Training in Research in Reproductive Health/Sexual Health Geneva 2007

Qualitative research study design

Thursday, 8 March 2007

Robert Thomson

1. What is it – qualitative research?

1.1 ***Read the following abstract introducing an article entitled*** The Sexual and Reproductive Health of Young People in the Arab Countries and Iran:

> **Abstract:** This article reviews the sexual and reproductive health situation of young people aged 10 to 24 in the Arab states and Iran. Based on analysis of published and unpublished literature as well as interviews with knowledgeable experts, it locates these needs in their social and political context. Interviewees from across the region reported that young people lack access to information about their sexual and reproductive health, whether from parents, teachers or health services. Parents often feel ill-equipped to talk to their sons and daughters, even though there is some evidence that they may be young people's preferred source of information. Health and life skills education curricula that include these topics are rare and where they do exist, relevant sections of the curriculum are frequently skipped over by teachers unprepared or embarrassed to teach them. Interviewees reported that government health service providers generally neither recognise the special needs of this age group nor foster a climate in which young people are welcome, in some cases showing a judgemental attitude towards young people – particularly those who are not married. While some innovative programme models exist, few are rigorously evaluated. (187 words)

1.2 Now, let's adopt a working Definition: ***"Qualitative" is primarily concerned with "Why" something happens.***

1.3 ***Identify key terms*** that help us understand important aspects of qualitative research.

1.4 Some key terms are:

> **Abstract:** This article **reviews** the sexual and reproductive health **situation** of young people aged 10 to 24 in the Arab states and Iran. Based on **analysis** of published and unpublished **literature** as well as **interviews** with knowledgeable experts, it locates these needs in their **social and political context**. Interviewees from across the region **reported** that young people lack access to

information about their sexual and reproductive health, whether from parents, teachers or health services. Parents often **feel** ill-equipped to **talk** to their sons and daughters, even though there is some **evidence** that they may be young people's preferred **source of information**. Health and life skills education curricula that include these topics are rare and where they do exist, relevant sections of the curriculum are frequently skipped over by teachers unprepared or embarrassed to teach them. Interviewees reported that government health service providers generally neither recognise the special needs of this age group nor foster a **climate** in which young people are welcome, in some cases showing a judgemental **attitude** towards young people – particularly those who are not married. While some innovative **programme models** exist, few are **rigorously evaluated**. (*187 words of which 19 are very useful – which is of course a quantitative method*)

1.5 Thus, qualitative research is research involving ***detailed, verbal descriptions of characteristics, cases, settings, people or systems obtained by interacting with, interviewing and observing the subjects.*** Qualitative research typically starts ***with use of a document review to collect data.***

2. What confidence can be placed in qualitative research?

Research techniques which seek insight through mainly verbal data rather than scaled, calibrated measurements can nonetheless be valid. Analysis may well be interpretative, subjective, impressionistic and diagnostic. For some, this is considered too loosely structured and therefore not useful. Yet, as we know from the example of publication bias, it is also possible to provide complete uselessness based on hard statistics.

In the 1990s, programmes for sexual and reproductive health began to apply systematically findings from research on the protective and risk factors that underpin behaviour change. Striking examples come from research on the health-behaviour of gay men as well as that concerning sexuality of adolescents and their help-seeking patterns. (1) Measuring risk through *a priori* quantitative approaches was balanced with measurement of protective factors, initially using qualitative approaches.

Evidence has led programmes to integrate work on health and development issues, and intervene with both people and their social environments. Comprehensive behavioural research complements the more limited but necessary approaches that provide information based on rates of infection, emerging pathologies or modes of transmission.

Promotion of sexual and reproductive health relies on an "assets-building" approach involving enhancing protective factors (which we know more about from qualitative research) and reduces risk factors (which we know about more from quantitative research).

Incidentally, sometimes we see that those who participate in qualitative research become particularly well informed about a health issue and skilled enough to undertake programme interventions as well.

