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Journal Item

How to cite:

Hoggart, Lesley (2017). Collaboration or collusion? Involving research users in applied social research. *Women's Studies International Forum*, 61 pp. 100–107.

For guidance on citations see [FAQs](#).

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Version: Accepted Manuscript

Link(s) to article on publisher's website:

<http://dx.doi.org/doi:10.1016/j.wsif.2016.08.005>

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Collaboration or Collusion? Involving research users in Applied Social Research

Abstract

This paper focuses on the difficulties of pursuing a research agenda firmly based on women's reproductive rights, whilst working in the context of a sexual health policy framework that has different priorities. Drawing on the experiences of two applied social research projects in the area of sexual health, the paper considers the tensions and challenges associated with maintaining a feminist conceptual framework, whilst at the same time striving to undertake research that would have an impact on policy and practice. The first project studied young women, abortion and 'repeat' abortion: the word 'repeat' carries with it notions of a repeat offender, and has been identified as contributing towards abortion stigma. The second project examined why young women may have their contraceptive implant removed 'early': acceptance of this word implied collusion with dominant policy conceptions based on a cost effective approach to contraceptive provision. The researchers had some misgivings about the policy framing, and sought to locate the research within an overarching objective of seeking to understand how women's reproductive control might be improved; a very basic feminist outcome that might be shared (at an abstract level) with policy-makers. Research is, however, a messy complex undertaking: in practice, multiple understandings of similar findings are possible and researchers negotiate their final outputs. Both projects involved contradictions, uncertainties and potential for collusions which will be explored in the paper.

Introduction

Undertaking applied social research is a hazardous activity for feminist academics who wish to remain true to feminist principles whilst simultaneously seeking to influence policy and practice (Bordo 1990; Gillies and Alldred 2012). The difficulties generally start with the way policy-driven research is framed: aims and objectives are often decided by the funders when an Invitation To Tender (ITT) is released. The ITT will be a product of contemporary policy concerns, and the resulting research will be expected to be of use to that policy and resulting practice (policy implementation). A critical approach is seldom required. This is particularly the case when the research is commissioned by a governmental body. For researchers, the best way to ensure that the research serves this purpose is to collaborate with policy-makers and practitioners; indeed this is often a requirement stipulated in the ITT. Whilst such collaboration can be invaluable in helping research 'make a difference' there is a grey area between collaboration and collusion; even - maybe - a slippery slope between the two. Simply defined, collusion involves people cooperating or working together - often secretly - when they should not be. Secret cooperation implies dishonesty, and this is not what is being suggested here. What is being explored is the possibility of an unwitting collusion emerging from collaboration with different stake-holders in the co-construction of research outputs, a collusion that is difficult to avoid in applied social research.

This paper focuses on that grey area through a reflexive account of interpretive processes in two applied social research projects. The first study being re-visited in this paper was a research project commissioned by the Government Office for London in 2008. The ITT had two research questions: what are the underlying factors associated with the disproportionately high *proportion* of under-18 conceptions that end in abortion in London? And, what are the underlying factors associated with

the disproportionately high under-18 *repeat* abortion rate in London? There was no formal ITT for the second study which was funded by the London Sexual Health Commissioning Group, and aimed to identify factors associated with the removal of the implant [one form of long-acting reversible contraception (LARC)] by teenagers. The projects were thus both broadly and implicitly concerned with women's reproductive rights (prompting researcher interest and enthusiasm); but narrowly and explicitly focused on explaining 'repeat' abortions (project one) and 'early' contraceptive implant removal (project two) in young women (prompting researcher anxiety and disquiet). The underpinning policy concerns were respectively: to provide suggestions as to how 'repeat' abortions may be reduced; and implant retention rates might be improved. Our task was to satisfy these requirements whilst remaining true to feminist principles, in this case, of bodily autonomy and reproductive control.¹ We were keen to undertake the research because we also embraced a widely accepted principle of feminist research: that it is politically for women and seeks to improve women's lives in some way (Ramazanoglu 2001; Gillies and Alldred 2012). Both the researchers and the research commissioners were therefore interested in 'making a difference' but from very different starting points.

These issues have methodological and epistemological implications, many of which have attracted discussion amongst feminist academics, and will now be introduced. The two research projects are then subjected to scrutiny, with a particular focus on data interpretation and reinterpretation. Finally, the implications of the presence of competing knowledge claims on applied social research are discussed.

Feminist research in practice

There is no single model of feminist research, methodology, epistemology or research methods; and how and why feminists should undertake research has long been a matter of dialogue and debate amongst feminist researchers. Although many feminists favour qualitative research methods that facilitate open, in-depth expression of women's experiences and views, others have argued that "[f]eminists should use any and every means available for investigating the condition of women in sexist society" (Stanley 1990: 12). One prominent feminist, Ann Oakley, has consciously sought to maintain a feminist research consciousness whilst utilising the 'gold standard' of quantitative research – the randomised controlled trial (Oakley 2005). Feminist research in the new century has become more diversified, as well as increasingly advocating multiple understandings of what is viewed as a complex social world (Olesen 2007).

