Gender dynamics in data collection on reproductive health

Field experiences in Kerala, India

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De auteurs beschrijven hoe mannelijke interviewers in een onderzoek in een 'Family Welfare Programme' in Kerala een schat van informatie verkregen van vrouwelijke respondenten en vice versa. Zij trachten deze onverwachte ontwikkeling te verklaren via een analyse van de sociale en interactionele intenties van interviewers en respondenten. De behoefte aan informatie over anticonceptie bleek in dit geval sterker te zijn dan het voorgeschreven rolgedrag van mannen en vrouwen.

[gender, sociale rol, interactie, interview, anticonceptie, Kerala, India]

In research on reproductive health researchers tend to choose interviewers of the same sex as those interviewed. In many societies it is considered unacceptable for men to interview women on topics of an intensely personal nature like sexuality or contraceptive use.

In this paper we propose to share some of our experiences during field research in rural Kerala on the Quality of Services in the Indian Family Welfare Programme. The experiences we had were not exactly in keeping with the norm of using members of the same sex in an interview situation. It became important, therefore, to document the field work process as well as the results themselves. We feel that a description of the process of data collection aids the analysis of the data and also contributes towards an understanding of the process itself. It is possible that in due course, such descriptions would help in reforming existing data collection methodologies and bring them in tune with changing social mores.

We analyse some of the interviews and focus group discussions (FGDs) undertaken during the course of the research using the model suggested by Briggs (1992:40) for the analysis of interviews. This model, identifies the principal participants in the interview as the respondent and the interviewer (Briggs 1992: 40-41). The message form consists of signals, both auditory and visual. Communication depends on the opening of one or more channels physical (visual and acoustic) and psychological circuits between the participants. All the codes involved in the com-

munication must be shared by both the participants in order to permit the encoding and interpretation of the messages.

The social roles assumed by the participants is of special importance to the success of the interview. The interactional goals refer to the motivation of each of the participants for engaging in the interview, and frequently these are divergent in interviews. The social situation refers to the context in which the interaction takes place. The interview would itself be placed within one of the society's category of types of communicative events. The social role, the social situation, the type of communicative event, all jointly determine the norms of the interaction. They determine who can participate, what information can be conveyed and how much can be said.

The study site

The study was conducted in Kerala, one of the states in South India. For an understanding of the reasons for the original research, we provide some information about the state itself. In 1992-93, the total fertility rate (TFR) for the state was 1.8, the infant mortality rate (IMR) was 13 and expectation of life at birth was 70 years for males and 73 years for females. Male and female literacy rates in this state are above 90 per cent and one of the highest in the country. Health care is available to a majority of the population through a network of public and private facilities. The public health care delivery system, which also provides family planning services, reaches the rural populace, even the most remote part within the state (Bhat and Irudayarajan 1990; Zachariah et al. 1994). Given this socio-demographic and health profile, it was expected that the demand (in terms of an educated and enlightened public) and supply (a health service delivery system that reaches out to most of the population) factors were best suited to the provision of high quality of family planning services and, therefore, this state was selected to represent the upper end of the quality of services spectrum in the study.

The field work in Kerala

In 1994-95, a team of four social scientists comprising mostly of demographers, undertook an evaluation of the quality of services in the Indian Family Welfare Programme (FWP) in rural Kerala. There were two male and two female researchers in the team. They visited two districts and four major Primary Health Centres (PHCs) in these districts as part of the study. The quality of services in the FWP was to be evaluated from two perspectives, the providers' and the clients'. The providers' perspective was evaluated by documenting the infrastructure available at the PHC and interviewing the personnel at the PHC (the medical doctors, the supervisors-male and female and the multipurpose health workers, both male and female). In this phase, both male and female interviewers interviewed the medical doctors, but for the supervisors and multi-purpose health workers, to the extent possible, male interviewers interviewed male workers and female interviewers interviewed female workers.

The clients' perspective was looked at in two phases. The first of these consisted of observing the client-provider interface and then subsequently interviewing the clients at their residence. In this study we observed 22 clients at the PHCs and then were able to interview 21 of them at their homes. A female investigator observed the interactions at the out-patient clinic of the PHC and the two male investigators visited the clients at their residences for the follow-up interviews. A third phase of the study, also in keeping with the clients' perspective, consisted of conducting focus group discussions (FGDs) within the community. For the FGDs it was decided that female moderators and note takers would participate in the FGDs for females and that male moderators and note takers would take responsibility for the male FGDs. In all, 16 FGDs were conducted in Kerala, four per PHC, so as to be able to accommodate sex (male/female) and class (lower/upper) differentials.

