CHAPTER 3

METHODOLOGY TOWARDS THESIS

It is probably important to note here now that primary health care practitioners and clinical epidemiologists have quite a standard set of procedures as for the methodology on the research works of medicine. This is to say that non-clinical people do not necessarily approach in a similar way set by several health care and epidemiology specialists. Because I have chosen the cases of the "Use of Traditional Medicine by the Middle – Class Bangkokians (1993- 1998)", the title of my thesis is perhaps read as a work of Medical or Pharmaceutical degree on the "Qualitative research". It is also found out that there are several key words that are used solely among the studies in the Clinical research. Nevertheless, I have combined the methodologies that both non – clinical and clinical specialists are likely to use under the title of this thesis.

A) Focus on the Situation Analysis

As in the literature review, clinical epidemiologists are sure to take the "targeted population approach" in their research. In order to understand the health status of a group of people, it is perhaps a 'must' to target a population out of a larger community. In the research methodology, this could be considered as the "sampling" out of a larger population. According to the book Doing Qualitative Research (Crabtree & Miller, 1992), there are 16 types of sampling method for a possible "qualitative" research in the field of community primary health care. Such 16 types of sampling methods are: Maximum variation, Homogenous, Critical case, Theory-based, Confirming and disconfirming cases, Snowball or chain, Extreme or deviant case, Typical case, Intensity, Politically Important cases, Random purposeful, Stratified purposeful, Criterion, Oppertunistic, Combination or mixed, and Convenience (Crabtree & Miller, 1992: 38).

The details of the 16 sampling types on "how to and what to sample" can be referred to the original text for more details. *But the more posing issue to this thesis is neither what to sample nor how to sample, but it is the issue of whether I should really sample and target a group of people out of a larger population.* As the title of this thesis suggests, this work

could be interpreted as a work of medical field because I am taking instances of the "use of traditional medicine". After taking a smaller group of targeted samples out of a larger population, then the research would go further into the health status and the possible health "interventions" for a smaller number of the 'targeted sample' people out of a larger population.

I would consider that taking targeted sample people out of a larger population is imperative if I were to do a clinical research with any necessary health "interventions". Without selecting the target, it is extremely difficult to carry out such a research. This is because the imperative conditions of any health "interventions" to a targeted population are not fixed and any research results after such "interventions" will not be clear as the research is looking at a different set of people that may or may not have received the earlier health "interventions". There is a case where non – health specialists are to do primary health care researches for considering any possible and effective health "interventions" to a specific community or selected and targeted people in a so-called 'qualitative research'. However, I have refrained from doing a research on applying medical interventions, as I know neither traditional medicine itself that could be a tool of health intervention nor a targeted sample

group that can be a "*true and real*" representative sample of the larger population which would be the Middle – Class people out of perhaps more than 5.5 million Bangkok people.

Medical doctors and pharmacists know about medicine itself too well as specialist, especially the clinical and laboratory sides of medicine, and there is no doubt that they are capable of this work. On the other hand I am doing neither medical nor pharmaceutical degrees, and I have therefore felt this is a good opportunity for me to know more about the traditional medicine in Thailand from various forms and perspectives without taking some clinical approach on due considerations of possible health "interventions". There will a separate chapter on what it means by traditional medicine in Thailand for this matter.

As for the sample side is concerned, I have felt that there are some difficulties for taking the "real and true" sample of targeted Middle – Class Bangkok population out of more than 5.5 million people in Bangkok whom I would call as the Middle – Class people in Thai society. By strictly applying the targeted population approach as in the field of Clinical Epidemiology, it would be rational to say that the targeted population in this thesis is in fact the "Middle – Class Bangkokians". Being firm on the methodology of the Epidemiologists,

the focused people should not be any more smaller than the Middle – Class Bangkokians as any smaller samples of targeted people out of all the Middle – Class Bangkok people in the Bangkok' s population of over 5.5 million people may not well represent the holistic nature of the Middle – Class Bangkok people. Some texts from clinical researchers have commented that "Qualitative inquiry typically focuses in depth on relatively small samples, even single cases (n = 1), selected *purposefully*" (Crabtree & Miller, 1992: 33). In fact, it was the authors of the above text "purposefully" made the italics in the word, and I did not 'purposefully' make it in italics. This may also highlight the fact that taking a sample is quite difficult in my thesis just as I have mentioned with several cases at the literature review section. And as I have also mentioned in the literature review earlier, I have more interests in the Middle – Class issues and the Bangkok people by taking the cases as well as the issues of traditional medicine and its use & non-use as well as factors associated with such uses.

