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# Tools for Collecting Qualitative Data

## Topics covered in this chapter:

Personal interviews  
Focus group discussions  
Observation  
Free listing  
Ranking  
Pair-wise ranking  
Timelines and seasonal calendars  
Causal flow analysis  
Open-ended stories  
Genograms  
Circular or Venn diagrams  
Community mapping  
Role playing  
Body mapping  
Photo voice

**R**esearchers employ a wide range of techniques when collecting qualitative data. In fact, most studies rely on a combination of methods. This section describes some of the most frequently used qualitative data collection tools, with examples describing how they have been used by researchers to get individuals to speak openly and honestly about violence.

## PERSONAL INTERVIEWS

The **personal interview** is one of the most common means for collecting quali-

tative data. Talking face to face with respondents on highly sensitive matters requires sensitivity, skill, and the ability to interpret and respond to both verbal and nonverbal cues. Interview styles vary from highly structured or semistructured formats to highly fluid and flexible exchanges. In addition to recording the content of the interview, interviewers may wish to keep a **field log**, where they keep track of their own observations, reflections, feelings, and interpretations. Because the skills required for gathering qualitative data are quite different than

**BOX 9.1 STRUCTURED INTERVIEW: GUIDE FOR SERVICE PROVIDERS IN THE HEALTH SECTOR**

*(As the interviewer, introduce yourself, explain the objectives of the study, and request the respondent's consent to be interviewed. Note the respondent's name, position, and job title; describe his or her duties; and enter the institution's name and location and the date of the interview.)*

**Work performed by the respondent**

- What does your work as \_\_\_\_\_ consist of?
- What percentage of the patients you see are women? What are the most frequent reasons women give for coming to the office/emergency room?
- Are cases of family violence seen? What are the most common cases?
- Do you (or your colleagues) routinely ask questions to determine whether the patient might be a victim of family violence?
- What tests or examinations do you routinely perform when a woman indicates that she has been the victim of violence? How do you decide which tests to perform?
- What is the procedure for obtaining an official report from the medical examiner?
- How many people with this type of problem does your institution serve per month? Do you have a way of keeping records on cases? Is there a form and procedure for recording them? Can you explain it to me?  
*(Request a copy of the record form, referral slips, and any other documents that may exist.)*
- Do you (or your colleagues) provide follow-up care to women who have been victims of family violence? Are there mechanisms for referring them to other institutions? Do you think the record-keeping system is adequate to identify women affected by family violence, refer them to the appropriate services, and provide timely follow-up services?

**Experience with women affected by violence**

- Have you ever come into contact with cases of family violence among your clients?
- Can you tell me how these experiences originated, what you did, and what the client did?
- Do you know of other organizations or persons in this community that work on family violence issues? Who are they? What is your relationship with them? Is there coordination with other institutions to address the needs of abused women?
- What changes in legislation, policy, or staffing would facilitate your work?
- What changes in the behaviors or attitudes of the personnel with whom you work would facilitate your work?

those needed for survey interviews, preparation of field staff also needs to be quite different.

**Structured interviews**

Use **structured interviews** when it is important to collect the same information from every informant. Structured interviews rely on a standardized interview guide that permits easy aggregation of responses across respondents. Because the structured interview guides allow less latitude, interviewers need not be as skilled as those who conduct unstructured interviews.

In structured interviews, the wording and order of interview questions are determined ahead of time. Interviewers are instructed to cover every question included in the guide. For an example of a structured

interview guide, see Box 9.1. This excerpt from an interview guide shows how the Pan American Health Organization (PAHO) “Critical Path” study collected information on how different institutions view and respond to survivors of violence.<sup>1</sup>

**Semistructured interviews**

**Semistructured interviews** use an open framework that allows focused yet conversational communication. They are useful for collecting information about historical events, opinions, interpretations, and meanings.

Unlike a survey questionnaire, in which detailed questions are formulated ahead of time, semistructured interviews start with more general questions or topics. Relevant topics such as violence or



women’s participation on the community council are initially identified and organized into an **interview guide** or **matrix**. (See Box 9.2 for an example of an interview guide used in formative research in the WHO VAW study.)

Not all questions are designed and phrased ahead of time. Most questions arise naturally during the interview, allowing both the interviewer and the person being interviewed some flexibility to probe for details or to discuss issues that were not included in the interview guide.

Semistructured interviews require skill on the part of the interviewer, so it is a good idea to carry out some practice interviews to become familiar with the subject and the questions.

If possible, tape all interviews and then either transcribe them later or develop detailed notes of the conversation based on the tapes. If you cannot tape the interviews, take brief notes during the interview and complete and expand the notes immediately after the interview. It is best to analyze the information at the end of each day of interviewing. This can be done with the interview team or group.

### Unstructured interviews

**Unstructured interviews** allow the interviewer and respondent the most flexibility. Questions are open-ended, and the interviewer lets the respondent lead the conversation. The interviewer asks additional questions to gain as much useful information as possible.

Unstructured interviews are based on a loosely organized interview plan that lays out the purpose of the interview and includes a list of topics to be explored. The flow of the conversation—not what is written in the guide—determines the timing and sequence of topics. One type of qualitative inquiry called “narrative analysis” particularly relies on unstructured interviews. In this case, the interviewer attempts

#### BOX 9.2 SEMISTRUCTURED INTERVIEW GUIDE

1. Can you please tell me a little about yourself? Did you go to school?  
Where do you live now?  
Do you have children?  
How do you normally spend your days?  
What things do you like to do?
2. Tell me about your husband. How did you first meet?  
When did you get married?  
What does he do?
3. When did your problems with your husband start?  
How long has this continued?  
Are there times when this has improved, or gotten worse?
4. Has it had a great effect on your physical well-being? In what ways?  
How has it affected your feelings about yourself?  
Do you think that it is having an effect on your children? In what ways?  
Has it affected your ability to provide for the family or go to work?  
Has it made it difficult for you to meet friends or relatives? How?
5. Have you ever discussed your problems with others? How did they respond?  
Was there more that you would have liked them to do?  
What sort of things would have helped?
6. Looking back at your situation, what advice would you give another woman who has just started to have these sorts of problems with her husband?

(From WHO, 2004.<sup>3</sup>)

to obtain a detailed story from a respondent about a specific event or aspect of his/her life. This is a story with a beginning, middle, and an end, although it might not be presented in that order during the interview.

Because unstructured interviews allow a lot of freedom, they require especially skilled interviewers. You need to be especially alert for inconsistencies, pieces of the story that seem to be missing, and new angles that might provide additional information, and then probe accordingly. When conducting in-depth interviews with survivors of violence, beware of the temptation to slip from “interview” mode to “counseling” mode. Because of their conversational style, in-depth interviews tend to encourage emotional disclosure and intimacy. This increases the need for interviewers to stay true to their role, monitor their boundaries, and be attentive to levels of distress of the respondent. (See Box 10.4 for a thorough discussion of the role of the interviewer.)



## BOX 9.3 UNSTRUCTURED INTERVIEW GUIDE

**Purpose:** To explore the impact of sexual harassment on individual women's lives.

Definition/understanding of sexual harassment.

- Behaviors included?
- Contexts included?

Personal experiences of harassment.

- How did it make her feel?
- What did she do?
- How did others react?

Changes in cultural attitudes toward harassment in her lifetime.

- Opinion on whether men can be sexually harassed by women.

Knowledge of others who have been harassed.

(From WHO, 2004.<sup>2</sup>)

One advantage of unstructured interviews is that they can yield very rich and nuanced information. The downside is that data analysis may be more complex and time-consuming than in the case of structured interviews.

## FOCUS GROUP DISCUSSIONS

Focus group discussions are a powerful method for collecting information relatively quickly. They are better suited for exploring norms, beliefs, practices, and language than for seeking information on actual behaviors or details of individual lives. The **focus group** is a special type of group in terms of its purpose, size, composition, and procedures. A focus group is usually composed of six to ten individuals who have been selected because they share certain characteristics that are relevant to the topic to be discussed. In some cases, the participants are selected specifically so that they do not know each other, but in many cases that is not possible, particularly when participants belong to the same community or organization. The discussion is carefully planned, and is designed to obtain information on participants' beliefs about and

perceptions of a defined area of interest.<sup>3-5</sup>

Focus groups differ in several important ways from informal discussion groups:

- Specific, predetermined criteria are used for recruiting focus group participants.
- The topics to be discussed are decided beforehand, and the moderator usually uses a predetermined list of open-ended questions that are arranged in a natural and logical sequence.
- Focus group discussions may also be carried out using participatory techniques such as ranking, story completion, or Venn diagrams (these techniques are all described in this chapter). This may be particularly useful when working with groups with little formal education or when talking about very sensitive issues. (In the Nicaraguan study on a new domestic violence law, described in the following pages, however, participatory techniques were used successfully in focus group discussions with judges and mental health professionals as well as with rural men and women.)
- Unlike individual interviews, focus group discussions rely on the interactions among participants about the topics presented. Group members may influence each other by responding to ideas and comments that arise during the discussion, but there is no pressure on the moderator to have the group reach consensus.

