1997

Comparative Research Methods: A Case Study of a Cross-Cultural Health Outreach Project

Aida M. Olkkonen
Loyola University Chicago

LOYOLA UNIVERSITY CHICAGO

COMPARATIVE RESEARCH METHODS:

A CASE STUDY OF A CROSS-CULTURAL HEALTH OUTREACH PROJECT

A THESIS SUBMITTED TO

THE FACULTY OF THE GRADUATE SCHOOL

IN CANDIDACY FOR THE DEGREE OF

MASTER OF ARTS

IN SOCIOLOGY

DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY

BY

AIDA M. OLKKONEN

CHICAGO, ILLINOIS

JANUARY 1997

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INTRODUCTION

With the tremendous changes of the last several decades, the globalization of life

and diversification of the population within the U.S., it is becoming more and more

difficult for research to avoid being cross-cultural. Cross-cultural research has been on

the social science research agenda for decades, especially in anthropology and

comparative psychological, political, and sociological research. While most such studies

have discussed the theories involved, rarely have they expanded on the methodological

difficulties encountered and the impact of the methods used on the theories under study.

A few researchers, however, have realized the importance of focusing on

methods. In anthropology, James Clifford and George Marcus (1986), and Michael

Fischer (1986) among many others have questioned the assumptions of ethnographic

writing and methodology. Walter Lonner and John Berry (1986), Harry Triandis (1980),

and Richard Brislin (1990) have edited works on research methods in cross-cultural

psychology. Classic authors in comparative political science include Gabriel Almond

and Sidney Verba (1980), William Form (1974) and Henry Bretton (1970). In sociology,

Else Oyen (1990) has focused on national comparisons, while Norman Denzin (1989),

Jaber Gubrium and David Silverman (1989) have focused on the politics involved in all

kinds of research.

A common theme running through the literature is that in cross-cultural settings

the research methods face complications not faced in other kinds of settings. While some authors address one particular method or another, rarely have a number of research methods been compared in one study. This thesis attempts to address this gap by comparing four methods used in one research setting, pointing out the difficulties of each and how they can be overcome.

Research methods can be approached on two levels. One is the practical application of the methods into everyday reality. Putting research methods into practice requires an intensive look not only at what is being asked but how. Using surveys, focus groups, interviews, and participant observation prompts different responses. In populations unfamiliar with social science research or where language barriers exist the methods entail further complications. Awareness of the difficulties that will be encountered would enable the researcher to prepare for the challenges ahead.

On the second level is the more abstract but perhaps more crucial question of the impact of the researcher on the population. The physical and social attributes of the researcher influence the kinds of answers given. They also influence the questions that are asked. Both the questions asked and the answers given are the basis for the formulation of theory. The theory contributes to the construction of social reality. Close scrutiny is required in order to completely understand the research as a social process, and its implications for the construction of the issue as a social problem and of the respondents as participants in the issue.

My goal in this thesis is to assimilate the various concerns described above into a case study. This thesis is build around a case study which was based on the Women's

Health Education Project (WHEP) in the Uptown area of Chicago. The program, a joint

effort of five mutual assistance associations, attempts to improve the health status of

immigrant and refugee families through community based health outreach and education.

Through WHEP, the issue of immigrant and refugee health was studied in the spring of

1995 by three researchers, using four different methods, and leading to three different

reports. I was involved in the design and implementation of all three studies.

One of these studies was an evaluation of the WHEP training program (Siegel &

Olkkonen, 1995). An important part of the WHEP project is the use of peer educators

who are women recruited from the community and trained to be sources of information

on health and on the American health care system. They work as intermediaries between

community members and health care providers. Relying on before and after surveys from

the training period, the researchers assessed the effectiveness of the training and the

impact on the women's knowledge of health and the American health care system. The

research was based in the Chicago Institute on Urban Poverty, a policy-oriented research

establishment which hoped not only to provide WHEP directors with the evaluation, but

also to contribute to the policy discussion on peer education as a solution for health

education in non-English communities. The Director of the Institute, Wendy Siegel, had

previously worked with the agencies involved in WHEP on several occasions, one being

a successful immunization project which also resulted in a policy-oriented report.

The second study looked at awareness of and participation in breast and cervical

cancer screening in the community (Rodin, 1995). Surveys measured knowledge of

breast and cervical cancer screening and related behavior, including use of primary care,

beliefs about cancer, sources of health information and demographics. To provide in-depth stories of experiences and cultural models, eight focus groups were used. The research was led by Dr. Miriam Rodin at Northwestern University whose background in anthropology and epidemiology gave the impetus for the research. The research was intended to be both an academic study on the influence of culture on awareness and participation in preventive health, as well as a basis for applying for further funding for health projects in Chicago, a task which the lead researcher has since accomplished.

The third study utilized interviews to achieve an in-depth, contextual image of health in the community. Listening to individual women revealed interests beyond health and placed WHEP in context. Taking into account the women's history and their situation as immigrant women has implications for their definitions of womanhood and the choices they make in their lives today. I intended the research to be strictly academic and compiled the women's stories with theoretical implications in mind.

Two of the three studies had applied goals, contributing in some way to improving the Women's Health Program or immigrant health in general. It is in these two studies where the impact of the researcher and her findings became especially critical as the basis for social action. The findings legitimated certain points of view in the social arena and consequently influenced the course of the action. In contrast, the findings of the third study were not linked to any policy action but could be called basic research. As the findings are shared with others, however, they also become a part of social discourse, influencing attitudes and beliefs, if not action.

The comparison of these three research projects, the methods they used and the

circumstances surrounding them allowed me to address research methods on the two

levels described earlier. On the practical level of application, each of the methods had

both strengths and weaknesses. Surveys remained the best source of numerical data. The

respondents were unfamiliar with the format, however, and not comfortable answering

some of the questions. There were also sampling difficulties in the hard-to-reach

population. The most promising survey methodology was the interview-questionnaire,

which took into account non-literate survey respondents and allowed questions about and

confusion with wording or meaning to be clarified quickly. While focus groups yielded

limited numerical data, their greatest strength was in accessing communal meanings.

Aside from linguistic barriers, difficulty arose from the group setting which may have

encouraged certain perspectives over others. Interviews were the source of the most

detailed and personal information. They also placed greater demands on the participants

of the situation who had to negotiate the kind of relationship formed. Participant

observation limited the sample to a certain geographical location, but was perhaps the

only way to gain data on actual behavior. While it placed the least stress on the

respondents, the information gleaned was greatly influenced by the researcher's

personality and understanding of the context.

Given the weaknesses of the methods and the limited nature of the data than can

be collected using any one method, triangulation of methods is a critical issue for any

cross-cultural research project. The community study which utilized both surveys and

focus groups was able to report convincing numerical data as well as the meaning behind

the numbers. Triangulation allows for maximum coverage of the population and of

alternative perspectives on the issue under study.

In addition to the practical application of the methods, the research findings were influenced by the goals and values of the people involved. The researchers had choices regarding sampling and method which influenced the questions that were asked. The subjects' responses may have been formulated in a particular manner according to their own purposes. The interaction between the researcher and the respondents influenced the data collected. The conclusions that the researchers eventually drew were thus based on a segment of the reality, a snapshot of the lives of the respondents.

In applied research, the conclusions had implications for social action. The conclusions contributed to the construction of the respondents and the issues at stake. As the conclusions were only a segment of the reality, it was important for the researchers to realize what other viewpoints there may have been. In cross-cultural research, where the researcher is unfamiliar with the social structure and the politics of the ethnically different population which she is studying, paying attention to other possible viewpoints is especially important. The researchers need to make a special effort to learn about various groupings, their perspectives, and how they relate to each other. Discussion with the respondents about the purpose of the research can give them the opportunity for collaboration.

Research methods have additional difficulties in cross-cultural settings. Through a better understanding of methods, their triangulation, and the politics of the research (especially in applied research) researchers can improve not only the quality of their research but also their role in what is done with the conclusions.

This thesis aims to thoroughly examine research methods, their appropriateness in the cross-cultural research setting, and the human element involved. Understanding the implications of the research methods not only for the data gathered and conclusions gathered but also for the group being researched, will undoubtedly will prepare social scientists to produce more valid, culturally sensitive, and meaningful reports.

CHAPTER ONE

ISSUES IN CROSS-CULTURAL RESEARCH

Focusing on the methods used in research brings to light a number of

considerations that are generally overlooked in discussions of research projects. From the

choice of the methods to the reporting of the findings, the process of doing research has

implications for theory, for the researcher and for the subjects of the research. The

process becomes even more critical where the researcher is from a different culture than

the one researched.

Research is cross-cultural when the researcher and the subject population are from

different cultures. Culture can be defined as "widely shared ideals, values, formation and

uses of categories, assumptions about life, and goal-directed activities that become

unconsciously or subconsciously accepted as 'right' or 'correct' by people who identify

themselves as members of a society" (Brislin, 1990:11). Consequently the researcher and

the researched have somewhat different frames of reference and ideas of life.

"Cross-cultural" is a term that encompasses research that is cross-national, cross-

community, comparative and anthropological. Comparative research which attempts to

distinguish universalities from system-specific regularities is extremely useful for

identifying "basic patterns of human behavior which transcends all cultural influences"

(Oyen, 1990:4). At the same time it touches only on certain aspects of the nations/populations as Verba acknowledges: "One problem [of the large scope of his cross-national study] is that a cross-national study can never give to each individual nation the full attention and understanding that it deserves on its own" (1980:398). Single-culture, descriptive studies grasp more detail and allow the researcher a greater familiarity. Both kinds of cross-cultural studies will be included in the analysis as they share many similar problems.

To other scientists the question of cultural difference is central. A white American studying an African culture, for example, obviously entails cross-cultural research. But so does a white European in a white American community or a white American in an African-American community. What about studying the homeless or a different subculture? In this sense, most research is cross-cultural. Cultural boundaries are not dichotomous, but a continuum. Indeed, all researchers should spend more time thinking about the methods they use, their role in the lives of those researched and how they impact the social situation now and in the future. The focus of this thesis, however, is on the cross-cultural studies that cross ethnic and linguistic boundaries.

Cross-cultural research, whether crossing ethnic, racial or other boundaries, poses a challenge for science. The value-ladenness of social sciences and bias towards the white middle-class can be revealed through cross-cultural studies. New populations are included, and new areas of life, previously considered unimportant, receive attention. As methodological and conceptual weaknesses come to light, additional variables are taken into account, existing theories are clarified and methods used in single-culture studies are

improved.

There are numerous examples of cross-cultural studies in the social sciences. Anthropological studies generally describe cultures in other nations (some known examples are B. Malinowski (1922) and E.E. Evans-Pritchard (1969), R. Bernard (1988) and M. Wolf (1968)). Recently, however, some anthropologists have begun to address groups within the U.S. (such as B. Myerhoff's study of an elderly Jewish settlement (1978) and E. Martin's *Cultural Analysis of Reproduction* (1987)).

Cross-cultural psychologists have done both comparative and descriptive studies on a wide variety of issues. Some have focused on acculturation (e.g. J. Berry (1990), A. Padilla (1987)), others on ethnic identity (e.g. Naidoo et. al (1987) and R.M. Paige (1990)) or psychological assessment (e.g. R. Samuda (1987) and J. Lewis (1987)). Impressive collections of cross-cultural studies include works edited by J. Berry and R. Annis (1987), H. Triandis and J. Berry (1980) and R. Brislin (1990).

In political science, S. Beer and A. Ulam (1974) along with R. Macridis (1968) have proposed frameworks for comparative inquiry. Others include D. Easton who has focused on systems theory (1965), S. Lipset on participation (1989), G. Almond and S. Verba on political culture (1980), R. Dahl on political power (1966), and S. Huntington on political institutions in political change and development (1968).

Cross-cultural studies in sociology also cover a wide variety of topics. M. Lamont compared elites of different countries (1992). V. Ferrari has specialized in legal comparisons (1990), E. Etzioni-Halevy in parliamentarians (1990), L. DuPertuis (1987) and H.H. Danzeger (1987) in religions.

While cross-cultural studies (and social sciences in general) tediously explain their findings and conclusions, the method section has traditionally tended to be a paragraph or two. This oversight has serious consequences both for evaluating the research as well as future replications. As we will see, choice of the research method has tremendous implications for the answers gained and findings formed. "Methods can no longer be viewed as 'atheoretical' tools" (Denzin, 1989:4). The choice of method determines how the questions are asked, and consequently the kinds of answers given and theories formulated. In cross-cultural research, where the subjects may not be familiar with research or the researchers' assumptions, the choice of method requires careful consideration.

The discussion of research methods moves essentially on two levels. One is the practical application of the research methods to the cross-cultural research setting. This includes the appropriateness, equivalence, sampling and context of the research. The second is the human element of research and the implications the researcher's goals and values, the subjects' goals and values, and their interaction have on the research findings, and the formulation of the findings into a document. These dimensions are summarized in Table 1.1.

