

# MMRIA Qualitative Data Analysis Webinar

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2:30PM

- ❑ **What is qualitative research?**
- ❑ **What is the difference between qualitative and quantitative research design?**
- ❑ **What are qualitative methods?**
- ❑ **What is textual data?**
- ❑ **How is textual data analyzed?**
- ❑ **Example: Analysis of textual data from MMRIA**

**“Qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings attempting to make sense of, or interpret, phenomenon in terms of the meanings people bring to them.”**

## Quantitative

- ❑ Objective
- ❑ Definite
- ❑ Systematic
- ❑ Rigorous
- ❑ Hard

## Qualitative

- ❑ Subjective
- ❑ Tentative
- ❑ Haphazard
- ❑ Lax
- ❑ Soft

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## Qualitative

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

## Quantitative questions

- ❑ Who?
- ❑ What?
- ❑ Where?
- ❑ When?

## Qualitative questions

- ❑ All of the above questions plus:
- ❑ Why?
- ❑ How?

# What is the difference between qualitative and quantitative research?

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



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

## □ Specify the Design

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

## Differences

- **Nature of research questions and aims/objectives**
  - How? Why? Questions
  - Experiential and/or contextual information: influences, processes
  - Depth of data: explanations, meaning, understanding
  - Usually difficult to answer with a quantitative approach
- **Focus on *Induction***
  - Relatively unstructured instrumentation (open-ended responses)
  - Flexible instrumentation (broad questions, follow-ups, probes)

## Differences

### □ Quantitative Research Question:

What is the extent of maternal mortality in public hospitals?

### □ Qualitative Research Question:

How do maternal deaths happen in public hospitals?

- **Observation**
- **Individual interviews**
- **Focus group interviews**
- **Document review**
- **Heuristic devices**
  - Free lists
  - Pile sorts

- ❑ **Observation**
  - Naturally occurring phenomena
  - “Unremarkable” aspects of daily life
  - Phenomena that are difficult to question
- ❑ **Individual interviews**
  - Individual experiences, perceptions, understandings
  - Detailed information on sensitive topics
- ❑ **Focus group interviews**
  - Community-level attitudes, norms, perceptions
  - Participant interaction generates more depth of information than interviews
- ❑ **Document review**
  - Private, public, institutional or organizational events, priorities, activities
  - Phenomena that someone deemed important to document



## □ Hand-washing

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

## Guided conversation with specific purpose

- ❑ **Varying levels of structure to the guide**
  - Scripted or topical guides
  - Sequential or free-flowing
- ❑ **Varying levels of specificity about focus and scope**
  - Key questions
  - Follow up questions
  - Probes
  - Intents/Domains
- ❑ **Ethical considerations**
  - Instrumentation and Flexibility
  - Differing levels of participant control over topics of discussion and disclosure



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

- ❑ Ideally 6-8 participants

## Moderator

- ❑ Presents questions to group
- ❑ Manages group dynamic
- ❑ Re-orientes discussion

## Note-taker

- ❑ Keeps track of speakers
- ❑ Back-up notes if recording fails

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

### Considerations

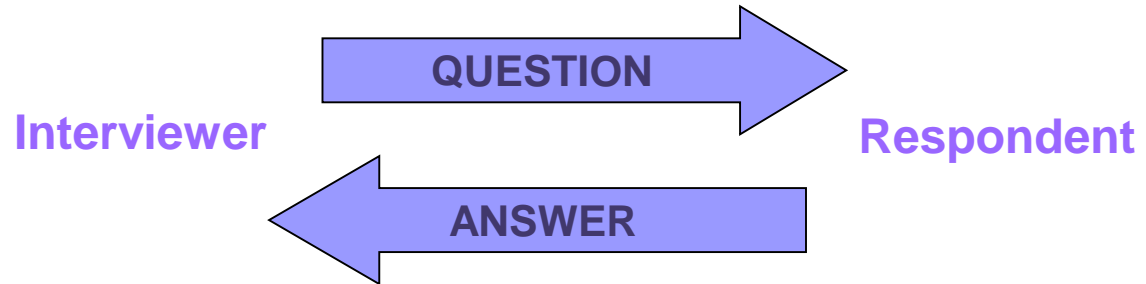
- ❑ Insufficient detail
- ❑ Getting access (full/incomplete)
- ❑ Organizational or institutional priorities shape what is recorded
- ❑ Document analysis which is systematic, identifies & addresses missing/omitted data