Focus groups have been used successfully to assess needs, develop interventions, test new ideas or programs, improve existing programs, and generate a range of ideas on a particular subject as background information for constructing more structured questionnaires. However, they



are not easy to conduct. They require thorough planning and training of group moderators.

When planning a focus group, consider the following recommendations:\*

- Focus groups require trained moderators. You will need three types of people: recruiters, who locate and invite participants; moderators, who conduct the group discussions; and note-takers, who list topics discussed, record reactions of the group participants, and tape-record the entire discussion (if all participants give consent). Note-takers also help transcribe the taped discussions.
- Focus groups are usually composed of homogeneous members of the target population. It is often a good idea to form groups of respondents that are similar in terms of social class, age, level of knowledge, cultural/ethnic characteristics, and sex. This will help to create an environment in which participants are comfortable with each other and feel free to express their opinions. It also helps to distinguish opinions that might be attributed to these different characteristics among groups.
- If possible, experienced focus group leaders suggest conducting at least two groups for each “type” of respondent to be interviewed.
- The optimal size group consists of six to ten respondents. This helps ensure that all individuals participate and that each participant has enough time to speak. However, sometimes, it is not possible to regulate the size of a group, and successful focus group discussions have been carried out with many more participants.

- Analyze the data by group. Data analysis consists of several steps. First, write summaries for each group discussion. Next, write a summary for each “type” of group (e.g., a summary of all discussions conducted with young mothers). Finally, compare results from different “types” of groups (e.g., results from groups of young versus older mothers).
- The discussions may be taped for transcription later, but this substantially increases the time and cost of analysis. One alternative is to take careful notes during the discussion and to refer to the audiotapes for specific areas where there are doubts.

Focus groups give information about groups of people rather than individuals. They do not provide any information about the frequency or the distribution of beliefs or behavior in the population. When interpreting the data, it is important to remember that focus groups are designed to gather information that reflects what is considered normative in that culture. In other words, if wife abuse is culturally accepted, then it should not be difficult to get participants to speak frankly about it. However, some topics are very sensitive because they imply actions or orientations that are either culturally taboo or stigmatizing.

For the same reason, focus group respondents should not be asked to reveal the details of their individual, personal lives in a focus group setting, especially when the subject matter of the focus group deals with sensitive issues such as domestic violence and sexual abuse. If a researcher wants information on women’s individual experiences, then that should be done in private individual interviews.

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\* (Adapted from Hudelson, 1994.<sup>3</sup>)



In many cases, facilitators ask respondents to think about the perspectives and behavior of their peers, for example, which allows them to draw on their experiences in general terms but does not ask them to reveal the details of their own behavior or experiences in a group setting. The following example describes how focus groups were used in Nicaragua in advocacy for a new domestic violence law. Box 9.4 presents a sample discussion guide for a focus group discussion on sexual violence performed with members of a refugee camp.

### **Example of focus group discussion: Evaluating a domestic violence law in Nicaragua**

The Nicaraguan Network of Women against Violence used focus group discussions in the consultation process for a new domestic violence law that was presented before the National Assembly. Because the new law was controversial (it criminalized inflicting emotional injuries, and established restraining orders for abusive husbands), the purpose of the study was to assess both the political and technical viability of the new law.

The research team conducted 19 focus groups with over 150 individuals representing different sectors of the population, such as urban and rural men and women, youth, police officers, survivors of violence, judges, mental health experts, and medical examiners.

The main questions asked by the study were, What kinds of acts were considered violent? What kinds of legal measures were considered to be most effective for preventing violence? The researchers used ranking, Venn diagrams, and free listing exercises to initiate discussions. A team of men and women from member groups of the Network were trained as focus group moderators, and two team members led each group. Focus groups sessions were

audio-taped and researchers presented typed notes and diagrams from each session. The team did the analysis as a group, and participants' responses were organized according to themes. The study revealed a broad consensus on several issues, the most significant of which were the gravity of psychological injury and the importance of protective measures for battered women. It was widely agreed that the psychological consequences of abuse were often much more serious and long-lasting than physical injuries and that the legal definition of injury should take this into account. One rural woman noted that harsh and demeaning words can make you "feel like an old shoe." A judge noted that "bruises and cuts will heal eventually but psychological damage lasts forever." The results of the study were presented in testimony to the Justice Commission of the National Assembly, which subsequently ruled unanimously in favor of the law.<sup>6</sup>

## **OBSERVATION**

Observation, a time-honored form of qualitative data collection, has its roots in cultural anthropology. Researchers may either actively participate in the phenomenon being observed (known as **participatory observation**) or they may observe as "on-lookers."

Observation may be either "structured" or "unstructured." Even the most unstructured observations must have a system for capturing information as clearly and faithfully as possible. Wherever possible, it is best to record observations on the spot, during the event. This can take the form of abbreviated notes that you elaborate on later as you write more detailed notes. Records should denote who was present; any unusual details of the scene; verbatim comments; and incongruities (it may help to ask yourself questions—"Why did he do that?").



**BOX 9.4 FOCUS GROUP INTERVIEW GUIDE: DADAAB REFUGEE CAMP, KENYA**

**[Note: This guide served as the basis for most refugee group discussions, although in later groups, certain topical areas were prioritized to obtain more in-depth information than in more general interviews.]**

Name of group interviewed: \_\_\_\_\_ Date: \_\_\_\_\_ Camp: \_\_\_\_\_

Time discussion started: \_\_\_\_\_ Time ended: \_\_\_\_\_ Team no: \_\_\_\_\_

Participant summary: \_\_\_\_\_ Women \_\_\_\_\_ Men \_\_\_\_\_ Children

**Introduction**

1. Introduce facilitators.
2. Introduce community members.
3. Explain why we are here: "We want help in understanding the health and security problems of women and girls in Dadaab. We will be doing similar interviews in all camps this week."
4. Explain how all answers will be treated confidentially. "We are all from organizations working in the camps and will treat answers with respect and will not share them except as general answers combined from all people who talk to us. We will not give names of individuals, to make you feel comfortable in talking freely with us. Participation in the discussion is completely voluntary and you do not have to answer any questions that you do not want to answer." Ask community members whether they are willing to participate in the group interviews.

**Discussion Guide**

1. What problems have women and girls experienced in health and security in your community? (PROBE on violence, not on health.)
2. Can you give examples of sexual violence in the camps?
3. When and where does sexual violence occur?
4. Who are the perpetrators? (PROBE: outside/inside of camp, people you know/don't know.) What happens to the perpetrators?
5. What are the problems that women face after an attack? (PROBE: physical, psychological, social problems.)
6. How do survivors of sexual violence cope after the attack?
7. What are community responses when sexual violence occurs? What is done to prevent violence? What is done to help survivors? How could these efforts be improved? Do women's support networks exist to help survivors?
8. What social and legal services exist to help address these problems? (PROBE: health, police, legal counseling, social counseling.) Who provides these services? How could these efforts be improved?
9. Has the problem of sexual violence gotten worse, better, or stayed the same since you arrived in Dadaab?
10. EXTRA QUESTIONS TO ADD FOR SPECIAL GROUPS:  
 RELIGIOUS LEADERS: 1. What does Islam teach on sexual violence, both for preventing violence and sanctioning those that are violent against women? 2. Is there anything that religious leaders can do to prevent sexual violence?  
 DISABLED: Do the existing services prevent or help those assaulted address you as well, as a special group with special needs?  
 WOMEN LEADERS: Is there anything women leaders can do to prevent sexual violence?

**Closing**

1. Thank people for their time and ideas, and express how helpful it has been to facilitators.
2. Explain next steps: "We will look at all information and will make a presentation of findings to representatives of the community and agencies working in camps. Representatives can give you information after this meeting."

(From Igras et al., 1998.<sup>7</sup>)

Shortly after leaving the field, review these notes and add detail and substance. Getting the full record straight may take as long as the original observation did. As a rule, always prepare the detailed notes of

the observation within 24 hours of the field session, and never embark on a second session until you have fully developed your notes from the first. (Adapted from Patton, 1990.<sup>8</sup>)



**BOX 9.5 OBSERVATION GUIDE TO ASSESS READINESS FOR INTEGRATION OF GENDER-BASED VIOLENCE INTO REPRODUCTIVE HEALTH CLINICS**

Time observation is initiated: \_\_\_\_\_

**Characteristics of the clinic:**

1. Is there a space dedicated to ob-gyn consultations?
2. Can conversations within the examining room be heard outside the room?
3. Can the client be seen from outside the examining room?
4. Are there interruptions during the consultations?
5. Is there any separation (e.g., a screen) between the desk and the examining table?
6. Is there a place where children can be watched while the mother is in the consultation?
7. Are there educational materials (e.g., posters, videos, pamphlets) regarding domestic violence inside the examining rooms or waiting rooms? What kind of materials? What subjects are covered in the materials?

