

Section IV.

Qualitative Research Methods

PRA/RRA TIMELINE

- Identify several members of the ‘community’ who are especially knowledgeable about the ‘community’s’ history to stay and talk with the team
- Place stick/string on the ground (or draw a line) and state that the stick represents the time since ‘_____’ and now
- Ask group to identify key events for the community during that time
 - ◆ use local materials as symbols
 - ◆ try and identify dates of events
 - ◆ note events on cards and lay out cards to facilitate chronology
- Interview the timeline about topics of interest (use a checklist)
- Transfer information onto paper for later write-up

Example of Checklist for Timeline

- Key events affecting community since ‘independence’
- Happiest periods in the community since ‘independence’
 - ◆ Description of what was happening during the happiest periods
 - ◆ Main sources of income during these periods
- Most stressful periods in the community since ‘independence’
 - ◆ Description of what was happening during the happiest periods
 - ◆ Main sources of income during these periods
 - ◆ How the ‘community’ responded to these events

PRA/RRR WALKABOUT - 1

- Type of Direct Observation
 - ◆ cross between *participant observation* and *unstructured focused observation*
- Usually do not take notes while observing
 - ◆ reduces reactivity
 - ◆ May be able to discreetly jot down details of what you observe between observation sites
- Usually have a focus (location, behaviors)
 - ◆ Use a guide or checklist of topics
- What to record:
 - ◆ who, what, where, when, what, [why interpretation comes later]
 - ◆ Behaviors/conversations related to topic
 - ◆ What does not happen related to topic (that you might have expected)
 - ◆ Maps/diagrams related to focus topics
 - ◆ e.g, drawing of activities at a water source

Example of Walkabout Checklist

1. What are the available water sources?

- (a) well
- (b) spring
- (c) reservoir/dam
- (d) rain water
- (e) seasonal pond
- (f) public stand post/tap/fountain
- (g) hand-dug well
- (h) other

2. Are the water sources protected?

(indicate which ones)

- (a) yes
- (b) semi-protected
- (c) no

3. How far are water sources from peoples homes?

Water source	Distance
_____	(a) less than 100 meters
_____	(b) 100-500 meters
_____	(c) less than 1 km
_____	(d) 1-2 km
_____	(e) 3-5 km
_____	(f) 6-7 km
_____	(g) more than 8 km

4. What activities take place at or near the water source?

- (a) washing water containers
- (b) washing clothes
- (c) bathing/washing self
- (d) watering animals
- (e) other

5. Who collects water?

- (a) women
- (b) children
- (c) men

6. What utensils (and means) are used for fetching water?

7. How is water transported from the source to the home?

8. Is water treated at the source, and if so, how?

- (a) by filtering with a piece of cloth
- (b) by chlorination
- (c) by other means

9. How is drinking water stored in the home?

10. How is drinking water handled in the home?

PRA/RRA WALKABOUT - 2

- Familiarize yourself with the checklist before you set out on your walk
 - ◆ use it discreetly, as a reminder, if you need to refer to it during your walk
- Walk around the community in pairs or threes
 - ◆ not too many avoid attracting unnecessary attention
 - ◆ meander to absorb the community atmosphere, stopping to greet people
- Visit places in the community related to specific checklist topics (e.g., water sources, where food is stored, fields)
- Have spontaneous informal conversations on checklist topics where people normally gather
- Discreetly jot down details of what you observe (between sites)
- Make notes of things said during conversations with people you meet.

Reactivity in Observations

- Reactivity: people may change what they do or say when being observed
- What do we do with reactivity?
 - ◆ always record reactivity in notes
 - ◆ analyze/discuss reactivity in 'Biases' section of the Expanded Notes Summary
- Ways to reduce reactivity:
 - ◆ repeated observations
 - ◆ extended visits (longer time)
 - ◆ choice of observer
 - ◆ interact with people prior to observing

Free Listing - 1

Purposes:

- ◆ Identify a list of items included in a topic of interest
 - ◆ e.g. list of illnesses affecting children
- ◆ Identify the most known/prominent items in the culture
 - ◆ used to decide what to investigate more fully in the study
- ◆ Identify the locally used words for these items

Preparations:

- ◆ Translate and pre-test questions:
 - ◆ primary, probing and secondary question (optional)
- ◆ Train for consistency in asking questions
- ◆ Prepare Free List recording form

Process:

- ◆ **Identify** informants
 - ◆ Knowledgeable about topic of interest
 - ◆ Minimum of 10 informants
 - ◆ Stratify by significant sub-group
- ◆ **Ask** the primary question
 - ◆ **Ask** “What are all the different kinds of X that you can think of?” “Name all the Xs you know?”
 - ◆ **Ask** it with consistency
 - ◆ **Do not ask** “If...?” “Are there... ?”

