# Collecting qualitative research data on health seeking behaviour of Peninsular Malaysia's aboriginal people

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## Abstract

Qualitative research is an appropriate method for obtaining insight into situations and problems when a researcher has little knowledge concerning a research question. Applying to a cultural context of health and illness, this method is commonly used for providing in-depth description of cultural beliefs and local knowledge related to health issues, or for exploring the reasons for certain health seeking behaviours adopted by research informants. This study provides a pragmatic approach in examining the various stages of a qualitative data collection process pertaining to the aboriginal people or the *Orang Asli* of Malaysia. The research was conducted in three selected *Orang Asli* villages in the states of Selangor, Pahang and Perak of Peninsular Malaysia. A total of 55 in-depth interviews were successfully recorded during the fieldwork duration of July 2013 to January 2015. Employing face-to-face in-depth interviews and non-participant observations, the research collected data with regard to health and health seeking behaviors of the *Orang Asli*. The primary data were used to illustrate how various qualitative data collection methods could be used to facilitate the data collection process. Several concepts employed in data collection such as theoretical sensitivity, triangulation and verification were also elaborated.

**Keywords:** data collection, indigenous people, *Orang Asli*, qualitative research, theoretical sensitivity, triangulation

## Introduction

Qualitative research is an appropriate method for obtaining insight into situations and problems when a researcher has little knowledge concerning a research question. Applying to a cultural context of health and illness, this method is commonly used for providing in-depth description of cultural beliefs and local knowledge related to health issues, or for exploring the reasons for certain health seeking behaviours adopted by research informants. In most cases, health seeking behaviours of a cultural group are very much affected by the worldviews of research informants concerning particular health treatments, as well as their cultural interpretation of health and illness (Vivien & Noor, 2013; Yew & Noor, 2015).

In qualitative research, data collection process often begins when the researcher conducts a pilot study with the purpose to improve research intruments such as the interview schedules (Gillham, 2000). This means to say that in a pilot study, the researcher enter the field with a list of preliminary interview questions. This early stage of data collection process is desirable as it allows the researcher to better tune and refine interview questions based on new knowledge discovered (Glaser & Strauss, 1967). Further, some unforseen scenarios may be found in other data collection methods such as observation and ordinary conversation of which may prove useful for the research. Such continuous process of data collection and improvement is common in qualitative research as researcher in the field is constantly comtemplating on data relevant to the research (Corbin & Strauss, 2015).

To be specific, few common methods of data collection in qualitative research are content analysis (e.g. from books and documents), in-depth interviews, observations and focus group discussions (Silverman 2000). Subsequently, three frequently used methods of data collection in health care research are in-depth interviews, field observations and focus group discussions (Britten, 1999; Legard et al., 2003; Vivien & Noor, 2013; Yew & Noor, 2015). Similarly, Gill et al. (2008) in their dental research on the use and purpose of common methods of data collection in relation to dental research methodology explained that interviews and focus group discussions remain the two common sources of data collection in qualitative study. According to the researchers, in-depth interviews and focus group discussions are used to gain understanding and insight into the thoughts of a certain group of patients on a particular phenomenon.

Then, in a recent chronic illness study, Malaysian Chinese women survivors were interviewed about their lifestyles and health seeking behaviours (Vivien & Noor, 2013). According to Vivien and Noor (2003), one of their key findings emerged from in-depth interviews highlighted the importance of other cancer survivors in influencing the research cancer informants' choice of lifestyle after cancer treatment. This particular key finding was established mainly due to the researchers' effort in conducting numerous in-depth interviews followed by probing questions to explore further on informants' health seeking behaviours. In addition, small focus group discussions are also carried out amongst the women cancer survivors in which thoughts and feelings about their lifestyles and health seeking behaviours are shared. Thus, it is obvious that this key finding, may not have emerged in the same way, if various qualitative methods of data collection have not been employed concurrently to probe further a particular issue (Vivien & Noor, 2013; Chin & Noor, 2014).

With the gem in experiential qualitative data collection methods, the challenging pattern of field data collecting process is then employed to further shaped this current qualitative study on Malaysian indigenous people, the *Orang Asli*, of which bountiful of field data concerning health and health seeking behaviours of *Orang Asli* were collected for further analysis. As such, the aim of this paper is to discuss two common methods of data collection for qualitative health care research, namely interviews and observations, in more detail, in particular how the researcher has probed deeply to uncover new clues and to open up new dimensions of a problem.