Time observation is completed: \_\_\_\_\_

Many women's groups have successfully used observation to assess whether services for abuse victims are adequate and to document bias and/or victim-blaming attitudes by the police, justice system, health professionals, or counselors.

**Example of observation: Justice for rape survivors in Bangladesh**

The Bangladeshi women's group Narippokko used semistructured observations to document how the courts in Dhaka treat abuse victims and rape survivors. Advocates sat for days in open court recording the behavior, words, and demeanor of Bangladeshi judges. They recorded verbatim comments of judges indicating their bias against rape victims and noted instances of humiliating and degrading treatment of women by court officials. These data were useful for raising awareness of the biases inherent in the treatment of female victims of violence in Bangladesh by the courts.<sup>9</sup>

**Example of observation: Readiness of reproductive health clinics to address violence in Latin America**

The International Planned Parenthood Federation, Western Hemisphere Region,

used an observation guide to assess the readiness of local affiliate centers to integrate gender-based violence into reproductive health programs (Box 9.5). The observation guide was used at the beginning of the project, as part of a situation analysis, and later on as part of the monitoring and evaluation program (the full guide is available in Spanish at [www.ippfwhr.org](http://www.ippfwhr.org).)

**FREE LISTING**

**Free listing** is a particularly useful tool for exploring a subject about which the researcher has little previous knowledge, or when the researcher wants to have as broad a discussion as possible.

The researcher asks participants to generate a list of items that correspond to a particular topic and then writes them on the blackboard or chart. Or, the researcher may hand out cards so that participants can write down their answers and then stick them up on the wall.

Free listing can be an interesting way to compare attitudes or experiences among different groups of individuals. For example, in one study, participants in a focus group were asked to name as many



different forms of violence as they could. A group of women came up with a list of more than 30 types of violence, whereas a group of men was only able to mention five different types.

Another advantage of free listing is that it may enable the researcher to detect issues (for example, a type of violence) that had not previously been considered, but which are important for community members. Free listing can be also used as a starting point for a subsequent ranking exercise to determine which acts are considered, for instance, more severe or more important.

**Example of free listing: Causes of sexual violence in Kenyan refugee camps**

Free listing was used as part of a participatory assessment of sexual violence in the Dadaab refugee camps in Kenya<sup>7</sup> as a way to identify individuals assessments of the different causes of violence (see Box 9.6). Organizers asked groups of refugees to list all the reasons why women get raped. Then they synthesized the answers according to how many groups listed each problem.

The responses indicated that refugees clearly associated sexual violence with insecurity, both inside and outside the camps. Lack of adequate cooking fuel emerged as a significant source of women’s vulnerability because women routinely have to travel long distances outside the camp to collect firewood. When researchers reviewed records of sexual violence cases reported in the preceding year, they found that 90 percent of assaults occurred while women were searching for wood, reinforcing the insights gleaned from the participatory assessment. This combination of data from different sources is also an excellent example of triangulation.

**Example of free listing: Support groups for survivors in El Salvador**

In a review of Central American gender-

**BOX 9.6 FREE LISTING FREQUENTLY CITED CAUSES OF SEXUAL VIOLENCE: DADAAB REFUGEE CAMPS, KENYA**

<i>Problem</i>	<i>Number of groups that noted as cause (n=16 groups)</i>
Insecurity inside and outside the camps	11
Lack of firewood	9
Lack of fencing	6
Unemployment	5
Poverty	4
Clanism	3
Being a refugee	2
Proximity to border	2
Bandits in camp	2
No police patrol at night	2
More men than women	2
Single women living alone	2
Economic problems	2

(From Igras et al, 1998.<sup>7</sup>)

- BOX 9.7 FREE LISTING: WHAT WE LEARNED: SUPPORT GROUP FOR SURVIVORS OF VIOLENCE, BARRIO LOURDES, EL SALVADOR**
- To be independent
  - To value ourselves
  - To be more responsible with our children
  - To make responsible decisions for oneself
  - To recognize our qualities
  - Not to be violent
  - To esteem ourselves
  - To put our abilities into practice
  - To say, “I am competent, I can do it.”
  - To empower ourselves
  - To have our rights respected and not be abused
  - To love ourselves
  - To forgive
  - To liberate ourselves
  - To respect
  - To love
  - To have solidarity within the group
- (From Velzeboer et al, 2003.<sup>10</sup>)

based violence programs, health workers were asked to list the symptoms that a woman might have that lead them to suspect that she was living with violence. In



the same study, researchers used free listing to ask women in a self-help group what they had learned from the process (Box 9.7).

## RANKING

**Ranking** is a useful technique to help participants prioritize problems and solutions. The researcher gives participants a series of categories or problems (they may be the ones that resulted from the process of free listing) and asks participants to rank them in order of priority, urgency, or severity. This activity may be carried out with different sectors of the community (such as men, women, or children) to obtain information about differences of opinion. It is also possible to do this activity at the beginning of a program and at later intervals to detect changes in attitudes.

### Example of ranking: “What is severe violence?” in Nicaragua

In the participatory study carried out by the Nicaraguan Network of Women against Violence, a ranking exercise was used to identify perceptions regarding the severity of different kinds of violence (physical, economic, sexual, and emotional). In this exercise, the researchers gave each participant a packet of cards with the names of different acts written on them. Participants were asked to classify the acts in five groups according to severity. Afterwards, they were asked to stick the cards on the wall under the signs “not violence,” “minor violence,” “moderate violence,” “serious violence,” and “very serious violence.”

Then the moderator led a discussion about why some acts are considered more severe than others, and what criteria are used to establish severity. She initiated the discussion around acts that most participants considered serious. The moderator encouraged group members who expressed different opinions to explain

their views. A list of the acts mentioned on the cards included:

- Yelling at or humiliating in public
- Throwing things
- Having affairs outside of marriage
- Demanding sex from your partner when she doesn't want it
- Threatening to hit
- Threatening to withdraw financial support
- Destroying objects that belong to the partner (such as clothes, dishes, radio)
- Not paying for household expenses
- Pushing or shoving
- Slapping
- Blows with the fist, on any part of the body except the head, that don't leave a scar
- Beating up with bruises or swelling
- Saying constantly that your partner is stupid or worthless
- Controlling your partner's activities (work, visits, friends)
- Beating up with wounds or fractures
- Blows with a fist to the head
- Blows during pregnancy
- Threats with a gun or knife

The ranking exercise has the advantage of allowing comparisons between different groups around the same acts. For purposes of comparison, one can assess the average severity assigned to an act on a scale of 0 to 4. In the Nicaraguan study, there was a great diversity of opinion as to whether having sex outside of marriage was a form of violence. Whereas middle class women felt that adultery was not violence, rural women considered it to be very severe violence because it often led to men becoming economically irresponsible at home. There was also great divergence between men and women with regard to forced sex in marriage. While men in general felt that forcing a wife to have sex should not be considered violence, most women



**FIGURE 9.1 MATRIX FOR PAIR-WISE RANKING EXERCISE**

	A. Emotional abuse by husbands of wives	B. Physical abuse by husbands of wives	C. Sexual harassment of women or girls on the street
C. Sexual harassment of women or girls on the street			X
B. Physical abuse by husbands of wives		X	X
A. Emotional abuse by husbands of wives	X	X	X

considered forced sex to be severe violence. In the words of one woman, “If he forces me, I make up excuses, my feelings change, and I come to hate what I once loved.”<sup>6</sup>

### PAIR-WISE RANKING\*

**Pair-wise ranking** allows community members to determine collectively their most significant problem or issue. They begin by listing problems/issues, and then they compare them systematically by pairs. Community members can compare and contrast the issues they have identified. Each item is successively compared against the others and the winning issue or problem is chosen. Once the matrix is complete community members can score and then rank issues/problems from most important to least important. Pair-wise ranking is a powerful tool to help community members see how different perceptions of significant reproductive health problems can be within a single-sex group and between women and men. In the Dadaab assessment, pair-wise ranking was used to prioritize issues related to sexual violence, such as most important causes of violence, most important solutions, and best coping mechanisms.

The procedure should be as follows:

1. Once rapport has been established with a group of community members,

introduce the pair-wise ranking exercise. First, use free-listing techniques to list preferences or problems in response to specific well-phrased questions. For example, what are the types of violence or abuse that women and girls experience in this community? If people identify multiple forms of violence that can be grouped under the same heading (e.g., a husband calling his wife names, telling her she is stupid, or criticizing her feelings), encourage them to identify a general category that captures these multiple forms of violence (i.e., emotional violence by husbands).

2. Draw a matrix (see Figure 9.1). As people identify different types of violence and abuse, write those types in the horizontal column at the top of the matrix. After the participants are satisfied that they have listed as many forms of violence as they can, stop and write the same list in the vertical column, starting the vertical list with the last category listed in the horizontal column. Put an X in the boxes where the pairs are repeated. For example, looking at the matrix in Figure 9.1, A, B, and C each represent a type of violence identified by community members. The X’s represent boxes where no ranking is needed, since other boxes already make the same comparison of A with C, A with B,

\* (Adapted from Igras, 1998<sup>7</sup> and RHRCC, 2004.<sup>11</sup>)



and B with C. Remember that you do not need to prioritize in terms of worst types of violence. At this point, you only need to list different types of violence affecting women and girls in the community.

