clinic. This could be followed up by interviews with both providers and clients probing into how each perceives the situation.

In-depth interviews can also be used with survey methodology. Many studies now employ a census or survey initially to get data on the general characteristics of the community and then select individuals to be interviewed in detail. The qualitative data is then used to supplement trends uncovered in the quantitative data.

In-depth interviews can also be used in clinical studies. For example, the Special Programme in Human Reproduction in WHO is conducting Phase II clinical trials on a male contraceptive method. As part of the clinical trial, men will be interviewed in order to understand their perceptions of the method.

In-depth interviewing is a data collection method that is easy to combine with other research methods. Any time an investigator wishes to learn why individuals behave in a particular way, in-depth interviewing can be employed.

When to use in-depth interviews

1. When research interests are well defined and clear.
2. To learn about individuals or social settings that are difficult to access.
3. To understand subjective human experiences.

OBSERVATION (C. Vlassoff)

(Translated from R. Schumacher, Bourkina Faso
workshop on Women and Tropical Diseases)

INTRODUCTION TO OBSERVATION (see and describe)

Introduction

To observe would seem at first glance to be the easiest and most obvious of behaviours, something of which everyone is capable. Nonetheless, it is also a skill belonging to qualitative research methodology that can be learned and improved upon through concentration and practice. Observation is among the most important anthropological methods.

Observation as a technique is more than the simple fact of seeing something; we focus on something of particular interest to us. To observe means to give particular attention to something that can afterwards be described, that is, "to express in words" what has been observed. Observation and description are necessarily connected if one wishes to communicate.

At the same time, one seeks to understand. One tries to explain one's observations within a certain context. One interprets one's information.

For example, a woman in a photo is smiling. We may interpret this by attributing some happy event to her, such as "She likes being photographed" or "She is smiling at the photographer because they are

friends." (Note that the latter is a double interpretation: (1) that the photographer is the object of her smile and (2) that they are friends. Moreover, in some cultures a "smiling" woman may not be seen to be smiling in the sense that we use it, but rather, "to have her mouth open".

The observer's capacity is limited by several factors. Usually, time for observing something is limited, both because the scene may change, and because the ability of the observer to concentrate and register observations is limited. The observer, furthermore, cannot be everywhere or observe everything from different perspectives, nor understand the significance of everything that is going on.

One realizes then that observation is selective and subjective, and what is seen will vary according to the observer's interpretation and comprehension of the scene. A woman may describe jewellery, for example, in more detail than a man because she is interested in and knows more about it. This may be unconscious and involuntary. A farmer is more likely to identify agricultural tools more precisely than an city person.

For all these reasons we must conclude that observation is not exhaustive, nor neutral nor objective. The description of the same scene will vary according to the person who observes.

The subject-object relationship

Observation and description vary according to the relationship between the subject (observer) and object (object or person observed).

It is necessary to distinguish two kinds of observation:

- (1) A is not observed by B.
- (2) A is observed by B.

If a person is unaware of being observed, he/she will not change his/her behaviour in any way as a result of the observation, whereas if the observed knows that they are being observed they may change their behaviour as a result. As not informing someone that he/she is being observed poses certain ethical problems, a technique has been developed to minimize the problems involved when the observed knows that he/she is being observed. This technique permits an observation that is essentially non-invasive because it places the behaviour within everyday reality. This is called "participant observation". *

Participant observation

The central idea of this method is to allow the researcher access into the daily life of the subject or subjects that he/she wishes to study. This is done by the researcher living with the study population for a much longer period than would be the case, for example, with a survey. Usually it involves a residence of several months or years. The researcher lives among the people, eats with them, discusses their daily concerns and activities with them, and participates in their social and economic activities. The researcher becomes involved with his/her hosts, in a friendly way; and through daily exchanges, learns about their points of view.

** There are two other principal methods of observation, unstructured and structured observation. These are described in the WHO Manual, "Qualitative Research for Health Programmes". Structured observation records in a systematic manner a specific activity (e.g. water contact patterns; amount of time children work per day). Unstructured observations are broadly focused, aimed to observe behaviour in a holistic sense (e.g. when a researcher is trying to discover unknown aspects of a problem).*

Implications of the involvement of the researcher

Participant observation is a method that requires considerable flexibility with respect to the techniques used. In a behavioural study, observation is extremely valuable to augment other research findings. For example, it is interesting to observe whether a subject acts in daily life as he/she reports in an interview (whether, for example, a person consults a god when he becomes ill even though he reports using modern medicine).

Implications of the involvement of the researcher

Obviously, the nature of the contact with local people plays a fundamental role in the success of participant observation. Much depends on the way the researcher is received by the population but much also depends on the openness of the researcher to the differences of the other. The researcher must be prepared to embark in a different kind of daily life and to be open to experiencing these differences. Ideally, the researcher experiences a "second socialization" during which - as with a child - everything around him/her is new and still to be discovered, requiring a natural curiosity that should nonetheless remain discreet.

This approach requires much more from the researcher than purely methodological knowledge. In participating in the daily life of people one's "research tool" becomes one's Personality. Participant observation cannot be separated from one's personal life but in fact is part of it. Through this kind of interaction, the researcher even risks changing his/her personality and way of life. This new life can sometimes be an adventure that fascinates the researcher, yet the challenges involved are often difficult to assume without losing the research perspective. By becoming involved in the situation, what was previously strange becomes increasingly familiar, and it will be more and more difficult for the researcher to notice and describe differences.

From outsider to insider

"Now only I realize that something has changed: Where have all the flies gone that used to terrorize me when I arrived in the village? It seems to me that they are gone. But have they really disappeared? No, the environmental conditions have remained the same. Is it that I just don't see them anymore? Is it perhaps me who has changed? Because I have become accustomed to the situation."

(Extract of a field research journal, R. Schumacher)

The researcher is typically faced with this dilemma: What is finally reality? This allows us to see that there is not just one reality but many, depending on the point of view that one adopts: that of the stranger arriving in a village, that of the insider now familiar with the environment, and that of the villagers themselves.

Outsider

stranger
alone
mistrust
distanced relationships
uninformed

Insider

participant
has friends
confident, trustful
more personally involved
informed

It is easy to imagine a European who arrives in an African village for the first time experiencing a culture shock. But what about an African researcher who speaks the local language, does he or she also experience culture shock? The African researcher has the advantage of speaking the language and having a certain knowledge of the culture. But this also brings the risk of prejudging the society through a "cultural filter" (see below). Becoming an "insider" through participant observation involves more of an attitudinal change on the part of a researcher than a change of location. One has to learn to integrate

oneself into a new society and to "discover" in order to understand.

It is crucial to be conscious of the process of integration, of the change that occurs in the researcher when immersed in a new community or society. In doing so, one considers different points of view that eventually allow for a more complete picture, a puzzle to which one adds the pieces. When the researcher is aware of the changes taking place in himself/herself, an important advance has been made in the process of participant observation, seeing oneself as if from outside. These observations are just as important as the subjective observations of the researcher. Another kind of observation can also be added to these, that of a local informant who can give his/her observations and explanations that can help to fill in gaps in those of the researcher. This third level of observation can complete the "image-puzzle" that the researcher builds.

Filters or screens in observation and description

There are many kinds of filters through which people observe the world. These include (1) personal filters (2) cultural filters and (3) linguistic filters. In observing, different people can see entirely different things, or the same person may see different things according to when he/she is observing. One can capture this variability by identifying different filters or screens through which one sees and describes what is observed.

The personal filter depends on the personal characteristics of the observer (his/her sensibility, openness, etc.), on his/her previous experiences and on his/her education and socialization.

The cultural filter depends on one's knowledge of and familiarity with the local culture. For example, a person coming from an urban area may not notice noise and traffic when visiting a new city, but may notice that the buildings are higher, or that there are more movie theatres. A person from a rural area may be more likely to notice the noise and traffic, which may be completely absent at home. In general, one is more likely to notice the unusual rather than the familiar.

The linguistic filter implies that one is more likely to identify things that one can name. The language that one uses for one's research notes and the way they are translated are important indications of how much can be lost by passing from one system to another. Sometimes retaining the local words may be more meaningful than efforts to translate them into familiar concepts. It should be remembered, too, that there are many ways of describing: orally or in writing, making maps or charts, using film, video or photographs, or using several of these in combination.

These filters or screens are important at two levels, that of observation and that of description or data entry. Each time a selection of stimuli or impressions occurs.

At each stage it is important for the researcher to be conscious of what kind of information is lost and why.

Some practical suggestions

Be ethical in your research and be discreet: even a good researcher does not have to know everything!

Keep a daily journal in which you note, in addition to specific observations, your own impressions and sentiments. This will help you later in interpreting your information.

Cite, word for word, if possible, observations of persons giving you supplementary information in participant observation. Note these first in the local language and be conscious of introducing changes in meaning by translation.

When to use observation

1. To understand processes, events, norms, values, and social context.
2. To understand human behavior that is largely unknown (hidden) or complex.
3. To understand conceptions and attitudes of study group and their points of view.
4. To complement other findings.
5. To help researcher formulate ideas in local "language."