Historically, one important element of feminist methodology was to dispute positivism's claim to objectivity (Harding, 1987; Eichler, 1988). The 'myth' of value-free research was challenged by research in which feminist researchers' values and interpretations were acknowledged as central to the research process (Roberts, 1981). Feminist research can thus involve an open acknowledgement of subjectivity. This has remained a central element of much feminist methodology. The feminist critique of positivism has also involved developing a critical awareness of research processes, with a particular focus on researcher/researched relationships. This entails a challenge to the positivist perception of an objective, neutral observer who leaves the field without influencing the data. This has been characterised as a myth (see for example, Ryan-Flood and Gill 2010; Miller et al 2012; Ribbens and Edwards 1998). This acknowledgement, however, is also troublesome, as subjective

¹ The first project was undertaken by XXXXXXXXXXXXXXXX and the second by XXXXXXXXXXXXXXXX.

knowledge is not generally seen as a satisfactory evidence base for developing policy and practice. Involving research users (primarily policy-makers and practitioners) in collaborative qualitative research projects adds a further complication as it increases the potential to generate competing understandings, and can be viewed as problematic in commissioned research which is inclined to favour positivist research claims.

A further, distinct, claim that feminist research may be more objective than androcentric traditional research because it produces less distorted knowledge was proposed by Harding (1987), who claimed that knowledge grounded in women's experience of struggles against male domination can produce a more complete knowledge of gendered social lives than that based only on men's experiences. This is a central claim of the much disputed, and also varied, feminist standpoint theory which sought to develop new feminist knowledge of gendered social lives through 'women speaking their truth' (see Hartsock, 1997). Because feminist standpoint theory does make knowledge claims, albeit partial, and yet political, it remains an attractive methodological approach for feminists working in applied social research.

Critics of feminist standpoint, however, have argued that feminists should privilege subjectivity over objectivity; emotionality over rationality; and experience over experiments (Stanley and Wise 1983, 1993).² More recently, it has been argued that it is not enough for feminist researchers to reveal themselves, through reflexive research, but that they should seek to uncover what might be hidden secrets and silences, thus openly reflecting on the significance of their own identities for their research, and indicating how this may have influenced their behaviour in the field (Ryan-Flood and Gill 2010). Feminist reflections on many of these issues - particularly those concerning the relationships between researchers, their research and research participants - are also clearly intrinsic to considerations of what constitutes ethical research (Edwards and Mauther 2002).

Privileging subjective knowledge involves viewing reality as a matter of competing interpretations, a problematic epistemology for applied social researchers because it may undermine the value of social research. It is particularly problematic in sexual health research in which feminists are often seeking to understand, and improve, sexual health services for women, for which clear, unambiguous, messages are preferred. Whilst we were aware of our role as interpreters and co-constructors (with the research participants) of knowledge (see Hesse-Biber and Leavy (2007), we were also concerned to stay close to 'reality'. In both studies, the methodological approach was thus influenced by feminist standpoint theory. Hartsock (2004) argues that because feminists are involved in political activity it is in their interests to strive for truth in their research projects, the assumption being that faulty research may precipitate ineffective political activity. We also felt this to be the case when dealing with sexual health policy and practice.

This paper is located within these particular debates, with a focus on how the researcher negotiates their own identity whilst conducting applied social research. For each of the two projects to be discussed an interpretive turning point is identified: these points are when competing

² Feminist standpoint has also been criticised for its reification of a single, universal feminist standpoint, which allows for the continued marginalisation of a range of perspectives, (including for example, black, lesbian, post-colonial, or working class perspectives) (Stanley and Wise 1993; hooks 1990). Recently, such different perspectives have been brought together through the development of intersectionality theory which recognises the multiple intersections in women's lives, including race, gender, skin tone, accent, education level, migration status, language and other life situations (Crenshaw 2001).

interpretations of the data became evident. It is suggested that these competing interpretations are reflective of different (subjective) opinions, personal histories and priorities represented in the relationships between researchers and collaborative mechanisms established for the research projects, principally the Project Advisory Groups. However, I go further and consider how shifting interpretations can reveal our own subjective shifts and different identities, as researchers, on a collaboration/collusion continuum.

