

2. Qualitative Assessment Resources

Sample Interview Training Manual

List of Resources

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- II. Overview
 - A. Introduction
 - B. Health impacts caused by malaria
- II. Qualitative research components
 - A. Differences between qualitative and quantitative research
- III. Qualitative research methods

I. OVERVIEW:

A. Introduction:

We are here to help learn about [insert statement to describe purpose of study]. **For example for a study about pregnant women and malaria:** We are here to find out how women in the XXX District [insert name of specific district] deal with malaria when they are pregnant. We are trying to find out what women know about malaria and the risks that are associated with the illness when you are pregnant, what care women get when they are pregnant, things that women in this area do to try to prevent malaria, and what they think about the various places that they can go in order to obtain care during their pregnancy. We want to understand also how women get support during their pregnancy and where they get advice regarding what to do if they get sick while being pregnant.

In addition to talking to women who are currently pregnant or who were recently pregnant (defined as having delivered in the past two years), we will be talking to some health care workers, and lay midwives and traditional birth attendants (TBAs).

This project is part of a bigger study that will look at (insert statement).^{*} It will first try to determine the extent of the problem in this area, looking at levels of parasitemia (how many parasites that cause malaria are in a person's blood), levels of anemia, degree of placental parasitemia, and how many babies with low-birth weight are being born (a complication of having malaria during pregnancy). All the information gathered in the different parts of the study will help us (insert statement). [insert names of assessment team members] Dr. XX will be leading the one part of the study and Dr. XX will be doing the qualitative part—the aspect of the study for which you were hired.

B. Health Impacts Caused by Malaria:

Malaria: Why is malaria important? Malaria is a very serious illness, particularly in sub-Saharan Africa. Each year between 300 and 500 million people in the world develop malaria and 1.5 to 2.7 million people die each year from malaria. Young children (those under 5 years) who have not yet developed immunity (limited protection) against the illness are most vulnerable to the effects of malaria. Pregnant women, especially during their first pregnancy, are also at risk.

Malaria is caused by a parasite carried by a female Anopheles mosquito. She bites a person to take a blood meal and injects parasites. They take several weeks to develop and eventually attack the red blood cells in your body. The red blood cells carry oxygen, which is essential for your body to work. Destroying the red blood cells causes anemia, which is why people with malaria often feel very tired. In order for the infection to spread, another female Anopheles mosquito must bite a person who is infected with malaria and the cycle starts again. If the

parasites go to the brain, it is called "cerebral malaria," and it is a grave sign. This is often when people develop convulsions (seizures, or "fitting") and need to be treated with quinine.

There are four types of malaria: *Plasmodium vivax*, *Plasmodium ovale*, *Plasmodium malariae*, and *Plasmodium falciparum*. Of the four types, *P. falciparum* is the only one that can potentially be fatal. *P. ovale* and *P. vivax* are the two relapsing forms, which means that the illness can re-appear months to years later.

Usually, malaria in Africa is diagnosed by clinical symptoms. [Note: this may not be pertinent depending in which area the study will occur.] When someone complains of fever, they are treated for malaria. However, the only way to really know if someone has the parasite that causes malaria is to examine their blood under the microscope. We take a small sample of blood from a finger stick and put it on a glass slide. The laboratory technologists can then "read" the smear and tell us if the person has malaria or not. However, as many places in Africa do not have laboratory facilities, standard treatment is to assume someone has malaria if they have fever or history of fever. Since malaria can kill quickly, the practice is to over-treat for malaria so that we don't miss someone who may die if not treated.

We can determine the type of malaria by looking at a blood smear under the microscope. We can also determine how severe the infection is by the number of parasites that we can count.

Probably all of you in this room have experienced malaria as an illness. Symptoms include fever, chills, headache, vomiting, diarrhea and feeling bad. Problems related to malaria often are related to late diagnosis or inadequate or inappropriate treatment. Part of our job now is to try to figure out the best ways to insure that pregnant women in XX [insert name of district] District use preventive measures to guard against malaria. In addition, we need to help them learn how to get prompt and effective treatment when they develop malaria.

Malaria and Pregnancy: Malaria causes serious complications in pregnancy that can affect not only the pregnant woman, but can also hurt the baby. Chloroquine (CQ) used to be the main drug that was used to treat malaria, but CQ is no longer working well in most parts of sub-Saharan Africa. Malaria can cause severe anemia, which means that you have fewer red blood cells to carry oxygen, which is needed for our body to work each day. Malaria can cause early labor, which means that the baby does not have sufficient time to develop fully, or it can cause higher rates of miscarriage (losing the pregnancy). Malaria infections during pregnancy can also cause low-birth weight babies and babies that are born "stillborn" (dead at birth).

