

# **Interactive Workshop on Qualitative Research: From Data Collection to Data Presentation**

**17-22 October, 2005**

## **Workshop Report**

**Shubhada Kanani, Smita Maniar, Yamini Venkatachalam**

Women's Health Training Research and Advocacy Cell

Women's Studies Research Centre (WSRC)  
Faculty of Home Science  
The Maharaja Sayajirao University of Baroda

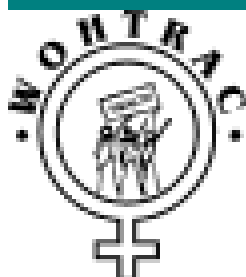
**December 2005**

***WOHTRAC Report Series. No. 6***

**In Association with**

**Aarogya**

**Centre for Health-Nutrition  
Education and Health Promotion,  
Vadodara**



**Workshop Coordinators** : **Shubhada Kanani**  
Core Team Member, WOHRAC and  
Director, Aarogya Centre

**Smita Maniar**  
Program Coordinator,  
Aarogya Centre

**Workshop Organization** : **Shubhada Kanani**  
Core Team Member, WOHRAC  
Director, Aarogya Centre

**Smita Maniar**  
Program Coordinator,  
Aarogya Centre

**Aditi Sen**  
Ph.D. Student,  
Dept. of Foods and Nutrition,  
M.S. University of Baroda.

**Swati Joshi**  
Training Coordinator,  
WOHRAC

**Yamini Venkatachalam**  
Advocacy and Documentation Coordinator,  
WOHRAC

# **Interactive Workshop on Qualitative Research: From Data Collection to Data Presentation**

**17-22 October, 2005**

***Workshop Report***

**Shubhada Kanani, Smita Maniar, Yamini  
Venkatachalam**

**Women's Health Training Research  
and Advocacy Cell**

**Women's Studies Research Centre (WSRC)  
Faculty of Home Science  
The Maharaja Sayajirao University of Baroda**

**In Association with**

**Aarogya  
Centre for Health-Nutrition Education  
and Health Promotion  
Vadodara**

**December 2005**

**WOHTRAC Report Series. No. 6**

## Acknowledgements

The present workshop and report were made possible through the Ford Foundation Grant (No. 1035-1384) to the Women's Health Training Research and Advocacy Cell (WOHTRAC), Women's Studies Research Centre (WSRC), The Maharaja Sayajirao University of Baroda, Vadodara.

We are thankful to WOHTRAC for this opportunity to work together in an interdisciplinary way, wherein academic staff and NGOs could interact and share experiences and perspectives.

We also acknowledge the help of the organizing team,

Jaya Singh and Mandeep Jajwa, Research Assistants, WOHTRAC, for their assistance in note taking during the workshop.

Swati Joshi, Training Coordinator, WOHTRAC, for the logistic arrangements.

Varsha Mistry, Computer Operator, WOHTRAC and Viji Amwillsu, Computer and Administrative Assistant, Aarogya Centre, for their help in typing the handouts and the draft.

A special thanks to all the Heads of Departments for encouraging active participation of doctoral students and staff, and to all participants for making adjustments in their academic schedule to attend the workshop.

# Contents

Page

## **Introduction**

## **Highlights of the Sessions**

**Focus Group Discussions**

**Interview Method**

**Observation Method**

**Analysis of Qualitative Data**

**Gender Sensitive Qualitative Research**

**Presentation of Data**

**Writing Up Qualitative Research**

## **Workshop Evaluation**

## **Appendices**

**A Program schedule**

**B List of participants**

# Introduction

Right from its inception, WOHRAC has undertaken capacity building in qualitative and participatory research (QR-PR) as one of its important activities. WOHRAC's QR-PR workshops have trained staff and students from the M. S. University, research organizations and NGOs on the principles, methods and tools of various streams of research with a focus on women's health and development.

As part of its capacity building activities in the current Gender, Health and Development (GHD) project, WOHRAC teamed up with a city-level NGO, **Aarogya** - Center for Health-Nutrition Education and Health Promotion, to conduct a qualitative research workshop for young teachers and students of The M. S. University of Baroda and the field staff of local NGOs.

Aarogya, is a non-profit voluntary organization whose mission is to empower individuals and groups toward better health and quality of life. **PRARTHNA** – The Research Unit of Aarogya – aims to contribute to the meaningful application of qualitative and quantitative research using participatory approaches primarily through capacity building of organizations (government, non-government and research organizations) and individuals concerned with health, nutrition and development. Under **PRARTHNA**, Aarogya has conducted several capacity building training programs in India and in Vadodara and undertaken program evaluations.

The WOHRAC-Aarogya qualitative research training program - "*Interactive Workshop on Qualitative Research: From Data Collection to Data Analysis*" - was held from *17 to 22 October, 2005*, between *3.00 pm - 5.30 pm*, in WOHRAC premises.

To enable wider participation, the focus of this training in research methodology encompassed the broad areas of health, nutrition and development, in which gender sensitive research was an underlying theme. The workshop was conducted over six half-

days in the afternoon, keeping in view the availability and convenience of the participants who were young academics and mid level staff of NGOs. Conducting the workshop in the afternoons (rather than full day) enabled participants to attend the workshop without having to miss their classes and/or routine work.

The objective of this six half-day capacity building workshop was to provide participants **hands-on training** in Qualitative Research in the context of health, nutrition and development. The training included all major steps in qualitative research: deciding objectives, designing tools, data collection, note taking and expansion of notes, data management, analysis, and report writing and dissemination. The program was planned to meet this broad objective (**Appendix A**).

The workshop was attended by young academics – staff and post-graduate students (Sr. M.Sc./Ph.D/PG students) of the departments of Human Development and Family Studies, Foods and Nutrition, Population Research Centre, Sociology, Social Work, and in the Faculty of Medicine: the Departments of Pediatrics, Preventive and Social Medicine, Skin and Venereal Diseases. Mid-level staff of NGOs were also present at the workshop. The list of participants is given in **Appendix B**.

### **Expectations of the Participants**

In the first session, the participants were requested to list their expectations from the workshop. The expectations of most of the participants were reflected in the workshop objectives and program. The participants expected to learn:

- various methods of qualitative research;
- the process of conducting a qualitative research study – right from planning, implementation (data collection), analysis to report writing;
- how to conduct qualitative research firsthand from experienced researchers through interactive learning techniques and through discussions based on practical, ‘on-the-field’ experiences rather than theoretical discussions;
- the important things that need to be considered while doing qualitative research;

- how to integrate qualitative research with quantitative research (epidemiological studies);
- how to triangulate data collected through various methods;
- how to anticipate, pre-empt or prevent and overcome difficulties in data collection;
- how to present qualitative data;
- how to conduct gender sensitive qualitative research and incorporate it in tool development, actual field situation and in data analysis and presentation.

The pages that follow give the highlights of the various sessions.



# Highlights of the Sessions

## Focus Group Discussions

*Resource persons:* Dr. Shubhada Kanani, Smita Maniar and Aditi Sen

Focus Group Discussion (FGD) is a valuable qualitative research method, also the one to be used most frequently. It is a discussion conducted with a homogenous group of informants who share a similar culture, social status and life experiences, and the discussion being focused on a specific theme of interest. At the present workshop, participants were led through the process of conducting and recording FGDs. The resource persons listed the main advantages of conducting FGDs.

### Advantages of Focus Group Discussions

- **Group interaction.** Interaction of respondents will generally stimulate responses, allowing new thoughts and valuable information to emerge, thus enriching the discussion.
- **Observation.** The facilitator can observe the discussion and gain first-hand, insight into the respondents' behaviors, attitudes, language and feelings.
- **Time and cost.** Focus groups can be completed more quickly and are generally less expensive to conduct than a series of depth interviews.
- **Idea generation.** A group discussion is conducted to generate new ideas and to build on ideas that have been generated. Brainstorming is usually done by way of FGDs.
- **Evaluation of message concepts.** Focus groups can be conducted with potential target audience, who can be presented messages in some rough, pre-production form for evaluation and refinement.
- **Problem identification and definition.** Groups give quick information on a problem and its causes, on the basis of which quantitative surveys can be planned.