B) Content Analysis

Having thought on the difficulty of sampling for the situation analysis of both Traditional Medicine and the Middle – Class Bangkokians in this thesis, it is necessary to look at

research design and structure for the content analysis. Perhaps it is good to see the goal of "qualitative research" from some text book definition among the primary health care investigators. It could be read as "the development of concepts which help us to understand social phenomena in natural (rather than experimental) settings, giving the emphasis to the meanings, experiences, and views of all the participants" (Mays & Pope, 1996). Actually a "qualitative research" is set in contrast to a "quantitative research", where qualitative research focuses on "action, observation, interview, classification & inductive reasoning", quantitative one looks at "structure, experiment, survey, enumeration & deductive reasoning" (Mays & Pope, 1996: 4). I have mentioned earlier that this thesis will follow the qualitative research *without* going to the clinical interventions for the tool of traditional medicine. If I were needed to do a clinical research as the epidemiologists do, then a targeted sample must be taken from the Middle – Class Bangkokians out of over 5.5 million people that I could identify them the Middle – Class people. Some limitations are already highlighted that I am not doing a clinical work, because I do not know traditional medicine itself and applying to others will not be appropriate before knowing traditional medicine. But because I am doing a degree in Arts and social science proper, I may not know traditional medicine in full, especially from the laboratory and the clinical side of it.

Rather I should explore the best research methods to look at what it means by traditional medicine in Thai society in the given year period of 1993 – 1998 from various angles and perspectives. My perspectives and the research methods as well as the end analysis on traditional medicine and the Middle – Class Bangkok people may be slightly or greatly different from the views of the laboratory side or even the clinical specialist's side. This is even under the condition of the same thesis title under "The Use of Traditional Medicine by the Middle – Class Bangkokians (1993 – 1998)".

I have decided to use "Case Study", "Observation", "In-depth Interview" and "Questionnaire construction" for the possible research design of this thesis. There are certainly others such as Basic Epidemiology and Participatory Rural Assessment (PRA) that could be popular among the field researchers in the health specialty. But the four just mentioned are considered best suited for this work. Above all, the technical terminology appeared so far came solely from several texts in the field of primary health care research. How much I can apply some clinical methodologies or in what extent I should not apply them should always be in my mind.

For definition-wise, "Case study" could be a study that focuses "on one or a limited number of settings; used to explore contemporary phenomenon, especially where complex interrelated issues are involved. Can be exploratory, explanatory, or descriptive or a combination of these". " Observation" could be defined as a "systematic watching of behaviour and talk in naturally occurring settings", and "In-depth interview" is to say "face to face conversation with the purpose of exploring issues or topics in detail. Does not use pre-set questions, but is shaped by a defined set of topics or issues" (Mays & Pope, 1996: 3).

In terms of a smaller target out of a larger population, perhaps the Chinese medicine pharmacy and the Chinese pharmacists as well as Chinese medical doctors in Bangkok could well be considered as a sample population of the Middle – Class Bangkokians out of perhaps more than 5.5 million people in Bangkok. This is to follow the sequence that Juree has noted the ethnicity of the "Chinese" as one factor of the Thai Middle – Class people. Juree has also commented that the Middle – Class people may also have features of "a minimum amount of security over their source of livelihood" and "a positive sense of identification with their occupation and social status in society". The Chinese medicine doctors and pharmacists in Bangkok could therefore well fit into this context as a possible

targeted sample of the Middle – Class Bangkokians.

However, I have decided to deal with the topic of "the Chinese medicine pharmacy in Bangkok" as a "Case Study" rather than a "targeted sample" for this research methodology. Again, there is a difficulty of taking a sample as mentioned before. The targeted people of the Chinese medicine pharmacists and medical doctors in Bangkok could well be a small minority group out of the Middle - Class Bangkokians in the city where there could be more than 5.5 million people. Or, by applying the criteria set by Juree, the Chinese medicine pharmacists and medical doctors in Bangkok could well be the "Upper Class" people rather than the "Middle – Class" Bangkokians (Juree, 1979). This topic of the Chinese medicine pharmacy and the Chinese medicine doctors could be better dealt with a "Case study " approach, rather than taking them as the sample of the Middle – Class Bangkokians with the "targeted population" approach.

Throughout the research, there could be other aspects of "In – depth interview" as mentioned earlier. Some texts on the clinical field research try to foster on the doctor – patient communication variables through tape – recording and creating standards such as

"patient – centered scale" developed by the University of western Ontario (Crabtree & Miller, 1992: 152). Those will be important when there are any necessary health "interventions" made to a sample target of the larger population. But, I am repeating again that I have decided not to take any health interventions to anyone, because not knowing about medicine itself will make me a "patient" rather than the one to make such interventions. As to evaluate interview skills, there is such a method called the "Maastricht History – taking and Advice Checklist" that is based on a 49 – item checklist of behaviours with 6 sub lists (Crabtree & Miller, 1992: 152 – 153). Those six skills are "Exploration of the reason for the encounter (8 items)", "History – taking (10 items)", "Presenting solutions (11 items)", "Structuring the interview (6 items)", "Interpersonal skills (8 items)" and "Communicative Skills (6 items)". The details of this method can be referred in the text, but this method is known to look at the communication side, neglecting some non – verbal sides of findings.