Antenatal care is an accepted means of finding complications in pregnancy and can help us teach women what to expect from malaria in pregnancy, and how to prevent it. We now know that if pregnant women use intermittent preventive treatment (IPTp) with an effective drug, Fansidar (called SP), during their second and third trimesters, we can reduce the problems caused by malaria. Part of this research will look at how we can best get women to accept using IPTp during pregnancy.

Local Beliefs about Malaria: Many people think that malaria is caused by different things. For example, some people believe that you get malaria from sleeping beside someone who is infected. Others believe that eating unripe sugar cane or getting soaked from the rains causes the illness, or that malaria occurs after a long trip. Some people believe that malaria comes with "fitting." Others believe that malaria is caused by witchcraft. Have any of you heard of other causes of malaria?

Why do people believe these things? Do any of these explanations make sense when we know that malaria is caused by parasites carried by a female mosquito? How do people make up these explanations?

If you think about what people are telling you, you will start to see and understand that people's beliefs often merge with scientific understandings. People base their beliefs on years of experience, watching the environment and how things happen. People look for sameness, for patterns in explanations, and their thinking reflects what has happened to them personally,

as well as what they see in their communities. Most behavior has purpose and the purpose is derived from a meaning system. People actively make choices in their environments based on these meanings.

Let's look at some of these explanations:

"Eating unripe fruit"—Mosquitoes are most plentiful when the outside conditions are warm and wet. At the end of the rains come the harvest - this coincides with transmission season for malaria.

"Sleeping with someone" —is often because a mosquito can bite two people in one night (the mosquitoes that carry malaria bite between dusk and dawn).

"At the end of a long trip" —often traveling involves being outside at night, which is when these mosquitoes bite.

"Getting wet and rain soaked" —coincides with transmission season, the rainy time of the year.

"Sleeping outside" —again, this increases your chance of being bitten.

During this research, we will be looking at some of the beliefs that pregnant women have in regard to causes of malaria and how to best prevent it. It will be important to understand the complexities of how people create these explanations.

Patterns of Treatment: For example, if you ask what do pregnant women do when they have a fever or think they have malaria, they may come up with several different patterns of behavior:

Day #1, 1st Day of Illness: go to a shop and buy medicines to take at home

Day #2 of Illness: rest and see if the medicines are working

Day #3 of Illness: seek advice from someone they respect

Day #4 of Illness: go to the health care facility.

We need to ask how/why/when people make these decisions and what are the factors that influence such decisions. For example, the first decision to go to a shop may be based on the perceived cause of the illness. If the person thinks it is due to "malaria," then seeking out shop medicines may be the accepted practices of that community. If the illness was perceived to be caused by something spiritual (e.g., personal transgressions), the person may instead go to a traditional healer on Day #1.

Other factors that might influence how people make treatment decisions may include:

- co-sharing cost of medications or treatments at health care facilities
- perceived seriousness of illness
- timing of illness (If illness starts during the day, the person may first go to a drug vendor or shop keeper. However, if illness starts at night, treatment options are more limited and they may chose to wait until morning before seeking care. At this point, the person is much sicker and may go straight to the hospital or health care facility)
- geographical distance to care (e.g., a shop keeper may be much closer than a health care facility)
- availability of credit schemes for payment at a shop
- advice from someone who is respected.

Using these examples, it becomes clearer how complicated the process is to understand how people think about things or make decisions about their behavior.

Proposed Activities: We hope to do the activities in XX different sites [*insert number of sites*] throughout the district. We will be in health care facilities, as well as in individual homes or maybe a common gathering area. Each site should take about (*insert estimate*). We will start with “pilot” testing our activities prior to formally conducting the research, which means that we will practice our interviews with people who are not part of the study team. Piloting the interview guides helps us to see what might need to be changed and we can change things before we start the assessment.

1. Individual Interviews: These will be done with currently or recently pregnant women, and health-care workers. In each site, we will aim to interview 4-5 pregnant or recently pregnant women, but we will need to see how much time this takes. In addition, we will be working with “key informants,” people in the area who have a particularly strong knowledge about what happens to pregnant women in this area. These key informants will be identified by village leaders, community health care workers, community members or health care facility workers. Usually we will try to interview 2-4 key informants per facility area. We will also interview facility-based health care workers, interviewing from 1-10 per facility, depending on the numbers employed in that facility.

