



Qualitative Research Methods:

A DATA COLLECTOR'S
FIELD GUIDE

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FAMILY HEALTH INTERNATIONAL



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We would also like to recognize the conceptual contributions of Betsy Tolley and Lorie Broomhall. Their emphasis on the importance of allowing for individual approaches to preparing research teams for data collection served as a reminder that a practical field guide should not portend to be a training curriculum in and of itself. Rather than a replacement for hands-on interaction between trainers and data collection teams, we intend our guide to be a useful supplement for each team member as they learn and use qualitative methods in the field.

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Introduction

Qualitative research methods are gaining in popularity outside the traditional academic social sciences, particularly in public health and international development research. Whereas quantitative research methods once dominated these fields, researchers have now begun drawing from a more diverse repertoire of methodologies as they tackle international public health problems. Qualitative methods have become important tools within this broader approach to applied research, in large part because they provide valuable insights into the local perspectives of study populations.

The great contribution of qualitative research is the culturally specific and contextually rich data it produces. Such data are proving critical in the design of comprehensive solutions to public health problems in developing countries, as scientists, medical doctors, pharmaceutical companies, and humanitarian organizations have come to recognize that biomedical solutions are only partial remedies. Rather, the success of a health intervention – that is, whether it actually reaches the people it is intended to help – rests also on how well it addresses sociobehavioral factors such as cultural norms, ethnic identities, gender norms, stigma, and socioeconomic status. Success measured on this basis has a bearing, in turn, on the cost-effectiveness, efficiency, and efficacy of interventions, concerns not insignificant in the eyes of project managers and funding agencies.

About this field guide

This field guide is based on an approach to doing team-based, collaborative qualitative research that has repeatedly proven successful in research projects sponsored by Family Health International (FHI) throughout the developing world. With its straightforward delivery of information on the main qualitative methods being used in public health research today, the guide speaks to the need for simple yet effective instruction on how to do systematic and ethically sound qualitative research. The aim of the guide is thus practical. In bypassing extensive discussion on the theoretical underpinnings of qualitative research, it distinguishes itself as a how-to guide to be used in the field.

We have designed the guide as a tool for training the data collection staff members of multisite and team-based public health projects, but it easily has application for smaller-scale or multidisciplinary projects as well. It is also applicable to researchers spanning a wide range of expertise, from beginners to the more practiced – i.e., anyone wishing to learn or review the basics of qualitative data collection and management. We should point out, also, that even as our style of presenting the methods makes them accessible to people without an extensive background in qualitative research, we do not neglect important methodological nuances and details that can affect the quality of a project.

The motivation for this guide is our belief that focusing on the mechanics of systematic data collection and management will help to prepare data collectors well for the rigors and inevitable challenges of applied research in developing countries. In turn, well-trained data collectors will be better equipped to execute research protocols smoothly – to the extent that real-life circumstances allow – and ultimately produce a data set of superior quality.

The guide is divided into five modules covering the following topics:

Module 1 – Qualitative Research Methods Overview

Module 2 – Participant Observation

Module 3 – In-Depth Interviews

Module 4 – Focus Groups

Module 5 – Data Documentation and Management

This modular design is meant to make it easy for readers to find information about a particular topic quickly. Each of the three modules on specific qualitative research methods contains an overview of the method being discussed, relevant ethical guidelines, step-by-step instructions, examples from a fictitious case study, checklists, and suggestions for further reading. In the interest of keeping each module self-contained, information applicable to more than one method is repeated in each relevant module. Much of the information is presented in a question-and-answer format, which is intended to anticipate questions that people new to qualitative research might have. In addition, throughout the guide, we provide examples from real or hypothetical research studies to illustrate concepts, methods, and other issues discussed.

The guide's appendices contain materials of interest to trainers and team leaders, including training exercises. An appendix focusing on data management, which is often an overwhelming task in multisite and team-based projects, represents an effort to make this task less intimidating. Intended for data managers, it includes tools and suggestions for data management procedures. Finally, a glossary of terms frequently used in qualitative research appears at the end of the guide.

