

Mixed-methods approaches in health research in Nepal

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Editorial

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This editorial adds a few words of advice to the novice mixed-methods researcher in Nepal.

Keywords: Quantitative research; Qualitative researches; Mixed Methods Research

Abstract

Combining and integrating a mixture of qualitative and quantitative methods in one single study is widely used in health and social care research in high-income countries.

Background

This latest issue of the *Nepal Journal of Epidemiology* carries an instructive research-methods article on the mixed-methods approach by MacKenzie Bryers and colleagues¹. The paper gives researchers, academic teachers, policy makers and people working for funding bodies and development organisations a better insight into the strengths and weaknesses of the mixed-methods approach. Combining and integrating a mixture of qualitative and quantitative methods in one single study is widely used in

health and social care research in high-income countries. The paper outlines the various ways of combining methods and methodological issues that need to be considered.

This editorial adds a few words of advice to the novice mixed-methods researcher in Nepal. First we like to highlight is that you need to be an expert in two different methods or at least get a research team together that includes experts in both qualitative and quantitative research. It sounds like an obvious piece of advice but too often we see quantitative researchers who think they can do a bit of interviewing as well or run a few focus groups. The key problem with such opportunistic approach is that the researcher often lacks (a) insight into underlying philosophy and (b) the skills to apply the method appropriately.

Secondly, researchers need to plan beforehand how they are going to integrate the qualitative and quantitative research findings in the final analysis and how they are going to present it in the final report. We offer an example of good practice from a longitudinal study of an intervention aiming to improve maternity care in a rural part of Nepal². The evaluation study was designed as non-randomized and before-and-after-study with a controlled group using a mixed-methods approach³. It was based on the notion that the effects of an intervention would be assessed by collecting quantitative both before and after the maternity care intervention was introduced. The results for the control and intervention groups were then compared statistically. In order to make the results comparable, the methodology and the data collection tools adopted in the final survey before were similar to those used in the baseline survey. The qualitative research followed a similar pattern in terms of data collection, views and perceptions of people in the community who were or could have been influenced by the intervention were collected before, during and after the intervention to help explain any statistically significant findings in the quantitative research or even lack thereof.

Thirdly, this editorial provides some key references^{3,4} to help understand and apply the mixed-methods approach and some reference to other studies in Nepal, for example conducted in the field of education⁵ or costs of maternity care to service-users⁶. A study of HIV service users used a cross-sectional mixed-methods approach, with a quantitative survey of 330 people living with HIV patients and 34 qualitative interviews with three different types of stakeholders: patients, care providers, and key people at policy level. A multivariate logistic regression model was used to identify factors associated with adherence, supplemented with a thematic analysis of the interviews⁷. The studies highlighted as an example indicate the range of mixed-methods approaches applied in health and health care studies in Nepal.

Conflict of interest:

None

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