2. Focus Group Interviews: These will be done with currently or recently pregnant women, as well as lay midwives and TBAs. For each focus group, we hope to have 5 -15 pregnant or recently pregnant participants and 5 -15 lay midwives and TBAs. We may also do health care worker interviews.

II. Qualitative Research Components:

A. Differences between Qualitative and Quantitative Research: We will be doing what is called “qualitative” research. It differs from quantitative research, which deals primarily with studying things that can be easily counted. Qualitative research focuses on what people think about things, what makes sense to them (individually and from a community perspective), how they describe things and the meaning of those things, to mention a few areas. In addition, qualitative research can be used to understand how much someone knows about something, such as what causes malaria or what are common childhood febrile illnesses. Another area that we look at involves describing how people do things—what are common patterns of behaviors, such as what parents actually do when their child has a fever, or what nurses say to patients when they see them at a health care facility.

A key element in qualitative research is to remain “value-free” while listening to the information provided by the participants. At the end of the assessment, it is also important to provide feedback about what was learned. Providing feedback acknowledges the participants’ contributions and may encourage participants to assist in future projects.

While “quantitative” research strives to understand exactly how many people say something or how often an event happens, the same type of counting can be used with qualitative research. Qualitative research can be quantified, meaning that we can attach numbers to some of the information that we gather. For example, there are times when we can count how many persons interviewed said that they always first go to a traditional healer when they are sick. We might also be able to count how many different illnesses are named when we ask participants (people who are being interviewed for the study) to tell us illnesses that cause fever in children or pregnant women.

However, there are other times when we listen to general themes in conversations and want to summarize the thoughts without counting them. For example, if we were to ask about something like “hope,” it would be very difficult to put a number on how much hope someone has.

Certain activities that we will be doing, like focus groups, will be directed towards listening to understand general things people are telling us. Other activities, such as individual or personal interviews, will allow us to count how many people do something. Both quantitative and qualitative research is important as they give us different types of information. Neither is better than the other, they just are different. It is important to know what types of information you need, and that will guide you in the type of research to do.

Summary of Differences Between Qualitative and Quantitative Research Methods

QUALITATIVE	QUANTITATIVE
Tries to understand meaning—to make sense of things that are observed in the “real world.”	Primarily focuses on quantifying or using objective measurements.
Looks at perceptions, knowledge, beliefs, ways of thinking, levels of understandings (meaning systems, ways of acting) behaviors, norms of behaviors	Uses research methods that allow the variable (what you are studying) to be counted in some manner. For example, laboratory-controlled experiments, research on behaviors that can be observed (such as drug efficacy testing), or surveys to find out amounts of things.
Examples: research examining local terms for fever illnesses in children, or research asking about how people treat malaria.	Examples: surveillance data that tell us the number of people diagnosed with malaria at the health care facilities, the number of stillborn babies born to pregnant women with malaria, or the number of children that get fever a few days after stopping malaria treatments.
Researcher very involved with interviewing research participants. Often, community is very involved in process—both with data collection (finding out the information) and analysis (making sense of the information).	Researcher may or may not be involved much in process of data collection. Community rarely involved.
More open to interpretation.	Seeks to define outcomes in numbers.
Uses open or semi-structured questions (asking people to tell you about something).	Generally has close-ended (“yes/no”) type questions, or asking for a count of something and often has pre-determined categories of answers.
Depending on the question, you can use quantitative measures to analyze at times.	Qualitative techniques are used in the writing of the research results.

III. Qualitative Research Methods:

Often people confuse research methodologies. For example, people talk about surveys and interviews as if they are the same thing. I will first show you how they differ, and then we will talk more in detail about interviewing. A survey may be done without personal contact, or with limited interaction with the research team.

SURVEY (CAN BE EITHER QUALITATIVE OR QUANTITATIVE)	INTERVIEW (QUALITATIVE)
1. Structured	1. Unstructured
2. How many? (counting)	2. Why?
3. Surveyor is expert: uses pre-determined responses	3. Community is expert: uses open-ended questions
4. Quicker to administer	4. Slower to administer
5. Done with limited involvement of research	5. Research team members are part of the process
6. Example: knowledge, attitudes, and practices (KAP) survey	6. Example: determining what malaria treatments are.

