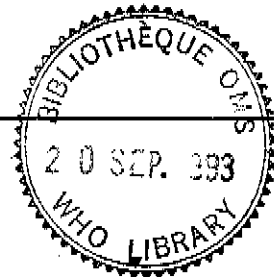


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The narrative research method

Studying behaviour
patterns of young people –
by young people

A guide to its use



Adolescent Health Programme • Division of Family Health
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PREFACE

The health of young people has become a subject of increasing importance throughout the world, both because of a better understanding of the importance of this age group to public health in the short and long-term, and because changing conditions combined with changing patterns of behaviour have increased health hazards for young people. This is especially true with regard to sexual and reproductive health. Adolescent girls who marry young have always been at greater risk of illness, injury and death arising from too-early pregnancy and childbirth. But in recent decades population growth in developing countries, urbanization, the crossing of cultural boundaries by rapidly expanding telecommunications, increased travel, early menarche combined with delayed marriage, and the decline of family authority arising from changes in family structure and function, have all given rise to new patterns of sexual behaviour. Unprotected premarital sexual relations are taking place at earlier ages, and this gives rise not only to problems of too-early pregnancy and childbearing, but also to induced abortion in hazardous circumstances, to sexually transmitted diseases (STD) and to the new scourge of human immunodeficiency virus (HIV), which in turn leads to acquired immunodeficiency syndrome (AIDS).

Yet our current knowledge of the factors which determine these behaviours, and the context in which they occur, is inadequate. Most studies deal with isolated aspects of these events rather than the overall sequence. It is also uncommon to draw on the knowledge and experience of the young themselves, either in the design or the implementation of such studies, yet it is the young who are most knowledgeable about their own behaviour. In order to address this shortcoming, the WHO Adolescent Health Programme (ADH) has developed and adopted a procedure called the Narrative Research Method, which draws upon the experience of young people, and is intended for use by young people themselves, although it can be applied by any group. This method makes use of role play in the initial planning stages, in order to develop a prototypical storyline which is then taken into the field and modified by other young people.

1. INTRODUCTION

The primary purpose of the narrative research method is to identify, in a systematic way, the most common patterns of sexual behaviour and relationships¹ experienced by young people in their own societies, drawing upon the knowledge of young people themselves. For this purpose youth leaders of national youth organizations, aged between 18 and 25, are brought together in an initial workshop in which they use role play to create a storyline which they consider to be the most typical pattern of young people's behaviour in relation to sexuality and reproductive health in their own communities. This story is subsequently converted into a questionnaire, which together with supplementary questions about the respondents, is administered by the youth leaders to samples of young people representative of major ethnic groups in their own countries. They then review the primary findings at a second workshop in order to plan action based on what they have learnt. This can be followed by in-depth statistical analysis to elaborate the results.

The method is relatively simple to use. However it does require some experience with role play, an understanding of the basics of questionnaire construction, and some skill in interpreting research findings, although in this case, much of it is a comparison of differences in stories which arise from young people's perspectives. The expertise doesn't have to reside exclusively with the person or organization managing the project. For example, one of the co-facilitators at the initial workshop can help to construct a questionnaire from the story, sampling experts can be called in to help with the design before the field work begins, and, as was done in the initial studies, a university can be called upon for more in-depth analysis of the data after it is collected. The main expertise called for however, is

¹ While the narrative research method described here has been used for sexual relationships and reproductive behaviour, it can also be used for any subject which lends itself to a sequential story over time (see Section 7).

an understanding and closeness to the experience of young people, and that is best provided by young people themselves, such as the youth leaders involved in the original projects.

1.1 The Overall Objective

To identify, in a systematic way, the most typical patterns of sexual and social relationships, currently prevalent among adolescents, which lead to pregnancy, childbirth or abortion and may put adolescents at risk of sexually transmitted diseases (including HIV infection leading to AIDS) as well as the social consequences of reproductive health problems. The different perspectives of males and females, younger and older adolescents, rural and urban residents and those of different ethnic or socioeconomic classes can be analysed, to the extent that the initial story developed is considered to be relevant to those sub-groups and the sample selected is representative of them. Action plans are then designed to best meet the adolescents needs identified by the findings.

1.2 The Process

1. An initial workshop in which a storyline typical of adolescents in their societies is created.
2. Field research consisting of group administration of the questionnaire to samples of the adolescent population.
3. Preliminary analysis of the tabulated data at a second workshop where the participants interpret the findings and generate ideas for action to promote adolescent health.
4. More detailed statistical analysis relating respondent characteristics to story choice.
5. The development of plans of action through partnership between youth organizations and health agencies and related sectors.

2. THE RESEARCH PLANNING WORKSHOP

2.1. Preparatory Activities

An effective way of using the narrative research method is to choose participants for the initial workshop in consultation with youth organizations which have strong national representation and good relationships with the national authorities. The youth organizations and the youth leaders chosen to participate should be given the overall objectives, plan and methodology guidelines well in advance of the workshop. The participants should number about 15-20 young people between the ages of 18 and 25, selected on the basis of their familiarity with local adolescent subcultures, especially those aspects related to health-related beliefs and behaviour. They should be individuals who, it can be assumed, have attained some maturity of perspective, yet are close enough in age to the current adolescent population for generational affinities to exist. The two sexes should be equally represented, and the participants sufficiently diverse to reflect the population groups depicted in the story, which may include rural and urban residents and more than one ethnic group. The youth organizations represented should be in a position to provide the administrative support to undertake the survey and agree to the participation of these youth leaders in a second workshop.

