# Contemporary Discourses in Qualitative Research: Lessons for Health Research in Nigeria

**Ali A. Abdullahi**
*Department of Sociology,*
*University of Ilorin, Nigeria*

*Email: kwaraeleven@yahoo.com*
*Department of Sociology,*
*University of Johannesburg, South Africa*

**Anton Senekal**
*Department of Sociology,*
*University of Johannesburg, South Africa*
*Email: asenekal@uj.ac.za*

**Cecilia Van Zyl-Schalekamp**
*Department of Sociology,*
*University of Johannesburg, South Africa*
*Email: cjvzschalekamp@uj.ac.za*

**Jimoh Amzat**
*Department of Sociology,*
*Usmanu Danfodiyo University, Sokoto, Nigeria.*
*Email: greatjoa@yahoo.co.uk*

*and*

**T. Saliman**
*Institute of General Studies,*
*Department of Liberal Studies,*
*Kwara State Polytechnic, Nigeria.*
*Email: salimantundes@yahoo.com*

**Abstract**

*Quantitative research has permeated and dominated health research in Nigeria. One of the oldest and the most commonly used quantitative research designs are KAP (knowledge, attitude and practice) surveys. Although KAP surveys are important approaches to assessing distribution of community knowledge in large-scale projects, such surveys are often inundated by challenges, especially with regard to accurate measurement and understanding of social construction of health and illness. This paper examines contemporary ontological, epistemological, axiological and methodological discourses in the qualitative research approach and argues for adequate utilisation of the qualitative approach in health research in Nigeria. The qualitative approach deepens understanding of cultural milieu regarding health beliefs and socio-cultural issues surrounding medical therapy, as well as health seeking behaviour. Therefore, this paper argues for a more participatory research methodology in the understanding of health, illness and disease in Nigeria. Some case studies of qualitative research from Nigeria and abroad were reviewed from which health researchers (clinical managers and health social scientists and public health experts) could learn. The paper is thus a contribution to the ongoing discourses in global qualitative health research.*

**Keywords:** *Qualitative research; quantitative research; ontology; epistemology; developing countries; Nigeria.*

## Introduction

Over the years, quantitative research, particularly in Nigeria, has been canvassed and portrayed as the 'most appropriate' approach in the understanding of disease, health and illnesses. A typical example of quantitative research designs commonly used by these researchers is KAP survey (knowledge, attitude and practice). KAP surveys are relatively cheap, convenient, and less hazardous. They are also important approaches to assessing distribution of community knowledge in large-scale projects (Hausmann-Muela, Ribera & Nyamonga, 2003: 3). Based on these advantages, most health researchers in Nigeria have tended to focus more attention on KAP using robust quantitative research techniques. The rationale is to predict and understand KAP with regard to a particular disease or ill-health. For instance, Oguonu, Okafor and Obu (2005) conducted a KAP survey on childhood malaria and treatment in rural and urban areas of Enugu, Nigeria using a structured questionnaire. Abdullahi and Amzat (2011) have also investigated knowledge of hypertension among the staff of the University of Ibadan, Nigeria, using the questionnaire instrument as method of data collection from 556 randomly selected subjects. The major stance of quantitative approach like these is to generate large-scale data with the use of statistical (both descriptive and inferential) analysis, primarily to design and implement measures of intervention.

While KAP surveys have made interesting discoveries, they are often inundated with and characterised by challenges especially with regard to accurate measurement

of the embedded basic concepts. The measurement of knowledge, attitude and practice is usually marred by inadequacies. This cannot be disconnected from the fact that a substantial part of KAP is a psychoculturally-bound concept. Knowledge of malaria, for instance, is usually projected, predicted and understood in terms of the correspondence between biomedical construction of malaria and local knowledge. Any knowledge that deviates from biomedical constructions is generally considered inappropriate and recommendations are tailored towards knowledge improvement. However, in this process, other types of community understanding are often neglected or glossed over. The cultural milieu of health beliefs and construction of health and illness and social processes in the understanding of health seeking behaviours are often difficult to measure using quantitative approach.

Following some array of limitations of the quantitative approach, especially in understanding cultural realities and peculiarities relating to health, contemporary health discourses have shown that the qualitative research approach could provide an alternative, independent and culturally compelling investigative analysis. Hence, there is an increasing demand for qualitative oriented research at global levels (Reynolds, Kizito, Ezumah, Mangesho, Allen & Chandler, 2011). However, as qualitative research continues to gain momentum and enjoys a considerable level of acceptance across the world, a significant number of health researchers in Nigeria are yet to receive knowledge of qualitative research as a paradigm shift in the understanding of health and illness. This is not however limited to health researches. Similar concern has been raised by Ehigie and Ehigie (2005) in industrial and organisational psychology in Nigeria.

The global trends in qualitative research have therefore made it imperative for researchers in the field of health (clinical science, public health and health social sciences) to move beyond 'numbers' or statistical analysis in order to strengthen their research findings. This is important against the backdrop that community perceptions and reactions to disease and illness are entangled in the socio-spatial domain (Kleinman, Eisenberg & Good, 2006: 141). For instance, in most indigenous communities of Africa, the perception about the causes of disease is usually ambiguous with an explanatory model different from a biomedical model. Disease aetiology may be attributed to natural, supernatural, magical and spiritual forces; where a disease stays in the body beyond certain period of time, local people might begin to suspect the 'evil doers' or evil machination, as well as witches and witchcraft. Thus, understanding the qualitative approach and using the appropriate qualitative research methods in health research can further enhance local understanding of the disease, illness (people's experience of disease) and health in Nigeria.

On this note, this paper intends to stimulate health researchers in developing countries like Nigeria to look beyond quantitativeness or 'numbers' in health research and reach out for qualitative data that would unravel cultural ambiguity. The paper advocates for a participatory or interactive research approach where the lived experiences of

people are seen as imperative to the understanding of health issues particularly in local communities, the essence of which is captured in the qualitative research approach in global health discourses. It should be acknowledged, however, that a number of health researchers in Nigeria have begun to use qualitative research. However, it is a known fact that quite a significant number of researchers still resent the qualitative research approach. Such empirical resentment is often informed and precipitated by lack of understanding of the history, development and the basic tenets of qualitative research. This is further complicated by a dearth of standard and up-to-date qualitative research texts and journals in developing countries like Nigeria.

