

INTEREST TRANSCRIPT Issues RESPONSIBLE NARRATIVE context
DMR CASE STUDY Transferability TRUSTWORTHY ISSUES THEME DEPENDABILITY Observation opinion Theme
DMR KEY INFORMANT INTERVIEW INTEREST FRAMEWORK ANALYSIS context
DMR Reflexibility NOTE TAKING Credibility OUTLINE TRIANGULATION TRANSFERABILITY context ISSUES
Theme NOTE TAKING Grounded Theory TRIANGULATION Outline context
Key Informant Interview Research CREDIBILITY Observation ETHICAL Content Analysis THEME
Note taking Confirmability PURPOSIVE SAMPLING Case study Dependability
In depth Interview DMR Issues ding opinion Confirmability DISCOURSE ANALYSIS interpret Ethical

Qualitative Methods in Health Research

NARRATIVE TRUSTWORTHY TRANSFERABILITY Integrity REFLEXIBILITY Outline DMR
DMR Issues DEPENDABILITY DMR ON INTEREST CODING OPINION ISSUES
DMR NARRATIVE INTEGRITY DMR ch DMR opinion DMR GROUNDED THEORY
Focus Group Discussion Trustworthy Observation understanding
Outline PURPOSIVE SAMPLING Issues interpret Coding TRANSCRIPT UNDERSTANDING DMR
DMR OPINION DMR Issues Framework Analysis THEME DMR CONFIDENTIALITY RESPONSIBLE ISSUES
DMR Phenomenology DMR Issues INTERPRET DMR understanding CONFIRMABILITY CASE STUDY
INTRODUCTION OBSERVATION DMR Note taking DMR COMMUNITY CONTENT ANALYSIS
DMR DMR Integrity DMR TRANSCRIPT DMR CONTEXT DMR Issues INTRODUCTION CONFIDENTIALITY
Issues Note taking DMR Community Coding INTRODUCTION CONFIDENTIALITY Theme DMR Content Analysis

**Interpreting
Qualitative Data**

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Preparing the Results:

A. Thematic Patterns

- Read and re-read the grouped statements, **looking for similarities and contrasts** in concepts and words
- Look for patterns (these may be expressed in very different ways, so look beyond the words)



Preparing the Results (cont):

A. Thematic Patterns

Make **general summaries** of each pattern for every theme, and **comment on the extent of agreement between the statements**

Eg-

Most of the comments suggested that the hardest thing about giving up smoking was the way it's connected to so many parts of everyday life.

However, a few described craving as the worst thing.

Preparing the Results (cont):

B. Individual Patterns

- **Over-reliance on general patterns** risks losing the coherence of each individual's story
- Return to the transcripts now, and **read again.**
- **Make short notes to summarise the most significant themes** (or interactions of themes) in relation to each individual
- Then, **read the whole set of individual notes to identify common patterns or differences across the whole sample,**

Eg

- *Nearly all of those who attempted abortion were low socio-economic group, had weak social support networks and low level of knowledge on contraception.*

Results (cont): Themes + Individuals

- Now you must decide HOW to present the Results
- Clustering by theme is most common
  - This is assisted by : identifying interactions of themes for separate individuals, and then finding patterns across the sample (the “clusters” should become apparent)
  - If you have a VERY small sample, you may choose to group by individual
- High quality Results sections “tell a story” that speaks for most of the sample, with some complexity (interconnection of themes), but without ignoring individual differences



Triangulation in qualitative research

- ➡ To maximize the quality of the data
- ➡ To reduce the chance of bias

Method triangulation
Data source triangulation
Researchers' triangulation

Discussion: Finding Meaning in the Results

- Interpretation of data is more than the identification of patterns... We need to ask:
  - WHY do the patterns exist? Is there something underlying that explains things on a deeper level?
  - WHAT are the implications for our overall research aim? In other words, “So what?” and “What should happen next?”



**Talk it, debate it and dream it
(it takes time to emerge)**



Discussion (cont'd)

- Throughout the study (or before!) we have had theories about WHY and WHAT
  - These are refined through the process of analysis and preparation of Results
- Now we must “build the bridge from both sides”, as we test these theories against the patterns, one by one
- What do we do with “negative cases”?