Turning point one. Power or pleasure: interpreting young women's accounts of their sexual activities

The first project studied young women, abortion and 'repeat' abortion in London. The policy context was dominated by new Labour's Teenage Pregnancy Strategy, which prioritised interventions that had the potential to 'help' teenagers change behaviour (DfEE 2000). Concern about teenage abortion, and especially what was labelled as 'repeat' abortion, became increasingly evident as the Strategy was developed, with key policy documents referring to the need to reduce the number of teenage pregnancies, abortions and 'repeat' abortions (IAG 2009). Characterising an outcome (teenage motherhood or abortion, for example) as an adverse event entails projecting acts of judgement onto such outcomes (Heyman 2010), implies moral disapproval of such outcomes (Hoggart 2012), and can facilitate abortion stigma (Kumar et al 2009). The research team did not share these judgements, but could we undertake a piece of work based on research questions that seemed to? After much soul-searching we decided (with encouragement from feminist friends and colleagues) to bid for the project and to view the study through a kaleidoscopic lens in which notions of reproductive control competed for space with practitioner concerns to reduce the rates of 'repeat' abortion in their areas. Although we tweaked the research questions when reformulating them as research aims, we could not dispense with them altogether, and we were obliged to retain the overall objective: to suggest ways in which local teenage pregnancy strategies might reduce abortion (and 'repeat' abortion) rates. The research was inexorably tied into a policy that was not of the researchers' choosing, and with which they had some criticisms (REF).

The study was designed as a collaborative project. Practitioners dominated the Advisory Group, and were also to play a significant role in the interpretation of research findings through a deliberative expert focus group at which emerging findings were presented. This approach was designed to facilitate the impact of the research on policy and practice. Qualitative interviews were conducted with ten teenage pregnancy strategy coordinators (TPSCs); service providers responsible for referring young women for abortions and other key informants (practitioners) who work with young women that become unintentionally pregnant (14); and abortion providers (8). These were supplemented by two group discussions, and a short open-ended questionnaire sent to London TPSCs. The research design allowed for this data to be considered alongside data from young women who had experienced one or more abortion (10), and from focus groups in schools (16). This combination of data sources was presented as triangulation, a research strategy popular in grant applications as it is supposed to facilitate validity (Denzin 1970). In order to address the research questions, one part of the study was focused on an exploration of young women's attitudes towards sexual behaviour, contraception and abortion decision-making. It did this with focus groups (16) of

young women in schools, and also amongst ten young women who had had an abortion. But we also sought the views of Key Informants providing contraceptive and sexual health services for young people. It was recognised that although this was second-hand information many of the key informants had years of experience of working with the teenagers whose views we were seeking to access. Practitioners were over-represented in the data set, as we experienced considerable difficulties recruiting young women who had experienced an abortion.

An important objective of the study was to try and understand why some young women were becoming pregnant when they did not want to be. This paper concentrates on one aspect of the data analysis: on the teenage sexual encounter itself, and focuses on our interpretation of some of the young women's narratives, as presented in the final research report. In both studies, the data was analysed independently by two researchers, adopting a form of thematic analysis (Braun & Clarke, 2006). The thematic analysis generated a coding frame that was used in the qualitative software programme NVivo. Thematic analysis is not tied to any particular theory and can be used to answer almost any research question (Braun and Clarke 2013). It can therefore work well in applied social research, and also with feminist methods of analysis. However, as when professionals and researchers work together there is often an assumption of shared beliefs and aims (Bell and Nutt 2012) and this can influence the analysis. We were concerned to avoid this with respect to 'repeat' abortion, and we concentrated in our report on developing a critical perspective on this overarching issue, focusing on reproductive control and reformulating the research aims. But in our rush to do this, we failed to retain a critical distance from the data on sexual behaviour, as I will show below. Data analysis has been identified as a process of 'creative interaction between the conscious/unconscious researcher and the decontextualized data which is assumed to represent reality, or at least, reality as interpreted by the interviewee (Scheurich 1997: 63) quoted in Alldred and Gillies 2012: 151). We experienced considerable difficulty retaining a critical, and outwardly independent, edge whilst writing up the research findings.

The draft report, circulated to the Advisory Group, explored young women's views and attitudes about sexual activity, including when they might engage in sex, and what were the influences on whether or not they used contraception. Although we pointed out that reasons behind unplanned conception are complex, multi-faceted and interconnected, our triangulation of all the data sources led us to focus on a normalisation of teenage sexual activity, and gendered power differences that made it difficult for teenage girls to negotiate 'safe' sex. A critical factor in decision-making agreed on by both providers and young people in the focus groups was the influence of the media, and what were felt to be normative views on sexual behaviour; as one key informant put it: '*all their friends are doing it*'. The consensus appeared to be that young people felt bombarded by messages about sex and its normality: '*that is to say, if you are not doing it something is wrong with you.*' (school focus group). Teenagers referred to the influence of the media as playing a crucial role in influencing their decision to have sex: 'on television as well and stuff like that they explain it being so good like, so obviously you're going to be thinking yeah I want to try it' (school focus group). Our analysis was that this message was compounded by television programmes which normalised teenage sex. One aspect of our analysis was to illustrate how power imbalances influenced young women's ability to negotiate safer sex in relationships. The practitioners, in particular, identified gender inequality and lack of self-esteem as important factors contributing towards young women's weak agency and limited ability to negotiate safer sex with their partners.