KEY INFORMANT INTERVIEWS (H. Mwenesi)

Purpose

These are informal, conversational interviews. The informants being interviewed respond in their own words to express personal views. The purpose of this type of interview is to learn about peoples views on the topic of interest, to learn their terminology and judgements and to understand their perceptions and experiences.

Who are key informants

A key informant is a person who is specially knowledgeable, at least in some subjects or topics of interest and with whom the interviewer develops an ongoing relationship of information exchange and discussion. Most people act as informants without realizing this, especially when they offer information in response to questions about their every day lives.

The difference between a general informant and a key informant is that general informants primarily give information about themselves, whereas key informants provide information about others or specific situations, events and conditions in the study area. Thus, a key informant is a kind of expert on some cultural, political or health aspects of the community beyond his or her own personal beliefs and behaviors. Both men and women, formal and informal leaders, professionals and 'ordinally' people can be key informants.

Good key informants should be knowledgeable and interested in the subject matter to enable them to communicate and exchange information with the interviewer.

Contact with key informants

Trust has to be built between the interviewer and key informant. This happens through a series of contacts. The first meeting is often setting of the climate and subsequent meetings are used for more detailed discussions on the subjects or topics of interest.

Earlier meetings are for exploring and learning, for example, local terms and ideas in relation to the subject matter, eg. health and illness, household and community social structures, economic conditions and local politics and other important events. Later interviews may be aimed towards gaining a deeper understanding, by verifying earlier information, by correcting original misinterpretations, and by filling information gaps.

During the contacts, the interviewer should avoid using leading questions which direct the respondent to a particular answers by the use of the technique of non-directive approach which gives the respondent some freedom to direct the interview himself/herself. It also gives the respondent a fair degree of freedom of expression of views.

At the end of the study it may be useful to ask key informants for their comments on the findings that emerge from the study.

Types of information sought

Any type of information can be sought from key informants including perceptions, opinions, beliefs, facts etc. Normally the interviewer does not have a list of questions, but topics are introduced by the interviewer and the informant alike, and further topics covered before may be picked up again and again for further exploration. In this way each interview builds on previous ones, learning more each time, until additional conversations no longer produce new or deeper insights.

When key informant interviews precede quantitative data collection they can also facilitate in the development of tools and questions for collection of quantitative data.

Ethical Considerations

To protect informants, below are ethical principles designed by the Council of the American Anthropological Association to guide ethnographers when confronted with conflicting values with ones held by the informant. These principles are a useful guide to ethnographers and other researchers engaged in qualitative research - especially when key informant interviews are used. They include the following:

- (i) Considering the informant first: The interests of the informant should be first in that he/she should be physically protected, socially and psychologically, maintaining their dignity and privacy.
- (ii) Safe-guarding the informants' rights, interests and sensitivities: This means there should not be breach of trust between the interviewer and informant.
- (iii) The research objectives should be communicated to the informant.
- (iv) The privacy of the informant should be protected.
- (v) The interviewer/informant relationship should be of mutual trust. The informant should not be exploited.
- (vi) The report should be made available to the informant or general public studies.

General constraints in interviews

In general, all types of interviews have some concrete problems. These include the following:

1. Language

Every group has a culture and often a different language from other groups. These arise out of their common understanding and actions they undertake, and find expression in a language which may be peculiar only to that group and fully understood only by its members. The interviewer might not understand the language and therefore make errors of interpretation on what is said to him/her. The interview provides little opportunity of rectifying errors of this kind that can go unrecognized.

2. Matters interviewees are unable to talk about

Frequently people do not tell an interviewer all the things he/she wants to know. They might consider some subjects impolite or sensitive. There may also be a problem of resistance.

3. Things people see through distorted lenses

These are differences in the perceptions of people regarding the subject of research. These differences in perception affect what they report in an interview.

To overcome some of these constraints key informant interviews can be combined with other social science methods.

Combining key informant interviews with other (methods) techniques

Key informant interviews are particularly useful in combination with open or unstructured observations as they allow us to discuss on the spot what we notice, thus increasing our understanding of the lives of the people. For example, talking with an informant collecting water at water point may provide a lot of additional information about water and hygiene practices. Thus key informants can help to explain behaviors and signs of behaviors (physical clues), and in that way help the observer.

Key informant interviews can also be combined successfully with participant observation. For example, even where language is a problem, participant observation provides a situation in which the meaning of words can be learned with great precision through study of their use in their contextual meaning, enabling the interviewer to understand what people say to him/her. Also, difficulties that arise in situations that are sensitive can be overcome because the interviewer spends much time with the people he/she studies as they go about their daily activities for he/she can see the things which might not be reported in an interview. Further, participant observation makes it possible to check verbal statements against behaviour noting discrepancies, and creates awareness of distortions which are not likely to be discovered by the interview alone.

Combining methods (also referred to as "triangulation") is preferable because often no single method can provide sufficient information on the subject of study. Thus various methods are needed to complement each other, and to make sure that the information is as accurate and reliable as possible. Also, conflicting information can be sorted out by combining methods.

Strengths and weaknesses of key informant interviews

Strengths

1. They can be conducted by trained interviewers with relative ease.
2. They can be conducted during all phases of a study.
3. They are relatively inexpensive to undertake.
4. The interviewer has control over activities and is also the author of the research itself.

Weaknesses

- 1) They do not measure the frequency of the issue/event under study.
- 2) They do not observe actual behavior.
- 3) The informant/interviewer relationship can easily be confused with other relationships and roles which can create suspicion and resentment. For example, informants could be seen by others as a friend or employee of the interviewer.

Recording and analysis

Key informant interviews produce data that need to be recorded. These data are best recorded in a narrative form. They should be detailed and concrete, and distinguish between descriptions and interpretations for example, a description is: "The woman sleeps under a mosquito net and sprays the bedroom every morning". An interpretation is, "The woman practices anti-mosquito measures."

It is important to indicate in the notes whether something recorded is a description, quotation, feeling or interpretation. Analysis of all qualitative data requires much skill.

Briefly these are the procedures:

- a) group notes together under key points or topics.
- b) if cards have been used they should also be organized under topics and key points.
- c) if a notebook is used, cut and paste procedures can be used to group, or
- d) key-point codes can be written in the margin of the notes.

FOCUS GROUPS (K. Feyisetan)

Definition

Focus groups are group discussions that gather together people to discuss a specific topic of interest to the researcher. They capitalize on group dynamics and allow a small group of respondents to be guided by a skilled moderator into increasing levels of focus and depth on the key issues of a research topic. They are particularly helpful in answering questions of "how", "what" and "why".

Features of Focus Groups

- (i) Homogeneity of members with respect to certain characteristics of particular interest to the study.
- (ii) Group interaction is encouraged with a view to stimulating richer responses and allow new and valuable thoughts to emerge; that is, members are encouraged to disagree or agree as the case may be during discussion.
- (iii) Discussion should focus on a particular area of interest rather than on a large range of issues.

Purpose of Focus Groups

Focus Groups can be used:

1. As a tool to generate ideas or to explore an issue or behaviour category that is unknown and for which the researcher is not yet able to provide the specifics required to conduct a quantitative study.
2. As a preliminary step to aid in developing a quantitative study, to generate hypotheses from the views of the target population as they relate to the issue under study; to identify information needs for the quantitative study; to identify the characteristics of people to be interviewed in the quantitative study; to aid in the development of adequate question wording and sequencing; to assist in problem identification and definition; and to select and refine materials for a larger quantitative study.
3. As a means to understand the results of a quantitative study; to explain quantitative data, especially when there is an unexpected finding, and to explain some trends, for example, discontinuation in the use of ORT.

4. As a primary data collection method, as some research problems do not lend themselves easily to a quantitative approach.

When do we use Focus Groups rather than In-depth Interviews?

Focus groups should be used when:

- (i) it is desirable to have group interaction which is believed will stimulate richer responses or new and valuable thoughts.
- (ii) group/peer interaction will be valuable in challenging the thinking of respondents and illuminating conflicting opinions.
- (iii) subject matter is not so sensitive as to warrant respondents withholding information.
- (iv) a single subject area is being examined in depth.
- (v) enough is known of the subject matter to establish a meaningful topic guide.
- (vi) an acceptable number of relevant respondents can be assembled in one location, and
- (vii) quick turnaround is critical and funds are limited.

Techniques involved in Focus Groups

The techniques evolve from different moderating approaches.

A. Questioning Technique

- (i) Directive Moderating Approach - Questions are more focussed and as such restrict the range of responses that might arise.
- (ii) Non-Directive Moderating Approach - Questions are open-ended and unbiased. This approach encourages the emergence of respondents' honest feelings, minimizes moderator's influence and helps to eliminate later confusion in summarizing what was said in the group.