## Where is Qualitative Research coming from? Philosophical Background of Qualitative Approach

Social life and human actions are highly complex, multidimensional and embedded in meanings. The basic sense of curiosity to understand this complexity has cautiously laid the foundation for social science research (Marvasti, 2004: 1). The journey to demystify and understand the complex nature of human society and human behaviour began with *positivism* which gave birth to the quantitative research approach. This method of investigation holds that the goal of knowledge is simply to describe the phenomenon under investigation, the object of study is observed independent of the researcher, knowledge can only be verified through direct observations, data collected through figures or numbers and analysis should involve attachment of numerical values to social characteristics. These assumptions are rooted in the 19th century philosophy known as *positivism*, where the major concern of social scientists was to unearth the natural laws that govern human society (Okeke & Ume, 2004: 19). For many years the quantitative research approach dominated and unilaterally monopolized research processes in the social sciences. Evidence abounds that a number of contemporary qualitative researchers had earlier received training and conducted research well grounded in quantitative research methodology prior to their experience of qualitative research methodology. A good example is Irving Seidman (2006). In one of the editions of "Interviewing as a Qualitative Research: a Guide for Researchers in Education and the Social Sciences", Seidman (2006) makes a case for how he became inspired by "the impact of social and cultural forces on individual experiences in education" and began to challenge the basic assumptions of positivism and behaviourism that formed a large part of his background in research methodology.

However, the past few years have seen the emergence of a dynamic method of investigation in the social sciences widely known as the naturalist, interpretive, constructivist or qualitative research methodology. The qualitative research approach tends to question and challenge the core tenets or assumptions of the quantitative

research paradigm. Qualitative research holds that all kinds of research (quantitative or qualitative) are value-laden because they are subject to the value systems (values, norms and culture) of the researcher and the subjects, as well as the theory that informed the research (Creswell, 2007: 247). In other words, the decision to choose a particular research problem and instrument is often subjective. Although the final version of the instrument can provide an objective representation and findings, Onwuegbuzie and Daniel (2002) observed that the subjectivity built into the research problem and instruments often renders any interpretations of the findings and result less than 100% objective.

The qualitative research approach is rooted in micro sociological traditions (such as symbolic interactionism, the interpretive tradition, phenomenology and ethnomethodology), whose focus of study is at the subjective level of the society (Corbetta, 2003: 21). The focus of the qualitative approach is thus on the microscopic level such as action, actor, perception and other mental processes. While quantitative researchers are committed to discovering natural laws that govern human society and behaviours, the goal of a qualitative researcher is to describe a specific group in detail and to explain the patterns of actions (Amzat & Omololu, 2012). According to Guba and Lincoln (1989: 175), "whereas positivists begin an inquiry knowing (in principle) what they don't know, constructivists typically face the prospect of not knowing what it is they don't know".

During the early stage of qualitative research, most conservative quantitative researchers appeared to be sceptical, apprehensive and pessimistic about the authenticity, validity, reliability or *quality assurance* in the qualitative research paradigm. Hence, initially qualitative research was relegated to *secondary status* (Creswell, 2007: 5). It was often used as complementary to quantitative methodology. The resultant effect was what appeared to be an 'academic battle' where proponents of each of the paradigms providing strong arguments to justify the ontological and epistemological positions of their research. The battle between these two paradigms has been reported across the world. Bruni and Gobo (2005: 1) maintained that early development of qualitative research in Italy was characterized by deliberate attempts to criticize and disrepute qualitative methodology by the quantitative researchers.

However, the tension or stalemate that characterized the early years of qualitative research was perceived as 'non-progressive' in some quarters. This led to the emergence of the third methodological movement that tended to challenge the supremacy of one single method over the other (Gorard & Taylor, 2004: 1). The movement emerged as the third camp to unite both methods, believing that both can be merged together within a particular research context (Gorard & Taylor, 2004: 2; Schulze, 2003: 8). This argument is contained in what is known as the *mixed-methods or between-method triangulation* approach. The mixed method approach means that the union between quantitative and qualitative methodology could accommodate the strengths of each of these approaches and counterbalance their weaknesses at the same time. In fact, some scholars (Ritzer,

2011) developed structured models or approaches for the integration of qualitative into quantitative research methodology. One of these is the *phase-model* approach which proposes qualitative before quantitative study. Here, qualitative methodology is seen as an avenue for harvesting hypotheses which can then be sufficiently tested using quantitative statistical models (Kelle & Erzberger, 2004: 173). However, even an argument like this is implicitly or explicitly motivated by the belief that one method of research is again superior to the other. For instance, in the understanding of the *phase-model* approach, according to Kelle and Erzberger (2004: 173), the quantitative research is still believed to be superior to qualitative research with respect to the validity of the results and findings in qualitative studies.

In the recent time, there have however been, a growing number of arguments that tend to twit or oppose the integration of qualitative into quantitative studies, suggesting further that each of these methodological approaches can stand independent of one another. Such an independent approach could also help to preserve the integrity and dignity of each of these methods of research. According to Creswell (2007: 11), "qualitative inquiry represents a legitimate mode of social and human science exploration, without apology or comparisons to quantitative research". It is widely accepted "by those who come from an ontological position which values people's knowledge, values, and experiences as meaningful and worthy of exploration" (Byrne, 2004: 182).

## Conceptual Clarification

Some basic concepts are important to the understanding of social research (whether quantitative or qualitative). These concepts further show the philosophical foundation of social science research. Table 1 shows some of the basic explanations of the concepts and foundations of social research. They are *epistemology, ontology* and *methodology*. The term *epistemology* originated from the Greek word 'epistêmê', meaning *knowledge*. Epistemology thus entails the philosophy of knowledge or "the science of knowing" (Babbie, 2007: 4). It is concerned with how people come to know what they claim to know about the social world or social reality (Trochim, 2000). Abimbola (2006: xvi) observed that epistemology is concerned with questions about the theories of knowledge; what and how we know what we claim to know, as well as the roles of knowledge in day-to-day lives. For Krauss (2005), epistemology designates the relationship between the knower and what is known and what counts as knowledge. *Ontology,* on the one hand, involves the philosophy of reality. According to Abimbola (2006: xvi), it is concerned with views about the nature and types of entities around the world (whether they are material or spiritual entities or both). More importantly, ontology relates to whether social facts are real or abstracts. *Methodology* is the science of finding out (Babbie, 2005: 4) what we know or intend to know. On these grounds quantitative and qualitative studies differ (see Table 1).

