What is qualitative research?
What is the difference between qualitative and quantitative research design?
What are qualitative methods?
What is textual data?
How is textual data analyzed?
Example: Analysis of textual data from MMRIA
“Qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings attempting to make sense of, or interpret, phenomenon in terms of the meanings people bring to them.”

Denzin and Lincoln 2003:3.
What is qualitative research?

Quantitative:
- Objective
- Definite
- Systematic
- Rigorous
- Hard

Qualitative:
- Subjective
- Tentative
- Haphazard
- Lax
- Soft
What is qualitative research?

Quantitative
- Objective
- Definite
- Systematic
- Rigorous
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Qualitative
- Subjective
- Tentative
- Haphazard
- Lax
- Soft
What is qualitative research?

- Polemical thinking unhelpful
- Watch out for false dichotomies
- Qualitative and quantitative methods are part of the same research toolkit
- They are different ways of recording data on the same issues
- Triangulation: The use of several research methods or sources of data can lead to a more comprehensive understanding of phenomena (Patton 1999)

What is qualitative research?

Quantitative questions
- Who?
- What?
- Where?
- When?

Qualitative questions
- All of the above questions plus:
  - Why?
  - How?
## What is the difference between qualitative and quantitative research?

<table>
<thead>
<tr>
<th>Analysis</th>
<th>Qualitative (Texts)</th>
<th>Quantitative (Ordinal/Ratio Scale)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualitative</td>
<td>A Interpretative text studies (e.g. Thematic analysis, Hermeneutics, Grounded theory, Phenomenology)</td>
<td>B Search for and presentation of meaning in results of quantitative processing</td>
</tr>
<tr>
<td>Quantitative</td>
<td>C Turning words into numbers (e.g. Classic content analysis, Word counts, Free lists, Pile sorts, etc.)</td>
<td>D Statistical and mathematical analysis of numeric data</td>
</tr>
</tbody>
</table>

What is the difference between qualitative and quantitative research?

- Same essential process
- Identify a research problem
- Define the *qualitative* research questions
  - Why?
  - How?
- Define specific aims/objectives
Specify the Design

- Identify a study design (case study, cross-sectional, longitudinal, etc.)
- Identify study population and recruitment methods
- Select appropriate data collection methods
  - Observation
  - Interviews
  - Focus Group Discussions
  - Other (e.g. visual methods)

What is the difference between qualitative and quantitative research?
What is the difference between qualitative and quantitative research?

Differences

- **Nature of research questions and aims/objectives**
  - Experiential and/or contextual information: influences, processes
  - Depth of data: explanations, meaning, understanding
  - Usually difficult to answer with a quantitative approach

- **Focus on Induction**
  - Relatively unstructured instrumentation (open-ended responses)
  - Flexible instrumentation (broad questions, follow-ups, probes)
What is the difference between qualitative and quantitative research?

Differences

- **Quantitative Research Question:**
  What is the **extent** of maternal mortality in public hospitals?

- **Qualitative Research Question:**
  How do maternal deaths **happen** in public hospitals?
What are qualitative methods?

- Observation
- Individual interviews
- Focus group interviews
- Document review
- Heuristic devices
  - Free lists
  - Pile sorts
Observation
- Naturally occurring phenomena
- “Unremarkable” aspects of daily life
- Phenomena that are difficult to question

Individual interviews
- Individual experiences, perceptions, understandings
- Detailed information on sensitive topics

Focus group interviews
- Community-level attitudes, norms, perceptions
- Participant interaction generates more depth of information than interviews

Document review
- Private, public, institutional or organizational events, priorities, activities
- Phenomena that someone deemed important to document
Hand-washing

- What people do versus what people say they do
- Unobtrusive observation preferred when individuals might alter their behavior if they know they are being watched
- Ethical considerations: informed consent
Guided conversation with specific purpose

- **Varying levels of structure to the guide**
  - Scripted or topical guides
  - Sequential or free-flowing