## **Limitations of Focus Group Discussions**

The resource persons also discussed some of the limitations of FGDs and mechanisms to overcome them. Some of the limitations of FGDs are -

- they cannot be used often to discuss ‘sensitive’ topics, as informants usually hesitate to open up in front of a group. For example, if one’s research topic is infertility, conducting in-depth, one-to-one interviews would elicit better response, than conducting FGDs, due to the sensitivity of the topic.
- they may not give information valid for or representative of the whole group, as some members will dominate the discussion, while some will be quiet throughout. However, this limitation can be overcome by the facilitator of the FGD, who should ensure the participation of all members in the discussions.
- they are difficult to arrange. It is often difficult to assemble FGD participants at one place, especially if their residences are scattered and are not close to each other. This is commonly experienced while researching in the rural areas. In such cases, with the help of village leaders, prior permission and appointment should be taken from the participants so that the appropriate target group, in required numbers, may be obtained for the FGDs.

## **Development of Question Guide**

Following the presentation and discussion on FGDs as a qualitative research method, participants were guided through the steps involved in developing the question or topic guide for focus group discussions as well as qualitative interviews. While developing a question or topic guide, one should

1. Assemble the project team.
2. Agree upon decision/actions to be taken.
3. Agree upon the specific objectives and other information.
4. Brief the moderator of the FGD or interview about findings of earlier research on the current topic.
5. Collect only critical, minimal background information.
6. Prepare a list of topic areas. Move from general to specific questions.
7. Keep probes ready, if information does not emerge spontaneously.
8. Review the guide and eliminate non-essential questions/topic.
9. Pre-test the question guide.
10. Assign flexible time for each topic area in the question guide.

To provide participants hands-on experience in preparing a question guide for focus group discussion as well as interviews, they were asked to formulate at least 5 open-ended questions on two topics of their choice. They were provided blank sheets of paper and given 15 minutes for this exercise.

After the exercise, participants were asked about the problems they faced in preparing the question guide. The resource persons reviewed the question guides prepared by the participants and provided feedback. The following points were highlighted by the resource persons in their feedback:

- The researcher should be very clear about the objective or purpose of the study while preparing the question guide.
- The researcher should have absolute clarity regarding the target group for the question guide, because only on the basis of this can the question guide be framed for a particular topic.
- The sequence of the topics in the question guide should move from the general to the specific. For example, in the question guide for the research topic “role of father in parenting”, instead of asking “what is your role as a father?” one can start with “what are the basic needs of your child?” and then gradually probe for further information.
- Once the topic is decided, it should be divided into themes and sub-themes, so that the flow of the conversation moves from the broad objective to the specific objectives of the research.
- A flexible time estimate should be assigned for each topic area, on the basis of its priority and complexity; otherwise one may run out of time and miss the opportunity to cover other topic areas.
- Use of quantitative words, like “how long?”, “when”, “how much”, etc. should be avoided. Instead, phrases like “can you explain?”, “in your opinion”, should be used. In short, one should pose questions that elicit explanatory answers and avoid direct or leading questions.
- Care should be taken not to repeat the questions. Questions may be repeated to validate the guideline, but not immediately after it has been asked. Questions that are repeated may appear later in the question guide.

- Frame neutral questions, beginning with phrases, like, “in your opinion...”. Instead of beginning a question with “is junk food good or bad?” (this would elicit only a ‘yes’ or a ‘no’ for an answer) one should ask “what do you think about junk food?”
- The question guide should be translated into the local language beforehand. This is important, because translating the questions while interviewing will break the flow of the interview.
- It is necessary to review and pre-test the question guide.

A sample of a question guide for an FGD and an open-ended Interview was shared with the participants.

### **How to Conduct Focus Group Discussions**

After being led through the process of developing a question guide, participants were explained the steps in conducting an FGD. Conducting an FGD involves three basic steps, as described below.

#### **Step 1: Before you start**

This involves all preparatory work before beginning the FGD, such as informing and taking appointment of the participants, fixing the venue and the time for the FGD; familiarizing oneself with the question guide; ensuring that the seating arrangement is appropriate; ensuring that the material required for the FGD (such as the question guide, notebook, pens, tape-recorder, battery cells) is handy; and deciding the roles of each member of the research team.

#### **Step 2: During the FGD**

Conducting the FGD is perhaps the most challenging step. Its success depends to a great extent on the skill and experience of the facilitator. Before beginning the discussion on the research topic, the facilitator should build a rapport with the participants by making informal friendly conversation, introductions, enquiring about the background of the participants, explaining the purpose of FGD and the research study, explaining the ground rules for participation, taking permission to record the discussion and creating a positive and encouraging climate.

The facilitator should then move on to the main research topics - the main body of discussion. The facilitator should

- ensure that the discussion moves from the general to the specific. From community's perception regarding an issue to the individuals' perception and experience.
- ensure that the discussion is focused on the research topic and at the same time allow scope for wide-ranging discussions.
- not worry about silences.
- be prepared to handle discomfort caused to the participants. The discussion can sometimes be upsetting. Participants may feel vulnerable at sharing personal information.
- probe in-depth throughout the discussion. Some techniques for probing include:
  - Mirror technique - restating what the participant has just said. For example, *"You just said that green leafy vegetables are avoided by lactating women... can you tell me why is that so?"*
  - Third person technique; for example, *"You seem to believe strongly in this; what do the others feel about this?"*
  - Asking a participant to clarify a viewpoint, for example *"Can you explain in what way iron tablets are 'good' for you?"*
  - Reframing the question without altering the original meaning of the question, and without hinting at the answer. For example,  
*Original Question: "Do you feed any top foods to your baby?"*  
*Reframed Question: "Do you give anything else apart from breast milk to your baby?"*
  - Asking "top of the mind" questions empirically in projective techniques. For example, *"What do you understand by the word 'Self-confidence'?"*
  - The 'uh-huh' probe: the informant is encouraged to continue with a narrative by making affirmative sounds, like "uh-uh", "yes", "right uh-ah", or simply nodding one's head.

### **Step 3: Ending the FGD**

This is the last and most important phase of the FGD. Based on the main objectives of the research, the major points of discussion should be summarized at the end of the

discussion. Finally, the facilitator should thank participants and also answer their queries in brief to satisfy their curiosity and fulfill their need for information.

### **Questions raised by participants and responses of resource persons**

- ♣ *Many a time the respondents do not answer open-ended questions and we get vague answers. In such cases shouldn't we ask direct questions?*

It is better to avoid direct questions. We can begin with broad topics or questions and use probes to elicit the information we want. Often the informants help us gain deeper insight into the topic through the extra information they give us. So we should not discard the extra information that they give us.

- ♣ *What is the ideal number of FGD that one should conduct?*

The important thing in conducting FGDs is to ensure that the sampling is not biased. More heterogeneous a community, more the number of FGDs required to ensure that all major ethnic groups are represented. Keeping in view the objectives of the study and the composition of the community, as a general rule, a minimum of three FGDs with each group is recommended. If similar information emerges from the FGDs before the total number of FGDs has been conducted, one may stop conducting any further FGDs. The researchers must exercise their judgment in this regard.

- ♣ *What should we do if participants want some information during the FGD?*

This is a dilemma that many researchers face often. It is the ethical responsibility of the researchers to provide information to their informants, to satisfy their curiosity, especially in view of the fact that the informants have spared over an hour of their time to participate in the FGD and provided insights to the researchers. This can be done after the FGD, in general terms so as to not affect the research significantly.

### **Recording Focus Group Discussions**

A recorder has a major role to play in an FGD, since the notes taken by the recorder and the taped discussion serve as a basis for data analysis. A recorder notes all the verbal, non-verbal responses of the participants and other important points or observations of the discussions. The recording during FGD is referred to as 'raw' field notes and the

expanded or detailed version of the 'raw' field notes are referred to as 'expanded' notes. Expansion of notes should be done soon after the discussion either on the same day or the following day. Expansion is as important as taking down the field notes. Every day's delay in expanding notes results in much loss in accuracy and validity. After all, the research is based entirely on these notes. Thus, time planning is important: equal amount of time should be given to both, the field notes and the expanded notes.

The recording of raw and expanded notes should include the following aspects.

1. Purpose of the FGD in brief.
2. Identifying information, such as date of discussion, time it began and ended, code of the FGD, the venue of the discussion – the place, village, district, state; the names of the research team (the facilitator/moderator and recorder).
3. Background of the participants and diagram of the seating arrangement. For example, the number and names of the participants, other information about participants relevant to the study such as approximate age, number of children, education, socio-economic status.
4. Main body of the discussion
  - a) Discussion content – the discussion should be recorded theme wise on separate pages as it occurred during the FGD.
  - b) Group dynamics – levels of participation, agreements/disagreements within the group, interruptions and distractions should be noted.
  - c) Behavior of the participants – verbal, non-verbal. Statements, as many as possible, that are made by participants in the local language, especially local expressions for key concepts, should be recorded as verbatim.
  - d) Other observations of the environment
5. Additional comments even after the discussion is over, mainly during summarization or after summarization – sometimes these comments are more valuable than the ones made during the discussion.