B. Focus Group Flow

- (i) Structured Focus Group - With this approach, the moderator works from a prepared topic guide that contains the issues to be addressed and the specific areas for probing. The topic guide ensures that all relevant issues are covered. Structured focus groups are readily compared across a series of groups.
- (ii) Non-Structured Focus Groups - The moderator works with a sketchy topic guide. The participants themselves largely determine the content and flow of the group.

The structured moderating approach with a non-directive style is usually recommended in focus groups. However, some degree of flexibility in the flow of conversation is encouraged.

Key Steps in Conducting Focus Group Discussions

1. Define the subject matter - The research objectives must be clearly defined and all aspects of the problem must be identified and understood.

2. Determine the adequacy of focus groups in meeting the research objectives. Are there other methods that can better meet the research objectives?

3. Identify the respondents.

4. Establish homogenous groups based on the critical respondent variables

4.a Determining the focus group composition

Depending on the problem, consideration should be given to certain respondent variables of interest in setting up groups.

4.b Selection of participants

Participants should be purposively selected and selection should be based on ability to provide desired information. Recruiting or screening questionnaire may be developed to ensure that selected individuals meet the group requirements.

4.c Determining the number of groups needed

The following guidelines have been suggested for setting the number of focus groups needed:

1. Conduct as many groups as required to reach the point when the information obtained is becoming repetitive and no longer new.
2. Conduct groups in each geographic region where differences are felt to exist in the research issues of interest.

4.d Determining the size of the group

The purpose of the group should be a major determinant of its size. The traditionally accepted size is usually between eight and ten respondents, but it can be smaller depending on group purpose. A group is considered too large if it exceeds twelve people.

4.e Why is a large group undesirable?

1. There is a restriction on the speaking time of each participant. Depth of expression is inhibited and dominant or submissive relationships are encouraged.
2. The moderator is forced into a more directive role.
3. Some members get frustrated or dissatisfied because of their inability to get a turn to speak. This situation could lead to lower quality and quantity of output.
4. The tendency of side conversations between participants increases.
5. Select the focus group moderator and the rest of the team according to their ability to:
 - (i) communicate well in the local language;
 - (ii) feel at ease and comfortable with other people;
 - (iii) put others at ease;

- (iv) project enthusiasm, unconditional regard and acceptance of others;
 - (v) convey warmth and empathy;
 - (vi) conceptualize and think through contingencies.
 - (vii) listen and not threaten or intimidate others.
6. Select supporting materials for the group discussion- tape recorders, cassette tapes, notebooks, pens, pencils, etc and ensure that they are available before the meeting date.
 7. Determine the group setting. The following points should be taken into consideration when selecting the meeting place:
 - (i) privacy for the group participants - a place where participants can talk without observation by others not in the group is usually preferred;
 - (ii) the setting should be comfortable - not too hot nor too cold;
 - (iii) a quiet environment where it is easy to hear what the participants say;
 - (iv) easy accessibility to participants;
 - (v) environment should not be threatening - e.g low income participants should not be gathered together in high income residential zones;
 8. Select the date, time and desired length of each group session.
 9. Develop the topic guide.
 10. Conduct the focus group. The following points should be taken into consideration when determining the seating arrangement:
 - (i) Avoid designating status in the seating arrangement;
 - (ii) Make it possible for the moderator to have good eye contact with all participants;
 - (iii) Seat participants in a circle and in sight of the moderator and all other participants
 11. Analyze and interpret findings. Analysis could be done with an appropriate computer package, e.g. Textbase Alpha.

When to use focus group discussion

1. When group interaction is desirable for richer data.
2. When group pressure is valuable to challenge thinking of respondents and illuminate conflicting opinions.
3. When subject matter is not too sensitive.
4. When a single topic is examined in depth.

5. When enough is known about a topic to create a guide.
6. When an acceptable number of respondents can be gathered.
7. When quick results are needed and funds limited.

Strengths of focus groups

1. They produce a lot of information far more quickly and at less cost than individual interviews - be it in-depth or structured.
2. They are excellent for obtaining information from illiterate respondents.
3. When used to explore relatively simple issues, focus groups can be managed by people not trained in qualitative research methods.
4. The researcher can be present at the session which allows follow-up of responses if required.
5. They enable researchers to discover attitudes and opinions that may not necessarily be revealed in a survey questionnaire.

Weaknesses of focus groups

1. Results from focus groups cannot usually be used to make statements about the wider community; although results indicate a range of views and opinions, they do not indicate distribution of responses.
2. Participants may agree or disagree from fellow group members for different reasons; hence caution is required when interpreting the results.
3. An inadequately trained moderator can force participants into answering questions in a particular way; unless adequately managed, one or two vocal individuals may dominate the discussion.
4. Focus groups may be inadequate when exploring very sensitive issues; they also have limited value in exploring complex beliefs of individuals.
5. Focus groups can present a picture of what is socially acceptable in a community rather than what is really occurring or believed.
6. Results are harder to analyze than individual interviews.

OTHER GROUP INTERVIEWS (C. Vlassoff)

Not all group interviews are focus groups. Other kinds of group interviews can be conducted in group settings such as mothers' clubs, in tea shops, discussions with women at a place where they wash clothes, or political gatherings. Participatory group interviews are helpful to give the researcher a clearer idea of something that is common community knowledge. Examples are mapping of resources, residences, socioeconomic status of various households, diseases, etc. These can be done with the participation of community members. Also calendars using local materials can be used to place important events, labour patterns or the prevalence of vectors, for example, in a seasonal distribution. Sometimes piles of stones may be used to illustrate quantities in non-numerate populations. Also, they may be used to create time lines of events, in order to estimate times or people's ages, or to recreate the history of an area.

Strengths of group interviews

1. They are easier to organize than focus groups.
2. Discussion is more natural.
3. Can be interesting for participants, particularly the participatory kind.

Weaknesses of group interviews

1. They are less systematic in participant selection, and inter-group comparisons can therefore be difficult.
2. Participatory group methods may raise expectations, and are therefore mainly recommended when an intervention to help the area/community is planned.

When to use group interviews

1. To obtain general information.
2. To participate in local discussions.
3. To learn about current events (e.g. in tea shops).
4. To understand local activities (e.g. mothers' clubs, political events).
5. To observe "natural" social patterns.

CASE HISTORIES AND NARRATIVES (B. Obrist van Eerwijk)

1. Case Study

Definition: In a broad sense we speak of qualitative case study research in contrast to quantitative survey research. Qualitative case study research explores specified problems in their context to gain a holistic and in-depth understanding. Quantitative survey research assesses the distribution of established determinants or variables and measures their relationships cross-sectionally or longitudinally.

In a narrow sense the terms "case study" or "case history" are used to refer to the detailed analysis of:

- a special set of circumstances
- particular people
- a peculiar situation
- a short episode, and
- a series of developments.

Purpose

Case studies are used in data collection, analysis and presentation.

In data collection cases serve as clues for further exploration, as stimulus for eliciting opinions and variation, as pieces of the puzzle, and as guides in the investigation of processes and changes.

In data analysis cases are used for gaining insight into the ways people think and behave, for

understanding the logic of events, episodes and developments, for the reconstruction of reality and the contextualization of particular events.

In data presentation cases provide compelling illustrations of important points about a culture or a society, they give life to general descriptions and serve as evidence for hypotheses and interpretation.

Type of information sought

The unit of analysis in a case study ranges from an ethnic group to a village, family or particular person or illness episode, depending on the research topic.

The following list of research topics is not exhaustive; it merely illustrates the wide range of health-related topics which can be investigated with a case study approach, moving from larger to smaller units of analysis.

- systems of beliefs and values relating to health and illness in an ethnic group
- local perceptions of a particular disease in a geographical area
- gender differences in the accessibility to health services in a district
- changes in cultural models of a particular disease over time
- diagnostic methods used in a community
- a series of particular illness episodes and associated health behaviour
- differences between individual and cultural understanding of an illness in a given community
- differences between provider and user views of a disease
- the health situation of poor families in an urban slum
- intracultural variation of knowledge relating to a particular illness episode
- differences between user and provider views of one illness episode.

Techniques involved

In principle, every qualitative research method can be used in case studies, for instance:

- unstructured interviews
- semi-structured interviews
- structured interviews
- unstructured observation
- structured observation
- decision modelling, and
- network analysis.

The selection of the method depends on the research topic. Often, several methods are used simultaneously or sequentially to follow a particular case over time, especially during longitudinal field research.

Example

- The researcher has a conversation with several informants and hears by chance that a person has fallen ill (unstructured interview).
- A few hours later, the researcher sees that the patient is carried to the dispensary and, later on, back to her house (unstructured observation).

- Together with a sister of the patient, the researcher visits the patient in her house and asks about the illness history (participant observation, in-depth interview).
- Several relatives sit in front of the patient's house; the researcher joins them and elicits their views on the illness episode (group discussion).
- The next morning the researcher asks the patient's sister, one of her best informants, to tell her more about this particular case (key informant interview).
- The researcher visits the patient every afternoon and discusses the illness with the patient, relatives and other visitors (structured observation, interviews).
- One of the key informants tells the researcher that the wise men have agreed to meet the following night to search for the cause of this illness and tells her what might happen during this ritual (unstructured interview).
- After the cause of the illness has been divined, a public healing ritual is held and the researcher is able to record it (participant observation, interviews).
- During the next weeks the researcher hears various rumours what might have been other causes of this illness episode (unstructured interviews).

