**VASA-Qualitative Social Autopsy Procedures Manual**

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COMSA Social Autopsy Project

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## **Introduction:**

While quantitative (traditional VASA) questions provide necessary information about the biomedical and sociocultural causes of maternal, neonatal, infant, and child deaths, there are aspects of a patient’s story that can be difficult to fully explain or explore without open-ended, qualitative questions. In the context of a traditional VASA study, the qualitative supplement provides the opportunity to obtain a more in-depth explanation about the “why” behind certain behaviors and experiences, and not just “what” occurred. For example, a mother may not seek care for her sick newborn despite indicating that she had no barriers to care-seeking. A qualitative probe may uncover that she was not allowed to make care-seeking decisions for her family, something she would not consider as a barrier to care-seeking. Responses such as these often cannot be adequately solicited by quantitative questions with preset responses options. In addition, such specific, individual-level responses are difficult to identify in other qualiltative approaches, such as focus groups or key informant interviews that might not directly map to individual deaths.

Qualitative probes may uncover other factors, such as cultural beliefs and expectations, that provide more detailed and nuanced information that can help contextualize the death. For example, understanding that women are typically not allowed to take their baby outside the home for at least a week after delivery would help explain why care was not sought for newborn jaundice until the baby was in extremis. Such information is often missed if researchers rely exclusively on quantitative data.

In addition, the use of a qualitative supplement within the context of an existing VASA study has the added value of drawing upon what is learned through the VASA process to provide more targeted inquiry of the most relevant issues. What is proposed here is different than a focus group of respondents or interviews with key informants, for example, because VASA studies allow for an understanding of cause of death prior to the qualitative supplement being administered. Thus, questions and probes can be aligned in response to the greater understanding of each individual respondent’s situation. This provides a unique opportunity to truly understand the factors leading up to the death of a mother, newborn, infant, or child.

Part of what makes this qualitative supplement unique from the open-ended response option included in some traditional VASAs (e.g. “do you have anything more to say?”), is that the field workers administering these surveys are trained to ask high-quality, locally-tailored follow-up questions, that allow them to dig deeper into the narrative and the situations surrounding the death. Various examples can be found at the end of this manual of information garnered through qualitative supplements that would not otherwise be identified through a general VASA.

This manual outlines the minimum requirements needed to implement the qualitative supplement by institutions that already administer the traditional quantitative VASA. How you use this manual – especially with regard to the sampling frame and methods portion - will depend on what you hope to gain from this information. The information gathered through this supplement can help to answer introductory questions about a community or population, or it can answer more specific questions about a certain cultural practice, a small cadre of a population, or the sociocultural practices leading to more frequent manifestations of particular diseases (e.g. the use of non-sterile substances for cord care leading to increased incident of sepsis).

This manual cannot anticipate every possible scenario of VASA implementation. Some users may be using the JHU Verbal and Social Autopsy tool, while others may be using a different VASA instrument. Some users may be planning large scale, population-based inquiries, while others may be relying upon the VASA in a smaller, more targeted setting. Nonetheless, we have attempted to provide some generalized guidance to assist in decision making about whether, when, and how to make best use of the VASA-QUAL qualitative supplemental modules.

### How to use this manual:

To tailor the use of this manual to your own project or area of inquiry, you will need to begin with these steps (which are visually displayed in the below diagrams):

## **Step 1: Why do you want to use a qualitative supplement?**

The use of the manual must begin with carefully considering why you are interested in using the qualitative supplement in the first place. What do you hope to learn from the information? Do you have a specific question, or are you interested in more broadly learning about a population or location? Use the below decision tree to help identify the most applicable qualitative modules for your project and drive your future use of the qualitative supplement.

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## **Step 2: With whom are you planning to use the supplement?**

This step requires that you begin to think about the population that you will need to survey to answer your question(s), and how that population may be best identified. This step will also require an assessment of your organizational capacity, as supplemental qualitative interviews are labor-intensive and require interviewers who have been trained in qualitative interviewing. Thus the decision about who to interview must be informed by an assessment of the resources at hand. In the following figure, the fundamental question is whether your interest is specific enough to require the identification of a specific sub-population within VASA respondents (top), or whether your interest is more general and thus can be assessed from a sampling of all VASA respondents (bottom).



This decision tree focuses on instances when interviewers would be able to administer the VASA-QUAL supplemental modules at the same time that the larger VASA was administered. This may not always be possible, but the cost and logistics of completing a full VASA with a respondent and then later returning to ask additional open-ended questions warrant careful consideration. That is not to say it cannot be done that way – just that it introduces additional challenges. One counter-argument, however, might be that different interviewers may be better suited to quantitative and qualitative data collection, necessitating multiple visits. It is also possible that the length of the VASA and qualitative supplements (depending on how many modules will be administered) may create an interaction that deteriorates due to its duration, and better information would be gathered if it was divided into two visits. If either of these situations pertains, and your interest is unique to a certain subpopulation(s), then the individuals who qualify can be identified from the completed VASA interviews and a sample selected from among these individuals to return for the qualitative supplement.