TABLE 1.1
Dimensions of Research Methods

Practical application	
Appropriateness	A comprehensive understanding of the culture involved, the rules for asking questions and interpreting answers.
Equivalence	Ensuring that the meanings and implications of concepts and methods are identical across cultures.
Sampling	Preferably a probability sample. When not possible, a quota or a snowball sample. Requires an awareness of how those recruited differ from those not recruited.
Context	Comfortable and relaxed atmosphere allows an open expression of opinions and beliefs.
Human element	
Everyday interaction	An awareness of how one's characteristics and behavior influence the research situation.
Researcher's goals and values	Openness about the purpose of the research and an examination of one's assumptions and goals. Genuine interest in the community and its welfare. Cooperative if not collaborative research.
Subjects' goals and views	Frankness regarding previous experiences with researchers and an open discussion on what the respondents would like to gain from the research.
Interpretation and choice of views	A recognition and reporting of how the findings were limited by the choice of the research method.
Use of results	Examining the implications of reporting the conclusions. Whose point of view is being promoted and what is the image of the research subjects that is created.

Practical application of methods

The practical application of methods is the use of a particular method in the research setting. It includes concrete issues such as what questions are asked and how, sampling and what kind of context the questions are asked in. Table 1.1 summarizes these subcategories.

When the researcher and the researched are from different ethnic and linguistic groups, the researcher "cannot assume that the behavioral regularities, conceptions, language, social-cultural environments, and physical realities to which he is accustomed characterize the foreign cultures that provide the setting for his research" (Armer, 1973:50). Instead the researcher should assume that research methods will *not* be valid in the new research setting.

At times methods used in mainstream research are simply transported into other cultures without regard for their applicability. This is especially the case with existing instruments: "Although hundreds of tests and assessment procedures work reasonably well in the Western world, it must be proven and not assumed that they will work equally well in cultures where they were not developed" (Lonner, 1990:56). This holds true even *within* the Western world, where "Translating assessment materials will not solve the school problems of the lower-class or bilingual child, because the content of the entire interrogation encounter, not just the words of the test, is culture-bound. Questions, materials, and referents reflect the content of the culture in which the test was developed" (Mehan, 1973:323). Certain dimensions of methods must be considered as the transition

is made into a different culture. These dimensions, appropriateness, equivalence, sampling, and context of the research are summarized in Table 1.1.

Appropriateness

Two of the four dimensions related to the practical application of methods have been raised by Armer: the appropriateness of conceptualizations and research methods and the equivalence in research concepts and methods to allow comparison between cultures (1973). Appropriateness means that the research is acceptable, feasible and significant in the specific culture. This often requires assistance from anthropologists, area specialists, and other researchers who have done research with the other culture.

Determining appropriateness requires an understanding of the cultures involved. Each culture has its own rules for asking questions and interpreting the answers (Grimshaw, 1973:24). Successful communication requires trust between the participants, an understanding of what kind of language to use, what topics not to discuss, and how the information should be obtained. For example, "In the 'survey culture' of white America, there are few questions that cannot be asked directly... In other societies, however, direct questioning in many matters is simply not tolerated among unrelated adults" (Grimshaw, 1973:26).

Equivalence

Armer's second consideration is the equivalence of methods. The use of particular methods and concepts in one society does not mean that their transportation into another culture will achieve the same or even similar responses: "Even if the concepts and methods in different societies are outwardly identical, the meanings or implications may not be" (Armer, 1973:51).

Berry and Dasen (1974) describe three kinds of equivalences. Functional equivalence is the one most frequently mentioned Malpass and Poortinga (1986:66). "[F]unctional equivalence exists when two or more behaviours (in two or more cultural systems) are related to functionally similar problems" (Berry, 1980:9). Functional equivalence requires that similar activities in different societies have similar functions. An example of the *lack* of functional equivalence is the position of the church in different societies; they may have entirely different functions ranging from a social event to social mobilization against the status quo. If the church did involve exactly the same thing in two cultures, the term would be functionally equivalent.

Conceptual equivalence is the common meaning attributed to research materials or to behavior. For example, the concept of "intelligence" varies from culture to culture. Were the researcher to study intelligence, she would first need to examine the local meaning of the concept. Such differences in meaning do not only occur across different cultures, but also "across subcultures and other groups *within* societies" (Grimshaw, 1973:23).

Finally, metric equivalence exists "when the psychometric properties of one's data obtained from different cultures reveals a comparable pattern." (Trimble, 1988:116). This essentially requires a culture-fairness where all groups are influenced by culture in a similar manner. Malpass and Poortinga (1986:68) suggest that one way to test this is with linear regression techniques: the test is biased when "the best-fitting linear regression function is not identical across groups".

Crucial to equivalence is language. Clarifying concepts is more difficult where there are linguistic differences. "Scholars working across languages encounter particularly severe difficulties in achieving comparability" (Grimshaw, 1973:23). Defining the nuances of synonyms is very time-consuming and despite translation and back-translation differences in meaning can creep in (Grimshaw, 1973, Elder, 1973). Even when all participants speak English, they may use the language in different ways. (See Brislin, 1986 for translation guidelines).

Whether the instrument measures what the researcher intends it to or what it is measuring in another culture is critical to subsequent hypotheses. Careless assumptions can lead to mistaken conclusions: "Researchers ask different groups to engage in some activity that is more familiar to one group than the other and then use differences in performance as a basis for making inferences about cognitive processes or abilities (Cole & Means, 1981:53).

Sampling

Even after the research methods have been declared appropriate and equivalent, numerous questions remain unresolved. Crucial to the theories involved is the sampling of survey respondents or choice of people to be interviewed.

Sampling is especially difficult in hidden populations, as many minority groups are. There are no readily available sampling frames and members may not participate in mainstream activities. For example, the immigrant women of Uptown are scattered throughout the area in various buildings, many don't have phones, and many do not participate in agency or WHEP activities.

The probability sample is out of the question and it may be difficult to find *any* respondents. Two of the most common nonprobability sampling methods are quota sampling and snowball sampling. Quota sampling involves categorizing the population and then filling each of the quotas. Constructing the categories requires a good understanding of the population/subpopulations and their proportions. Finding and contacting enough appropriate individuals to fill the quotas may also be time-consuming. Snowball sampling utilizes existing informants to find more informants and is especially useful in small populations where the members know each other (Bernard, 1988:98). The problem is that you may be reaching only a certain, perhaps most accessible segment of the population.

Several sampling solutions have been offered. Archer (1987) suggests post hoc controls where probability sampling is not possible. For example, to be able to later

control for class, items on education and occupation should be included in the survey.

Van Meter (1990) suggests an ascending methodology combined of snowball sampling

and cross-classification analysis. This is similar to quota sampling, but the categories are

created after the fact by constructing categories according to similarities between

descriptive variables for individuals and the similarity between individuals for all

variables.

The researcher needs to be aware of how the people sampled compare to the rest

of the population. The most accessible informants may also be the ones with a certain

point of view, leading to a bias of responses, especially when critical issues are involved.

Because nonrandom sampling is such a problematic issue, it is crucial that

researchers describe their sampling procedures in detail. This will allow the researcher to

understand the groupings in the population better, help others doing follow up work

(maybe combining the sample with other data sets), and permit others to evaluate rival

hypothesis (Brislin & Baumgardner, 1971).

Context

The setting of the research situation must also be kept in mind. The presence of

others, uncomfortability with the location or outside distractions influence the answers

that are given. For example, doing research in India, Elder describes: "In respondents'

homes the audience frequently expanded to include relatives and neighbors" (Elder,

1973:135). Some respondents are very eager to please and give whatever answer they

think the interviewer wants to hear. Others may identify the researcher with a particular establishment and respond accordingly, for example a student being interviewed at school versus the home.

There are many considerations to be taken into account when conducting cross-cultural research. Is the method appropriate to the culture in question? Will the respondents understand the format, the concepts, and the translation? Are the respondents a representative sample of the population as defined by the research question?

The recognition of the problems of each method has led many to recommend a triangulation of methods. "Since every method has limitations and weaknesses.., the most appropriate strategy is generally on employing a combination of methods and data types that counterbalance each other's limitation" (Armer, 1973:67). A family researcher agrees:

> We must move beyond the methodological imperialism that has dominated family research in the greater part of this century. No single method can be allowed to delimit the meaning and reality of our knowledge about families. It is necessary to consider how information from clinical and phenomenological studies, ethnographic qualitative studies, theoretical-explanatory quantitative studies, historical analyses, cross-cultural comparisons, and case studies can be articulated and integrated. (Cowan et. al, 1993:465-6).

The Human Element

The second major aspect of research which is just beginning to be gain more attention in the social sciences is the relationship between the researcher and the community under study. The human element has a number of dimensions which are summarized in Table 1.1. Research requires everyday interaction, ranging from giving the directions for filling the survey to spending hours in discussion or observation. In addition, the researcher and the community may have preconceived images of each other, which also influence the research process. For example, is the researcher a representative of an establishment; will the researcher simply collect the data and leave or is the researcher on a mission to empower the powerless? In any case, there will be some sort of impact on the setting and the community, whether one of confusion, motivation, hostility or passing curiosity. Reflexivity is necessary to understand this process, and to understand who will benefit from the research.

The interaction must be taken into account because research is also human behavior. "Human experience is such that the process of defining objects is ever-changing, subject to redefinitions, relocations, and realignments" (Denzin, 1989:5). In the research situation the researcher and the researched attempt to define each other, interact accordingly, and shift their interpretations as the research process continues.

Pareek and Rao call the elements of the interaction between researcher and subjects "authenticity" (1980). Authenticity is defined as "the capability of the interviewer to get unbiased and genuine responses from the respondent" (1980:128).

Although the concept of 'unbiased' is an ideal based on the assumption of an absolute truth and thus not a practical goal, Pareek and Rao's four factors affecting authenticity provide a useful framework: interviewer background, the interview and its setting, the respondent's background and the cultural background. The interview and its setting are the everyday interaction between the researcher and the researched. Background of the participants includes their assumptions of each other and the goals they have in the situation. Cultural background permeates the entire process, from appropriateness and equivalence of methods to everyday interaction.

The researcher's background includes the decisions the researcher makes, such as choice of method and choice of what to report. "It is in this context that the research method becomes the major means of acting on the symbolic environment and making those actions consensual in the broader community of sociologists" (Denzin, 1989:12). Everyday interaction, the researcher's and the subjects' goals and values, the interpretation of findings and choice of views, and the use of research findings are critical components in theory construction and in defining social reality.

<center>Everyday Interaction</center>

Research is an interactive process. The researcher and the subjects under study influence each others' lives and thoughts. In one-on-one interaction, the characteristics of those involved must be taken into account. How the questions are asked and by whom influences the answers that are given.

The interview encounter includes the roles of the participants and the relationship between them. The interviewer presents herself in a particular manner. The respondent reacts as a relationship begins to form. It is the anthropologist watching the native watching the anthropologist. Responses are formulated according to the relationship and how the participants view each other.

As the interview situation is generally not long enough for the participants to get to know each other well, they may rely on stereotypes. "Very often, the person to whom a research subject speaks is not the person an interviewer thinks herself to be" (Jorgenson, 1991:211). For example, "High-status respondents may,.. talk past the interviewer (whom they view as lower-status) to a study director or a total discipline" (Denzin, 1989:115).

The most obvious factor in stereotyping is physical appearance, including race, gender and class. For example, interviews, like conversations, are "gendered productions". Rules govern the interaction and what is shared: "the information given is itself constrained by the gendered identities that are enacted in the interview encounter" (Denzin, 1989:116).

Although this interaction is most evident in interviewing, we should also recognize it with other research methods. A researcher handing out surveys to a group of respondents will draw a reaction from them and this may influence their answers. "The subject changes by being observed, and we must observe our impact on him or her and the resultant impact on ourselves and ..." (Myerhoff & Ruby, 1982:19). For example, some respondents are very eager to please and give whatever answer they think the

researcher wants to hear.

The observation of this interaction, reflexivity, is "to be self-conscious and also aware of the aspects of self necessary to reveal to an audience so that it can understand both the process employed and the resultant product and know that the revelation itself is purposive, intentional, and not merely narcissistic or accidentally revealing" (Myerhoff & Ruby, 1982:6). The researcher needs to be aware of what kind of image she projects and what response the image will get from those she is trying to research

Preconceived Images and Underlying Agendas

Beyond their everyday interaction, both the researcher and the respondents view each other as representatives of a certain category or group of people. Based on these views, they respond to the situation different ways. Being aware of these assumptions is crucial as they influence both the kinds of answers the respondents give as well as the interpretations the researcher makes.

The researcher may have preconceived ideas about the population or community. Portes argues that "Although valuable, discussion of cross-national research in these terms [equivalence, language].. implicitly conveys the image of an active agent (the researcher) dealing with a relatively inert social body (the foreign population)" (1973:150). The "natives" are essentially ignorant and remain so. Other researchers may view the population as in need of help and take a paternalistic role as they "help" the subjects.