The first phase of the project should be carried out during a research planning workshop. During these sessions, lasting four to five days, the group of youth leaders work together to develop both the questionnaire and a plan for data collection and analysis. All participants (and their organizations) are asked to commit the time necessary to carry out the research plan and to return for a second workshop at a later date, when the data collection is complete, to plan the final steps of the project.

2.2 Workshop Secretariat

The lead person in conducting the research planning workshop is the facilitator, whose tasks are to explain the overall purpose and methodology, to moderate group discussions, facilitate positive group

dynamics and advise on the rules of role play. The facilitator should be experienced in managing role play, adept at amicably settling any disputes that may arise, and understand the importance of allowing the story to be developed exclusively by the participants. The primary responsibilities of the facilitator are to ensure that the methodology is used correctly; to keep the research objectives and plan in clear focus for all participants; and, finally, to produce a well-crafted questionnaire and study design.

The facilitator should be supported by one or two co-facilitators whose principal assignment is to take extensive notes which document the role plays, and record the ensuing discussion and other phases of the workshop proceedings. They will use these notes convert the story produced each day into the questionnaire to be reviewed by participants for accuracy.

Administrative and secretarial assistance is required during the workshop to provide general support to the workshop staff and participants. It is recommended that this be provided by a local person(s) who can act as liaison with the host institution.

2.3 Facilities

The meeting room should be large enough to accommodate up to 24 people seated in a semicircle. The room should be maintained at a reasonable temperature and be shielded from noise and other distractions. It is best if meals can be served on the premises, or nearby; lavatories should be clean and conveniently located.

The following items of equipment are required:

1. easily moveable chairs (10 more than the number of participants);
2. a few small tables;

3. an overhead projector and screen (with extension cords and extra bulbs) and windows equipped with shades or curtains so that the room can be darkened;
4. an easel with a supply of flip charts, crayons and markers;
5. a photocopier, at proximity, to be available throughout the day as well as during early morning and evening hours;
6. a word processor and printer, if possible. Otherwise, a working typewriter (with correcting ribbon) and a stock of stationery supplies;
7. a good quality tape recorder with plug-in microphone and a supply of blank tapes and extra batteries;
8. paper and pencils/pens for the participants.

It can be useful to videotape the role play exercises, but only if experienced personnel are available to operate the equipment discreetly.

2.4 Opening Session

It is a good idea to hold a formal opening session in order to emphasize the significance of the project, and give it visibility. Inviting senior government officials (such as the Ministers of Health or Youth) to offer brief remarks creates a sense of occasion. In this case, organizers may be asked to provide information about the project to be incorporated into these remarks. Others invited to attend this inaugural session might include local and regional representatives from international organizations, donor agencies and foundations.

At the conclusion of these formalities, the project director should discuss the overall objectives of the research, provide a non-technical description of the method, and explain the relevance of the study to high-priority health policy issues.

Press releases prepared for the media (and distributed a week or two in advance) should include information about the study and details of the opening session.

2.5 Group Discussion to Develop the Main Story Outline

The actual workshop begins with a brain-storming session in which participants are asked to identify common events that mark milestones in the life of a typical adolescent boy and girl, especially in relation to sexuality and aspects of reproductive health. As a result of group discussion, they develop a list of significant events which they believe represent major transitional or formative episodes in adolescent life. To be included, each item must denote something which happens to many if not most adolescents in the culture, so that even those young people who do not actually undergo the experience personally will nevertheless have some expectations about it, based on stories circulating within the youth culture.

One workshop, which focused on adolescent sexuality in a region of west Africa, produced the following list of events to summarize the evolving relationship between a boy and a girl:

- a boy and girl first notice each other
- they begin to become acquainted with each other
- they have their first meeting alone
- they begin a sexual relationship
- the girl fears she is pregnant
- the girl and boy seek advice from friends
- the girl's mother discovers the pregnancy
- the girl attempts an abortion
- the girl's parents tell the family of the boy
- the families of both decide who will provide financial support
- the parents of both decide about marriage
- the boy loses interest in the girl.

The list produced by the discussion could correspond to chapter headings in a typical adolescent's autobiography involved with a

pregnancy. It constitutes a general outline of the master plot. However, the participants are not constrained to stay with this list or sequence once the story development begins. Experience shows that role play often changes aspects of a story which have been generated by the preceding discussion, bringing the ultimate story closer to reality.

Subsequent discussions concentrate on each life event in turn as they are role played. Participants work through all the variations of the events which come to mind and select those which they believe to be most probable in real life. Obviously, any event can encompass several different stories. There are various ways, for example, to construct a story about the first meeting between a girl and a boy. Narrative accounts may differ concerning:

- how a meeting is initiated
- the location of the meeting, whether in a public or private place
- what they talk about: school gossip, their feelings for one another, etc.

Group discussion clarifies and revises the list and enumerates the many possible variations of each event. It lays the groundwork for the workshop activity which follows.

