

Continuing Medical Education :

Qualitative Research

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QR Methodology learning and its application to the field of public health/community medicine research and practice has been comparatively a recent phenomenon. It has been a bastion of Social science. Our increasing acceptance of ever increasing influence of socio-behavioral factors on health and health related issues, have led us to accept the use of QR methodology to examine some of it in the research settings. Unfortunately, so far, neither the correct training in this field of research methodology is available uniformly everywhere, nor its relevance and use is fully appreciated across the Medical colleges, in the state.

Among medical researchers, it appears to be growing under the shadow of Quantitative research (QtR) methodology and therefore, suffers from being viewed with an inappropriate “Quantitative Lens” with a lot of misgivings about the robust methods and its relevance and application. In order to initiate understanding create health acceptance of Qualitative research Methodology; let us first examine what this methodology is not!

It is not a tool to be used conveniently by those who are no good at managing large data set and statistical analysis. We are trained to count only that which is counted! We are trained to count trees and miss the woods in the process! QR methods teach us to develop insight, take into consideration “outliers” and account for it. It teaches us how and why of the need to answer “why” more than “how many”.

It is not a quick, short-cut to be employed by any untrained researcher. Qt R methods are well defined and as it has been in the curricula, it is taught, practiced and assessed regularly. Similarly, now the need has emerged to treat QR with equal academic respect. It is not a science without measurable methods and their analysis. Indeed, QR has theoretical basis, has its own set of methods and means to check and analyze the research data.

“It is not objective” is the comment QR receives. Yes, of course, it is not meant to be objective; however, it does not mean it is biased! Validity and reliability are equally important to QR methods. In fact, it permits inference with insight. It deals with “subjects” as they are and not mere “objects” made available for scrutiny. Researcher here in QR is part of the process.
“A good QR will ask:

Why, how and under what circumstances things occur
Seeks depth of understanding
Views social phenomenon holistically
Explores and discovers
Provides insight into the meanings of decisions and actions
Uses interpretive and other open-ended methods
Is iterative rather than fixed
Is emergent rather than pre-structured¹

With HIV related research and upcoming interest in hitherto forgotten Adolescents, need for QR is appreciated more acutely. We have programmes for Anaemia control among women and adolescents for over 3 decades, biochemistry of Iron is well understood for over 20 years and still we do not have the answers to why we have over 70% Iron def. anaemia in these groups. Perhaps, QR will help delineate the reasons why Iron does not reach where it should have reached a long back. We do not know why Exclusive breast Feeding rates are so low, in populations where breast feeding otherwise is considered very natural.

Since, most of us are trained in Quantitative Research methods, after proper training in QR, it is also possible to consider using Mixed Method approach where QR may come as a preliminary study to help QtR or QR may follow QtR to explain properly ,some of the findings of QtR ,not fully explained.

I end with a quote from the statistician J W Tukey who pointed out, "far better an approximate answer to the right question ... than an exact answer to the wrong question."

Reference

1. Qualitative Methods in Public Health – A field guide for Applied Research 2005 by Priscilla R. Ulin, Elizabeth T. Robinson and Elizabeth E. Tolley

Conference Announcement

XVIII Annual conference of Indian Association of Preventive and Social Medicine, Gujarat Chapter

XVIII Annual conference of Indian Association of Preventive and Social Medicine Gujarat Chapter is to be hosted at PramukhSwami Medical College, Karamsad on January 22nd 2011. The Conference would be preceded by a Pre-Conference workshop on 21st January. Theme for the conference is “Advancing child survival in Gujarat – Community Based Approach” and for the pre-conference workshop is “Building a career in public health management and research” For more details visit web <http://iapsmgc.org> and contact Dr. Uday Shankar Singh, Organizing Secretary iapsmgc18@charutarhealth.org and iapsmgc18@gmail.com