3. Why is qualitative research about sexuality, sexual and reproductive health important?

Because of the way science, sex and the market form a cozy *ménage-a-trois*. Biomedical knowledge, practices and techniques have taken sexuality from the most private hidden spaces to the centre stage of international conferences. This has brought with it the medicalisation of sex, notoriously the invention of so-called FSD (female sexual dysfunction). With such conditions created, a cure that comes in a foil strip becomes far more seductive than an overhaul of one's relationship patterns, lifestyle, personality, family system or state policy (2, 3)

UNFPA believes in using Research and data to advance the Millennium Development Goals http://www.unfpa.org/goals/research.htm. Much of the learning in the field of population and development has been spurred by research examining population dynamics and movements and analyzing the linkages between them and reproductive health, human rights, gender equality and poverty, among other issues. These linkages underpin the ICPD Programme of Action that guides UNFPA. Building on the synergies among them will also contribute to the achievement of the Millennium Development Goals.

At Cairo, the international community acknowledged the role of social and economic research in understanding how population change affects and is affected by socio-cultural, economic and environmental factors and their complex interactions. It called upon governments and funding agencies to support a wide range of research that could inform public policy and improve programming strategies. Research on women's roles and status, spatial mobility of populations and differentials in morbidity and mortality within population subgroups were singled out as pressing concerns.

Hence, the Fund supports globally and at regional and country levels demographic research and censuses as they provide the necessary planning, monitoring and evaluation tools for population and development policies and as they advance the implementation of the ICPD Programme of Action.

Globally UNFPA has supported organizations such as the Committee for International Cooperation in National Research in Demography (CICRED) and the International Union for the Scientific Study of Population (IUSSP). CICRED links population research institutions, disseminates research findings and serves as a catalyst for stimulating new research. IUSSP facilitates the building of cross-cultural and international research networks; supports expert forums on critical population issues, sharing research findings and discussing policy and programme implications; and disseminates scientific and policy findings.

A UNFPA highlight is discussion of population issues, utilization of census data in furthering the Millennium Development Goals; which while quantitative par excellence, must deal with the influence of cultural norms on demography. Documents on a wide variety of topics presented at the conference are available at the IUSSP website http://www.iussp.org/

UNFPA supports a Generations and Gender project, implemented by the Population Activities Unit of the UN Economic Commission for Europe for member states in Eastern Europe. The project, which seeks to contribute to the knowledge base on the behavioral, social and economic conditions of individuals of different generations, has helped to update a comprehensive database for monitoring population developments in Europe as well as progress in the implementation of the ICPD Programme of Action.

The Fund also supports regional research initiatives that may directly affect programming, such as the Africa Social Research Programme and a recent initiative to learn more about men's attitudes and socialization, carried out by the Latin America and Caribbean Division. Each year, the UNFPA State of World Population report compiles, reviews and disseminates research findings on different population and development themes.

4. Tried and trusted methodologies for qualitative research about sexuality, sexual and reproductive health

Enough of the diatribe, let's get back to the basics. As you remember from earlier training in FGD (Focus Group Discussion) and the Narrative Research Methods; content and discourse analysis is essential to understanding behaviour, but the time needed for transcribing puts us off carrying out too many FGDs and narrative research. Statistical packages for the social science exist for the purpose of analysis of information obtained from such methods.

Exit interviews of users are used to obtain a picture of what happened in a service setting, Delphi or Oracle methods permit us an insight into the attitudes and prescribing or teaching practices of the so-called gatekeepers or service providers. Needless to say, comparison and analysis of gaps between what providers say they gave and what users say they got is a most revealing approach.

From the professional audience research methods of the broadcast media (radio, television) we can identify opinion and behaviour through audience reaction to realistic characters and scenarios.

Operations research is the application of systematic research techniques (both qualitative but also quantitative) to improve programme operations. It has been used in family planning programmes for more than 40 years to improve the efficiency, quality, effectiveness, and availability of services. The need for operations research (now in reproductive health) has grown over time as programmes have increased in size and

complexity to encompass broader issues and faced new challenges, including the sexuality and sexual health concomitants.