Note taking is essential, regardless of whether or not a tape recorder is used. The key characteristics and conduct of a recorder are:

- S/he should be able to write and understand the local language and should be able to write fast.
- S/he should *not* facilitate, or participate in the discussion; and concentrate on the recording. However, s/he may quietly prompt the facilitator, if the latter misses any point from the question guide, or to help the facilitator in keeping track of time.
- S/he is a trained person who knows the objectives and the research topic.

### **Conducting Focus Group Discussions - Role-play**

The participants of the workshop were divided in two groups. Each group elected one facilitator and one recorder from among themselves and conducted the FGDs. The topics chosen for the mock discussions were ‘Breastfeeding by HIV Infected Mothers’ and ‘Emotional and Social Needs of the Adolescent School Children and the need for Counselors’.

### **Feedback on FGD Role Play**

The resource persons closely observed the facilitator and the recorder in each group as they conducted the mock FGD. In their feedback, they identified the strengths in the facilitation of the mock FGD as well as the aspects of facilitation which required improvement. Similarly, the resource persons also provided their feedback on the recording. They identified the strengths in the recording and the areas for improvement in recording. Their feedback is summarized in the following.

#### **♦ *Strengths of the facilitation***

- Introductions of the facilitator and the recorder were done properly in one group.
- The background information of the FGD participants collected by the facilitator was adequate.
- The facilitator of one group asked the group about the language they would be most comfortable with.
- The facilitator of one group encouraged the quiet ones in the group to speak up.
- The facilitator of one group could cover all topics in the FGD guide.



◆ *Areas where facilitation needs to be improved*

- The facilitator of one group did not introduce the recorder.
- The seating arrangement was not circular or semi-circular; hence eye-to-eye contact between the facilitator and all participants of the group was not possible. In one group the recorder and facilitator were not sitting next to each other.
- The facilitator of one group conducted the discussion at a very fast pace, and could not moderate the discussion at the same pace as the recording.
- The facilitator of one group could not encourage participation from others in the group who were quiet. Thus the discussion was dominated by the ‘experts’ in the group; who knew more about the subject.
- In one group, instead of encouraging contrasting views in the group, the facilitator made the group come to a consensus whenever there were conflicting or contrasting views expressed by some of the participants in the group.
- The facilitator of one group failed to steer the group back to the topic when they began to discuss a completely different topic.
- In one group, the facilitator did not prevent participants from talking among themselves; and allowed the participants to deviate from the topic under discussion.
- While summarizing, the facilitator of one group expressed his own views, rather than what the group said.

**Points emphasized for improving facilitation of FGDs**

- While summarizing the FGD, the facilitator should not make any recommendations, or present his/her own views. The facilitator’s views or observations can be included, but only in the recorded notes or during analysis of the research data.
- The facilitator should not allow participants to speak among themselves; should steer them back to the topic of discussion if the discussion gets diverted as was the case in one FGD, where the group completely ignored the topic, and began to discuss an entirely different topic.

- The facilitator should encourage contrasting views instead of forcing participants to arrive at a consensus. Only if participants go off the track, the facilitator should steer the discussion back to the topic/issue.
  - In a group, usually there is a tendency for the more knowledgeable to speak more on the subject than the rest of the group. But in every FGD, the facilitator must ensure that everyone is encouraged to talk. The facilitator has to consciously look for the quiet ones in the group and draw them into the discussion. Those who are not responding may actually be the people facing more problems related to health topic being discussed.
  - When probes are not given in the FGD guideline or are not sufficient, the facilitator must be conscious and alert and come up with probes from the discussion itself. The question guide has been prepared from an *etic* (outsider) perspective, but the discussion will give the *emic* (community or insider) perspective, and hence the facilitator must modify the question guide as the need emerges from the discussion itself. Facilitator must encourage all participants to speak by probing, but that does not mean that he/she should pressurize or force them to speak.
- ◆ ***Strengths of the recording during FGD***
- The purpose/ objective of the FGD and its title were clearly written.
  - The profile of the participants was mentioned in detail.
  - The diagram showing the seating arrangement of participants was drawn with the keys.
  - In one FGD, recording was done in a dialogue form; the responses of the participants were recorded verbatim.
  - In one FGD, the summarization of the FGD done by the facilitator was recorded in detail by the recorder.
  - In one FGD, where the facilitator was not moderating the pace of the discussion, the recorder wrote as much as possible and left blank spaces in some sections indicating that notes needed to be added in consultation with the facilitator before they left the venue of the FGD.

### **Points emphasized for improving recording of FGDs**

- The recording should be done exactly in the sequence that discussion takes place. The recorder of one FGD had written the initials of the participants and left blank spaces under each initial to record the responses on each page of the notes, before beginning the FGD. This is not an appropriate practice in recording. In qualitative research, all the respondents are not expected to respond all the time to questions in a sequence as in a survey, instead they are allowed to respond as they want. So recording progresses as the respondents speak.
- The recorder should note everything that the FGD participants say in a script/dialogue form; and content should not be shortened. The actual words spoken by the participants should be noted. Further, the recorder should not judge which responses are appropriate and/or relevant and selectively record them. Instead, the recorder should write whatever is spoken. The responses which are deemed ‘irrelevant’ can be omitted during expansion of FGD notes.
- The notes should not be paraphrased. The responses should not be interpreted, either knowingly or unknowingly.
- Summarization of the FGD and discussions taking place during summarization of the FGD should be recorded in detail. Often during summarization, one may get valuable information which may not have been elicited even during the main discussion in the FGD.
- Important observations should be recorded immediately after the FGD is over. Also, at the end of each FGD, the recorder must write his/her own observations pertaining to each broad theme of the research. The facilitator’s observations should also be included.

### **Questions raised by participants and responses of the resource persons**

- ♣ *In the FGD (question) guide, if the facilitator feels the need to interchange the sequence of the questions, can it be done?*

The facilitator can always modify the question guide as he/she feels appropriate. There should be flexibility in the order that questions are posed; there may be even additional questions which might emerge during the discussion; and a few could be deleted, keeping in mind the objective of the FGD.

- ♣ *What should the recorder do if the facilitator facilitates too fast? Can the recorder interrupt and ask the facilitator/group members to repeat?*

The recorder may note down the responses in short, and complete the sentences later. Also, the recorder may use a non-verbal signal to tell the facilitator to go slow without interrupting the discussion.

- ♣ *What if the participant speaks fast?*

The recorder must listen only to what the participants are saying, without focusing on the questions or probes by the facilitator, because later the recorder can fill in the missing questions/probes with the help of the facilitator. This will help the recorder keep pace with the discussion. Alternatively, the facilitator may be signaled to use the mirror technique (repeating slowly the response of participant). This requires a good understanding between the facilitator and the recorder.

- ♣ *Can we use tapes to record the FGD?*

Tapes can be used with prior consent of the participants. However, a human recorder must always be present, recording the discussion. Tapes are not a very useful or reliable source of recording an FGD for several reasons. Primarily because the tape-recorder may fail to record, a blank new tape could be defective, the batteries (even if new) may run down, there may be too many people speaking at the same time, which would make it difficult to transcribe later. The participants may refuse recording in the middle of the FGD even after giving their consent, initially. Moreover, there is a tendency to be complacent in recording knowing that there is a tape recorder, which must be avoided. The primary source of recording should be manual recording by the FGD recorder. Tape recording should be used only as a back up, to fill in the gaps in the recording.

- ♣ *Can we get video recording done for FGDs?*

Again, video recording can be used with prior consent of the participants. Similar problems as in tape recording may occur in video recording. Also, people are very wary about video recording. They may consent to the tape recording, but not to video recording. But this again depends on the group; some are comfortable if their discussions are video recorded.

- ♣ *If the FGD participants continue the discussion among themselves even after the FGD has been summarized and concluded, should we record it?*

Record it only if it is relevant and new points are emerging. If it is a repetition of what has already been discussed, there is no need to record. The recorder may mark this as an observation in the notes.

- ♣ *Can we re-arrange responses while expanding notes?*

This depends on the responses obtained. Sometimes the response to a particular theme emerges in another theme/ sub-theme. In that case, while expanding the notes, the responses can be rearranged under relevant themes. However, if the expansion is assigned to an inexperienced person, it is better to let the person expand the notes according to the flow of the responses. The researcher can later rearrange the responses according to the themes and sub-themes during analysis of the data.