## 

## **Step 3: How many qualitative supplements should you administer?**

The number of qualitative supplements that you administer will depend upon your question(s), the number of complete VASAs you plan to administer, and your personnel capacity for administering and properly analyzing the additional qualitative modules. Qualitative research does not lend itself to sample size calculations akin to quantitative studies, and often it is difficult to determine a priori how many interviews will be needed before ‘thematic saturation’ is reached. In qualitative research, ‘thematic saturation’ is reached when the interviewer is no longer hearing anything new during interviews. This can occur after relatively few interviews (say, 10 or 15), or may not occur until later in the process, and is also somewhat dependent on the breadth of the interview topics. Regardless, qualitative samples are typically much smaller than quantitative samples. It would not be unusual to have a total of 25-50 in-depth interviews. As sample sizes increase, managing the audio recordings, translation / transcription, and analyses of data can become quite cumbersome and should be weighed against the added value of the information being learned.

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## **Step 4: When should you administer the modules?**

At which point in the VASA process you administer the qualitative supplement will largely depend on your question(s), your population of interest, and the level of training of your interviewers.

For example, if your question(s) is/are specific to a certain cause of death, the qualitative modules will need to be administered separately from the main VASA, after the cause of death has been determined and a sub-population can be identified from which additional data are necessary to collect. This will likely require returning to individuals some weeks after their initial VASA, since rapid diagnostics for VASA have yet to be developed.

In another example, if your interests focus on a sub-population that can be readily identified through the standard VASA process (e.g. mothers under age 20), it may be possible to administer the qualitative modules at the same time as the traditional VASA.

The skills of the data collection staff are another variable to consider. Field staff who have been trained to conduct traditional closed-ended interviews (such as field workers employed by health and demographic surveillance sites or those conducing national Demographic and Health Surveys) typically have a different skill set than a well-trained qualitative interviewer. While closed-ended survey administration requires strict adherence to such thinigs as question wording, order, and response options, open-ended qualitative inqury often involves interviewers exercising their own judgement when obtaining information from respondents. Qualitative interviewers may allow the respondent to lead the conversation in unexpected directions, circle back to topics addressed previously, explore newly emerging themes, or inquire about potential contradictions, all of which takes practice to do effectively while still obtaining the desired information set forth in the qualitative interview guide. It is possible that VASA-trained field workers may require additional training, or you may consider using different interviewers for the quantitative and qualitative portions of the VASA.

If the qualitative supplement is conducted as part of the standard VASA, typically administering the qualitative modules after the completion of the standard VASA appears to work well, although respondents can be tired by then, and they may feel as though they have already answered many of your questions. Sometimes respondents may not appreciate the difference between their prior answers and the more open-ended responses being sought, in which case it is up to the interviewer to frame the questions in such a way as to put the respondent at ease (e.g. “I know we talked about this before, but I would like to ask about it in a slightly different way. Can you tell me in your own words about…”)

Ultimately, the decision about when to administer the modules will depend on your setting, your goals for the study, the number of qualitative modules being administered, and the skillset of your interviewers.

Diagram

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## **Requirements for using VASA-QUAL supplemental qualitative module(s):**

### Institutional

It is expected that institutions implementing the qualitative supplement are already familiar with and have a plan in place for the administration of the traditional VASA. This supplement is not intended to stand alone, but rather to be an added component to the traditional VASA. The institution must understand the purpose and function of the qualitative supplement, as well as have access to the funding and support needed to successfully carry out this additional portion. The greatest areas of institutional buy-in include the ability to provide adequate ***personnel*** and ***technology*** to carry-out qualitative data collection, transcription, and analysis. **This includes personnel with qualitative experience.**

### Personnel

Utilizing adequate, well-trained personnel is the most critical requirement for the implementing the qualitative supplement. ***We highly recommend including an experienced qualitative methodologist on your team.*** The training needs of qualitative interviewers are further outlined in Appendix 1, the brief training manual for interviewers, but broadly, staff must be trained in conducting semi-structured interviews and modifying their interview questions to the local culture and population. Secondly, staff conducting and transcribing interviews must also be fluent in the local language(s). Lastly, there must be enough staff to carry the process through to completion, which includes final coding and analysis of the qualitative data. The experienced qualitative methodologist(s) will need to train the team and lead the process throughout. Team members, which will vary in number depending on the size of the project, will include: supervisor(s), trainer(s), qualitative interviewer(s), coder(s), and analyst(s).

### Technology

Technological needs and access will vary greatly between research sites. We have listed below the minimum technology required to administer a qualitative supplement:

* Paper and pencils/pens for notetaking during interviews
* Audio-recording devices: at least one per interviewer
* Computers for transcribing with a word processing program such as Microsoft Word or One Note

The purchase of qualitative coding software, such as NVIVO or ATLAS.ti, can be helpful and can streamline the process, but is not absolutely necessary. There are also online platforms such as Dedoose and others that can make collaborative coding and analysis possible.