We drew on the one to one interviews with young women who had experienced an abortion in order to illustrate these themes, beginning with the view that sexual decision-making was influenced by peer pressure, and highlighted the practitioner claim that “all their friends are doing it” as a central point in deciding whether to have sex, particularly when the young person was perceived to be in an established relationship:

No, not that everyone else was doing it, 'cause I felt like why am I following everyone else, but at the same time I wanted to do it, and at the same time it was like yeah, everyone else is doing it why not me? (Lucy)

We also pointed to how a theme of young women having difficulty in negotiating sexual encounters was expressed by both key informants and young women in the focus groups and quoted Aisha to make a point about fatalism, going with the flow, and lacking control in negotiating sexual encounters.

I was fifteen years old...I didn't realise that does he really want me to have sex or not and that's how we got into it so much. He took me to his brother's house and we went upstairs, well he asked me to take off my clothes, so I did and then you know, I didn't say no...I didn't mind. (Aisha)

A recurrent theme expressed in all the data was that of power imbalances among female and male teenagers in relationships. ‘It’s all to do with decision-making and imbalance in relationships I think, you know boys have a lot of power over girls’ (key informant). This was made even more difficult when drugs or alcohol were involved. In the one-to-one interviews the young women described a number of sexual encounters in which they appeared to be out of control, either because of power imbalances, or because of the effect of alcohol. Sometimes it was a combination of the two. Cara was asked about her first time:

that was a night of drunkenness. He was like my primary school crush so I kind of allowed him to get away with it (Cara)

As with sexual encounters generally, we noted that contradictory views were expressed around young women’s ability to negotiate ‘safe’ sexual encounters on their own terms (using condoms). Some focus group participants felt the boys could be presented with a statement such as “if you don’t want to use one then you’re not doing it,” but others talked about the pressures they might be put under and thought that being able to do what they wanted to do was easier said than done: “they do it so that they can actually keep their boyfriend, they’re thinking”. This was illustrated with the use of a quote from a one-to-one interview with Anna:

I do think about it but it's difficult just to interrupt it or think, oh we've got to get that or stop it so you can get a condom and also if I don't say something they guy doesn't usually say something and it's just weird. (Anna)

We felt that we had acknowledged complex and varied views and pulled them together to provide a coherent framework of multifactorial explanations that also included an understanding of general teenage risk-taking behaviour (Shoveller & Johnson, 2006), in which young people’s sexual encounters reflected gendered power differences; may be fuelled by alcohol; often happened after or during parties; and in which young people sometimes became “lost in the moment”. The evidence presented led us to suggest that the recognition of the importance of safe sex, as expressed by

teenagers in the focus groups, may be difficult to realise; and this is due to lack of agency and empowerment in sexual engagements .

Questioning interpretation

The draft report was sent to the Advisory Group for comments. These were mainly uncontentious, requesting that certain issues were dealt with in more detail, for example, or asking for clarification on specific points. One set of comments, however, were really quite different as they challenged our interpretation of the data, suggesting that we were privileging the perspectives (and needs) of key informants/practitioners in our analysis, that we had not considered alternative understandings, and that we were simplifying complex processes. This critique came from a feminist academic with a track record in abortion research and centred upon what she felt was a denial of the young women's own sexual agency that was evident in several of the quotes that we had selected. She encouraged us to re-examine some specific quotations. As we reviewed the report, we agreed with the reviewer that we had simplified the young women's accounts to fit in (triangulate?) with the dominant narrative coming from the key informants, and the focus groups, that young women were unduly influenced by 'sexualisation' and lacked the power (due to gender inequalities and/or alcohol) in their sexual encounters to 'say no' to sex, and to unprotected sex. When we considered her comments, alongside the data, we felt that, we had missed what has been appropriately referred to as the 'hidden discourse of desire' (Fine 1988). We went back to our data and developed what we felt was a more complex, less partial, understanding, that is evident in the final report (REF), as well as a published paper based on the research (REF). This re-interpretation and re-representation included a more nuanced understanding and presentation of the four quotes presented above.

Reinterpretation

Quote 1: Lucy. We reconsidered what Lucy had told us about first becoming sexually active:

No, not that everyone else was doing it, 'cause I felt like why am I following everyone else, but at the same time I wanted to do it, and at the same time it was like yeah, everyone else is doing it why not me?

Looking at this more closely, and taking into account the rest of Lucy's interview and other data, we interpreted it rather differently. We discussed the relationship – often ambiguous – between expectations and desires, and thought that this extract 'illustrates the wish to exercise sexual autonomy and not simply follow patterns of behaviour laid down by other. However, in this case, the respondent's own desires were, in a sense, reinforced by the perception that "everyone else is doing it"' (REF).