## Interview Method

**Resource person:** Dr. Shubhada Kanani

The resource person discussed the types of interviews in qualitative research viz. key informant interviews, in-depth interviews, semi-structured interviews and narrative interviews.

### **Key Informant Interviews**

Key informant interviews (KIIs) are conducted with people who are identified as key informants, who have specialized knowledge or experience in the topic of interest to the researcher.

### **Purpose and application**

- KIIs are conducted to elicit detailed and useful information on topics of interest, from those who are knowledgeable about the community and culture. They are in-depth interviews which obtain greater insight about the problem under study.
- KIIs yield ‘expert information’ not only about the key informants themselves, but also about local history, cultural beliefs and practices in the community, the physical, geographical environment, and other general information.
- Key informants, for instance, for a maternal and child health related research topic, can be: Anganwadi Workers (AWWs), Auxiliary nurse midwife (ANMs), Supervisors, Dais/ Traditional birth attendants (TBA) and traditional faith healers. One must be very careful in the selection of key informants; they should not have any political / religious or any other such inclinations that might affect their responses / opinion on the research topic.
- Key informant interviews bring in a diversity of responses. It is expected that the personal biases of the informants would creep into their responses. We should just let them know that it is not their own perceptions that we want to know, but we want to know the views of the community or group that they represent. Instead of asking,

“what do *you* think...” one must frame the question, “what does *your community* think...”

### **In-depth Interviews**

In-depth interviews (IDI) are characterized by extensive probing and open-ended questions; and they are conducted one-to-one between the informant and a highly skilled interviewer. For an in-depth interview to be a success, it is necessary to develop a good rapport with the community and the informants. IDIs are not one-time or ‘one-shot’ interviews. The term in-depth interview should be used when the informant gives detailed, contextual and comprehensive information about the theme under study; perhaps over several sessions. For a one-time interview (no matter how long), the term unstructured or semi-structured interview is more appropriate.

### **Purpose and application**

- In-depth interviews are used for obtaining better understanding of people’s own perceptions of the research topics.
- It is particularly useful for gaining a great deal of insight into issues which cannot be measured or quantified, like people’s thoughts, feelings and behaviors, by letting informants talk freely about topics of interest.
- The researcher has a clear plan in mind but a minimum of control is exercised over the informant’s responses.
- The researcher lets the informants express themselves in their own words and at their own pace.

### **Unstructured Interviews**

Unstructured interviews are similar to IDI in format and purpose, but are of shorter duration and usually give less in-depth information than in-depth interviews.

## **Semi-structured Interviews**

Semi-structured interviews (SSIs) are relatively more structured but nevertheless contain several open-ended questions. They also contain some structured questions or questions requiring short answers.

### **Purpose and application**

SSI is more useful, practical and feasible in qualitative research as it serves the purpose of obtaining both types of information.

- Close-ended, relative to specific and important information like duration of illness (days), length of breast-feeding (month) and so on.
- Open-ended related to beliefs, perceptions, underlying reasons for practices.

SSIs should be preferred if the interviews are to be conducted by persons other than the researchers themselves, and especially if the persons conducting the interviews have little grounding in the subject or topic being studied.

## **Narrative Interview**

Narrative interview can be considered as the unfolding of a story or an event. It is a step-by-step description of a recent event or series of events, described in sequential manner by the informant; as perceived and experienced by the informant.

### **Purpose and application**

The purpose of narrative interviews is to understand perceptions of people to events or episodes as they occur and the decision making (if any) in response to these events. For example: a step-by-step description of a recent episode of illness in a woman or a child or new born, or events in the past few months which are perceived to cause a specific health or social problem.

### **Questions raised by participants and responses of the resource persons**

- ♣ *An informant continues to talk about things not directly related to the interview. For example, in a community based research on delivery care practices, one of the women informants narrated at length the complications she had during pregnancy, which she decided to*



*continue, despite her husband's insistence on abortion. Would such a narration be treated as narrative interviewing?*

No. Such narrations would be an extension of the unstructured interview and not a narrative interview. The experiences or events shared during the interviews should be described as such and not as a narrative interview. The researcher can subsequently conduct narrative interviews on the research topic or on a section/sub-theme of the research topic.

♣ *Is there a sequence in conducting interviews of different types in a program or a research study?*

It is better to do a few good KIIs, a few focus group discussions and then conduct SSIs or in-depth interviews. Generally unstructured interviews are not conducted in the beginning when the researcher is not familiar with the situation in a community / group under study. However, there is no fixed rule about the sequence for using various methods. It depends on the objectives of the study.

### **Conducting Key Informant Interviews - Role Play**

A role play was conducted to provide participants experience in conducting key informant interviews. Participants were divided into four groups with three participants in each group. Two participants from each group were assigned the roles of facilitators and recorders respectively and the third played the role of the key-informant. Each group was provided a question guide on the topic: "Problems of Adolescent Children", with the sub-themes: managing emotions and need for counseling centers for adolescents.

Two resource persons observed the role play performed by each group. After the role play, the facilitators and recorders of the four groups were asked to describe problems and constraints faced by them and the resource persons provided their suggestions for improving facilitation and recording.

### **Problems and constraints faced by the facilitators**

- Being unfamiliar with the question guide lead to delays in posing questions to the informant. As the question guide was in a box format, it was difficult and confusing to follow the question guide.
- It was difficult to elicit a response from the informant at times.
- It was difficult first to read the question from the guideline and then ask the informant because at times one missed out some questions.
- At times it was difficult to keep the interview on track because the informant started giving information, which was not relevant.

#### **Problems and constraints faced by the recorders**

- It would have helped if the facilitators repeated the answers given by the informant. It is beneficial to recorder if the facilitator confirms the response of the informant so as to enable the recorder to write it down in the mean time.
- If the facilitator asks questions rapidly, the recorder has to face difficulty in taking down the notes.
- The respondents speak so much at a time and continuously that it is difficult to write down all the information.

#### **Resource person's suggestions for improvement**

- The facilitator and the recorder, both must first go through the question guide at least four to five times in order to become familiar with the question guide; this will help the facilitator to maintain the flow of the interview.
- The researchers must introduce themselves and mention the purpose of interview.
- They should explain the informants about the confidential nature of the interview and briefly describe the topics to be discussed.
- If an audiotape is used, its purpose should be explained to the informants and their permission should be sought.
- The facilitator should listen carefully, keep the interview flowing like a conversation, but at the same time not allow the respondent to deviate from the

topic under discussion; the facilitator should allow the required amount of time - neither too brief and nor too long – for discussion on each theme/ sub-theme.

- The facilitator should be patient; should not worry about silences. S/He should wait for the respondent to decide what to say or create pauses so that the informant can elaborate a point.
- If the required response is not elicited then the facilitator must reframe the questions, wherever necessary, rather than giving the informant clues or suggestions.
- The facilitator should repeat the answers to confirm with the informant whether the facilitator has understood the response well; this will also help the recorder.

At the end, the resource person also added that in order to break the monotony of the interview technique, various participatory research approaches such as ‘Ranking’; ‘Rating’, ‘Drawing and Dialogue’ could be used along with interviews. These methods however were not within the scope of the present workshop.

## Observation Method

**Resource person:** Dr. Shubhada Kanani

The resource person began the session explaining that the ‘observation method’ is a very powerful tool to understand various events and behaviors; it provides valuable non-verbal clues as to what is actually occurring. Observations are helpful because they help in ascertaining whether people actually follow behavior reported in the interviews.

### **The Purpose of Observations**

- The main purpose of observations is that they allow description of behavior in context.
- Observations help to validate reported information obtained from other methods such as interviews or FGDs

The resource person explained the problems one may encounter while investigating behavior using interview or survey schedule. Many of these problems can be overcome when observations are used as a method of investigation.

### **Problems with Using Survey Research/Interviews to Investigate Behavior**

- **Problem of meaning.** People may vary in their interpretations of key terms in a question.
- **Problem of omission.** When answering the question, respondents may inadvertently omit key terms in the question.
- **Problem of memory.** They may misremember aspects of the occurrence of certain forms of behavior.
- **Social desirability effect.** They may exhibit a tendency towards replying in ways that are meant to be consistent with their perceptions of the desirability of certain kinds of answers.
- **Question threat.** Some questions may appear threatening and result in a failure to provide an honest reply.

- **Interviewer characteristics.** Aspects of the interviewer may influence the answers provided.
- **Gap between stated and actual behavior.** How people say they are likely to behave and how they actually behave may be inconsistent.