2.6 Creation of the Characters

When the narrative research method is used for identifying typical patterns of adolescent behaviour leading to pregnancy, they will proceed as follows:

The participants decide on the names and ages of the two main characters, an adolescent boy and girl, who meet and ultimately develop a sexual relationship. They choose names which have as wide an application as possible in their cultures, and appropriate ages for a first encounter. The group then sets the stage for how it will come about, and where they think the event is most likely to take place.

2.7 Using Role Play to Develop the Story

The next step involves role play - improvised dramatization which explores and expands upon the events in the story.

Role play was originally used as a technique in teaching and therapy. But it has gained increasing acceptance among researchers as one alternative to the social psychology laboratory experiment. Role play, when properly executed, produces behaviour which closely reflects that of real-life situations. The methodology enables the researcher to impose experiment-like control over relevant variables without eliminating the complexity and spontaneity of naturalistic interaction.

Role play contributes to a study of the narrative understanding of adolescent experience by allowing researchers to explore, through simulated interactions, the interpersonal dynamics which come into play as young people confront difficulties in their lives. It identifies the alternative courses of action which are seen to be available in a given situation, and elicits verbal accounts of the factors which influence the choice of one option over the alternatives. Role play reproduces a context for significant adolescent life choices which help to identify motivation.

Before beginning, the rules of role play are reviewed with the participants. When first confronted with the task, some will say that they can't do it, claiming stage fright or lack of "acting talent." They soon discover, however, that the ability which once came naturally to them as small children is reawakened with relative ease.

But role play, if not properly handled, can be emotionally unsettling for some participants and the facilitator should remind the group of this fact, indicating that he or she (or the co-facilitators) are available if anyone should wish to talk privately afterwards about the feelings generated during the role play. The facilitators should also ensure that no individual does an excessive amount of role play relative to other members of the group. The following procedures are recommended:

1. No one in the group should be coerced into taking part. Participation should be voluntary, although in practice, those who are reluctant to take part are encouraged to do so by other members of the workshop.
2. Participants never play themselves, only the fictitious characters for which they volunteer. They are neither asked nor expected to make personal revelations. Everything they say in a scene relates, not to their own experience, but to the characters they are playing. It is usually less awkward, however, if participants do not attempt to assume roles of the opposite sex.
3. Participants who volunteer for a scene should not discuss it beforehand. Apart from the creation of the two characters, deciding where the role play shall take place, and identifying the situation (e.g. the first encounter; the girl tells the boy that she thinks she is pregnant, etc.) there is little preparation. Volunteers are usually seated on chairs in the centre of the semi-circle. Role play should be as unstructured and spontaneous as possible, although observing basic guidelines enhances the value of the exercise.

4. Each exercise should last no more than three to five minutes.

A successful improvisation will usually reach a natural conclusion within the allotted time. But if the scene fails to achieve a denouement and begins to wander aimlessly, the facilitator should intervene to bring it to a close. Failure to generate dramatic momentum (stopping, rather than ending, when the actors run out of things to say) is a sign that the basic dynamics of the situation have not been captured. The underlying reasons for such false-starts should be discussed by the group (without in any way subjecting the actors in the scene to criticism or ridicule).

5. A scene should, as a rule, involve no more than two or three characters. Increasing the size of the cast vastly expands the number of possible relationships to be dramatized. A scene

involving four characters opens up the possibility of six different pairs of relationships; with five characters, there are many more. The participants can quickly become overwhelmed by the many interactions. However, there are some exceptions. Experience gained in previous projects has shown that if, for example, the group decided that members of the girl's family should meet with members of the boy's family, more role players were needed to enact the scene. Nevertheless, perhaps because of the intensity of feelings on the part of the participants, these role plays were well performed.

6. At the end of each role play, while those involved are still seated at the centre of the semi-circle, the facilitator asks them to describe their reactions to the experience and their feelings about the characters they were representing.
7. The discussion is then opened to those participants who formed the audience. They comment about how well the improvised scene depicted a real-life situation, and attempt to interpret the unspoken subtext concerning the actors' motivations and intentions. Occasionally, the discussion may become so heated that the group decides to role play another version on the spot to demonstrate how observers think the scene should have been played, but it is more usual for the group to agree on the overall plausibility of the scene. Counter-examples may be solicited from the audience as a means of exploring variations in the scenario. Differing ideas about what is most likely to be said by the two characters, and what is most likely to follow from the scene are recorded by the co-facilitators and will be used to provide alternative options in the questionnaire.
8. The role players are then given a chance to respond to the group's critique while remaining in character.
9. At this point, the facilitator may ask questions to clarify any aspects of the scene which have been left unresolved.

10. Finally, the role players formally "de-role" - explicitly distancing themselves from the characters they portrayed by reintroducing themselves to the group, using their real names. This is an important protective device to reduce the risk of a delayed adverse emotional reaction to the role-playing experience. The facilitator concludes by commending the participants for their performance and thanking them for their contribution. They then return to their seats in the semi-circle, normally accompanied by appreciative applause from the other members of the workshop.

The conclusion of one scene usually suggests the starting-point for the next. In fact, a principal test for the narrative "fitness" of a scene is whether it leads with dramatic necessity to at least one other. The group should have little difficulty deciding on the next improvisation. The previous role-playing exercise will have done much of the work in setting the next scene.

The group continues to develop the story through role play and discussion of the key events until the story reaches a natural conclusion.