All researchers have some idea of what the population is, and what their position

among them will be. The field

> is no longer that unselfconscious designation of a place where the life
> of the other can be objectively investigated... It constitutes, shall we
> say, an attitude toward their 'clients' needed by agents of social
> control, a framing of the life of actual or potential subjects, a point of
> view which will force an intersection of the interests of the inquirer
> and the life of the subject. (Turner, 1989:14).

While most researchers will deny the assumptions of "ignorant natives" or needy

paupers, it is worthwhile to question the motives and assumptions that we have and the

implications they have for the methods used and theories produced.

The view the respondents have of researchers is also crucial. A lack of cultural

sensitivity and knowledge of community dynamics can alienate the community and give

science a bad reputation. Depending on past experiences with outside researchers, the

population may be hostile or eager to cooperate. The researcher may be seen as a "a

government agent or spy.., an outsider looking for a place to establish a permanent

residence, a missionary sent in to convert the residents, or another social scientist whose

prime interest may be to gain prestige and a promotion" (Trimble, 1988:113). At

minimum, the researcher "embodies a moral relation to the social world" (Turner,

1989:19).

Many communities see the researchers come and go, without ever seeing the

results and conclusions for themselves. "More than ever, many leaders in ethnic-minority

and culturally distinct communities view researchers, regardless of their intent, as elitists

and, in more accurate terms, colonialists" (Trimble, 1988:120). Others grow bitter as

"[r]esearch is directed, usually hurriedly, by a passing scholar who selects the topic,

general research design, and mode of analysis with little or no consultation with local

scholars,... [or] allowing time for even a preliminary report in the local language" (Portes,

1973:151).

Unfortunately these practices are not as extreme as we might think. Science is,

after all, the lofty pursuit of knowledge and grand theories. Some are optimistic of the

changing times: "Now there is a widespread understanding, legitimated ethically as well

as methodologically, that cross-national studies profit from being conducted in close

cooperation with researchers based in the respective countries, and collaborating during

all the phases of the project" (Oyen, 1990:16).

Whether willingly or not, the researcher may also become involved in local

politics. The groups involved may use the researcher against each other:

> The amount of cooperation researchers need from informants is also
> important; where it is high, researchers are more dependent, and
> informants can manipulate them for their own ends. In such
> situations researchers need the aid of influential sponsors, high social
> status, and the ability to use whatever knowledge they have
> accumulated about the system under study. (Form, 1973:105).

The same influential sponsors can also block certain research topics. Sensitive or

threatening topics are ignored and suppressed: "[Projects] tend to neglect social

phenomena which are indicative of collective protest movements and conflicts in relation

to societal change" (Berting, 1988:77).

The research undoubtedly has an effect on the research setting and on the people

being studied. Minimally, all the participants' views of each other will be reinforced or

altered. Key informants or co-researchers gain experience and possibly increased status. Certain issues are brought to light and receive more attention from everyone: "As researchers plan and organize the field-based research around a sensitive topic, they will cause residents to reflect upon the issues" (Trimble, 1988:119). At its best, the research process can make new voices heard, bring to light discrepancies, and challenge political and social realities not only for academicians but also for the people involved.

Researcher's Interpretation

In addition to background and interaction, the research process includes conscious decisions made by the researcher regarding choice of method, subjects, sampling etc. Oyen points out the easiest solution: "One of the central research strategies, although not much discussed, seems to be the preference given to available data and methodological tools, and the leaning towards accessible networks and easy funding" (1990:15).

The considerations of availability and interest will influence the choice of subjects and the choice of method. These choices have implications beyond the researcher's social standing: they are crucial for the knowledge gained and theories produced. "Each method implies a different reality of empirical materials for sociological interpretation" (Denzin, 1989:249). "[T]he data yielded by survey were created by the instruments and procedures of the researcher, by the questions asked of respondents, by his sampling decisions, and by his techniques of analysis and inference" (Almond, 1980:16). Each method and each researcher will create a different picture of social reality.

Reflexivity applies not only to the methods used, but to the form in which the data is reported and what is included. In anthropology, for example, "ethnographers.. have not generally represented the ways in which closely observed cultural worlds are embedded in larger, more impersonal systems" (Marcus, 1986:166). Similarly, "For a long time, political scientists,.. remained enclosed in legalistic frameworks.." (Dogan & Pelassy, 1990:21). Discussions of the researcher's human element, personality and thoughts during the research process might also shed additional light on the research findings. Clifford asks: "How are the truths of cultural accounts evaluated? Who has the authority to separate science from art? realism from fantasy? knowledge from ideology?" (Clifford, 1986:25). The researcher's choices include how to write her conclusions.

Although reflexivity has become a much discussed issue, it is not practiced; Myerhoff and Ruby ask: "Why do anthropologists identify themselves as scientists and their work as scientific yet often fail to describe adequately the methods employed in their research and to account for the possible effects of the researcher on the research?" (1982:20). This in contrast to experimental research where the experimental arrangement is described in detail - the apparatus used, length of time, degree of approximation. Myerhoff and Ruby argue that reflexivity is synonymous with being scientific in the rigor of reporting the research process (1982:28). "Social scientists should publish their field experiences to enable scholars to profit from them prior to departure for the field" (Form, 1973:110).

Who Benefits

The choices the researcher makes, the methods used, the interaction between the participants, and the values and goals they have lead the researcher to a particular construction of reality. The final question we must consider is the implications of what we have now understood through self-awareness and reflexivity. What are the consequences of who defines the particular question or situation? What are the implications for the participants?

Research contributes to definition of normalcy. By focusing on certain issues, other perspectives are implied to be less important. Across disciplines, researchers have become faced with the implications of the findings. A psychologist realizes:

> When a researcher opts for studying language skills in the mentally retarded, concept formation in the deaf, or short-term memory in alcoholics, he is assuming that these things are not just present but are also important in the lives of individuals in the target group. This issue goes beyond the question of generalization, and touches upon the researcher's value system as he selects those skills he considers significant enough to warrant study and training. (Cole & Means, 1981:161).

Researchers in education also point this out: "We have noted the tendency of social researchers to assume that the normative is nonproblematic and that nonnormative or difference is deviant or pathological" (Cowan et. al, 1993:479). The implications for cross-cultural research where the subject population is by definition nonnormative make the researcher's role and values crucial.

Researchers inevitably make value statements about what is important, who is

important, what the subjects are like. "As inquirers and researchers, we create worlds through the questions that we ask coupled with what we and others regard as reasonable responses to our questions" (Steier, 1991:1). In addition to the question we ask, the world is set in stone in the writings about it. How are the subjects' experiences depicted, what kind of image is drawn of them? The researcher/writer creates a picture of the subjects for the "outside" world. The generalizations, however, present only a "slice of reality", the slice that has been revealed by the research methods chosen.

By creating knowledge, "[r]esearch cannot but be part of a process of control and normalization" (Slater, 1989:113). That is the reason why the question of "whom is the research for?" is so important. That is why the slice of reality, the snapshot presented is so important - it may be the only slice many people ever see.

While much of the above discussion applies to all research, it is especially crucial to cross-cultural research where research methods need to be applied more carefully, where the subjects may be unfamiliar with scientific research and vulnerable to it's abuses, where the results are often taken beyond their reach, where interaction has to cross not only gender and race boundaries but also cultural and linguistic, and where the populations are more likely to be stereotyped and misrepresented because of their existence outside the mainstream.

Conclusion

The above discussion has revealed a number of considerations that must be kept in mind in the evaluation of cross-cultural research methods. Some of these issues are more crucial in cross-cultural research, but apply also to all research methods. As summarized by Table 1.1 the issues fall into two broad categories: the practical application of research methods and the human element.

The practical application of methods has several dimensions:

- Appropriateness of research methods.

- Equivalence of research methods.

- Questions of sampling and representativeness of respondents.

- Context.

The human element in the research process has five dimensions:

- The impact of the researcher.

- The impact of the subjects.

- The interaction between the researcher and the subjects.

- Interpretation.

- Use of results.

These nine considerations provide the framework for the comparison of research methods in a cross-cultural setting. This thesis focuses on four methods: questionnaires, focus groups, interviews and participant observation. Other methods that have been used in cross-cultural research include content analysis (Brislin, 1980, Turner, 1990),

experiments (Brown & Sechrest, 1980), unobtrusive research (Bochner, 1980), data archives (Lane, 1990) and projective techniques (Holtzman, 1980).

CHAPTER TWO

IMMIGRANT HEALTH AND THE WOMEN'S HEALTH EDUCATION PROJECT

With the goals of Healthy People 2000 in mind, the health status of minorities in

the U.S. has been a cause for growing concern. Among the least studied and least

accessible populations are the recent arrivals from Asia and Africa. Linguistic and

cultural barriers have led to an underutilization of health care services, resulting in

relatively poor health conditions and making the refugees and immigrants a population at

risk.

In Chicago, a group of immigrant community organizations are attempting to

address this concern through the Women's Health Education Project. These organizations

are located in the Uptown area of Chicago which has a large immigrant and refugee

population, many of whom have come within the last decade.

Southeast Asian and Ethiopian Immigrants

The year 1975 was a critical year in Indochina, the area consisting of Thailand,

Burma, Cambodia, Vietnam and Laos. In Vietnam, Saigon fell to the communists. Laos

also was overrun by the communists. The Khmer Rouge reign of terror began in

Cambodia, eventually leading to the death of one-third of the population of Cambodia through murder, torture, disease and starvation. Many of those who had fought against the coming of the communists were now faced with reprisal and tried to escape. Many fled to the United States.

Since Col. Mengistu Haile Mariam's imposition of the "Red Terror" in the late 1970's, thousands of people have also left Ethiopia. Forced resettlement, war, civil strife, drought, and the famines of the mid-1980's, resulted in over one million Ethiopian refugees by the end of 1990, mostly in Sudan and Somalia. Some were granted asylum in the U.S.

Many of the Indochinese and Ethiopian refugees and immigrants have settled in the Uptown region of Chicago. The Vietnamese, Cambodian, Laotian, Chinese and Ethiopian populations are currently some of the most visible populations in the area. Staff of various mutual assistance associations estimate Uptown and the nearby Edgewater community to have 8,000 Vietnamese, 4,000 Cambodians, 3,000 Ethiopians and close to 1,000 Laotians (Hansen, 1991).

In many ways, the Uptown neighborhood has been a recent success story. The significant reinvestment and development during the last several years has led many to call it a "boom town" (Yates, 1995). But while some praise the potential of mixed-income neighborhoods, others point to the exacerbated contrast between the affluent and the poor in the area. The growth has been in only particular areas of Uptown. Minorities are over- represented in the areas of continuing poverty (Whiteis, 1993).

Asian and African immigrants and refugees in the area are among those facing continued poverty. Many have limited English skills and lack the necessary qualifications for employment. According to the five Mutual Assistance Associations in Uptown, forty nine percent of their clients in 1991 had only a grade school education. The 1990 Census found that thirty five percent of individuals of African and South East Asian origin live below poverty level, in contrast to the national average of thirteen percent. In addition, forty six percent of these families were "linguistically isolated" meaning that no one in the family spoke English proficiently. Thus it is difficult not only to adjust to the new environment, but to become financially independent. Of Uptown's Southeast Asians, thirty seven percent receive some form of public assistance (Hansen, 1991). The problems faced by refugees become especially evident when dealing with health issues.

Refugee Health Issues

Immigrants and refugees not only have poorer health than native-born Americans, but have numerous barriers to accessing health care. Countries of origin often do not have the same standards of hygiene as the U.S. Prior to arrival in the U.S., many stay in refugee camps with a low level of nutrition and hygiene. Federally mandated screening for communicable diseases takes place initially, but consequent follow-up is lacking: health issues do not become problematic "during the period of initial resettlement, as newly arrived refugees are routinely screened and treated for a number of acute health

problems. However, after initial resettlement, the burden of access and utilization transfers to the refugee" (Strand & Jones, 1985:93).

Language has been repeatedly identified as the key barrier to access to health services. Interpretive services have been deemed an "absolute necessity" (DuVander, 1981:17), but are difficult to find. Consequently, much of the information shared with the patient during the doctor's appointment or a hospital stay is misunderstood or not understood at all.

Linguistic difficulties are compounded by differences in cultural beliefs and behavior. Health and illness are defined differently in various cultures. Southeast Asian cultures often view illness as an imbalance between hot and cold forces in the body, wind illness (from excessive work or deep states of anger or grief), spirits, or lack of faithfulness to Buddha (Frye, 1989). Ethiopians also traditionally relied on herbs and spiritual solutions, such as sanctified healing waters associated with different saints (Kloos et. al, 1987). Illness and health are not defined around the physical being and scientific solutions, but must instead be approached with a blend of the physical and the spiritual.

Norms related to care giving and medical practice also differ. As traditional healers diagnose the problem by a touch on the wrist, patients become impatient with the Western doctor's need for extensive physical examinations and detailed patient histories. The doctor, perceived to be an authority figure, is not confronted or questioned. The doctor is not questioned even when the Indochinese patient disagrees or is confused by the prescribed treatment. Some sort of medication or treatment is expected, however, and

the patient is disgruntled if none is received. Nevertheless, given the norm of the patient as a passive recipient of treatment, she may not take any responsibility for the treatment (Tung, 1980). The patient might also reduce the prescribed dosage because Western medicine is regarded as "hot" and too strong for the Indochinese (Muecke, 1983).