The observation method helps to overcome some of these deficiencies of reported data. The resource person discussed the types of observations.

### **Types of Observations**

- Participant Observation
- Non-Participant or Direct Observations
  - Unstructured Observations
  - Structured Observations
    - Continuous Monitoring Observations
    - Spot Observations

### **Participant Observations**

During this type of observation, the observer becomes an integral part of the community; lives with people. This reduces the objectivity on the part of the observer, but gives valid, unbiased information as the people who are being observed are not conscious of the fact that they are being observed.

### **Direct Observations**

Direct observations are important to understand the complex relationships between cognition and behavior. Here, the observer is not part of the event or activity; hence people who are observed know that they are being watched; this influences the behaviors of the people. However, after some time, the behavior reverts to normal. This type of observation is valuable to get ‘non-verbal’ clues as to what is actually happening. Direct observations can be either structured or unstructured.

### ***Structured observation***

Structured observation is a method for systematically observing the behavior of individuals in terms of a schedule of categories. It is a technique in which the researcher employs explicitly formulated rules for the observation and recording of behavior. One of its main advantages is that it allows behavior to be observed directly and in a structured form making analysis easier. The aim of the observation schedule is to ensure that each participant's behavior is systematically recorded so that it is possible to aggregate the behaviors of all those in the sample with respect to each type of behavior being recorded. The rules that constitute the observation schedule are as specific as possible in order to direct observers as to exactly what aspects of behavior they are supposed to be looking for. There could be 'levels of structuring' – highly structured (minute to minute) or less structured (few hours). An example of observation schedule for structured observation of infant and young child feeding was shown to the participants. The two most commonly used structured observations are:

- ***Continuous monitoring observations:*** A subject or a group of subjects are watched for a specific period of time and their behavior is recorded as faithfully as possible in time-event sequence. Associated behaviors and activities are also recorded on a structured format. For example, to look at the kinds of services provided and to see how well these services are managed. For example: Are the records well kept? Is the staff readily available and enthusiastic? Is good supervision being undertaken? Are the health services available? Are they used? Time-activity data have become increasingly important to look at behavior in its entire social context to understand the important linkages between social and household variables and health and well being. Time-activity data can be obtained through observation, interview and diary recording.
- ***Spot observations:*** Involve visiting households unannounced and observing the behavior of all the individuals or selected individuals at the instant of arrival or at moment of observation. The activity of the individual is recorded and each recorded activity represents a single 'spot observation'. With a sample of observations on individuals in a particular age and sex category, percent observation of a particular activity is calculated. For example, from a total of 20 observations made on male children below 10 years in the selected families, 15 times they were seen to be eating

food purchased from the street vendor, the percent observation is 75 %. An example, showing the results of spot observations done to understand the occupation and expenditure patterns of selected families of a community, was used, to explain how data can be presented.

### ***Unstructured observations***

Unstructured observations are open and fluid; anything seen in relation to the theme of research is noted. It is a technique in which the researcher observes an activity or an event without following any rules or checklist. One of its main advantages is that it allows behavior to be observed in detail. However, it is difficult to analyze the vast amount of textual data obtained as there are no pre-defined categories. The resource person shared an example of unstructured observations done in urban and rural areas of Indore to understand the work organization and allocation of time to various job functions by the Auxiliary Nurse and Midwives and Lady Health Volunteers of the government health department.

### **Challenges in Conducting Observations**

- Continuous day long observations: a heavy investment of time, considerable patience, perseverance, and concentration is required in trying field conditions. Time can be saved by first doing some unstructured observations (to get an idea of categories) followed by continuous monitoring (timed) observations which are more structured.
- These demands of time and basic investigator attributes are a challenge to be faced by researchers.
- The issue of non-cooperation of the subjects and their consequent removal from the study also need to be addressed.
- Planning for observations requires the researcher to take into account the time needed for recording and analyzing the voluminous textual data generated; much more compared to other qualitative methods such as interviews or FGDs.

Despite these challenges, observation method remains a valuable tool in qualitative research.





## Analysis of Qualitative Data

**Resource person:** Dr. Shubhada Kanani and Smita Maniar

Qualitative data analysis is a very challenging task, because there is a large volume of information that has been collected. There are no set rules for analysis, unlike in quantitative data analysis. There are different approaches to qualitative data analysis. Some researchers generate reports directly from the expanded notes. In any case, the expansion and translation of the notes is the first step in analysis of qualitative data.

Steps in qualitative analysis:

1. Expansion and translation of notes
2. Categorization/summarization of notes
3. Compilation of data
4. Triangulation of data: a) Arranging data according to the themes; b) Arranging data according to the methods

Important points for expansion and translation of notes were reinforced by the resource person. Further, the resource person also stated that translation could be done after expansion or after categorization, depending upon the project objectives and investigators' abilities.

### **Categorization of Notes**

The main discussion was focused on categorization of notes. Categorization/coding is a key process in most strategies for qualitative data analysis, however it may also fragment and de-contextualize the text.

### **Basic steps in summarization of data**

- First do a very basic categorization or coding. For example, giving code numbers-numerical or alphabetical - may be similar to theme/sub-theme numbers as we read the expanded notes and attentively group the content of what is said. In fact in the case of semi-structured interviews, the process of coding starts right from the

development of question guide, continuing through the recording of raw notes and expansion of notes.

- Second, again read through the expanded notes for significant verbatim statements to increase the validity of the content and reflect people's views in their own language.
- Third, start looking at the data keeping in mind the broad themes/ objectives and looking at the data collected for each broad theme using all the research methods.

Summarization is the starting point for most forms of qualitative data analysis. The following steps and considerations need to be borne in mind while preparing for and during summarization.

1. Summarize as soon as possible: It is well worth summarizing as you go along. This may sharpen your understanding of your data and help you decide if more data is required. This way, you do not feel 'drowned' by your data, which may happen if you postpone analysis entirely until the end of data collection period.
2. Read through your initial set of transcripts, field notes, and documents without considering an interpretation; perhaps at the end jot down a few general notes about what struck you as especially interesting, important or significant.
3. Form categories. Read through your data again, but this time, begin to make categories/ codes in the margin. Make as many as possible. As you generate categories, it will help you to interpret and theorize in relation to your data.
4. Review your categories in relation to your data.
  - Are there smaller categories or minor sub-themes which could be combined?
  - Do some of your categories relate to concepts and categories in the existing literature? If so, might it be sensible to use these instead?
  - Can you see any connection between the categories?
  - Is there some evidence that respondents believe that one thing tends to be associated with or caused by something else? For example, symptoms of anemia

are often mentioned as consequences of anemia. Present the informant as people perceive it.

Next, check validity of your thematic data by going back to the expanded notes (if necessary 'raw' notes) to check if your broad analytical themes and content are supported by the actual responses, or there are inconsistencies. If your raw or expanded notes cannot resolve these inconsistencies, consider going back to a knowledgeable (key) informant to find out the reasons or get more information on such issues/topics. Also, insert important verbatim statements from expanded or raw notes if they have been missed out.

### **Compilation of data**

Compilation basically means keeping all the data at one place. Usually this is done according to the themes and sub-themes, like for the code no. 1.1, we compile all the information coded as 1.1s and similarly for all the codes and sub-codes. This is done by using the cut-paste command in document files or by literally cutting the similarly coded responses on sheet of paper and stapling them together. This phase does not require much knowledge about the research topic. Any computer operator or office assistant can do this if the notes or documents are properly coded according to the themes and sub-themes of the research topic. However, certain precautions should be taken such as:

- Before cutting the strips of paper, the SSI/FGD code should be mentioned on the strip; so that in case of doubt the raw notes of the SSI/FGD can be referred to, if necessary.
- One must ensure that one does not miss out coding statements. Some times the verbatim statements are not coded and hence the computer operator /office assistant may leave out these important statements.
- One should compile data without too many interruptions. It is a tedious task and should be completed for each document / expanded notes at one time; if left in-between the person loses track and there is a loss of data.

### **Summarizing FGD data: Group exercise**

A group exercise was given to participants to help them gain experience in summarizing data obtained from FGDs. The participants were divided in pairs and each pair was given a few expanded notes of an FGD conducted with women's groups on 'Water and Sanitation facilities in rural Gujarat'.

### ***Participants' experiences of summarizing FGD data***

- It was time-consuming.
- It was tedious, and complex.
- It has to be done very meticulously.
- If it is exhausting to complete just two FGDs, one can imagine what it would be like to summarize more FGDs. One has to be very patient!
- One has to be impartial and unbiased while summarizing data.
- Many times one does not get the relevant responses for the questions posed from all the FGDs conducted and hence under certain sub-themes there are more responses and under certain there are less responses.