Ontologically, positivism assumes that science quantitatively measures independent

facts about a single apprehensible reality; the study of which must be value-free (Healy & Perry, 2000). Quantitative research is therefore a rejection of metaphysics. The concern of positive ideology is simply to stick to what can be observed and measured. Positive ideology often rejects a knowledge that goes beyond this specification (Trochim, 2000). Quantitative research designs are either 'descriptive' in nature (where subjects are usually measured once) or 'experimental' (where subjects are measured before and after an intervention) (Hopkins, 2000). Usually, a descriptive study establishes associations between variables, while an experiment establishes causality. For an accurate estimate of the relationship between variables, a descriptive study usually needs a relatively large sample.

Qualitative research methodology on the other hand has become to be perceived as a major tool in the quest for a deeper understanding of social and cultural meaning (Denzin & Lincoln, 2003: 18-29). Qualitative research involves a deeper examination from the point of view of the participants. The qualitative research method studies the *why* and *how* of things (such as disease, health and illness) and not just *what*, *where* and *when*? This is why the qualitative approach is more appropriate in exploratory and explanatory researches. It focuses more attention on smaller rather than large samples to enable in-depth analysis. A qualitative research project constantly builds a comprehensive, holistic picture, analyses words, reports detailed views of informants, and conducts the study in a natural setting (Creswell, 2007: 249). A qualitative researcher explores the underlying meanings attached to everyday *lived experiences* by people, because human actions may be best understood only when they are studied from the very *own eyes* of the subjects.

A common belief in qualitative research is that human experiences, feelings, opinions and their very existence are too complex to be presented and represented in numerical terms as portrayed in a quantitative, positivist paradigm. *Thick descriptions* are required in understanding human experiences, and only qualitative research can provide such thickness and informative analysis (see Geertz, 1973). Thus, the subjective dimensions such as cultural practices, motivations, intentions and freewill which have eluded quantitative researchers have become the primary focus of qualitative tradition; the very reason why qualitative enquiry addresses meaning centred questions that are difficult to quantify (Gysels, Shipman & Higginson, 2008: 2). *Critical realists* opine that social reality exists independent of the human mind but shaped by social, political and cultural factors. They argue that values play a large role in interpreting results. Values and human action and interaction precede the search for description, theory, explanation, and narrative (see Table 1). Yates (2004: 138) has outlined what can be described as some of the basic agendas in contemporary qualitative research:

- An in-depth and detailed description of a particular aspect of an individual or a group's experiences;

- An exploration of how individuals or members of a particular group give meaning to and express their understanding of themselves and/or their worlds;

- The endeavour to discover and provide full detail of social events and explore the reason(s) why they unfold;

- An exploration of the complexity, and specific detailed processes taking place in a social context.

| Table 1: The Philosophy of Social Research | | | |
|---|---|---|---|
| Research traditions/ paradigms | Logical Positivism (Objectivism; Empiricism) | Pragmatism/ critical realism | Constructivism (Interpretive; naturalist; subjectivist) |
| **Ontology: researcher's ideas about the existence of and relationship between people, society and the world.** | Assumes that the social world exists independently of people and their actions and activities. | Social reality exists independent of the human mind but shaped by social, political and cultural factors. The role of power and ideology is critical. | Assumes that social phenomena and their meanings are continually being constructed by social actors. Reality is internal; truth depends on the knower's frame of reference. |
| **Epistemology: knowledge of things in the social world. What are the principles and rules by which you decide whether and how social phenomena can be known, and how knowledge can be demonstrated?** | Objective point of view. Only knowledge gained through experience and the senses is acceptable. Social phenomena and their meanings exist independently of social actors. | Both objective and subjective points of view. | Subjective point of view. Knower and known are inseparable. |
| **Axiology (role of values in inquiry).** | Inquiry is value-free. | Values play a large role in interpreting results. Values and human action and interaction precede the search for description, theory, explanation, and narrative. | Inquiry is value-laden. |
| **Methods** | Participant observation; semi-structured interviews; human documents. | Quantitative and Qualitative (mixed methods or mixed methodology); Evaluation research. | Interviewing, participant observation, human documents, personal narratives, lived experience, and fictional texts. |
| **Quality** | Objectivity; Validity; Generalisability; Reliability. | Credibility/ Authenticity; Transferability; Dependability; Confirmability. | Emphasis on the process of self-conscious action (reflexivity) in full participation with the research subject |

**Source:** Adapted from Schurink (2012). *Challenges Qualitative Inquiry Posed when Undertaking Masters and Doctoral Studies.*

Some contemporary qualitative researchers have taken a more controversial position, arguing that qualitative research is 'superior' to the quantitative research paradigm because "it provides a 'richer' and 'more valid' basis for social research than simply dealing with numbers and measures" (Yates, 2004: 139). According to Strydom, Fouche & Delport (2002: 272), qualitative research does not provide the researcher with a step-by-step plan, unlike the quantitative research that 'determines the researcher's choices and actions'. Researchers within this paradigm acknowledge that they have to participate in real-world life so as to better understand and express its emergent properties and features (Healy & Perry, 2000). Denzin and Lincoln (2000) assert that qualitative research involves an interpretive and naturalistic approach where participants are studied. This further means that qualitative research is a distinct method of investigation which enables researchers to make sense of their environment through experience. Forms of data collection in qualitative research include ethnography, interviews, focus group discussions, observation and field notes, various texts, pictures and other materials.