## Process

- ❑ Assess existing documents
- ❑ Secure access
- ❑ Ensure confidentiality
- ❑ Compile documents
- ❑ Understand how and why documents were produced
- ❑ Determine accuracy
- ❑ Perform document analyses to summarize information

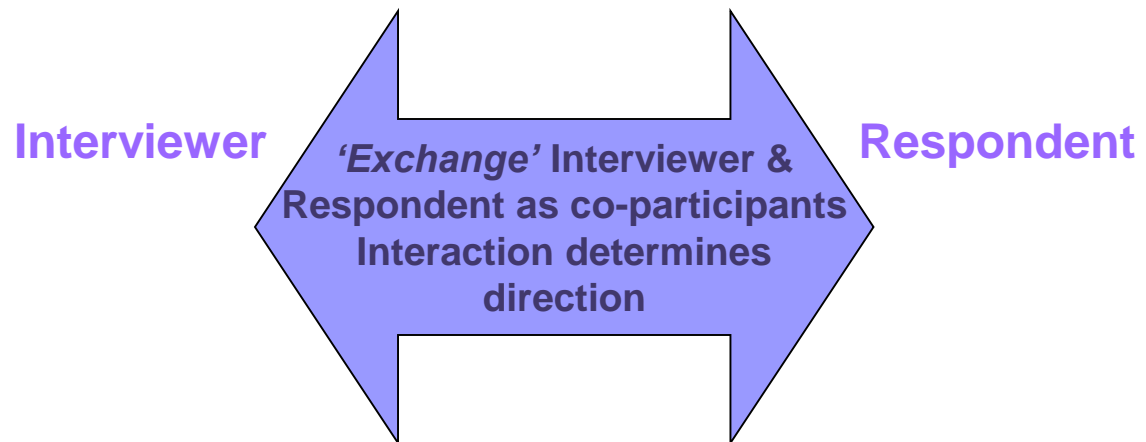
Structured Q & A style  
Focus on questionnaire  
Interviewer has control  
& defines issues

## Quantitative Model



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

## Qualitative Model



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

## □ Observation

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

## □ Individual and Focus Group Interviews

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

## □ Document review

- **Institutional/Organizational records** – MMRIA committee decisions form, mission statements, annual reports, policy manuals, strategic plans, agendas, attendance registers, meeting minutes, manuals, training materials, maps, charts, letters, memoranda, press releases
- **Public documents** – books, flyers, posters, brochures, newspapers (clippings/articles), websites, news media reports (papers, video, websites), YouTube videos, radio and TV program scripts
- **Public records** – recorded & stored by gov't which the public has a right to access and view (e.g. articles of incorporation, voting records, statutes, regulations, etc.)
- **Personal documents** – diaries, journals, e-mails, blogs, social media posts, calendars, duty logs, incident reports, scrapbooks, newsletters

## □ More inductive than deductive

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

## □ More interpretative than descriptive

- Describes why something operates in the manner that it does rather than explaining how something operates (Thorne 2000)



## □ Validation strategies

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

## □ Reliability strategies

- **Data collection** – Accurate recording of MMRC decisions, high quality audio/video recording, field notes, etc.
- **Data preparation** – Documentation of missing/omitted information (document review), high quality translation, contextual information, transcription (e.g. speakers, pauses, overlaps, etc.)
- **Intercoder agreement**
  - Define and reconcile codes through deliberate/systematic process
  - Whether 1 or more coders