The resource persons stressed the following points:

- While summarizing data one has to ensure that it makes complete sense.
- Summary should be done in the local language and then translated. This will add one more step to the process of analysis, but it will ensure the accuracy of the data. The person who summarizes the data must be familiar with the local language, must at least know the field realities/scenario and should have been on the field at least once.
- One should try to use verbatim statements only for important points or to illustrate the significant findings from the responses, or only if the verbatim is throwing up something new, for example: showing some contradiction or complexity. Many a times researchers find it difficult to decide what is significant and what is not.

### **Triangulation of data**

Triangulation of data increases data validity and points out the differences and similarities in people's perceptions. During triangulation, one arranges data by themes and integrates data obtained from different methods under common themes. To illustrate this, the resource person shared an example of information on 'Perceptions regarding a healthy delivery of a newborn' obtained through various methods such as FGDs, KIIs and SSIs. Participants were shown how to arrange the data on the subject collected through these methods.

## Gender Sensitive Qualitative Research

*Resource person:* Dr. Shagufa Kapadia

Dr. Shagufa Kapadia introduced the concept of gender sensitivity in qualitative research by asking participants what they understood by the terms 'sex' and 'gender'. Most of the participants were able to state that while sex is biological, i.e., it is about being a male or a female, which a person is born with, gender is a socially constructed concept.

Dr. Shagufa Kapadia emphasized that mere desegregation of data sets by sex cannot be called gender sensitive research unless it is analyzed differently for both sexes. The entire research process must be gender sensitive, right from the conceptualization of the research question.

As researchers we have to take into consideration whether and how socially constructed differences in women's and men's living conditions, roles, status, behavior and perceptions affect a specific dimension. There are certain topics, which are gender specific – such as prostate cancer (which affects only men), or cervical cancer (which affects only women). However, even if only women or only men are included in the research, gender issues need to be examined.

### **Gender Bias Problems**

'Androcentricity' is the term coined by social scientists for male dominance and its maintenance. An androcentric approach may be either refusal to look at sex and gender differences, even when they are significant, or it may be adopting of double-standards and or different treatment in instances, in which such treatment is not justified.

Androcentricity may occur in any or all steps of the research process, such as

- Taking males as the norm against which females are assessed. For example, heart attacks are identified by their symptoms in men, although the symptoms of heart attacks may be different in women.

- Under-representation or exclusion of women in areas dominated by men, for example when we talk of farmers we think of men, however, significant farming work is done by women.
- Under-representation or exclusion of males in areas that tend to be identified with women such as family, community, care-giving. For example, fertility is defined only in terms of women's childbearing age, or parenting is equated with mothering, or programs on teenage pregnancy focus mainly on girls.
- Sometimes the researchers' own biases and perspectives creep into the research. For instance, a study of experience of infertility among urban middle class couples in Baroda city found that most women has good spousal and family support, whereas the review of literature and other similar studies showed lack of support and disproportionate burden of suffering in women. Thus the researchers of the study had approached the issue on the assumption that women suffered more than men.
- Gender insensitivity: Gender neutrality or gender blind approach, whereby we ignore differences even when they are present. Gender insensitivity manifests itself in different forms, as
  - a) Double standards – sexual dichotism, which is the inverse of gender insensitivity. Here the sex differences are exaggerated and the two groups, that is, men and women are treated as completely discrete groups rather than with overlapping characteristics.
  - b) Reification of gender stereotypes – wherein a gender stereotype is treated as if it were a sexual trait. For instance, there is a tendency to naturalize stereotypes – that men are naturally more promiscuous than women or that women are more tolerant.
  - c) Householdism – household or family is taken as the smallest unit of analysis although policies and situations affect women and men differently. 'Family' is often the unit of analysis for income, treatment seeking, care giving, and so forth. For instance, the care provided by 'family' when patients are discharged from hospital. Researchers ignore the person(s) in the family who provide the care. Women are mostly the caregivers. However, by taking family as the unit of analysis, the contribution or role of women is ignored.

- d) De-contextualization – apparently similar situations may have different effects among the sexes depending on the context within which issues are located. For example, in Canada, an advertisement for a scholarship invited applications from “young scholars”, specifying the age limit as 35 years. This evoked protest from various quarters, because it was disadvantageous to women who have a different career trajectory compared to men.

### **Gender at several levels in the Qualitative Research Process**

Throughout the process of doing qualitative research, ‘gender’ has to be considered at several levels:

***Informed consent:*** While taking informed consent, the researcher must consider: Are women used to making any decisions without consulting others? Are young men or adolescent boys used to taking decisions without consulting their elders?

***Key informants:*** Often it is men who get selected because they are more easily available and are in a better position to provide information.

***Drop out:*** Drop rates may be different for men and women. Women generally need men’s permission to participate in a research. It is likely that women may be denied permission to participate in the research mid-way during the interview. Therefore the researchers must be prepared for higher drop out rates among women.

***Research team:*** Both sexes need to be represented in the data collection team so that the interviewees are more comfortable with the interviewers of their own sex.

***Data analysis:*** Gender based nuances need to be gleaned from data.

***Timing of data collection:*** When are men more likely to be available? Will they be able to speak at leisure? What about women? Care must be taken to schedule the interviews at a time which is convenient for the male and female interviewees. For



instance, men may be available only in the evenings or early mornings. Women may be available in the afternoon.

***Place of data collection:*** A critique of the individual interview method is that there are always people around; it is difficult to speak to the informants, especially when they are women, when there is no one around. In Indian context and culture, it is difficult to ensure that privacy is maintained during the interview with women, as there is always someone either a neighbor or a family member, or the husband who would be present during the interview.

### **Use of Gender Analysis Framework in Research**

One of the reasons for the popularity of qualitative research methods is that they are more amenable to elicit data from women. Researchers are increasingly using a framework for gender analysis to make their research more gender sensitive. A gendered analysis of any issue includes the following:

- **Gender based division of labor:** In our society there is gender based division, i.e., hard work is done by men and soft work by women; technical work is done by men and all non-technical, household work is done by women.
- **Gender roles and norms:** In our society, men and women are expected to behave in different ways. Men are expected to be aggressive, women are expected to be mild; men are allowed to stay outside the homes till late night, women are not.
- **Access to and control over resources:** Access is the ability to use a resource and control is the ability to define and make binding decisions about the use of a resource. Women and men have unequal access to and control over resources. For example, women may have access to health services, but no control over what services are available and when.
- **Power and decision-making:** Power comes from having access to resources and control over these resources. Men are more powerful than women as they have greater access to and control over resources. Power may be of physical force, of knowledge

and skills, of wealth and income, or power to make decisions because one is in a position of authority.

Following the presentation, participants formed three groups to work on the topics given to them. The themes were: Malnutrition among Children, Education, and HIV/AIDS. Participants were asked to formulate a research question related to each of these themes and use the gender analysis framework to identify possible gender issues in the research topic/question formulated by them.

## Presentation of Data

**Resource person:** Dr. Prakash Kotecha

The presentation began with definitions of the terms: research, research methods, data, and variable.

Research is the scientific way to identify a problem, understand the reasons of its existence, and find a solution for that problem.

Research methods, are the methods of enquiry into the existing problem and collecting information. The information that one collects using these methods is called data (always in plural) and the type of observation that one may make or ask questions and obtain information is called a variable.

### **Types of data**

Data may be qualitative and or quantitative. There are no data that can be classified strictly as qualitative or quantitative, as data can have both a qualitative and a quantitative aspect. However, they may be identified as qualitative or quantitative through in terms of the following characteristics:

- Qualitative data are categorical, non-numerical, for example: gender, breed.
- Quantitative data are numerical measurements, continuous (for example: age, weight, etc.) and discrete (for example: number of pregnancies, number of lesions.)

### **Presentation of qualitative and quantitative data**

Statistics is a tool for research. It is concerned with the collection, analysis and interpretation of data collected from groups of individuals. Statistics is a tool that is used also for presentation of qualitative and quantitative data.

In epidemiology/statistics the term ‘qualitative data’ is understood differently from the way it is understood in anthropology.

In statistics, qualitative data are expressed in the form of *frequency* (number of subjects in each category) and *relative frequency* (percentage or proportion of total subjects in each category). Quantitative data are expressed in the form of *frequency distribution*, *measures of central tendency*, and *measures of variation*.