- **Varying levels of specificity about focus and scope**
  - Key questions
  - Follow up questions
  - Probes
  - Intents/Domains

- **Ethical considerations**
  - Instrumentation and Flexibility
  - Differing levels of participant control over topics of discussion and disclosure
Focus Group Interviews

- Explore a range of perspectives from pre-determined group of people
- Aim is not to reach consensus but identify range of responses
- FGD is not a group interview and does not seek to generate individual-level data
- Interaction between participants is critical
- Create a permissive environment for discussion

- Ideally 6-8 participants

Moderator
- Presents questions to group
- Manages group dynamic
- Re-orient discussion

Note-taker
- Keeps track of speakers
- Back-up notes if recording fails
Document Review

- Text and images
- Used in combination with other qualitative methods – triangulate data
- May suggest questions that need to be asked
- Used to verify findings or corroborate evidence
- Means to track change and development
- Efficient – data selection vs. collection
- Available – public domain
- Cost-effective
- Coverage – time, events, settings
- Non-reactive to research process

Considerations
- Insufficient detail
- Getting access (full/incomplete)
- Organizational or institutional priorities shape what is recorded
- Document analysis which is systematic, identifies & addresses missing/omitted data

Process

- Assess existing documents
- Secure access
- Ensure confidentiality
- Compile documents
- Understand how and why documents were produced
- Determine accuracy
- Perform document analyses to summarize information
Models of the Interview Process

Quantitative Model

Structured Q & A style
Focus on questionnaire
Interviewer has control & defines issues

Interviewer

QUESTION

ANSWER

Respondent

Qualitative Model

Conversation style
Listening & responding
Respondent defines issues
Interviewer builds on replies
‘Co-creation’ of meaning
Greater exchange

Interviewer

‘Exchange’ Interviewer & Respondent as co-participants
Interaction determines direction

Respondent

Adapted from Hesse-Biber & Leavy 2006
### What are qualitative data?

<table>
<thead>
<tr>
<th>Type of Data</th>
<th>Nature of Data</th>
<th>Methods of Data Generation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Textual Data</td>
<td>Free-flowing narrative data</td>
<td>Individual interviews</td>
</tr>
<tr>
<td>Narrative text</td>
<td>Participant generated</td>
<td>Group discussions</td>
</tr>
<tr>
<td>Document text</td>
<td>Existing documents: Diaries, archival documents, media articles, speeches</td>
<td>Secondary data</td>
</tr>
<tr>
<td>Words &amp; Phrases</td>
<td>Participant generated</td>
<td>Free listing</td>
</tr>
<tr>
<td></td>
<td>Systematic elicitation methods</td>
<td>Pile sorts/Ranking</td>
</tr>
<tr>
<td>Visual Data</td>
<td>Images: film, videos, photos</td>
<td>Photo-voice</td>
</tr>
<tr>
<td></td>
<td>Participant or researchers generated</td>
<td>Existing images</td>
</tr>
<tr>
<td>Audio Data</td>
<td>Speeches, songs, radio dialogue</td>
<td>Secondary data</td>
</tr>
</tbody>
</table>

Adapted from Emory colleague – need name***
What are textual data?

- **Observation**
  - Notes, diagrams, taken on-site
  - Fieldnotes – narrative account of what happened in the field

- **Individual and Focus Group Interviews**
  - Transcripts – written account of exactly what was said by whom
  - Abridged transcription – sometimes appropriate; process must be documented
  - Fieldnotes – important observations that could impact interpretation of findings (e.g. participant disposition, interruptions, contextual factors, etc.)
Document review

- **Institutional/Organizational records** – MMRIA committee decisions form, mission statements, annual reports, policy manuals, strategic plans, agendas, attendance registers, meeting minutes, manuals, training materials, maps, charts, letters, memoranda, press releases

- **Public documents** – books, flyers, posters, brochures, newspapers (clippings/articles), websites, news media reports (papers, video, websites), YouTube videos, radio and TV program scripts

- **Public records** – recorded & stored by gov’t which the public has a right to access and view (e.g. articles of incorporation, voting records, statutes, regulations, etc.)

