

Using natural groups to gather Bedouin views of maternal and child health services

Source: Beckerleg, S., Lewando-Hundt, G.A., Borkan, J.M., Abu Saad, K.J. and Belmaker, I. (1997) 'Eliciting local voices using natural group interviews', *Anthropology and Medicine*, 4: 273-88.

Bedouin Arabs are a minority group of Israeli citizens, in socially disadvantaged circumstances. Although traditionally semi-nomadic, in recent years those living in Israel have largely been settled in towns, with many on low incomes and in poor housing conditions. Maternal and child health services are provided, for a fee, at clinics run by the Ministry of Health. As part of a larger study to improve maternal and child health care, this study aimed to consult with service users and non-users on the value and quality of the health clinics.

Previous research on child health had used structured questionnaires in home interviews with mothers. Susan Beckerleg and colleagues suggest that this approach may have been inappropriate in this cultural setting, as it is difficult to interview mothers on their own: if strangers come to the house, neighbours and family will gather to protect the mother and participate in the visit. Suspicion of outsiders might lead to inhibited discussion. Instead of attempting to interview mothers on their own, the researchers decided to talk to both women and men in groups with which they were familiar, and in which they could freely express opinions. Natural groups of men and women who would interact in everyday life were chosen to elicit views. In this setting, the most appropriate groups were family-based. To talk to women, the researchers invited women giving birth in local hospitals to take part in the study and consent to a group interview in their home during the 40-day postpartum period. Traditionally, women are secluded during this time, and are visited by related women who come to drink tea and eat lunch. These visitors form an ideal natural group for interviews about maternal and child health services, as this is a time when women would talk to each other about family news and childbirth experiences. Each extended family or sub-tribe has a guest house in which men regularly meet to enjoy conversation, tea or coffee and entertain guests. To include men's views, the researchers included groups in these guest houses. The research team recruited and trained Arab Israelis to conduct and record the group interviews in pairs, matched with the participants for gender. Key issues for the participants were confidentiality and full understanding of the aims of the study. As tape-recorders inhibited open discussion, data were collected through detailed notes of the discussion. These notes were translated into English if necessary before analysis.

The findings suggested that preventative health services were important to both men and women in this community, but that several barriers to use existed, including financial barriers, distance to the clinics and problems in staff-patient interaction that resulted from cultural and linguistic differences between Bedouin users and nurses from other cultures. The methods of data collection worked well for the topic of maternal and child health, which was not one of a particularly sensitive or personal nature. For more private issues (such as family planning and household finances) the researchers identified women who could be interviewed in a private setting.

Reflective questions

What is the difference between the data collection method used in this case study and a focus group interview or formal natural group interview? How do you think any power

differential in the groups interviewed in this case study might have affected the data collected (in both positive and negative ways)?

Why might interviewing children or young people whilst amongst a natural family group be possibly limiting?

Feedback

The group would meet and talk together in ordinary life; they are not sampled to represent any social features; they are recorded by contemporaneous handwritten notes rather than a digital or tape-recorder. Both the men's and the women's groups may have felt more able to speak freely than they would in a mixed group where both groups might feel constrained by other gender roles and scripts to which they feel they should adhere; on the other hand, mixed groups would have allowed you to gain some insight into the taken-for-granted shared views on gender appropriate behaviour.

The power differential between children and other family members may inhibit them in a way that a focus group of self-selecting friends may not. If researching the experience and understanding of children or teenagers, a setting they might usually be in, e.g. school playground or youth group, may be more appropriate.

Thus, the nature of the group is closely related to the type of data produced and this in turn should be selected on the basis of its suitability for answering that particular research question/intellectual puzzle.

—CASE STUDY 5.2—

Using group interviews to study the effects of media messages about AIDS

Sources:

Kitzinger, J. (1990) 'Audience understandings of AIDS messages: A discussion of methods', *Sociology of Health and Illness*, 12: 319–35.

Kitzinger, J. (1994) 'The methodology of focus groups: The importance of interaction between the research participants', *Sociology of Health and Illness*, 16: 103–21.