It is necessary to realize that statistics is a tool that we use for making meaning and it should not use us or confuse us, or misguide us.

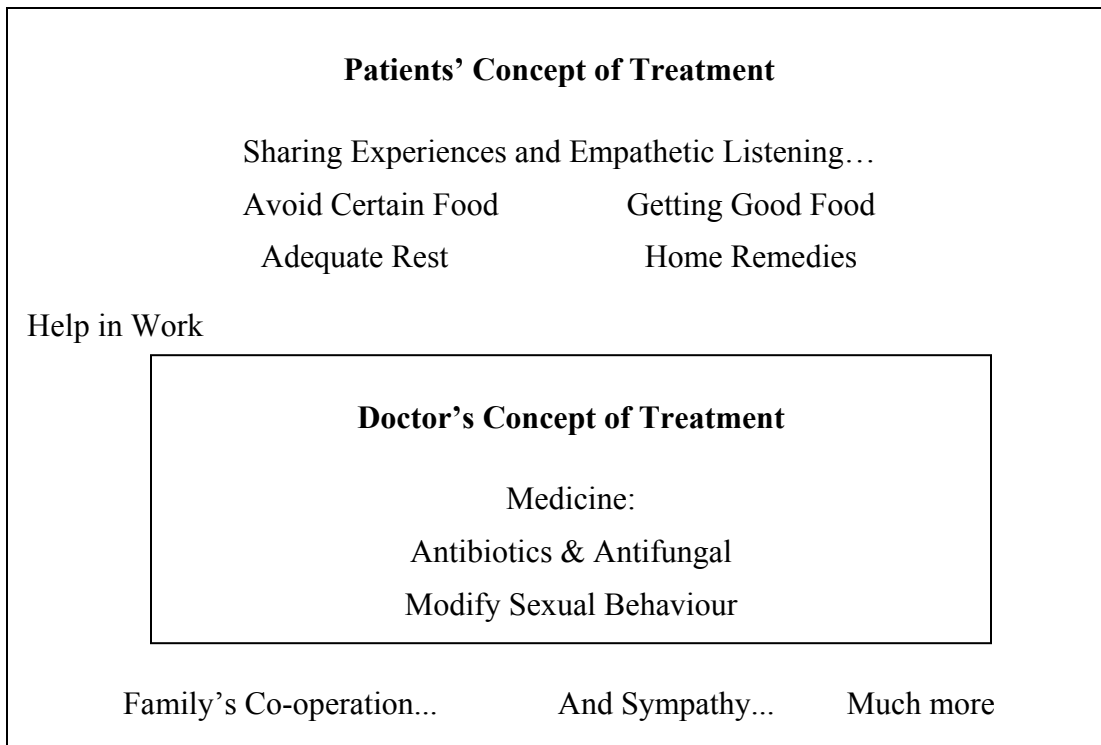
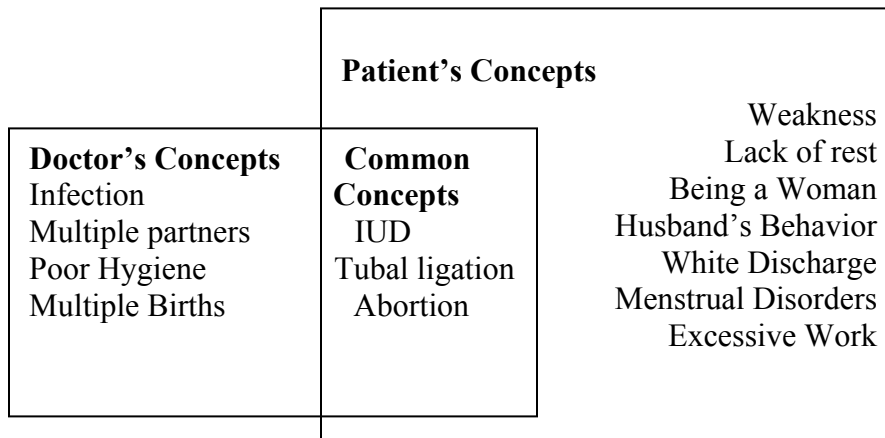
### ***Presenting data in table format***

Tables are the simplest way to present data. However, often tables contain data but it is not clear to the reader what they indicate. Some pointers for presenting table are:

- Conceptualize the tables keeping the study objectives in mind.
- Decide what you want each table to show; i.e., you have to refer to the question you had asked.
- First, create a dummy table with dummy values and ask someone else to interpret it. Is their interpretation what you hoped they would interpret?
- Generate actual data in that table from the data set and interpret the table.
- If you are using a software to generate tables, do not let the software generate the table first and interpret tables later.

Dr. Kotecha illustrated the process of creating tables with examples of data on vaccine coverage among children, age distribution of patients suffering from pelvic inflammatory disease and anemia prevalence before and after an intervention program.

He cautioned that one must be very careful while presenting data in percentages in the tables. He also illustrated pictorial depiction of data in the forms of pie charts, area graphs, and flow charts. He gave an example of a qualitative study conducted by him among patients suffering from pelvic inflammatory disease (PID). In the study, besides patients, doctors were interviewed. The study found differences between the perceptions of doctors and patients regarding the causes of PID and its treatment. Their perceptions have been juxtaposed in the following diagrams:



**Power of data**

Data is a powerful tool that one can use to

- i) assess the current and future needs
- ii) decide what to change
- iii) determine if goals are being met
- iv) engage in continuous improvement
- v) identify root causes of problems

vi) promote accountability.

However, there are many barriers to effective use of data, such as: data collection may not have been proper or uniform, the users of data may not have been trained in their use, the quality of data may be poor, the users of the data may have unclear priorities or may distrust data, and so forth.

Dr. Kotecha felt that it was a criminal to limit the use of research data to publishing papers. Data must be used for further action. He reiterated that research, no matter how well intentioned, must be followed by appropriate action. Therefore clear presentation and wide dissemination of all research data are very important.

## Writing Up Qualitative Research

*Resource person:* Dr. Shubhada Kanani

Dr. Kanani emphasized on the points while writing up qualitative research data:

- Writing up a report well can come only with practice, but an attempt has to be made.
- Quantitative and qualitative research methods are very different approaches. However, often very little difference is seen in the way the reports on qualitative and quantitative data are written. In quantitative reports, the methodology is described in detail and written very well, whereas in qualitative reports this is often not the case. Thus leaving room for doubt about the validity of the findings of the qualitative research undertaken. Therefore the methodology section in qualitative research reports must be well written and the researcher must learn the skills of presentation.
- One must be very clear about what one is writing, not only in terms of clarity of presentation of data or results, but also in terms of expression and language. (Key word - clarity)
- One should present only the essentials, avoid long sentences, and write in simple and short sentences. (Key word – brevity)
- It must be ensured that the sections are linked well with each other, are interrelated, interconnected and flow well.
- One must ensure that the data presented is purposeful and relevant and they answer the objectives of the research.
- One must ensure that the data presented is interesting and informative, rather than being simply a presentation of facts. The data should draw attention of the readers and give a message.
- The data should be factual; it must be true to the research that has been done. We should let our data speak for itself; not draw conclusions which are not supported by the data.
- Responses given by the majority should be presented first and then the responses by a few.
- All research objectives should be answered in the report.
- There should be consistency in the style, format, headings, and sub-headings.

- One must avoid grammatical errors and be consistent in the tense
- The text and tables - graphs should agree.
- The report should be timely. A report completed long after the research is completed loses its significance. Hence timeliness of the report is very important, especially in order to ensure its currency and relevance for policy.
- The report should be peer reviewed.

Finally: We should enjoy the process of conducting, analyzing and writing up qualitative research.



# Workshop Evaluation

In the concluding session of the workshop, all participants filled in a Proforma containing various aspects of the workshop, which they evaluated.