Male and female interviewers and interviewees

While starting the field work, we held the belief that interviews between members of the same sex would enhance the quality of interaction in an interview situation and therefore attempted to adhere to this rule to the extent possible.

While interviewing the doctors about their role and duties in the PHC, we did not think that it was necessary that the interviewer be of the same gender as the doctor. Perhaps, this was because we felt that professional medical training would help to overcome any innate inhibitions about discussion of sensitive issues during the course of the interview. Also, doctors are usually from the elite class of the society where it is not expected that biases about the sex of the investigator would influence free discussions on professional matters. While interviewing supervisors and multi-purpose health workers, who usually did not belong to the same socio-economic class as the doctors, we tried to use interviewers of the same sex as the interviewee to the extent possible. This was because, in general, discussions on contraceptive use and sexuality between men and women were not considered normative in Kerala and it is possible that the health workers would be a bit inhibited or hesitant to discuss these matters, even in an impersonal way, with the researchers of the opposite sex. For observation of the client-provider interaction, we preferred to use a female observer and choose to observe interactions between female doctors and clients. This was because we knew from prior experience in the field that most of the family planning clients visiting the PHCs were female clients and that the preferred sex of the doctors for this purpose was also female. Often the male doctors in the PHCs did not have female family planning clients approaching them for any of their contraceptive or reproductive health needs.

In the following sections we highlight some of the experiences of the male interviewers as they interviewed the female family planning clients of the PHC and those of the female researchers with the male FGD participants as they distributed gifts to them. These experiences were not in keeping with the expected gendered roles that prevailed in the community and, therefore, we choose to highlight them and attempt to explain them using perspectives other than gendered roles.

Conducting interviews

As part of the observation of the client-provider interface in the selected PHCs,[1] the assigned female researcher sat in the PHC's out patient clinic everyday for a week to observe the interactions between the family planning clients and the female doctors. Using a check list, she noted the details of these interactions.

During this round of the study we had the opportunity to meet 22 clients who visited the PHCs for various family planning services like IUDs, condoms, oral pills, problems related to the use of sterilisation and abortion services. At the end of the observation, the other two researchers who happened to be male, were required to visit the clients at their homes, in order to record their perceptions of the services offered and the quality of services received at the PHC. The fourth female investigator could not speak the local language and, therefore, could not go to the residences of the women to interview them.

These interviews were on the basis of a structured schedule which involved use of checklists and did not need any extended discussions. This interview was expected to last about 10 minutes. For this reason, it was felt that male interviewers would be able to collect the information needed. In all, the two researchers were able to interview 21 of the 22 women who had been observed.

It should be mentioned that the whole research team had been very well trained and the two male researchers were about 22-23 years old, university educated, belonged to the same ethnic groups as the persons interviewed and spoke the same language. They were particularly sensitive researchers who over the period of field work came to empathise with the women that they were interviewing.

In most of the homes, the two male interviewers were given a warm reception by the clients. In all the homes the interviewers re-introduced themselves and explained the purpose of the interview as a means of recollecting the events that took place at the PHC. These interviews were conducted in the *verandas* or drawing rooms of most homes, taking care to ensure that other members of the household (except infants) were not present. The only exception to this location of the interview setting was in the case of a woman in Palakkad district who had undergone post partum sterilisation and was recovering and, therefore, still in bed when we visited her for the interview. The male interviewers had no difficulties in completing the structured interview schedule for all except one of the clients. One of the interactions observed could not be followed up with an interview at her residence. This was because the client had undergone abortion at the PHC and since she was not married, she did not want to give her home address to the researchers nor be interviewed anywhere else about the abortion that she had undergone.

We found it surprising that the women interviewed by the male researchers carried the interview beyond the routine question and answer sessions that such interviews normally are. They asked the researchers questions about different contraceptives, about their opinions of these contraceptives and wanted information concerning the relative advantages and disadvantages of using them. It must be added that the male researchers knew the answers to some of these questions and could not answer some of them because they did not have the technical knowledge to do so.

This part of the interview was not envisaged at the research design stage, but it succeeded in bringing to light a wealth of information about the personal lives of the women, that men outside of the family would not be privy to in the normal course of such interactions.

It is possible that the women saw the two male researchers as sympathetic sources of information about contraceptives. Also meeting them in a situation away from the PHC clinic environs would have rendered the situation more comfortable for the women. By answering the questions and admitting lack of knowledge about certain issues, the researchers established a good relationship with their respondents which set them at ease.