2.8 Creating the Questionnaire: The Narrative

The questionnaire incorporates material from the group discussion and role play sessions and transforms it into a more structured, story-like format. The workshop will have produced several alternative stories for each event in the plot outline, and these variations are now codified in the questionnaire. For each of the episodes, a set of narrative options is listed. It is from this array that informants are later to construct accounts of those experiences "most likely" to happen to a typical adolescent in that culture.

Drafting the questionnaire is an on-going activity which largely takes place after workshop hours, as the secretariat attempts to rework each day's proceedings to fit the requirements of the questionnaire design. The night's work is presented to the workshop members the next morning for critical review and revision.

The questionnaire is made up of three sections: (1) **the narrative** which the respondents construct from sets of story options; (2) **personal experiential background**, in which they describe their own attitudes, beliefs and behaviour which are germane to the topic under study, along with those they attribute to their friends and acquaintances; (3) **personal information**, dealing with the socio-demographic characteristics of the respondents.

The narrative part of the questionnaire is made up of items grouped together to form episodes. An episode is a situation in which the characters act or make decisions in such a way that they find or place themselves in a consequent situation. This new situation provides an answer to the question, "What happens next?" Items related to an episode deal with (1) the defining action or choice and its context; (2) the characters' thoughts and feelings about the situation, expressive of their motivation, intentions and points of view; and (3) any behaviour or preparatory steps (usually some form of information or advice-seeking) leading up to the action or decision.

These items are usually multiple-choice in construction, typically presenting three to five options. Each of the choices must be (1) distinctly different from all the others; (2) reasonably comprehensive in covering all the most likely alternatives available in the situation; and (3) written at an appropriate reading level for the respondents - a judgement which should be made by the workshop participants. In many situations the language will have to be further modified, or translated into local languages. Where this is necessary, back-translation is helpful (see 2.10 below).

A "paper-and-pencil" questionnaire has obvious limitations for presenting the full array of narrative possibilities in stories with a branching, tree-like structure. For this reason, it is advisable to confine the questionnaire to a few pivotal episodes. Each is introduced by a summary account of the story up to that point, thereby providing enough context to enable a respondent to choose from among the narrative options.

But the direction the story takes at critical junctures is not to be arbitrarily decided. The selection of a story path should be based upon the judgement of the workshop members. The validity of this judgement will later be checked in the field by asking respondents to express their own opinions about what direction the story would most likely take. Our previous experience indicates that the two sets of judgements will closely coincide.

EXAMPLE

The following example illustrates the manner in which the workshop proceedings are translated into the form of a questionnaire. The situation to be role played involves two adolescents, Eva and John. The background of the story was developed through group discussions and previous role playing exercises.

The participants role played the first encounter between John and Eva, and, on the basis of the role play and the discussion which followed, developed the following questionnaire items.

EXAMPLE OF QUESTIONS

The story thus far: Eva is 15 years old, John, a boy of 17, has seen her and wants to meet her. He sends her a note through a friend asking to meet her on Saturday afternoon. Eva is supposed to be at home then, but she decides to meet John and tells her mother that she will visit a friend. Her mother agrees as long as she is home by 5.30 pm.

1. At their first meeting, John and Eva are most likely to:

- (a) go to the market place and talk
- (b) go to the cinema
- (c) go to one of their homes and talk
- (d) go to a friend's house and talk
- (e) take a walk and sit for a while by the river

2. What do you think John and Eva talk about?

- (a) John tells Eva about his feelings toward her
- (b) Eva tells John about her feelings toward him
- (c) they both talk about their feelings toward each other
- (d) neither talk about their feelings on the first meeting

3. John asks Eva to see him again. What does Eva say?

- (a) Eva agrees
- (b) Eva doesn't answer his question
- (c) Eva tells him she will think about it
- (d) Eva says no

4. John wants Eva to stay longer with him, even though it is time for Eva to go home. What does Eva do?

- (a) insists that she must be home by 5.30
- (b) yields to John's wishes and goes home late

5. Let us imagine that Eva decides to stay a while longer and is late getting home. Eva is most likely to:

- (a) tell her mother why she was late
- (b) make up a story for her mother about why she was late
- (c) try to sneak into the house and avoid saying anything

6. Suppose Eva makes up a story, but her mother finds out the truth. What is Eva's mother likely to do?

- (a) punish Eva
- (b) do nothing
- (c) threaten to tell Eva's father
- (d) give Eva a warning

7. What does mother tell father?

- (a) nothing
- (b) she makes up a story as to why Eva came late
- (c) she tells him the truth

8. If mother were to tell father everything, what would he do?

- (a) blame mother and Eva
- (b) blame Eva alone, but not punish her
- (c) punish Eva
- (d) ignores the situation

2.9 Creating the Questionnaire: Supplementary Questions

The questionnaire also contains items designed to collect two additional types of data: (1) personal experiences and beliefs about others related to the topic being studied; and (2) personal socio-demographic characteristics.

2.9.1 Personal experience and perceptions

The interpretation of the narrative constructed by the respondents' replies is enriched if these can be compared with the adolescents' own attitudes, beliefs and behaviour as these relate to the topic under study. These questions will be similar to the standard Knowledge, Attitudes and Practice (KAP) survey research instruments used extensively in health and family planning studies. However, the items are fewer in number, inquire not only about the respondents themselves, but about their perceptions of the attitudes, beliefs and behaviour of their friends and acquaintances, and are inserted at relevant points of the story.