Comparison groups, experimental comparisons, quasi-experimental comparisons, facility records, clinical and laboratory data use, structured interviews, self-completion instruments, observational and participative methods. All are available from the WHO RHR publication on social science methods in reproductive health research:

http://dosei.who.int/uhtbin/cgisirsi/emmhd9sovT/108830016/5/0
Full text
http://whqlibdoc.who.int/hq/1999/WHO_RHR_HRP_SOC_99.1.pdf

5. Methodologies in modern sexuality research

The specific questions used for qualitative study by current researchers of adolescent sexuality (Rambaree *et al*) are illuminating.

Modern sexuality educators and researchers use innovative approaches to qualitative social research using their own technological tools (Hewson *et al* 2003) pointing out that Internet moderated methods offer the potential to observe a vast number of participants from unlimited distance and a variety of cultures cheaply and time-efficiently. Moreover, data collected from chat rooms or websites can be directly loaded into *Atlas-ti* sociological studies software (Thomas Muhr, www.atlasti.de) for analysis from anthropological, legal, medical, linguistic, criminological, theological and educational sciences perspectives. *Atlas-ti* saves time and money incurred in transcribing by inputting directly from Internet.

The new ICT setting of sex, while driven essentially for commercial purposes, has an inevitable psycho-pedagogical and social function. Modern research design asks (a) what types of sexuality-related information are shared by users of a medium, (b) how sexuality related information is framed, expressed, deconstructed and understood, and (c) what are the implications of 'sexuality on the Internet' for policy-makers, educators and health professionals?

Clearly it is worth noting that ethical issues such as informed consent of all stakeholders are seriously considered in undertaking this particular type of sexuality study. Sharing of pornography materials accessed and dissemination of personal information related to users and researchers are among several other principles of social research that are controlled. Autonomy, beneficence, non-maleficience and veracity are clearly also expected of innovative approaches to qualitative psycho-sexual research.

"*CyberPsychology & Behavior*" is a peer-reviewed journal on the impact of the Internet, multi-media and virtual reality on individual behaviour and society.

http://www.Intute.ac.uk is the place to visit for your one-stop shopping of qualitative research methods and they don't expect you to have passed a social science degree 101.

6. Is "Results-Based Programme Planning, Monitoring and Evaluation" considered a form of research?

No. At least not by researchers. But … competitors have clearly done their homework and identified the established markets for the commerce sex. So, it could be said that marketing forms of monitoring and evaluation are valid as part of a qualitative study design.

Meaning? For example, the development of comprehensive sexuality education curricula needs to takes into account not only the universal developmental tasks of puberty, adolescence and adulthood, but also the consumer characteristics and sexual idioms which are familiar to the intended beneficiaries in their respective cyber-cultural settings. This involves a clear definition of comprehensive sexuality education, which recognizes the competing influence on intended beneficiaries of ICT-based commerce of sex on the one hand, and traditional, religious, inter-generational and cultural concepts about sex on the other.

7. Is there a standardised qualitative research design we can follow?

No. Well, yes. But you can discover more for yourself and about the supervision and ethical issues ito be kept in mind by looking at WHO/RHR/HRP/SOC/99.1 on
http://dosei.who.int/uhtbin/cgisirsi/emmhd9sovT/108830016/5/0

Full text
http://whqlibdoc.who.int/hq/1999/WHO_RHR_HRP_SOC_99.1.pdf

Then for a few tips on how to write it up, using the IMRAD model (Introduction + Methods + Results+(Analysis)+Discussion)
You can beg or borrow a copy of
http://www.bmj.com/cgi/content/full/308/6943/1579/a