What I have found more natural is perhaps the way of "ethnography" in the field of anthropology. The specialists in this specific field do not even start with the hypothesis testing. The way of ethnography is considered neither subjective nor objective but it makes sensible interpretations and mediates the subjective and the objective views for a possible

third. “Rather than studying people, ethnography means learning from people (Agar, 1986, p 19)” (Crabtree & Miller, 1992: 74).

It may sound a “dearth” and a total lack of methodology for those wishing to see any systematic ways of doing a research. But the ethnography still has three ways to learn from people. One is Observation, such as what people actually do, as well as examination of artifacts of any sort. Two is discussion, for example what people say they think, believe, or do, and why. Three is reflection, what the observers infer or interpret (Crabtree & Miller, 1992).

As for the interview technique on this field of ethnography, the idea is “key informant interviewing”. Key informants could be “individuals who possess special knowledge, status, or communication skills, who are willing to share their knowledge and skills with the researcher and who have access to perspectives or observations denied the researcher (Goetz & LeCompte, 1984)” (Crabtree & Miller, 1992: 75).

The limitation of this "key informant interviewing" is known to be the 'validity' of research, as "qualitative ethnographic research is so much a reflection of the researcher as the research instrument"(Crabtree & Miller, 1992: 86). In other words, the research of this qualitative method is known to be highly subjective again, just as taking the sample of the true and real representative of the Middle – Class people out of the Bangkok people in Thai society. Several texts say that the weakness of interviews can be overcome by 4 criteria set by Kuzel and Like (1991). The four such criteria are member checks, searching for disconfirming evidence, triangulation (multiple sources rather than one source for research) and tick description (Crabtree & Miller, 1992: 86-87). Since the researcher can be subjective, so can be the key informants and there is a need of presentation to other non-key informants of the research result. Luckily, I have several chances to speak to the students at the College of Public Health on this matter.

The actual questions will be presented but the reflections from the key informants may not be the set of answers that I have made inquiries. As the meaning of the "In – depth interview" says, such an interview result does not necessarily have to be a "question-and-answer" style but rather more so in a natural style of 'thick description' that is perhaps one

way to avoid the subjectivity of a qualitative research. Indeed, questionnaires are made prior to interview visits but the interview analysis should not be limited to the direct answer from the "key informants". Moreover, the interview questions will be included at the later chapter, but their ideas are directly and indirectly reflected at any other chapters, with or without strong references made to the interviewees.

C) Any limitations or suggestions concerning the way that I have handled this thesis

In the introduction chapter, I have mentioned earlier that my methodology that I have come to more understandings to the Middle – Class issues and the Bangkok people in an unusual way from clinical specialists. This is to say that my understanding of the Middle – Class issues and the Bangkok people have been sharpened *even after* looking at cases of traditional medicine and factors associated with such use and non – use by literature review and key – informant interviews. In the field of clinical researches with health interventions in mind, the target group should not (or rather never) come to a researcher's mind *after* the

group of people on medical specialists' side as their background let the clinicians know more about the application side of medicine.

The fact that I do not know about medicine could be a limitation of this thesis. This is apart from other limitations that there is limited time, and the target group of the Middle – Class Bangkokians is perhaps too big and taking sample out of such Middle – Class people out of the Bangkok people does not look realistic.

But the limitations can be the advantages, sometimes. Because I am interested in the Middle – Class and the Bangkok people, this is a great opportunity for me to "learn from the people" rather than study the people as some definitions from the ethnography say. This learning from the people does not necessarily mean learning only from the key informants. The key informants are obviously specialists in their field at career and are therefore the "key informants" as the word shows. But rather I have tried to explore at various ways and means to learn from the people what it means by the Middle – Class Bangkok people. My understanding to the initial objective set is thorough taking the "use of traditional medicine" as one case in Thai society by focusing from the meanings of such medicine to the analysis of such uses and non-uses and the factors associated with them. "Qualitative research"

even in the field of clinical works emphasizes “induction” for the reasoning. Induction is a process of moving from observations and data towards generalizations, where as deduction is the opposite (Mays & Pope, 1996). It is to my understanding that there is an induction for the two initial objectives as mentioned at the Introduction earlier. The generalization of the Middle – Class Bangkokians is made after various observations and interview data have been done. The situation analysis concerning the use of traditional medicine by the Middle – Class in Thai urban society as in the first initial objective is meant to further refine the ideas behind the Middle – Class and the Bangkok people. The second initial objective could be recalled as “to investigate factors associated with the use and the non – use of traditional medicine by the urban – middle class in Bangkok”. This is to my understanding the necessary linking process from the beginning of this study towards the generalizations and understanding of the Middle – Class people in Bangkok. The research goal is to learn from the people by induction what it means by the Middle – Class Bangkok people through various studies.