Free Listing - 2

Process (continued):

- ◆ **Record** each item mentioned on the recording form in the “Item” column, one row per item.
- ◆ **Probe** after informant provides initial list of items
 - ◆ **Ask** “What else?”
- OR
- ◆ **Repeat** items mentioned & then **Ask** “What else?”
- ◆ **Record** each additional item on the recording form
- ◆ Need to agree on how much to probe; be consistent
- ◆ **Ask** secondary question (Optional)
 - ◆ **Ask** secondary question for each item mentioned
 - ◆ **Ask** a question to clarify the meaning of each item
 - ¶ e.g., “Describe what happens when X occurs?”
- OR
- ◆ **Ask** for additional information about each item
 - ¶ e.g., “What should a person do if X occurs?”

Free Listing - 3

Analysis:

- ◆ Make a list of responses for the entire sample
- ◆ For each item on the list, count the number of informants who mentioned the item
 - ◆ When to collapse two or more items into one?
 - ▲ Singular or plural forms of the same word
 - ▲ Key informant clearly state two items are same
 - ◆ Generally, avoid the temptation to collapse
- ◆ Forms of Tabulation:
 - ◆ Rank by frequency of mention (most common)
 - ◆ Rank by order of mentionOR
 - ◆ Rank by number of related items
- ◆ Identify the most known/prominent items in the culture for topic of interest
 - ◆ Order items by frequency mentioned (%)
 - ◆ Select a relevant cutoff percentage
 - ▲ Look at distribution: what makes sense?
 - ▲ e.g., 50% or more of informants mentioned the item

Free Listing Recording Form

Primary Question: What are all the different kinds of _____
you can think of?"

Supplementary Question: ___ None; “ _____
_____?”

Type of Informant: _____ Age: _____ Gender: _____

	Item:	Supplementary Answer:
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____

Free Listing Tabulation Form

	Term (Item)	#	%
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Venn Diagram - 1

(from CRS PRA/RRA Manual, 1998)

Purpose: To understand how a community is organized:

- ◆ internal organizations;
- ◆ relationships with larger community beyond borders
- ◆ role of organizations in local decision-making
- ◆ role of external forces on the community
- ◆ community leaders and decision makers
- ◆ role of government and NGOs
- ◆ conflicts and conflict resolution mechanisms

Process:

- ◆ Define objectives and make a checklist
 - ◆ Wait to use the checklist until the end
- ◆ Draw large circle
 - ◆ on the ground or on a large sheet of paper
 - ◆ everything inside is an internal institution
 - ◆ everything outside is an external institution

Venn Diagram - 2

(from CRS PRA/RRA Manual, 1998)

Process continued:

- ◆ Begin with committees, groups inside community
 - ◆ Do not imply only formal organizations are of interest
 - ◆ ask participants to indicate significant committees and groups
 - ◆ indicate the significance of the group's impact on community life by the size of the symbol they choose
 - ◆ continue until all the committees and groups inside the community have been represented
- ◆ Go on to ask about the individuals in the community who have a particular significance
 - ◆ use a different symbol (all of the same size)
 - ◆ continue until all significant individuals are identified
- ◆ Move to external groups or individuals who have an impact (+ or -) on the life of the community
 - ◆ begin with groups/organizations, finish w/individuals
 - ◆ draw lines from outsiders to insiders with whom they collaborate most closely
- ◆ Interview the diagram
 - ◆ probe relationships which are visualized on diagram
 - ◆ probe issues on the checklist of objectives

Venn Diagram - 3

Example checklist for Venn Diagram:

In the community:

- Groups, organizations dealing with security
- Persons dealing with security
- Persons at risk for harm

- Groups, organizations dealing with jobs
- Persons dealing with jobs
- Persons at risk for no or low income

Repeat above for outside the community

Pile Sorting - 1

(ref: Herman & Bentley, 1993; Gittelsohn, 1996-98)

Purpose:

- ◆ Understand the perceived relationship of each item in a group to the other items in the group
- ◆ Useful Pile Sorts:
 - ◆ Types of problems or issues
 - ◆ Treatments or actions for problems/issues

Preparations:

- ◆ Choose most salient items (e.g. from free lists)
- ◆ Assess literacy of potential informants
- ◆ Prepare pile sort cards appropriate to literacy
 - ◆ pictures or words or both?
 - ◆ unique number on the back
- ◆ Pre-test the preliminary explanation
- ◆ Train for consistency in explanations.
 - ◆ **Example** “Please sort these into piles of X (concept term) that are similar. You can make as many piles as you like. Some things may go into more than one pile. That is okay too.”
 - ◆ “All card cannot go in one pile; and we cannot have all cards in a separate one-card pile”
- ◆ Prepare the data collection forms

Pile Sorting - 2

Process:

- ◆ **Identify** informants
 - ◆ Knowledgeable about topic of interest
 - ◆ Minimum of 10 informants
 - ◆ Stratify by significant sub-group
- ◆ **Review** cards with informant
 - ◆ make sure informant can identify each card
 - ◆ remove card informant is not familiar with
- ◆ **Provide** explanation
- ◆ Informant carries out Pile Sorting
- ◆ **Record** the items placed in each pile on the individual recording form: one row per pile.
- ◆ **Ask** for a Qualitative Explanation:
 - ◆ ask questions about each pile
 - ◆ *“Why did you put these together in the same pile?”*
 - ◆ *“Can you tell me the ways in which these are like each other?”*
- ◆ **Record** the informant’s reasons for sorting the cards the way he/she did on the recording form

Individual Pile Sort Recording Form

PILE SORT FORM	
Items to be Sorted & No.: _____	
Type of Informant: _____ Age: _____ Gender: _____	
Pile Number	Reason Sorted in Same Pile
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____

Tabulation & Analysis of Pile Sorting

Using the Pile Sort Tabulation Matrix

	1	2	3	4	5	6
1	X					
2		X				
3			X			
4				X		
5			b		X	
6						X

1. In each box, write the number of times the corresponding items were placed in the same pile (across all pile sort interviews); e.g. the letter “b” represents the number of times item “3” was placed in the same pile with item “5” (out of the total number of interviews).

2. From the matrix, identify the pairs of items that were most often placed in the same pile. Reviewing the individual pile sort forms, summarize the reasons these items were seen as similar.

3. From the matrix, identify the pairs of items least frequently placed in the same pile. Reviewing the individual pile sort forms, summarize the reasons these items were seen as different.

PRA/RRA MAPPING

(From Freudenberger, 1998)

- Choose area of interest (inhabited village, village farming areas, district)
- Invite persons whose perspective you wish to learn about regarding area of interest.
- Do mapping exercise in large open area:
 - ◆ Investigator identifies a couple of landmarks to orient the activity and draws figures on ground to represent these landmarks
 - ◆ Investigator “hands over the stick” to someone in the group and asks that person to identify on the map the most important sites in the area
 - ◆ use sticks, stones, seeds, leaves as markers
 - ◆ Don’t ask about things on the checklist until all participants have identified sites important to them.
 - ◆ Interview the map using a checklist to probe
 - ◆ Copy the map into a field notebook as it is being drawn; transfer to flipchart paper later.
 - ◆ Record important quotes about sites on the map and record observations of the process

Example Checklist for Map Exercise

(from Herman & Bentley, 1993)

- Persons, places or things related to health in the area
- Which parts of the community or households have the most vulnerable persons and why is this so
- Which parts of the community or households have the most sickness and why is this so
- Which households have the most vulnerable or malnourished children and why is this so
- Where do individuals live who have specialized knowledge about childhood illnesses and how to treat them

MATRIX RANKING

(From Freudenberger, 1998)

- Identify several members of the community who are knowledgeable about the topic of interest
- Draw or place matrix on the ground in front of the group
 - ♦ Choose variables and included items with care
 - ♦ elicit items, use salient items from study and elicit
 - ♦ Variables should be in the “same direction”
 - ♦ Use symbols for the variables and items
 - ♦ note items on cards and place them next to the symbols
 - ♦ Explain variables and continue to explain as you go
- Present matrix step by step
 - ♦ move systematically box by box (don't jump around)
 - ♦ move vertically or horizontally depending on what makes sense
 - ♦ Encourage people to use a scale of 1 to 10 beans to rank each box
 - ♦ more beans always means ‘better’ or always means ‘worse’
 - ♦ place paper with the written number of beans in each box
 - ♦ Ask why they chose the number of beans in each box
- Review the matrix, look at the trends and interview the matrix