We describe here the interviews with two women in Thiruvananthapuram district, one a Muslim and the other a Hindu. They had both separately gone to the PHC for pregnancy tests. The first showed the male researchers the result of the pregnaney test (which she had got done at a private laboratory). She could not follow what was written in the report and asked the researchers to tell her what was said in the report, which was in English. The other woman discussed the possible need for an abortion with the researchers because she said that she already had two daughters and did not want to have any more children. She had gone to the PHC to ask for a prescription to take to a private laboratory in the neighbourhood requesting a pregnaney test.

In addition, women who had come to the PHC to have an IUD removed discussed at length with the researehers, the complications and complaints they had. One woman in a PHC in Palakkad had visited the PHC earlier to have an IUD inserted because she knew that her husband who was in the Middle East[2] was going to visit for a few weeks and she did not want to risk a pregnancy during that time. But shortly after her husband came back, she visited the PHC to have it removed. She had told the PHC doctor that the IUD gave her a 'stomach aehe'. However, to the male researchers, she said that her husband disliked the IUD and that she was afraid to tell this to the doctor, because she suspected that it was not a sufficient reason to necessitate the removal of the IUD. For us, that women would even indirectly allude to their sexuality during an interview situation was surprising because it was not expected. Other women, used the researchers as knowledgeable informants for information about prolonged use of the IUD, and the possible health consequences of such use.

In a PHC in Thiruvananthapuram district we met a client who had come to ask for an abortion. The lady doctor at the PHC examined her and asked her to return on another day for the abortion. When the male researchers visited this woman at her home for the routine interview, they were given additional information by the woman and her mother about the reason for the abortion as well. They told the researchers that the woman's pregnancy was the result of rape by a very young (17 year old) relative who lived in the neighbourhood. Since the woman's husband was already known for his short temper and was actually away from home because he was wanted by the police for some other reasons, she did not want him involved in another risky quarrel with the relative. She felt that her husband would feel honour bound to avenge the incident and that attempt would result in yet another reason for the police to want him. Also her position within the community would be rendered extremely difficult if she accused the relative of rape. Therefore, she did not want to carry the pregnancy nor did she want

any one to know about it. Neither the doctor nor the health worker of the PHC knew about the reason for the pregnancy or the abortion. However, the researchers were told about it. It is surprising that the male researchers would be privy to such details, if we were to go by the conventional norms that govern the nature of verbal interactions between men and women in that community.

In another interview, the woman had come to a PHC in Thiruvananthapuram for an abortion. The doctor seemed reluctant to perform the abortion for a woman who had only one child and the client had explained to the doctor that she could not afford even one child. She said that her husband had left her because he could not provide for her. In those circumstances she wanted an abortion because she felt that her own income, earned by working as a maid in another home, was not sufficient to support herself and the child. The respondent explained all these details to the male researchers in the course of the interview.

Only in one case was the respondent reluctant to answer questions. This was in the case of a young woman who had come to seek an abortion at the PHC. She underwent an abortion and did not want to tell us any details of it. We did not attempt to interview her, but we did know (in the PHC it was impossible to not know) that she had had an accidental pregnancy due to a relationship with a young man who was waiting to take her home after the abortion and that she was not married. This information was provided by the auxillary nurse midwife (ANM) who was in charge of the ward at the PHC.

All the other interviews lasted longer than expected (20-30 minutes) and were more detailed than they were expected to be. At the end of each interview, the researchers made notes of the other information they obtained during the course of the structured interview and this was attached to the original schedule.

Conducting Focus Group Discussions

During FGDs, we were quite strict about not permitting persons of the opposite sex, including members of the research team, from even being visible to the participants. For a number of participants, this kind of discussion in the community, even among members of the same sex was a new experience. The research team had arranged for distribution of some small gifts to the participants of the FGDs in appreciation of their contribution. Therefore, after the FGD was completed, the other two members of the research team, who were female, entered the room where the FGD was held to distribute these gifts to the male participants. At this stage, the female members of the research team were introduced to the participants. Sometimes the male participants would uninhibitedly initiate discussions with the senior female investigator, sometimes on sensitive issues regarding condom use and its effectiveness. These male participants asked her questions about the use of condoms, and even those participants who were relatively silent during the FGD asked her these questions.

The male participants spoke of their unwillingness to use government supplied condoms, even though it was available free of cost, because they felt that the quality of these condoms was substandard. They said that breakage was higher with these con-

doms. When the female researcher asked them which part of the condom broke more often, in their opinion, they informed that the breakage occurred more often at the rim of the condom and not at the tip. Large/small holes or damage caused by improper storage was more likely to occur at the tip of the condom, and this, the male FGD participants said, could be detected even before use by a careful examination. Detailed discussions of this kind were not expected by the research team, especially with a female researcher and male respondents.