## □ Transparency strategies

### ■ Make explicit the processes

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

### ■ Write memos, field notes, analytic notes

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

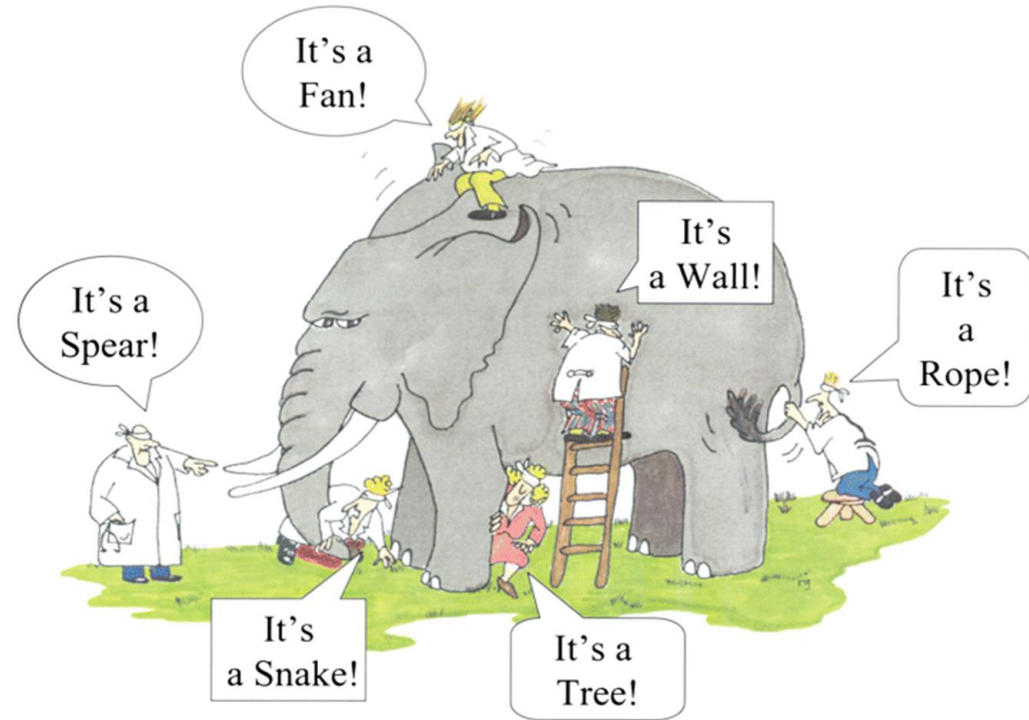
### ■ Reflexivity

- Explicitly consider the abstractor/data entry and analysts’ and roles in and influence on the data

- **Generates rather than tests hypotheses**
  - **Quantitative:** adds evidence to specific, causal, and theoretical explanations of phenomena
  - **Qualitative:** uncovers or explores the meaning of a phenomenon

## □ Perception

- The recognition and interpretation of sensory stimuli based upon our experience and memory