Interviews:

In a situation where you have some knowledge about something (e.g., malaria) but want to learn more (e.g., information related to pregnancy women and malaria), we usually use the technique of interviewing with “semi-structured” questions. For example, we start with a base of information about a topic, such as malaria. We know how malaria is caused and what happens when a pregnant woman gets malaria during her pregnancy, but we don’t know what women in this area do to prevent malaria. We also don’t know the best way to give them information. So, we need to ask them what they do to prevent malaria and we need to ask the women to identify the best people for offering information.

Our questions are “structured” or guided by the information that we know, as well as by what we need to know. “Semi” means that although we direct or focus the questions, we allow participants to offer more information than we requested—in essence, we are asking them to tell us stories and to share their knowledge and their viewpoints with us. Building on what information you know is important when time and money are issues, such as when you are doing a rapid community assessment (e.g., what we will be doing). We have limited time to find out a lot of information, and so we must focus on several specific areas and build on what we already know.

Another way to interview is to do what is called an “open” interview. Generally that happens when you know almost nothing about a topic or when you want to just find out what happens in a new area. For example, if someone comes to XX District *[insert name of district]* from a European country, they may need to do open interviews to learn the rules about courtship and marriage, or to learn what to do if someone gets sick in the village. Sometimes an open interview has one or two main questions and participants can freely talk for hours. Once the participants talk, new questions are formed and they may differ interview by interview, even though the interviews may all happen in the same village. During this research, we will be using the semi-structured approach, rather than the open approach.

1. **Individual Interviews:** This type of interview is done with a single person being interviewed by an interviewer. We are looking for the individual perspective, as compared to a group or community perspective. Often, they can take a long time to complete (more than one hour) but you obtain very specific information. These interviews usually yield a lot of information. You need someone to interview, an interviewer, and sometimes you may need an additional person to help record the responses. You might want to use a tape recorder to record the information.

2. Focus Group Interviews: These are done in a group, usually composed of 5-15 people. The purpose of this type of interview is to obtain the “normative” view of the community—what people generally think or what behaviors are considered acceptable, i.e., the norms of the community. For example, the normative view in an area may be that a person should only marry someone from his or her own specific sub-tribe or clan, and that is what most people do. However, some individual behaviors may differ from that as people do marry outside their clans or sub-tribes.

For focus groups, you need a “facilitator” (someone who will direct the questions of the group, and guide its interactions), people to participate, and a “recorder,” who is someone who will write down what is happening in the group. As with an individual interview, sometimes, audio tape players are used to also record the responses.

The advantages of this type of interview are that you can explore a wide range of topics and then narrow down the topics. Ideas can be explored freely and many people can offer their perspectives. Often when one person talks, it will stimulate the memory or thoughts of someone else in the group, and serves to move the discussion along. As participants raise new issues, you can go from topic to topic. It will also give you a sense of how well the community or group works together, or whether the group/community is splintered in their thoughts. Focus group data can be “triangulated” with data collected from individual interviews to see if there are similarities (thus strengthening the overall results), or it will show you that there are big differences within the community. “Triangulation” is a research term used to describe using several different research methods to ask the same questions).

Disadvantages to this method are that unless the facilitator and recorder are very good, there may be problems using this method. The expectation for a focus group is that everyone should participate. The facilitator needs to be able to limit people who talk too much and monopolize the conversations, and also to be able to encourage shy, quiet people. The recorder must be able to listen for themes and fill in the details later. He/she needs to be able to record the dynamics of the group (for example, the group got very argumentative over a certain question) and needs to be able to focus when several people are talking at one time. Another disadvantage, particularly when you hold focus groups outside, such as in a village, is that their size may grow quickly and soon be too big as many people are interested and want to be part of this activity. When the group becomes larger than 15 people, it becomes too difficult to manage the group, to make sure everyone is participating, and to record. Lastly, it may be time-consuming and difficult to convene such a group.

Recording the focus group is a bit different than recording an individual interview as the recorder must be able to record general themes. Counting responses is not important, but identifying themes and noting that most or many of the participants felt the same way about issues is important. It is important to note if someone is very different from the group with their behaviors or thoughts. We call this type of person an “outlier” and we need to understand this dynamic of the group when we analyze the data. Names are never used in the recording, although you might identify a speaker by their job description, should you know it. For example, “the nurses in the group felt...”

