CASE STUDY 8.1

Analysis of key themes: An example from a study to explore men's health behaviours and beliefs

Source: O'Brien, R., Hunt, K. and Hart, G. (2009) '"The average Scottish man has a cigarette hanging out of his mouth, lying there with a portion of chips": Prospects for change in Scottish men's constructions of masculinity and their health-related beliefs and behaviours', *Critical Public Health*, 19(3–4): 363–81.

The population of Glasgow, in the west of Scotland, has poor health compared with the rest of Europe, and male morbidity and mortality is particularly high. Potential explanations relate to behaviour: the hypothesis that men, and Scottish men in particular, may have particular difficulties in engaging in healthy behaviour because gendered norms in

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the region foster 'risky' behaviours, such as heavy drinking, as being integral to masculinity; and that men may be more reluctant to seek help. Rosaleen O'Brien and colleagues conducted a focus group study with 15 groups of men from diverse social and occupational groups to explore their constructions of masculinity, and how these intersected with health beliefs and practices. They were particularly interested in the circumstances in which men might change, or consider changing, behaviours seen as unhealthy.

The team undertook a careful thematic analysis of the data, which drew on a number of techniques to develop a nuanced analysis. A first requirement for good analysis is good data, and O'Brien and colleagues were careful to ensure that their focus groups generated rich discussions of issues that are likely to be somewhat taken for granted, and therefore difficult to explicate, such as health habits. They did this by using a mix of natural groups (such as a group of fire-fighters, and workers from a gas company), and groups of people with some shared demographic features (e.g. Asian students) or illness experiences (cardiac rehabilitation patients). These groups were used to engage men in in-depth discussion on health-related beliefs and behaviours by using broad questions on health, and probing when men spontaneously raised issues related to behaviours (such as drinking or smoking) or beliefs (such as associating such behaviours with masculinity). As O'Brien et al. suggest, in focus groups, participants may probe each others' accounts in rather more detail than an interview is able, and the rich, interactive data generated provides both explicit accounts of the topics of interest and more detailed accounts that can be analysed to explore tacit knowledge.

Discussions were transcribed in full, and analysis began during data collection in order to identify issues to follow up in later discussions. The analysis of the data then drew on a number of techniques to identify key themes and explore them in detail. First, once key themes were agreed by the research team in meetings, some of the strategies of a grounded theory approach were used (see Chapter 9) such as iterative coding to produce a coding framework that was applied to the whole data set. Analysis then progressed by looking both across the whole data set to compare cases (horizontal analysis) and within each case (i.e. each focus group) in a vertical analysis. Detailed consideration of one theme – that of the circumstances in which men might rethink health-damaging behaviours – illustrates the value of looking across the data as well as in detail at particular cases.

The researchers focus on two dimensions of this theme: pressure to engage in health-damaging behaviours, and possibilities of resisting these (what the researchers call 'embracing salutogenic practices'). For the former, they take the example of 'competitive drinking', a culture of drinking large amounts of beer that was recognized generally across all groups as a practice that was familiar, and one that was adopted particularly by younger participants. This culture was closely linked to displays of masculinity, with participants reporting that men who were not able to drink copious amounts of alcohol would be considered 'weak', whereas those who could 'handle their drink' had a higher status within peer groups. Younger men were more likely to prioritize the successful presentation of masculinity over restricting their alcohol intake for health reasons.

This 'competitive drinking' culture was a challenge for those who wanted to adopt a healthier lifestyle. Strategies for limiting their alcohol intake, or eating healthier food, included avoiding peer groups who would discourage these attempts, and finding support from peers who prioritized health. Thus, the group of fire-fighters reported engaging in behaviours that were health-promoting, such as going to the gym, and that these were supported by their workplace cultures of masculinity, in which being healthy was an aspect of 'being male'. Although the associations of masculinity and lack of interest in health were constructed as a particularly 'Scottish' problem by many participants, some also noted that the

local decline in heavy industry had removed other, less health-damaging ways of presenting valued male identities, and that there were possibilities for change as men realized that drinking heavily and smoking were not functional. Changes across the life-cycle (getting married, having children, being diagnosed with illness or being overweight) were identified in the data as points where men often reassessed their behaviour.