- **Personal documents** – diaries, journals, e-mails, blogs, social media posts, calendars, duty logs, incident reports, scrapbooks, newsletters

What are textual data?
What is qualitative data analysis?

- More inductive than deductive
  - Relies on inductive reasoning processes to interpret the meaning of data (Thorne 2000)

- More interpretative than descriptive
  - Describes why something operates in the manner that it does rather than explaining how something operates (Thorne 2000)
Validation strategies

- Prolonged engagement in the field study
- Triangulation of methods
- Data integration across methods (is there agreement?)
- Iterative process – refine as you go
- Team-based checking – individual or peer review
- External audits

What is qualitative data analysis?
Reliability strategies

Data collection – Accurate recording of MMRC decisions, high quality audio/video recording, field notes, etc.

Data preparation – Documentation of missing/omitted information (document review), high quality translation, contextual information, transcription (e.g. speakers, pauses, overlaps, etc.)

Intercoder agreement

- Define and reconcile codes through deliberate/systematic process
- Whether 1 or more coders
Transparency strategies

- Make explicit the processes
  - Justify appropriateness of method
  - Document the process including decision-making
  - Describe how data were collected and prepared

- Write memos, field notes, analytic notes
  - Writing enhances accountability and rigor by establishing an “audit trail”
  - Reflect on social/institutional setting & context
  - Contextualize the setting, data collection, generation, and analysis

- Reflexivity
  - Explicitly consider the abstractor/data entry and analysts’ and roles in and influence on the data
Generates rather than tests hypotheses

- **Quantitative**: adds evidence to specific, causal, and theoretical explanations of phenomena
- **Qualitative**: uncovers or explores the meaning of a phenomenon
Perception

The recognition and interpretation of sensory stimuli based upon our experience and memory.
What is qualitative data analysis?

“The Data Analysis Spiral”

Procedures

- Representing, Visualizing
- Describing, Classifying, Interpreting
- Reading, Memoing
- Data Managing

Data Collection (text, images)

Examples

- Matrix, Trees, Propositions
- Context, Categories, Comparisons
- Reflecting, Writing Notes Across Questions
- Files, Units, Organizing

Report

Creswell (2007). Qualitative Inquiry and Research Design, p. 151 (Figure 8.1)
What is qualitative data analysis?

Elements of Qualitative data analysis

- Prepare & organize the data
- Reduce the data into themes thru a process of coding
- Sort & sift themes by various means to find & interpret patterns
  - “Telescope” the data
- Represent data in figures, tables, or discussion
What is qualitative data analysis?

- **Codes**
  - Well-defined labels that are applied to segments of text in order to index themes

- **Memos**
  - Annotations that are used to “amplify” textual data (notes to self)
  - Keep track of preliminary ideas and see how they track over time

- **Other attributes**
  - Record discrete information about the type, source, or content of the data or participant (FGs, sites, SES, etc.)
How is textual data analyzed?

Round 1
- Code sample of data
- Coding Comparison
- Reconcile & Discuss Codes
  - Code meaning & application
  - Segmentation
  - Meaningful un-coded data
- Update Codebook

Round N
- Code sample of data
- Coding Comparison
- Reliability results meet set criteria
- Finalize Codebook

Confirmatory Round
- Code 10-20% sample
- Reliability results meet set criteria
- Update previously coded transcripts
- Code all remaining data in method
Creating a Code Book

- Includes each code, with a code definition
- Definitions clarify code meaning and how they will be applied
- Definitions can state what the code does and does not include
- Each code should be mutually exclusive
- A section of text can be assigned to more than 1 code
Creating a Code Book

- Include manageable number of codes to cover key topics
- Intercoder agreement and reliability may be negatively affected by too many codes
- If one code becomes too big, create sub-codes to unpack it
- Nesting coding process may be required for complex data
Creating a Code Book

This updated codebook includes revisions in code definitions based on reconciliation calls from the Reliability Round, November 2006. The language in each definition has also been simplified and redundancies removed.