## “The Data Analysis Spiral”



## Elements of Qualitative data analysis

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

## □ Codes

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

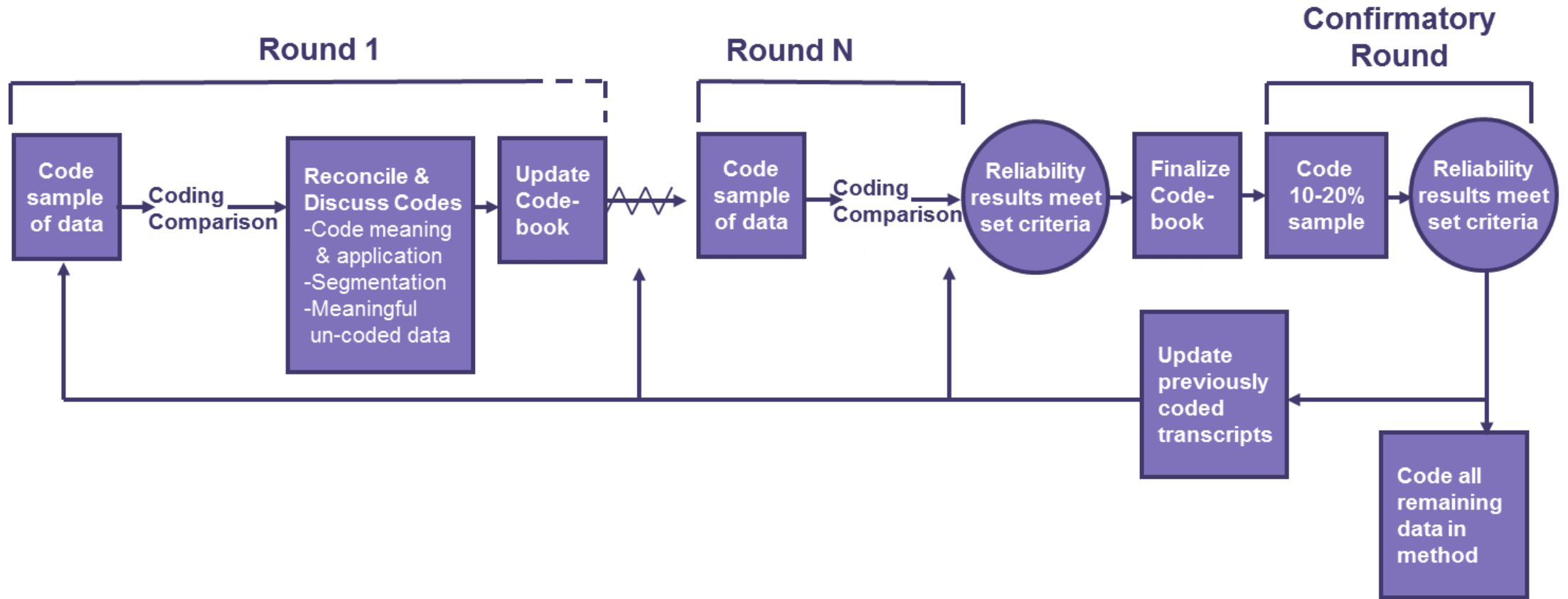
## □ Memos

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

## □ Other attributes

- Record discrete information about the type, source, or content of the data or participant (FGs, sites, SES, etc.)





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

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

## Codebook: Project PHRESH.comm

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

<b>Code Name</b>	<b>Arc of Relationship</b>
<b>Brief Description</b>	This code captures references to: <ul style="list-style-type: none"> <li>• Beginnings and endings of relationships</li> <li>• Progression in relationship, chronology</li> </ul>
<b>Use for</b>	Tracking the chronology of relationships

<b>Code Name</b>	<b>ATOD</b>
<b>Brief Description</b>	This code captures references to: <ul style="list-style-type: none"> <li>• Alcohol, tobacco and other drugs</li> </ul>
<b>Use for</b>	Alcohol, tobacco and drug use and/or sale

<b>Code Name</b>	<b>Condoms/Contraception</b>
<b>Brief Description</b>	This code captures references to: <ul style="list-style-type: none"> <li>• Condom use/non use</li> <li>• Contraception</li> <li>• Other strategies used to prevent pregnancy</li> </ul>
<b>Use for</b>	Discussions of use/non-use of protection (STI/HIV and/or Pregnancy)

<b>Code Name</b>	<b>Baby Mama/Baby Daddy</b>
<b>Brief Description</b>	This code captures references to: <ul style="list-style-type: none"> <li>• A person with whom the participant has a child/children</li> </ul>
<b>Do Not Use for</b>	Passing references that primarily relate to the child

<b>Code Name</b>	<b>Exclusivity</b>
<b>Brief Description</b>	This code captures references to: <ul style="list-style-type: none"> <li>• Fidelity/infidelity (behaviors indicative of faithfulness/unfaithfulness on the part of the participant or partner)</li> <li>• monogamy and/or commitment as related to exclusivity</li> <li>• Participant or partner having multiple sexual or romantic partners at same time</li> <li>• Competition: women competing over men or men competing with men over women (when in reference to a relationship) including rivalry with baby's mama /baby daddy</li> <li>• Trust/mistrust pertaining to perceptions of cheating or being cheating on.</li> </ul>
<b>Use For</b>	Monogamy, infidelity or multiple partners.