Conducting an Interview:

1) Components of interview:

- a) The person being interviewed: “*interviewee*,” (assessment or research participant)
- b) The person who does the interview: “*interviewer*” (staff)
- c) Subject matter:
 - i) Coherent list of questions around theme
 - ii) 1 - 2 broad questions that allow a person to talk freely
 - iii) Historical perspective: “tell me what used to be done for malaria control”

d) Venue (where to hold interview):

- i) Use a quiet space that is free of distractions
- ii) Ensure that it is as private as possible

e) Equipment:

- i) Chairs for participants, interviewer and recorders
- ii) Copies of interview field guide
- iii) Writing materials (paper, pencils/pens with extra supplies as needed)
- iv) Optional: tape recorders (not recommended)

2) Process of the interview:

- a) Introduction of study team
- b) Explain purpose of interview
- c) Types of information to be obtained
- d) Benefit to participant or to greater good
- e) Obtain informed consent (this depends on what is required in a particular country)
- f) Conduct interview
- g) Conclude, check for missing data and thank participant:
 - i) Acknowledge that you understand that the participant came voluntarily and committed a length of time to be with you
 - ii) Show respect for what they have told you
 - iii) Reassure them that they have given you valuable information

3) Characteristics that improve interviewing skills:

a) Values:

- i) Patience
- ii) Good sense of humor
- iii) Flexibility
- iv) Tolerance

b) Ability to recognize the need to change interviewing style:

- i) May need to speed up or slow down
- ii) May require a different way of phrasing a question:
 - (1) Use of paraphrasing, which is re-phrasing what you think the participant said (e.g., "I understand that you just said that you think most women use antenatal care in this area—have I understood correctly what you meant?")
 - (2) Use of "third party" technique (e.g., "Someone told me that they think... [insert a statement that you want the participant to respond to]. Do you agree with that?")
 - (3) Use of reflexive questioning, which is changing the responses into question format (e.g., Do I understand that you think XX drug is the best to use for

malaria?)

(4) Clarifying when something the participant said does not make sense to you (e.g., "I am sorry, I do not understand what you mean. Could you please help me by giving me an example of what you mean?")

iii) May need to direct participants back to the question if their response focuses on other issues

c) Interviewer behaviors that encourage participants:

i) Knowing the interview guide questions very well:

(1) Practicing the questions many times before you start the assessment or study

(2) Use the guide to only glance at the questions, rather than reading it

(3) Recognizing if the participant has already given you information that would answer a later question (if you know the guide well enough, you will know where participants' answers belong)

ii) Demonstrating relaxed body language, leaning slightly forward in the direction of the participant, not appearing restless

iii) Making direct eye contact with participant, nodding head or showing another physical sign that you are hearing what the participant is saying (**NOTE:** this does not signify that you necessarily agree with the participant, only that you are paying attention to what they are saying)

iv) Not interrupting the participant until he or she is finished

v) Using encouraging language: e.g., "That is really interesting, no one ever told me that before."

d) Demonstrating good "listening" skills:

i) Be attentive while you write

ii) Write quickly and use abbreviations that are known to you

iii) Ask participant to slow down if needed

iv) Record major themes and fill in gaps later

v) Write legibly:

(1) Remember that sometimes other people must do the transcribing and analysis. Your data must be able to be read by them or else it is considered "lost" data.

vi) Make sure you do a thorough check of the data at the end of the interview:

(1) Ensure that all questions have been answered BEFORE the participant leaves. If something is missing, ask the question.

(2) Correct any abbreviations used and fill in gaps to make the data understandable to others

(3) Spell correctly

(4) If including a quote given in a local language, write the quote exactly as given in the local language and include a translation. You can discuss the translation in debriefing sessions.

4) Solutions to common problems during interviewing:

- a) Interviewer can not understand the words being used:
 - i) Ask participant to slow down, ask for clarity, ask for a spelling of the word
- b) Interviewer can not understand the concepts or ideas expressed by participant:
 - i) Ask for examples
- c) Answers given are too long or complicated:
 - i) Re-phrase what you think you heard and ask participant if you have missed anything BEFORE going on to next question
- d) Environment is noisy and you cannot hear what is being said:
 - i) Stop interview and see if you can change venue or position of where you are seated to maximize your hearing
- e) Participant seems uncomfortable with a question or topic:
 - i) Acknowledge to participant that you understand it is a difficult or sensitive topic
 - ii) Identify the benefit for the participant (e.g., "I understand that it is difficult to discuss your child's serious illness. You might feel better if you are able to talk about your feelings. As well, your experience might assist other parents in this situation as we can learn from your experience.")
 - iii) Move to another question if participant is too uncomfortable
 - iv) Make notation in interview guide why question was not answered

List of Resources

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