Discussion (cont'd)

- Remember that part of the interpretation is **context** (*setting, atmosphere, situation, body language, etc.*)
- In writing up your Results and Discussion, evidence is essential to be persuasive
- Use individual cases and direct quotes to explain, justify and bring to life your assertions

Although almost all TB patients sought health care at GP clinics first, most had already used herbal medicine or home remedies at home to relieve coughing symptoms. Twenty four out of 31 patients took medicine at home before seeking care at GP clinics or public sector. Almost half of them tried traditional medicine to relieve cough and fever. Few patients stated that they tried western medicine such as paracetamol, cough syrup, cold tablets and other antipyretics. One patient revealed that he had bought an anti-TB drug (AKT-4, a combination of Rifampicin, Isoniazid, Ethambutol and Pyrazinamide) over-the-counter at a drug store and self-medicated. He had contracted TB four times. A few patients took both western and traditional medicines at home. There was a wide range in the duration reported by study participants of taking home treatment, from 2-3 days to one year:

At first, I thought I had flu. So, I took some western medicine like Biogesic for a week. I took *Aung Ta Man* (traditional medicine for fever, packed in powder form) too. Usually, I get relief after taking a couple of packets. But this time, there was no relief after a few days. Then I went to see the GP.

(Male, 41 year, TB patient treated at THD)

Interpretation Example:

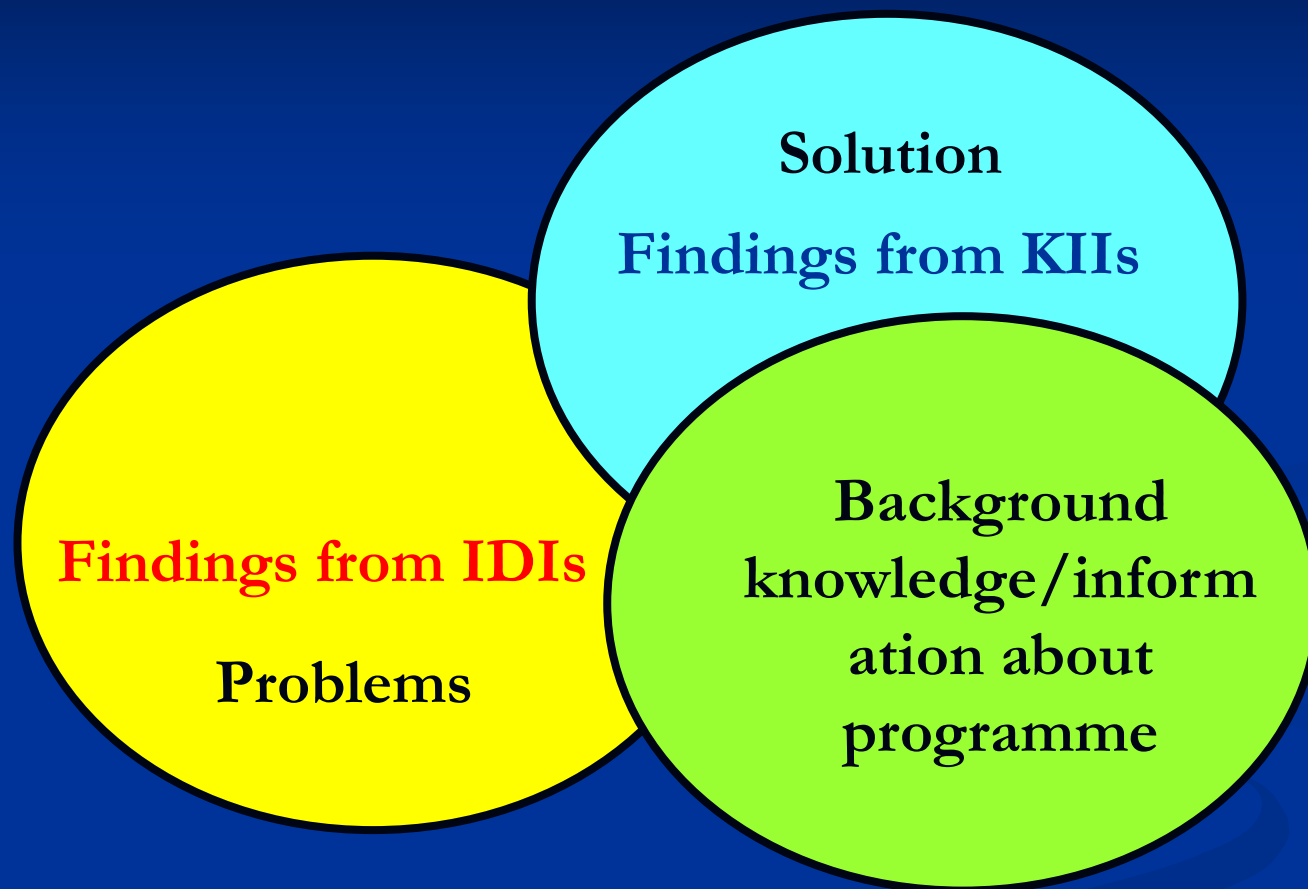
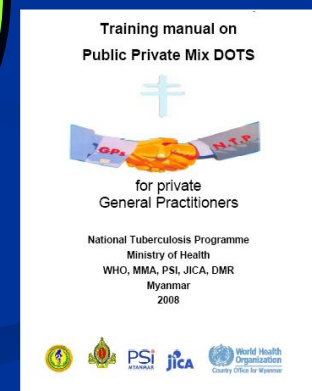
- Poor knowledge about TB related to high number of drop outs cases
- On its own, poor knowledge did not fully explain high drop out
- High drop out or failure to attend TB centre was best explained by interaction of other factors or influences:
  - Pre-referral HE at GP clinic
  - Role of ORW in drop out retrieval
  - Accessibility to health centre (transport, opening hours, waiting time....)
  - Influences of family members, friends and neighbours