## The data collection

The present study was conducted within selected *Orang Asli* (the indigenous people of Peninsular Malaysia) communities in three villages of Peninsular Malaysia. Adults of 18 years old and above from the Orang Asli villages within three states (Selangor, Pahang and Perak) of Peninsular Malaysia participated in the current study between July 2013 and Jan 2015 (approximately 19 months). As this study engaged individual face-to-face in-depth interview, 55 successful interviews were finally conducted at the end of fieldwork. All interviews were carried out using Malay language. If the interviewee could not understand Malay language, another family member or neighbour who could speak dual languages (*Orang Asli*'s ethnic language as well as Malay language) was used as an interpreter. The interview schedule prepared for this study measuring the following characteristics: *Orang Asli* and their perception of health and illness; use of self-medication, use of home remedies, use of traditional healing practices, use of modern healthcare system, as well as attitudes toward Western medicine.

*Methodology*

In this present qualitative research on health seeking behaviour amongst *Orang Asli*, field data was obtained through face-to-face interviews and non-participant observations. In terms of interviews, the interviewing process involves two methods. For method 1, the researcher interviewed all the 55 informants. Each of the interview lasted between 60 and 90 minutes. Then, for method 2, the researcher gathered her field data through breakfast chats with most of the informants. The researcher managed to chat with five groups of the *Orang Asli* informants over a relaxing breakfast setting in their homely

environment. Each breakfast chat group consists of five informants and each chat session ranged between one and one-and-a-half hours.

During fieldwork, the researcher's interviews often began with small talk. It then followed by asking questions related to demographic characteristics of the informants such as sex, age group, income, level of education, living location, religion, occupation and marital status. Further, subsequent interviews between the researcher and her informants continued to gather data concerning self-disclosures, thoughts and emotional changes created by the informants.

In subsequent interviews, in-depth interviews were carried out using open-ended questions so as to allow the informants to talk freely and openly. This procedure of interviewing helped to generate detailed data that could enable in-depth understanding of certain phenomena that emerged from general field data. For this qualitative research, the interviewing process was guided by an interview schedule. Pre-planned questions on the lifestyles and health seeking behaviours of the Orang Asli were prepared to guide the whole interview process. Some of the questions include informants' ways of living such as busy lifestyle and working environment, work-family constraint, impact of illness, access to health care, culture (health beliefs and religion), social factors (for example education, occupation and income), barriers to health care, role of the healthcare system, patient-physician interaction and medical adherence.

In relation to the topic of interview schedule, it was significant to ensure that the question format of the interview schedule was followed throughout the whole study. The format did not change to accommodate different informants to avoid bias in the data analysis. This is because the pre-planned questions should be maintained according to the main focus of study, and not diverting to suit informant's favourite topics of discussion (Keats, 2000:19-20).

However, it was the researcher's responsibility to ensure the interview was flexible in ensuring the smooth flow of questions. The researcher had to take measures that the informants were not constrained by the structure and sequencing of the questions, so as to create a broad and open environment of gathering informants' views and experiences pertaining to a particular topic of discussion (Wimpenny & Gass, 2000; Mustaffa et al., 2014).

## Stages in the data collection process

Generally, the interview session in this present qualitative research was conducted between the researcher and an informant with no third paties present. However, there were some cases such as a revisit from the researcher to an informant's house. This revisit aims to obtain further clarification on certain issues that emerged from an earlier interview. Under this kind of revisit, the researcher normally managed to meet with the particular informant, and at the same time, other *Orang Asli*, such as the informant's neighbours or family members, would be present as well. The excerpt below is one of the incidents extracted from the researcher's field notes that shows how the researcher managed issues of bias, confidentiality, and still retain mutual trust with the informants; should a revisit informal interview to an informant with the present of other members of *Orang Asli* be necessary:

> *It was on a Friday morning, after their routine household chores, Salisa was chatting with her group of female neighbours on the topic of self-medication practice by her elder sister who is living few houses away from her house. Salisa and her neighbours were exchanging information on the health progress of her elder sister. It was during this moment, the researcher took the opportunity to ask Salisa a question about her opinion on self-medication as complementary and alternative treatment alongside with Western medication. She had given a general opinion by saying that to practise self-medication is good for patient with minor illness. Conversely, if one does not follow the proper home remedies techniques, one will not enjoy the benefits from self-medication. While Salisa was explaining about her opinion, several of her neighbours chipped in to discuss on the issue of self-medication, and they are not part of the informants in this study. Therefore, the researcher had omitted those*

*ideas contributed by them. On further discussion on the same topic, the researcher had avoided asking questions on informant's personal experience to prevent any uneasiness from the informant. For this, the informant has great trust in the researcher that she could chat and discuss openly with her friends or neighbours, even with the present of the researcher.*

(Field note: May, 2014)

Next, for all semi-structured interviews with the informants, the researcher began an interview session with an open-ended question such as: "Could you describe the ways you deal with your family members and friends?"  This question was then followed by a series of probes that support the pre-set questions in the interview schedule.  For example, with regards to the issue of relationship among family members, examples of probing questions were, "Please tell me more about your relationship with your siblings in the family," and "Please elaborate more on how living with extended family members could help you build a happy and healthy family?"