However, contemporary qualitative research has been characterised by internal crises unlike what it used to be a few years ago (Creswell, 2007: 4), leading to the emergence of different kinds of qualitative research. Creswell (2007: 4) has identified at least four contemporary categories of qualitative researchers. They include *qualitative research methodologists* who subscribe to rigorous methods of research; the *philosophical advocates* whose concern is to identify and expand "the number of paradigmatic and theoretical lens in qualitative research"; the *social justice researchers* include those who promote the *social ends* for qualitative research, and *qualitative researchers in health sciences* whose primary concern is to improve their quantitative studies (Creswell, 2007: 4). Hence, the basic challenge to contemporary qualitative researchers, especially those from developing countries like Nigeria, rests upon how to locate or situate their studies within the complex axiological, epistemological, methodological and ontological stances that characterise modern research dichotomies. Fortunately, this complexity seems to have been simplified by Creswell (2007: 4) when he streamlined different possibilities in modern qualitative research into five major approaches that include narrative research, phenomenology, grounded theory, ethnography and case study (Creswell, 2007: 4). Only the following two are examined:

*Ethnography:* Ethnography is a qualitative research method that utilises field observation to study a society's culture and human actions (Ehigie and Ehigie, 2005: 625). Ethnographers are interested in people's story as a way of understanding their ways of life. This is usually done by focusing attention on how people construct their world over time including health and disease. Ethnographers usually provide non-interpretative, photographic pictures of a series of activities within a culture. This method of investigation is however rooted in anthropological studies. One of the foci of a researcher using this method of investigation is to capture the perspective of the subject's worldview; seeing things from the very *own eyes* of the subject. The job of an

ethnographer therefore is to detail the routine daily lives of people by focusing more on predictable patterns of their behaviour (Ehigie and Ehigie, 2005: 625) that may include their conception of health illnesses.

*Case Study:* The case study approach is an entity of study and a method of enquiry (Creswell, 2007: 73) that provides an insightful analysis of a phenomenon under investigation. According to the Sage Dictionary of Social Research Methods, a case study is carried out for an in-depth analysis of one (instrumental case study) or more examples (multiple case study) of a current social phenomenon, using a variety of sources of data (Jup, 2006: 20). Case study can be exploratory in nature where the researcher seeks to function within a broad theoretical framework rather than gathering evidence that refutes or supports a particular theoretical orientation (Dyer, 1995: 51). An exploratory case study can provide an in-depth sociological and anthropological account of the conception and treatment of disease and illnesses by a people.

## Methods of Data Collection in Contemporary Qualitative Research

The following methods of data collection are briefly examined:

*Focus Group Discussions (FGDs):* Focus group discussion is one of the many tools used in contemporary qualitative research t garner data for a study. It is usually centred on a specific topic of interest to the researcher who capitalises on group interaction to generate the required data (Boeije, 2010). In the most recent time, FGD has been expanded to include "analytic techniques where academic researchers increasingly rely on the systemic analysis of audio transcripts" (Bloor, Frankland, Thomas, & Robson, 2001: 17). As such, it has recently received attention from across disciplines (see Bloor et al. 2001) and countless empirical studies have been conducted using this method sometimes with other instruments.

*In-depth interview:* An in-depth interview is a field research data-gathering instrument designed to generate narratives that focus on specific research questions under investigation. It is a deeper and lengthier conversation between the interviewer and the interviewees. The centre-piece of interviewing is an interest in other people's stories. While it is a known fact that it is never possible to understand another person perfectly and correctly, many qualitative researchers believe that we can still strive to comprehend people's story and actions especially from the point of view of the participants. The most cited example in this respect is the Schutz's example of "walking in the woods and seeing a man chopping wood" (Seidman, 2006: 9). Seidman argues that an observer watching this particular behaviour may only have what is known as an "observational understanding" of the woodchopper. To understand the woodchopper's behaviour from the perspective of the wood chopper, the observer would have to unlock the woodchopper's "subjective understanding," which is the meaning the woodchopper attaches to the wood chopping. Was the woodchopper chopping wood to supply a

logger, heat his home, generate income or just for physical exercise? The "subjective understanding" can therefore be unlocked through in-depth interviewing. The basic assumption being that in-depth interview suggests that the meaning people make of their experience affects the way they carry out that experience (Blumer, 1969: 2; quoted from Seidman, 2006: 10).

>        ***Photographic methods:*** Photographic methods are also known as visual methods, which have been well established in academic research and literature. However, they have a long history in anthropology and ethnography. Recently, visual methods have taken on new dimensions. When combined with other qualitative research instruments, visual methods could provide an opportunity to reconsider contemporary social problems from a new perspective (Liebenberg, 2009: 444). Generally, data generated using visual methods, particularly photographs and dialogue, can provide a better insight into the social reality of human condition and lead to a richer understanding of the socio-cultural and contextual factors in human behaviour (Keller, Fleury, Perez, Ainsworth & Vaughan 2008: 429). Some authors have argued for the incorporation of images in interviews because 1) they could facilitate the interview process; 2) bring greater depth to the issue under discussion; and 3) enhance the quality of data generated (cited from Liebenberg, 2009: 444). In sociology, like in other qualitative research, visual method is a distinct but minor sub-discipline concerned with the analysis and interpretation of photographs (Mason, 2005: 328) in understanding social reality of human beings.

## Quality Assurance in Contemporary Qualitative Research

The issues of validity and reliability (better known as quality assurance[1] in qualitative research) have been at the centre stage of academic debate since the inception of the qualitative research paradigm into mainstream social research. This became important considering a long-held  belief in social research that validity and reliability testing were central only to experimental research (quantitative research) where predetermined *standards* are set and means of measurement firmly established. By extension, clinical trials researchers have pushed much of health research into an era of structured standardised procedures that guarantee quality (Reynolds et al., 2011: 43). As a result, some proponents of quantitative research have been engrossed with challenging and criticising qualitative research on the basis of lack of *standardised* means of validating research findings as commonly found in quantitative research (Maxwell, 1992: 279).

Thus, contemporary qualitative research literatures have been flooded with different approaches and perspectives regarding quality assurance in qualitative research especially the issues of validity and reliability (Creswell, 2007: 202). These include a

---

1    Some authors prefer the use of 'quality assurance' instead of 'validity and reliability' believed to be rooted in quantitative research methodology (Reynolds et al., 2011).

number of scholars who have borrowed and introduced quantitative terminologies into validation and reliability discourses in the qualitative research paradigm. A good example is LeCompte and Goetz (1982) as referenced by Creswell (2007: 202). This category of researchers has attempted to compare and equate the issues of validity and reliability with the quantitative paradigm. They have delineated 'checklists' or 'fixed lists of criteria' by which quality assurance can be guaranteed in qualitative research. They have "applied threats to internal validation in experimental research to ethnographic research ... and identified threats to external validation as effects that obstruct or reduce a study's comparability and translatability" (Creswell, 2007: 202).