For example, in previous narrative research studies, respondents were asked about their perceptions of the incidence of sexually transmitted disease, contraceptive use, pregnancy and abortion among young people in their communities. These estimates were compared with their constructed narratives to determine the extent to which the stories matched their perceptions of the "real world." There tended to be high correlations; the characters in their stories acted much the same as young people they knew in actual life. Those personal experience items which are germane to a particular part of the story are inserted at the end of that narrative sequence, structuring the questionnaire into a series of topically-related sections.

2.9.2 Personal socio-demographic characteristics

The last pages of the questionnaire contain a few questions about the respondent's sex and age and any other personal aspects which are likely to be relevant in subsequent data analysis (e.g. ethnic background, religious affiliation, whether the person lives in a rural or urban area, etc.

2.10 Creating the Questionnaire: Editorial Aspects

Before the questionnaire is printed, a certain amount of editorial work must be done. An introduction to the questionnaire should be prepared; it should identify the organization(s) responsible for conducting the project, state the aims of the study, explain the importance of young people themselves to its success and how the respondents were selected, indicate the overall subject matter of the research and how the results will be used. Most important, in a separate section at the beginning of the questionnaire assurances should be given that all responses are anonymous and that respondents should not put their names on the questionnaire. The steps taken to safeguard privacy and confidentiality should be described.

A second part contains instructions for responding to the questionnaire, explaining how to indicate one's choices and emphasizing the importance of (1) answering every item; and (2) choosing only a single option for each. Both of these directives are too frequently disregarded, resulting in significant numbers of at least partially invalidated questionnaires. The language of this instruction thus needs to be forceful, and the point vigorously reinforced during the oral briefing which precedes actual administration (see section 3.3 below).

On the last page, the respondents are thanked for their participation and invited to write in any comments they may wish to make.

The entire questionnaire should be precoded to facilitate data entry and analysis. Before administration each questionnaire should

have a code number assigned to it which may indicate the type of location (e.g. urban/rural) and/or the age range of the group to which it is given. The date, and place should be added to the questionnaire at the time of administration.

It may be necessary to translate the questionnaire into one or more local languages. While it is, of course, never possible to achieve complete equivalence, some of the more glaring errors can be detected by means of back-translation: once a translation has been made, translate it back again into the language of the original version. Then compare the original with its second generation rendering.

Once a draft version of the questionnaire is completed, it is prudent to conduct a small pilot study for the purpose of identifying any sources of confusion in the wording and format of the instrument. This pretesting identifies necessary revisions before the final version is printed.

To save printing costs, some investigators have printed the answer sheets separately so that the questionnaire forms could be used again and again. However, this may be a source of error because respondents may find it difficult to match items with response sheets.

3. DATA COLLECTION

3.1 Choosing the Sample

The conventions of scientific sampling can be met through relatively small-scale studies with a few hundred or so respondents, but this requires sophisticated sampling techniques. This possibility should be reviewed with those members of the research planning workshop who will be involved in data collection in the field to see if it is feasible.

In parts of the world which lack the survey research infrastructure of the industrialized nations, including accurate census data, other up-to-date demographic statistics, dependable

communications and a pool of trained and experienced professionals, it may be more feasible to collect larger quantities of data in a wide sweep rather than to try to track down a smaller number of respondents who fit a more detailed sampling design. Even in this case, however, those in charge of the research should seek advice on their proposed sampling methodology from an expert source, such as a university in the region.

In two previous studies of adolescent sexuality, carried out in 11 African countries, youth organizations with membership throughout the countries were relied upon to devise a compromise strategy. Familiarity with their own national cultures enabled them to assemble a large number of respondents, about 1,000 in each country, from the principal ethnic groups without necessarily achieving precise proportional representation. Rigorously constructed random samples are a drain on the small budgets available for research in developing countries. Some compromise is justified when the purpose of the research is broadly comparative, rather than actuarial or epidemiological in which case exact numerical estimates are required.

Priority should be given to devising a detailed and explicit plan for systematically collecting data in the field, even if random sampling is not attempted. It is important that the plan, once adopted, be meticulously followed if the results of the study are to be, at least theoretically, reproducible. Strict adherence to the plan also permits any shortcomings in the selection strategy to be more readily identified, after the fact, by later critics of the research.

In general, the respondents should be about equally divided between males and females, and be evenly distributed across the adolescent age range.

3.2 Selection and Training of the Research Team

The project director (ideally, a participant in the research planning workshop) will enlist, train and supervise the team of people who will collect data in the field. If possible the team should consist of an equal number of young men and young women. In addition to

young people drawn from the youth organizations, it can be valuable to recruit others to help who may subsequently be involved in programming activities based on the results; these might include people working in the health, education or social welfare sectors. However, budgetary considerations may limit the extent of that possibility.

The job of the research team is to (1) help with the screening and recruitment of respondents; (2) take responsibility for assuring that all procedures for questionnaire administration are carefully followed; (3) perform some preliminary coding and tabulation of completed questionnaires.

One of the best training methods is to simulate data collection by asking the research team to take turns in guiding the others through an abbreviated questionnaire-answering exercise, under the supervision of the project director.

