Sensitive Research and Vulnerable Participants: Accessing and Conducting Research with African Australian Teenage Mothers in Greater Melbourne, Australia

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Abstract

Introduction
Researchers in Australia continue to carry out research with African born immigrants, predominantly those with a refugee background. Focus has been on refugee experiences, health issues and settlement prior to and after arrival in Australia. Little has been written about accessing and conducting research with African Australian migrants. This paper provides reflective discussions on how to successfully access and do research with Australians of African descent.

Methods and research participants
This qualitative study is situated within the cultural competency framework. In-depth interviews and focus group discussions were conducted with African Australian teenage mothers (16) and key informants (five). A focus group was conducted with service providers/key informants who worked and provided services to African refugees/families and a second with six African mothers/key informants with a refugee background in Greater Melbourne.

Discussion
There are several salient issues regarding accessing this group of migrants that emerge from our research. These include: locating participants and gaining access; cultural knowledge; trust and sensitivity to the issue(s) under study; relationships and networks; research knowledge by participants; acceptance of the researcher by the community and vice versa. Understanding of their lives and acknowledgement of previous research experiences by African descent persons and minority groups is vital for effective engagement with vulnerable participants.
Conclusion
We conclude that culture sensitivity, cultural awareness and knowledge, the 'appropriate' person, good rapport, and trust on the part of the researcher will yield positive outcomes. In addition race/ethnicity, gender, personal/shared experiences and respect of participants all contribute to positive outcomes.

Introduction

Trends in African migrants to Australia have changed significantly over the last three decades. This has been attributed to the end of apartheid rule in South Africa, and famine and instabilities in the Horn of Africa, and in Central and West Africa. The different visa categories by which migrants from different parts of Africa have entered Australia further indicate the variety of African born migrants to Australia. African Migrants from Eastern and Southern Africa migrated mainly on skilled and family reunion visas, while the majority of recent migrants from Western and Central African countries, the Horn of Africa and Sudan migrated on the Australian Humanitarian Visa category. As the population of African Australians continues to increase (248,699 of Australia's population born in Africa (Australian Bureau of Statistics 2008) researchers are increasingly having to do research with this group. Between 2003 and 2009, approximately 80,000 refugees were resettled in Australia, with African born persons amounting to approximately 52 per cent overall within this (Department of Immigration and Citizenship 2012). Women and children constitute a large proportion of the refugee population, and are considered an even more vulnerable group within this population (United Nations High Commission for Refugees 2010). In addition many African Australian refugee migrants, like other persons of African descent elsewhere, are 'visible' migrants as evident from their skin tone, compared to other refugees and migrants in Australia. This in itself poses challenges of race discrimination, employment discrimination (Hey, Dunne et al. 2011) and acquiring housing in Australia (Department of Immigration and Multicultural Affairs 2006; Department of Education and Early Childhood Development 2011). Acculturation has also been described as a key settlement issue for southern Sudanese refugees in Australia (Khawaja and Milner

2012). However it is not only the migrants who face challenges in multicultural Australia. Researchers also face the challenge of accessing, recruiting, retaining and carrying out research with minority groups, including people of African descent.

Australian researchers have focused mainly on settlement concerns (Dumenden 2007; Khawaja and Milner 2012), general health concerns (Sheikh-Mohammed, Macintyre et al. 2006; Lemoh, Biggs et al. 2008) and pregnancy concerns with African refugee youth and women (McMichael and Gifford 2009a; Carolan 2010b). In addition, the literature about African migrants in the United Kingdom and North America is rife with researchers discussing the challenges they face accessing and doing research with people of African descent and of colour (Bonner and Tolhurst 2002; Serrant-Green 2002; Shavers, Lynch et al. 2002; Woods, Montgomery et al. 2004). Various reasons attributed to this include distrust of research and researchers by African people, low knowledge about research and the topic under exploration, lack of time, and outright refusal to participate (Serrant-Green 2002; Woods, Montgomery et al. 2004; Ochieng 2010), while others have associated the low numbers of Black/African Americans in research to "insufficient efforts, inappropriately applied, and the lack of a cultural competent approach" (Woods, Montgomery et al. 2004, p. 1018).

