

Summer 2013: An Hour's drive outside Lilongwe, Malawi

This summer, I worked on a qualitative research project to explore whether a specific 'mindset of poverty' exists in rural Malawi and whether individuals are applying this constrained mindset to their sexual health decision making. With the help of two research assistants and several health surveillance agents, I organized eight focus group discussions (FGDs) and twenty-nine in depth interviews (IDIs) in villages surrounding Child Legacy International, an NGO located an hour outside Lilongwe, Malawi.

My daily responsibilities involved coordinating the field team's schedule, organizing transportation to the field site, assuring that recording materials for the interviews were in order, purchasing Cokes and biscuits for the participants as custom required, and debriefing every session with the qualitative research assistants.



Figure 1: The vehicle I drove out into the field every day. CLI staff named it the 'Green Mamba' (after a lethal snake found in the region that falls off of trees onto its victims).

Mornings on site were busy and consistently unpredictable! Coordinating the various aspects of the project required communication with many people: the health surveillance agents, clinic staff, village chiefs, founder of CLI, research assistants, and other members of Alison Norris' research team working on site. The clinic was a hub of most of this activity, and our research team office was actually located in the soon-to-be-opened maternity ward of the hospital. We set up tables, a printer, chargers and computers in two clinic delivery bays.



Figure 2: The research team's office in the clinic's maternity ward. Jonathan and Stafel were my research assistants, and in this picture, we were debriefing a day of fieldwork.

A total of 109 women and men participated in the research project. We held four focus groups (of 10 participants each) with women and four with men. We held discussions with men and women separately in order to facilitate honesty and openness.



Figure 3: Stafel and I waiting for IDI participants in a village. The village chief greeted us when we arrived and brought chairs out from his house to receive us.



Figure 4: Sitting outside a village chief's house, waiting for FGD participants to arrive. The chief's radio (near the lower left corner of the picture) is visible here too!

I wanted my FGD questions to explore group norms and practices and to allow participants to anonymously share anecdotes representative of their experiences. I structured my IDI questions differently, though—I wanted the interviews to elicit individual perspectives and experiences rather than the community narrative. I have pasted a sample of each set of questions below, just to provide a sense of what questions I asked and what information I was looking for.

FGD Questions:

PART I: Scarcity and Plenty

Introduction: I would like to talk with you today about scarcity, plenty, poverty, and wealth. Please feel free to share whatever is on your mind—every response is valid and valuable in this conversation.

1. How would you describe a poor person in your community? (poor AND poorest—*awawa* AND *opaw*)?
2. What would be the greatest concern of:
 - a. A **VERY** poor woman in your community
 - b. A **VERY** poor man in your community
 - c. A **poor** woman in your community
 - d. A **poor** man in your community
3. How would you describe a rich person in your community? (well-being AND assets—*ubwiza* AND *kupera bito*)?
4. What would be the greatest concern of:
 - a. A **well-to-do** woman in your community
 - b. A **well-to-do** man in your community
 - c. A **rich** woman in your community
 - d. A **rich** man in your community
5. What could a person achieve if he/she was experiencing plenty?
6. What could a person achieve if he/she was experiencing scarcity?

PART III: Do economic circumstances influence reproductive decisions?

Introduction: I would like to shift topics and talk to you about reproductive health decisions. Please feel free to share whatever responses come to mind when you hear these questions.

7. What sexual/reproductive decisions do poor or very poor families in your community make?
8. What sexual/reproductive decisions do rich or well-to-do families in your community make?

PART IV: Do reproductive decisions affect economic circumstance? (opposite question as Part III)

9. Do a woman or man's sexual health decisions (or circumstances) ever produce scarcity?
 - a. PROBES: having sex, having a boyfriend/girlfriend, becoming pregnant, having an abortion, getting married, having children, using family planning, getting tested for an STI, contracting an STI, getting divorced, becoming a widow, having a sexual partner as a widow
10. Do a woman or man's sexual health decisions (or circumstances) ever produce plenty?
 - a. PROBE: having sex, having a boyfriend/girlfriend, becoming pregnant, having an abortion, getting married, having children, using family planning, getting tested for an STI, contracting an STI, getting divorced, becoming a widow, having a sexual partner as a widow
11. Are there situations in which a person's reproductive needs are in tension with other needs in their lives (food, money, etc)?

Figure 5: A sample FGD questionnaire.