Coding can be conducted manually on printed hard copies, using the comment function in Microsoft word, or in several other creative ways that minimize reliance upon technology. However, greater numbers interviews and greater lengths of each transcript will make software solutions more important from a workflow and efficiency standpoint.

## **Methodology**

### Sampling

As described above, your sampling frame will be dependent on the question(s) that you are answering with your qualitative supplement, the number of general VASAs that you will be administering, and your personnel capacity to adequately administer and analyze the qualitative modules. This will greatly vary by location, but a few general ideas are:

* Sample 5-10% of your general VASA population; OR
* Sample an entire subpopulation of interest to your question(s) (all sepsis deaths, for example); OR
* Plan on ~30-50 lengthy, robust interviews; OR
* Plan on ~50-100 short interviews.

### Data Collection

All qualitative supplements should be administered by face-to-face interview with someone close to the deceased who is informed about the situation surrounding the death (typically the mother in the case of neonatal or U5 deaths). As is the case with the standard VASA, all interviewees must provide informed consent in keeping with local institutional requirements. The interviews must be conducted in the language of the interviewee, and interviews must be audio-recorded for verbatim transcription. Beyond this, the methodology used for administration of the qualitative supplements will vary depending on the question(s) asked, population surveyed, and how the standard VASA is administered.

Here are a few examples of potential administrations of the qualitative supplement:

*Government A is interested in understanding why previous research has shown that their national rate of newborn sepsis is significantly higher than neighboring countries with similar characteristics. During the next nation-wide survey that includes the standard VASA survey, Government A decides to include qualitative supplements for those families who lost a newborn to sepsis. This will require conducting the standard VASA in the field, coding the VASAs in batches, and identifying those families whose newborns most likely died of sepsis according to verbal autopsy. Based on the anticipated number of newborns identified who died of sepsis and the resources available for the qualitative supplement, Government A will need to determine whether they dispatch interviewers to re-contact every family who lost a newborn to sepsis, or whether they draw a subsample. Since the qualitative modules are designed for exploration, it is not necessary to draw a statistically ‘representative sample’. It may serve Government A to seek as diverse a sample as possible, perhaps purposely identifying families that vary based on wealth, education, rural/urban status, maternal parity, or other factors that might create different environments for a newborn. Given Government A’s goal, they decide to administer all of the VASA-QUAL modules (care-seeking, compliance, cultural practices, social support, and overall).*

*Government B has been tasked with understanding the root causes of maternal mortality. They decide to integrate a maternal mortality assessment into the next administration of the country-wide Demographic and Health Survey. Given the relatively rare nature of maternal mortality, it is possible to conduct a standard VASA and supplemental qualitative VASA-QUAL among all households in the DHS sample who report the death of a pregnant or recently pregnant woman in their household. In this case, the VASA and supplemental modules will be collected at the same time, although the VASA will not have been coded to confirm maternal mortality at the time of the qualitative administration. In an effort to understand maternal mortality’s root causes most broadly, care-seeking, compliance issues, cultural practices, and overall VASA-QUAL modules will be administered. Government B has decided NOT to include the social support module because it is difficult for others to assess the social support that a mother who has died had before her death.*

*Organization B is trying to learn about a community that has high rates of neonatal deaths as compared to surrounding areas, but little is known about the culture, beliefs, and experiences of these people. A sample of 20 mothers who have recently lost their babies from this community receive all of the qualitative modules after they complete the general VASA questions. These surveys are audio-recorded and the general VASA questions are documented electronically on tablets.*

### Qualitative data analysis

Analysis of the resulting qualitative data must be based on careful consideration and planning by your study team, and, most importantly, it needs to be overseen by an experienced qualitative methodologist. There is not an analysis plan that will fit every project, and your plan will need to be designed specifically for your question(s) and your project needs. There are countless books, manuals, and courses that describe various approaches to qualitative analysis, the details of which are beyond the scope of this manual. However, in broad terms, analysis of your qualitative supplements will include the following steps:

1. Transcription of all audio-recorded interviews
2. Creation of a coding and data analysis plan

**Transcription** – Transcripts are typed documents that reflect exactly what was said during the interview. Transcripts should have an identification number that corresponds to a unique ID number for the respondent. Transcriptions should be written verbatim, including all ‘umms’, mmms’, repetitions and incomplete sentences as well as details in square brackets, including pauses e.g. ‘[LONG PAUSE]’ for a long pause or ‘[SHORT PAUSE]’ for a short pause and any interruptions e.g. ‘[cell phone rings]’. Inaudible parts of the interview should be identified as well e.g. ‘[inaudible]’, ideally indicating where on the recording the inaudible portion was located. (e.g. [inaudible, 3:15-3:18]) Note that if portions of the audio tape are not clear, they should be listened to by at least two interviewers and the supervisor to determine if consensus can be reached.