<table>
<thead>
<tr>
<th>Code Name</th>
<th>Arc of Relationship</th>
<th>Code Name</th>
<th>Legal System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief Description</td>
<td>This code captures references to:</td>
<td>Brief Description</td>
<td>This code captures references to:</td>
</tr>
<tr>
<td></td>
<td>• Beginnings and endings of relationships</td>
<td></td>
<td>• Incarceration, custody, probation, restraining orders, foster homes, juvenile hall, tsunami</td>
</tr>
<tr>
<td></td>
<td>• Progression in relationship, chronology</td>
<td>Use for</td>
<td>Use for</td>
</tr>
<tr>
<td></td>
<td>Use for</td>
<td>Tracking the chronology of relationships</td>
<td>Contact fear of contact with legal system on the part of participants or partners</td>
</tr>
<tr>
<td></td>
<td>Use for</td>
<td>Alcohol, tobacco and drug use and/or sale</td>
<td></td>
</tr>
<tr>
<td>Code Name</td>
<td>AFOD</td>
<td>Code Name</td>
<td>Pregnancy/Children</td>
</tr>
<tr>
<td>Brief Description</td>
<td>This code captures references to:</td>
<td>Brief Description</td>
<td>This code captures references to:</td>
</tr>
<tr>
<td></td>
<td>• Alcohol, tobacco and other drugs</td>
<td></td>
<td>• Existing children (own children or partner’s children)</td>
</tr>
<tr>
<td>Use for</td>
<td>Alcohol, tobacco and drug use and/or sale</td>
<td>Use for</td>
<td>Use for</td>
</tr>
<tr>
<td>Use for</td>
<td>Alcohol, tobacco and drug use and/or sale</td>
<td>Include passing references</td>
<td></td>
</tr>
<tr>
<td>Use for</td>
<td>Alcohol, tobacco and drug use and/or sale</td>
<td>Do Not Use for</td>
<td>Passages that only refer to Baby Mom/Dad</td>
</tr>
<tr>
<td>Brief Description</td>
<td>This code captures references to:</td>
<td>Do Not Use for</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Condoms/contraception</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brief Description</td>
<td>This code captures references to:</td>
<td>Brief Description</td>
<td>This code captures references to:</td>
</tr>
<tr>
<td></td>
<td>• Condoms use/contraception</td>
<td></td>
<td>• The nature and quality of a relationship (e.g. commitment, seriousness, sharing, reciprocity)</td>
</tr>
<tr>
<td></td>
<td>• Contraception</td>
<td>Use for</td>
<td>Use for</td>
</tr>
<tr>
<td></td>
<td>• Other strategies used to prevent pregnancy</td>
<td>Use for</td>
<td>Use for</td>
</tr>
<tr>
<td>Use for</td>
<td>Use for</td>
<td>Discussions of use/non-use of protection (HIV and/or Pregnancy)</td>
<td>Include accounts of non- genital contact (e.g. kissing) when related to a discussion related to sexual activity, abstinence, or virginity</td>
</tr>
<tr>
<td>Use for</td>
<td>Use for</td>
<td>Participant description of experience in a relationship</td>
<td>Do not use for</td>
</tr>
<tr>
<td>Brief Description</td>
<td>This code captures references to:</td>
<td>Use for</td>
<td>Use for</td>
</tr>
<tr>
<td></td>
<td>• A person with whom the participant has a child/children</td>
<td>Use for</td>
<td>Use for</td>
</tr>
<tr>
<td>Do Not Use for</td>
<td>This code captures references to:</td>
<td>Use for</td>
<td>Use for</td>
</tr>
<tr>
<td></td>
<td>• Exclusivity</td>
<td>Use for</td>
<td>Use for</td>
</tr>
<tr>
<td>Brief Description</td>
<td>This code captures references to:</td>
<td>Use for</td>
<td>Use for</td>
</tr>
<tr>
<td></td>
<td>• Fidelity/in-fidelity (behaviors indicative of faithfulness/unfaithfulness on the part of the participant or partner)</td>
<td>Use for</td>
<td>Use for</td>
</tr>
<tr>
<td></td>
<td>• Monogamy and/or commitment related to exclusivity</td>
<td>Use for</td>
<td>Use for</td>
</tr>
<tr>
<td></td>
<td>• Participant or partner having multiple sexual or romantic partners at same time</td>
<td>Do not use for</td>
<td></td>
</tr>
<tr>
<td>Use for</td>
<td>Do not use for</td>
<td>Use for</td>
<td>Do not use for</td>
</tr>
<tr>
<td>Use for</td>
<td>Use for</td>
<td>Monogamy, infidelity or multiple partners.</td>
<td>Include accounts of non- genital contact (e.g. kissing) when related to a discussion related to sexual activity, abstinence, or virginity</td>
</tr>
</tbody>
</table>