No.	Workshop Evaluation	No. of Participants ( N=18)		
		Excellent	Good	Average
1.	Quality of presentations	4	12	1
2.	Selection of topic	11	7	-
3.	Coverage of individual topics	4	12	2
4.	Involvement of trainers	7	8	3
5.	Quality of handouts	8	9	1
6.	Timing of the workshop	3	9	6
7.	Duration of the workshop	3	14	1
8.	Time given to each topic	4	11	3
9.	Management of the workshop	9	8	1
10.	Refreshments	7	8	3
11.	Sitting arrangement	5	9	4

## Some voices of participants

- *All the presenters spoke very well, the TPs (overhead projector transparencies) were well made and messages were made crystal clear.*
- *All the relevant topics under QR were covered; at least those which I found will help me in my thesis.*
- *Great! and (I) liked the fact that we could have role-plays along with theory.*
- *Enough time was given to each topic.*
- *Majority of the speakers conducted sessions in a lively manner.*
- *Handouts were very timely. It was useful to refer the content in the class itself.*
- *We have good material of QR.*
- *I feel handouts should be given before hand so that one can understand it.*

- *It did extend to 6 long days, but with the kind of content to be covered, 6 days does not seem too long after all!*

### **Remarks/Comments/Suggestions of participants**

1. Topic selection, contents were excellent. Session on writing up the report of QR will definitely be helpful. Thanks.
2. This workshop made me gain lots of new things. I really appreciate efforts of all organizers. Looking forward to have such kind of workshop again, but with more time.
3. It was nice. We would have (liked) a more elaborative session on Gendered research and narrative interviews. We learned a lot from the discussions.
4. Though the time slot was good, morning would have been preferable. It was a very good opportunity for us to learn about so many details in the process of any research.
5. I personally feel good after having a clear concept about QR. I have not been involved in QR, but now I will not hesitate to involve myself in QR. Thank you for arranging and allowing us to attend this workshop.
6. Overall the workshop was very good and excellently planned but more practical aspects should be included.
7. Data Analysis and presentation and Gender issues could have been dealt at length. Learning by doing was a great experience. I would like to take part in more of such workshops.
8. A lot of valuable, useful (which we can really apply) information on qualitative research was shared within a short period of time. At the same time it was not overwhelming. Lots of examples from research and experiences of participants made it interesting too!

A majority of the participants said that they will use the knowledge and skills gained from this training in their future research; in teaching and guiding post graduate students.

# Appendix A

## Interactive Workshop on Qualitative Research: From Data Collection to Data Presentation

Organized by  
WOHTRAC (WSRC) in association with Aarogya  
17<sup>th</sup> to 22<sup>nd</sup> Oct, 3:00-6:00 pm

### Program

Time	Topic	Resource Persons
<b>17 Oct 05 Monday</b>		
2:30 - 3:00 pm	Registration and introductions	Dr. S. Kanani
3:00 - 4:30 pm	Overview of steps of QR and applications in health, nutrition and development Tea & Snacks	Dr. S. Kanani
4:30 – 6:00 pm	In-Depth Interviews and Key Informant Interviews	Dr. S. Kanani
<b>18 Oct 05 Tuesday</b>		
3:00 - 4:30 pm	Focus Group Discussion and QA session Tea & Snacks	Smita Maniar
4:30 – 6:00 pm	Field level recording and expansion of FGD	Dr. S. Kanani
<b>19 Oct 05 Wednesday</b>		
3:00 - 4:30 pm	Observation Method and tool development Tea & Snacks	Dr. S. Kanani
4:30 – 6:00 pm	Narrative Interviewing	Dr. S. Kanani
<b>20 Oct 05 Thursday</b>		
3:00 - 4:30 pm	Data Management: Translation, compilation and analysis of data Tea & Snacks	Smita Maniar
4:30 – 6:00 pm	Triangulation and increasing validity Question and Answer Session and Home Assignment	Dr. S Kanani Smita Maniar
<b>21 Oct 05 Friday</b>		
3:00 - 4:30 pm	Data presentation Tea & Snacks	Prof. PV Kotecha
4:30 – 6:00 pm	Gender sensitivity in Qualitative Research	Dr. Shagufa Kapadia
<b>22 Oct 05, Saturday</b>		
3:00 - 4:30 pm	Writing up of the report of QR Tea & Snacks	Dr. S. Kanani
4:30 – 5:00 pm	Small Group Work and planning of QR Research	Dr. S. Kanani
5:00 – 6:00 pm	Workshop Evaluation and Conclusion	Yamini Venkatachalam Dr S. Kanani

# Appendix B

## List of Participants

Ms. Deepa Bordavekar  
Project Coordinator  
Sahaj - Shishu Milap

Sangeeta Mecwan  
Coordinator  
Sahaj - Shishu Milap

Ms. Runki Mukherjee  
Project Coordinator  
Olakh

Ms. Ruju Batavia  
Program Associate  
Aarogya

Ms. Rachana Bhoite  
Program Associate  
Aarogya

Ms. Smita Maniar  
Project Coordinator  
Aarogya

Priyanka Chopra  
Ph.D Student  
Human Development and Family  
Studies, Faculty of Home Science

Dr. Uday Tilavat  
Tutor  
Department of PSM, Medical College

Dr. Bhavesh Modi  
Tutor  
Department of PSM, Medical College

Dr. Ilesh Kotecha  
Tutor  
Department of PSM, Medical College

Dr. Nandini Srivastava,  
Lecturer  
Department of Foods and Nutrition

Dr. Meenakshi Mehan  
Senior Lecturer  
Department of Foods and Nutrition

Ms. Purvi Katwala  
M.Sc. Student  
Department of Foods and Nutrition

Ms. Bhavna Mathur  
M.Sc. Student  
Department of Foods and Nutrition

Dr. N. Rajaram  
Co-investigator  
WOHTRAC

Ms. Aditi Sen  
Ph. D. Student  
Department of Foods and Nutrition

Ms. Minal Sharma  
M.Sc. Student  
Department of Foods and Nutrition

Dr. Suneeta Chandorkar  
Temporary Lecturer  
Department of Foods and Nutrition

Ms. Pratibha Chauhan  
Ph.D Student  
Department of Sociology

Dr. Niti Chopra  
Core team member  
WOHTRAC

Ms. Urvi Shah  
Core team member  
WOHTRAC

Prof. P.V. Kotecha  
Core team member  
WOHTRAC

Dr. Shagufa Kapadia  
Principal Investigator  
WOHTRAC

Dr. Shubhada Kanani  
Core team member  
WOHTRAC

Ms. Yamini Venkatachalam  
Advocacy and Documentation  
Coordinator  
WOHTRAC

Ms. Swati Joshi  
Training Coordinator  
WOHTRAC

Ms. Jaya Singh  
Research Assistant  
WOHTRAC

Ms. Mandeep Jajwa  
Research Assistant  
WOHTRAC

## **WOMEN'S HEALTH TRAINING RESEARCH AND ADVOCACY CELL (WOHTRAC)**

*WOHTRAC was initiated as a project in the Women's Studies Research Centre (WSRC) at The Maharaja Sayajirao University of Baroda (M. S. University of Baroda) in 1996 with financial support from The Ford Foundation. Phase-I (1996-2001), focused on strengthening social science research in Gujarat in the area of women's holistic health. In Phase-II, WOHTRAC envisages working towards the development and promotion of a rights perspective in Gender, Health and Development.*

A unique feature of WOHTRAC is its interdisciplinary approach to health. The Core Team of the project comprises members who are professionals from different disciplines. The WOHTRAC experience serves as a model of how different disciplines can work together for a common purpose in a university set-up and also enhance NGO-academic interactions.

### **WOHTRAC (Phase-II)**

#### **Gender, Health and Development: A Rights Perspective for Training, Research and Advocacy**

##### **Broad Objectives**

*To develop and institutionalize a gender and rights perspective on health and development within the various departments of The M. S. University of Baroda.*

*To build capacity of health care providers, non-government and government staff, academicians, postgraduate students and researchers, both within Gujarat and other parts of India.*

*To advocate for a gender and rights perspective in health and development policies and programs.*

##### **Project Themes**

- Under the current project, the themes of WOHTRAC's activities are:
- Human rights approach and health
- Women's health
- Health and nutrition
- Adolescent health and development
- Analysis of policies and programs from gender, health and development perspective
- Quality of care in the implementation of health programs
- Health education and communication

##### **Past Projects**

- *Peer Education Strategy to Build Life Skills of Adolescents for Healthy Living (July 2002-January 2003), UNFPA, New Delhi*
- *Course on Gender, Health and Development (January- March 2002), UNFPA, New Delhi*
- *Strengthening Social Science Research on Reproductive Health in the State of Gujarat (1996- 2001), Ford Foundation, New Delhi*



**Women's Health Training Research and Advocacy Cell (WOHTRAC)  
Women's Studies Research Centre (WSRC)  
The Maharaja Sayajirao University of Baroda  
M-1, New Vikrambaug, Next to Pratapgunj Post Office  
Pratapgunj, Vadodara, Gujarat 390002**

**Telephone: 91-265-2783321  
Email: [wohtrac@wilnetonline.net](mailto:wohtrac@wilnetonline.net) / [wohtrac1996@rediffmail.com](mailto:wohtrac1996@rediffmail.com)**