Information from the interviewer about the interaction/atmosphere during the interview should be entered in brackets as annotations to supplement the transcriptions, such as ‘[subject began to cry]’ or ‘[husband entered room]’. Any comments by the transcriber or data collector about the transcription or the interview content will be indicated using <<comment>>, e.g. ‘<<The respondent seemed nervous at this point>>’.

In cases where interviews were conducted in one language (e.g. the local dialect) but the transcripts will be documented in another language (e.g. French, English), it is important that the individuals doing the transcribing are fluent in both languages, and that there is a process in place to discuss and debate the optimal translation for local words and phrases. When in doubt, leave the local word or phrase in the transcript, with a <<comment>> to indicate the issues in translation.

**Creation of a coding and data analysis plan** – As stated previously, there is not an analysis plan that fits every project. There are also many different ways to conceptualize the analysis of qualitative data and entire graduate level courses that focus on the myriad ways to analyze qualitative data, all of which is beyond the scope of this manual. That is part of why we strongly recommend the inclusion of an experienced methodologist in the planning, implementation, and analysis of the VASA-QUAL modules. In general, however, we propose the following basic steps for coding and analyzing your data:

* Discuss the data analysis plan early in the process. Is there an analytical framework that fits your project? Do you have a framework or organizational structure in mind that will help guide your analysis? “Using the framework method for the analysis of qualitative data in multidisciplinary health research” by Gale et al (2013) provides a clear overview of using a framework for qualitative data analysis. Examples of existing frameworks include thematic analysis using the Attride-Sterling Method or using Grounded Theory to create a new framework based on your inductive codes (see below).
* Create a detailed codebook to guide qualitative coding. This should begin with generating “deductive” codes, or those that you anticipate needing given your question(s), your understanding of the population, your grasp on the literature surrounding a specific issue, etc. (See sample lines from a deductive codebook below.) “Inductive” codes will later be generated based on information that you discover through reading the transcripts. (See sample of additional inductive codes below.) Coders will also need to discuss boundaries for each of the codes in the codebook (i.e. codes about seeking care for labor should be coded differently than seeking care postpartum). There are many resources online for tips of developing codebooks, including “An Introduction to Codes and Coding” by Saldana (2016), and “Qualitative Methods: Coding & Data Analysis” by Andrasik et al.

**Sample deductive codebook:**

|  |  |  |
| --- | --- | --- |
| Code Name | Description | Notes for Inclusion / Exclusion |
| Baby/child symptoms – first recognized | Text related to symptoms the baby/child may have had | Does not include symptoms later in the course of illness / right before death |
| Perceived severity | Text related to how serious /severe the respondent thought the condition was |  |
| Care-seeking decision | Text related to the process of deciding to seek care |  |
| Complex decision-making | Text related to the involvement of multiple people / multiple steps in decision-making | (This is a sub-code of “care-seeking decision”) |

**Sample added inductive codes:**

|  |  |  |
| --- | --- | --- |
| Code Name | Description | Notes for Inclusion / Exclusion |
| Blame – Mother’s fault | Text related to blaming the mother for poor newborn / child outcomes | Does not include self-blame (see “Blame – Mother self-blame”) |
| Blame – HCWs | Text related to blaming the healthcare workers for poor newborn / child outcomes |  |
| Power struggles | Text related to power hierarchies within the family or within the healthcare setting | Includes both within the family and the healthcare setting but could create two codes if prefer |

* Have at least two team members code data, and a third team member available in the case of discrepancies in codes. Coders will use deductive and inductive codes to organize and analyze the information across the transcripts.
* Coding is typically done using qualitative analysis software, but can also be done using word processing software or by hand with highlighters, sticky notes, or notecards.
* Coders should plan to meet regularly to discuss the analysis process, identify new inductive codes, and revisit coding boundaries.
* After all data have been coded, coders should meet with the study team to discuss main themes emerging from the data, and the degree to which interview themes or issues are showing up repeatedly.
* The coded data can then be organized and analyzed using your predetermined analytical framework, or a new framework can be created from your data.

## **Examples / case studies**

There are countless examples of how and why in-depth narratives surrounding deaths are beneficial to the understanding of complex social, cultural, and/or environmental norms, as well as to the development of tailored, applicable solutions. Change can only come once the root problems are identified. Below are a few examples of how qualitative modules can uncover important information that would not be identified through a standard VASA, yet is imperative for designing relevant solutions.

*In a national survey of newborn and infant deaths, supplemental qualitative interviews indicated that ‘fits’ (convulsions) are perceived to require traditional medicine, not western medicine. As a result, community health workers were trained to talk to pregnant women, new mothers, and families about fits, how to recognize them, and the importance of trying western medicine first, even if they would like to use traditional medicine after visiting the hospital.*

*A nation-wide survey indicated that care-seeking for newborn illness was very low, and often delayed until the baby was very sick. A qualitative supplement uncovered that women did not have the power to make their own decision about whether to take their baby for care, and they often needed to wait until their husband returned home from the fields before a decision could be made. As a result of this, community sensitization efforts focused on educating men on the importance of prompt care-seeking for newborn illness.*