However, other qualitative researchers have shared contrary opinions. They have taken a more radical approach to establishing validation and reliability or *quality assurance* in qualitative research. They have even questioned and challenged the methods used to introduce quantitative terminologies into qualitative research with regard to validity and reliability. To these researchers, such action is counterproductive and capable of damaging the image of qualitative research. It could push qualitative research to bow to "the demands of the positivist paradigm without retaining quality in the substance of the research process" (Reynolds et al., 2011). Their concern and argument are based on the fact that the ontology and epistemology of qualitative research are completely different from quantitative research, hence, the 'methods' and/or 'standards' used to establish 'trustworthiness' or 'quality assurance' would be different as well. This is why alternative terms (such as 'quality assurance', 'credibility', 'transferability' and 'dependability') are constructed to measure validation and reliability. However, there is a strong belief in qualitative research methodology that the quality, plausibility, reliability and to a large extent, the validity of research can be enriched using triangulation commonly known as multiple methods (Bloomberg & Volpe, 2008: 72-73; Miller & Fredericks, 1996: 28).

Broadly speaking, triangulation allows social issues to be observed from different viewpoints in order to substantiate findings that would enhance the validity and reliability of a particular study (Bloomberg & Volpe, 2008: 72-73; Miller & Fredericks, 1996: 28). Triangulation is used in qualitative research to answer certain intriguing research questions (Wicks & Whiteford, 2006: 3), the essence of which is to produce a more comprehensive description of the social phenomenon and to achieve an in-depth understanding of the subjects under investigation (Hesse-Biber & Leavy, 2004: 9). Triangulation becomes feasible through the use of different data collection techniques within one study in order to ensure consistency. Kinds of triangulation include:

1.  Data Triangulation: This includes the use of different data sources;

2.  Investigator Triangulation: It is used to minimise researchers' bias resulting from the researcher as a human being;

3.  Theory Triangulation: Approaching data from different perspectives and hypotheses;

4.  Methodological Triangulation: It involves researching within and among methods (Denzin & Lincoln, 2003: 289).

Quite often, reliability in qualitative research depends on the researcher's insight, awareness and questions; when social events are critically evaluated from different angles (Neuman, 2007: 294). Besides, the credibility of the participants and their statements also form an integral part of reliability in qualitative research (Neuman, 2007: 294). Neuman (2007: 294) observed that reliability in field research is often guaranteed by internal and external consistencies where 'internal consistency' is the plausibility and accuracy of data obtained from the field work and 'external consistency' is obtained when observations are verified with other sources of data (Neuman, 2007: 294). Validity on the other hand is the extent to which a technique measures what is supposed to be measured. It is further observed that validity in qualitative research is the confidence placed in a researcher's analysis and data as accurately representing the issue under scrutiny and investigation.

In summary, in line with the above observations, Reynolds et al. (2011) delineate two dominant quality assurance approaches in qualitative research based on the review of thirty-seven qualitative literature reviews/reports on quality assurance. Table 2 shows the two dominant narratives on quality assurance in qualitative research. The dominant approaches include *output-oriented* and *process-oriented approaches*. The epistemological differences between the two approaches are summarised in Table 2. They were adapted from the work of Reynolds et al. (2011: 7).

| Table 2: Dominant Narratives on Quality Assurance in Qualitative Research | | | | | |
|---|---|---|---|---|---|
| **Narrative** | **Perspective** | **Context** | **Conceptualisation of Quality in Qualitative Research** | **Examples** | **Methods of Quality Assurance Recommended** |
| **Output-oriented approach** | External post-hoc | Effort to demonstrate credibility of research alongside dominant positivist paradigm, often in context of evidence-based medicine model | Range of theoretical constructs of quality; drawn from positivist paradigm or post-positivist theory | Validity Rigour Confirmability Credibility Trustworthiness | Demonstrating use of techniques considered to be indicators of quality practice. These include: <br> • Triangulation <br> • member checking <br> • negative case analysis <br> • theoretical sampling <br> • peer review |
| **Process-oriented approach** | Internal, researcher led; ongoing | Critique of output-focused approach. | Principles of 'best practice', inherent to qualitative approach | Reflexivity Transparency Comprehensiveness Responsibility Ethical practice Systematic approach | Use of mechanisms which facilitate researcher's enactment of principles of quality, throughout research process, for instance: <br> • Use of field diary; <br> • Audit trail to record methodological decisions made; <br> • Ensuring researchers' <br> • comprehension of and <br> • engagement with their role in <br> • assuring quality; |

**Source:** Adapted from Reynolds et al. (2011: 7).

## Global Context of Qualitative Research: Lessons for Health Research in Nigeria

Globally, most of the literature on health care-seeking behaviour has emanated from the field of economics with emphasis on quantitative analyses (Beiersmann, Sanou, Wladarsch, De Allegri, Kouyaté, & Müller, 2007: 2). For instance, Alaba and Koch (2008: 7) tried to provide an explicit analysis of the impact of health care decision-making processes at household level on child health care in South Africa, using certain economic analyses and models. Sharma (2008: 2488) used duration analysis for malaria patients in rural Nepal to illustrate people's reactions to malaria; i.e. what, how and when people seek health care services. While some quantitative oriented studies like these have provided

rich empirical data analysis in the understanding of health care-seeking behaviours, apparently, many of these studies have ostensibly failed to account for the local dynamics in the construction of disease and illness and its impact on care-seeking behaviour. This emanates despite the fact that the understanding of the local dynamics in the construction of disease and illness is a prerequisite for effective and sustainable health promotion initiatives (Beiersmann et al., 2007: 2). An understanding of the local dynamics in health and illness has therefore become important against the background of the fact that:

1. It usually exhibits coherent structure where causation, prevention and treatment are chronologically connected in a functional way.