Quote 2: Aisha. When we re-visited the data, an element of spontaneity, that we had previously overlooked, was evident in many of the accounts of sexual activity. This included Aisha's description of her first sexual encounter:

I was fifteen years old...I didn't realise that does he really want me to have sex or not and that's how we got into it so much. He took me to his brother's house and we went upstairs, well he asked me to take off my clothes, so I did and then you know, I didn't say no...I didn't mind.

We noted that, 'Although it seems that she was not expecting to have sex with her boyfriend that day, and she also appears unprepared, there is actually no indication that she would have preferred to abstain' (REF: 27).

Quote 3. Cara. With Cara's description of her unplanned first sexual intercourse, we thought it was a lot more complex than an alcohol-fuelled unintended sexual encounter:

that was a night of drunkenness. He was like my primary school crush so I kind of allowed him to get away with it

Once again, our revised interpretation was more nuanced: 'Cara thus begins by connecting what she has experienced as a loss of control to being drunk. However, this is ambiguous as she also states that she "allowed him to get away with it", possibly indicating that it was something that she had also desired, or at least that she had some degree of choice over, maybe because he was her "primary school crush" (REF: 31).

Quote 4. Anna.

I do think about it but it's difficult just to interrupt it or think, oh we've got to get that or stop it so you can get a condom and also if I don't say something the guy doesn't usually say something and it's just weird.

In the extract, Anna talks about feeling unable to interrupt sexual activity in order to ensure that condoms are used. Originally presented as illustrating unequal power, we also recognised that the young women themselves might 'not want to disrupt the spontaneity of sexual activity' (REF p.30).

Our reinterpretation acknowledged that these extracts are illustrating more than one theme, plus an overarching theme, largely absent in the focus group data, in which the complex interplay between sexual autonomy, desire and expected behaviours and sexual 'norms' is expressed.

This section has discussed re-interpreting data and re-presenting quotes. In qualitative research quotes are generally used to illustrate themes that are evident more broadly in the data therefore, if the quote does not fit, it can mean that you have selected poor quotes, or that your entire analysis is flawed. Although limited by time, we revisited the entire data set and revised not only our interpretation of individual quotes, but our overall analysis and recommendations. Such (re)constructions of the research narrative could, almost certainly, be an on-going process in most research projects, particularly in qualitative reflexive research practice in which researchers also pay attention to the production of knowledge: 'The complexity of human interaction often leads to difficult dilemmas for the researcher, who is ultimately the person responsible for writing up the research and making choices about who to represent, and how, what to omit and what to include' (Ryan-Flood and Gill 2010: 2). Reflexivity most usually involves considering data collection and the research encounter in the field. Here it is a means of examining the way in which the researcher shapes the way the empirical data is interpreted and presented. Researchers are privileged with respect to knowledge production (Ahmed 2010); and therefore need to consider their power and control, not only in the research encounter, but with respect to dissemination. With this in mind, this paper will now turn to the second project.

Turning point two. On the challenges of presenting contentious findings.

This qualitative research project sought to identify factors associated with the removal of the implant - one form of long-acting reversible contraception (LARC) - by young women in London (REF). The study was commissioned by the London Sexual Health Commissioning Group, from 'improving access to contraception funds'. The funders were concerned to improve women's access to all forms of contraception, including LARC. There were, though, tensions between this woman-centred and potentially empowering model, and a policy context still dominated by the teenage pregnancy strategy. The context incorporated a push to promote implants as a highly effective method of contraception that does not require daily user compliance, and could potentially help reduce rates of unintended and unwanted pregnancies (NICE 2005), particularly for young women 'at risk' of teenage pregnancy (Stevens-Simon et al 2001, Lewis et al 2010). At the time of the study policy concern was being raised about 'early' (less than two years) removal. Economic analysis had demonstrated that the cost effectiveness of LARC methods is dependent upon the length of time they are retained (Mavranezouli 2008). After 2 years or more, all LARC methods are more cost effective than the contraceptive pill and the male condom, with the implant being one of the most cost effective methods (Blumenthal et al 2010). These calculations had led to a concern to learn more about what may prompt 'early' removal; and what might encourage retention. We had also heard anecdotal stories about young women considered to be 'at risk' of unintended pregnancy being 'persuaded' that the implant was the best contraception for them, and also of resistance to requests for removal. Once again, there was potential for tensions between the motivations of the researchers and those of the policy-makers and practitioners. The study had two main research aims: to gain a fuller understanding of why some young women have their implants removed; and to understand what may help them maintain this method of contraception, if they wish to do so. These aims attempted to accommodate both sets of motivations, with 'if they wish to do so' being a proviso that attempted to retain notions of autonomy and reproductive control as central to the study.