3.3 Questionnaire Administration

Group administration of the questionnaire is strongly recommended. There are several advantages to this approach: (1) quality control is easier to maintain because the research assistant can observe the respondents marking their choices, and help them comply with the instructions; (2) any questions which arise (e.g. about unfamiliar vocabulary) can be answered immediately and for the whole group; (3) discussions can be held after questionnaires are completed, providing an opportunity to gather additional information informally and, if prepared, to provide factual information to young people who have questions about health matters.

The groups should be relatively small and of similar age to ease administration and to permit group discussion afterwards, if that is planned. Whether the respondents in the group are of both sexes or one, will depend on local circumstances.

In an earlier study in Senegal, boys living in towns and cities sometimes took part while they met for tea in primary and secondary

schools, whereas urban girls completed the questionnaire at social centres. Rural areas required different tactics: some young men were brought together in the evening after working in the fields; young women were invited to participate while at the wells or on the way back from market.

Before the questionnaire is distributed to the group, it is necessary to:

1. explain, in general terms, the purpose of the study and why it is important;
2. explain how those in the group were selected to participate, allaying any fears that they were personally singled out for study;
3. explain, in detail, the format of the questionnaire and give instructions on how it is to be completed - emphasizing the importance of answering every question and marking only one choice for each item;
4. assure respondents that their questionnaires are anonymous, their names are not to be put on the forms, and describe the safeguards taken to protect confidentiality, e.g. by showing them a closed ballot box type of container in which they will deposit their completed questionnaires;
5. help them to understand the seriousness of the subject which might otherwise provoke joking among young people on a topic like adolescent sexuality;
6. offer to help if anyone doesn't understand a question, but reinforce the idea that the answers are entirely up to each of them.

N.B. *In groups where the young people's reading skills are inadequate, e.g. in rural villages, an alternative procedure is to read the questionnaire items aloud, but ask the respondents to mark their responses themselves.*

questionnaire items aloud, but ask the respondents to mark their responses themselves.

3.4 Follow-up Group Discussion

It can be of great value to organize a group discussion immediately following the completion of the questionnaires. The objective is two-fold: (1) to learn more from the spontaneous comments and questions of the respondents stimulated by responding to the questionnaire; and (2) to provide an opportunity to answer some of the questions which young people are likely to raise about the subject matter of the study. Experience has shown that many of the groups wanted to talk about the questionnaire afterwards, even if no time had been sent aside for discussion. To do so, however, requires some preparation. Time must be made available and the young people administering the questionnaire will need some training in dealing with key questions. They should be prepared to be honest about questions they cannot answer and, where feasible, identify a local source of help for follow up.

Before the discussion begins, the young people who have administered the questionnaire should make clear to the respondents that it would not be appropriate to make any personal and private revelations in this group discussion but to raise any general questions or comments they have about the issues.

In previous studies, these discussion periods have often prompted respondents to ask quite specific questions about the topic (e.g. questions concerning human sexuality and relationships). The facilitators of the discussions were asked to note especially,

1. What subjects aroused the most interest
2. What were the most common questions as an indicator of what kinds of knowledge young people both want and lack.

At the end of the session, a written summary of the group discussion and reports on any problems which were encountered should be prepared.

4. DATA TABULATION AND DEBRIEFING OF FIELD RESEARCH TEAM

For the preliminary analysis, coded questionnaire choices are transferred to data entry sheets which display:

1. The complete set of responses to each question made by each individual, i.e. separately for each questionnaire, (see Appendix 1 for an example). It is useful to separate those questions which related to the story from the supplementary questions in all the tables.
2. A summary table showing the frequency distributions for the response options chosen for each item (Appendix 2).
3. Tallies of the most frequent responses chosen for each item, cross-tabulated by age, sex and other socio-demographic variables of interest (Appendix 3).

This initial stage of analysis can be done manually by the research team if computers are not readily available.

Once all the data have been collected in the field, those who administered the questionnaire are brought together for a wrap-up discussion with the project director. As they review their notes and compare experiences, they will add qualitative observations about the adolescent respondents to the questionnaire and group discussions, a summary of which should be included in the final report.

5. DATA ANALYSIS

5.1 The Second Workshop: Initial Data Analysis

It is best to convene a second workshop bringing together participants of the initial workshop and the key people who conducted the data collection. The main purpose is to analyse and interpret the preliminary data beginning with the identification of the dominant storyline as constructed by (1) the total sample, (2) males, (3) females, (4) rural and urban residents, if that has been part of the design, and (5) each of the age groups. It has been found, from previous research, that the dominant story is the outcome of cultural learning (older youths know it better than younger ones) and that it exhibits gender-based variations - there are distinctly different male and female perspectives accommodated within the same narrative representation of events.

This initial analysis can be done quite simply by examining and comparing the findings across groups using the data as tabulated in 4.0 above. Large sheets of paper with the summary findings can be posted on the wall, so that the participants see, for each item, where differences lie. Of course, this can be done more easily by a computer frequency distribution, although in that case, it will be important that the youth leaders who have developed the questionnaire and conducted the study, be given a chance to work directly with the data close to its primary form.

Participants will then review the most commonly-made responses to the supplementary questions, in a similar manner. When more than one country is involved, the overall comparisons of both story and supplementary data, will begin with inter-country comparisons of the main story choices.