2. The provision of budget for public health facilities and promotion may not necessarily mitigate the casualties associated with diseases where culture tends to dominate or obstruct treatment or plays a critical role in management (Ojikutu, 2010: 24).

In view of this, there is an increasing demand for qualitative health analysis in global health discourses. Wicks and Whiteford (2006: 3) contend that the qualitative health design has been established as a paradigm of choice that addresses various complex issues in health and human services. As a result, at global levels researchers have used the qualitative research paradigm to generate rich empirical findings. This is based on the premise that health research built on a solid foundation of qualitative research paradigm, assists in understanding the complex web of relationships between human activities, their health and social life (Wicks & Whiteford, 2006: 4). To what extent does qualitative health research better our understanding of health and disease? Case studies of qualitative health research have become necessary in order to illuminate discussions from which health researchers in Nigeria can learn. The case studies examined are drawn from abroad and within Nigeria.

As part of the effort to further understand the connectivity or lack thereof between disease and illness, O'Flynn and Britten (2000) set out to understand menorrhagia among women who experienced heavy flow during menstruation in the London boroughs of Lambeth, Southwark and Lewisham using qualitative research methodology. The study discovered that women's definition and their understanding of menorrhagia are different from the biomedical definition of menorrhagia as being the loss of 80 ml or more of blood per period (O'Flynn & Britten, 2000: 659). While some of the participants in the study used terminology similar to those used in the medical parlance in relation to their menstrual problem, the majority used wider and deeper meanings. The application of the term 'heaviness' to many of the parameters by which periods are measured, included the appearance of the blood, the length of time of bleeding and the type of sanitary protection used. Other factors that influence definition and understanding include luck

and chance (O'Flynn & Britten 2000: 659). Consequently, the study proposed an illness model rather than a disease model in the understanding of perceived illness, but calls for further investigation to test the validity of the proposal.

Cervical cancer has been a very common health problem affecting millions of women around the world. The incidence is more devastating in developing countries where 80% of the total deaths attributed to cervical cancer are recorded (Elit, Jimenez, McAlpine, Ghatage, Miller & Plante, 2011: 272). The situation in developing countries is worsened by limited access to up-to-date information and health care services. Consequently, Martinez (2005) set out to explore how women seek to understand and negotiate cervical cancer in the context of their everyday lives using ethnographic interviews. Participants included women seeking treatment for cervical cancer and pre-cancerous abnormalities in Caracas, Venezuela. The medical practitioners were also included in the study. From the study, Martinez (2005: 799) came up with he called the *borderlands of disease, health and illness* defined as "a shared space where health, disease and illness converge and lack clear definition and delineation". This came to the fore when most of the respondents interviewed described themselves as *healthy*, even though they had been diagnosed with some form of abnormality. Their perception of being *healthy* in the face of a life-threatening disease was further complicated by the lack of physical symptoms exhibited, especially during the early stages of cervical cancer "leaving women with the contradiction of feeling healthy in the face of a potentially life-threatening disease" (Martinez, 2005: 799).

One of the very few PhD theses motivated and guided by qualitative research in Nigeria was submitted to the Department of Sociology, University of Ibadan by Amzat (2009). The work is titled "Home Management of Childhood Malaria and Treatment Failure among Mothers of Under-five Children in Offa, Nigeria". In this work, Amzat (2009) combined qualitative instruments to explain the local understanding of malaria and action orientations towards management by mothers of under-five children. The methods used include in-depth interviews (IDIs), focus group discussions (FGs), case studies, as well as key informant interviews (KIIs). The author analysed data using content analysis and ethnographic summary. The study determined that experience of treatment failure (TF) by caregivers of children younger than five years was pervasive with both traditional and modern remedies at home level. In some cases, TF was perceived to have been induced by mystical and supernatural forces. The study concluded that home treatment would continue to be useful in the treatment of childhood malaria in Nigeria, and therefore recommended that efforts should be geared towards enhancing appropriate home malaria management (HMM) in order to minimise TF and encourage referral practice.

Abdullahi's (2011) PhD thesis, like that of Amzat (2009), was a paradigm shift in malaria research in Nigeria. The thesis was submitted to the Department of Sociology, University of Johannesburg, South Africa. The study used qualitative research methods

to undertake an in-depth sociological analysis of health care service utilisation among caregivers of children younger than five years of age, selected in rural and urban areas. The study revealed that the perceived etiology, symptoms and treatment of malaria in children were largely influenced by the sociocultural dynamisms and beliefs of the communities studied. To the people studied, nature is socially and culturally constructed. They do not simply supply means of livelihoods they also serve as the sources of health and well-being. Hence, the majority of caregivers begin treatment of malaria with these local resources, a combination of which is generally known as *agbo–ibile* or *agbo–iba*. Modern health care services are only used when caregivers have experienced treatment failure (TF) at home, but not without certain difficulties. Similarly, the thesis provides useful insights about health care-seeking behaviour beyond biomedical and psychological boundaries.

However, it needs to be mentioned that qualitative studies like these often posed some challenges. Some of these concerns bother on sampling procedures, sample size and data analysis. Most qualitative researchers use small samples compared to survey studies (Maxwell, 1996), which sometimes attracts some criticisms. They also use non-probability sampling and the most common qualitative sampling usually adopted, is purposive sampling. The use of purposive sampling and small sample size often limit what Maxwell (1996) called 'external generalizability' in a qualitative study where generalisation beyond the study population, setting or group, is impossible. Notwithstanding, Mason (2002: 134) defensively contends that the size of samples drawn for a particular study is not important in as much as what has been drawn provides access to enough data to answer the research questions and achieve the objectives of the study.

## Conclusions

The birth of qualitative research saw enquiry in social research polarised into two dominant ideological camps: the positivist or quantitative approach, where inquiry is carried out 'from the outside', and the interpretive or qualitative approach, where 'inquiry from the inside' is usually carried out (Ospina, 2004: 4). In this work, contemporary discourses in qualitative research have been discussed. It is argued that qualitative research is a participatory or interactive research paradigm where the researcher is physically immersed in the study (Ehigie & Ehigie, 2005: 621); with a goal to understand the stories of their subjects. This is premised on the fact that "when people tell stories, they select details of their experience from their stream of consciousness" (Seidman, 2006: 7) and that "every word that people use in telling their stories is a microcosm of their consciousness" (Vygotsky, 1987, quoted from Seidman, 2006: 7). Incidentally, the use of qualitative methods has grown exponentially following researchers' quest for additional

methods to better understand contemporary social issues. Qualitative research has thus given fresh impetus to a new way of doing research by unearthing the 'truth' about human existence and experiences of their social world, including health research.