One of our key findings did relate to women's experiences of resistance to requests for implant removal when they were experiencing side effects that they were not prepared to tolerate, and this was raised in the draft research report. We noted that on a number of occasions young women had experienced what they thought was practitioner resistance to their request for a removal. These young women talked about having to be assertive and push for a removal and found this frustrating and a challenge to their bodily autonomy. We quoted Daniella (19) to illustrate this point:

The first time I wanted to get it removed I went to four appointments because every time I went they'd talk me out of getting it taken out and they'd be like, no you should keep it in, but this time I went and done it, I went back, the women who took it out was quite adamant she didn't want to take it out and I said I'm not being funny but it's not your body, it's my body so take it out, I want it out. She did explain all the reasons why, she said because girls get it taken out, they get pregnant then they come back and expect the NHS to pay for abortions, which is all a lot of money and I said I understand that but that's not what I'm going to do.

One of our conclusions was that if these young women experienced resistance to their requests for implant removal, or tolerated significant discomfort with side effects (e.g. prolonged bleeding) this experience of loss of bodily autonomy often discouraged them from wanting to try another LARC method in the future. We were critical of what we described as practitioner resistance to implant removal, and we also noted:

Practitioners should be aware that resistance to implant removals may have unintended consequences. The evidence from this research suggests that women who have had a poor experience compounded by difficulties in accessing someone to remove the device, may practice poor future contraceptive use. It is also questionable how ethical it is to persuade a young woman to persevere with an unsuitable contraceptive and experience side-effects she is unhappy with.
(unpublished draft report)

Questioning interpretation and presentation

The entire draft report was received badly by one member of the Advisory Group (and funder) who felt that we had not only uncritically privileged the young women's accounts but had allowed personal bias to influence our presentation of the research findings. The entire draft report was received badly by one key member of the Advisory Group who felt that we had not only uncritically privileged the young women's accounts but had allowed personal bias to influence our presentation of the research findings. Our critic was a practitioner who, not unreasonably, held a positivist expectation of scientific objectivity in applied social research, and was also very concerned that the research should be well-received by practitioners. The main criticism expressed was that the draft report had no detailed evidence for our conclusions that some practitioners were making it difficult for some young women to have their implants removed. The practitioner objected most strongly to our suggestion that "It is also questionable how ethical it is to persuade a young woman to persevere with an unsuitable contraceptive and experience side-effects she is unhappy with", and argued that this statement was not evidenced in the text and represented personal prejudice rather than 'good science'. What our critic proposed was an alternative interpretation of the data we had presented, which was that of miscommunication between patients and practitioners.

We strongly disputed this critique, and pointed to the qualitative evidence in the report. However, we were anxious that the research would not be taken seriously if this was the perception of a key research user in the policy and practice world. In the heat of the research moment, we did not consider how we might include feminist reflexivity into the report, and maybe acknowledge subjectivity, and the contingent nature of reality as interpreted by the interviewee and then the researcher. Rather, we rushed into a denial of the substantive point being made, and a denial of feminist subjectivity. Part of a lengthy reply contained the following:

On the accusation of personal bias, this is very troubling as everything in the report comes from the data. I have never been accused of personal bias before and it is quite a shock, as I often report findings that I am quite unhappy with personally.

After a lengthy period of negotiation in which we added more data to substantiate the claims we were making but also toned down some of language, we also revised the offending recommendation:

Commissioners and practitioners should be aware that resistance to implant removals may have unintended consequences. When participants reached their 'tipping point' they were less receptive to further forms of LARC and /or hormonal contraception. Additionally, trying to persuade a young woman to persevere with a form of contraception that she is unhappy with is not respectful of bodily autonomy and could be viewed as unethical.

It is likely that most applied social research projects experience similar periods of negotiation around the presentation of the research findings in the final report. Certainly most of the projects that I have been involved in over the years do so. This, in itself, is an indication of the contingent nature of the knowledge produced. The main point to be made here, though, is that as a researcher, my positioning on the collaboration/collusion continuum had shifted between the two projects, such that I was much more prepared to privilege the accounts of young women and critique contemporary policy and practice on implant removal. I would suggest that the location of the researchers was crucial to this positioning such that, based in a university, rather than a research institute, we had a greater critical distance from policy and practice concerns and exercised less self-censorship with respect to presenting findings that could prove controversial. We were, nevertheless, still reluctant to engage in a discussion which acknowledged possible subjectivities, let alone embrace a feminist approach that might privilege subjectivity over objectivity. Additionally, we did feel that toning down our narrative resulted in a more balanced report that was more likely to be well received by policy-makers and practitioners.