Example of Matrix Ranking

Ranking of community problems by commonness and seriousness

Community Problems	Criteria		Total
	Number of people affected	Seriousness of the problem	
Water	..... (10)	..... (10)	..... (20) ;
Food Shortage	.... (5)	..... (8)	..... (13)
Health	.... (4)	..... (9)	..... (13)
Pests	... (3)	.... (4)	..... (7)

Ranking of common illnesses by preferred treatment choices

	Do Nothing	Home Treatment	Traditional Healer	Herbalist	Health Facility
Diarhea		.. (2)	... (3)	. (1)	
Malaria	.. (2)			... (3)	
Blocked Chest			.... (4)		. (1)
Anemia		..... (5)			

Focus Group Discussions - 1

Purpose:

- ◆ Use group dynamics to identify commonly held attitudes, beliefs and perceptions about a focused topic of interest

Preparations:

- ◆ Identify group(s) of interest to study
 - ◆ members have a shared experience with regard to focused topic of interest
 - ◆ e.g., ethnicity, gender, SES, age
- ◆ Determine number of focus groups
 - ◆ usually 2-4 **per** group of interest
 - ◆ rule: continue until no new information is gained
 - ◆ e.g, 3 with women & 3 with men
- ◆ Identify & invite participants
 - ◆ ideal # per group is 6-10 persons
 - ◆ similar with regard SES, ethnicity within groups
- ◆ Prepare Focus Group Discussion Guide
 - ◆ Series of open ended questions related to focused topic of interest
 - ◆ Does not need to be followed in order
 - ◆ Not used as a questionnaire

Focus Group Discussions - 2

Process:

- ◆ Introductions and explanations
 - ◆ roles of investigators and participants
 - ◆ purpose of today's discussion
 - ◆ everyone's ideas are important
- ◆ Facilitator begins with open-ended question and then facilitates discussion on topics of interest
 - ◆ role is not expert or teacher
 - ◆ keep group focused on topics of interest
 - ◆ allow group to say whatever it wants on topics
 - ◆ help everyone get the opportunity to speak
 - ◆ prevent persons from dominating discussions
 - ◆ use good probing techniques to explore topics completely and to move from topic to topic
- ◆ Recorder(s) takes written notes
 - ◆ verbal & non-verbal communication
 - ◆ points of consensus and disagreement
 - ◆ opinions of dominant persons versus the group
 - ◆ recording local terms for key words/phrases
 - ◆ help facilitator keep on topic
- ◆ Closing
 - ◆ limit time of discussion to 90 minutes
 - ◆ thank participants / provide refreshments

Example Focus Group Discussion Guide

Topic: Quality of health clinic services

Mothers' perceptions about:

- Distance to clinic?
- Clinic operations?
 - ◆ waiting time, flow, cleanliness, operating hours
- Technical competence of clinic staff?
- Community-staff interpersonal relations?
- Availability of drugs?
- Fees for services and/or drugs?
- Ways to improve services?
- Things to keep the way they are now?

Key Informant Interviews - 1

Review: things to do in qualitative interviews:

- Begin with a Friendly Greeting
- Establish Cultural Ignorance
- Use Open-ended Questions
- Avoid Leading Questions
- Let the Informant Lead
- Encourage Informant to expand on their answers and give as many details as possible
 - ◆ Use “describe” and “tell me about”
 - ◆ Do not move onto a new topic until the respondent expresses that he/she has no more to say
- Probe
 - ◆ What? Open-ended Questions
 - ◆ Silent Probe
 - ◆ Echo Probe (repeat words of the informant)
 - ◆ Uh-huh...; Mhm...mhm...
- Use the Informant’s language to ask new questions
- Express Interest

Key Informant Interviews - 2

What is a Key Informant?

- Cultural Liaison
- Native Speaker
- Characteristics of a good key informant:
 - ◆ Knowledgeable about topics of interest
 - ◆ Currently involved in topic of interest or recently experienced
 - ◆ Contemplative, makes comparisons
 - ◆ Thoroughly enculturated

Key Informant Interviews - 3

Use of Key Informants:

- Repeatedly Interviewed
 - ◆ Can work with over life of project
- Language teacher
 - ◆ assists in learning the local language
- Cultural liaison
 - ◆ including introductions to other people
- Identify key elements to study
 - ◆ who to study, when, where, how
- Pre-tests data collection instruments
- Judges your work/conclusions
- Sometimes...
 - ◆ collects data for you
 - ◆ paid for time
 - ◆ relationship continues after the study
 - ◆ can become a friend