<b>Code Name</b>	<b>Legal system</b>
<b>Brief Description</b>	This code captures references to: <ul style="list-style-type: none"> <li>• Incarceration, custody, probation, restraining orders, foster homes, juvenile hall, truancy</li> </ul>
<b>Use for</b>	Contact/fear of contact with legal system on the part of participants or partners

<b>Code Name</b>	<b>Pregnancy/Children</b>
<b>Brief Description</b>	This code captures references to: <ul style="list-style-type: none"> <li>• Existing children (own children or partner's children)</li> <li>• Childbearing attitudes and/or desires</li> <li>• Pregnancy</li> <li>• Abortion</li> <li>• Pregnancy testing, paternity testing</li> <li>• Caring for children, responsibility for children, any childcare issues</li> </ul>
<b>Use for</b>	Include passing references.
<b>Do Not Use for</b>	Passages that only refer to Baby Mom/Dad

<b>Code Name</b>	<b>Relationship Nature/Quality</b>
<b>Brief Description</b>	This code captures references to: <ul style="list-style-type: none"> <li>• The nature and quality of a relationship (e.g. commitment, seriousness, sharing, reciprocity)</li> <li>• Feelings (positive or negative: catching feelings, emotional attachment, love, hurt, sadness, anger, hatred, disappointment)</li> <li>• Activities: Participants' description of nonsexual activities which take place in a relationship, including dating and 'just talking'</li> <li>• Partner characteristics (what participant liked or didn't about a partner)</li> </ul>
<b>Use for</b>	Participant description of experience in a relationship

<b>Code Name</b>	<b>Sex</b>
<b>Brief Description</b>	This code captures references to: <ul style="list-style-type: none"> <li>• Sexual activity</li> <li>• Abstinence</li> <li>• Virginity</li> </ul>
<b>Use for</b>	Include accounts of non-genital contact (e.g. kissing) when related to a discussion related to sexual activity, abstinence, or virginity
<b>Do not use for</b>	

<b>Code Name</b>	<b>Social/Familial Context</b>
<b>Brief Description</b>	This code captures references to: <ul style="list-style-type: none"> <li>• Individuals who are influential in the life of participants and/or partners with respect to relationships, sexual behavior, use of protection, etc.</li> </ul>

# **Example 1: Coding Contributing Factors**



**Report From Nine Maternal Mortality Review Committees**

Contributing Factor Code	Definition	Contributing Factor Level	Contributing Factor Class
Consultation failure	Failure to seek [fill in MD specialty area – e.g., cardiology] consultation	Provider	Assessment  Referral
Lack of coordination	Lack of coordination between providers	Provider	Care Coordination
Patient management issues	Lack of coordination in patient management between providers. NB: Only use when Level=Systems of Care	Systems of Care	Communication  Care coordination  Continuity of care

Contributing Factor Code	Definition	Contributing Factor Level	Contributing Factor Class
Warning signs	Includes any mention of patient's knowledge of warning signs; not recognizing care was needed; delays in seeking care	Patient	Knowledge Outreach
Adherence	Adherence to medical advice including medication regimens	Patient	Adherence

Book1 - Excel

File Home Insert Page Layout Formulas Data Review View Developer Tell me what you want to do...

Clipboard Font Alignment Number Styles

Normal Bad Good Neutral  
Calculation Check Cell Explanatory T... Input

B11

	A	B	C	D
1	<b>crcfw_categ</b>	<b>crcfw_class</b>	<b>crcfw_descr</b>	<b>crcfw_CODE</b>
2	Facility		delay in getting pregnancy test report	Test delays
3	Facility	Access/Financial	Access to outpt records	Patient management issues
4	System	Policies/ Procedures	lack of OB standardized procedures	Absence of policies and procedures
5	Patient/Family	Knowledge	lack of knowledge regarding importance of event	Warning signs
6	Provider	Communication	No documentation of follow-up as referred by ED to PCP	Lack of communication
7				



Screenshots for Qual Webinar slides - Excel

File Home Insert Page Layout Formulas Data Review View Developer Tell me what you want to do...