3. Starting in the upper left-hand corner, ask participants to do the following: “Compare the problem or issue identified in the first row with the problem or issue identified in the first column. Which is the more important of the two?” Let the group discuss and record one answer in the cell.
4. Continue comparing problems listed in the rows with the problems listed in the first column. Be sure to give the group plenty of time for discussion. Through this discussion, individual ranking criteria will emerge and people will begin to understand why another person holds an opinion different from their own.
5. Move on to pair-wise comparisons with the problem in the second column of the problems listed in the row.
6. Continue the process of pair-wise ranking comparisons until all cells in the matrix have been filled.
7. Tally the result, recording a numerical score (count) in the appropriate column. Then prioritize the problems. First priority goes to the problem that received the highest score, second priority to the next, and so on.
8. Discuss the resulting priorities with participants. Most importantly, given the discussion and process, ask if participants feel that the ranking reflects reality. If a community group is going to move ahead with a sexual violence prevention program, will the people

support it? Will they participate? Does it speak to their needs?”

Remember to record the visual output (charts, etc.), identifying place, dates, names of participants, if possible. Provide a narrative description of the process and the data. Note: Pair-wise ranking can also be used to rank other issues, such as what kinds of interventions the community feels are most important to reduce violence against women and girls. In this case, sample lead questions might be: What do you think are the most effective methods for reducing sexual violence against women in this community? What do you think are the most effective methods for reducing domestic violence against women in this community?

### **TIMELINES AND SEASONAL CALENDARS**

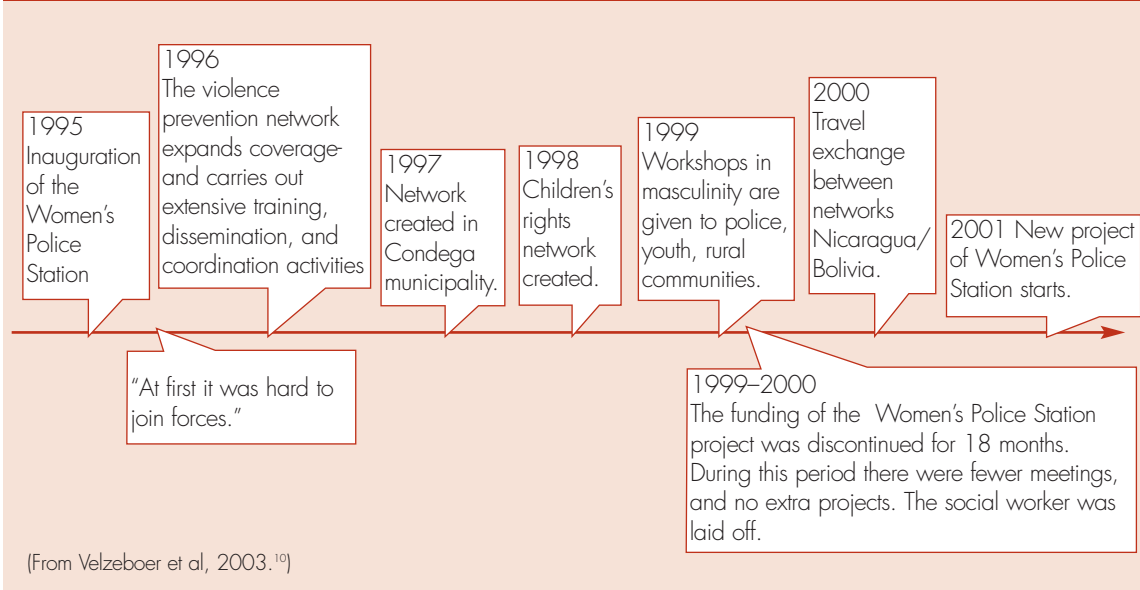
Timelines or seasonal calendars are useful for exploring trends over time, and important events leading up to certain changes. They can be used to measure experiences at a national level (for example, the events leading up to specific changes in domestic violence legislation). They are also useful for diagramming change in a community (e.g., when social violence became a serious problem) or personal experiences in the life of an individual (for example, when a woman first started being abused by her husband, and what actions she subsequently took to overcome the violence).

In a timeline, events or trends are charted according to years, months, or days. Events may be plotted along a line, or a line may be plotted along a vertical axis to indicate increases in the frequency or severity of a specific problem.

A common method in participatory research is to have community members diagram or “draw” the timeline or calendar



**FIGURE 9.2** TIMELINE CONSTRUCTED BY COMMUNITY ACTIVISTS IN ESTELI, NICARAGUA.



on the ground using sticks and other natural items (such as leaves, rocks, or flowers) to mark key events.

**Example of seasonal calendars: Sexual violence in Kenyan refugee camps**

In the Dadaab refugee camp assessment described above, the organizers used seasonal calendars to monitor periods when women are most vulnerable to rape. They asked community participants to reflect on whether there are periods or events that signal increased or decreased sexual violence. A timeline reproduced the community members' observations about incidence of rape between January 1997 and September 1998. The patterns identified through the seasonal calendar closely track the ups and downs of rapes reported to camp authorities.<sup>7</sup>

**Example of timelines: "The Road Traveled" in Central America**

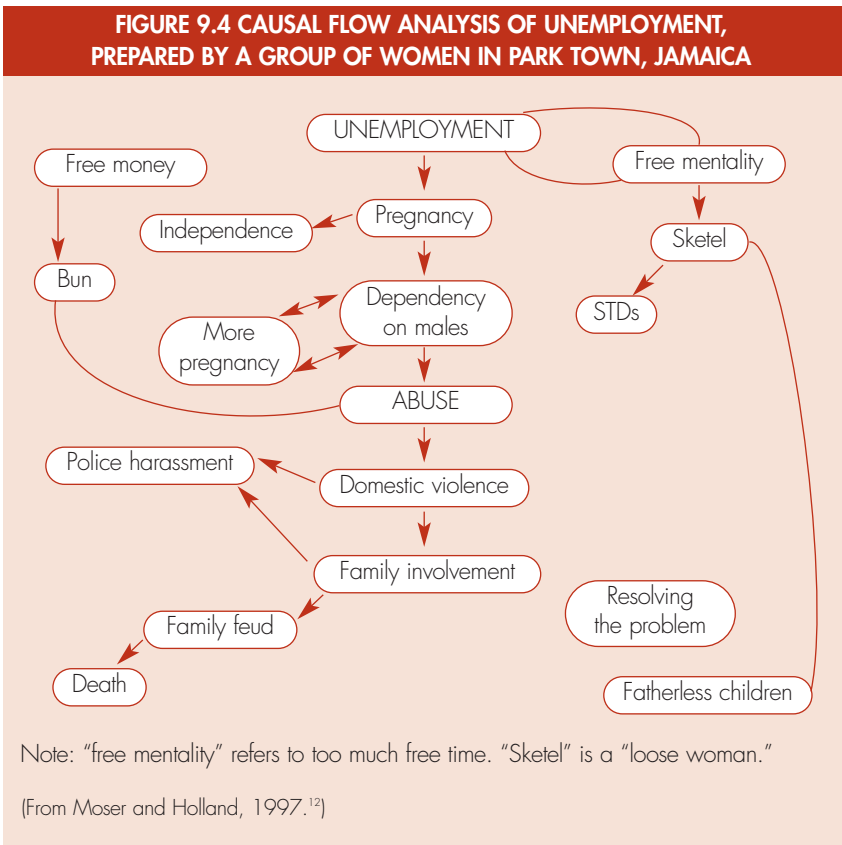
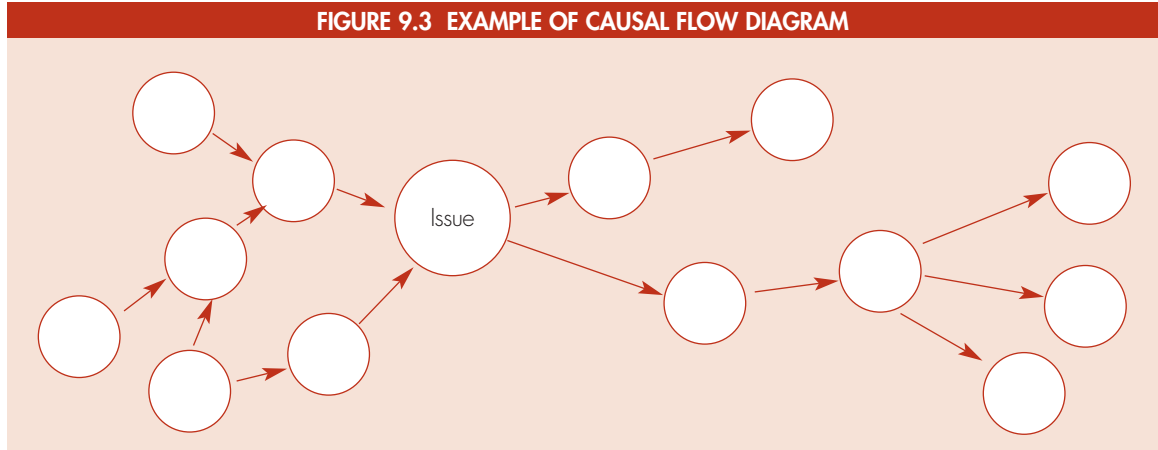
In the participatory review of gender-based violence programs in Central America (see Box 9.7), researchers used an exercise called "The Road Traveled." The facilitator gave the following introduction:

*If we imagine that every process of change is a road that we follow from one place to another, we can see that the road is not usually a straight line. Sometimes there are curves and bumps. Sometimes there are streams to cross and stones to climb over. Sometimes we end up someplace far away from where we imagined we would be, and sometimes we take a long journey and end up practically at home again. Sometimes, however, we manage to cross long distances, and find many beautiful things along the way—flowers, and trees to give us fruits and shade.*

*Let's imagine that the work of your group is like a journey. At one end is the place where you started and the other end is where we are now. Let's recreate the steps we took along the way to get to where we are.*

*When (what year) and how did the journey begin for this group? What were the major steps that helped you grow, or challenged you?*

Dates and descriptions are placed along the timeline. Above the line are events that were helpful (the "flowers"). Below the line are placed the negative events or circumstances ("the stones"). Figure 9.2



issue, problem, or desired state. This tool can be extremely useful in gaining an understanding of the underlying causes of sensitive issues. It is especially good for involving community members in setting priorities and in planning interventions.

For a causal flow analysis, the procedure should be along the following lines:

1. Once rapport has been established with a community group of participants, suggest a topic for analysis and try to link it back to comments that group members made during the exercise. For example, "You mentioned that lack of security was a cause of sexual violence. Let's talk about that. Why does sexual violence occur?"
2. On a flipchart, draw a circle and indicate the topic for discussion, which in this example is sexual violence. Ensure that all of the participants understand the topic so that they can participate fully.
3. The facilitator then asks participants to list the causes of the problem or situation.
4. Causes are written on the left-hand side of the topic, with arrows drawn into the center (i.e., from left to right, or ⇐⇒). Write clearly and recheck the direction of the arrows.

shows the timeline constructed by a group of community activists in Estelí, Nicaragua.

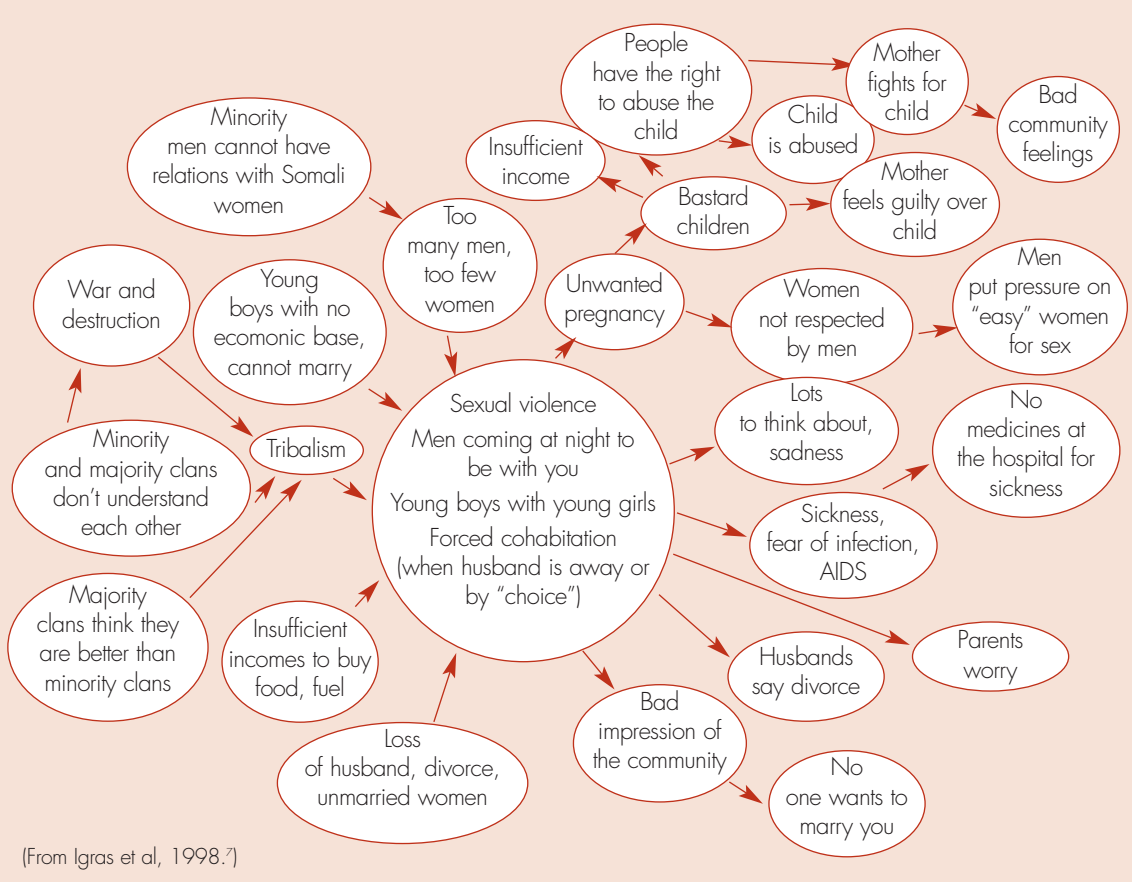
**CAUSAL FLOW ANALYSIS\***

A **causal flow** analysis (also known as web analysis) shows the relationship between causes and effects of a selected

\* (Adapted from Igras, 1998<sup>7</sup> and RHRCC, 2004.<sup>11</sup>)



**FIGURE 9.5 EXAMPLE OF CAUSAL FLOW ANALYSIS ON CAUSES AND EFFECTS OF SEXUAL VIOLENCE IN DADAAB REFUGEE CAMPS**



5. Once the list of causes has been exhausted, ask participants to list the effects of the problem. Again, let the group discuss as much as necessary before beginning to record effects on the right-hand side of the topic. The topic is linked to effects by arrows drawn out from the center, (again left to right or ⇔). Recheck the direction of the arrows. This is one of the most common errors in drawing causal flow diagrams.
6. Now “interview” the diagram by asking open-ended questions about each cause and each effect. The diagrams can become quite elaborate and will allow the facilitator to delve even more deeply into an issue. Think about this exercise in terms of unpeeling the outer layers of an onion to get to the inner core.

7. Try limiting the number of causes and effects to 20 or so. Simpler diagrams tend to be easier to follow.
8. Record the visual output as shown in Figure 9.3, identifying it as necessary by place, dates, names of participants, and so on. Include a narrative description of the process.

Researchers from the World Bank and the University of the West Indies explored the impact of violence on poor communities in Jamaica in a Rapid Urban Appraisal. In one exercise, young women were asked to analyze the impact that unemployment among women had on young women in their community. They said unemployment leads to stronger dependency on males for money—either through higher rates of teenage





pregnancy or through a shift from self-reliance to a reliance on “free money” provided by men. This dependency in turn gives rise to an increase in abuse and domestic violence. Subsequent family involvement might either resolve the problem or lead to a family feud and deaths through reprisals.

Figure 9.4 illustrates the web analysis that emerged from this exercise. Significantly, young women in this community clearly articulated the association between community violence and intimate partner abuse, a link that is frequently left out when outsiders analyze community violence.<sup>12</sup> Figure 9.5 shows the results of a causal flow exercise carried out in the Dadaab refugee camps to explore the causes and effects of sexual violence.

## OPEN-ENDED STORIES

Open-ended stories are useful for exploring people’s beliefs and opinions, and for identifying problems or solutions while developing a program. The method is especially appropriate for use with people with less formal education, and helps stimulate participation in discussions.

In an open-ended story, the beginning, middle, or ending of a relevant story is purposely left out. The audience discusses what might happen in the part of the story that is missing. Usually, the beginning tells a story about a problem, the middle tells a story about a solution, and the end tells a story of an outcome.

To use this technique, consider the following:

- It is important to design the whole story in advance, so that the part that is left out “fits” the complete story. You will need a storyteller with good communication skills. Depending on the amount of group discussion, telling the story and filling in the missing part may take as long as two hours.

- The storyteller must be able to tell the story, listen, and respond to the community analysis. Using two facilitators can help—one to tell the story and one to help the community fill in the “gaps.”

The story and the response need to be captured. Tape recording can be helpful in this instance.