IDI Questions |

PART I: SCARCITY AND PLENTY

Introduction: I would like to talk with you today about your experiences with scarcity, plenty, and resource decisions. Please feel free to share whatever is on your mind—every response is valid and valuable in this conversation.

- 1) What resource decisions do you have to make every day?
 - a. PROBE: Every week? Every month? Every year?
- 2) What are your greatest resource/economic concerns currently?
 - a. How are you attending to these concerns?
- 3) Have your resource decisions changed over the course of your life?
 - a. PROBE: Before having a boyfriend/girlfriend, after having a boyfriend/girlfriend
 - b. PROBE: Before marriage, after marriage
 - c. PROBE: Before having children, after having children
 - d. PROBE: With age

PART II: THE FAMILY

Introduction: I would like to shift topics and talk to you about the idea of 'Family'. Please feel free to share whatever responses come to mind when you hear these questions.

- 4) What makes a successful family?
 - a. PROBE: Resources?
 - b. PROBE: Choosing sexual partners?
 - c. PROBE: number of children?
 - d. PROBE: spacing of children?
 - e. PROBE: support of the children?
 - f. PROBE: preventing disease?
 - g. PROBE: Strategies for success?
 - h. PROBE: Structures which must be in place or things which must be available?
- 5) What do you do to build a successful family?

PART III: INTERSECTION BETWEEN SCARCITY AND REPRODUCTIVE HEALTH

Introduction: I would like to change the direction of our conversation one final time and talk to you directly about the intersection of scarcity and plenty and reproductive health (if there is one) in your life. All of your responses are very valuable to me, so please feel free to share whatever comes to your mind.

- 6) Has your financial situation ever influenced your reproductive decisions?
 - a. PROBES: extreme scarcity, scarcity, plenty, extreme plenty
- 7) Have your reproductive decisions (or circumstances) ever influenced your finances?

Figure 6: A sample IDI questionnaire. We used this particular questionnaire during the last few weeks of data collection.

Child Legacy International has never systematically asked questions related to sexual and reproductive health or poverty to communities in their catchment area, and at the outset of the project, we were not sure which questions would be relevant. Refining our questionnaires after every day of fieldwork ensured that we were asking valuable questions throughout the research process.

We recorded all FGDs and IDIs, and the research assistants transcribed and translated the conversations. I have really enjoyed looking over the transcripts, and I think results of this work could be useful and informative. Alison and I are currently coding and analyzing the data, and are planning to have a manuscript prepared by the beginning of February.

Allahna (an PhD student in Epidemiology--another one of Alison's graduate students) and I also had the chance to travel to Lake Malawi over one weekend. The weather was beautiful, and we couldn't resist snorkeling. It was my first time snorkeling, and the experience was so worthwhile (even though the Schistosomiasis prophylaxis medicine tasted awful afterward!!).



Figure 7: Allahna (left) and I (right) on the beach at Lake Malawi.



Figure 8: An Island in Lake Malawi. We took a boat to the island and went snorkeling around it.

Before this summer, I could not realistically imagine how a clinic in a destitute area of rural Sub-Saharan Africa operated, and what qualitative research meant. I think this experience brought me a lot of clarity regarding the setting I'd like to practice in and the work I'd like to do. I realized that it takes a certain kind of person to construct a community clinic and manage all of the complexities associated with acquiring medication and staff members, communicating with surrounding communities, and meeting the needs and expectations of those communities... and I discovered that I am not this kind of person. This summer exposed me to the politics that can be involved in healthcare delivery in some international settings, and I realized that my talent and passion lies in medicine. I don't think I have the energy to negotiate with corrupt chiefs and to reconcile power struggles between Malawians and non-Malawians. I love medicine for its black and white, sick and healthy simplicities, and I want my career to reflect that simplicity. I would still want part of my practice to be based in an international setting, but I think my passion would be best channeled toward teaching procedures/medical education rather than constructing entire health systems.

I am very grateful to have had the opportunity to go to Malawi. I felt disillusioned about the politics and power struggles complicating healthcare delivery occasionally while I was there, but the experience made me more realistic about the world of global health and my place in it. I was able to learn and practice qualitative research methods, and see the operations of a rural Malawian clinic firsthand. CLI was a wonderful place to stay, too—the perfect hub for coordinating a research project. This practicum will inform my short-term and long-term career decisions and will have a special place in my memory for many years to come.