RT/unfpa/GFMER
Geneva, 8 March 2007

ANNEX: Example 1

INSTITUTE OF SOCIOLOGICAL, POLITICAL AND JURIDICAL RESEARCH

FINAL REPORT

SOCIAL ASSESSMENT OF THE HEALTH SECTOR IN THE REPUBLIC OF MACEDONIA

HEALTH SECTOR MANAGEMENT PROJECT
PROJECT COORDINATION UNIT
MINISTRY OF HEALTH

JUNE, 2004

CONTENTS

1. INTRODUCTION

The main aim of the project "Social Assessment of the Health System in the Republic of Macedonia" is to locate the key elements of the of the wider social and institutional context of the package of health reforms, through a general insight into the attitudes of the: users of services, institutions responsible for the reforms as well as the vulnerable groups. This objective has determined the research activities, conducted in May 20 –June 10th. 2004. **Specifically, the following methods were applied:**

1. In-depth interviews with 26 representatives of the qualified public, i.e. the individuals who conduct the reforms. This group consists of: creators of the policy (3 interviews); Directors of public health institutions (5 interviews); heads of public ambulants (5); managers of private health institutions (6); representatives of professional associations (2), as well as 4 interviews with representatives of pharmaceutical industry and trade.
2. Six focus groups with vulnerable groups characteristic for the Macedonian society: pregnant women and mothers of young children; rural population; pensioners; Roma; people with special needs and unemployed.
3. Analysis of indicators which would help the health reforms and could also serve as referral points for evaluation of the reforms' results.
4. Observation of 16 health institutions with an instrument for data gathering, which illustrate the conditions in which the public and the private health function.

2. CONCLUSIONS AND RECOMMENDATIONS FROM THE INTERVIEWS

- Generally, the major part of subjects in the health care system do not have a global perception about the functioning of the entire system, the global reforms, the inner connection of the segments, but express a fragmentary attitude toward their own segments. This points to the need of raising the level of awareness, first of all, among the providers of services and even among the creators of the reforms.

- While talking about problems faced by the health care system, the subjects from the health care rarely put the patient, i.e., the insuree in the focus. This is also confirmed by the insurees. The question as to whether “the first exists for the latter or vice versa” must be part of a campaign or training of medical personnel.

ANNEX: Example 2

Proposed Framework for undertaking a baseline study on counselling

Reproductive Health Programme - Lebanon 2002-2006

1. **Provide generic definitions of Counselling and disseminating the associated criteria**

Define what type of counselling needs to be offered to the beneficiary as part of a Reproductive Health programme intervention i.e. on Family Planning, Sexual Health, Sexuality, HIV/AIDS, Gender Based Violence, gender relationships, inter-generational issues. Define what other types of counselling exist globally (and if identifiable, in the Region) e.g. peer counselling, vocational guidance, spiritual direction, telephone and Internet counselling lines.

2. **Map out the Lebanese contexts, facilities or centres in which counselling is provided**

Review what type of counselling (according to the agreed criteria) is currently available and offered in Lebanon, who provides such services (General Practioner, Obstetrician/Gynaecologist, nurse, urologist, volunteers, paediatricians, midwife, social worker, teacher, peer youth, psychologists) what do they entail (Family Planning, Sexual Health, voluntary confidential HIV counselling and testing, follow up, referral), average time spent in counselling with the beneficiary, are there any protocols or guidelines? Were service providers trained on counselling and if so, how? The information can be obtained through records, annual reports, as well as assessment with selected service providers at the local and national level.

3. **Set a standard for good practice**

Develop outcome indicators to be used as benchmarks: quantitative indicators such as number of counselled beneficiaries, number of follow up counselling visits, average time spent with beneficiary per counselling session, the number of service providers trained on counselling and providing the counselling, and qualitative indicators such as the satisfaction of the beneficiaries with the services, comparison between counselling services offered at a Primary Health Centre or in a school setting with trained personnel vs. with non-trained personnel. Check that standard clinical operating protocols and service delivery procedures developed in Lebanon reflect both the reproductive rights approach and multi-cultural specificities of the country in a gender-balanced and youth friendly manner, with international best practice in counselling and inter-personal communication between client and provider as a benchmark.