### Example of open-ended stories: Forced sex among adolescents in Ghana

In Ghana, investigators used a version of the open-ended story technique to discover ways in which adolescents say “no” to sex if they do not want to participate and what would happen if the adolescents tried to use condoms.<sup>13</sup> By learning how young people react in such situations, the team hoped to refine its health promotion materials to support healthy sexual behavior better.

In this adaptation, investigators used a storyline approach in which participants act out a story based on a scene described by the facilitator. At appropriate moments, the facilitator cut into the story to elicit discussion and to introduce a new element or “twist” that might change people’s reactions. The storyline technique created a relaxed and entertaining atmosphere for young people to act out and discuss issues of sexuality and abuse in a nonthreatening atmosphere.

The stories allowed participants to discuss an issue without necessarily implicating themselves in the situation. To help animate the characters in the minds of participants, the facilitators solicited input from the group about the names, traits, and personality of the characters. Following is an example of one of the stories used to discuss forced early marriage:

Alhaji married Kande with her parents’ blessing. Kande (meaning the only girl among three boys) is 14 years old and



Alhaji is 50 years old. Alhaji has three wives already but none of them gave birth to a son. So one day he calls Kande and discusses his problem and his wish of getting a son from her. He also tells her that since she is a virgin, she will by all means give birth to a boy. Kande gets frightened and tells him that she is too young to give birth now. She also assures him that if he can wait for two more years, she will give him a son. Alhaji replies, “I married you. You can’t tell me what to do. Whether you like it or not, you are sleeping with me tonight.”

After the drama sketch was played out, the facilitator asked the group if they thought the story was realistic and if similar situations happened in their area. After analyzing their data, the authors noted, “These stories seemed to show that, at least among these participants, coercion, trickery, deceit, force, and financial need are well known and all too common elements of sexuality for youth in Ghana.”

**Example of open-ended stories: Rosita’s story, Mexico**

Mexican researchers used a similar approach to explore community attitudes toward women living with abusive partners.<sup>14</sup> As part of a research and demonstration project in Ixtacalco, Mexico, they conducted a series of focus group sessions during which they presented participants with a series of questions based on the lives of a fictional couple, Victor and Rosita. In this case, the facilitator read the scenario. Then researchers handed each subgroup of participants a card with a question on it to spur discussion (Box 9.8).

**Example of open-ended stories: Rosita goes to the health clinic**

In the PAHO review of gender-based violence services in Central America, the story of Rosita was adapted to talk to health

**BOX 9.8 ROSITA’S STORY**



Rosita lives with her husband Victor and her two children, a three-year-old son and a five-year old daughter. She finished fifth grade and is a housewife, but for some time now she has wanted to leave Victor. He does not give her enough housekeeping money, and does not let her work because he gets jealous. When he comes home drunk, he insults her and sometimes he forces her to have sex even though she doesn’t want to. Rosita has tried talking to him, but it’s like talking to a wall. She has put up with this situation for

the last four years and hasn’t told anybody. She doesn’t know what to do...

The facilitator divides the group into four subgroups, and gives a different card to each. Each card describes an alternative that Rosita has and contains a series of questions that the participants are asked to answer to complete the story.

**Group One**

Rosita decides to ask for help:

1. Where does she go to ask for help?
2. What do they say to her?
3. What does she decide to do?

**Group Two**

Rosita asks someone to talk to Victor:

1. Who would Victor listen to?  
What should this person say?
2. What would Victor’s reaction be if other people try to intervene?
3. What reasons does Victor give for treating Rosita this way?

**Group Three**

Rosita decides to leave Victor:

1. What is going to be the most difficult challenge for her?
2. How will it affect her children?
3. What does Rosita need to succeed on her own?

**Group Four**

Rosita decides to leave Victor but two weeks later returns to him:

1. What makes Rosita return to Victor?
2. How do her family/friends react?
3. Do you think this is best for her and her children?

(From Fawcett et al, 1999.<sup>14</sup>)

workers about how women living with violence are treated in the health center.<sup>10</sup>

The story ends when Rosita goes to the health center for a routine visit and the nurse asks her whether she has ever been mistreated by her husband. The group is asked to imagine how the story ends through a discussion of the following questions:

- What will Rosita tell the nurse when she asks about violence?

BOX 9.9 COMMONLY USED GENOGRAM SYMBOLS

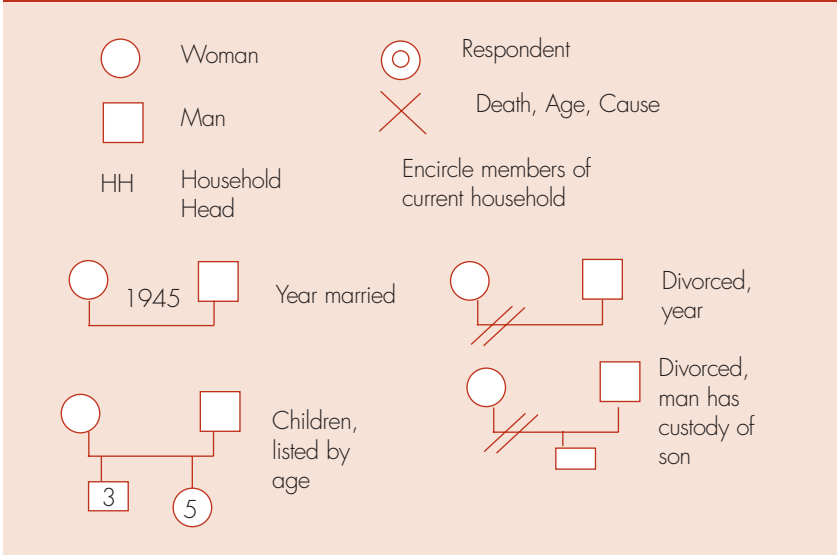
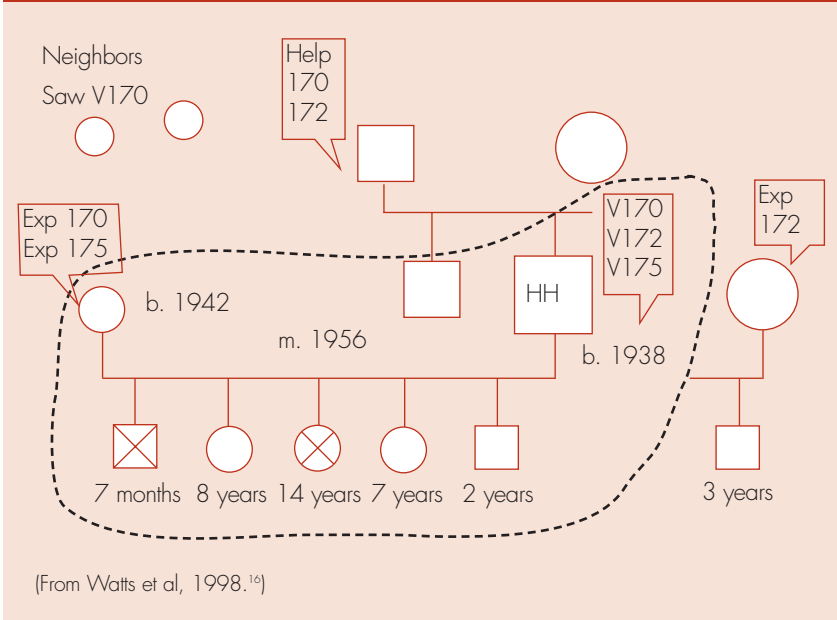


FIGURE 9.6 EXAMPLE OF A GENOGRAM, ZIMBABWE



- Do you think she will receive this help at the health center?
- Is Rosita's situation common for women in this community?
- What happens when women come to this health center asking for help with domestic violence situations?

These questions were used to introduce a more focused discussion on the type of services offered to women in Rosita's situation in the participants' health center. The story stimulated a very rich discussion of how providers detected violence in their clients, and how they treated them.