*A woman in a rural community in Ghana indicated on the general VASA that she did not have any barriers to care, yet did not seek care for her sick baby. When asked further using a qualitative probe, she described how multiple people in her community, including the chief and the local assemblyman, had evaluated the baby and determined that the baby “was not meant to stay”, and therefore care should not be sought. An intervention to improve care-seeking that did not take into consideration this lack of decision-making power for the mother, and the structure of collective decision-making for the community, would not be effective.*

*A small village in Eastern Africa indicated through qualitative interviews that in order for women to know if their breastmilk is healthy for a baby, some of that milk needs to be expressed into a cup, and the mother-in-law must place an ant in the cup with the breastmilk. If the ant dies, the breastmilk is considered tainted and should not be consumed by the baby. Any campaigns in this community to improve the nutrition of newborns and/or promote exclusive breastfeeding would need to include explicit education of and buy-in from grandmothers.*

## **Summary**

In summary, this manual has attempted to outline the minimum requirements needed to implement the VASA-QUAL supplemental qualitative modules, assuming institutions are already administering the standard quantitative VASA. The most important element of this manual is the emphasis placed on understanding the underlying motivation behind the addition of the qualitative supplements. To maximize the benefit of the VASA-QUAL, organizations should be able to identify what they are seeking to learn and prioritize that learning to justify the allocation of additional resources to conduct qualitative research. Nonetheless, we believe the supplemental VASA-QUAL modules are an important addition to the existing toolkit that can help researchers, policy makers, and program planners better understand the factors that are contributing to maternal, newborn, infant and child deaths in low-resource settings.

## 

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## **Appendix 1: Brief Training Manual for VASA-QUAL Interviewers**

**Brief Interviewer Training Guide for Conducting VASA-QUAL Qualitative Supplement to Verbal and Social Autopsy Assessments**

Each VASA study is unique, and as such, each set of VASA interviewers will need to go through a formal training process to ensure the collection of high-quality verbal and social autopsy data. This is also true for those collecting VASA-QUAL data. Qualitative interviewing is significantly different than standard structured or semi-structured interviewing. It requires skills that can be learned, but those skills must be practiced and reinforced through initial trainings, observations, feedback, and refresher trainings. When selecting potential interviewers, it is helpful to seek individuals with previous qualitative interviewing experience, but it is just as important to choose individuals who can genuinely connect with respondents, who listen attentively, and who are comfortable adjusting their line of questioning in response to what the participant says. Individuals who prefer following a rigid list of survey questions will not be as successful at administering the VASA-QUAL as those who can see each interview as a conversation that may evolve in unexpected ways.

These next few pages provide some brief reminders for interviewers. This is not meant to be a comprehensive interviewer training guide, but instead to serve as a reference for the lead qualitative methodologist on the team as he or she generates site-specific training for interviewers.

We recommend each in-person training and written training guide include such things as:

* Introductions to the overall project, the site, and the project team
* Importance of field workers / research staff
* Description of the VASA research protocol
* Description / purpose of the VASA-QUAL modules
* Logistics of enrollment for the VASA-QUAL portion of the study
  + Subject identification
  + Obtaining Informed Consent
  + Participant Tracking
* Data collection / Interviewing Tips
* Avoiding Common Mistakes
* Frequently Asked Questions (FAQs)

Since these training sub-sections are likely to be study-specific, we have included the last three sections: Data collection / interviewing tips, Avoiding common mistakes, and Frequently asked questions.

## **Data collection / Interviewing tips**

Data collection and interviewing tips includes a broad array of topics, including the overall structure of the qualitative interview, suggestions for building rapport, general interview reminders, and the importance of practice interviews.

## 

## **Overall Qualitative Interview Structure**

Each interview ought to have a standard structure – starting with introducing yourself and ending with a heartfelt thank you for the respondent’s time. This is one suggested pattern for qualitative interviews:

1. Introduce yourself to the participant and describe the research topic
2. Build rapport, including:
   1. *Starting with friendly conversation*. Before the interview, it will help respondents feel at ease to have a brief casual conversation. You can ask about household members, the respondent’s occupation, or anything that seems appropriate and shows you are interested in the family.
   2. *Expressing sympathy* to show that you understand how difficult the time after a family member’s death can be, and that you perceive each woman/baby/child’s death to be a tragedy and not just a statistic.
   3. *Reassuring household members about confidentiality*. From the beginning of the interview you should make very clear that no identifying information will be recorded beyond the date of death and the location of the local Health Centre. No names of respondents will be recorded, and the information is being collected solely to help understand deaths in the area and prevent similar deaths occurring in future.
3. Conduct the interview, beginning with the questions listed. As the participant shares her story, follow-up with probing questions to elicit more details. Remember, the goal is to hear the story of the death from the participant’s perspective in order to find things that might be possible to change to improve outcomes for others.
4. End in a way that allows the participant to reflect and regroup – end with a broad question (ex: “is there anything else you want to add to help us better understand your experience?”). It may also be appropriate to ask how the participant felt about the interview
5. At the end of the interview, thank the participant for her willingness to participate in your research study. If necessary, remind the participant that her responses will remain confidential.

