Using interviews and diaries to elaborate the meaning of statistical data on women and smoking

Survey evidence suggests that those women in Britain most likely to smoke are on low incomes, with children, but no work outside the home. At a superficial level, this is a surprising finding, as these are the women least able to afford cigarettes and most likely to want to make lifestyle changes to promote their own and their children's health. There is also good evidence that most of the population accepts the links between smoking and poor health: lack of knowledge is unlikely to explain the prevalence of smoking in this group.

Hilary Graham designed a study to explore these findings in the context of the 'everyday world of informal health behaviour'; that is, the day-to-day routines of housework and child care with which women were engaged. Her aim was a qualitative one, to explore these worlds 'through the eyes of the mothers', and she sampled a group of low-income and single parents. To collect data on daily experiences, she first conducted interviews, but found that these provided only a snapshot of women's lives. The focus on the women's own perspective also made it difficult to gather precise information on the details of everyday life, which Graham saw as essential for providing the context of health behaviour. To collect this fine-grained detail, she also asked participants to complete a 24-hour diary, with space to record their main and other activities over the day, and the presence of others.

There were important differences in the data from the interviews and the diaries. One was that smoking was significantly under-reported in the diaries, compared with interviews: in the diaries it was reported only if it was the 'main activity' at the time. Typically, only those cigarettes that marked significant breaks in the daily routines of housework and caring were reported. Graham suggests that cigarettes were the one luxury many low-income women could afford, and that they played an important role in reducing stress and structuring the daily round of caring and housework. Having a cigarette was one way to claim some 'adult time' in the context of a busy life looking after young children, and could be a legitimate way of generating some physical space away for a short time. Thus, what appeared to be irrational behaviour (spending money on smoking when it potentially

damages the health of you and your children) was comprehensible when seen in the context of women's everyday lives.

Here, the study design is essentially a qualitative one (of exploring the meaning of health behaviour from the perspective of women themselves, in the context of their everyday lives), used to shed light on a relationship between two variables (poverty and smoking) found in the quantitative data. Within her study, Graham uses a mixed method approach to collect the data. This has the advantage of providing different perspectives on the topic of interest (smoking behaviour), and the different findings play an important role in the analysis in alerting her to the meaning of cigarettes in these women's lives.

Reflective questions

Are there incidents from your own life that you can recall where assumptions have been made about a particular behaviour of yours? For example in your adolescence where a parent or other adult was unable to understand why it was worth spending all your money on a particular item, or dressing in a particular (unconventional) way or eating and drinking in a way they felt unhealthy? Yet were anyone to have asked you, it is very likely that you would have been able to explain why it was imperative for you; for example, so that you would fit in with your peer group, or to demonstrate an adult level of independence.

Similarly, consider now either:

a) Why a couple in their late 30s may pursue every avenue available to try and conceive their own baby, despite enormous expense and disruption to their daily lives. If you were designing a qualitative study to help explain what motivated them how might you go about it? What reasons, explanations or beliefs do you imagine they hold.

Or:

b) Imagine you are in a large food store/supermarket and the person behind you has a basket full of food currently regarded as unhealthy. What reasons might they have for this?

Feedback

a) You might consider an interview rather than questionnaire survey; and interviewing a couple separately rather than as a pair. Possible reasons might include: a baby would add legitimacy to their relationship, it would be an expression of their love, it would please extended family; it would grow up to be a welcome additional pair of hands in their rural farmstead.

b) Reasons might include: it is cheaper and they cannot afford other sorts; they are providing a special meal like a child's birthday tea and these are the foods that were chosen as a treat; they do not know that these foods are unhealthy; they are on a special diet; they simply prefer these foods to other healthier options and accept it may be detrimental to their long-term health; they don't believe their choices are detrimental to their health.

The key point is that almost all of our own reasons or assumptions about others can be challenged and seemingly irrational behaviours or choices can be plausibly understood as 'making sense' if seen from a different perspective. Qualitative approaches are often orientated to uncovering these rationales.

A participatory evaluation of the 'Stepping Stones' sexual health programme in The Gambia

Stepping Stones is a programme that aims to 'enable participants to increase control of their sexual and emotional relationships' through a project involving community-level workshops that cover relationship skills as well as information on sexually transmitted diseases and condom use. It works with both men and women, and addresses their concerns as well as those of the research team. The research team aimed to evaluate the impact of Stepping Stones in two villages in The Gambia. Although HIV infection was relatively low in The Gambia, it was slightly higher in the intervention site and there were reported to be other negative consequences of sexual behaviour, such as sub-fertility and unwanted pregnancy. Intervention villages were chosen randomly from a list matched on the basis of key geographic and socio-demographic variables. The overall design of the study was, then, an experimental one.

The evaluation used a multi-method approach, including a participatory evaluation by the study villagers, in-depth interviews, focus group interviews, surveys of knowledge, attitudes and practices, and a monitoring of condom supplies. The participatory evaluation was based on a series of workshops (with separate groups of old and young men and women) carried out over ten weeks, which invited participants to consider broad topics (such as 'relationships') but in ways that facilitated them, rather than the research team, to set the priorities and to decide on action. An early way in which participants set the priorities was in shifting the focus away from 'family planning' to 'infertility prevention', which was in line with the community's own values.

The first workshop was used to prioritize health problems, and to decide which were the most urgent. Some of the sexual and reproductive health problems identified included: sex when the woman was unwilling, jealousy over co-wives, domestic violence, and lack of financial support from husbands. The themes from the four groups (old and young men and women) were presented to the whole village. At the one-year follow-up,

(Continued)

the groups were asked what had changed as a result of the programme. In both intervention villages, participants listed better communication between wives and husbands, less domestic violence, and safer sex outside marriage. The villagers reported enjoying the programme techniques, such as role plays.

The results of the interviews and surveys suggested that there were some important increases in the intervention villages in knowledge about sexually transmitted diseases, especially HIV, and how to prevent them. Collecting valid data from surveys on sexual knowledge and behaviour is a challenge, and the researchers drew extensively on interview data to determine the impact of Stepping Stones on issues such as condom use and knowledge about transmission of infection. Interviews suggested women had been empowered by the project to be more able to insist on condom use. However, one of the most significant findings for the project team was the broader change to relationships between men and women that emerged from the programme. Almost all interviewees reported a reduction in dissent between men and women, and the development of more effective strategies for discussing difficult issues without arguments.

This case study demonstrates how, in practice, research designs are often mixed: an experimental intervention is evaluated with a multi-method approach, utilizing a range of tools to access attitude and behaviour change. The underlying approach of the intervention and evaluation was that of 'participatory research', with the research team aiming to include participants in the programme, rather than researching 'on' them. The aims, then, are rather broader than disease reduction, and reflect a more holistic view of health including empowerment and the capacity for community development.

Reflective questions

What do you think was the added value that a mixed methods research design brought to this study? Were there some things the research team might never have discovered if they had only used one method of data collection?

Jot down a quick list of the possible advantages and disadvantages of having a mixed methods research design.

Feedback

The team might not have discovered that men's views and attitudes towards women had been fundamentally changed and that this had led to a measurable reduction in incidents of domestic violence. Disadvantages: may spread the data too 'thin' rather than producing depth data. Advantages: may enable a more holistic interpretation of the issue/a broader range of perspectives can be taken into account in the discussion and conclusions of the research.