The female researcher was introduced as someone with a doctoral degree, clarifying that she had a doctoral degree, not a medical one. It was also mentioned that she needed an interpreter to translate her responses to these questions because she belonged to another state within the country and could not speak the local language, though she could understand it. It is possible that the participants did not understand the difference between the doctoral degree and a medical one and saw the female researcher as an expert medical person. Such an expert could become divest of her gendered role by virtue of her expertise (Schrijvers 1994).

Discussion

In all these cases the contradiction between the gendered roles of the interviewer and interviewee are visible. However, if we view the interview situation in the context of the model provided by Briggs (1992:40-41), it is clear that these contradictions are due to the differences in the social roles that the interviewers assumed and that the respondents ascribed to them and in the interactional goals of the interviewers and the respondents.

In almost all of these interviews, the interviewers saw themselves as male interviewers trying to complete an interview schedule. Also, contrary to the usual practice of avoiding giving of information during such routine interviews, the researchers reacted to the questions put to them by the respondents by trying to answer the questions and doubts to the extent possible. Their knowledge of contraceptives was definitely better than that of lay persons and as such they were seen as 'alternative experts' by the respondents. Women in these communities are used to the minimal lip service paid to 'provision of information about contraceptives' by the staff of the PHC (Ramanathan 1995) and perhaps were anxious to receive more information from unthreatening sources. The respondents saw the researchers as allies in their quest for information and also as experts who could give them the information in an unthreatening way. They had no vested interest in peddling any contraceptive in contrast to the PHC staff who had quotas to fulfil for every contraceptive. That the PHC staff had to fulfil targets for each contraceptive was known to almost all the adult members of the community. Hence the need to seek information from unbiased sources.

The difference in the social hierarchy between the health staff of the PHC and their rural clients causes them to be inhibited in their interactions with the PHC staff. The researchers broke through this social distance by visiting the women in their own homes and seeking an interview with them, a change in the social situation as well. As persons whose opinions were needed for the completion of the study, the power to

refuse the interview rendered the respondents in a position of power relative to the researchers(who depended on the respondents). They therefore felt comfortable enough to seek answers to questions that they might have sought at the PHC but did not. This change in the social role of the interviewer from that of a male interviewer to a that of a person receiving the assistance of the women to complete the interview shifted the control of that interaction from the interviewer to the respondent themselves. It became clear that one needs to analyse these interviews from the perspective of the social roles of the participants, and not only their gendered roles.

There are clear differences in the interactional goals of the interviewers and the respondents that are obvious here (Briggs 1992). The interviewers' goals were just the completion of the structured questionnaire, but for the women it was an occasion to seek more information about the contraceptives they were considering from alternative sources that they were comfortable with. Perhaps the fact that the interviewers sought them out in their homes to collect their opinions about the service they had received at the PHC clearly served to distance the PHC staff from the researchers/interviewers. Given this difference in the interactional goals it is possible to explain the unexpected nature of the interactions that occurred.

The interaction, thus, can be viewed as an informal education event rather than an interview. And as such the norms that govern social interaction between men and women are no longer valid but the norms that govern an information giving session apply. Here the goal is the maximising of information obtained in the minimum of time in the best possible way and gender of the teacher and the taught is not so important.

Seen in this light, the contradictions experienced during the focus group discussions can also be explained. The female researcher was not seen in a gendered way but as another non-threatening expert. The detail gathered by the researchers during these sessions were not structured but part of a casual social interaction that developed into another informal education session for the participants. As such, the norms that govern gender roles are no longer applicable to the analysis of this communication event which started off as a FGD but also became an education imparting event. As an outsider to the community, the female researcher was sufficiently distant from the community to permit the relaxation of gendered norms in the community as well.

Conclusion

This analysis of the interactions between the researchers and the participants serves to highlight the need for situating the nature of the interaction carefully before analysing the results of the interviews. Inherent contradictions in the social roles and interactional goals of the participants in a communication event can change the quality of information gathered. While the role of gender in the quality of information gathered cannot be discounted, especially when information on culturally sensitive issues are sought, there is a clear need to consider other factors, such as participant's quest for information, as well. In fact, building on the insights gained, one could suggest that educational sessions on contraception are a good tool for for gathering sensitive information instead

of the conventional interview where the gendered roles are so crucial to the information gathering exercise itself.

Notes

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1. There were two PHCs each in the two selected districts of Thiruvananthapuram and Palakkad to represent one of the best performing and the worst performing districts within the state. These two PHCs within the district were also selected to represent the best and worst performance in terms of their documented performance statistics for FP work.
2. Male labour migration from these places to the Middle East in search of better economic opportunities is a frequent occurrence within this community.

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