Examples of providers' comments follow:

- *I used to treat women with muscle spasms all the time and I never asked them any questions. Then I started to realize that many of these cases were due to violence.*
- *Women are waiting for someone to knock on their door; some of them have been waiting for many years... They are grateful for the opportunity to unload their burden.*
- *Sometimes taking a Pap smear, I'll see older women with injuries, dryness, and bruises from forced sex.*

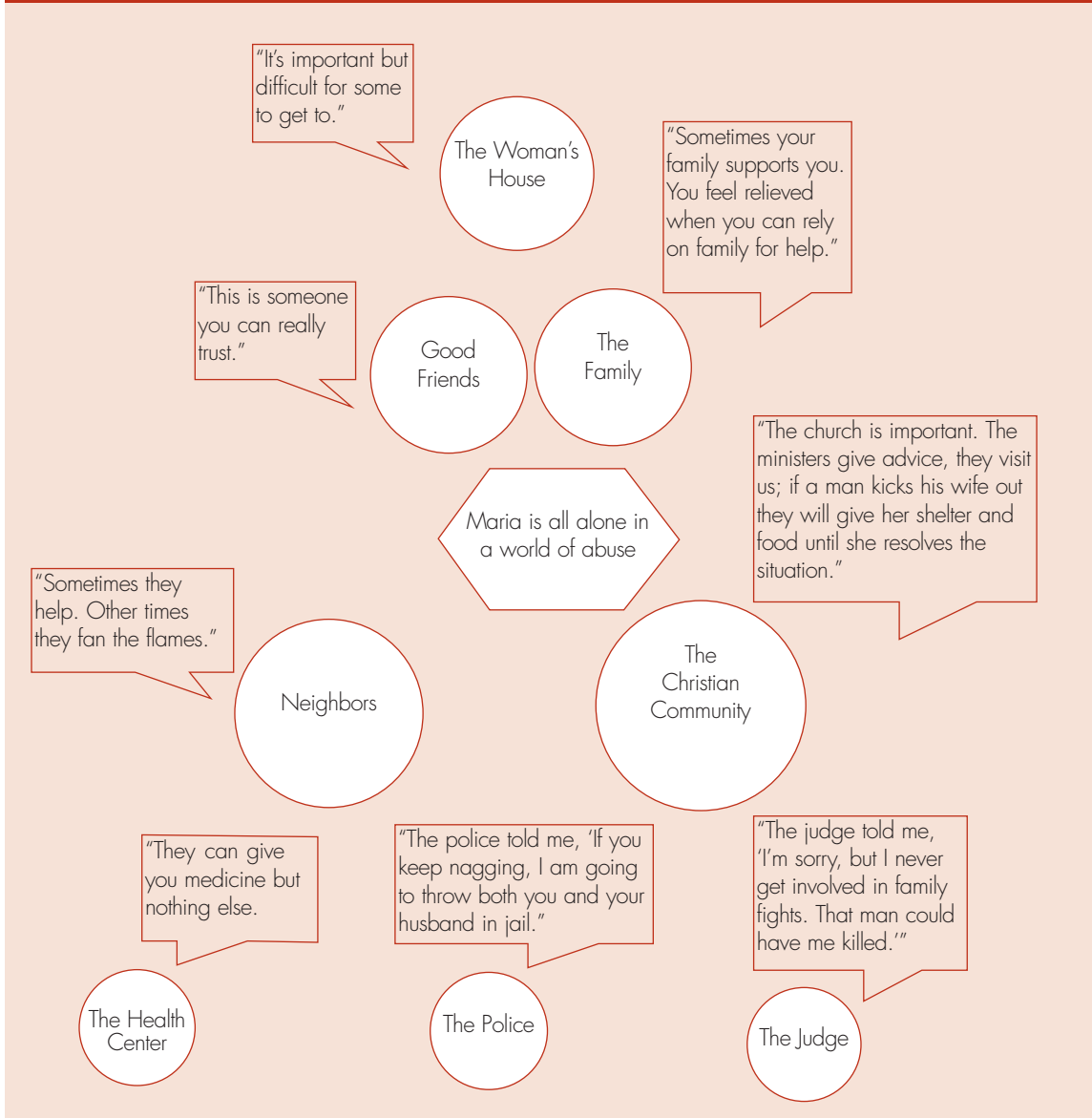
GENOGRAMS

The **genogram** is a diagramming technique often used in counseling to record general information about families and/or households (such as names, dates of birth, and deaths). It is also used to capture more complex information, such as relationships among members or patterns of violence. Counselors use the genogram to examine patterns of abuse within families to explore possible sources of support. The technique

- How will Rosita feel when she is asked about violence?
- How does the nurse feel about asking Rosita about her family life?
- What will happen to Rosita if she admits what is happening to her at home?
- What type of help would be most useful to her?



**FIGURE 9.7 OPINIONS OF RURAL NICARAGUAN WOMEN ON SERVICES FOR BATTERED WOMEN USING A VENN DIAGRAM**



can be adapted to the research setting to capture complex patterns of violence, including who participates, who intervenes, and who has witnessed violent incidents. The genogram can aid interpretation because it visually summarizes complex data.<sup>15</sup>

The genogram is drawn in a manner similar to a family tree. Box 9.9 includes some symbols used to represent different information in the genogram. The genogram can be used during an interview to document complicated family and household structures. Such visual representations

of households are especially helpful in situations in which there are multiple marriages, in which children from various partnerships live under one roof, and in cultures where local kinship terms (such as sister or auntie) are not specific and can refer to individuals with various relationships to the respondent.

**Example of genograms: Domestic violence in Zimbabwe**

In Zimbabwe, the Musasa Project used the genogram to capture data on patterns of



violence within households.<sup>16</sup> Because Zimbabweans are accustomed to thinking in terms of “family trees,” it was relatively easy for most respondents to relate to the genogram. The interviewer began the interview by drawing the genogram, noting dates of birth, death, relationships, lodgers, and other key data. At the section of the questionnaire where the respondent was asked about her experiences of violence, the interviewer returned to the genogram and identified who perpetrated different forms of violence, and whether there were others who also experienced, witnessed, or supported acts of violence by other perpetrators.

For example, if a woman reported being hit by her husband (Q74), the interviewer would write V74 (for violence on Question 74) next to the husband’s square on the genogram. If he hit her on several occasions, the interviewer would add more than once. If he had also hit the respondent’s son, and the mother-in-law witnessed the incident, the interviewer would note expV74 next to the son’s symbol, and sawV74 next to the mother-in-law’s symbol.

In Figure 9.6, an example taken from the survey, the respondent is married and lives with her husband who is the head of the household, their three living children, and her brother-in-law. She had two children who died—a boy at seven months, and a girl at age 14. Her husband has a second wife and a three-year-old boy who do not live with them. He has been violent toward the respondent, punching her and kicking her. Her father-in-law supported the violence. Neighbors saw the respondent being humiliated, but did not witness the physical assaults.

## CIRCULAR OR VENN DIAGRAMS

**Venn diagrams**, also known as circular or “chapati” diagrams, are useful for analyzing social distance, organizational

structures, or institutional relationships.

The facilitator draws circles of different sizes to represent individuals or organizations that are linked to the problem or community under study. The circles can also be cut out of colored paper and taped to a flip chart. The size of the circles indicates the item’s importance. The item’s location on the sheet represents how accessible this person or institution is. The technique may be used in small or large groups.

Another method is to make two diagrams per group—one that indicates the real situation, and another that represents the ideal situation. Through these diagrams, one can compare how different groups perceive a subject.

Rural Nicaraguan women in a participatory study carried out by the Nicaraguan Network of Women against Violence produced a Venn diagram to assess the public’s view of the proposed domestic violence law (Figure 9.7). The diagram indicates the individuals or institutions that might be able to help “Maria,” a woman whose husband beats her. The circles indicate by size and proximity to Maria how helpful and accessible each individual or institution is perceived to be to her. The text accompanying the circles illustrates the views expressed by women in the group.<sup>6</sup>

## COMMUNITY MAPPING

A community map is an excellent tool for collecting qualitative data, especially in cultures that have a strong visual tradition. As with many other participatory techniques, maps can be created on paper with colored pens or constructed in the dirt, using natural materials such as sticks and pebbles. Mapping can be used to identify or highlight many aspects of a community, including geographic, demographic, historic, cultural, and economic factors. Following are suggestions for conducting a



mapping exercise by the CARE team’s report on the Dadaab refugee camp.<sup>7</sup>

Visit the community and ask community members to participate:

1. Introduce the purpose of your visit, assess people’s interest and availability.
2. Request that someone draw a map of the desired area.
3. Some people will naturally reach for a stick and begin drawing on the ground. Others will look around for paper and pencils. Have materials ready to offer, if it is appropriate.
4. As the map is beginning to take shape, other community members will become involved. Give people plenty of time and space. Do not hurry the process.
5. Wait until people are completely finished before you start asking questions. Then interview the visual output. Phrase questions so that they are open-ended and nonjudgmental. Probe often, show interest, let people talk.
6. If there is additional information that would be useful, you may ask focused questions once conversation about the map has finished.
7. Record any visual output, whether it was drawn on the ground or sketched on paper. Be accurate and include identifying information (place, date, and participant’s names if possible).

**Example of community mapping: Sexual violence in Kenyan refugee camps**

The team from CARE used community mapping as part of its rapid assessment of sexual violence in the Dadaab refugee camps on the border between Kenya and

**FIGURE 9.8 SCHOOL MAP**



A map of their school drawn by female high school students to indicate places where they feel unsafe. The main “unsafe” zones are the girls’ toilets (upper left hand corner), the outer entrance, and the male staff room (lower right hand corner), where male teachers harass girls. The picture next to the staff room shows a man taking a girl by the hand with the caption “girl is crying.”<sup>17</sup>

(From Abrahams, 2003.<sup>17</sup>)

Somalia.<sup>7</sup> Participants were asked to make a map of the camp community and to identify areas of heightened risk for women. The women identified several key areas where they did not feel safe: (1) the bushes around the community well, where attackers lie in wait for women; (2) the camp’s western border, where bandits can easily enter through weakened sections of the live thorn fences; and (3) the hospital, where women line up before dawn to collect coupons guaranteeing them access to the health center later in the day. This exercise allowed NGO organizers to identify ways to improve women’s safety.