Philadelphia and Hartford Research and Education on Sexual Health and Communication Project (PHRESH.comm), CDC Award Numbers U58/CCU123064 and U58/CCU323065.
Example 1:
Coding Contributing Factors

Report From Nine Maternal Mortality Review Committees
<table>
<thead>
<tr>
<th>Contributing Factor Code</th>
<th>Definition</th>
<th>Contributing Factor Level</th>
<th>Contributing Factor Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation failure</td>
<td>Failure to seek [fill in MD specialty area – e.g., cardiology] consultation</td>
<td>Provider</td>
<td>Assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Referral</td>
</tr>
<tr>
<td>Lack of coordination</td>
<td>Lack of coordination between providers</td>
<td>Provider</td>
<td>Care Coordination</td>
</tr>
<tr>
<td>Patient management issues</td>
<td>Lack of coordination in patient management between providers. NB: Only use when Level=Systems of Care</td>
<td>Systems of Care</td>
<td>Communication</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Care coordination</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Continuity of care</td>
</tr>
<tr>
<td>Contributing Factor Code</td>
<td>Definition</td>
<td>Contributing Factor Level</td>
<td>Contributing Factor Class</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Warning signs</td>
<td>Includes any mention of patient’s knowledge of warning signs; not recognizing care was needed; delays in seeking care</td>
<td>Patient</td>
<td>Knowledge Outreach</td>
</tr>
<tr>
<td>Adherence</td>
<td>Adherence to medical advice including medication regimens</td>
<td>Patient</td>
<td>Adherence</td>
</tr>
<tr>
<td>crcfw_categ</td>
<td>crcfw_class</td>
<td>crcfw_descr</td>
<td>crcfw_CODE</td>
</tr>
<tr>
<td>------------</td>
<td>---------------------</td>
<td>-----------------------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Facility</td>
<td>delay in getting pregnancy test report</td>
<td>Test delays</td>
<td></td>
</tr>
<tr>
<td>Facility</td>
<td>Access/Financial</td>
<td>Access to outpt records</td>
<td>Patient management issues</td>
</tr>
<tr>
<td>System</td>
<td>Policies/Procedures</td>
<td>lack of OB standardized procedures</td>
<td>Absence of policies and procedures</td>
</tr>
<tr>
<td>Patient/Family</td>
<td>Knowledge</td>
<td>lack of knowledge regarding importance of event</td>
<td>Warning signs</td>
</tr>
<tr>
<td>Provider</td>
<td>Communication</td>
<td>No documentation of follow-up as referred by ED to PCP</td>
<td>Lack of communication</td>
</tr>
<tr>
<td>crcfw_categ</td>
<td>crcfw_class</td>
<td>crcfw_descr</td>
<td>crcfw_CODE</td>
</tr>
<tr>
<td>------------</td>
<td>--------------</td>
<td>------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Provider</td>
<td>Other</td>
<td></td>
<td>Unable to code</td>
</tr>
<tr>
<td>System</td>
<td>Personnel</td>
<td>Inadequately trained personnel</td>
<td>Inadequate training</td>
</tr>
<tr>
<td>System</td>
<td>Personnel</td>
<td>Inadequate availability of personnel</td>
<td>Inadequate/Unavailable personnel</td>
</tr>
</tbody>
</table>
Thematic Analysis