The participants should be encouraged to consider the reasons for the differences which may exist by country, gender, age or zone of residence, while at the same time considering the kind of follow-up action suggested by these findings, which could be appropriately taken, especially, by the youth organizations themselves.

5.2 In-Depth Statistical Analysis

If it is possible to have a full and detailed analysis done before the second workshop, the participants will also have an opportunity to discuss these findings. However, if it is going to take a long period of time, there is some advantage in not waiting so that the young investigators who have carried out the research have a chance to discuss the study while the experience is fresh.

The more complex analysis requires the use of a computer. Its overall purpose is to examine the relationships which exist between respondent characteristics, and the storylines selected, and relationships between elements of the stories constructed. The main variables are cross-tabulated to determine, for example, how the storyline varies by gender across the age range of the sample. The investigators may also want to compare urban and rural respondents, or those from several regions or countries and test specific hypotheses about certain kinds of variables such as the effect of personal background on narrative choice.

The dominant storyline is simply the most frequently chosen narrative option for each of the items making up an episode (defined in 2.7). Storylines can be linked to form longer narrative sequences, constructing macro-episodes from contiguous micro-episodes, and then combining consecutive macros to build "chapters".² The procedure employs statistical measures of association between discrete storylines, and is recommended when there is a substantial agreement in respondents' choice of narrative options (as is typically the case).

The fact that respondents' generally tend to agree about the storyline most likely to represent real life happenings lends special significance to those instances when there is lack of agreement. We have found, in earlier studies of adolescent sexuality, that the absence

² See: *A study of the Sexual Experience of Young People in Eleven African Countries: the Narrative Research Method*, World Health Organization, World Assembly of Youth and World Organization of the Scout Movement, Geneva, 1992, (unpublished document WHO/ADH/92.5).

of clear consensus on "what happens next" may pinpoint the precise moments when young people are especially vulnerable to outside, possibly adverse, influence. Such evidence can be very useful in guiding the design of intervention strategies for preventive education and adolescent counselling.

6. FOLLOW-UP TO THE RESEARCH

This research method, which involves young people throughout in an innovative fashion drawing on the development of stories, and the use of an experiential technique in role play, offers much material for both advocacy and the development of action programmes. The main findings themselves are in the form of a story, or stories, which can be performed live, or videotaped for wide presentation including through the mass media. The generation of discussion which will ensue from all quarters guarantees not only a wide dissemination of the findings, but a powerful stimulus to the consideration of the youth perspective by other key groups in society. Policy-makers and programme developers, parents, teachers, doctors, nurses, midwives, religious leaders, sports and entertainment figures, all have reason to be interested in the story, and will have their own points of view. But those views will have to take into account the empirical results of the narrative research conducted by young people about young people.

Some of the findings to date highlight some special needs. It is likely that similar issues will arise from other studies of this kind.

What kinds of relationships do young people have with each other?

What sort of relationships do they have with their families, teachers, and the health community?

Do they understand each other? Do they trust each other?

What can be done to help them understand each other better, trust their families, be able to seek professional help when they need it, and protect themselves better?

If they are helped, many of the problems arising from emerging adolescent sexuality - unprotected sexual relations giving rise to unwanted pregnancy; too-early childbirth or abortion; and sexually transmitted diseases and HIV infection leading to AIDS -could be avoided. Problem behaviours cluster together, but so too will positive action build upon itself.

Whatever the specific findings of the narrative research, these are likely to be thought provoking, since they show patterns of behaviour, not isolated events out of context. This is important information for multisectoral action and merits a diverse audience.

It also shows what young people can do. Their capacity to undertake and analyse behavioural research studies at the local and national level, has been amply demonstrated. It is the responsibility of all those who can have a positive influence on the health and development of young people to build on these findings.

7. ALTERNATIVE USES OF THE NARRATIVE RESEARCH METHOD

While the method has first and foremost been used to identify the most common patterns of behaviour among young people leading to pregnancy, it can be used for other topics and for other age groups. The first requirement is that the topic lends itself to representation as a pattern of events over a period of time. In other words, that a story can be created which describes the typical sequence of events placing it in the context in which it is likely to arise. To create the story requires people close enough to be knowledgeable about such common patterns. Thus, for example, if one wanted to look at typical patterns leading to sexual abuse, an initial group should be chosen who are likely to be knowledgeable about such events, although they will not be depicting their personal lives. Similarly one could call together a group of those who were disabled during adolescence, or those who have become addicted to drugs. The use of drugs or possibly alcohol might lend itself to the method. Tobacco use may be more limited in terms of the story sequence.

One could turn to other topics of interest - e.g. pathways to successful employment, patterns of effective family planning habits, or protection against STD/HIV infection, patterns most commonly leading to divorce, pathways to violence, etc. But in each case, the initial story, using role play, should be developed by a group with a degree of first-hand knowledge about the subject. The story-based questionnaire will then be tested in the field in the manner described above, and the sampling should, of course, be related to the objectives of the study. Thus, if violence among young people were a particular problem in inner city areas but not in the countryside, one would want to limit the study to an urban sample.

The method can also be used as a means of stimulating thought by repeated development of typical stories, rather than testing a specific story out on a general population. In other words, the process of the first workshop - the creation of two characters and the development of their story through role play, could be repeated with many smaller groups both for collecting information, but also as a way of stimulating thinking and discussion. This is a more time consuming approach, but has the advantage of immediate local involvement of the respondents. The use of role play itself, may also offer a means of "protection" for young people who can anticipate situations which have not yet occurred to them, and be better prepared when they arise.