However, the pre-planned questions were not forced and asked according to a specific pre-planned sequence.  The researcher allowed the questions to flow naturally between the responses provided by the informants.  In most cases, the entire in-depth interview session was seen more like a conversation with smooth transitions from one topic to the other between the researcher and informant.  Additional questions were posed according to informants' responses, such as "Tell me more about your illness," and "What is your responsibility in ensuring good personal hygene practices in your family?"

In this qualitative research, results of interviews collected during fieldwork were recorded as field notes. These interview data were later transcribed with a clear understanding that a proper and detailed transcription is important in facilitating a good qualitative data analysis process (Poland, 1995; MacLean, et al., 2004). For confidentiality, the participants' names used in the transcriptions are pseudonyms. Of the 55 informants, the researcher found that 15 of them were able to provide significant and vital information, as well as insights for the analysis process of the study. These 15 informants shared and further elaborated their experiences in terms of health and illness, usage of healthcare system and traditional healing practices. The remainder 40 informants were passive and provided short answers without elaboration during the interview sessions. Nevertheless, field notes recorded from the passive informants helped to triangulate data collected from the 15 active informants. The data triangulation process helped to minimise response bias from informants as well as facilitated the validation of data in this study (Denzin, 1978).

*The field diary*

Throughout the whole research process, a field diary was kept by the researcher to record researcher's comments, questions as well as any unusual happenings that may occur during the duration of research period. Apart from that, the main purpose of having the field diary is to ensure detailed field notes were recorded as the researcher carried out her in-depth interviews with all the informants. The field notes taken during field study included informants' responses at interview sessions, relevant issues of study discussed among informants and researcher's observations on informants' nonverbal behaviours. In addition, researcher's feelings, impromptu ideas as well as her reflective thoughts after each interview session became important and significant pieces of information during data analysis.

The compilation of data in the field diary thus produced a corpus for data analysis, which then formed issues of interest in the study such as concepts of health and illness according to the perceptions of the informants.  Nevertheless, during the analysis phase, the researcher would recall an important detail which was not recorded in her notes, prompting the researcher to revisit the informants to clarify meanings and verify interpretations, or even to conduct further interview on some of the informants.

With regard to the issue of revisiting informants for clarification of existing data, the researcher in one of the data analysis section was unsure of how most informants referred religious support as a final resort in time of existential threat, particularly when they were suffering from severe pain as a result of their illnesses.  These informants subscribed to a common trust in religious support, which God will be able to create miracles to rescue them from the deadly disease they have been enduring since diagnosis. For a

better understanding on how religion really worked on the informants, the researcher went back into the field with more questions. As a result, Pak Din, aged 65 years, explained his experience as per the following description:

> *Pak Din used to have regular visits to a jungle near to his village for produce collection. He had severe illness three years ago and managed to survive through the Western therapy sessions and felt good after that. However, he felt that he was not as strong as before, when he was still strong and healthy. Therefore, he turned to religion and trusted in God that God will do the right thing for his soul, mind, heart and body.*

(Field note: December, 2013)

The researcher found that religion offers hope to those suffering from severe illnesses and this positive feeling has produced a better quality of life for the informants.

As seen above, the utilisation of field diary by the researcher has assisted tremendously in her data analysis and interpretation process. Next, besides keeping notes on the verbal communications with informants, the researcher also observed and recorded some of their non-verbal behaviours as the interviews went on. For instance, Pak Din, one of the informants aged 65 years, seemed lost when the discussion touched on his illness. He would look far and became silent for a while before talking again. At times, the researcher caught a glimpse of the look of fear on his face. Finally, as the researcher concluded the interview, she immediately recorded some notes reflecting her views and feelings on certain issue being discussed in the interview as well as Pak Din's nonverbal behaviour during the interview. An extraction of the reflective notes on Pak Din's nonverbal expressions is as follows:

> *When asked to describe his illness experience in terms of his own words, he would take his eyes away from the researcher and look at some place further where he could feel calm. He then seemed to want to make an effort to speak lightly about his illness. Also, there were times where the look of panic showed on his face when he tried to relate his illness with his future. Subsequently, he had purposely avoided the discussion on this topic.*

(Field note: December 2013)

*The concept of "Theoretical Sensitivity"*

Besides the issue of the researcher's observation of informants' nonverbal behaviours, the researcher's emphatic role to the important issues found in the field data was essential in the process of data collection. The wholehearted and assertive actions of researcher in her study is categorised as "theoretical sensitivity" by Glaser and Strauss (1967) and Strauss and Corbin (1990: 42). In the concept of "theoretical sensitivity", Strauss and Corbin (1990) emphasize on the importance of personal quality of a researcher. According to the authors, the researcher's ability or sensitivity to realise and discern critical field data beside the capacity to provide meanings to the data, is vital for researcher to avoid and minimise interference to his or her study with any pre-conceived opinions or ideas. Biases or hypothesis may be introduced if care is not taken during data analysis and interpretation stage.

