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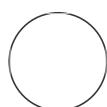
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Qualitative methods

In 1 collection

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ABSTRACT

This protocol details qualitative methods.

ATTACHMENTS

[706-1522.pdf](#)

Qualitative methods

- 1 Qualitative research will be conducted in two phases to address research questions 1 and 2. First, rapid ethnographic assessments (21) (REA) within pre-survey pilot sub samples will identify how people talk about and classify joint pain. Terminologies used will inform subsequent studies.
- 2 Methods in the REA include 60 short interviews with community leaders, traditional healers, community members, and pharmacists.
- 3 The research team will write detailed field notes and, with written consent, take photographs to develop 'thick descriptions' of the phenomena in each community.
- 4 Based on these data a preliminary scheme of classification of how joint pain is understood, explained and responded to will be developed and tested through a series of focus groups with community members and semi-structured interviews with community leaders, conducted within the same communities as the REA.
- 5 The focus groups will use visual representations of the body and seasonality to stimulate discussion about joint pain, and thus, to collect confirmatory and supplementary data relating to situated classifications of joint pain, to improve the scheme of classification; to document how and when joint pain interrupts daily routines, and the impact this has on the lives of informants; to identify actual and desired support-seeking strategies that those with joint pain pursue or would like to pursue, in both 'traditional' and biomedical domains; and to explore how clinical categories relating to arthritis are understood, used and acted on.
- 6 The results of this phase of the qualitative research, particularly in terms identifying the words and phrases used to describe joint pain, will be used to adapt survey instruments in the quantitative component described below.
- 7 Secondly, semi-structured interviews will be conducted with members of the census cohort who have reported symptoms of arthritis.
- 8 They will be sampled purposely to include people of different gender and age groups. Interviews will explore situated accounts of living with arthritis symptoms, including:

1. the multiple impacts symptoms have on individuals and the livelihood of their household;
2. the 'illness work' (22) that interviewees do to manage both symptoms and their impacts;
3. the treatment seeking behaviour and management practices enacted by individuals, including the obstacles and challenges faced in accessing preferred treatments.

9

Note

The impact of disease and the work needed to manage its effects is often understood exclusively through economic metrics; this research seeks to uncover a more holistic understanding of what it means to live with these conditions by taking seriously the emotional and everyday experiences of individuals.

A range of visual methodologies will compliment semi-structured interviews, for example, the co-creation of diagrams detailing support and care in order to explore patients' social networks.(23)

10

The co-creation methods used in these interviews will be mindful of potential enacted disclosures of literacy levels (e.g. how a pen is held), with the interviewee being asked if they would like to write/draw on the page themselves, or if they would prefer the interviewer to do this.

11

The qualitative research will be attuned to the plurality of knowledge and experience that are often gendered, situated and livelihood dependent. Following anthropological approaches to public health, this work aims to unpack these nuanced experiences foregrounding understandings of lived experience to ensure any future interventions are appropriate to the targeted population (24).