While beliefs and behavior are dependent on culture, other barriers are due to the environment. Lack of transportation and financial security (DuVander, 1981) and limited English skills are among the most prominent reasons for simply staying at home and hoping that the sickness will disappear.

Consequently, the use of primary and preventive care facilities is limited. The low utilization rates further increase the invisibility of the population to health care providers. Service providers are confused by the different practices and insensitive to the different cultural norms. Misunderstanding is inevitable. Public health outreach and education efforts go unheard in a limited-English-speaking population.

The Women's Health Education Project

The Women's Health Education Project seeks to respond to this need through education provided by linguistically and culturally knowledgeable women (health advocates) and the recruitment of peer educators. The health advocates are staff members who arrange workshops on health topics and assist individuals with accessing the appropriate health care provider and providing translation at the service site. A peer educator is a woman recruited from the community to be mostly a source of information

on health and on the American health care system, but also to work as an intermediary between community members and health care providers. The goal of the project is to spread health information into the community through the peer educators who share their knowledge with family and friends.

Peer education relies on several basic premises about health outreach in immigrant populations. One is the centrality of women as care takers in the family. Targeting women who generally hold the responsibility for the family's health allows the entire family to benefit, not only herself. Women "play a powerful coordinating and esteem-delivering role in the family, especially in accessing health care.." (Frye, 1989:153).

The second premise is the cohesive nature of immigrant and refugee communities, where social networks reach most of the population and health information is passed by word of mouth. The sources of advice and information for refugee women are generally relatives and friends.

Given these premises, health outreach from a grassroots level, beginning with women, is a feasible approach to reach these somewhat isolated communities. The information is linguistically and culturally relevant, approachable and useful. Where health education through the media or hospital visits has failed, peer education is the most promising solution.

The effectiveness of the peer education aspect of the WHEP, the health beliefs and behaviors in the community, and the place of health in individual women's lives were three questions asked of the program in the spring of 1995. The three research projects

were an evaluation study of the peer educator training, an intervention study focusing on breast and cervical cancer, and an individual study of the women's lives. These three studies are summarized in Table 2.1.

TABLE 2.1
Summary of Three WHEP Research Projects, 1994-1995.

	Evaluation study	Intervention study	Individual study
Purpose	Evaluate effectiveness of peer educator training process.	Collect data on awareness of and participation in breast and cervical cancer screening.	Determine the importance of health in the context of immigrant women's changing lives.
Information sought	Comparison of pre- and post-test: did changes occur as a result of the training?	What do people think/know about breast and cervical cancer? How does this influence their behavior?	How high of a priority is health for the women themselves?
Methods	Self-administered questionnaire. Participant observation.	Structured interview. Follow-up survey. Review of medical records. Focus groups.	In-depth interview. Participant observation.
Key findings	Training resulted in improved self image, social connections and a more positive attitude toward Western medicine. Knowledge of basic health did not improve, partly due to pre-existing knowledge, but also due to programmatic weaknesses.	While more women had been screened for cervical cancer than for breast cancer, they were more knowledgeable about breast cancer. Self-reported rates in the Cambodian group did not differ statistical from medical records.	The most pressing issues for the women were economic stability and family conflicts. Health and peer education, while found interesting, were a lower priority.
Use of result	Report to program directors and interested decision makers.	Academic report and policy brief. Basis for application for further funding for health education.	Academic study not disseminated.

CHAPTER THREE

DESCRIPTION OF METHODS USED AND SUMMARY OF FINDINGS

The three reports that emerged from the research activity around WHEP in the spring of 1995 were based on findings resulting from the use of different methods and for different purposes. One was a program evaluation of the WHEP peer educator training program (Siegel & Olkkonen, 1995). The second was an intervention study that described breast and cervical cancer awareness and participation among the elderly women in the community (Rodin, 1995). The third arose from the gap in methods left by the other two studies: the views of individual women about life in general.

Each of the three studies used different methods to answer their questions. The question of programmatic effectiveness was addressed with an evaluation survey accompanied by participant observation. The intervention study was based on focus groups among four ethnic groups which assessed community attitudes, and on surveys which gathered more extensive data (including a follow-up survey and comparison with medical records). Individual, in-depth interviews allowed me to listen to individual voices, which along with participant observation gave a comprehensive picture of the women's lives.

The methods influenced the research in numerous ways. This chapter will

describe the methods used and summarize the findings. Complete details of findings can

be found in the reports under question. Left out of research reports in general, however,

are the loose ends of research, the complications that make research seem less scientific.

Discussion of the methodological difficulties, however, is crucial in order to improve

future research. A comparison of the methods in terms of practical application can be

found in Chapter 4. In addition, the choice of method in itself has an influence on the

conclusions drawn and knowledge gained. These issues of human element will be

examined further in Chapter 5. First, however, a brief description of the methods and

findings.

Survey

Two of the studies utilized surveys. The evaluation research relied on a

combination of tests (pre-test, post-test) given to one group (the peer educators), with the

goal of clarifying the effects of the training on the participants. The community survey,

based on other existing health surveys, aimed at a description of the health status of the

community.

Evaluation survey

The evaluation survey sought to determine the effectiveness of the peer educator

training program through self-administered pre- and post-tests. The WHEP peer educator

program taught the participants about health issues such immunization, breast and cervical cancer, hypertension and nutrition, and about the American health care system, which included information on how to make doctor's appointments, what kinds of insurance there are, and how the American health beliefs differ from those of other cultures. The training lasted eight weeks, after which the peer educators began promoting health awareness in their communities. Many of the women had previously participated in health workshops offered by the WHEP staff, and had been recruited on the basis of their continued interest in health issues.

The evaluation survey measured the changes that occurred in the participants as a result of the training. Our final design had three sections: demographics, health knowledge and self-esteem measured by Likert scales. The health questions were drawn from the training curriculum to test whether the women learned what was taught. Literature describes that an important part of the peer education process is the development of leadership skills and growth of self-esteem and confidence. Demographics enabled a description of the participants. The questionnaire was translated into five languages by the health advocates at each respective Mutual Assistance Association (MAA).

The pre-test was administered at the first training session and the post-test at the last. Because not all women attended those sessions, they completed the surveys at the next session or soon after. Twenty pre-tests and 17 post-tests were completed. For purposes of comparison, only 15 women completed both tests, not a statistically significant number, but it did allow for comparison.

The peer educators included five Chinese, four Ethiopian, three Cambodian, two Lao and two Vietnamese women. They ranged from ages 21 to 54, with a mean of 40 years. Over half (9 of 15) were married and one was divorced. Household size ranged from 2 to 13, with an average of 2 children. Although almost half of the women work outside the home, most reported household incomes below poverty level.

A comparison of the pre- and post-tests revealed minor changes. Positive changes occurred mostly in the self-esteem questions: the items measuring the amount of social connections, and the items regarding self image. Changes also occurred in the set of questions measuring the continuum between traditional and biomedical health care: seven women (of fifteen) became more positive towards Western medicine. Negative changes included the basic health questions (eg. what is a mammogram), questions on the American health care system (eg. confidentiality), and motivational questions (eg. "I really want to learn a lot.."). Thus while the health questions did not improve other than "the continuum", there was some growth in self-esteem.

The lack of change raised the question of whether this was due to the ineffectiveness of the program or the inappropriateness of a survey instrument in this kind of research. Not all of the respondents could read fluently and many were confused by the close-ended nature of the questions. The researchers chose to focus on the positive changes since many of the negative changes could be explained by the pre-existing high health knowledge. Recommendations for the program included a clearer presentation of the role and responsibilities of the peer educator and increased emphasis on leadership and outreach.

The information gained from the survey was adequate for the situation. It allowed a comparison of the peer educators at the beginning of the training and at the conclusion of the training in terms of knowledge of health, self-esteem, and demographics. Using the survey resulted in numerical, quantitative conclusions on changes which were easy to understand and which was the purpose of the report.

Community survey

The community survey targeted only older women who had limited English skills. The survey was based on the Centers for Disease Control Behavioral Risk Factor Surveillance Survey (BRFSS) instrument adapted by the Illinois Department of Public Health, with items also from the Chinese language survey based on the BRFSS used in San Francisco by the Asian Health Services. Items covered breast and cervical screening, hypertension, demographics, cultural beliefs and use of traditional healers. The survey was also translated by the health staff at the MAAs.

Interviewers from each of the four Southeast Asian groups were recruited and trained in the use of standardized questionnaires. Through "organization-based network sampling", where the sample frame consisted of individuals who had used mutual association services or attended their events and were known to the interviewers, each of the interviewers contacted a minimum of 50 women age 40 or older who had limited English skills. Random household or telephone surveys were not possible. In addition, a follow-up study was conducted by phone, and a validity study compared a sub-sample

with a similar population's medical records.

Most knowledgeable and active regarding breast and cervical cancer were the Cambodian women, followed by the Chinese and Lao, and finally the Vietnamese. Approximately two thirds of Cambodian, half of Chinese and one third of Lao and Vietnamese women reported having been screened for cervical cancer. Fewer had ever had a mammogram: two thirds of Cambodian, one third of Chinese and Lao and one quarter of Vietnamese. Many more practiced breast self examination: seventy eight percent of Lao, fifty percent of Cambodian, forty four percent of Vietnamese and twenty two percent of Chinese. Use of one screening modality was highly associated with the use of other screening modalities. The Cambodian women's self-reported rates for breast and cervical cancer screening did not differ statistically from rates based on an examination of medical records. This suggests that self-reported rates were not overstated.

The structured interview format collected numerical information on health. The statistics were convincing in presenting the problem of immigrant health to others. Less than half of the respondents were screened for breast or cervical cancer which pointed to a great demand for services. Once the women were acquainted with the health services available, further action in terms of preventive health also became easier.

The comparison with medical records indicated that the questions were understood and also responded to as intended by the researcher. This can be attributed to well-translated questionnaires, trained interviewers and to the structured interview method which allowed the respondents to clarify misunderstandings and confusion

immediately.

Focus Groups

In addition to the community survey discussed above, Rodin's study utilized focus groups. Focus groups bring a five to ten people together to discuss a particular topic. Eight focus groups were scheduled; four to discuss cervical cancer, four for breast cancer. The researchers compiled an outline to be used at the sessions. The outline was thought necessary to give the discussion some structure, although it was hoped that the conversation would naturally cover the questions of interest.

The goal of the focus groups was to have a "discussion among women around a kitchen table". The women would talk in their own language about what they had heard and what they knew about breast/cervical cancer. The researchers hoped to be outsiders simply listening in, with one woman translating the conversation to us and another woman directing the discussion and keeping it on track.

One of the major findings was the diversity between groups. The attitudes towards breast and cervical cancer vary greatly from group to group. For example, while the Vietnamese women were very shy, the older Laotian women demonstrated with enthusiasm how they examine their breasts.

There were also generational differences with almost all groups. For example, the openness of the older Laotian women was a stark contrast to the younger women who knew next to nothing and were "shy" and "embarrassed" to discuss it. These gaps are at

least in partly due to the cultural norms of younger women maintaining a "good reputation", while married women no longer have to worry about appearing modest.

While most groups knew about massaging their breasts, a positive pre-adaptation to breast self-examination, knowledge of the reproductive system was shaky. It was not possible to discuss cervical cancer without first describing what the cervix is.

The women said that breast cancer is related to improper nursing and failure to properly massage the breast during lactation. The women agreed that once women came to the U.S. they were at increased risk for breast cancer and attributed it to diet, exposure to chemicals and hormones, and changes in sexual mores.

Once cancer started, most women said, nothing could be done. A majority of cases they had heard about had resulted in death. The cancer had not been discovered until the woman felt sick. Unfortunately then it is too late. Because the women were afraid of discovering that they too might have cancer, many did not want to see a doctor.

Other reasons for avoiding the doctor were shyness, the language barrier, the question of confidentiality and the lack of insurance. The preference was for a Western "American" doctor because of embarrassment with a doctor from their own community. The opinion was divided between preference for male and female doctors.

The focus groups revealed meanings and beliefs that the survey had not even begun to address. Low levels of cancer screening were due in part to a lack of knowledge about breast and cervical cancer, but also due to a culturally appropriate avenue of services. In their relaxed and open discussions the women had no difficulty sharing such information. They were comfortable especially as the discussion was in their own

language. These explanations became invaluable in understanding the dynamics of utilizing health services in the area. They gave meaning to the general statistics given by the survey and gave the opportunity for culturally appropriate interpretation.

Interviews

To obtain an individual viewpoint, I conducted open-ended interviews with four of the peer educators. The interviews were conducted in the women's homes at a time convenient for them. The preference was to let the women share what they thought was important. The interviews generally lasted about two hours. They were asked about their lives in the U.S., comparisons with their countries of origin, and the relevance of the peer educator training to their lives.