Other researchers, particularly in the United kingdom, have discussed their positive experiences and outcomes accessing and doing research with people of African descent and of colour in these settings (Bonner and Tolhurst 2002; Woods, Montgomery et al. 2004; Bhopal 2009; Ochieng 2010). Their success has been largely credited to cultural sensitivity, making use of culture appropriate material, and using 'appropriate researchers', mainly those with shared experiences, race/ethnicity, gender and heritage. Gender or race alone (single axis approach) does not necessarily allow entry of the researcher into the community, or their acceptance by potential participants (Serrant-Green 2002; Liamputtong 2010). Instead empathy, sensitivity to culture, cultural awareness and knowledge, acknowledgement of past research abuses of participants by researchers (Bhopal 2009; Ochieng 2010), and gaining the trust of potential participants is more likely to yield positive outcomes for the researcher. Other researchers have suggested an Afrocentric and culture sensitive approach when doing research with people of African and Black non-Hispanic backgrounds in North America (Woods, Montgomery et al. 2004). Woods and colleagues

(2004) state that this approach should start at the design phase, whereby the community is actively involved in designing the project. This will give the community a sense of ownership of the research, while at the same time empowering them about research overall.

Within the Australian context, however, while a lot of research continues to be carried out with African Australians; little has been written about accessing and conducting research with African Australians. This paper aims to close that gap.

The study: Methods, participants and setting

This qualitative research paper provides our reflective accounts about accessing and carrying out research with African teenage mothers with a refugee background in Melbourne, Australia. In-depth individual interviews were conducted with sixteen teenage mothers, and a focus group discussion held with six women/'mothers' with a refugee background who were at the same time key informants, in greater Melbourne. Key informants have insight and interest on the topic under exploration (Creswell 2013; Liamputtong 2013). This paper, which is part of a broader research project, focuses only on the issue of accessing the sixteen women and the six mothers/women of African descent.

Potential participants had to meet a number of criteria. All participants had to be of African descent, had migrated to Australia under the Australian humanitarian scheme, or were sponsored by someone who had migrated under the humanitarian scheme. For the young women, they had to have experienced teenage pregnancy.

To be considered a key informant for the women's focus group discussion, participants had to be of African descent, had migrated to Australia under the humanitarian scheme; they also happened to be mothers of teenage or pre-teenage children. These inclusion criteria were informed by the research topic, "Teenage pregnancy and motherhood among African-Australian girls with a refugee background in greater Melbourne". Thus, the overall sample had to be knowledgeable and interested about the topic being explored, and able to provide detailed information about the topic (Whitehead, 2007). The recruitment process was informed by a cultural competence framework as illustrated below.

Cultural competence framework and the research conduct

Cultural competence has been defined as a continues process whereby the care provider during the provision of care works within a cultural context that involves the individual, their family and community

to provide care that is acceptable to the client (Campinha-Bacote, 2007). The cultural competence approach draws on the principle that people from different backgrounds have different belief systems and world views, but that this diversity should be accepted, valued and honoured (Leininger & McFarland, 2002). To value diversity does not only mean accepting the presence of a group that is in simple terms paying lip service; rather, someone who is culturally competent or culturally aware immerses themselves within the 'other' group and sees themselves as a part of the group (Toofany, 2006).

According to Betancourt et al. (2003, p. 297) 'cultural competence does not focus only on the cultural aspect, but requires that the practitioner should understand the social and cultural influences like health beliefs and behaviours' and how these factors interact at different levels. Papadopoulos (2006) agrees that cultural competence is a continuous process, should be applied at all stages by all individuals and should start from a personal level. Conversely, Leininger and colleagues (2002) say that cultural competence is underpinned by the supposition that people from different cultural backgrounds have their own beliefs, values, cultures and world views, and that healthcare professionals including researchers need to respect and acknowledge these different views when working and interacting with people from a background or culture that is different from their own. Toofany (2006) argues that cultural competence is about being responsive to the other person's culture, and when someone can function competently in a cross-cultural situation, then they are achieving cultural competence.