The AIDS Media Research Project studied the production, content and effect of media messages about AIDS in the UK. The researchers used group interviews (called focus groups in their report, as they used focused discussion on a topic) to examine the effects of 'how media messages are processed by audiences and how understandings of AIDS are constructed' (Kitzinger 1994: 104). Group discussions were chosen for their potential to provide access not just to the content of people's views, but also to how those views were used and developed in everyday social interaction. For potentially sensitive subjects such as HIV/AIDS, the group setting may also encourage open discussion. The group participants were chosen to cover a wide range of different populations in the UK, including those who might be expected to have particular perspectives on the issue of AIDS. They were 'natural groups' in that they pre-existed the research, such as a group of women whose children went to the same playgroup, male workers on a gay helpline, a lesbian friendship group, a team of civil engineers who worked together, and members of a retirement club. That they were natural groups was important, as family, social and work settings are the ones in which we come to know about issues such as AIDS, and in which we develop our views. The intention was to maximize the interaction between participants in the groups to see how social knowledge was developed. As the participants knew each other already, there was also potential for access to what they did, as well as what they said they did, as other group members commented on how beliefs co-existed with everyday life. For these reasons, Kitzinger suggests that their use of natural groups is more 'naturalistic' than most research interview situations, although it is of course an artificial research setting, in which the explicit aim is to explore often unarticulated views. Using natural groups 'allows for the collection of information both on group norms and the ways in which groups may mediate (relay, censor, selectively highlight and oppose) media messages' (Kitzinger 1990: 321).

To maximize interaction, facilitators used a number of techniques. First, group exercises allowed the participants to warm up and start to discuss the issues with physical prompts. These included cards with statements about who was 'at risk' from AIDS, which participants had to sort into groups of differing risk levels. This encouraged group participants to talk to each other, and to verbalize their reasoning. Another exercise was the 'News Game' in which the group was split into two teams, given a set of pictures and asked to construct a news report about AIDS. The pictures were taken from television news and documentary reports. The final exercise involved a health promotion advert from which the slogan ('How to recognize someone with HIV') had been removed. Participants were asked whether they recalled any adverts about HIV/AIDS, then asked to speculate on what the slogan was. Finally, the slogan was revealed and participants were asked to comment on the actual slogan and other parts of the text.

The second method for encouraging interaction was the use of the facilitator's skills in actively managing the discussion, pushing participants into accounting for their views, or exploring disagreements. Maximizing interaction allowed the researchers access not only to what people thought, but also to the cultural contexts in which views were held. Thus jokes, and the levels of agreement and disagreements between participants, suggested group norms, and the ways in which certain views are legitimate or not in the social settings in which they live and work. Even natural groups are not homogeneous, though, and Kitzinger notes the ways in which group participants were often surprised by differences in opinions among them. Disagreements forced participants to account for the views they held, and gave the researchers a chance to see what arguments are convincing in everyday interaction.

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Exercises such as the card game were also useful sources of data on the assumptions participants made, where their knowledge came from, and for identifying areas of confusion and misinformation. The cards had descriptions of types of people taken from an opinion survey of the public, including 'people who donate blood at a blood donor centre'. In the discussion about how at risk this group was, it became clear that many participants assumed that the description referred to those who received donated blood, rather than the donors. This provides real insight into the meaning of survey results that suggest the public misunderstand risk activities. Participants' interpretations of the health education advert were also illuminating for showing how such images can be read in quite different ways from those intended by health educators. The advert was intended to persuade readers that there was no way of telling by looking at people whether they were HIV-positive or not – that they looked exactly like other people. In a minority of groups, participants read the image as meaning that there was a distinctive 'look' of someone who was HIV-positive or had AIDS.

Reflective questions

This study combined natural groups with a focussed discussion. What were the main advantages to this 'mix'?

What might have been the disadvantages?

How might using 'props' benefit or limit the research?

Feedback

Using a natural group allowed a potentially freer discussion of a sensitive topic than a group of strangers might. It also allows researchers to study the group norms at work.

The research, therefore, is analysing the talk at both the level of content and of form (see Chapter 9).

The effect of the shared social norms may have been to inhibit group members from expressing views that contradicted those norms.

Using props can really aid the group to focus on the specific research questions of the study. It may however limit the range of participants' talk as it will, by design, restrict the focus of topics raised and discussed to those related to the props.