4. Identify centres for strengthening as counselling services under the programme

Through rapid assessment methods with beneficiaries on their satisfaction with the counselling services, gender preference for counselling services, further need for counselling (in terms of time, content, referral), follow up with the service providers, invite expressions of interest through self-selection against the disseminated criteria and standards.

5. **Undertake a training needs assessment of the personnel in the centres**

Assess the capacities of service providers (to be done through the health facilities survey of the PAPFAM, values clarification exercises with selected representatives of the providers) particularly in counselling and inter-personal communication related to sexual and reproductive health including of adolescents, assess the availability of normative tools (i.e. counselling manual as part of the quality assurance tools), assess the confidentiality and environment for offering services at the Primary Health Centre (i.e. space, layout, comfort, accessibility)

6. Deliver orientation on counselling to staff of centres and other interested parties responsible

WHO Research tools

Library database (WHOLIS)

WHOLIS is the World Health Organization library database available on the web. WHOLIS indexes all WHO publications from 1948 onwards and articles from WHO-produced journals and technical documents from 1985 to the present. An on-site card catalogue provides access to the pre-1986 technical documents.

- Library database (WHOLIS)
- The WHO library

A guide to statistical information at WHO

A guide to epidemiological and statistical information available from WHO. Most WHO technical programmes develop health-related epidemiological and statistical information which they make available on the WHO website. The WHOSIS will help you to find it.

- Health statistics and health information systems
- WHOSIS
- Burden of disease statistics
- Mortality data
- Statistical annexes of *The world health report*
- Statistics by disease or condition
- Global atlas of the health workforce
- WHO Global Infobase Online
- External sources for health-related statistical information

WHO family of international classifications

- The international statistical classification of diseases
- International classification of functioning, disability and health
- Disability assessment schedule II (WHODAS II)

Geographical information tools

- Public health mapping and geographic information systems (GIS)
- Global health atlas
- PAHO/AMRO SIG-Epi

Media centre

- Multimedia: audio, video, photos

WHO collaborating centres

- WHO collaborating centres database

REFERENCES

(1) (Kirby, Douglas 2001. "Understanding What Works and What Doesn't In Reducing Adolescent Sexual Risk-Taking." in *Family Planning Perspectives*, November/December 2001, Vol. 33, No. 6)

(2) Maya Indira Ganesh (October 2003) The medicalisation of sex in *InfoChange* News & Features

(3) Fishman, J.R. and Mamo, L: Whats in a Disorder: A Cultural Analysis of Medical and Pharmaceutical Constructions of Male and Female Sexual Dysfunction in A New View of Women's Sexual Problems by Ellyn Kaschak and Leonore Tiefer (Editors), Haworth Press Inc, 2001.

The International Journal of Qualitative Methods is a peer reviewed journal published quarterly as a web-based journal by the International Institute for Qualitative Methodology at the University of Alberta, Canada, and its international affiliates. It is a multi-disciplinary, multi-lingual journal, free to the public. http://www.ualberta.ca/~ijqm/english/engframeset.html

Makhlouf Obermeyer, C., 1994, "Reproductive Choice in Islam: Gender and State in Iran and Tunisia" Studies in Family Planning, Vol. 25, No. 1, pp. 41 - 51.

Rashad, H. and Osman, M., "Nuptiality in Arab Countries: Changes and implications" 2003, pp. 20 – 50 in Hopkins, N. (Ed.) The New Arab Family, Cairo Papers in Social Science, Vol. 24, Nos. 1-2.

Huntingdon, D., "Abortion in Egypt" Paper prepared for IUSSP seminar "Cultural Perspectives on Reproductive Health", June 1997, South Africa.

Ragab, A.R. 1994. "Study of Socio-cultural Factors Influencing Abortion Decision-making in a Rural Community in Egypt." Paper presented at POPFEST, Liverpool University, United Kingdom.

http://www.who.int/reproductive-health/docs/expanding_capacity.pdf