Cut Copy Paste Format Painter Clipboard

Calibri 24 A A Font

Wrap Text Alignment Merge & Center

General Number

Conditional Formatting Format as Table

Normal Bad Good Neutral Calculation Check Cell Explanatory T... Input Styles

B9

	A	B	C	D
1	<b>crcfw_categ</b>	<b>crcfw_class</b>	<b>crcfw_descr</b>	<b>crcfw_CODE</b>
2	Provider	Other		Unable to code
3	System	Personnel	Inadequately trained personnel	Inadequate training
4	System	Personnel	Inadequate availability of personnel	Inadequate/Unavailable personnel

## CODE:

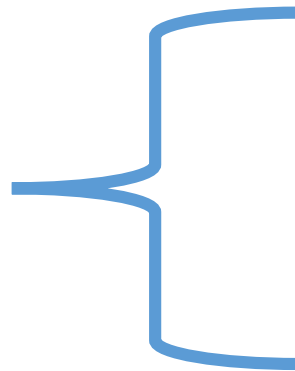
Warning signs



Patient management issues



Lack of communication



## THEME:

Lack of knowledge on warning signs and need to seek care

Lack of coordination between providers that supports coordinated care

Lack of communication with patient

Lack of communication with other providers

# **Example 2: Coding Recommendations for Action**



**Report From Nine Maternal Mortality Review Committees**

Recommendation Code	Definition
Improve patient/provider communication	Includes “improve counseling”
Adopt maternal levels of care	Includes “appropriate level of care determination” and “should have focused on mom instead of/in addition to fetus/baby”
Improved procedures	Treatment services and/or protocols for medication or intervention procedures; operationalize standards into practice
Improved policies	System of care policies which impact patients more broadly, rather than on a case by case basis. For example, hard stop early elective delivery policies.

Screenshots for Qual Webinar slides - Excel

Davis, Nicole (CDC/ONDIEH/NCCDPHP)

A	B
<b>crroc_c_recom</b>	<b>crroc_c_recom_CODE</b>
<p>1</p> <p>Improve provider counseling on method of delivery options and potential risks</p>	<p>Improve patient/provider communication</p>
<p>2</p> <p>Hospitals should determine who will care for specific high risk OB cases; when to call in back up, what is the expertise requirement for each procedure. This should be based on each hospital's resources and experience of providers.</p>	<p>Adopt maternal levels of care</p>
<p>3</p> <p>Increase care coordination following discharge from inpatient psychiatric hospitalization</p>	<p>Improved procedures</p>
<p>4</p> <p>Improve hospital policy on indications for elective c-section</p>	<p>Improved policies</p>

CODE:

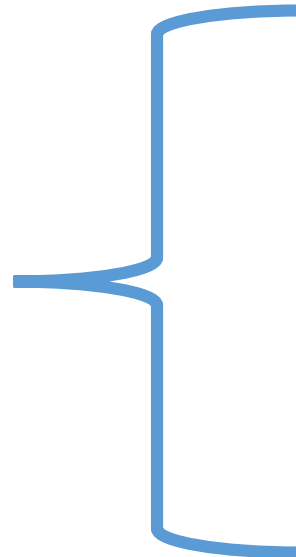
Improve procedures



THEME:

Improve procedures related to communication and coordination between providers

Improve policies



Improve Policies Related to Patient Management, Communication and Coordination Between Providers, and Language Translation

Improve Policies Regarding Prevention Initiatives, Including Screening Procedures and Substance Use Prevention or Treatment Programs

# Example 3: Coding Informant Interviews



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

**Deshawn, AA Male**



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

**Deshawn, AA Male**

- ❑ **Christianity**
- ❑ **Abstinence**
- ❑ **Puppy love**
- ❑ **Marriage and sexuality**