To achieve this level of cultural competence, a practitioner or researcher has to be culturally aware, and cultural awareness is a process itself (Betancourt, Green et al., 2003; Yan, 2005).
Despite all the efforts, one's own culture can unintentionally slip in and influence professional practice and research (Serrant-Green 2002; Ochieng 2010). This includes self-reflection on personal attitudes towards different people and groups, gaining and developing appropriate cultural knowledge and skills, and then applying them during the design, data collection, analysis and dissemination phases of the research project (Leininger & McFarland, 2002; Purnell, 2002; Papadopoulos, 2006).

As a researcher, acknowledging one's own culture and beliefs is very important. While it is difficult to separate out the influences of one's own culture, being aware of similarities and differences and being

sensitive to participants' culture enhances and enriches information gathering in an unbiased manner (Yan, 2005; Campinha-Bacote, 2007), although no research can be completely bias free. Berta Ochieng (2010) and Kalwat Bhopal (2009) provide accounts about their experiences doing research with communities with which they shared cultural ties, ethnicity, gender and other experiences such as racism. Ochieng (2010) and Bhopal (2009) argue that opening up to research participants by sharing their own experiences fosters trust while at the same time reducing the power gap between researcher and participant (Bhopal 2009). Other researchers argue that participants open up more when the researcher is not from "within", as this further allows emotions to be separated from reason (May 2001). Further, there is little fear by participants that an outsider may share information they collect with other members of their community (Serrant-Green 2002).

In our research, to be culturally aware means acknowledging and respecting the cultural values, belief systems and interpretations of matters such as time from the participants' perspective. For example, making an appointment could be difficult if the participant had to pay to call the researcher, as they may lack credit in their phones. On several occasions, the interviews had to start much later than scheduled, and the participants did not seem to take any notice of the late starting time, although the researcher may have been waiting for over half an hour to an hour for them to finish home duties before we commenced. These waiting times should never be seen as time wasted, because during this time, the researcher interacts and observes what's happening around them. If the participant forgets about the interview time, a researcher who is culturally aware is less likely to interpret this as the person not being interested; instead attempts will be made at understanding the underlying causes or what happened. This is easily understood by someone with shared cultural, race and ethnic background (Bhopal 2009).

Another common occurrence during the interview process is interruption, for example to provide the needs of the baby. This should be seen as 'normal'; as another component of the interview process. As a researcher, we tried to understand the concept of time among participants, rather than thinking that they were always late. Through cultural awareness, it became clear to us that living in Australia did not necessarily change everyone's perspective of time. Some participants interpreted the time based on the movements of the sun rather than the clock alone.

Morning could be any time from sunrise to noon; afternoon could be anytime from noon to dusk, and after that it was evening, which gradually progressed to night, when darkness fell. The first author's cultural awareness about this concept of time, gained from her own African background, provided our understanding and ensured that enough time was allowed for interviews and for focus group discussions. However, this was not always the case, because while there are similarities in behaviours from people of similar background, there are also intra-cultural differences within these groups (Toofany, 2006). This was observed repeatedly during this research process.

Access and Recruitment

According to the cultural competence framework, recruitment of research participants must be done with caution. With cultural awareness, sensitivity and cultural knowledge, this process can be much easier for the researcher (Serrant-Green 2002; Yan 2005). However, accessing, recruiting and retaining participants from minority backgrounds in research remains a challenging and contentious issue (Shavers, Lynch et al. 2002; Bhopal 2010). This was not different in our research, but because the first author had built rapport and trust over the years through volunteer work with various African women groups, there was some familiarity with many African communities. Past involvement and interactions through social gatherings and events also facilitated access to various communities. This does not mean that by simply being of African descent, being familiar to some people, having been involved with these communities or being of same gender, she faced no challenges at all (Bhopal 2010). The process of recruiting and accessing a difficult to reach group - pregnant teenagers or women who had experienced teenage pregnancy and had little understanding of research - was still challenging. By being prepared for potential difficulties, allowed our commitment to this research process.