Discussion

Reflecting on these experiences, there are a number of methodological and epistemological issues to discuss. Underpinning these issues, however, is the notion of collusion; which may – or may not - be conscious collusion. This collusion could be seen as a consequence of collaborating with policymakers and practitioners, and working within specified - *policy-focused* - research aims. As mentioned earlier, this generally begins as the issue of an ITT (and indeed the bidding process as a whole) encourages compromises to be made at the very start of the process, or the bid is unlikely to be successful. Researchers may then hope to shape the research in different directions but they are circumscribed by the research aims of the funder, and the policy framework. In these two studies, this context influenced the findings, and thereby the data representations, in a policy-focused direction which tended to privilege the views of the practitioners in the first study; and influence the final re-presentation in the second study. Adapting a phrase used to envision the way in which ideas about sex remain tied to male pleasure - the 'male-in-the-head' (Holland et al 2004) - a good way to think about this applied social research process is as the 'stakeholder-in-the-head'; or (increasingly) 'impact-in-the-head'. There are three issues worth considering in a little detail: the perils of triangulation; multiple constructions of research findings; and researcher positioning in the research process.

Triangulation generates a large amount of data that is difficult to manage, interpret and represent. Qualitative researchers often use triangulation (methods, sources, analysis) to try and ensure that research is rich, robust, comprehensive and well-developed. In applied social research, triangulation of data sources is popular as it is viewed as a method for corroborating findings and as a test for validity. This, though, assumes that it is always possible to make sense between different accounts, and carries the assumption that using multiple methods can help facilitate deeper understanding. However, as Barbour has pointed out, a tendency in triangulation is that it 'relies on the notion of a fixed point, or superior explanation, against which other interpretations can be measured' (Barbour 2007: 1117). In the abortion study, the strongest themes across the data set were prioritised, one smaller data set corroborating the larger data set at the expense of thoroughly exploring complex and diverse findings. On reflection, practitioners were over-represented in the study, and their views

were privileged in our interpretation of the research findings. It is quite possible to attribute this to poor research practice, which it undoubtedly was, but that would be overly simplistic and serve to overlook the dilemmas and subjectivities of applied social researchers.

Qualitative research, and feminist research, is usually carried out from a relativist perspective, which recognises multiple views and interpretations (Denzin 1998), and includes the acknowledgement that research participants are themselves constructing a narrative (Alldred and Gillies 2012; Song 1998). We understand that what participants tell us involves their own construction of their stories and their identities, in the light of their assessments of what they think we want to hear and what they are prepared to tell us. This is all influenced by the wider socio/cultural context in which the narratives are constructed: 'modes of telling and what is considered worthy of telling come from wider social understandings' (Phoenix 2010: 162). Co-construction of knowledge thereby involves not only the researchers and participants but other stake-holders located within their own contexts. The cases discussed in this paper have shown how the researcher is not a blank slate but, as the co-constructor of a malleable story, is also subject to wider social and political pressures. This story therefore has a problematic relation to reality. Upon subsequent reflection on the 'turning points' in the studies, there is little doubt that multiple and conflictual presentations of reality are possible and negotiable. This is different from feminist understandings of researcher/participant co-construction of research findings and is also epistemologically challenging.

Applied social research, including qualitative research, is generally under pressure to make some claim to objectivity and the production of knowledge grounded in people's lives, and we also believed this was necessary in order to make a strong case for any policy and practice changes. We were keen to undertake the research because we embraced a widely accepted principle of feminist research: that it is politically for women and seeks to improve women's lives in some way (Ramazanoglu 2001; Gillies and Alldred 2012). Feminist standpoint methodology was therefore appropriate. The assumption that faulty research may encourage ineffective political action (Hartsock (2004), is also valid for policy-focused activity that seeks to improve women's lives. If the research does not strive to reach understandings of women's realities the knowledge basis for advocating policy change is weak.

The two studies have also shown how researcher positioning can shift and change. Sandra Harding (1993) made the case that strong reflexivity is a pre-requisite for any claims of objectivity. Such reflexivity is also about considering the operation of power within the actual processes of researching and representing people (Ribbens 1989). This should - in theory - involve acknowledging political aims as a key part of researcher identity. Gillies and Alldred (2012) claim research as political activity, with the political aim of improving women's lives: 'the political and personal perspectives of researchers inform the intentions we have for research', and argue that the epistemological shift away from the positivist claim to scientific truth requires scrutiny of the intentions underlying feminist research. But when should these intentions be acknowledged? Pam Alldred (1998) points out the potentially hazardous consequences of such reflexivity: the reader can become suspicious of the techniques of the researcher, and can also question epistemological claims of knowledge production, thereby weakening any contribution towards evidence-based practice. Our response to the criticism of bias in the second study was a rigorous denial, rather than an open and honest reflexive account of our own politics and positionings as researchers. This was because we made the judgement that such an account would lessen the likelihood of contributing towards a change in

approach that may benefit women. This is a very real problem for applied social researchers who are seeking to influence policy and practice.