Selection of Informants

The sampling techniques and the selection of informants depends on the research question and the method(s) chosen for a particular case study. The reader is referred to the relevant sections in this report.

Strengths of Case Studies

The case study approach in the broad and the narrow sense yields very rich data. It is particularly useful:

- to explore new fields of investigation
- to elicit meanings, views and the logic underlying behaviour
- to investigate processes, changes and developments over time
- to collect, analyze and present detailed and in-depth data on particular problems
- to contextualize events, situations, and processes.

Weaknesses of Case Studies

- they do not provide numerical descriptions for statistical analysis
- they do not yield cross-sectional "hard" data on the distribution of certain characteristics and the relationships between them
- the results produced cannot be generalized to large populations
- they require a high level of cooperation and trust on the part of the informants
- they are time-intensive and call for follow-up.

2. Narratives

Definition: Narratives are word-by-word records of informants' statements.

Purpose

Narratives provide authentic evidence. On one hand, they provide direct insights in the ways individuals think about and experience life; on the other hand, narratives show how stories shape and give meaning to human experience.

Type of information sought

In health research narratives are collected on a wide range of topics, for instance on:

- concepts of illness causation
- the process of health-seeking
- clinical events
- the experience of pain
- body images and local concepts of anatomy and physiology
- personal experience of patient-healer-interactions
- particular illness episodes
- differences in patient and healer perceptions of health and illness
- perceived health problems in a community
- the cultural shaping of new diseases such as AIDS.

Techniques involved

Narratives are collected by qualitative interview techniques including unstructured and semi-structured interviews, in-depth and key-informant interviews and group or focus group discussions. Note that narratives have to be recorded in the exact words of the informant(s).

Selection of informants

The sampling techniques and the selection of informants depends on the research question and the method(s) chosen for a particular case study. The reader is referred to the relevant sections in this report.

Strengths of Narratives

The strengths of narratives are that they:

- yield vivid and rich data
- give authentic evidence of individual experience
- show how new meanings are created to deal with changing realities
- follow the logic of the informant
- lead to new areas of investigation.

Weaknesses of Narratives

The weaknesses of narratives are that they:

- require excellent rapport between interviewer and informant
- yield highly individualistic accounts which do not lend themselves well for large-scale comparison
- produce textual data which are not suited for numerical analysis
- do not lead to scientific generalizations for large populations.

3. Examples of Case Histories and Narratives

Case history

Her fourth child, now an eight-year-old boy, had been emaciated when he was a baby. The nurses told her to take him to the health centre, where she was taught to feed him with milk made from dried cow milk, and the nurses treated him. He put on some weight, they returned to the village, and he lost it again. This went on and on, she was always moving back and forth between the village and the health centre. Finally, the village elders decided to make a divination and found that a certain men's cult spirit caused this illness. They collected secret substances belonging to this men's cult spirit, put them into a coconut shell, added water, heated a stone in the fire, dropped it into the coconut shell, and let the steam cover the body of the ill child to take away the illness. It worked, she said; ever since he received this local treatment, the boy has grown well.

Comment: This is an example of a case history recorded during several in-depth interviews and presented as a coherent text in the words of the researcher.

Narrative

"The bush spirits live their own life on the same ground as human beings. In dreams, they appear as men and women, and you can ask their names. They take you along to their feasts, as it happened to Kambahe with the bush spirit Jaimo, you know the story. In our language we say: "Masikome ahninga orhinga osu ira ("Soul, mine, and, his, and, they went)". When you see them with your eyes, male bush spirits look like big snakes, female bush spirits look like land crabs; only one female bush spirit appears as a snake."

Comment: This is an example of a narrative recorded during a single key informant interview and presented as a faithful translation of the informant's words.

Although case study research in its broad and narrow sense and the collection of narratives are as old as qualitative research, most books on field methods do not mention them explicitly. (These examples were collected during Dr Obrist van Eeuwijk's own field research.)

When to use case studies

1. To gain an in-depth understanding of specific topics in context.
2. To emphasize or clarify general findings.
3. To present data in an interesting and vivid fashion.
4. To highlight the experience of exceptional individuals or episodes.

When to use narrative analysis

1. When a detailed account of a person's experience is required in their own words.
2. To emphasize or clarify general findings.
3. To highlight the subjective experience of an individual.

ROLE PLAY (H. Mwenesi)

Introduction

Role play or socio-drama is a theatrical way of portraying desirable and/or undesirable behavior. The purpose of using drama or role playing as a method to gather data is especially useful for sensitive subjects, and for giving people a chance to "mirror" themselves without embarrassment. This is especially useful for focus group discussions, where members express themselves and appreciate their own and other people's abilities.

When and where useful

This technique and others such as story telling, pictures and drawings, generate information from the people involved. It also facilitates the step from learning to action naturally and easily. Role play is one technique used frequently in 'participatory research'. Participatory research is defined as a systematic learning process in which people's involvement is sought in initial decision-making, planning, implementation, summary and analysis; and more importantly, in the use of research.

To succeed, the facilitator must be skilled. The activities in a drama express ideas, feelings, experiences, perceptions, hopes, concerns, problems and constraints with respect to the subject matter. For example, a group of participants can mount a drama on violence in homes. This may portray and enable the discussion of private beliefs and feelings without being threatening. Role play is especially useful for mobilization of people where an intervention is planned.

Techniques involved

The role play should be concise and should take 15-20 minutes to portray key activities around a given subject. When choosing situations to be illustrated in socio-drama, participants are reminded of the need to focus on common situations, not rare or accidental ones.

Discussion

A set of five questions can be used to guide discussion of the socio-drama:

- What did you see?
- What was **happening**?
- Does this happen in **our situation**?
- **Why** does this happen?
- What can we do about it?

These questions do not need to be rigidly followed as it is important to ensure that activities are interactive and participative.

These five questions are also useful for initiating discussion from pictures and illustrations. They have been successfully used in Community-Based Health Care (CBHC).

2. When using role play, do not describe the drama to the audience before it starts but give a short description ie "Please watch this play. A group of investigators are meeting with villagers".

Example 1:

We need to mobilize a community to use bed-nets to protect themselves against insect-bites (including mosquitoes) but not all people are convinced that mosquitoes have anything to do with malaria. Some

take up the use of bed nets; others do not. Three months later, the investigator makes a visit to households and is shocked that still many people are sleeping without bed nets.

3. The facilitator discusses the situation with the group, using the following steps:

a) Review the role play with these questions.

"What did you see?"

"What is happening?"

"Do you know of situations which are the same?"

"Why does this happen?"

"What can we do about it?"

b) Concentrate on the cause of the problems, using questions such as "why do you think people continue to sleep without bed nets?" "If they had no intention of using the nets, why did they agree to purchase them?"

4) Divide the members into three groups and set the task: What should an (investigator) implementor do to mobilize the community so that they will:

a) Either make or purchase bednets

b) Use them

c) Maintain them etc.

5) Have each group report back. Combine all the same suggestions.

Example 2

This is a lesson on root causes of problems.

1) Prepare one man to stand in front of the group with his arm hidden away under his shirt. The man stands without saying anything and without moving.

2) Ask the members, "What problem is the man suffering from?"

3) List all the answers without comment on the board (eg. lost an arm; cannot dress properly, etc.).

4) Ask, "How did you know what his problem is?"

5) Inform the participants that the man is suffering from scabies on his abdomen and that he has his arm inside his shirt so that he can scratch himself.

Conclusions:

Role Plays can be used to identify main problems that affect a community i.e. community diagnosis. The investigator discovers problems in the community through discussions with respondents in a group.

We cannot force people during mobilization for interventions. If we force them they may carry out the work but they are unlikely to be motivated to use and maintain the improvement or intervention. Convincing people takes a long time and many discussions.

Discussion:

1) Explain that the members decided on the man's problem by looking at him and that most guessed the

wrong answer.

- 2) Divide the members into three groups and set the task: What would be the best way to find out the man's problem?
- 3) Have each group report back. Note the main points. Divide the methods into those which require:
 - a) observation
 - b) asking individuals and small groups
 - c) group discussion
 - d) a more sensitive approach

After finding out what the problem is, it is important to find out how it affects individual people, the community or segments of the community. To continue, the man with scabies can be brought back and members asked why he has scabies. Ask why for each answer.

- 4) This leads to issues of solutions for each problem. The many solutions identified lead to prioritization of problems to be tackled first.

Prioritising on health is generally made according to:

- 1) How common is a problem? Is it a problem in one small part of the community only or does it affect a whole community?
- 2) How serious is the problem? Does it kill everybody? Does it leave people disabled all their lives? It may not kill but is it debilitating and a nuisance.