Interpretation of a Study:

■ Implications

- Recommended interventions might include
  - Community education about signs and symptoms of TB
  - Revise Training manual for GPs with emphasis on key HE messages and pre-referral HE
  - Coordination among GP and public sector?

Pre referral Health Education



Interpretation and Drawing Conclusion

There are several tasks involved in the interpretation of information:

- 1. Identification of variables that could influence your interpretation**
- 2. Consideration of the context of the focus groups/interviews**
- 3. Drawing conclusions and making recommendations**
- 4. Looking for alternative explanations**
- 5. Validating your results**



Step 1: Identifying variables that can influence interpretation

Participant dynamics

Was there any tension or conflict? Any dominant person? Any persons seem afraid to express their opinions?

In your conclusions, you may want to give some details about the context of the group's dynamics. This will help the reader to understand your conclusions.

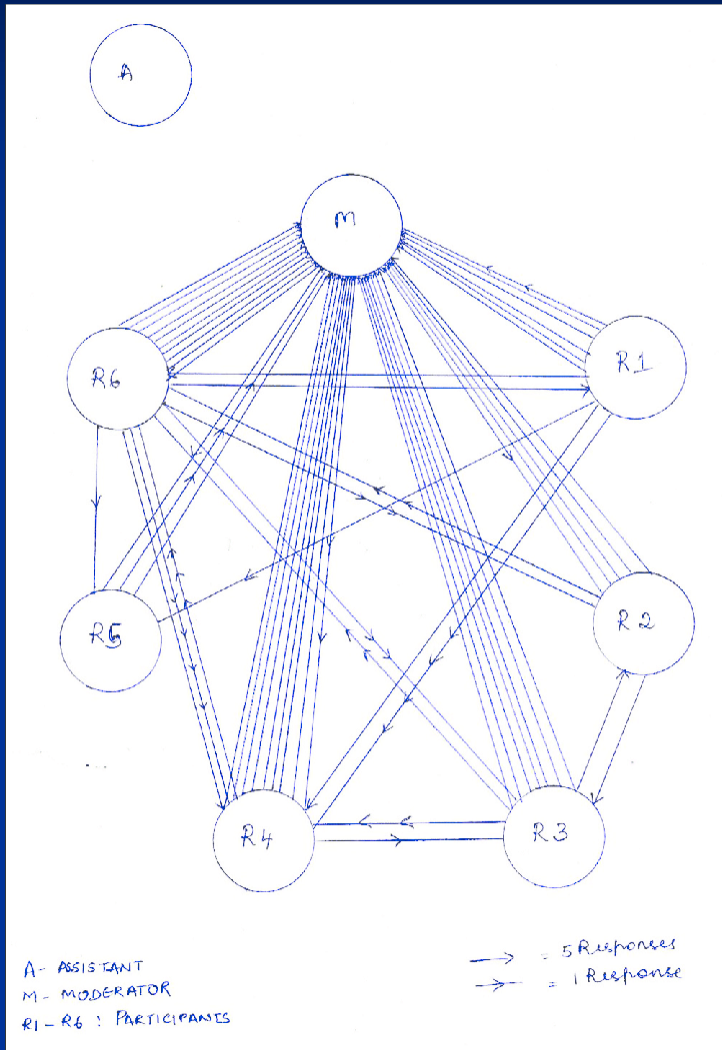
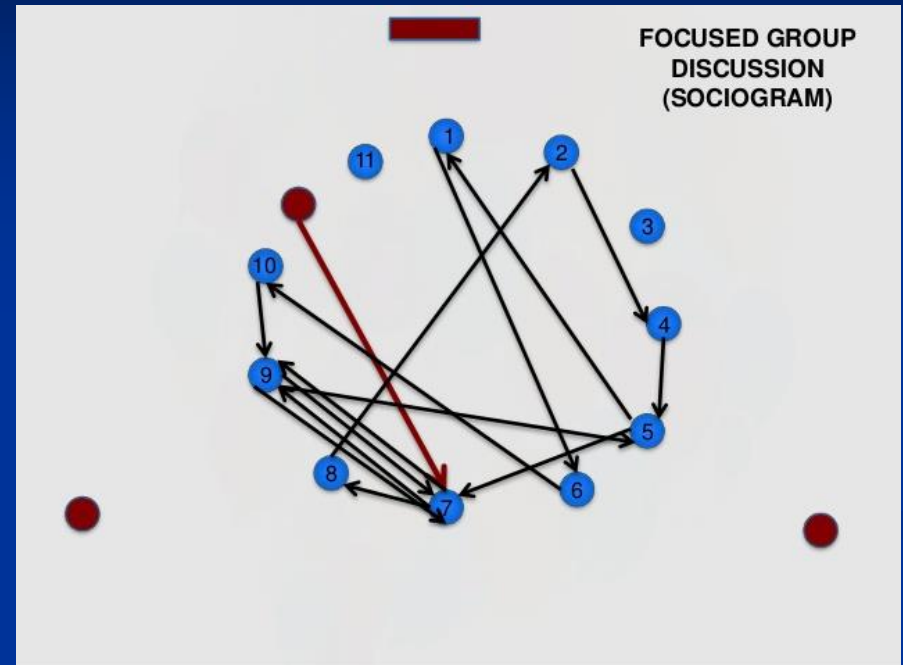
Field Notes

FGD Field Notes

(cont'dy Page)

Leser

Group Dynamics



Tone of voice

A statement can be interpreted many different ways depending on the tone of voice that was used. For example, the following phrase can be interpreted four different ways:

- ဆရာမက အရမ်းကောင်းတယ် !!! (Speaker is enthusiastic)
- ဆရာမက အရမ်းကောင်းတယ်??? (Speaker is doubtful)
- ဆရာမက အရမ်းကောင်းတယ်. (The nurse is not helpful now)
- ဆရာမက အရမ်းကောင်းတယ်. (In contrast to someone else, the nurse was helpful)

What was NOT said

Look for what was not said. What did you expect to hear, but did not?
Why do you think the participants did not mention this?

Pay special attention to silences. Silence following a question may have a significant meaning depending on the culture.

What prompted the response

Look at what provoked the response:

- Was it an open-ended question? If YES, the response should be given more weight
- Was it a closed ended question? If YES, ... less weight
- Was it a leading question? If YES, ... less weight
- Was is a response to another participant's comment? If YES, ... more weight
- Was a participant responding to pressure from the group? If YES, ... less weight

Other variables

- The **frequency** of the response, without taking into account who said it: more frequent, more weight
- The **number** of people who gave a response: many participants, more weight
- The **basis** of the response: based on personal experience, more weight
- The **emotion, sincerity, and spontaneity** of the response: ... more weight
- The **specificity** of the response: a specific response, giving details ... more weight