The four women were from different ethnic groups: Vietnamese, Cambodian, Ethiopian and Chinese. They were all very different. One had arrived in the U.S. as recently as two years ago, and her family was still in the process of finding a source of living. Another had arrived fourteen years ago, and had worked with her husband to buy a beautiful home on the outskirts of Chicago.

Despite their differences, the women shared similar concerns. The most pressing need was for economic stability. Finding a job with limited English skills, especially for those two whose background is in farming, is very difficult in a metropolitan area. Without language skills one can only survive in restaurant kitchens, hotel housekeeping or factories.

At minimum, these wages should cover housing. When asked about her concerns, a woman I call Thuy who has been in the U.S. for two years explains: "In Vietnam, if you don't have money you can still live in own home. Here if you don't have money for rent, you're out". Neither she nor her husband are employed. Those who have become more established worry about mortgages: "We bought this house one year ago. We have to pay for thirty years. I have to worry how to finish it".

While money is the most prominent concern, children are not far behind. "In Vietnam, older sons would be helping out and listening to the parents, not talking back, but here they have too many friends and they talk back and don't listen too much" one mother of three explains.

Given these more pressing goals, the peer educator training had not been a central time in their lives. To the question "how did you like the health training?", they replied: "it's ok, it kind of helped" and "I learned a little bit about health, not much.. I'm not improved for that". Nevertheless, they will tell their friends and neighbors. One woman learned "what kind of sickness to care for, so she can pass it on to her other friends that might not know about it". In busy lives such as these, perhaps more cannot be expected. This is the reason the peer education approach and grass roots education in general requires time and patience.

The interviews revealed information that would not have been accessible through the survey or even the focus groups. Each respondent was given time to reflect on their thoughts and share what they thought was important.

Participant Observation

Participant observation was closely tied to the evaluation study and to the individual study, although the findings were also helpful with the intervention study. Participant observation "involves getting close to people and making them feel comfortable enough.. so that you can observe and record information about their lives" (Bernard, 1994:136). There are several advantages that make it invaluable. Participant observation reduces reactivity as people become accustomed to the researcher. As the researcher gains intuitive understanding and confidence, she is able to ask sensible questions (Bernard, 1994).

To gain an understanding of WHEP and the peer educator training, I attended WHEP staff meetings, accompanied the health advocates on several client visits, for example to Public Aid, nursing homes and court. I talked to the health advocates about their background, how they felt about their job, and what they thought about promoting health in the community. I was not able to speak with the clients as much due to language barriers, but would also question them on their background and lives, especially as it related to accessing health services. I attended several of the workshops given by the health advocates, observing their interaction with the clients, the clients' interest in the subject matter and the various ways of conducting the workshops. The women were always curious about my presence, but interest in the subject matter quickly drew their attention elsewhere. I also participated in most of the peer educator training sessions, listening to the lectures and talking with the peer educators during break times about their

thoughts were on peer education. During the sessions I took notes on the topics discussed, the women's level of interest and participation.

To learn more about the women outside the health realm I spent time with them in other cultural activities. I watched the ceremonies and enjoyed the feast at both a Cambodian and a Vietnamese New Years celebration. One of the health advocates held a traditional wedding which I was pleased to attend.

Spending time with the health advocates and peer educators gradually allowed me to understand the complexities of their lives in a way that a survey could not. I learned about the contexts of their lives, their families and other interests beyond health outreach. At the same time, the women learned about me, my interests and background. The women became more than just health workers.

Health advocates face the hard task of promoting awareness of a topic that is not a high priority. Even though health workshops are advertised in local newspapers, no one calls to inquire. This in contrast to job connections or citizenship training which are very popular. The low priority of health became especially clear in the focus groups, where more than one woman expressed that "If I'm not sick, why should I go to the doctor?" Recruiting women to attend health workshops is a demanding task.

Nevertheless, most of them find satisfaction from their jobs that goes beyond the hardships. For example, one health advocate said: "I am happy to work with women; with women you can be closer than with men... I also like to help people.. and I learn about health issues." Another explained how now she has gained recognition in the community: "Everyone knows me but I don't know them.. My husband and in-laws are

surprised when we walk down the street and people know me and stop to talk." A third

said: "I really like working with people, how to adapt with other cultures and adjust."

Spending time and talking informally with the health advocates allowed the

researchers to understand how difficult it is, at least in the beginning, to spread health

knowledge in a community that has other priorities. Dealing with busy hospital staff and

being sensitive to the client's family situation can make the job stressful. Perhaps time is

the key. One health advocate has been working with the agency for 10 years and through

that experience knows many people who still come to her for help in other matters. She

has the least trouble recruiting women and has had the most health workshops. Gaining

access to community networks takes time and patience.

Participant observation gave me the opportunity to see health outreach in action.

While the women could have told about the complexities of health outreach in a survey,

focus group, or interview, participant observation allowed me personally to document

health activities. Further, it allowed me to learn about the multitude of other daily tasks

the women had to juggle along with their work, such as families and community

celebrations, issues that I might not even have thought to ask.

Conclusion

Each of the research projects were conducted for different purposes and used

different research methods. Consequently, each of them gathered information on

different aspects of the health advocates and peer educators' lives. Taken individually,

each of these methods reveals only a part of the everyday activity in an immigrant woman's life. Putting them side by side shows this most clearly. The evaluation survey measured the degree of health knowledge and self-esteem of those women who seemed most interested in doing health work. The community survey measured health knowledge in a larger group of women who were marginally related to health activities. Focus groups included both active and less active women who were encouraged to discuss health. For the interviews a few representative and active women were chosen and given full rein to share not only about health but also the rest of their lives. Participant observation watched the health activities, other activities and how the women moved between them, coordinating their lives. Because of the different spheres and ways of asking questions, each method produced different kinds of information. Each method "gave voice" to women in different situations.

The choice of method leads to certain kind of information and consequently a particular depiction of the immigrant women, whether as peer educators, women in the community, or individuals. These choices are the topic of Chapter 5.

These summaries of the methods do not reveal the entire story. In reality, research is never as simple as it seems from the final outcome. The final outcomes generally focus on the conclusions and theories involved. The summary of methodology rarely describes the inevitable weaknesses and improvisations involved in the actual gathering of data. Surveys may not be understood, focus groups may result in political struggles among the participants, interviews may be a show of politeness, and participant observation may be directed by the powerful members of the community. Setting the

methods side by side can show us the strengths and weaknesses of each particular

method. This is the topic of Chapter 4.

CHAPTER FOUR

THE PRACTICAL APPLICATION OF RESEARCH METHODS

The description of the research projects in the previous chapter gives the impression of organized, rational approaches, as most research reports generally do. They are the official, academic constructions of the event. In reality, the research always has loose ends, detours that are left out of the formal report. Unanticipated detours occur especially when the researcher and the researched are from different cultures.

The methods can be compared using the guidelines reached in the first chapter and summarized by Table 1.1. The first four, considered the practical application of the research methods were appropriateness, equivalence, and sampling and context. Examining each of the research methods on these dimensions can prepare us for future cross-cultural research by increasing understanding and sensitivity to the complexities involved. After a brief discussion of the practical difficulties, these dimensions are analyzed for each method and suggestions are given for their improvement. Table 4.1 summarizes the conclusions.

TABLE 4.1
Research Methods in a Cross-cultural Setting: Practical Application

	Survey	Focus group	Interview	Participant observation
Appropriate	Difficulty with written material and close-ended questions. Structured interviews preferred.	Strive for respondents of same language and age. An excellent choice.	Good potential. Background preparation crucial; question content, interviewer's personal characteristics and behavior critical. Must understand that questions in different contexts draw different responses.	Depending on researcher's behavior, whether active or passive, potential to be sensitive to differences in context.
Equivalence	Translation crucial. Must back-translate and discuss concepts with translators.	When conversation free and in own language, less of an issue. Clarification of questions and translation crucial.		
Sampling	Invisible or hard to reach populations: time-consuming and difficult.	Smaller n, thus may be easier to recruit. Potential bias - who is most easily recruited.		Only a part of the population visible; bias based on research question.
Context	Confusion and discussion regarding items. Pressure in the test-like setting.	Relaxed conversational atmosphere. Peer pressure may lead to conformity.	In one-on-one interaction some pressure for "right" answers and image maintenance.	Possible discomfort initially. Over time, easier interaction.

<u>Surveys</u>

Two survey methodologies were used: one for the peer education evaluation and one for assessment of screening behavior and attitudes. Both aimed at gathering quantitative information by administering the survey and tabulating the results.

The two surveys had several similar problems. The first arose in the translation of the questionnaires. Translating some of the concepts from English into the local language proved difficult. For example, Rodin found that translating the category "cancer" required extensive description in most of the languages (Lao, Vietnamese, Cambodian) in order to distinguish it from categories of swelling or wasting illness (1995:5). Another translator of the evaluation questionnaire had understood a "life-threatening situation" to mean "if someone is threatening your life", not a medical emergency as had been intended.

The researchers also ran into difficulties with the time frames. As the translators and interviewers were simultaneously taking care of client matters, the translations were not always ready on schedule and the interviews became delayed.

The two surveys were administrated differently. The evaluation questionnaire was self-administered and included all the participants in the peer education training on the first and last days of class. The questionnaire was met with confusion. Reading was slow and required much assistance, often leading to discussions about the meaning of the questions: "in this situation, I would answer this, but in another..". To resolve their dilemma and to understand the question better, the respondents turned to each other for

help. Some of such discussions inevitably included a consensus on the "right" answer.

The community survey was based on "organization-based network sampling" and was a structured interview. Respondents for the community survey were recruited by the interviewers from each of the four ethnic community organizations. They identified at least 50 women, aged 40 or older whose primary language was not English. Each of the four interviewers had varying success. Most relied on women who came to their organization for services. One supplemented these with interviews at a medical clinic. Another interviewer drew on her personal networks. She was well-known in her community because she had worked in the organization for a long time, meeting most of the community members at one time or another. Two of the younger Lao interviewers, working together, "encountered polite but firm resistance to the survey from older women" (Rodin, 1995:7).

Unlike the self-administered questionnaire, the structured interview avoided confusion by approaching each respondent individually. Misunderstandings could be quickly clarified by the interviewer. Although the interview survey was more time-consuming, it allowed the researcher more control while being flexible to the respondents' needs.

Is the questionnaire format appropriate? Minority cultures rarely have experience with surveys. Information is generally passed by word-of-mouth, especially since all do not know how to read or write. In some cultures, as was discovered, the younger do not question the older which explained the resistance of the older Lao women to discussion their personal biology with the younger interviewers. The use of questionnaires,

therefore, is not the most appropriate.

Nevertheless, surveys are often the best way to gain statistical information. Modifying the situation is the best approach. The structured interview did not require any reading or writing. This in contrast to the unfamiliar self-administered questionnaires. Although the structured interview was much more time-consuming, it was well worth the effort. Bernard agrees: "Self-administered questionnaires are simply not useful for studying nonliterate or illiterate populations.." (1988:247).

In structured interviews attention needs to be paid to who asks the questions of whom and in what situation. In this case, older women with extensive networks in the community had the most success with recruiting other older women to respond to the survey. When approached by younger women, they were uncomfortable.

Does the survey method allow for equivalence? Obviously the format of the research was not understandable, especially in the self-administered questionnaire and comparison with other populations should be done with care. Choosing from a limited number of answers, ignoring the various potential contexts of the question forced the respondents to think longer than perhaps people familiar with surveys would. Even among people familiar with surveys, the survey format "often seems to result in the fitting of round pegs into square holes... In this sense, surveys often appear superficial in their coverage of complex topics" (Babbie, 1992:279).

Whether the concepts were understood is a difficult question. The translation process attempted to fine-tune the questions and their wording. Back-translation remains the main solution.

While the evaluation questionnaire included all the participants of the WHEP training, the community survey had to deal with the issue of sampling. In this case, the interviewers recruited women who came to the community organizations. Women who did not participate in such activities, either because they did not need services, or because they remained in the confines of their home were excluded. As the research targeted disadvantaged women, the exclusion of the former is not significant. Trying to reach the latter, however, remains a question of concern.

The influence of others in the research setting is evident with the evaluation questionnaire. Women unfamiliar with self-administered tests had trouble with the scales and with limiting their responses to one answer. With the confusion regarding the format came an inevitable sharing of answers and pressure for conformity. While the community surveys were generally more private, the influence of the interviewer was still present, as shown by the reluctance of the older women to be interviewed by the younger interviewees.

Questionnaires are a difficult method to use in cross-cultural research. Appropriateness and equivalence are questionable, sampling difficult. Crossing the language barrier, and doing it in writing where many do not read fluently, administering the survey to a population unfamiliar with the format, and the use of close-ended questions simply create too many uncertainties.