In this study, the element of sensitivity from the researcher in her study further enhanced the credibility of her qualitative research report (Glaser, 1978; Karubi & Ching, 2015). The following field notes extraction on Fatimah, one of the informants aged 50 years, provide evidence of the researcher's sensitivity in extracting meaning from the field data:

> *During an in-depth discussion with Fatimah, she mentioned that her illness has caused her circle of friends to become smaller. Most of her old friends do not contact her anymore ever since the attack of an unknown spirit in her. She then recalled those friends that used to meet almost everyday and now had not met for years. According to her, her current circle of friends consists of mostly her neighbours. As Fatimah continued to talk about her network of*

*friends in relation to her illness, the researcher probed with a question of whether the smaller number of friends for her at the moment was directly related to her illness and if she thinks so, then, what causes her friends to lose contact with her. These further probes from the researcher show an element of sensitivity in the researcher to grasp the meaning underlying Fatimah's story on her circle of friends and the years after illness attack. Here on, in a light expression, Fatimah complaint that those friends who do not meet her anymore must have thought that by meeting her, they would probably be attacked by the unknown spirit too.*

(Field note: April 2014)

*Triangulation and verification*

At times, if the researcher had doubts on her field notes, she would seek clarification by cross-checking with the informants concerned in the follow-up discussion. Likewise, relevant issues arisen in the casual chats will also be noted in her field diary. These cross-checking, casual chats and informal discussion are part of the triangulation process as proposed by Gay (1992) and Denzin (1978). According to the two authors, triangulation is a process where data were collected at different times, in different situations and from different sources. By this multiple mode of data collection, accuracy of data is enhanced.

It was also during the half to one hour casual chats amongst the informants that the researcher arranged her appointment with them for in-depth interviews which would last about 60 to 90 minutes for each informant. The interview venues had always been at the 'resting areas' under a tree right beside the informants' houses. The face-to-face interviews were semi-structured and were conducted in the morning after the informants' morning duties. Three principles stated below were adopted during the interview session:

   i.  To constantly reassure informants of the confidentiality of information shared.
   ii.  To discuss informant's experience with health and illness, using an approach that the overall discussion sounds like an experience of another person who has no relation to the informant concerned.
   iii.  To avoid any association of the term 'death' with the informants.

In most cases, the researcher would try to complete an interview session within the timeframe as promised to informants. Unless the informant being interviewed had much time to spend, the researcher would not end the interview abruptly when the maximum time of 90 minutes was up, especially when the informant had so much experience and views to be shared. Majority of the informants were very helpful in providing as much information as possible, to an extent that a few of them who had family problems due to their illness shared their sad stories with the researcher. This was probably due to the greenery and fresh morning air of the village surroundings which provided a comfortable and conducive ambience for both the researcher and informants to talk. On the whole, most of the interviews were fruitful; informants were cooperative and able to elaborate on issues discussed during interview, comforted by the much assurance of confidentiality given.

For this study, it is decided that fieldwork was to be carried out without the use of any recording device and this decision subsequently brought significant and positive results in the data collection process. For instance, informants were found to be more open, free and showed positive responses to most issues raised during interview sessions. The informants freely express their emotions of happiness, sadness and anger in the conversations as well as their group discussions. The act of taking field notes by the researcher during their chats and discussions did not deter the informants in sharing their thoughts and giving frank opinions.

## Conclusion

In most cases, at the end of every day of observing and/or interviewing the informants, the researcher would write short notes that summarised and interpreted the information obtained. This process is

extremely important in a qualitative research that employed field techniques such as interviewing and non-participant observation.  It is because, as time passes, it becomes increasingly difficult to reconstruct information, particularly with respect to the insights that the researcher may have had when listening to the informants, or with respect to important relationships or connections between incidents that the informants may have expressed. In conclusion, the beauty of adopting qualitative methods of data collection for health care research lies in the combination of various field techniques in producing qualitative field data that is commonly know as "thick description".

**Acknowledgement**

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