## **Tips on Building Rapport:**

Establishing rapport with respondents is an important part of being an effective interviewer. While rapport is difficult to quantify and does not come with a set of predetermined actions that guarantee its establishment, there are a few things that can often help. Note, however, that strategies may differ by culture, with variations in such things as hierarchy and gender necessitating adjustments. For example, in some settings eye contact can be helpful in establishing rapport, while in others, it could be seen as confrontational. The following are some general tips to keep in mind while interviewing women and their families regarding a loss:

**Your Face:**

* + Make eye contact and vary your eye contact.
  + Allow your face to reflect caring.
  + Avoid any gestures that hide your face from view.
  + Avoid negative facial responses, including grimacing at potentially upsetting descriptions of illness and death

**Your Body Language:**

* + Be attentive and relaxed, and use positive gestures.
  + Orient your body toward the participant
  + Sit on the same level as the participant whenever possible
  + Create an “open” body posture: arms uncrossed, body upright and  
    centered.

**Your Vocal Style:**

* + Use a natural vocal style. Your voice communicates emotions.
  + Speak in a relaxed, warm manner.

**Verbal Following:**

* + Stay on the topic. Don’t jump to a new topic until you feel as though the participant is done with her thoughts. Take your cues from the grieving individual.
  + Don’t interrupt the participant. Let her finish her thoughts.
  + Give the time he/she needs. Don’t rush the response, and don’t rush to respond yourself.
  + It is ok to pause or to allow moments of silence to reflect.

**Content:**

* + It is OK to talk with respondents about the challenges and emotional processes the individual had to go through following the death: Denial (this can't be happening to me), anger (why is this happening, who is to blame?), bargaining (make this not be true and in return I will...), depression (I am too sad to do anything) and acceptance (I am at peace with what has happened). But remember not everyone goes through these phases, and often they may proceed out of order.
  + Let them understand that their emotional reactions are natural and expected
  + Talk about some of their strengths that would help them draw upon coping strategies

## **General Interview Reminders:**

* Keep questions open-ended (avoid questions with yes/no responses)
* Avoid leading questions (ex: “You would not do that to your baby, would you?”)
* Allow for pauses and silences to give participant time to collect thoughts
* Don’t offer suggestions/ ideas if the participant has difficulty finishing a sentence. Instead, wait for a reply, or ask a follow-up question
* Watch the participant’s body language, look for cues regarding her emotional state, and be prepared to adjust accordingly (e.g. if the participant looks bored, you can say, “Thank you so much for taking the time to talk with me today, we have just a few more questions.” Or if the participant seems upset, you can say, “I know it must be upsetting to talk about all of this. Do you need to take a break?”
* Be respectful of interviewee’s answers
* Do not assign blame during the interview (avoid words like “should”, “ought”, etc.)
* Do not make assumptions
* Be sensitive to your own body language and tone of voice in order to encourage honest answers

## **How to Probe**

One of the biggest challenges for new qualitative interviewers is to understand the difference between standard survey administration – in which only the words on the page should be read out loud – and qualitative interviewing, in which probing for more details and asking respondents to expand on their answers is not only allowed, but encouraged. These next few sections provide guidance on how best to ‘probe’.

## In General:

* Follow the script for the interview, while listening carefully to the respondents’ answers. Make mental or written notes about things you might want to follow-up about later.
* Listen for cues (pauses, “well, you know”, etc.) that the interviewee may have more to say and follow-up with questions (e.g. “Can you please explain \_\_\_ to me?”, “And then what happened?”, “Can you tell me more?”, etc.)
* Feel free to clarify (e.g. “You said \_\_\_. What do you mean by that?” Or, “Can you explain that to me?”)
* Reflect back to earlier comments (e.g. “What do you think makes people afraid to go to the hospital when their baby is sick?”)

## Examples of effective probes:

* Direct questions as probes:
  + What do you mean when you say…?
  + Can you tell me more?
  + I am not sure I understand, can you tell me more?
  + What happened then?
  + Can you give me an example of that?
* Indirect probes:
  + Silence
  + Neutral verbal expressions: “Uh-huh.” “Mmm hmm.” “I see.”
  + Verbal expressions of empathy: “That must have been hard for you.”
  + Mirroring technique / repeating what was said: “So you said when you woke up the baby was feverish?”
  + Culturally appropriate body language or gestures, such as nodding

## **How to handle shy / reticent participants:**

* Begin the interview with concrete questions
* Ask follow-up questions to elicit details (ex: “you said you went to the health center with your baby – how did you get there?”)
* Establish your neutrality and confidentiality (ex: “I am just here to find out what happened. There are no right or wrong answers to these questions. I would like to find out more about your experience. Your name will not be associated with any of the details that you share with me.”)
* Acknowledge that it is a difficult topic to discuss
* Demonstrate empathy
* Allow for extra time in between questions, and do not be afraid to wait in silence for an answer

## **How to handle an overly talkative / distracted participant:**

* Redirect the interview whenever possible (ex: “thank you for sharing so much. I’d like to get back to (the topic of our questionnaire). After you \_\_\_\_, what did you do?”)
* If the participant returns to a point repeatedly, acknowledge that you have already noted their response and then move on to a different part of the interview (“thank you for reminding me of \_\_\_\_; We just have a few more topics that I would like to cover…).
* If the participant begins to ask your opinions, politely remind them that you are not at liberty to share your views until after the interview and you would like to find out more about their reactions.