Two solutions could mitigate the confusion over the survey format. Part of the confusion resulted from the use of scales. Deciding between a three and a four made the task too complex. Alternatives could be the use of facial expressions instead of numbers

or very simple questions with yes/no answers. The second recommendation is the use of the structured interview instead of the self-administered questionnaire. Although it was more time-consuming, it also ensured that the respondents both understood and were comfortable with the questions.

Language is an issue that should be considered very carefully. The questionnaire should always be back-translated and double checked, even when the translators are fluent in English. It is crucial to review the questionnaire item by item with each of the translators, back-translating in order to maintain the same meanings.

Discussing research among Swedes in Canada in the 1970's Nadoo et. al describe: "The return rate and adequacy of responses to the self-administered questionnaires were disappointing for a literate people, well-versed in English. As with other minorities, personal interviews should elicit more complete data" (1988:176). With less literate and less survey-oriented minorities, such as most recent immigrants are, Nadoo's statement holds even more true. (For more on testing guidelines, see Irvine & Carroll, 1980).

Focus Groups

Focus groups, also called group interviews, allow the interviewer to gain multiple points of view about the issue. Blumer speaks highly of group interviews:

> A small number of individuals, brought together as a discussion or resource group, is more valuable many times over than any representative sample. Such a group, discussing collectively their sphere of life and probing into it as they meet one another's disagreements, will do more to lift the veils covering the sphere of

life than any other device that I know of. (1969:41)

The aim of the focus groups in the screening study was to get an idea of what women in the community knew about breast and cervical cancer, how they talked about it, and the diversity of opinions. In what were designed to be "around-the-kitchen-table" conversations, the women talked with each other on what it meant to be sick and what they could do about it. A facilitator asked general questions. One woman was recruited to volunteer stories if others were unsure. The researchers sat next to the translator, somewhat excluded from most of the conversation.

The researchers designed a guideline for the sessions and a facilitator was recruited and trained to encourage the conversation according to the guideline. The questions were not meant to be followed in order, but were simply a list of topics we wanted covered. Some understood this purpose. Other facilitators, however, read the questions from the page, skimming through them quickly without giving time for conversation until the very end.

To encourage the free flow of the conversation, the women spoke in their own language. The interpreter who translated the conversation to the researchers generally did not have time to participate in the conversation. When the researchers were unsure of the meanings, the translators would ask for clarification. At times, however, the translator was drawn into the conversation and translation suffered. Parts of the discussion, perhaps the small but important nuances, went unnoticed by the researchers. At the same time, the "ignorance" of the researchers allowed them to insist on a more in-depth discussion of

meanings and beliefs.

These focus groups were culturally appropriate because the conversation was in the respondents' language and occurred in an informal, comfortable setting familiar to them. Health information, which is generally passed verbally among the women themselves, was shared in a similar manner here. The only concern was the use of young facilitators: the young Lao facilitators were embarrassed at the older women's comments, and in another group consisting of mostly younger women, an older Lao woman said that she did not wish to speak about topics related to cervical cancer in front of the younger women. The characteristics of the other participants in the focus groups influence the answers given and must be taken into consideration by the researcher. Unusual combinations might yield unusual insights, but also entail a certain risks. In another cervical cancer group, the younger women simply did not talk. Even among women of the same age, there may be pressure for consensus from the more talkative women or from those with more status in the community.

As the conversation was minimally structured and occurred spontaneously in the women's native languages, equivalence of concepts was less of an issue. If the women did not understand the facilitators' use of a term, such a cervical cancer, they asked and in-depth conversation about related issues would ensue.

Equivalence works two ways: although the women understood what the researchers were asking for, their responses needed to be translated back for the researchers. For example, in Vietnamese there are many words for "breast". In their discussions the women used the more polite term which was a crucial finding for the

researchers and consequently for health care providers and educators.

As with the large-scale survey, there is some question regarding the representativeness of the respondents. The women who are already involved in some way with the community organizations were the most likely to also be interested in attending the focus groups. As a result, the good health knowledge that the researchers discovered might have been the result of a biased sample.

The danger of group discussions is conformity. The researchers, however, were surprised to find a diversity of opinions. For example, one woman insisted that she did not need a mammogram because she was too old. Even when the rest of the group, including women her age, argued forcefully against her, she remained firm in her resolution. Undoubtedly, some women also kept quiet, even when encouraged to speak. Sometimes these were the younger women, maintaining a deference to the older generation.

Although at the beginning of sessions the researchers were eyed warily, the mood soon relaxed as all participants, including the researchers, shared biographical information and started on the refreshments. The researchers were often almost forgotten in the speed of the conversation. Occasionally when the conversation was stumped, a woman would turn to the Doctor (Rodin) and ask what she thought. Generally the conversation was among the women themselves, answers mostly to each other's comments.

Focus groups offered detail and insight into the health behavior of the population that a survey could not grasp. Focus groups are very good for gaining knowledge about a

particular issue and they also provide a way to work with the language barrier. The context was familiar, comfortable and appropriate for the women. The main concern is to achieve equivalence. As with the survey, translation and back-translation is crucial. The translator should take care to explain any vague concepts and not assume that the researcher knows their meaning. Sampling is also a concern. A solution would be to gather limited demographics of the focus group participants and if possible, compare them with available demographic information on the group.

Interviews

While answers are limited by the instrument in surveys and by the presence of others in focus groups, open-ended discussions allow discovery and give the informant space to tell the researcher what is important.

The respondents were chosen based on their ethnic group, participation in the peer educator training, and availability. Those without any English skills were excluded, as were those with full-time jobs and no free time.

The greatest difficulty with interviewing was language. Most of the respondents had limited English skills. Consequently I used very simple language and spoke slowly. But then the respondents, lacking the vocabulary, could not reply in as much depth as they wished. Frustrated at not finding the words, a few resorted to monosyllables.

In a few cases translators were present. Translators, however, may not translate all the information if they deem it irrelevant or unimportant. For one interview, the

woman asked a 13 year old girl from next door to come and translate. The girl occasionally added her own explanations. Another woman was reluctant to translate her mother's complaints about her.

The relationship between the translator and the respondent is also crucial. The respondent must trust the translator. The WHEP staff face the issue daily. Not everyone wants a translator, whether from an agency, family or friends, to hear their medical diagnoses. The translator's presence may inhibit what is shared, as focus groups do.

Interviews have great potential to be appropriate but much depends on the researcher's style. I was careful with sensitive questions, taking into account who else was present. For example, with teenage children running around, I would suggest we go for a walk before asking about marital relations. I was also careful not to interrupt but allow the women to unravel their own stories.

As interviews are open-ended, equivalence depends on the researcher's sensitivity and understanding. For example, my question "are you religious?" required an explanation of what is meant by "religious". The same question can be asked in numerous ways, eliciting a number of responses. Conveying the appropriate meanings across the language barrier can alter the meanings between the English version and how the respondent understands it.

Because most interview samples are small, choice of respondents is important. The sample included those with better English-skills. Interviewing only those who spoke some degree of English led to a bias of respondents: English skills often correlate with better socio-economic status, more contact with the English-speaking population and/or

longer residency in the English-speaking country. The newly arrived and the well-adjusted were excluded from the conclusions.

Interviews, more than the other methods, demand more from both participants. Both have to adjust to the other's language, culture, the stereotypes they have of each other. One woman, unaccustomed to strange visitors had taken the day off from her English classes, and spent the morning making egg rolls and fried rice. When asked about difficulties in America, she was very reluctant to complain. Partially this is due to the horrific circumstances she left behind in her home country, but she also wanted to be polite towards the researcher's feelings. It took minutes of assurance and probing before she was willing to share difficulties she was having finding a job, learning the language and dealing with racism.

Interviews have great potential. They can be appropriate, equivalent and occur in a positive context, encouraging the women to share private thoughts, thoughts they might not share with all the women in a focus group. Success is contingent on the extent of understanding each others' language and on the researcher's sensitivity to language usage and to the context of the respondent's life.

There are several issues to keep in mind, however. Choice of terminology, clarification of concepts is essential to ensure that the researcher and the respondent are speaking of the same thing and have the same connotations in mind. In sampling, attention must be paid to how the respondents are recruited and the resulting bias: the respondents may be more connected to networks (if recruited through snowball sampling) or be more familiar with community organizations and their available services (if

recruited through organizational based sampling).

Participant Observation

Participant observation adds detailed description to any report and allows the nuances of attitudes and behaviors to emerge. Spending time with the researched population familiarizes the researcher with patterns of thought and living, gaining insights into thought processes. Participant observation includes informal, open-ended interviews, observation and document analysis.

Accompanying the women involved in WHEP to various events yielded insights not available through the various methods. Once again, however, there were practical difficulties that were often very frustrating. Canceling an appointment with a client and not having my home phone number, one health advocate could not inform me of the change in plans. As a result I waited in vain. Numerous times people would ask me what others had said. As a result of miscommunication, I went to attend the Chinese New Year a day late. Participant observation also required patience. I spent hours waiting with a health advocate and her client at a court building.

The researcher can adopt several different roles. A "participant as observer" takes part in the groups actions, making it clear that research is underway. An "observer as participant" is more clearly in the researcher role, interacting with the participants, but not actually participating. The "complete observer" does not participate or interact with the population in any way (Babbie, 1992).

In WHEP, I took the role of the "observer as participant", although occasionally my presence was enough to convince others that I was actually participating. At first, my presence was a matter of curiosity. It took several weeks for the peer educators to grow accustomed to me. After the peer educator training, I asked one woman what she had learned. She laughed: "weren't you paying attention?" It was difficult to draw the line, perhaps because everyone participated in the training, paying attention to the speakers and socializing during breaks.

This created an ethical dilemma that all doing fieldwork are familiar with: being caught between the demands of being a friend and of being a researcher. It is difficult to write confidences into field notes and later analyze them with "scientific objectivity". As another field worker wrote: "Deception is an ever present part of fieldwork - if only because one plans to examine findings from a social science perspective rather than one exclusively sympathetic to the values of those studied" (Daniels, 1983:186). As I got to know the women better it became impossible to take notes during our conversations, and I would rush to write them elsewhere.

As the researcher has minimal impact on the research situation, participant observation is appropriate in most groups. Interaction is fluid, conversations springing up and lapsing just as quickly. With time, I learned the times for speaking and for being quiet, for taking notes and simply listening. My role of observer as participant was the best I could take. As a participant as observer I would have remained aloof, and even more so as a complete observer. Indeed such aloofness might be inappropriate for the situation where all were just starting to get to know each other.

With participant observation, the context is the most comfortable for the subjects. Their lives go on as before, interrupted by a brief period of curiosity at the arrival of the researcher, and again momentarily as she stops to ask questions. Sometimes the questions will be asked in the presence of others, and sometimes not. If the respondents choose, they can also try to use the researcher to find out information about each other. For example, the respondents would be curious after I finished an engrossing discussion with another. Overall, however, the context is very comfortable.

Equivalence depends on how the researcher communicates with the subjects. As with interviewing, this requires a great sensitivity and reflexivity. The researcher has to be able to take the others' point of view in order to understand what concepts they are trying to communicate. For example, the image I had of a particular woman who was a shaman shattered when I finally met her and my misconceptions were proved to based on popular media.

Sampling is based on the site for the research. Participant observation is centered at a particular location. Correspondingly, the research question is also centered on that location. For example, participant observation for WHEP occurred mostly at the agency offices or in the presence of the health staff. Consequently, I never observed the women who did not use the health services or who did not interact with the health staff. Were the conclusions based on the participant observation alone, a report of the conclusions would have been very different from the three reports that did emerge.

Participant observation places responsibility for appropriateness and equivalence on the researcher. Sampling is limited and has repercussions for the conclusions, as all of

the research methods do. Context plays itself out in the everyday interaction between the researcher and the subjects. The critical issue in participant observation is time: gaining the respondents' trust takes time and careful effort.

Triangulation

As each method produces different kinds of knowledge, the only way to gain more rounded knowledge is through the use of multiple methods. "If each method leads to different features of empirical reality, then no single method can ever completely capture all the relevant features of that reality; consequently, sociologists must learn to employ multiple methods in the analysis of the same empirical events" (Denzin, 1989:13). As described above, each method has its strengths, but also its weaknesses. Using a number of methods can take into account their weaknesses and provide supporting data from elsewhere.

The community survey was complemented by focus groups. As a result, not only was the research able to provide a picture of the larger population through the surveys, but was also able to focus in on the meanings and understandings attributed to the different answers. While the numerical data suggested to academicians, policy-makers, and health care providers the seriousness of the issue and the lack of breast and cervical cancer screening in the immigrant population, it was the focus groups which provided the concrete suggestions on what kinds of services would be the most effective.

Similarly, the evaluation study benefited greatly from the participant observation

at the peer educator training. While the questionnaire provided the before-and-after

statistics, the participant observation provided information on the level of interest and

participation throughout the training, enabling the researchers to make comprehensive

recommendations.

Adamson & Taylor reached a similar conclusion in their study of Vietnamese

women working in factories:

> In particular, this study has demonstrated the pitfalls of relying totally
> on the survey/questionnaire methodology and it is intended in future
> research to supplement this methodology with interviewing.. we plan
> to interview women in small groups of four or five. (1990:34).