8. SUMMARY

The narrative research method is one which enables young people to make a major contribution to enhancing our understanding of current patterns of adolescent behaviour and relationships in their own cultures, how risk taking behaviour comes about, and how decisions are made. It thus strengthens the possibilities for programmes to be more effective in sustaining behaviour which promotes health and development, and modifying conditions and behaviours which do not. The technique calls for young people to develop a prototypical story and makes use of role play in the initial stages to achieve a better approximation of reality than abstract discussion can do. The questionnaire developed in this fashion is taken into the field for

samples of other young people to modify and the net result are stories which are constructed by pooling the results. These scientifically amassed findings can be performed before key audiences to help inform and persuade key groups in society to take action in partnership with young people to promote healthy adolescent development.

Participation in the narrative research studies also has other advantages. Young people (and youth organizations) demonstrate their capacity for research and build a capacity for training others in the technique. The respondents who have participated in the studies have generally been interested and often eager to learn more, and realize that the health community and those who work in other sectors recognize that much can be learned from young people themselves, and that much depends upon them. We hope that this demonstration of building a partnership for health between young people and adults will serve as a stimulus to those who share WHO's goal of healthy development for young people everywhere.

9. APPENDICES

9.1 Partial example: Individual Response Sheet

INDIVIDUAL RESPONSE SHEET

Questionnaire No:	0342
Sex:	M
Region:	U
Age:	16

QUESTION NUMBER	OPTION						
	The Narrative	A	B	C	D	E	N*
1			X				
2				X			
3	X						
4	X						
7							X
8				X			
9						X	
10	X						
11				X			
14	X						
15			X				
ETC.							
<u>Supplementary Questions</u>							
5			X				
6				X			
12					X		
13	X						
ETC.							

* = No response

9.2 Partial example: Summary Table

FREQUENCY DISTRIBUTIONS FOR EACH RESPONSE FOR ALL RESPONDENTS

QUESTION NUMBER	OPTION						
	<u>The Narrative</u>	A	B	C	D	E	N*
1	650	60	130	120	30	10	1000
2	50	0	730	150	50	20	1000
3	200	450	0	10	40	300	1000
4							
10							
11				ETC.			
14							
15							
ETC.							
<u>Supplementary Questions</u>							
5	440	60	300	80	100	20	1000
6	200	70	70	60	570	30	1000
12							
13				ETC.			
ETC.							

* = No response

** = Total number

9.3 Partial example:

SUMMARY TABLE OF MOST FREQUENT RESPONSES CHOSEN FOR EACH ITEM
CROSS TABULATED BY OTHER VARIABLES

QUESTION NUMBER	OPTION														
	A	M	F	UM	UF	RM	RF	UM	UM	RM	RM	UF	UF	RF	RF
The Narrative								10	15	10	15	10	15	10	15
1	B	B	C	B	C	B	B	B	B	B	B	C	C	B	B
2	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
3	B	C	B	B	B	C	B	B	B	C	B	B	B	B	B
4															
10															
11								ETC							
14															
15															
ETC.															

* See Explanatory Note (page 38)

9.3' (continued)

QUESTION NUMBER	OPTION														
	A	M	F	UM	UF	RM	RF	UM	UM	RM	RM	UF	UF	RF	RF
Supplement. Questions															
5	C	C	E	C	C	C	C	C	E	C	C	C	E	C	E
6	A	A	A	A	A	A	D	A	A	A	A	A	A	D	A
12															
13								ETC							
ETC.															

KEY:

- A = all respondents
- M = males
- F = female
- UM = urban males
- UF = urban females
- RM = rural males
- RF = rural females
- UM 10 = urban males 10 through 14
- UM 15 = urban males 15 through 19
- RM 10 = rural males 10 through 14
- RM 15 = rural males 15 through 19
- UF 10 = urban females 10 through 14
- UF 15 = urban females 15 through 19
- RF 10 = rural females 10 through 14
- RF 15 = rural females 15 through 19

* See Explanatory Note (page 38)

9.3 (continued)

Explanatory Note

In this table which indicates the most popular choice for each option by subgroup, a glance at the first row shows:

The most popular option chosen was B when we look at all respondents combined (column 1). However there was a difference between males and females. While the largest number of males in all the subgroups chose B, the female respondents were somewhat divided, the favourite choice among rural females of all ages was B (like the males) but the urban females of both age groups preferred C. The fact that the most popular choice for females when all are combined was C probably means that a larger proportion of the urban females chose C than the proportion of rural females choosing B. For the participants doing the preliminary analysis at the second workshop, they will relate this finding to other findings in the story which show differences between males and females and may draw conclusions about why these differences exist if a consistent pattern appears.

The in-depth statistical analysis can provide further enlightenment about how the responses were distributed among all the options for females on this question and may show that there was a greater uncertainty among the rural females than amongst the urban ones. This may suggest that the greater agreement among the urban females reflects greater experience with the episode depicted in the story. This can be related to the supplementary questions, which provide further information about the respondents in relation to the story choices and help to consolidate the meaning of the findings.

9. APPENDICES