- ဒေသန္တရတွေမှာရောကုလို့ရတာသိတော့သိတယ်ဆရာမရယ်၊ ဒါပေမဲ့ အမကပြော တယ်၊
ထောက်ခံစာတွေ ဘာတွေအစုံယူရတယ်၊ အလုပ်ရှုပ်တယ်၊ နင်ဘယ်တော့မှဆေးသောက်ရမှာ
မဟုတ်ဘူးလို့ပြောတယ်၊ နင်အဲဒီ ဒေသန္တရကနေ အောင်ဆန်းထိသွားရအုံးမယ်၊ ရှုပ်တယ်
ရဝတထောက်ခံစာတွေဘာတွေ ယူ ရမယ်ဆိုတော့၊ အဲဒီအမကလည်း Dr အောင်မိုးနဲ့ခင်တယ်လေ
လာဆိုပြီး Dr အောင်မိုးဆီ တိုက်ရိုက်ခေါ်သွားတယ်။ Dr.အောင်မိုးကစာလေးရေးပေးလိုက်တယ်၊
သလိပ်သွားစစ်ပါဆိုပြီးပြောတယ်၊ ဒေသန္တရမှာစစ်လို့ရတာသိတယ်၊
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Profile of poor patients in referral

According to BHS, GPs usually referred poor patients or patients who were running out of money to be treated at GP clinics.

The majority of BHS did not see any value in GPs referring poor patients to the public sector. As a consequence, there was little trust and transparency between private and public sectors.

GPs will keep the good ones, rich people, to make money and throw bad ones, poor and unreliable patients, to us like *“Ma Kaung Kyaung Po”*. We have no choice but accept all. Our responsibility is providing care to all patients.



**Lights and shadows of people affected with leprosy
in Sittaung Area, Myanmar**

**Saw Saw, *Le Le Win, *Than Tun Sein, **Kyaw Nyunt Sein,
**Kyaw Myint, ***Zaw Win, ***Kyaw Thu, *San San Aye & *Tin Ko Kyi*

Prologue

*“Taung-soke-a-kut-mae” (a broken basket
without lining)*

PAL spoke of being socially accepted or not depended to a great extent on their economic status in their community. It did not depend on their disease status. A female PAL from a lower social group encountered a serious discrimination by her community when the community came to know about her disease. Her family was not allowed to take water from the wells owned by her neighbors. She compared her poor life of that time to a broken basket without lining (*taung-soke-a-kut-mae*). However, after struggling and accumulating wealth,

her family's status in the community changed. This woman, now a 59-year-old grade 2 PAL, of upper social group, and a released from treatment (RFT), said:

“Formerly, they told us not to take water from their wells. Now many people come to us to fetch water from our well.”

INTRODUCTION

Leprosy is a disease with social stigma. Social stigma has been defined as a physical, mental or social attribute of an individual or group that elicits an adverse or discriminatory response from others [1]. The ideology of the stigma of leprosy is strongly felt and expressed verbally in

Transcript

Key statement

Code

REASONPUB

WHOADVICE

ဒေသန္တရတွေမှာရောကုလို့ရတာသိတော့သိတယ်ဆရာမရယ်၊ ဒါပေမဲ့ အမကပြောတယ်၊
ထောက်ခံစာတွေ ဘာတွေအစုံယူရ တယ်၊ အလုပ်ရှုပ်တယ်၊
နင်ဘယ်တော့မှဆေးသောက်ရမှာမဟုတ်ဘူး လို့ပြောတယ်၊ နင်အဲဒီ
ဒေသန္တရကနေ အောင်ဆန်းထိသွားရအုံးမယ်၊ ရှုပ်တယ် ရဝတထောက်ခံစာတွေဘာတွေ ယူ
ရမယ်ဆိုတော့၊ ~~အဲဒီအမက~~လည်း Dr အောင်မိုးနဲ့ခင်တယ်လေ လာဆိုပြီး Dr အောင်မိုးဆီ
တိုက်ရိုက်ခေါ်သွားတယ်။ Dr အောင်မိုးကစာလေးရေးပေးလိုက်တယ်၊
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Step 2: Considering the context

Setting and timing

Comfortable and convenient for the participants?



Moderator and Note Taker

The moderator always have an effect on the participants' responses, whether or not he or she intends to..

Participants answer questions differently depending on how comfortable they feel with the moderator and how skillfully the discussion is guided

Step 3: Drawing conclusions and making recommendations

This involves stating WHO did or felt WHAT and WHY, and what you think your findings mean

Step 4: Looking for alternative explanations

1. Look for rival explanations: Review any tables and matrices that you have created to see if you find **any contradictory results** that suggest rival explanations
2. Look for negative cases

Step 5: Validating your results

Share your analysis with others: research participants; Co-researchers; experts who are involved in the research; decision makers

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Thank you