Comparing the methods in terms of appropriateness, equivalence, sampling, and

context shows how they can effectively complement each other (Table 4.1). While the

survey is the best method for large samples, the other methods do better on

appropriateness and context. Equivalence is a crucial issue for all the methods, but is

something the researcher can do more about in terms of translation and back-translation.

These four dimensions make the use of multiple methods crucial for cross-cultural

research.

Conclusion

Appropriateness of methods, equivalence, questions of sampling and context are

issues that must be addressed before the beginning of the research. An understanding of

the problems involved in the practical application of research methods can help

researchers better formulate their methods in order to gain the most valid and reliable data.

Each method has it's strengths and weaknesses in terms of practical application to the cross-cultural research setting. The survey is the most difficult to apply because of close-ended questions and written material. The structured interview is preferable over the self-administered one because the confusing elements can be clarified immediately with the interviewer. Translation and back-translation can be very time-consuming as can compiling an adequate sampling frame. Snowball and quota sampling remain the best solutions. Focus groups are appropriate and when conducted in the respondents' own language, also equivalent. The composition of the group has implications for the findings: a diversity of respondents may lead to tensions and a homogeneity may lead to conformity. Problems can arise with the translation of the conversation back to the researcher. Interviews and participant observation have excellent potential for appropriateness, equivalence and context. The responsibility rests with the researcher, her background preparation, understanding and sensitivity. The researcher needs to be conscious of sampling decisions for both focus groups and interviews where the small number of respondents may easily be those most easily recruited. The location of participant observation similarly limits the subjects to those active at the location.

As each method has its strengths and weaknesses, the lesson learned is the value of triangulation. "The use of a single method may leave empirical and eventually theoretical gaps which will be difficult to plug" (Berry, 1980:22). Cross-cultural research where the researcher is from a different ethnic and/or linguistic group than those being

researched requires that the researcher be conscious of different frameworks of reference and the different meanings attached to social behavior, and makes a conscious effort to gather all possible data related to the issue. Conclusions based solely on inappropriate survey data or biased interview data may have unfortunate repercussions, especially in applied research where policy and program decisions are based on those conclusions.

CHAPTER FIVE

THE HUMAN ELEMENT IN CROSS-CULTURAL RESEARCH

Present throughout the research process, before the beginning of the research, during the application of the methods, and in the writing process, is the human element of research. At first, the researcher chooses the population to study, the research method, the sampling procedures. Then continuous interaction between researcher and the subjects shapes the ways the questions are asked and answered. Once the data is gathered, the researcher interprets her findings and writes the conclusions. In one way or another, the conclusions are disseminated to academicians, policy makers, and service providers.

As with the practical application of research methods, understanding the human element for cross-cultural research is important because of the implications for what information is gained. In addition, however, understanding the human element is necessary because the conclusions have ramifications for the subject population. The final report becomes part of a process of constructing an image of the population or of the issue.

The dimensions of the human element can be discussed for each of the methods (Table 5.1). In several cases the dimensions are similar for each method. An analysis of

the dimensions suggests what issues a cross-cultural researcher needs to keep in mind.

TABLE 5.1
Research Methods in a Cross-cultural Setting: The Human Element

	Survey	Focus group	Interview	Participant observation
Interaction between researcher and subjects	Researcher's presence, especially in structured interviews may create pressure for "right" answers.	Facilitator important, researcher somewhat on sidelines, excluded by language.	Crucial - a sharing situation where both nonverbal and verbal cues count.	Impression management important.
Researcher's goals and values	Similar on choice of a cross-cultural research topic. Purpose and choice of method differ.			
Subjects' goals and views	Are given the choice of cooperating or not with the researcher's goals.	Group situation may give powerful members the opportunity to impress their views on other respondents.	May wish to make an impression on researcher.	Possibly a battle for researcher's attention.
Interpretation and choice of views	Conclusions based on numerical information. May miss the meanings behind the numbers.	The most vocal respondents may dominate conclusions. How representative of entire population?	Based on transcripts, choosing the most "meaningful" statements and quotations.	Which behaviors are most impressed on researcher's mind.
Use of results	Depending on purpose of research, whether academic or applied, findings written accordingly. In applied, a greater need for follow-up after distribution of report.			

<u>Everyday interaction</u>

Everyday interaction demands that the researcher possess an awareness of how her characteristics and behavior influence the research situation. Partly it is covered in discussions of appropriateness and context. Appropriate research methods and a comfortable context will encourage the interaction. Depending on the research method, however, the researcher has a role to play in the interaction.

With the self-administered questionnaire, the researcher's involvement is minimal. After passing out the questionnaire to the peer educators, I stood to the side or occasionally answered a question. Although the women seemed to busy to notice my existence, stereotypes and perceptions about the organization administering the questionnaire may have come into play.

The structured interview had greater difficulties. As discussed earlier, the older Lao women politely refused to answer questions asked by younger women because it was not culturally acceptable to them. The researcher's characteristics influenced the responses given. As many of the interviewers were health staff, there may also have been pressure on the respondents to give the "right" answers.

Because the researchers were on the sidelines and the conversation was in a language unknown by them, the interaction between the researchers and the respondents in the focus groups was minimal. At times, however, the women would turn to ask the researchers an answer to a question they did not know, or to resolve a conflict between them. At those times, we encouraged them to come up with their own answers, saving

the answers to the health questions to the end of the session. The characteristics of the facilitator were perhaps more important. Due to culturally-based notions, an older, more experienced facilitator was able to keep the discussion on track easier than a younger woman.

In interviews the interaction between researcher and respondent is the most important. Because our verbal communication was limited by the language barrier, nonverbal cues and gestures filled in many of the gaps. I needed to pay constant attention to understand what was being said. Many of the women had never been interviewed before and would watch my reactions and facial expressions for approval. A slight miscommunication could have discouraged the sharing.

The interaction in participant observation is also important, although less intense since it occurs over a longer period of time and is not always one-on-one. Depending on the respondents' perceptions of the researcher, however, they will share certain kinds of information. In my role as observer as participant, for example, once I made clear that I was not a health professional, the women approached me more easily.

Everyday interaction is an inevitable influence on the research findings. Reflexivity, as discussed earlier, is necessary to understand the possible biases resulting in the findings due to the characteristics of the researchers. For example, without having understood the age barrier among the Lao women, the researchers might have concluded that Lao women are simply less open.

Researcher's goals and values

The researcher makes several choices as they begin thinking about a potential research topic. One of their choices is the subject population and issue. Choosing a cross-cultural research setting is with a particular purpose or interest in mind. This could be personal or theoretical interest, with an academic or applied purpose. The second choice the researcher makes, based on experience, skills or the purpose of the research, is the research method to be used.

The three researchers involved in the WHEP researcher all had a particular purpose in mind. One, having extensive experience with the immigrant organizations and their health problem in the community, and a background in policy research wanted to report on the strengths and weaknesses of peer education as a health outreach method. Because evaluations generally rely on questionnaires and they produce numerical data, the self-administered questionnaire was chosen. Because she had an assistant with time, participant observation was also possible. As a result, numerical information supported by data from observation made up the bulk of the report on the peer education process.

The second researcher with a background in medicine and anthropology wanted to study the prevalence of awareness and participation in breast and cervical cancer screening. Since there was more time to complete the questionnaires, the structured interview was chosen. To complement the numerical information most efficiently with verbal data, she chose focus groups.

Having been involved with both of the above research projects, I wanted to fill the

gap left by their methods, and so chose the interview method to be able to talk to the women in more detail. The result was a theoretical discussion of the priorities in the women's lives.

The goals and values of each researcher influenced the methods they chose and consequently the kind of information they were able to gain. As we will come to see, however, these choices have wider implications than this brief discussion shows.

Subjects' goals and views

The subjects can express their opinions regarding the research in several ways. Regardless of the method the respondents may choose to cooperate or not. In addition, each of the methods allows the respondents different degrees of expression. Finally, the respondents may wish to express their opinions not only to the researcher but also to others within the research context.

The self-administered survey limits the interaction the most. Close-ended questions give the respondent only a choice of existing options. The context does not allow discussion with others. The only choice the respondent has is whether to cooperate and fill the questionnaire to the best of her ability or to answer the questions wrongly.

The structured interview gives the respondent the chance to clarify the questions and to qualify her answers. As discussed earlier, the respondent may be uncomfortable with the interviewer and base her answers accordingly.

The focus group gives the respondent the opportunity to express her opinions to

both the researcher and to the other participants in the group. The group will inevitably develop dynamics of its own which will influence the discussion. For example, the younger women grew increasingly quiet as the older women dominated the discussion. As a result, the transcript from that session does not include the younger women's opinions.

The interview gives the respondent the most opportunity to influence the course of the research. She can lead the discussion in certain directions, avoiding other topics, in order to create a particular impression of herself. For example, one respondent kept shifting between praises of America for my benefit and expressions of home-sickness. In some cases the respondent may have an ulterior motive, such as a desire for financial or other assistance.

Participant observation also involves the group setting and its dynamics. Actions are not only for the benefit of the researcher but also for others. For example, initiating a discussion with me was also a show of confidence and strength to the others in the room who were too intimidated to approach me.

The research findings are influenced by the respondents views, goals and behavior. The cross-cultural researcher should keep in mind that the research does not occur among passive respondents but that they also play a part in influencing the researcher's conclusions.

Interpretation and choice of views

The data that the researcher collects is based on her choice of method, which influences the kinds of questions that are asked, who answers them and how. This data is the basis for the conclusions and theories, which provide the background for social action. This brings us to the final two dimensions of research. "Ultimately, sociologists' actions on the empirical world are achieved by the adoption of specific methodologies" (Denzin, 1989:12).

Both the self-administered survey and structured interview result in numerical information. The conclusions are comparisons and descriptions of aggregate data. As the Intervention study showed, however, the numerical information did not reveal the meanings behind the numbers. Interpretation is complicated by considerations of appropriateness and equivalence which were rather weak for the survey method.

The information from the focus groups is based on the transcripts of the conversations. As we discussed earlier, however, the group dynamics may lead certain respondents or certain issues to be excluded. The choice of respondents is also an issue to be considered, where the respondents may be those most easily recruited.

Interview information relies on the testimonies of a few certain individuals, which are then sorted and ordered by the researcher. The concern again is who the respondents are and how their conversation was influenced by the characteristics of the researcher. Interpretation must take these questions into account.

In addition to the subjects' goals in participant observation, many of the

conclusions resulting in participant observation are based on what the researcher recorded. Often these may be the events that were most dramatic.

There are two conclusions we can draw from these observations. First, each method yields data only on a segment of the lives under study. As concluded in the previous chapter, the best solution is triangulation of methods. Second, basing the conclusions on the data creates different kinds of images of the respondents and the issue. Each of the three research projects, although focusing on the same issue and same population, gave voice to different circumstances.

. As a result of the data gathered in different ways, the researchers wrote different descriptions of the subjects and of the issue of immigrant health. The evaluation questionnaire assumed that immigrant health is a problem and assessed a particular solution. Consequently the women were seen as participants of a program. There was no discussion of what the peer educators thought of the training (beyond their responses on the questionnaire) or how peer education fit in with the rest of their lives, or anything personal. The entire report was based on numbers from the surveys. The conclusion discusses the peer educator program, recruitment, and training curriculum. There is only one mention of the actual women who participated in the training: "Many of the peer educators did not seem to completely understand the project goals. For example..." (Siegel & Olkkonen, 1995:14). This is in accordance with purpose of the evaluation which was to focus on the program, not its participants.

The community survey and focus groups clarified the problem of immigrant health by giving it quantitative and qualitative content. The community survey counted

the women as a part of a larger group, contributing to numerical data as had the evaluation survey. In the conclusions, the respondents are a number in one of the many tables. In the focus groups the women were seen as participants in a community where individual voices were adjusted to fit shared norms and expectations through the group dynamic. Since the women were not asked about the rest of their lives, what is told is only that which relates to their opinions on health. For example, "Chinese and Cambodian women thought breast cancer could be related to the excessive sexual stimulation young women experience in the U.S.... When asked how to detect breast cancer, few women in the focus groups had heard of mammography." (Rodin, 1996:16).

The interviews placed the problem of immigrant health into context with other issues in immigrant women's lives. The focus was on a few individual voices, not specifically related to health but life in general. For example, "'It's hard when you first come here. Everything is gone over there .. start a new life again" Saroeun explained. Thuy Tran who lived in a village explained how they had 'no electricity and we use candles.'" But these were only a few women with pseudonyms for names, chosen for their better English skills and participation in the peer education program.

Potentially, there are numerous accounts of immigrant health, and a multitude of levels at which we can approach it. Each provides us with a different account, a different construction of the social problem of immigrant health, depending on the purpose of the research. Each of the three research projects provides us with a snapshot of the respondents' lives. Immigrant women are alternatively seen as program participants, community members and individual women. Which voice to amplify is a choice the

researcher has to make through her choice of the research method. Each method asks different questions of numerous people and each individual has her own story to tell. Like "The anthropologist [who] listens to as many voices as she can and then chooses among them when she passes their opinions on to members of another culture" (Wolf, 1992:11), the researcher is an active part of a process of social construction.