Doucet and Mauthner (2012) argue that reflexivity requires paying attention to the interplay between our social locations as researchers, and our own personal biographies, at the time of data analysis. Similarly, Ryan-Flood and Gill (2010: 2) talk about paying attention to how production of knowledge is situated: 'the situatedness of the researcher affects the production of knowledge, which has been theorised as constructed, partial and situated'. Drawing on words often used uncritically to present research findings: the evidence presented here suggests that the situation of the researcher(s) may be especially important. The first project was undertaken whilst both researchers were employed at an independent research institute, and it was undertaken in response to a call for research that would inform sexual health policy and practice (specifically, the Teenage Pregnancy Strategy). As researchers we were working within an environment that embraced the concept of evidence-based policy. What this means in practice is a supposition that evidence can influence policy (and practice); and an implicit understanding that this has to be 'appropriate' evidence; evidence that is not likely to be too controversial, and that 'makes sense' to policy-makers and practitioners. This was the 'stakeholder-in-the-head', part of our professional identity, which undoubtedly influenced our data analysis.

In a research institute entirely dependent on externally funded research, the striven-for identity is of an impartial applied social researcher who contributes un-biased knowledge towards evidence-based policy and practice. The university sector is a little different, and there is more room for a critical edge in which feminist researchers can not only acknowledge political standpoints but draw on these in their publication of research results. This is, though, not an unchanging environment. Hammersley (2004) has talked of a tendency towards instrumentalism, that is the idea that the task of research is to relate to policy-making and practice thus raising a concern about the way that government priorities and policy concerns can drive research. Always a difficult task, this endeavour has recently been made more difficult in the UK with a new focus on documenting and attempting to measure research impact in the government's assessment of academic research outputs (see Bastow et al 2014). Gillies and Lucey (2007) in their work on the politics of power in the academy have shown multi-layered operations of power and challenged the image of the university as a place of detached reasoning. There is a tension here which resonates with our experiences. For the impact that may be useful for feminists, is likely to be quite different to that for policy-makers and practitioners.

If we agree that the researcher is not morally neutral as positivists would claim, but is involved (Edwards and Mauthner 2012), and that research is a political rather than a neutral process (Gillies and Alldred 2012) then the politics of the institutional setting is important. Additionally, on reflection, I would suggest that researcher identity is multiple and can shift and change. If our positioning is acknowledged to be subjective then we must reflect on what these subjectivities are. We also need to acknowledge that as researchers we do not work in a vacuum, and that the researcher not only leaves the field having influenced the data, but continues to influence the data up to, and beyond, publishing the research findings. Strong reflexivity is therefore necessarily an ongoing process.

Conclusion

Feminist research involves asking questions of itself, reflecting on what it means to do feminist research, and being open about our purposes (Ahmed 2000). In the tradition of much feminist scholarship, this paper raises more questions and dilemmas than it solves. It has contributed to a body of work which has shown how research practice is shaped by unspoken subjectivities and collusions. Academics are far from immune from these processes, and feminist academics have been in the forefront of providing honest accounts, opening up the secrecies and silences in research to wider dissemination and debate. This is though, an inherently dangerous feminist project, particularly for feminists who undertake research with an aim of making a positive difference to women's lives. The open acknowledgement of subjectivity de-stabilises the role of the 'independent' researcher opening up their research findings to critique and questioning.

In 1987 Sue Wise set a key epistemological question: what is the cognitive authority of the researcher's views in the production of knowledge? This paper has shown that it is not only the researcher's subjectivity, but can also be multiple and shifting researcher subjectivities, that may challenge the cognitive authority of the researcher. Those subjectivities are (perhaps inevitably) influenced by the researchers' institutional context and also their relationship to the research. Conscious, or subconscious, questions that applied researchers ask themselves include: how important is it for the research to be taken seriously by policy-makers and practitioners, and why? And, what needs to be said, and needs to be left unsaid, to satisfy our purposes?

In the current climate of what has been described as the 'toxic individualism' dominating 'neo-liberal academia' (Gill 2010), in which individual academics are under pressure to demonstrate research impact, this is a difficult path to tread. If we accept that no research can be wholly objective, and what feminists can do is make their own interpretations clear and producing knowledge as problematic (Ramazanoglu 2002) how can we do this in applied social research? Can we afford to acknowledge partial truths? To turn this latter question around, can we afford not to? Feminist reflexivity at each stage of the research process should permit us to claim partial knowledge. This is arguably infinitely better than making no knowledge claims at all, or making unrealistic positivist claims to objectivity and truth. Continuing with a reflection on these experiences I would also suggest that such claims to partial knowledge should be at the heart of academic and research endeavour whereby partial knowledges are accumulated, and challenged, but at some point may reach a critical mass whereby we all have a greater understanding of a complex whole. In this way, strong reflexivity can build strong objectivity and research interpretations are tested over time.

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