Globally, contemporary qualitative health researchers who are passionate about this kind of research and subscribe to its basic principles and *rules of engagement,* have produced a corpus of theoretical and empirical evidence that supports their beliefs and orientations, all of which have proven qualitative research to be an important paradigm shift in  the understanding of global health issues. However, in Nigeria, there seems to be reservations regarding the value of qualitative health research among researchers in clinical science, health economics, and health geography. This paper has therefore examined the basic tenets and the argument surrounding contemporary qualitative health research and suggests the need for health researchers to learn from global health discourses.

# References

Abdullahi, A.A., Saliman, T.S. and Abodunrin J.M. (2012). *Developments in Qualitative Research: A Journey into the Construction of Meaning*. Paper presentedat the 17th Annual National Conference of the Nigerian Anthropological and Sociological Association held at the Nnamdi Azikwe University, Awka, November 5-9.

Abdullahi, A.A. (2011). *Towards a Sociology of Health Care Service Utilisation in the Case of Children with Malaria in Nigeria*. A PhD Thesis Submitted to the Department of Sociology, University of Johannesburg, South Africa.

Abdullahi, A. A. & Amzat, J. (2011). 'Knowledge of Hypertension among the Staff of University of Ibadan, Nigeria'. *Journal of Public Health and Epidemiology*, 3(5): 204-209.

Abimbola, K. (2006). *Yoruba Culture: A Philosophical Account*. Birmingham: Iroko Academic Publishers.

Alaba, O. A. & Koch, S. F. (2008). *Dynamic Health Care Decisions and Child Health in South Africa*. Department of Economics Working Paper Series. Pretoria: University of Pretoria.

Amzat, J. (2009). *Home Management of Childhood Malaria and Treatment Failure among Mothers of Under-five Children in Offa, Nigeria*. PhD Thesis submitted to the Department of Sociology, University of Ibadan, Nigeria.

Amzat, J. & Omololu, F. (2012). 'The Basics of Sociological Paradigms'. In Ogundiya, I.S. and Amzat, J. (eds). *Basics of the Social Sciences*. Lagos: Malthouse Press.

Babbie, E. (2005). *The Basics of Social Research*, 3rd edition. London: Thomson Wadsworth.

Beiersmann, C., Sanou, A., Wladarsch, E., De Allegri, M., Kouyaté, B., & Müller, O. (2007). 'Malaria in Rural Burkina Faso: Local Illness Concepts, Patterns of Traditional Treatment and Influence on Health-Seeking Behaviour'. *Malaria Journal*, 6(106): 1-9.

Bloomberg, L. D. & Volpe, M. (2008). *Completing your Qualitative Dissertation: a Roadmap from Beginning to End*. London: Sage.

Bloor, M. Frankland, J, Thomas, M and Robson, K. (2001). *Focus Groups in Social Research*. London: Sage.

Blumer, H. (1969). *Symbolic interactionism: Perspective and method*. Englewood Cliffs, NJ: Prentice Hall.

Boeije, H. (2010). *Analysis in Qualitative Research*. London: Sage

Bruni, A. & Gobo, G. (2005). 'Qualitative Research in Italy' (43 paragraphs)- Forum Qualitative Sozia/forschung/Forum: Qualitative Social Research [OnlineJournal], 6(3): Art 41 (accessed from http://www.qualitative-research.net/fqs-texte/3 05/05-3-41-e.htm on the 5th July, 2012).

Byrne, B. (2004). 'Qualitative Interviewing'. In Seal, C. (ed). *Researching Society and*

*Culture,* 2ⁿᵈ edition. London: Sage.

Corbetta, P. (2003). *Social Research: Theory, Methods and Techniques*. London: Sage.

Creswell, J. W. (2007). *Qualitative Inquiry and Research Design: Choosing among Five Approaches*. Second Edition. Thousand Oaks: Sage Publications.

Denzin, N., & Lincoln, Y. (Eds.) (2000). *Handbook of Qualitative Research.* London Sage Publications.

Denzin, N. K., & Lincoln, Y. S. (Eds.). (2003). *Collecting and Interpreting Qualitative Materials*. London: Sage.

Dyer, C. 1995. *Beginning Research in Psychology: a Practical Guide to Research Methods and Statistics.* Oxford, Blackwell Publishers.

Ehigie, B. S., & Ehigie, R. I. (2005). 'Applying Qualitative Methods in Organizations: A Note for Industrial/Organizational Psychologists'. *The Qualitative Report,* 10(3): 621-638.

Elit, L., Jimenez, W., McAlpine, J., Ghatage, P., Miller, D., & Plante, M. (2011). 'Cervical Cancer Prevention in Low-Resource Settings'. *J Obstet Gynaecol Can* 33(3): 272-279.

Geertz, C. (1973). *The Interpretation of Cultures*. New York: Basic Books. From Neuman, WL. (2007). *Basic of Social Research: Qualitative and Quantitative Approaches*. 2ⁿᵈ edition. New York: Pearson.

Gorard, S., & Taylor, C. (2004). *Combining Methods in Educational and Social Research*. London: Open University Press.

Guba, E. G., & Lincoln, Y. S. (1989). *Fourth Generation Evaluation*. Newbury Park, CA: Sage.

Gysels, M., Shipman, C., & Higginson, I. J. (2008). 'Is the Qualitative Research Interview an Acceptable Medium for Research with Palliative Care Patients and Careers?'. *BMC Medical Ethics*, 9(7): 1-6.

Hausmann-Muela, S., Ribera, J. M. & Nyamonga, I. (2003). *Health Seeking Behaviour and the Health System Response. DCPP Working Paper*, 14:1-37.

Healy, M., & Perry, C. (2000). 'Comprehensive Criteria to judge Validity and Reliability of Qualitative Research within the Realism Paradigm'. *Qualitative Market Research – An International Journal, 3*(3), 118-126.