Interpreting the findings and choosing between the voices is crucial because these accounts may be the only sources of information many people ever see. The way the respondents are depicted in the accounts influence how others will see them. The researcher is responsible for her descriptions of the experiences of the research subjects. "Accounts do not passively mirror a world presumed to be out there; rather, they are actively constructed interpretations of it" (Watson, 1987:31).

The realization that any conclusions will depict only a segment of reality has led many to question the right of the researcher to impose her own order on the voices according to her own purpose. "How, precisely, is a garrulous, overdetermined cross-cultural encounter shot through with power relations and personal cross-purposes circumscribed as an adequate version of a more or less discrete 'other world' composed by an individual author?" (Clifford, 1988:27). The researcher will never be able to completely convey the experiences of the respondents. Consequently, some have written polyvocal accounts which lay the responsibility of interpretation in the lap of the reader (Crapanzano, 1980 and Torner, 1967 for example). Others consider cross-cultural accounts colonialistic and deny their authority altogether, saying that researchers can write with authority only on their own cultures (Said, 1978).

While academic critique regarding the rights of researchers undoubtedly increases the self-awareness of cross-cultural researchers, the purpose of research remains the same. The purpose is not to write fiction but to "to establish a coherent and encompassing ordering of what is known" (Sangren, 1988:423), not just "pass on the disorderly complexity of culture, but also to try to hypothesize about apparent consistencies, to lay out our best guesses, without hiding the contradictions and the instability" (Wolf, 1992:129).

This general purpose, however, can be directed in many ways. Some want to study the practical, relevant experiences around them. Others wish to examine the big picture. For some purposes, polyvocal accounts may provide new insights, for others, not. At times an indigenous researcher's purpose might be just as power-hungry and colonialistic as an outsider's. Whatever the purpose, the researcher must sort through the voices and find consistencies. "The choice is not arbitrary, but then neither is the testimony" (Wolf, 1992:11).

The research projects surrounding WHEP had different purposes, each of them valuable in their own right. Without the evaluation, we would not know how to improve the peer educator training. Without the community survey/focus groups, we would not know the extent and complexities of understandings surrounding breast and cervical cancer. Without the interviews, we might not see the complexity of the immigrant women's entire lives. Each of the methods led to differing views, different constructions, of immigrant health and immigrant women. Reading any one of them, the reader would get a segment of a reality of immigrant women and immigrant health from a particular

viewpoint. With triangulation, we get a broader picture although still never complete.

As a result of the choice of method based on a specific purpose, particular conclusions are drawn. While there may be many purposes, it remains the researcher's responsibility not only to attempt to give order to social life, but also to be aware of the complexity and variety of social life around her and that her conclusions depict only a segment of that life.

Use of results

Interpreting findings, and choosing between the voices has an additional responsibility beyond writing conclusions. In applied research, such as two of the WHEP research projects were, the conclusions are a basis for social action. The construction of an image of people or an issue has implications for the respondents themselves. The researcher's conclusions are critical because of the powerful political nature of knowledge. Feminist and postmodern critiques have made it evident that social research often assumes the norm of the white middle-class male. "Feminists were becoming increasingly aware that a problem with existing scholarship was not only that it left out women's voices; rather, the voices of many social groups had been silenced" (Nicholson, 1990:1).

The exclusion of various social groups is partly due to researchers' unfamiliarity with them. "Accessibility, convenience, and tradition appear to be the major factors influencing the selection of individuals to participate in research" (Lonner & Berry,

1986:100).

The fact that many of the previously avoided groups, including various ethnic and racial populations, have gained popularity is a step in the right direction. But as we have seen, there are purposes for research, numerous methods that can be chosen, and consequently different conclusions that are formed. One study on an ethnic or linguistically different group is not enough. A segment of reality should be used only after very careful consideration for social action that would impact the entire group.

Fortunately for WHEP, the numerous methods used brought out many perspectives on the issue of immigrant health and immigrant women. Triangulation of methods resulted in statistics and contextual information on the community and community members, emphasizing the fact that immigrant health is an important social issue, and peer education is a feasible solution.

Whether the research is triangulated or not, the knowledge that is produced has the potential to be used in various ways. This raises the question of "whom does the knowledge serve?" The question is crucial to social groups who have seen researchers come and go, giving of themselves but receiving nothing in return. While many researchers shrug their shoulders and attribute it to scientific process, the responsibility of the researcher to the subjects demands attention.

Minimally the responsibilities include compliance with ethical standards set by the academic disciplines. At the other extreme, "Feminist anthropologists are struggling with ways of transforming the objects of research into *subjects*, who themselves identify and design the research projects they think are needed, who retain control over the written

outcome of the research, and who jointly publish with the anthropologists" (Wolf, 1992:52).

Involving the research population in the process can occur on many levels, ranging from involvement and collaboration to co-authorship, from programmatic changes to empowerment of individuals. For example, the collaborative intervention study used the findings to pressure for increased funding for breast cancer services to immigrant women. Policy briefs were also passed out to appropriate service providers to improve cross-cultural understanding. The results of evaluation improved the peer educator training program, having a long-term influence on the community's health.

The research can also do more than that: it can be a form of education by involving the participants and helping them make sense of the world around them. "At best, they can join evaluators [and other researchers] in true dialogue as people, not as 'role incumbents'" (Baizerman & Compton, 1992:12). Research as part of social construction can use the conclusions for positive action among the respondents.

Conclusion

Based on the choice of the research method, certain kinds of data are collected. These data inevitably focus on a particular segment of the respondents' lives by determining who answers the questions, what questions are asked, and how they are responded to. The collection of data is influenced by the interaction between the researcher and the respondents, the researcher's goals and values, and the subjects' goals

and values. These "facts" are collected for analysis by the researcher.

As the researcher sorts through the data available, she considers the purpose of her research. Writing her conclusions, she cannot possibly describe the entirety of the respondents' experiences, but is forced to choose from among the voices she heard. The conclusions become a depiction of a segment of reality, a snapshot. Many issues are outside the focus of the snapshot. The researcher contributes to the construction a particular image of the respondents or of the issue.

In applied research, the conclusions often become the basis for decisions regarding policy or programs. The researcher has an increased responsibility to ensure that the results are used in a manner beneficial to the respondents or the community. This is especially a concern with cross-cultural studies where little knowledge exists about the group.

CONCLUSION

While research methods are always central to research, research methods in a cross-cultural research setting, where the researcher and the subjects are from different ethnic and/or linguistic groups, have additional difficulties. At a time when cross-cultural research is becoming more common due to the diversification of our society and globalization of life, researchers are finding themselves ill equipped for the cross-cultural research situation. A review of the literature reveals that while cross-cultural research is by no means new to the social sciences, less has been written about the methods used, and rarely has there been a systematic comparison of various research methods used in one setting.

Hoping to further contribute to this new area of focus, this thesis compared three research projects conducted in the Spring of 1995. Although all three projects focused on the same population and the same issue of immigrant health, they had different purposes and different methods. An evaluation study used a self-administered questionnaire and participant observation to determine the effectiveness of a peer educator training program (Siegel & Olkkonen, 1995). Using a structure interview survey and focus groups, an intervention study collected data on awareness of and participation in breast and cervical cancer screening (Rodin, 1995). Finally, an individual study used interviews to

determine the importance of health in the overall context of the women's lives.

A review of existing literature on cross-cultural research suggested two categories of guidelines for the evaluation of methods. The first category is the practical application of the research methods, or the actual use of the methods in the research setting. This category has four dimensions that the research method should strive for. Appropriateness of a method requires an understanding of cultures involved, their rules for asking questions and interpreting languages, so that the research method is understandable and acceptable to the respondents. Equivalence means that the meanings and implications of the concepts and methods are identical across cultures. As probability sampling is often difficult in cross-cultural situations, snowball and quota sampling are the most relied upon. The context of the research applies to the presence of others and the setting of the research situation.

The second category used for evaluation of cross-cultural research methods is the human element of research. The interaction between the researcher and the respondents has an impact on the findings produced. In addition, the goals and values of both the researcher and the subjects influence what questions are asked and what answers are given. The two final steps in the research process are the interpretation of findings and the use of the results.

Using these nine dimensions, I compared the four methods used by the three research projects: survey, focus group, interview and participant observation. Although the survey provided statistical data, it lacked in appropriateness. Focus groups were appropriate and equivalent, especially as the conversation was in the respondents' own

language, but sampling issues were problematic. Interviews also had great potential for appropriateness and equivalence, but as with the focus groups, sampling was limited. The interaction between the researcher and the respondents was more critical with the interview than with the other methods. The appropriateness and equivalence of participant observation depended on the researcher's sensitivity and understanding of the unfamiliar context. The method required a lot of time and patience as the researcher and the respondents became familiar with each other.

The best solution for the weaknesses resulting from each of the methods is the triangulation of methods. Triangulation was used most effectively in the intervention study where statistical information from the surveys was complemented by discussions of meaning from the focus groups. Triangulation allowed the researchers not only to take into account the weaknesses of each method but also collect supporting data.

Interaction between the researcher and the respondents was most critical in the use of interviews, where verbal and nonverbal cues influenced the flow of the conversation. Participant observation also required the researcher to be conscious of her behavior and characteristics. In focus groups and the surveys, the researchers were less involved in the research activity, although the external characteristics of some of the interviewers using the structured interview survey did make some respondents uncomfortable.

Both the researchers and the subjects had their own goals and values in mind during the research. The researchers, based on personal and theoretical interest and purpose chose a particular method to use in the cross-cultural research setting. The respondents used the research situation to share their opinions with the researcher and

with others in the research setting. Consequently, certain kinds of information was shared in each research situation.

As a result, the data collected by each research method was a snapshot of the respondents lives. The purpose of the research determined the method chosen, the data gathered and finally the interpretation of results. As the researchers ordered the data that has been collected, some pieces of information were left out and others included. Thus not only were the conclusions based on the research method and setting which encouraged particular kinds of answers (numerical, group, in-depth and personal), but also on the purpose of the research. Each of the reports of the research findings was a segment of the lives of the respondents.

In applied research, as two of the research projects were, the conclusions of the research become the basis for social action, whether distributed to policy makers, program providers, or to the respondents themselves. Here the responsibility of the researcher is paramount as decisions are made based on the segment of reality, the construction of the people or the issue, that she has depicted. The concern is especially important in cross-cultural research where there is limited pre-existing knowledge on the group.

To summarize, the research questions and the purpose of the research influenced the methods chosen, which in turn determined the kind of data collected, conclusions reached, and social action taken. Each of the research projects focused on different voices - community of women, individual women, or programmatic aspects - and thus contributed to the construction of our image of immigrant women and of immigrant

health.

The triangulation of methods and the centrality of methodology for in cross-cultural research findings are issues that all research can find useful. Whether the research be comparative or descriptive, focused on anthropology, psychology, political science or sociology, the researcher strives to find methods that are applicable in the most diverse of settings and that best grasp the complexity and detail of our social lives.

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VITA

Aida Olkkonen received her Bachelor of Arts degree from Winona State

University, Minnesota in 1993. At Winona State she majored in Sociology and minored

Communication Studies. For her research on Patriarchy and Early Marriage Among

Hmong Youth in the Upper Midwest at she received third prize in a Sociologists of

Minnesota Student Paper Competition.

Her interest in cross-cultural issues has a personal dimension. A citizen of

Finland, Ms. Olkkonen spent her childhood in Papua New Guinea. She has traveled

extensively in Europe and Asia, gaining first-hand experience in cross-cultural

communication.

While pursuing her Master of Arts degree at Loyola University Ms. Olkkonen

worked as a research assistant in the Department of Sociology and Anthropology. Her

studies focused on the lives of immigrant women from Indochina, India and Ethiopia. In

addition to the WHEP evaluation, she conducted an evaluation of a family literacy

program for a prominent Chicago agency. She has since started working as a program

coordinator for an international non-profit organization.

THESIS APPROVAL SHEET

The <u>Comparative Research Methods: A Case Study of a Cross-Cultural Health Outreach Project</u> submitted by Aida Olkkonen has been read and approved by the following committee:

Kirsten Gronbjerg, Ph.D., Director
Chairperson, Sociology
Loyola University Chicago

Kathleen Adams, Ph.D.
Assistant Professor, Anthropology
Loyola University Chicago

The final copies have been examined by the director of <u>Comparative Research Methods: A Case Study of a Cross-Cultural Health Outreach Project</u> and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the <u>Comparative Research Methods: A Case Study of a Cross-Cultural Health Outreach Project</u> is now given final approval by the committee with reference to content and form.

The <u>Comparative Research Methods: A Case Study of a Cross-Cultural Health Outreach Project</u> is, therefore, accepted in partial fulfillment of the requirements for the degree of M.A.

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Date   May 6, 1996

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Director's Signature