CODE:

Warning signs
Patient management issues
Lack of communication

THEME:

Lack of knowledge on warning signs and need to seek care
Lack of coordination between providers that supports coordinated care
Lack of communication with patient
Lack of communication with other providers
Example 2:
Coding Recommendations for Action

Report From Nine Maternal Mortality Review Committees
<table>
<thead>
<tr>
<th>Recommendation Code</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve patient/provider communication</td>
<td>Includes “improve counseling”</td>
</tr>
<tr>
<td>Adopt maternal levels of care</td>
<td>Includes “appropriate level of care determination” and “should have focused on mom instead of/in addition to fetus/baby”</td>
</tr>
<tr>
<td>Improved procedures</td>
<td>Treatment services and/or protocols for medication or intervention procedures; operationalize standards into practice</td>
</tr>
<tr>
<td>Improved policies</td>
<td>System of care policies which impact patients more broadly, rather than on a case by case basis. For example, hard stop early elective delivery policies.</td>
</tr>
<tr>
<td>crroc_c_recom</td>
<td>crroc_c_recom_CODE</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Improve provider counseling on method of delivery options and potential risks</td>
<td>Improve patient/provider communication</td>
</tr>
</tbody>
</table>

| Improve hospital policy on indications for elective c-section | Improved policies |
| Hospitals should determine who will care for specific high risk OB cases; when to call in back up, what is the expertise requirement for each procedure. This should be based on each hospital's resources and experience of providers. | Adopt maternal levels of care |
| Increase care coordination following discharge from inpatient psychiatric hospitalization | Improved procedures |
Thematic Analysis

**CODE:**
- Improve procedures
- Improve policies

**THEME:**
- Improve procedures related to communication and coordination between providers
- Improve Policies Related to Patient Management, Communication and Coordination Between Providers, and Language Translation
- Improve Policies Regarding Prevention Initiatives, Including Screening Procedures and Substance Use Prevention or Treatment Programs
Example 3:
Coding Informant Interviews
“That part of the Christian background was a big part of my life, being abstinent but being young at the time and being in love, or what some would call puppy love. A lot of times we don’t look at it that way or we tend to not really care about how they feel about the situation why because they’re not the ones in it, we are. It used to bother me but because I loved her so much, the times that we did I didn’t really feel I was doing anything wrong, because yeah, we had plans of one day being married. We were inseparable.”

Deshawn, AA Male
“That part of the Christian background was a big part of my life, being abstinent but being young at the time and being in love, or what some would call puppy love. A lot of times we don’t look at it that way or we tend to not really care about how they feel about the situation why because they’re not the ones in it, we are. It used to bother me but because I loved her so much, the times that we did I didn’t really feel I was doing anything wrong, because yeah, we had plans of one day being married. We were inseparable.”

Deshawn, AA Male

- Christianity
- Abstinence
- Puppy love
- Marriage and sexuality
“The situation stressed me so I ended up having a miscarriage. He wanted to do all this other stuff. ‘You can go get an amniocentesis to find out who the father is.’ We could do all that. I didn’t have a problem because I knew I hadn’t been with anybody else. But he was just like, ‘we’re going to go get an amnio.’ I said, ‘Fine, we can do all that’ but it stressed me. So, I was in the lunchroom eating lunch at school and I felt this sharp, sharp pain. I come to find out a day later, I started bleeding and I lost the baby.”

Letitia, AA Female

Potential codes
Arc of Relationship
ATOD
Condoms/Contraception
Baby Mama/Baby Daddy
Exclusivity
Legal System
Violence
Pregnancy/children
Relationship Nature/Quality
Sex
Social/Familial Context
STD/HIV
“The situation stressed me so I ended up having a miscarriage. He wanted to do all this other stuff. ‘You can go get an amniocentesis to find out who the father is.’ We could do all that. I didn’t have a problem because I knew I hadn’t been with anybody else. But he was just like, ‘we’re going to go get an amnio.’ I said, ‘Fine, we can do all that’ but it stressed me. So, I was in the lunchroom eating lunch at school and I felt this sharp, sharp pain. I come to find out a day later, I started bleeding and I lost the baby.”