INTRODUCTION TO QUALITATIVE DATA MANAGEMENT: TEXTBASE ALPHA (K. Feyisetan)

STEPS IN USING TEXTBASE ALPHA

Textbase Alpha was developed to assist in organizing qualitative data for analysis. It is important to emphasize that this note is not a substitute for the Textbase Alpha manual. Rather, it is designed to highlight important steps without necessarily going through the manual before you can use Textbase Alpha for the first time.

Steps:

I. Entering your information through a word processor

The first step in using Textbase Alpha is to enter prose data from your in-depth interviews, focus group discussions, observation notes, or your semi-structured interviews onto the computer using a word processor. We shall refer to the information or notes as DATA and DATA ENTRY will be used to describe the process of entering the data with a wordprocessing programme. These data are saved in a file and each file must be given a unique name. It is important to emphasize here that, where feasible, all files should be entered in a unique subdirectory with a name associated with the study.

It is important to determine at the data entry stage whether or not you want a pre-structured coding. Unless there is any reason to do otherwise, pre-structured coding is recommended. For each segment of your data that describes a phenomenon, (could be a paragraph or a set of paragraphs) it is desirable to have a name (word) for the phenomenon being described. For instance, a segment of your data that

provides information on respondents' perceptions of stigma associated with suffering from a disease can be given a code name 'STIGMA'. If you have a series of open ended questions that are asked from respondents, question numbers can be used as code names. The code names must be determined ahead of time. Once the code name for each segment is determined, the code name or question number that serves as code name must be entered at the extreme left margin in order to have your data that follow associated with that code. That is, the code names must start from column 1, but data that follow must not start at column 1. You can use the indenting function of your word processor (e.g., F4 in Wordperfect) to achieve this. By protruding into the left margin the code name tells the programme where to begin a segment. The next code ends the previous segment. (To end a code without starting a new one, use something like "." to name the next segment.) If you would like the code to be more than one word, connect them with an underscore (e.g., "code_one" instead of "code one"). Code names can be no longer than 20 characters, or they will be truncated to 20 characters. (The manual incorrectly states 11 instead of 20).

Suppose we have the following question and answer:

Question: Where do people seek help when they have malaria attack?

Answer: Well, some people go the hospital...others go to the herbalist but honestly it all depends on what's available at the time...You know some people combine both orthodox and traditional medicine...

You can organize the response to question 3 under the topic of help seeking for malaria, coded "HS_MALARIA".

HS_MALARIA Well some people go to the hospital..others go to the herbalist but honestly.....You know some people combine both orthodox and traditional medicine...

TX_MALARIA To treat malaria we often...

Since the names "HS_MALARIA" and "TX_MALARIA" begin at column 1, the program knows that everything from "Well" to "medicine..." is part of the segment with a code name "HS_MALARIA". A new segment starts from where it encounters another word that protrudes into the left margin - in this case "TX_MALARIA".

It is advisable to have less than 80 characters per line if you want to see your data after they have been coded with Textbase Alpha. The programme will make a print-out in which the codes are visible in the margins. Your data will be cut off at the side if you do not leave enough space. You can have less than 80 characters per line by setting a wide margin on the right. Your word processor should allow you to do this.

II. Getting ready to use textbase alpha

Textbase Alpha will not process your data in the word processor form. You have to convert your data into ASCII documents. Your word processor should have a facility that converts documents into ASCII. Follow the instructions in your word processor (for example, in Wordperfect, press Ctr-F5,1,1). It is important to ensure that the word processor you will be using has a facility that converts documents into ASCII. ASCII text is a form of text that is free of different embedded formatting characters associated with word processors. A file in ASCII format can also be called a DOS text file. **It is important to emphasize that all those activities highlighted in the first step must be undertaken prior to ASCII conversion.** It may be useful to maintain separate directories for the data files in wordprocessing format and the ASCII format for use by Textbase Alpha.

Once you have your data converted into ASCII, you are ready to use Textbase Alpha. Thus, we are now ready to explore how the programme works.

Although you do not need a hard disk to work with Textbase Alpha, it is recommended that you work with a machine that has a hard disk. That way, you can create a special subdirectory for the programme and the data files that are already in ASCII format. It is much more convenient to have the programme in a directory such as C:\ALPHA, and your data files in a subdirectory of that, such as C:\ALPHA\[DATANAME]. The dataname should refer to this particular study. File names in that subdirectory should indicate whether they are focus groups, in-depth interviews, etc. (e.g., FG00#.ASC, ID00#.ASC...).

III. A. Loading textbase alpha

Get into the subdirectory where your data files reside. Assuming you are in the root directory of your hard disk and your data files reside in the subdirectory called "ALPHA\[DATANAME]", you will have to change to that subdirectory by typing: C:\>CD\ALPHA\[DATANAME] and pressing the ENTER-KEY.

Once you are in that subdirectory, load the programme by typing: "C:\ALPHA\ALPHA" and pressing the ENTER-KEY. The programme is loaded and the main "MENU" appears. The MENU enables you to select the task you want to perform next. A function key (F1 - F10) is associated with each of these tasks. Press the key corresponding to the task you want to perform. The first task is the creation/editing of a selection file and the function key corresponding to that is F2. To create or edit a selection file, Press F2 and then follow the instructions.

B. Creating a selection file

Once you have entered all your files, the names (**JUST THE NAMES**) of all the files must be entered in another file. This file is called a selection file and it is the file that tells the programme which data files you want to work with. Without the selection file, Textbase Alpha's retrieval procedures do not work. Although you have included the identification and selection variables in each file at the data entry stage, it is in this file that those variables are identified as identification and selection variables.

To create/edit a selection file, press the F2-key. A screen that appears is divided into two parts. Follow the instructions but note that: (i) you have to supply the name of the selection file (without an extension)-press the ENTER-KEY after supplying the name (ii) you have to supply the names of the data files - press the ENTER-KEY each time you type a name and extension, and you are prompted to supply the name of another data file. (You can have up to 100 file names.)

After typing the name of your last data file, just press ENTER-KEY without typing anything when you are prompted for another name. When you do that, a new box will appear on the screen, prompting you to enter the names of the selection variables¹. Selection variables enable you at the analysis stage to select only the files from which information is to be retrieved. For instance, a way of identifying source of data, where you have different sources (e.g FG, in-depth interviews, observation) is to include a variable that identifies the type of source. That variable may be called 'TYPE' and may be coded, for instance, as '1' for focus group interview, '2' for in-depth interview, and '3' for observation etc. Alternatively, you can use a two-character string variable, such as "FG" for focus group, "ID" for indepth interview, etc. In addition to the identification variable, other selection variables like sex, age, location, marital status, disease status, may be entered. The selection variables permit comparisons among subgroups of the data. Up to 15 selection variables can be used. Variable names must start with a letter but may contain digits. Each time you enter a variable name, press the ENTER-KEY and you are prompted to enter the name of another variable. After typing the name of your last variable (you can have up to 15 variables) press the ENTER-KEY without entering

¹ If you have no selection variable, press the Enter-key and you will be prompted to do one of seven things. Just save your data and exit the sub-menu by pressing the ESC-key.

a name and a new box that provides four alternatives on the order in which you want to enter the values of the variables appears.

You have to select the order in which you want to enter the values of your selection variables by pressing the corresponding function key. My own experience shows that it is much easier to do it one file at a time. That is, press F2. Note that the function keys are playing different roles in this sub-menu. After pressing F2, a box will appear with the file name and a variable name. The cursor will be positioned at the place where the value of the variable will be entered. After entering the value of the variable, Press the ENTER-KEY and the next variable will appear. Repeat this procedure until the values of all the selection variables in the file have been entered. Repeat the process for all the files.

Note that up till now, we have not talked about what to do when you make a mistake in entering either the variable name or the value of the variable. As much as possible, we encourage you to be very careful in entering your variable names and their values because your work is slowed down by wrong entries.

C. Making corrections within the selection file

You cannot correct a mistake immediately when you discover it if you are in the "SELECTION FILE MENU". You have to follow the same procedure to correct mistakes in file names, variable names and variable values. First, you make a note of your mistakes with the intention of coming back to correct them. For file names, make a note of the wrong names you have entered and for variable names note the serial numbers of the wrong variable names. Secondly, you have to get into a sub-menu with the following options: "help", "add file", "remove file", "add variable", "remove variable", "verify/correct variable values" and "save data and exit". If you are in the "SELECTION FILE MENU", you get into this sub-menu automatically after entering the variable names and their values for all the files. If you are in the main menu, you have to press F2-key and react to the prompts that follow by pressing the ENTER-KEY without entering a variable name/value. Do this until you get to the sub-menu with these options. Thirdly, on getting to the sub-menu, select "ADD File / VARIABLE" to correct file or variable names and "REMOVE FILE" / VARIABLE" to delete variables with wrong spellings. To remove a file (or variable), all you have to do is to enter the number of the file/variable. Immediately you add a variable, you will be prompted to enter its values for each of your files. It is, therefore, important that you make corrections of file names before preceeding to corrections of variable names and values.