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## **How to handle an emotional participant:**

* If the participant becomes distressed, give them time to collect themselves before continuing.
* Do not assume that the participant wishes to finish the interview if they become upset, but ask if they wish to continue.
* It may be acceptable to redirect questioning to a different topic and then return to the emotional topic later in the interview.
* If a participant becomes angry, remain calm and acknowledge her frustration. (“That sounds like a challenging event. How did you respond to it?”)
* Respond to the participant’s emotions. (“It sounds as if that was very difficult for you. Can you say more about how it affected you?”)
* It may be helpful to explain why it is essential for the research that you continue to ask questions about a particular topic.

For you, the interviewer:

* As much as possible during an interview, try not to mirror the participant’s negative emotions (anger, sadness, etc.), but try to maintain empathetic, neutral facial expression and body language.
* The stories you hear during these interviews may remind you of personal tragic experiences or losses. Be aware of your emotional responses. It is acceptable to acknowledge those emotions when talking to your colleagues, but it is not acceptable to turn the interview around into a session about your own loss. These interviews are about the women and families affected by maternal, newborn, infant, or child deaths.
* If you find yourself overwhelmed by the subject matter, it is acceptable to discuss it with your supervisor and, in some cases, decrease the number of interviews accordingly.

## 

## **The Importance of Practice Interviews**

Even for experienced interviewers, it is important to spend a significant amount of time conducting practice interviews with each of the VASA-QUAL modules. Practice interviews can take many different forms, and all are recommended to improve interviewers’ skills.

1. Practice among interviewers: This involves newly hired / trained interviewers role-playing with one another to complete each module of the VASA-QUAL. Ideally, each interviewer would assume an identity that has been agreed upon beforehand that can inform the way they might respond to the interview tool.
2. Practice among interviewers in front of the rest of the interviewers: This involves a practice interview being conducted in front of the rest of the interviewers (and supervisor / trainer), with a period of time for debriefing afterward. This debrief period is meant to identify the things that went well, as well as things that might have gone better had a different approach been taken. In qualitative interviewing, one of the most important skills is picking up on the subtle clues that respondents can provide to indicate there is more of a story there, if only someone would ask. Feedback from a group about potential ‘missed opportunities’ for follow-up can be especially helpful.
3. Practice with a respondent who meets the criteria for inclusion in the study but is somehow outside the sample group. (e.g. mother whose newborn died at 5 weeks, when the cut off is 28 days; mother who lost a child of the appropriate age but lives outside the district of interest). These practice interviews offer a more ‘real-world’ experience than role playing with a colleague, and they can be invaluable in honing interviewing skills. These practice interviews are most useful if transcribed promptly and discussed with the trainer/supervisor to get feedback on what went well and what might have gone better.
4. While not technically a ‘practice’ interview, it is also a good idea to seek feedback on the early interviews associated with a new study. This might mean that the first two or three interviews conducted should be transcribed promptly, shared with the trainer/supervisor, and critiqued with an eye toward quality improvement. It can also be helpful for a supervisor to observe the first few interviews conducted and spend time debriefing with the interviewer to identify things that went well and things that could be done differently in future interviews.

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## **Avoiding Common Mistakes**

The next few pages discuss some common “do’s and don’ts” of interviewing. This section is designed to help you think about situations that may arise and how you can address them with the least impact on the quality of the data.

##### **The Setting**

The first thing to consider when interviewing is the setting. Make sure that the respondent is in a relatively low-traffic area with as few distractions and as much privacy as possible.

Try to avoid conducting an interview in busy, loud, or chaotic areas. When visiting participants in their homes, try to determine where the best place may be to speak privately. It may be best to go outside if the house is very loud. If there is a television on, ask politely if you may turn it off for the duration of the interview. Similarly, shut your cellphone ringer off (or turn it to silent). Participants — and those conducting the interview — need to be free from distractions to focus on the task at hand.

Participants need to feel as though their answers are private. As such, it is helpful if participants feel like they have as much privacy as possible while answering questions out loud. Orally administering a survey in a crowded room does not impart the same sense of confidentiality that administering a survey behind closed doors or outside away from the rest of the family might. Be aware of participants’ need for confidentiality, and try to translate that to your choice of settings for the interview.