Hesse-Biber, S. N., & Leavy, P. (Eds.). (2004). *Approaches to Qualitative Research: a Reader on Theory and Practice*. Oxford: Oxford University Press.

Hopkins, W. G. (2000). *Quantitative Research Design*. United Kingdom: Greg Atkinson, Jup, V. (2006). *The Sage Dictionary of Social Research Methods*. London: Sage Publications.

Kelle, U., & Erzberger, C. (2004). 'Qualitative and Quantitative Methods: Not in Opposition'. In Flick, U, von Kardorff, E and Steinke, I. (eds.). *A Companion to Qualitative Research*. London: Sage Publications. Pp. 172-177.

Keller, C. Fleury, J. Perez, A. Ainsworth, B and Vaughan, L. (2008). 'Using Visual

Method to Uncover Context'. *Qualitative Health Research*, 18(3): 428-436.

Kleinman, A., Eisenberg, L., & Good, B. (2006). 'Culture, Illness, and Care: Clinical Lessons from Anthropologic and Cross-Cultural Research'. *The Journal of Lifelong Learning in Psychiatry*, 4(1): 140-149.

Krauss, SE. (2005). 'Research Paradigms and Meaning Making: A Primer'. *The Qualitative Report*. 10(4): 758-770. Also available @ http://www.nova.edu/ssss QR/QR10-4/krauss.pdf

LeCompte, M. D., & Goetz, J. P. (1982). 'Problems of Reliability and Validity in Ethnographic Research'. *Review of Educational Research*, 51: 31-60.

Liebenberg, L. (2009). 'The Visual Image as Discussion Point: Increasing Validity in Boundary Crossing Research'. *Qualitative research*, 9(4): 441-467.

Martinez, R. G. (2005). 'What's Wrong with me?: Cervical Cancer in Venezuela-Living in the Borderlands of Health, Disease, and Illness'. *Social Science and Medicine*, 61: 797–808.

Marvasti, A. B. (2004). *Qualitative Research in Sociology: An Introduction*. London: Sage Publications.

Mason, P. (2005). 'Visual Data in Applied Qualitative Research: Lessons from Experience'. *Qualitative Research*, 5(3): 325-346.

Mason, J. (2002). *Qualitative Researching*, second edition. London: Sage.

Maxwell, J. A. (1996). *Qualitative Research Design: An Interactive Approach.* London: Sage Publication.

Maxwell, J. A. (1992). 'Understanding and Validity in Qualitative Research'. *Harvard Educational Review,* 62: 279-300.

Miller, S. I., & Fredericks, M. (1996). *Qualitative Research Methods: Social Epidemiology and Practical Enquiry.* New York: Peter Lang.

Neuman, W. L. (2007). *Basic of Social Research: Qualitative and Quantitative Approaches*. 2nd edition. New York: Pearson.

O'Flynn, N., & Britten, N. (2000). 'Menorrhagia in General Practice: Disease or Illness'. *Social Science & Medicine* 50:651 – 661.

Oguonu, T., Okafor, H. U., & Obu, H. A. (2005). 'Caregivers' Knowledge, Attitude and Practice on Childhood Malaria and Treatment in Urban and Rural Communities in Enugu, South-      East Nigeria'. *Public Health*, 119: 409-414.

Ojikutu, R. K. (2010). 'Malaria and Child Survival in Nigeria: Beyond the Stethoscope'. *International Journal of Academic Research,* 2(2): 21-28.

Okeke, C. O., & Ume, T. A. (2004). 'Some Epistemological Issues in the Conduct of Social and Behavioural Studies in the Faculty of Education of Nigerian Universities'. *The African Symposium*, 4(1): 19-38.

Onwuegbuzie, A. J., & Daniel, L. G. (2002). 'A Framework for Reporting and Interpreting Internal Consistency Reliability Estimates'. *Journal of Measurement and Evaluation Counseling and Development*, 35: 89-103.

Ospina, S. (2004). 'Qualitative Research'. In Goethals, G. Sorenson, G and MacGregor, J. (eds.). *Encyclopedia of Leadership*. London: Sage (accessed from http:/wagner.nyu.edu/leadership/publications/files/Qualitative_Research.pdf on the 24th of June, 2012).

Reynolds, J., Kizito, J., Ezumah, N., Mangesho, P., Allen, E., & Chandler, C. (2011). 'Quality Assurance of Qualitative Research: a Review of the Discourse'. *Health Research Policy and Systems*. 9:43.

Ritzer, G. (2011). *Sociological Theory*. 8th Edn, NY: McGraw-Hill.

Schulze, S. (2003). 'Views on the Combination of Qualitative and Quantitative Research Approaches'. *Progressio*, 25(2): 8-20.

Schurink, W. (2012). *Challenges Qualitative Inquiry Posed when Undertaking Masters and Doctoral Studies*. Seminar Paper Presented to Postgraduate Students, Department of Sociology and Anthropology, University of Johannesburg, South Africa. 8th February (power point).

Seidman, I. (2006). *Interviewing as a Qualitative Research: A Guide for Researchers in Education and the Social Sciences*. 3rd Edition. New York: Teachers' College Press.

Sharma, V. R. (2008). 'When to Seek Health Care: A Duration Analysis for Malaria Patients in Nepal'. *Social Science and Medicine*, 66: 2486-2494.

Strydom, H., Fouche, C. B., & Delport, C. S. L. (2002). *Research at Grassroots for the Social Sciences and Human Service Profession*. 2nd Edition. Pretoria: JL Van Schaik Edu.

Trochim, W. M. (2000). *The research methods knowledge base*. Retrieved September 20, 2011, from http://www.socialresearchmethods.net/kb/*Visual Sociology Vol.* 16(1), pp. 75-88.

Vygotsky, L. (1987). *Thought and language* (A. Kozulin, Ed.). Cambridge, MA: MIT Press.

Wicks, A., & Whiteford, G. (2006). Conceptual and Practical Issues in Qualitative Research: Reflections on a Life History Study. *Faculty of Health and Behavioural Sciences' Papers*. University of Wollongong.

Yates, S. J. (2004). *Doing Social Science Research*. London: Sage.