D. Coding pre-structured files

Remember that your data are already pre-structured by having some code names that protrude into the left margin. Up to this stage TextBase Alpha does not recognize the words that protrude to the left margin as code names of segments. We have to go through a process that tells it that anything that protrudes to the left margin is a code name and that is what we want to do now. To do an automatic coding of the files, press F3 from the main menu and react to the prompts that follow.

If you want to see the hidden codes in the text, you can do so by using the F10-key from the main menu.

E. Segmenting and coding files in an unstructured mode

This process allows you to code the text in a file around certain themes (or concepts) that are pertinent to your study. All parts of the text that pertain to the same theme (or concept) are given the same code name. Unlike pre-structured coding, text in different segments of the data (or text) can be given the same code name if they relate to the same theme (concept) and a part of the text can be given different code names if it relates to different themes or concepts. It should be noted that you can "handcode" any data file at any time, whether it is part of a selection file or not, whether it has margin codes in it already or not. The important thing is that the themes (or concepts) must be specified in exactly the same way each

time they are used (e.g., including upper and lower case).

Pressing F4-key from the main menu allows you to hand-code your data file. A screen that is divided into two parts appears once you supply the name of the file to be coded. The upper part shows the text of the file. The lower part is subdivided into two parts: the right hand side provides information on the location of the cursor (in the text) and the left hand side gives the name of the file (which remains constant until you have finished working with the file) and a space to put the code name of a coded segment. You use the INSERT-key to mark the beginning and end of a segment to be coded. Immediately you press the INSERT-key to mark the end of a segment to be coded, the computer prompts you (on the left hand side of the lower portion of the screen) to supply the code name. If you want to give another code name to the segment you have just coded (because it is related to another theme or concept), just press the F4-key and you are prompted to give the new code name. You can do this as many times as the number of code names you have for this segment. Repeat this process until all relevant segments of the file have been coded. You cannot have more than 500 codes in a file and a code may have no more than 20 characters. Be consistent with capitalization; religion is not the same as Religion or religion.

You can work with one code at a time (fixed code) or code according to the occurrence of particular words in the text. When you want to work with one code at a time, press the F5 key when your cursor is anywhere on the text screen and you are prompted to supply the code name you want to work with. You can now go through your text to mark the beginning and end of each segment that relates to that code with the INSERT-key. The code remains fixed until you use the DELETE-key to remove it. Repeat the process for another code.

If you wish to search for particular word(s) while coding, place the cursor at the beginning of the text and press the F3-key. The bottom bar will invite you to type the "search text". Press the ENTER-KEY as soon as you finish typing the "search text". The cursor will jump to the place where the word was found. You can now code the segment. If you wish to continue the search for more occurrences of the same word, press the F3-key again and hit the ENTER-KEY.

All information about the coded segments is saved automatically in a special file, the catalogue file. It retains the name of the file you are working with but with the extension "KAT".

F. Reviewing, correcting and changing data segmenting and coding.

You can review the codes by pressing either the F10-key (from the main menu) or F2 while still in the process of coding. The displays from the two approaches differ from each other. On pressing F10 from the main menu, a list appears on the screen with all files with a ".KAT" extension. When you type the name of the desired file, Textbase Alpha asks you to indicate how you wish the coded file handled: sent to the printer by pressing the ENTER-KEY; create an ASCII file by indicating the name of the file under which the output should be stored. The advantage of making an ASCII file is that you can import it into your word processor and make new print-outs at any time, or even edit the file to show it in your research report.

When you use the F2 option (while still in the process of coding) your screen is replaced by a list that indicates: (i) the serial number of the code; (ii) the starting point (in row and column) of the coded segment; (iii) the end point (also in row and column) of the coded segment; and (iv) the code name. This list is called the coding list. You can perform so many tasks when operating from within the coding list. To know what you can do in that sub-menu, press F1². To get back to the full data text, press F2. You can make changes in your codes when operating from within the coding list. You can delete codes (using the DELETE-key) and you can add codes (by pressing

² You can press F1 in any sub-menu when in doubt about what to do next. This provides a help menu.

F4). All you have to ensure is that the cursor is at the line that contains the code and associated segment before pressing either the DELETE-key or F4. Use the combination of these two to make corrections when there are spelling errors in your code names.

G. Retrieving coded segments from files

Press F5 from the main menu and respond to the prompts that follow. If you press the ENTER-KEY without typing a name when asked to give the name of an output file, the output is sent to the printer. Once Textbase Alpha knows where you want the results of the retrieval to go, it needs to be told which coded segments to search. As a result, it provides a box in which you are asked to enter the names of the codes. This box appears immediately when you press the ENTER-KEY after entering the output file name

In order to retrieve segments for all codes from all files (if there are many codes), it is better to prepare a list of all codes with the word processor. Type one code name per line and convert this into an ASCII file. Instead of supplying the names of codes to be retrieved, just press the ENTER-KEY, and you will be prompted to give the name of the file with the code names. Give the name of the file, and all codes will be searched automatically.

Make up your mind whether you want to retrieve coded segments from the entire dataset or just a part of it. Use the selection variables if you want to retrieve coded segment from a selected file or a group of files. Whatever you decide to do, you will have to press F5 from the main menu to start the retrieval of coded segments.

When you press the ENTER-KEY after giving the names of codes to be retrieved, you are prompted to specify criteria for selection of files. Enter the selection criteria only if you want to retrieve codes from files with specified values of the selection variables. The selection criteria are entered by setting logical conditions for the values of the variables. F1 provides a help screen for syntax.

Each retrieved segment is separated from the next one by a dotted line.

H. Obtaining lists and frequency counts of words and of codes

An indicator of the emphasis placed on certain concepts may be the number of times they occur in your data. Textbase Alpha can show you the number of times certain codes or words appear in your text. You can examine the frequency counts for the entire dataset or by subgroups.

To obtain Frequency of codes, select the 'count codes' module from the main menu: F7. Type in the name of the selection file for which you want the count. Follow the instructions.

To obtain Frequency of words, select the 'count words' module from the main menu: F6. Type in the name of the selection file for which you want the count. Follow the instructions. Bear in mind that errors in spelling may affect the frequency of certain words.

I. Preparing retrieval results for transfer to a statistical analysis **package : SPSS**

F8 in the main menu allows you to import your numbers into SPSS. It also provides a count of the number of lines of each code for each file, as well as the frequency of codes for each file.

APPENDIX A-I
QUALITATIVE METHODS WORKSHOP
IFAKARA, TANZANIA, APRIL 11-29, 1994

AGENDA

Monday, April 11

11:00	Depart for Ifakara
19:00	Arrival in Ifakara

Tuesday, April 12

Morning (8:00-12:30)

Welcome to Ifakara: A. Kitua

Official Opening: Pl Kangwa, District Commissioner, Kilombero District

Administrative arrangements: C. Pervilhac and J. Lyela

Background to workshop

Introduction of participants and short statement of expectations from workshop

Proposed agenda: C. Vlassoff

Introduction to Qualitative Research Methods: M. Weiss

Purpose

Using qualitative methods exclusively

Combining qualitative and quantitative research methods

Menu of available methods

Handling data from qualitative and quantitative research

Clarifications and Discussion of Introduction to Qualitative Research Methods

Afternoon (14:00-16:00)

Discussion of readings on Ifakara area and possible themes for Week 2 field work

Detailed discussion of agenda for workshop

17:00-18:00 PLENARY

Introduction to area (A. Kitua)

Presentation on local health issues by P. Kangwa

Discussion of presentation and questions raised

Wednesday, April 13:

Semi-structured interviews and In-depth interviews

Morning (8:00-12:30)

Introduction to semi-structured interviews: M. Weiss

Purpose

Designing semi-structured interviews

Type of information sought

Selection of respondents for semi-structured interviews

Strengths and weaknesses

Distinction between semi-structured and in-depth interviews

Semi-structured interviews as a complementary method to other research techniques

Introduction to Qualitative Data Management: Textbase Alpha: M. Weiss and K. Feyisetan

Afternoon (14:00-16:00)

Introduction to In-depth Interviews: A. Kumar

Purpose

Techniques involved

Type of information sought

Selection of respondents for in-depth interviews

Strengths and weaknesses

Distinction between key informants and in-depth interviewees

In-depth interviews as a complementary method to other research techniques

Clarifications and Discussion of In-depth interviews

17:00-18:00 PLENARY

Presentation on local health issues by F. Lwila, D.M.O., Kilombero District

Discussion of presentation and questions raised

Thursday, April 14:

Observation and Key Informants

Morning (8:00-12:30)

Introduction to Observation Techniques: C. Vlassoff

Purpose

Participant observation

Non-participant observation

Techniques involved

Examples of studies using observation

Strengths and weaknesses

Observation as a complementary method to other research techniques

Clarifications and Discussion of Observation methods

Simple observation exercises

Thursday, April 14:

Afternoon (14:00-16:00)

Introduction to Key Informants: H. Mwenesi

Purpose

Who are key informants?