**Example of community mapping: Sexual violence in schools in South Africa**

Researchers in Cape Town, South Africa, asked high school girls to draw a map of places where they felt unsafe.<sup>17</sup> The map



**FIGURE 9.9 DRAWINGS MADE BY CHILDREN AGED 13–16 YEARS HELD IN A HOME FOR ABANDONED CHILDREN AND THOSE WHOSE PARENTS COULD NO LONGER CARE FOR THEM**



Picture one: "This girl, her enemy raped her. They were going out first and he said 'If you love me you will have sex with me.' She said 'No.' She doesn't have a T-shirt now. He tore off her T-shirt, you see she is only wearing a bra. He took off her shirt and raped her. He slapped her and she scratched him on the neck and he is smiling. He is saying, 'Yes I raped her.' So she goes to the doctor and asks the doctor to do some tests. The doctor says she has HIV and AIDS...Her virginity is broken."



Picture two: "Mine is a boy who drinks alcohol and he is peeing. He just pees all over and he does not care about people. If he gets drunk he can rape you."



Picture three: "This is me and my own brother has raped me. Here I cry and I don't want to tell my mother."

(Figure 9.8) shows that the girls considered the most unsafe places to be:

- The gates of the school, where former students would come to sell drugs and harass students.
- The toilets, which, in addition to being filthy, were places where girls could be harassed by gangs.

- The male teachers' staff room, where teachers would collude to send girls for errands so that other teachers could sexually harass or rape them during their free hours. The girls were so afraid to go near the staff room that they arranged always to do errands in pairs so as to be able to protect each other.

## ROLE PLAYING

Using role-playing can be an effective way to stimulate group discussion, in much the same way as incomplete stories do.

### Example: Role playing used in the Stepping Stones program for HIV prevention in South Africa

The South African Medical Research Council adapted the well-known Stepping Stones methodology for HIV prevention to include activities around domestic violence. One of the exercises used role playing, and was an effective tool for understanding community members' views on domestic violence.<sup>18</sup> The exercise is described below.

### Different ways that men and women mistreat each other

Divide the group into subgroups of four or five people and ask them to develop a very short role-play showing ways in which men and women mistreat each other.

Present these role-plays to the whole group. After the role-play has finished, ask the characters to stay in role for a few minutes while you invite the rest of the group to ask the characters questions. The characters should answer these in role. The sorts of questions that they might ask are:

- How does she feel when he does this? What does she fear?
- Why does he do this? How does he feel?
- Who else is there? Who witnesses it?



Who is involved in it?

- How do they feel?
- What does the woman do? Why does she respond in this way?
- What do the other people do? Why do they act in these ways?
- What can a person do to help him/herself when he or she experiences such problems?

Replay the role-play showing some of these strategies.

It is important to de-role after this exercise. Go around the group and ask participants in turn to say their name and make a statement about themselves from real life, e.g., “I am Matsie and I am not abused by my husband” or “I am Zolile and I hit a girlfriend once but do not do it anymore.”

## BODY MAPPING

**Body mapping** is used frequently in studies of sexuality and reproductive health to gain an understanding of how participants view their bodies, or what information they have about how their bodies function. It is particularly useful for children who may have difficulty expressing their experiences in words, and for discussing sensitive and/or traumatic experiences.

### Example of body mapping: Sexual violence against children in South Africa and Namibia

Researchers in South Africa and Namibia conducting interviews with children who had been sexually abused asked the children to draw pictures and tell stories about them. Examples of the drawings made by the children are shown in Figure 9.9.<sup>19</sup>

## PHOTO VOICE

The **photo voice** technique, also known as Shoot Back,<sup>20</sup> is an excellent method for participatory research. Wang, who used photo voice with Chinese peasant women to engage them in discussions about their health, notes that “Photo voice enables people to identify, represent, and enhance their community through a specific photographic technique. It provides people with cameras to photograph their perceived health and work realities. Photo voice has three main goals: to enable people (1) to record and reflect their personal and community strengths and concerns, (2) to promote critical dialogue and knowledge about personal and community issues through group discussions of photographs, and (3) to reach policy makers.”

The steps of photo voice, as presented by Wang, are the following:

- Conceptualize the problem.
- Define broader goals and objectives.
- Recruit policy makers as the audience for photo voice findings.
- Train the trainers.
- Conduct photo voice training.
- Devise the initial theme/s for taking pictures.
- Take pictures.
- Facilitate group discussion.
- Allow for critical reflection and dialogue.
- Select photographs for discussion.
- Contextualize and storytell.
- Codify issues, themes, and theories.
- Document the stories.
- Conduct the formative evaluation.
- Reach policymakers, donors, media, researchers, and others who may be mobilized to create change.
- Conduct participatory evaluation of policy and program implementation.

More information is available on this method at [www.photovoice.com](http://www.photovoice.com).





FIGURE 9.10 TWO BOYS ATTACKING A GIRL AND TAKING AWAY HER FOOD



When this photo was discussed the girls told researchers that boys often grabbed their breasts and genitals in order to extort food or money.

### Example of photo voice: Sexual violence in South African schools

In the study on sexual violence in schools in South Africa, researchers gave female students disposable cameras and asked them to take pictures of places where they felt unsafe. The film was developed the same day, and the following day, the photos were used to initiate discussion around problems at the school. The photos were also used subsequently to convince school authorities to improve the sanitary conditions of the school.<sup>17</sup>

1. Shrader E, Sagot M. *Domestic Violence: Women's Way Out*. Washington, DC: Pan American Health Organization; 2000.
2. World Health Organization. *WHO Multi-country Study on Women's Health and Domestic Violence: Study Protocol*. Geneva, Switzerland: World Health Organization; 2004.
3. Hudelson P. *Qualitative Research for Health Programs*. Geneva: Division of Mental Health, World Health Organization; 1994.
4. Barbour R, Kitzinger J, eds. *Developing Focus Group Research: Politics, Theory and Practice*. London: Sage Publications; 1995.
5. Barbour R. Using focus groups in general practice research. *Family Practice*. 1995;12(3):328-334.
6. Ellsberg M, Liljestrand J, Winkvist A. The Nicaraguan Network of Women Against Violence: Using research and action for change. *Reproductive Health Matters*. 1997;10:82-92.
7. Igras S, Monahan B, Syphrines O. *Issues and Responses to Sexual Violence: Assessment Report of the Dadaab Refugee Camps, Kenya*. Nairobi, Kenya: CARE International; 1998.
8. Patton M. *Qualitative Evaluation and Research Methods*. 2nd ed. Newbury Park: Sage Publications; 1990.
9. Azim S. Personal Communication. Washington, DC; 2002.
10. Velzeboer M, Ellsberg M, Clavel C, Garcia-Moreno C. *Violence against Women: The Health Sector Responds*. Washington, DC: Pan American Health Organization, PATH; 2003.
11. Reproductive Health Response in Conflict Consortium. *Gender-based Violence Tools Manual for Assessment and Program Design, Monitoring, and Evaluation in Conflict-affected Settings*. New York, New York: Reproductive Health Response in Conflict Consortium; 2004.
12. Moser C, Holland J. *Urban Poverty and Violence in Jamaica*. Washington, DC: World Bank; 1997.
13. Tweedie I. Content and context of condom and abstinence negotiation among youth in Ghana. In: *Third Annual Meeting of the International Research Network on Violence against Women*. Takoma Park, Maryland: Center for Health and Gender Equity; 1998. p. 21-26.
14. Fawcett GM, Heise L, Isita-Espejel L, Pick S. Changing community responses to wife abuse: A research and demonstration project Ixtacalco, Mexico. *American Psychologist*. 1999;54(1):41-49.
15. Watts C, Shrader E. The genogram: A new research tool to document patterns of decision-making, conflict and vulnerability within households. *Health Policy and Planning*. 1998;13(4):459-464.



16. Watts C, Ndlovu M, Keogh E, Kwaramb R. Withholding of sex and forced sex: Dimensions of violence against Zimbabwean women. *Reproductive Health Matters*. 1998;6:57-65.
17. Abrahams N. *School-based Sexual Violence: Understanding the Risks of Using School Toilets Among School-going Girls*. Cape Town, South Africa: South African Medical Research Council; 2003.
18. Welbourn A, Rachel J, Nduna M, Jama N. *Stepping Stones: A Training Manual for Sexual and Reproductive Health Communication and Relationship Skills*. 2nd ed. Pretoria, South Africa: South African Medical Research Council; 2002.
19. Jewkes R, Penn-Kekana L, Rose-Junius H. "If they rape me, I can't blame them": Reflections on the social context of child sexual abuse in South Africa and Namibia. Submitted.
20. Wang C. Photo Voice: A participatory action research strategy applied to women's health. *Journal of Women's Health*. 1999;8(2):185-192.