Key Informant Interviews - 4

Types of Key Informants:

- Persons in higher administrative positions
- Community outreach workers
- Special people in the population (for example, traditional birth attendants; mothers with several children; traditional healers for maternal & child health topics)

Key Informant Interviews - 5

Elements of a Key Informant Interview:

- Greetings/Explanations:
 - < Describe project
 - < Confidentiality/consent
 - < Question explanations
 - < Method of recording information
 - < Native language (speak as you would naturally)
 - < Special task instructions (if any, e.g. pile sorting)
- Asking Questions
 - < Descriptive (usually start with this type of question)
 - < Structural
 - < Contrast
- During the Interview:
 - < Express cultural ignorance
 - < Express interest
 - < Try to learn and use the local expressions
- Closing comments:
 - < Thank the informant
 - < Desire to meet again
 - < Set a time
 - < Allow informant to ask questions

Key Informant Interviews - 6

3 Main Types of Interviewing Questions:

(From Spradley, 1979; Gittelsohn, 1998)

1. Descriptive Questions

These questions seek to open the door and start to get an idea of how things work in a culture

A. Grand Tour

- ◆ Typical - “Could you describe a typical day?”
- ◆ Specific - “Could you describe what happened yesterday, beginning with when you woke up?”
- ◆ Guided - “Could you show me around your village?”
- ◆ Task - “Could you draw me a map of your village and explain to me what it is like?” or “Could you make a ‘diarrhea remedy’ and explain to me what you are doing?”

B. Example Question

- ◆ “You mentioned ‘hot foods’. Can you give me an example of a ‘hot food’?”

Key Informant Interviews - 7

1. Descriptive Questions Continued

C. Experience Questions

- ◆ “Can you tell me about some of your experiences as a traditional healer treating sick children?”

D. Native-Language Questions

- ◆ “You mentioned some treatments you give to children with *empacho*. How do you refer to these ‘treatments’? Would you say, these are ‘treatments’ for *empacho*?”
- ◆ “If I were to listen in on a conversation you had with a mother of a child with diarrhea, what would I hear you say to her?”
- ◆ “You mentioned ‘hot foods’. What are some statements I would hear that include the term ‘hot foods’?”
- ◆ (See Igbo example)

“Descriptive questions form the basis of all ethnographic interviewing.”

Key Informant Interviews - 8

2. Structural Questions:

Verify terms learned via descriptive questions and the relationships between them:

- ◆ “What are *some* of the different kinds of (illnesses) that children in this community get?”
- ◆ “I’m interested in knowing all the different kinds of (illnesses) that children in this community get. You mentioned *malaria*, *worms*, *ear pain*, and *chest pain*. Can you think of any other (illnesses) that children in this community get?”
- ◆ “Is *diarrhea* an (illness) that children in this community get?”
- ◆ “What are the different kinds of (illnesses) that give children loose, watery stools?”
- ◆ “What are some of the ways that children get an (illness) that makes them have loose stools?”

Key Informant Interviews - 9

3. Contrast Questions:

These questions also seek to find out what an informant means by various terms in his native language:

- ◆ “What are the differences between *empacho* and *chest pain*?”
- ◆ “In looking over some of our earlier conversations I came across some differences that I would like to double check with you. Let me read off this list of (treatments) you said you use for children’s (illnesses) and could you tell me for each one whether you use it to treat *empacho*?”
- ◆ “One time earlier you said that older mothers always come to see you when their child has *dysentery (local term)*. Do younger mothers come to see you also?”

Key Informant Interviews - 10

Ethnographic Field Guides:

(from Gittelsohn et.al. 1998)

- **Purpose:** to help us identify and explore relevant topics with key informants.
- **Length:** 10-20 Questions, plus instructions
 - ◆ Should focus on the research topic
 - ◆ May be subdivided into subtopical areas
- **Introductory Statement:** Purpose of study, confidentiality, disclosure statement
- **Types of questions:**
 - ◆ begin with descriptive, open-ended questions
 - ◆ exploratory; identify local terms and concepts
 - ◆ move from descriptive to structured questions
- **Ways to use EFG:**
 - ◆ A starting point - a set of cues
 - ◆ NOT to be followed like a structured survey
 - ◆ TYPICAL PROBLEM OF INEXPERENCED INTERVIEWERS

Case/Event Narratives -1

Purpose:

- ◆ Identify how things actually happen in real versus hypothetical settings

Process:

- ◆ Identify informants who recently experienced an event of interest:
 - ◆ birth, death, illness, marriage
 - ◆ planting and harvesting
 - ◆ search for employment, credit
- ◆ Elicit a story about the event of interest:
 - ◆ When the event began and finished
 - ◆ Describe what happened, the sequence
 - ◆ Describe persons involved
 - ◆ Describe major decisions made / not made
 - ▲ who made decisions, reasons for decisions.
- ◆ Usually semi-structured interview
 - ◆ Use a guide, not a questionnaire
 - ◆ Guide includes a list of topics to discuss
 - ◆ Lead informant to discuss topics of interest
 - ◆ But, allow informant to choose content and sequence of discussion

Case/Event Narratives - 2

Example of childhood illness narrative:

Purpose:

- ◆ Elicit a story of events surrounding a recent childhood illness of interest
- ◆ Identify illness terms, causes, home treatments used, dietary changes during illness, providers used to treat illness and cost issues
- ◆ Adapt communication strategy based on local beliefs and practices

Process:

- ◆ Identify mothers whose child who recently had an illness of interest
- ◆ Ask mothers to recount events surrounding the child's illness

Case/Event Narratives - 3

Matrix for Selecting Informants

Example of childhood illness narrative

Source	Criteria for Use	Advantages	Disadvantages
Key informants (community health workers; children): ask them to identify children with recent episodes of illness	Use if local terms for illnesses of interest are known.	Can be used by any project	May fail to detect certain types of illness or types of children with illness
Door-to-door canvas: go door-to-door and asking if there are any young children and if they are sick.	Use if local terms for illnesses of interest are known.	Can be used by any project. Houses can be chosen randomly or purposively, as needed	May take more time than asking key informants
Rapid KPC Survey: children with an <i>illness</i> of interest in the two weeks prior to the survey	Use the KPC survey if it was carried out within the two months	Population based, cross sectional source of information; KPC data already available to most projects	Must have been completed in the last month or so
Vital events registry: Listing of children who died from an illness of interest	Use if a vital events registry process is functioning, and it includes verbal autopsy for identifying illnesses of interest	Deaths are the most important targets for change in the health system and it is important to understand events surrounding a death	May fail to detect the most common patterns (norms) of illness care because most children with illness do not die
Health facility records or logbook: Children diagnosed as having an illness of interest (<i>not recommended</i>)	Use if the health facility has a functioning health information system that records diagnosis of children treated at the facility	Children identified by facility data are more likely to have had the illness of interest than children identified with the KPC survey or by key informants	Not a population-based source of information - <i>may fail to detect patterns of illness care of mothers who do not come to facilities.</i>

Case/Event Narratives - 4

Example: Topic Guide for Illness Narrative

What the informant thought the child had, including illness name and all symptoms observed.

Home care practices prior to seeking care, including home remedies, ritual healing practices, and any medicines given that the mother already had in the home, and the reasons for these practices.

The sequence and timing of symptoms and related home care practices.

What foods and fluids were given to child during illness? (note whether the child was breastfed, bottlefed or weaned at time of the illness). Probe for any changes the mother may have made in the child's diet during the illness.

Duration of symptoms prior to seeking care; symptoms that were given as the main reason for seeking care.

Name, location of health providers to which the child was taken and treatments given.

Example of Recording Form for an Individual Childhood Illness Narrative

Following each interview with a informant transcribe the notes taken in the interview to this form.

Informant's Name _____ Informant's Group _____

Child's Name _____ Child's Sex _____

How long ago was the illness (days) ____ Child's Age (months) ____

Name given by the informant for illness _____

Cause given by the informant for illness _____

1. Any special foods or drinks given to child during illness? Reason? _____

2. Any foods or drinks stopped during illness? Reason? _____

3. Was the total amount of fluid (including breastmilk) given to the child during the illness more, the same or less than usual? _____ Was the total amount of food given to the child during the illness more, the same or less than usual? _____

4. Sequence of events by symptom: List each symptom the caretaker mentioned in the order that she noticed the symptom in her child. For each symptom, identify the day of illness that the symptom appeared, what actions the mother took and/or treatments the child was given.

Day	Symptoms	Home Treatments or Provider Care & Reason

Example of a Summary Form for Illness Narratives by Name of Illness

Mother's Group: _____ Illness: _____

Symptom (local and English term)	#	%

Causes (local and English terms)	#	%

Home Treatments (local and English terms)	#	%