How to use this field guide

As noted, the primary audience for this guide is field staff. We want field staff, whether experienced or novice, to have at their fingertips all the information they need to be able to go out and collect data. Although it is our intention that individuals who have read this guide will be better prepared to collect qualitative data effectively using the methods described, we do not claim that use of the guide will make you an expert in qualitative research.

We recommend that field staff read the Qualitative Research Methods Overview module, page 1, first, in order to gain a comprehensive understanding of the kind of information that qualitative research methods can obtain. However, the modules on specific methods may be read in any order. As noted, they are self-contained and can stand alone as complete guides to the method. There is a sample case study on page viii that is used as the basis for the examples within each method module.

Although this guide is not constructed in the format of an educational curriculum per se, it is intended for use as part of training workshops. Trainers can take advantage of its modular design and cover only what is relevant to a specific project. In our experience, five days is sufficient to cover the entire range of topics included in the guide. Nonetheless, we strongly recommend that trainers allot additional time for role-play activities using actual study instruments and the exercises included in the appendix.

For readers interested in a more comprehensive treatment of qualitative methods in public health research, we have cross-referenced corresponding chapters from the companion Family Health International volume, *Qualitative Methods: A Field Guide for Applied Research in Sexual and Reproductive Health* (FHI, 2002). A commercially published version of the book, *Qualitative Methods in Public Health: A Field Guide for Applied Research* (Jossey-Bass, 2005), is also available. These resource books are an important supplement to this field guide, and vice versa. Ideally, they should be consulted in tandem as qualitative research is carried out, so that this guide's focus on practical mechanics can be understood within the larger context of applied qualitative research in international development and public health.

This case study will be used throughout the modules to illustrate the various ways qualitative research data may be recorded:

Study objective:

To assess the acceptability and feasibility of integrating HIV counseling and testing for non-pregnant women of reproductive age into existing family planning (FP) services in Capital City, Developing Country.

Background:

In Capital City, an estimated 12 percent of women of reproductive age (15 to 40) have HIV. This is only an estimate because both women and men in this country are generally disinclined toward getting tested for HIV. This reluctance is due to social stigma and discrimination associated with being HIV infected. They are particularly opposed to getting tested at the free clinic that was specifically set up for HIV/AIDS-related services five years ago. Rumors spread quickly in this community, and people who are seen entering or leaving the clinic are assumed to have HIV. For women this can be especially damaging, because their husbands or families may abandon them. Therefore, the services offered at the HIV facility, including antiretrovirals to help prevent mother-to-child transmission, are not being utilized.

In the 1980s, family planning carried heavy social stigma for women, but as a result of public information campaigns, community outreach, and health interventions, stigma and discrimination are no longer significant problems for women who wish to use family planning methods. The rate of contraceptive prevalence is 41 percent.

Social and behavioral changes are clearly needed in this community to reduce stigma and discrimination associated with HIV/AIDS, but such change can admittedly be slow to occur. In the meantime, there are free – but little-used – HIV services available that could reduce transmission rates from infected to non-infected adults and children, and increase the quality of life for people who are infected. Encouraging greater utilization of these services must necessarily start with increasing HIV counseling and testing among the general at-risk population. Antenatal clinics would be an appropriate place for interventions targeted at pregnant women. For women of reproductive age who are not pregnant, family planning clinics might offer an opportunity for discreet HIV counseling and testing because they are well utilized and have little associated stigma.

Therefore, in our study we will assess the acceptability and feasibility of integrating HIV counseling and testing for non-pregnant women into existing family planning services.

Methods:

- (1) *Structured participant observation* in 4 family planning clinics and the HIV/AIDS clinic.
- (2) *In-depth interviews* with up to 10 family planning service providers, up to 5 providers and staff members from the HIV/AIDS clinic, up to 10 community leaders, and up to 10 women of reproductive age who use family planning but have not had HIV testing.
- (3) *Focus groups* with 8 to 10 non-pregnant women of reproductive age who use family planning and 8 to 10 non-pregnant women of reproductive age who do not use family planning.