Accessing a vulnerable person through their own trusted social networks, and making oneself 'visible' in a community that shares culture or simply race or nationality, could be effective ways to reach a group that may otherwise be difficult to access (Liamputtong, 2007a). The researcher must be careful not to attend simply for the sake of getting information. In our research, identifying key informants or organising focus group discussions was not a problem, because over some years, trust had been established with some communities' members through past interactions and previous volunteer

work of the first author, although teenage mothers were not directly involved. To establish trust, it was important to first build rapport with community members and service providers. These people were of African and non-African background but were all trusted, accepted and respected by community members (Serrant-Green 2002; Shavers, Lynch et al. 2002; Bhopal 2010). Some potential participants knew the first author, and/or had heard about her and/or the research. To reach participants and recruit potential participants following ethics clearance from the Victoria University Human Research Ethics Committee, a plain English language statement was placed at places known to be frequented by potential participants and to have high concentrations of African people.

However, this traditional method proved fruitless in recruiting participants. Initially, invitations were sent out to potential participants through formal (church notice board) and informal (friends and community members) networks. Potential participants were then required to contact the researcher and set up an interview time that was convenient to the interviewee and the interviewer. Both methods were totally unsuccessful in recruiting teenagers and women who had experienced teenage pregnancy into the research. Bhopal (2009) and Ochieng (2010) reported experienced similar fruitless efforts trying to recruit participants for their research involving Asian and African community members respectively. Both had to turn to social networks and key people (informants) within the communities, in addition to using the snowballing technique to access and reach other potential participants (Bhopal 2010; Ochieng 2010). To overcome this access barrier in our research, third parties who were either community members, were service providers known to provide services to migrants and refugees from Africa, who were interested or knew about the research were approached. Third parties were either identified by the first author or directed to her by others who knew about her services to the cohort of interest. Additionally, we took the view that people with shared experiences tend to interact with each other. Hence young teenage mothers who had experienced teenage pregnancy generally had friends or knew someone who met the research criteria. This proved fruitful, because after recruiting the first four participants, it became easier to recruit others through snowballing. For the women's focus group, one of the women who was known to the first author, was a respected community leader took the lead in recruiting participants from her community. The use of snowballing technique to reach a hard-to-reach group is a common strategy in social and health

science research (Liamputtong 2007; Ochieng 2010; Creswell 2013). While it was crucial to gain access to participants, it was also important to gain consent and acceptance to participate in the research and at the centre of this was trust.

Trust and research: Race and gender

Developing trust with participants was an integral part of our research, considering the topic was in itself sensitive. Personal sexual issues can be seen as private matters not to be discussed with outsiders (Lee, 2003; Lee & Farrell, 2006; Liamputtong, 2007a). Thus trust and rapport had to be built with participants for them to feel comfortable and safe to discuss what they consider as personal and private aspects of their lives. Further, some participants may feel 'exploited' because of the power imbalance between them and the researcher (May 2001), or they may feel 'research overloaded'. Research overload here means the experience of participants where researchers come in and undertake research with them, ask them questions, take the information from them (data), use the data to develop theories and then advance their careers, without any direct benefit from the research for the participant or their community (Liamputtong, 2007). Such feelings of exploitation and 'research overload', which may result in distrust towards any researchers by participants, may even hark back to the history of colonisation and past research experiences by the dominant cultures into the minority and vulnerable groups (Liamputtong, 2007). This should be acknowledged and explained to participants upfront. Hence in our research it was very important to explain to the participants that the first author was carrying out this research to enable her gain an academic qualification. In addition, participants were informed that the information they provide might not necessarily benefit the individual directly, but that others within their community, and other Australian population groups, might benefit from the research findings as a whole. These enhanced support and trust of the participants for our research.