In their write up of the analysis, the researchers report exchanges from the focus group which also show which views are challenged in groups. For instance, in one exchange about how smokers are seen, one participant suggests that smokers are depicted in advertizements as sexually attractive, whereas another challenges this image as out of date, and claims that men could now be seen as health conscious without risking being stigmatized as 'not masculine'.

This analysis of a key theme in the focus group data illustrates the value of both inductive analysis (looking for themes in men's own accounts, such as 'competitive drinking') and rooting the analysis in a theoretical framework. The main theoretical framework here was that of the literature on masculinity, which has generated debate around how far 'hegemonic' masculinities (those that are dominant in any culture) are resistant to change, and how far there are a plurality of identities that men can adopt. Second, analysis across the themes, and of discussions (rather than merely extracts out of context) enabled the researchers to identify common issues and what they call 'collective constructions of masculinities' (e.g. the widespread assumptions about 'Scottish masculinity') as well as points of disagreement, and the possibilities for intervening for change.

Reflective questions

When analysing these data the researchers used thematic analysis, but the results presented go beyond simply anecdotal reports of the content of men's accounts. How is this achieved? See if you can explain (briefly) the key features of the two levels of analysis.

Feedback

The themes are located within a theoretical framework. This means it is possible to see how the 'local' findings from this study might be generalizable to other, theoretically similar, locations.

The two levels of analysis are: 1) those themes derived from within each case which might give insight into how individual men (or, here, groups of men) construct meanings; and 2) those that were derived from a cross-theme analysis that may shed light on commonly-held assumptions.

Case Study 8.2

An example of framework analysis from a study of how women discuss pregnancy planning and intention

Sources:

Barrett, G. and Wellings, K. (2002) 'What is a "planned" pregnancy? Empirical data from a British study', *Social Science and Medicine,* 55: 545–57.

Barrett, G., Personal communication.

In the family planning literature, terms such as 'planned/unplanned', 'intended/unintended' and 'wanted/unwanted' to describe pregnancy are often used as if their meaning was obvious and unproblematic, but there has been little research on how women themselves understand them. Geraldine Barrett and Kaye Wellings aimed to develop a valid measure of pregnancy planning/intention for use in quantitative surveys. A first step was

a qualitative study with pregnant women that used in-depth interviews to collect data on a series of topics, including when they became aware that they were pregnant, their contraceptive use, feelings about being pregnant and decisions about the pregnancy. At the end of the interview, women were asked about their understanding of the terms planned, unplanned, intended, unintended, wanted and unwanted, and whether any of these terms applied to their own pregnancies.

When data collection was complete, framework analysis was used to analyse the data. The first four steps (familiarization, identifying a thematic framework and coding frame, indexing, and charting) are described primarily as ways of managing the data. The table below shows this fourth stage of charting, in an extract from one of the charts.

Extract from chart produced for 'What is a planned pregnancy?' study

Interview No.	Partner's feelings about outcome	Partner's feelings about fatherhood	Definitions of planned/ unplanned (introduced terms)	Definitions of intended/ unintended (introduced terms)
105	Happy	Assumed would be father in future p.8. Enjoys fatherhood p.9.	Planned – planned to have child, p.10. Unplanned is an accident, p.10.	Intended – you intend to have the child, you wanted one, p.10. Unintended – not planning to have a child and finding they are pregnant, p.10, also accident.
106	Happy	Says he probably wanted to be a father sooner than she wanted to be a mother, p.11. Very positive about fatherhood, p.11.	Planned – same as intended pregnancy. Unplanned – not necessarily using contraception, had sex without contraception, p.13.	Intended – actively set out to create child, not using contraception, using fertile period, etc., p.13. Unintended – not intending to get pregnant, either using contraception or just get pregnant by mistake, p.13 – moves towards seeing unintended as contraceptive failure, p.13.