Selection of key informants

Type of information sought

Strengths and weaknesses

Key informants as a complementary method to other research techniques

Clarifications and Discussion of Key Informant method

17:00-18:00 PLENARY

Presentation on local health issues by Mrs. G. Lubomba, MCH Coordinator, Kilombero District

Discussion of presentation and questions raised

Friday, April 15:

Group interviews and other methods

Morning (8:00-12:30)

Introduction to Focus Groups: K. Feyisetan

Purpose

Type of information sought

Techniques involved

Selection of respondents for focus group discussions

Strengths and weaknesses

Distinction between focus group and group interviews

Focus groups as a complementary method to other research techniques

Group Interviews: C. Vlassoff

Purpose

Techniques involved

Type of information sought

Discussion and clarifications of group interviews and focus group

Afternoon (14:00-16:00)

Introduction to case histories and narratives: B. Obrist

Purpose

Type of information sought

Techniques involved

Selection of respondents for case histories and narratives

Case histories and narratives as a complementary method

Discussion and clarifications of case histories and narratives

17:00-18:00 PLENARY

Presentation on local health issues by 2 teachers from Kikwawila Village
Discussion of presentation and questions raised

Saturday, April 16:

Morning (8:00-10:00)

Introduction to Role Play: H. Mwenesi

Purpose

When and where useful

Techniques involved

Role play as a complementary method

Discussion and clarifications of role play

10:00-11:00

Introduction to free listing: A. Kumar

Purpose

When and where useful

Techniques involved

Free listing as a complementary method

Discussion and clarifications of free listing

11:00-13:00

Led by H. Mwenesi

Identification of four main research questions for fieldwork

Discussion of plans for Week II

Selection of small groups for fieldwork

Assignment of group preparatory work for fieldwork

Saturday Afternoon and Sunday, April 16-17:

Small group preparations for fieldwork

Sunday Evening:

Feedback to plenary of small group work

Discussion and finalization of instruments

Monday, April 18 - Thursday, April 21

Fieldwork (Should be considered as a pre-test of instruments)

Each day one small group, accompanied by one resource person, will have a practical session using one of the following techniques: observation, in-depth interviews, semi-structured interviews and focus groups, complemented by the other methods, where possible. Each day one topic identified for investigation will be the focus of data collection. Fieldwork will last up until approximately 4 p.m., after which the groups will get together in plenary to compare their results. In the evenings data will be entered into the computer on at least a few key areas on which data was collected.

Friday, April 22

Morning (8:00-12:30)

Plenary: Data cleaning, entry and report planning

Introduction and demonstration of Textbase Alpha: M. Weiss and K. Feyisetan

Afternoon (14:00-18:00)

Plenary: Progress and problems, if any

Data analysis

Saturday, April 23

Morning (8:00-12:30)

Plenary: Progress and problems, if any

Continuation of data analysis

Sunday, April 24

OPTIONAL EXCURSION

Monday, April 25, Tuesday, April 26 and Wednesday, April 27

Plenaries at 8:00 and 15:00: Progress and problems, if any

Continuation of data analysis

Thursday, April 28

Morning

Plenary: Discussion of final report - what remains to be done

Afternoon

Report writing to be shared by teams

Friday, April 29

Morning

Plenary: Feedback to plenary and local officials

Discussion

Afternoon

Finish report on findings

Closure of workshop

Group dinner

Saturday, April 30

8:00

Leave for Dar-es-Salam

APPENDIX A - II

TDR/WHO QUALITATIVE METHODS WORKSHOP Ifakara, Tanzania, 11 - 29 April 1994

Participants

Mr Collins Ahorlu
Noguchi Memorial Institute
for Medical Research
LEGON / Ghana

Mr Moses Aikins
Department of Public Health & Policy
Health Policy Unit
London School of Hygiene & Tropical Medicine
Keppel Street
LONDON WC1E 7HT / England

Dr William Kwadwo Asenso-Okyere
University of Ghana
Institute of Statistical,
Social and Economic Research,
LEGON / Ghana

Dr Moses J. Bockarie
Institute of Medical Research
P.O. Box 378
MADANG / Papua New Guinea

Mrs Muriel Harris
Society for Women and AIDS in Africa
30A Wallace Johnson Street
P.O. Box 603
FREETOWN / Sierra Leone

Dr Athula B. Herath
Malaria Research Unit
Department of Parasitology
University of Colombo
Faculty of Medicine
P.O. Box 271
Kynsey Road
COLOMBO 8 / Sri Lanka

Dr. Leykun Jemaneh
Associate Professor and Head
Dept of Microbiology and Parasitology
Faculty of Medicine
Addis Ababa University
P.O. Box 9086
ADDIS ABABA / Ethiopia

Ms Margaret M. Kitonga
African Biodiversity Institute
A.A.C.C. Building, Waiyaki Way
P.O. Box 14126
NAIROBI / Kenya

Mr J.H. Ranjit Kumar
Community Health Department
Christian Medical College
VELLORE 632 002 / India

College of Public Health
University of the Philippines
625 Pedro Gil St., Ermita
P.O. Box EA-460
MANILA 1000 / The Philippines

Mrs. Euphemia T. Massamu
Preventive Department
Malaria Unit
Ministry of Health
P.O. Box 3855
DAR ES SALAAM / Tanzania

Ms Maria Bernarda Meneghini
Centro de Estudios Sanitarios y Sociales
Asociacion Médica de Rosario
Espana 401
ROSARIO 2000 / Argentina

Ms Hayet Moussa
Ministère de la Santé Publique
Direction des Soins de Santé de Base
28 rue Cyrus le Grand
Lafayette 1002
TUNIS / Tunisie

Mr Martin Mushanga
Tropical Diseases Research Centre
P.O. Box 71769
NDOLA / Zambia

Dr J.K. Nguma
Institute of Public Health
Muhimbili University College of Health Sciences
P.O. Box 65015
DAR ES SALAAM / Tanzania

Prof. (Mrs) Adetanwa I. Odebiyi
Head, Department of Sociology and Anthropology
Obafemi Awolowo University
ILE-IFE / Nigeria

Dr E.B.L. Ovuga
Department of Psychiatry
Faculty of Medicine
Makerere University
P.O. Box 7072
KAMPALA / Uganda

Ms Denise Vogel
Route de la Douane
Sauverny 01220 / France

Observers

Mrs. Christine Hatz
University of Basel / Switzerland
c/o Swiss Tropical Institute

Mr. Charles Mayombana
Morogoro Schistosomiasis Project
Morogoro / Tanzania

Mr Cyril Pervilhac
Project Coordinator
Ifakara Centre, c/o NIMR HQs
PO Box 9653
Dar-es-Salaam / Tanzania

Resource People

Dr Kale Feyisetan
Dept of Demography and Social Statistics
Obafemi Awolowo University
ILE-IFE / Nigeria

Dr Anu Kumar
Human Reproduction Programme (HRP)
WHO, Av. Appia
1211 GENEVA / Switzerland

Dr Halima Mwenesi
Kenya Medical Research Institute
Medical Research Centre
P.O. Box 20752
NAIROBI / Kenya

Dr Brigit Obrist van Eeuwijk
Ethnologisches Seminar
der Universität Basel
Münsterplatz 19
4051 BASEL / Switzerland

Prof Marcel Tanner
Swiss Tropical Institute
Dept of Public Health and Epidemiology
Socinstrasse 57
P.O. Box
4002 BASEL / Switzerland

Dr Carol Vlassoff
TDR/WHO
1211 GENEVA 27 / Switzerland

Dr. Mitchell Weiss
Clarke Institute of Psychiatry
University of Toronto
250 College Street
TORONTO Ontario M5T 1R8 / Canada

APPENDIX B

LIST OF POSSIBLE RESEARCH TOPICS

1. The impact of cost-recovery on utilization of health services.
2. Evaluation of the effectiveness of the village Health Committee.
3. Problems associated with seasonal flooding.
4. Problems and issues related to migration.
5. Community attitudes towards literacy and education, especially as related to teenage pregnancy.
6. Community perceptions of health needs and quality of health services.
7. The impact of water supply on schistosomiasis and other diseases.
8. Agricultural economics and nutrition.
9. Quality of health services from the perspective of the population.
10. Community's perception of previous research and its impact.
11. Completeness of EPI coverage.
12. Women's perceptions of the risks associated with pregnancy and childbearing.
13. Perceptions of structure and quality of services from the perspective of health staff.
14. Female client and health provider interaction.
15. Attitudes and practices towards home delivery.
16. Direct and indirect costs of MCH services.
17. Cultural ideas and values related to pregnancy.
18. Changes in the perception of gender roles and workload.
19. Parents views on school dropouts.
20. Reasons for dropping out or staying in school.
21. Factors associated with school attendance.
22. Impact on children and parents of school based health education.
23. Effects of teenage pregnancy.
24. Evaluation of adult education program.
25. Water contact patterns.