Distrust of research and researchers by people from minorities and refugee groups cannot be ignored, although caution must also be taken by insiders not to exploit participants from their own communities (Shavers, Lynch et al. 2002). And for those people, who had past negative experiences with authorities and governments, including healthcare providers in countries of origin and transit countries, it is understandable why they would not trust those in authority or perceived to have power over them (Pittaway & Bartolomei, 2002; Govender & Penn-

Kekana, 2007). Hence it is not surprising that some members of African Australian communities may be reluctant to participate in research or to talk to anyone from 'outside'. By 'outside', we mean someone who is not a member of familiar circles or social groups, and does not share the same ethnicity, race or even gender. On the other hand, participants can be very responsive if someone does not share the same race, ethnicity or culture but is empathetic, is trusted by the community and is genuinely interested in the community and its people irrespective of the above (Shavers, Lynch et al. 2002; Woods, Montgomery et al. 2004). Hence shared race, gender or ethnicity does not guarantee entrance or acceptance into a community (Bhopal 2010).

In our research, trust and openness from the start were crucial. Potential participants were informed honestly from the beginning of the research that they may not benefit directly from this research; instead that the information gathered may help other young people from their communities in the future or inform policies and programmes directed at sexual and reproductive health issues with African refugees in Melbourne, Australia and beyond. Data was only collected after the participants felt comfortable to speak to the researcher, or when previous participants known to potential participants encouraged them to do so, following their trust in the researcher. The first author's interactions and relationships with a number of African communities in Victoria facilitated data collection. Information sharing and feedback to the community following data collection is another part of trust building in research.

Focus group participants were informed they would be contacted (or at least some) with the research findings, and for the teenage mothers, they would be contacted, subject to them having the same contact details or through known social networks. This promise has been kept, and some participants have been informed informally about the research findings. Sharing information about the research findings strengthens the relationship that the researchers have with the participants, but most importantly it shows the researchers respect for the participants and their community. Reciprocity and or giving back to the participants is encouraged and strengthens the research process (Liamputtong 2007; Dickson-Swift, James et al. 2008). As well as demonstrating overall respect for the participants, reciprocity also ensures a power balance between the researcher and the researched during the research process and after the researcher leaves the field. Showing such respect not only empowers the participants but also smooths the

path for future researchers working with these communities.

Guide to accessing and doing research with vulnerable and minority participants

Accessing and recruiting teenage mothers – or any research participants who are vulnerable, and in relation to a topic that is necessarily sensitive – is complex. Building trust and rapport are key components. Ensure all ethical procedures are followed but at the same time remember to be flexible. Researchers should give significant weight to the commitment made by participants and the contribution they make towards their research, academic progress and career. Below, we provide some tips about recruiting potential participants of African background, or from any minority group, and conducting culturally sensitive research with 'difficult' to access groups.

[1] Gaining cultural knowledge, using your networks or friends and colleagues networks

[2] Having ethical consideration with regard to potential risk of psychological distress.

[3] Locating participants through community networks and respected community leaders irrespective of their ethnicity.

[4] Developing trust and forming relationships by building rapport and trust.

[5] Being genuinely concerned and sympathetic, without being sorry.

[6] Being practical, making necessary adjustments in the field, keeping promises, returning calls or getting in touch if you promised. Follow up promises and provide feedback if possible.

[7] Being practical about time, and about returning calls (remember that teenagers, among others, may not have credit to call you back).

[8] Your number should not be "blocked or private"; young people may not want to answer calls from persons they are not sure of.

[9] Being flexible by working around what your participants need, and taking into consideration their own commitments.

[10] Returning to the community to share research findings, will gain trust, respect and facilitate future research for all researchers and will empower the community.

In summary, locating participants, gaining access into the community, reaching participants, gaining cultural knowledge, being aware and sensitive to the issue(s) under study, forming and developing relationships, acceptance of the researcher by the community and of the community by the researcher are important features to consider when doing research particularly with vulnerable minority groups.

Accessing, and doing research with, any minority group remains a challenge, but by using skilled persons, a cultural competence approach, and by building good rapport and trust, positive outcomes for both researcher and participants are achievable. Shared ethnicity/race, culture, language and gender should be considered, as one or all of the above may enhance the research experience and process for both the researcher and participant. Acknowledgement of failures of past research on minority groups (and African persons in particular) is important and should be stated at the start of the research as appropriate. Returning to the community with the research findings will help build trust and facilitate future research cooperation between researchers and the community. Finally the community will feel empowered by knowing the information they provided has be used appropriately, and this will broaden their understanding of research and will deepen cooperation.

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