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107	Nervous, p.4. Says he'll be at the birth, p.13 .	Says he never actually wanted to have children, nervous about being a bad father, p.12. He's acting as a father to her first child at the moment, p.12.	Planned – trying for a baby, find out best time to fall pregnant. Unplanned – fall pregnant without meaning to, p.13.	Intended and unintended – interchangeable with planned and unplanned, p.13.
108	Happy	Doesn't think he always wanted to be a father – wanted to find right partner, could have considered life without children, p.12. Very happy as a father now, p.12.	Planned – something you want very much, you try and create it, p.13. Planned and unplanned are similar to intended and unintended, but sound a bit more structured, p.16, more focused, p.17.	Unintended – an accident, you didn't want or didn't consciously want. Intended – like planned, p.16.
109	Nervous about birth, p.18.	Doesn't really think of himself as a father yet, p.13.	Planned and unplanned – like intended and unintended, p.20.	Intended – you've planned for, actively tried to become pregnant. Unintended – pregnancy you weren't planning to have, p.19 – doesn't include not using contraception, p.20 (those are intended).

Charting involves rearranging the data within themes so that it can be compared across the interviews and within each interview. Barrett and Wellings describe the fifth step, mapping and interpretation, as the crucial one in developing their analysis of the data, involving:

> Drawing diagrams to clarify ideas … looking for associations between the concepts and women's characteristics (e.g., age, marital/partnership status), and discussing the meanings of what we found. (Barrett and Wellings 2002: 547)

Framework analysis is a more deductive style of analysis, and an appropriate approach in a study where some of the research questions were predetermined. Thus, in order to explore whether women did or did not use particular terms spontaneously, how these compared with definitions that were prompted, and how the use of terms varied across the sample, it was helpful to arrange the data across charts by themes. Diagrams were a useful way of graphically illustrating findings, for instance by drawing circles of various sizes to illustrate how many women used particular definitions. By looking across the interviews, they are able to show the criteria by which women judge a pregnancy to be, for instance, 'planned' or 'unintended'.

Barrett and Wellings use a number of strategies to increase the credibility of their findings and the reliability and validity of the analysis. First, quotes from the interview transcripts are used as examples of particular definitions, so the reader can see how the interpretation is built on the data. There is enough detail (such as the point in the interview at which the extract occurs) to judge the context of women's accounts. Second, they use numerical counts (of, for instance, how many women in the sample applied particular terms to their own pregnancies). Third, they report 'deviant cases' and demonstrate how they can be accounted for within their explanations of the data. For instance, the majority of women who applied both the terms 'unplanned' or 'unintended' to their pregnancies reported (not surprisingly) in their interviews that they had neither planned nor intended their pregnancy. One exception is discussed in detail: a woman who reports that she had intended to become pregnant, but that the pregnancy itself was unplanned. Looking through the whole transcript, it was possible to see that this woman did not meet the criteria other women used to describe a pregnancy as 'planned'. Although, like most, she and her partner had agreed to try to conceive, and she had deliberately stopped taking contraception, but unlike others who used both the terms 'unplanned' and 'unintended', they had not made wider preparations for a birth.

In summary, one key finding was the way in which the term 'planned' was used. To merely have intended to become pregnant and stopped using contraception was not sufficient; women also used two other criteria: agreeing this decision with a partner, and making wider life preparations for a pregnancy. This suggests that a survey question such as 'Was your pregnancy planned?' might only elicit a positive response from those who met all four criteria, and many women who 'wanted' and 'intended' the pregnancy might not answer 'yes', if they did not also meet the conditions of agreement with partner and preparation.

Reflective questions

Imagine you have a data set of interviews with health workers about their views of implementing a new policy initiative to deliver ART (anti-retroviral treatment) in a primary care setting, in order to assess its feasibility.

- What kind of themes might you have identified a priori?
- What kinds of practical steps might you take for mapping your data?

Feedback

Some a priori themes might have been suggested by your reading of Case Study 1.2, on the evaluation of a training intervention in South Africa. Drawing on this, you might need

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to know: if they have had any actual experience of implementing this policy; where they see themselves in the hierarchy of the clinic; or whether they identify themselves as someone with responsibility for the implementation of new policies.

You might stick 'sticky-notes' for each identified theme onto a flipchart and then draw all the possible linkages between them, or group sticky-notes with similar concepts on them into 'piles' or groups and then see if vertical or horizontal relationships emerge between them.