ORGANIZATION OF POSSIBLE RESEARCH TOPICS

I. Health Services

- A. The impact of cost-recovery on utilization of health services.
- B. Evaluation of the effectiveness of the village Health Committee.
- C. Community perceptions of health needs
- D. Quality of health services.
 - D1. Quality of services from perspective of the community.
 - D2. Quality of services from perspective of health staff.
 - D3. Female client and health provider interaction.
- E. Maternal and child health services.

II. Environmental Factors and Health

- A. Problems associated with seasonal flooding.
- B. Problems and issues related to migration.
- C. Water contact patterns.
- D. The impact of water supply on schistosomiasis and other diseases.

III. Education

- A. Parents views on school drop outs.
- B. Reasons for dropping out or staying in school.
- C. Factors associated with school attendance.
- D. Impact on children and parents of school based health education.
- E. Community attitudes towards literacy and education, especially as related to teenage pregnancy.
- F. Evaluation of adult education program.

IV. Food and Nutrition

- A. Agricultural economics and nutrition.
 - A1. Consumption of locally brewed beer.

V. Impact of Research

VI. Pregnancy and Childbearing

- A. Women's perceptions of the risks associated with pregnancy and childbearing.
- B. Attitudes and practices towards home delivery.
- C. Direct and indirect costs of MCH services.
- D. Cultural ideas and values related to pregnancy.
- E. Effects of teenage pregnancy.

VII. Gender Roles and Workload

- A. Changes in the perception of gender roles and workload.

APPENDIX C-I

EXAMPLES OF INSTRUMENTS DEVELOPED FOR FIELD WORK

SEMI-STRUCTURED INTERVIEW

TOPIC 4: PROVIDER PERSPECTIVES ON HEALTH SERVICES AND UTILIZATION

DEMOGRAPHICS

TIME START: _____

1. Working Village: _____ Place of Res: _____

2. Name: _____ Sex: _____ (M/F) Age: _____

3. Prof Status: _____ *

1=Trad Hlr 2=Med Asst 3=Nurse 4=Other

4. Marital Status: _____ *

Code: 1=Single 2=Married 3=Widowed 4=Other

5. General Education: _____

Pri (Std Compl): _____ Sec (Form Compl): _____ Adult (Yrs
Attended): _____

6. Prof Training: _____

7. Years Working in this Village: _____ (Yrs) * _____

PROVISION OF SERVICES

8. "How many days a week do you see patients?"

_____ *

Number of days

9. "What are your working hours?"

_____ *

Number of hours

10. "On average, how many patients do you see each (working) day?"

_____ *

Approximate Number

11. "For most patients, how much time do you spend with them?"

12. "Is there any equipment you need for your work that you don't have?"

Detail _____

* _____
0=No 1=Yes 2=Possibly/Mixed/Uncertain

13. "Are there any medicines you need for your work that you don't have?"

Detail _____

* _____
0=No 1=Yes 2=Possibly/Mixed/Uncertain

14. "For patients with complicated problems that you can't treat, what do you do? (Are there other facilities or people you can refer them to?)"

* _____
Backup Support Available: 0=No 1=Yes 2=Possibly/Mixed/Uncertain

15. "How do you feel about your work?"

Detail _____

* _____
0=Dissatisfied 1=Satisfied 2=Mixed/Uncertain

SUGGESTIONS FOR IMPROVEMENT

16. "Do you have any ideas about how the health system could be improved?"

Check Categories if Mentioned; if not, ask for each of the following:

	<u>Spon</u>	<u>Probe</u>		<u>Spon</u>	
<u>Probe</u>					
Medicines	___	___	Equipment	___	___
Training	___	___	Supervision	___	___
Backup - Referral	___	___	Salary	___	___
Working Conditions	___	___	Other	___	___

MODERN AND TRADITIONAL INTERACTIONS

17. "Do you think the 'other' (traditional/modern) health system provides a useful service?"

"Why?" _____

_____ *

0=No 1=Yes 2=Possibly/Mixed/Uncertain

18. "Can you think of any ways that you could work with practitioners of the 'other' (traditional/modern) health system?"

Details _____

_____ *

0=No 1=Yes 2=Possibly/Mixed/Uncertain

If response to question 17 is "no", skip 19 and go to 20

19. "Do you refer patients for treatment to the 'other' (traditional-modern) health system?"

"For what?" _____

_____ *

0=No 1=Yes 2=Possibly/Mixed/Uncertain

20. "Do they refer patients for treatment to you?"

"For what?" _____

_____ *

0=No 1=Yes 2=Possibly/Mixed/Uncertain

If response to question 17 is "no", skip 21 and go to 22

21. "Do you ever ask their advice about a patient?"

Details _____

_____ *

0=No 1=Yes 2=Possibly/Mixed/Uncertain

22. "Do they every ask your advice about a patient?"

Details _____

_____ *

0=No 1=Yes 2=Possibly/Mixed/Uncertain

Interviewer: _____ Date Completed: _____

APPENDIX C-II

FOCUS GROUP DISCUSSION GUIDE

TOPIC 4: PERCEPTIONS OF PROVIDERS ON HEALTH SERVICES AND UTILIZATION

<u>Focus Groups</u>	1. Traditional Birth Attendants (5-6) 1.2. Health Workers (5-6)
<u>Site</u>	1. Kikwawila 2. Kibaoni
Moderator	Swahili Speaker
Rapporteur	Swahili Speaker
<u>Guidelines(G)</u>	1. General Introduction 2. Services Offered 3. Clients (Demographics, Frequency) 4. Accessibility (distance, Working Hours) 5. Provider-Client Relationships (Attitudes) 6. Quality of Service 7. Problems Encountered 8. Alternative Health Services 9. Working Condition 10. Suggestions

Questions

- G2.** 2.1 What types of services do you offer?
- G3.** 3.1 Who comes to you for service?
3.2 What kinds of health problems do people bring to you?
3.3 At what point in their condition do they come to you?
3.4 What do you do with them?
- G4.** 4.1 How long do people travel to come to your services?
4.2 How long do they wait here till they get the services?
4.3 How much do people pay for the services you provide?
- G5.** 5.1 How do you see your relationships with the clients?
- G6.** 6.1 How do you see the quality of services offered to the clients?
- G7.** 7.1 What problems do you encounter in service delivery and utilization?
- G8.** 8.1 Where else do people go for these services?
- G9.** 9.1 What do you think about the conditions in which you have to work?
- G10** 10.1 What suggestions do you make for your self improvement and improvement of health services?

APPENDIX C-III

IN-DEPTH INTERVIEW

TOPIC 2: UTILISATION OF GENERAL HEALTH SERVICES AND REASONS

Interviewees: - one female, one male
- both with children

Interview 1: with key informant

Interview 2: with informant of opposite sex

INTERVIEW

ID	Name	Sex	Age	Religion	Tribe	Marital Status	Occupation
----	------	-----	-----	----------	-------	----------------	------------

1. Where do you usually go when you are sick?

- 2.
- Health Services**

When do you go to:

Ifakara Hospital (St. Francis)
Dispensary (Kibaoni)
Village Health Post
Drug Shop
TBA
Traditional Herbalists
Magico-religious Healers

Why do you go to the above health services? (mention one by one)

How often do you go to the above health services (mention one by one)

How do you feel when you are going to these health services?

What do you think of the quality of service?

3. Who decides what to do and where to go when someone is sick in the family?
4. Do you pay or give something for treatment?
5. Does the fact that you pay influence your choice of health service?
6. We know cost-sharing is going to be implemented soon. How do you feel about this?

APPENDIX C-IV

OBSERVATION GUIDE

TOPIC 4: PERSPECTIVES OF HEALTH PROVIDERS ON SERVICES AND UTILIZATION

Initially the method to be used by group 4 was observation but the group felt that observing perceptions was difficult. The alternative therefore will be to make general observations in two major service centres in Ifakara:

- i. St. Francis Hospital.
- ii. The private Muslim Hospital in town.

The group will break into two sub-groups and observe the two hospitals during the morning of the fourth day.

Guidelines for observation

1. Be at the Out-Patient Department-7.00 a.m and observe points as they come.
2. Arrange to get the number of patients visiting the service that day; number of patients from Kikwawila village; and the ratio of men and women in the hospital.
3. Engage the patients in conversation and find out general conditions that bring them to the hospital.
4. Find out what has brought them to hospital on that day.
5. Find out who refers them to the hospital.
6. Get the cost of travel, food, consultation, drugs e.t.c.
7. Find out and observe time spent to get services.
8. Ask the patients why they prefer the hospital.
9. Estimate their socio-economic status (just a rough idea).
10. Find out the patient's level of education.
11. Get instructions/advise given to them by the doctor/s.
12. Enquire about satisfaction of the service.

The group will identify patients from OPD and follow them throughout the entire procedure in the hospital, including the time they leave the hospital.

In case there are no patients from Kikwawila, a list of neighbouring villages will be provided.