Letitia, AA Female

**Potential codes**
- Arc of Relationship
- ATOD
- Condoms/Contraception
- Baby Mama/Baby Daddy
- Exclusivity
- Legal System
- Violence
- Pregnancy/children
- Relationship Nature/Quality
- Sex
- Social/Familial Context
- STD/HIV
I. And you broke up. How did the break up go?

R. We broke up in manner. He told me in the beginning his music was first and foremost behind god. I thought, OK, I didn't think he really meant it, but really was. If he had an engagement he would break off our dates. We never really got to see each other because he was so busy with the group. It hurt me because I really, really cared about him. In the long run, it was better for me than to sit around and wait for him. At least I was mature enough to handle that type of situation because I wasn't at the time. It was an OK breakup. The craziness is we used a condom and I ended up getting pregnant anyway.

What happened was we had sex for the first time June 15 of that year. I remember June 15th; it's just in my head. I got my period and it was a little late, and then the next month it was little spots, but it was still there. In August I didn't get it at all. I thought, wait a minute, so I went to Planned Parenthood. It was like, you're about three months pregnant. I said that's impossible. That's when I had sex three months ago and I used a condom. They were like, did you check it for any leaks. I'm thinking back, well yeah, I saw him take it off and pull it down. I was getting dressed and getting ready to go.

I got pregnant, and what's crazy is he never, ever catches public transportation. If he can't get a ride or he's not driving he ain't going. So I was walking out of Planned Parenthood, and low and behold, who do I see on the L (elevated train) but him. So I walked over to him and I was like oh my god! He said, hey, what's up baby? [Inaudible] He was like, what's wrong with you? I said, look, and showed him the paper. He was like, wow. He stopped and was like, what's this? I was like, "it says I'm pregnant." He was like, "all right. We're going to talk about this later," because we were in public and [Inaudible].

We talked about it later, and it really hurt me because I really loved him. He was just like, "it's not mine." I was like, "what do you mean it's not yours?" He was like, [Inaudible] we used a condom and I know it didn't break. I blew my mind because I wanted so long to do anything with him. I waited three or four months. We didn't kiss all after the first month, so it went real slow, so he would get a chance to know me. Every time he called me I was there. Every time he came over I called him back. Every time he needed me I was available, so I didn't understand how he could say it wasn't [Inaudible].

The situation stressed me so I ended up having a miscarriage. He wanted to do all this other stuff. You can get an amniocentesis to find out who the father is. We could do all that. I didn't have a problem because I hadn't been with anybody else. But he was just like, "we're going to do an amnio." I said, fine, we can do all that, but it stressed me so, I was in the hospital cannot back to school and I felt this sharp, sharp pain. I come to find out a day later, I started bleeding and lost the baby.
Example – Coding Data
Example – Code Relationships

Philadelphia and Hartford Research and Education on Sexual Health and Communication Project (PHRESH.comm), CDC Award Numbers U58/CCU123064 and U58/CCU323065.
What is qualitative data analysis?

- There is more to qualitative data analysis than coding data
- Memo writing, indexing, sorting & sifting data
- Validity and reliability concerns
  - Iterative data collection & analysis process
  - Inter-coder agreement
  - Reflexivity – analyst as participant
- More than a “jumping off point”
- Products of systematic analysis are usually more than observations with supportive quotes
  - Typologies, taxonomies, matrices
Conclusion

- Public health problems are complex & need diverse methods to solve them
- Specializing in analytic methods by type may be necessary but it is no longer sufficient
- Understanding the role of diverse methods encourages multidisciplinary collaboration and puts the means to solving complex problems at your finger tips