Here are some additional suggestions that apply to both self-administered and researcher-administered surveys.

|  |  |
| --- | --- |
| **DO:** | **DO NOT:** |
| * Keep introductory remarks brief. | * Do not offer personal opinions about the questions. |
| * Memorize an introductory script and follow it as closely as possible every time. | * Do not explain the research differently to different participants. |
| * Try to create an environment where participants can respond to each question themselves | * Do not allow family members to speak for the participant if he/she can speak for him/herself |
| * Be familiar with each of the interview guides before administering them to participants. Ideally, several rounds of practice interviews should be conducted before using the interview guides in the field. | * Do not administer an instrument you've never looked at carefully before. |
| * Be prepared with neutral comments that offer encouragement yet do not suggest that one answer is better than the other. Neutral forms of feedback include, "thank you - that's very helpful," or "OK" or "mm hmm" or "we only have a few more questions; thank you for being so patient in going through all of these." | * Do not smile and nod your head when patients are giving their responses, or frown and shake your head, or raise your eyebrows, or act surprised at patients' answers. Also avoid the instinctive, "good, that's good," when giving participants feedback. |
| * Be aware of your body language and what it might be saying to patients about their answers. Sit upright with attentive posture, and make eye contact, unless you feel that making eye contact makes the respondent uncomfortable. Try to appear genuinely interested in their answers. | * Don't do such things as slouching, yawning, looking bored, or getting up in the middle of a survey to answer your cell phone (if you can help it). All of these behaviors are cues to the interviewee that you do not value their responses or you have better things to be doing. |
| * Be prepared with encouraging comments like: "There are no right or wrong answers; we are interested in your thoughts and feelings." Or "Remember that all of your answers are confidential, and we hope you will be as honest and open as possible in answering these questions." | * Don't forget to listen to what respondents are saying and follow-up on things that sound like they might be important. “You mentioned \_\_\_\_\_, can you tell me more about that?” |

## **Frequently Asked Questions (FAQs)**

Q: What do I do if the respondent gets very upset by talking about the death?

A:

* Observe the guidelines above regarding subject enrollment to minimize the possibility of family members getting upset during the interview.
* However, in the event that a family member gets upset, please apologize for the questions, empathize with them, give them time to express how they feel, and then ask gently if they would like to proceed with the rest of the interview or if they would rather stop.
* Some participants may break down during the interview. This is where the rapport you have built will become very important, and you will need to trust your instincts about the best way to proceed. You could… apologize for upsetting them, and allow them time to be upset. You could remind them that emotional reactions are natural and expected, and losing a child/wife/daughter is a very painful experience. You could ask if they would like to take a break, or if they would like to stop the interview and you could come back another time. You could also use the opportunity to ask about how the respondent has coped with the loss so far, and what are the types of things he/she does to cope? In this way, you are not providing advice or telling respondents how to feel or what to do with their feelings, but instead trying to help them identify on their own how they feel and how they can best deal with those feelings.

Q: What do I do if I am halfway through an interview and I realize that this is not someone who qualifies for the VASA-QUAL supplement?

A:

* A good introduction and providing the participant with adequate information as outlined in the information sheet of the consent form should minimize or eliminate this problem.
* However, if in the middle of the interview you realize that the case does not qualify as per inclusion criteria, please explain to the participant that he or she does not qualify and end the interview as graciously as possible.
* Complete the tracking sheet for screened participants by selecting the ‘ineligible’ option.
* Depending on how the case was initially identified, discuss with your supervisor the best way to prevent such an occurrence from happening again. For example, if cases are identified via computer algorithm, there may need to be changes made to the algorithm. If cases are identified by community key informants, community health workers, or research assistants, they may need to be retrained or reminded what the criteria for inclusion ought to be.

Q: What do I do if the respondent keeps going way off topic? I know that it is good to probe for things that might be related, but how do I keep the interview from being too long and unfocused?

A: This is a common challenge. While there is no perfect way to do with this issue, one strategy is to continue to say, “Thank you so much for telling me about that. I am sorry but I have to bring us back to talking about \_\_\_\_\_\_\_. Can you tell me more about \_\_\_\_\_\_.”

Q: What do I do if my audio recorder dies midway through the interview?

A: Double check the audio recorder before every interview. Make sure it is charged, or that you have spare batteries. You may also want to experiment with whether your phone can be used as an audio recorder for emergencies like this. However, if all else fails, make sure you have a pad of paper and a writing utensil to take as precise notes as possible. This will give you license to repeat back what respondents say to you to make sure you have it written down properly. “I am sorry, but I need to make sure I have this written down properly. You said\_\_\_\_\_\_\_\_\_\_. Is that right?”

## 

## **Summary**

In summary, this brief training manual has attempted to provide some tangible tips and advice for interviewers who will be conducting the VASA-QUAL supplemental qualitative modules. Standard qualitative interviewing techniques still apply, and thus we hope the presence of a qualitative methodologist as part of the study team will offer consistent, onsite guidance. Nonetheless, interviewers will be playing an important role in the collection of qualitative data to help us better understand maternal, newborn, infant, and child deaths in low-resource settings.

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## **Appendix 2: The VASA-QUAL Modules, specific to Maternal, Newborn/Infant, Child deaths**