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

Letitia, AA Female

### Potential codes

Arc of Relationship

ATOD

Condoms/Contraception

Baby Mama/Baby Daddy

Exclusivity

Legal System

Violence

Pregnancy/children

Relationship Nature/Quality

Sex

Social/Familial Context

STD/HIV

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

Letitia, AA Female

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Violence

Pregnancy/children

Relationship Nature/Quality

Sex

Social/Familial Context

STD/HIV

The screenshot displays the ATLAS.ti software interface. The main window shows a text document titled "P 6: 3097AAF22.doc" with line numbers 015 through 027. The text describes a relationship and a pregnancy. A coding window titled "Code ..." is open on the right, showing a list of codes. The code "Arc of Relationship~" is selected. The status bar at the bottom indicates "52 Co [1] Arc of Relat: All" and "Name - Tit".

015  
016 I: And you broke up. How did the break up go?  
017  
018 R: We broke up in summer. He told me in the beginning his music was first and foremost behind god. I thought, OK. I didn't think he really meant it was first, but it really was. If he had an engagement he would break off our dates. We never really got to see each other because he was so busy with the group. It hurt me because I really, really cared about him. In the long run, it was better for me than to sit around and wait for him. At least I was mature enough to handle that type of situation because I wasn't at the time. It was an OK breakup. The craziness is we used a condom and I ended up getting pregnant anyway.  
019  
020 What happened was we had sex for the first time June 15 of that year. I remember June 15<sup>th</sup>; it's just in my head. I got my period and it was a little light, and then the next month it was little spots, but it was still there. In August I didn't get it at all. I thought, wait a minute, so I went to Planned Parenthood. It was like, you're about three months pregnant. I said that's impossible. That's when I had sex was three months ago and I used a condom. They were like, did you check it for any leaks. I'm thinking back, well yeah, I saw him take it off and pull it down. I was getting dressed and getting ready to go.  
021  
022 I got pregnant, and what's crazy is he never, ever catches public transportation. If he can't get a ride or he's not driving he ain't going. So I was walking out of Planned Parenthood, and low and behold, who do I see on the L {elevated train} but him. So I walked over to him and I was like oh my gosh! He said, 'hey, what's up babe?' [Inaudible] He was like, 'what's wrong with you?' I said look, and showed him the paper. He was like, woe. He stopped and was like, what's this? I was like, 'it says I'm pregnant.' He was like, 'all right. We're going to talk about this later,' because we were in public and [Inaudible].  
023  
024 We talked about it later, and it really hurt me because I really loved him. He was just like, 'it's not mine.' I was like, 'what do you mean it's not yours?' He was like, [Inaudible] we used a condom and I know it didn't break.' It blew my mind because I waited so long to do anything with him. I waited three or four months. We didn't kiss till after the first month, so it went real slow, so he would get a chance to know me. Every time he called me I was there. Every time he paged me I called him back. Every time he needed me I was available, so I didn't understand how he could say it wasn't his. [Inaudible]  
025  
026 The situation stressed me so I ended up having a miscarriage. He wanted to do all this other stuff. You can go get an amniocentesis to find out who the father is. We could do all that. I didn't have a problem because I knew I hadn't been with anybody else. But he was just like, 'we're going to go get an amnio.' I said, fine, we can do all that.' but it stressed me so, I was in the hunchroom eating lunch at school and I felt this sharp, sharp pain. I come to find out a day later, I started bleeding and I lost the baby.  
027

Code ...  
Codes Edit Miscellaneous  
Output View  
Name  
Arc of Relationship~  
ATOD  
Baby Mama/Baby Daddy  
Condoms/Contraception  
Exclusivity  
Legal System  
Pregnancy/Children  
Relationship Nature/Quality~  
Sex  
Social/Familial Context~  
STD/HIV  
Violence~  
52 Co [1] Arc of Relat: All Name - Tit

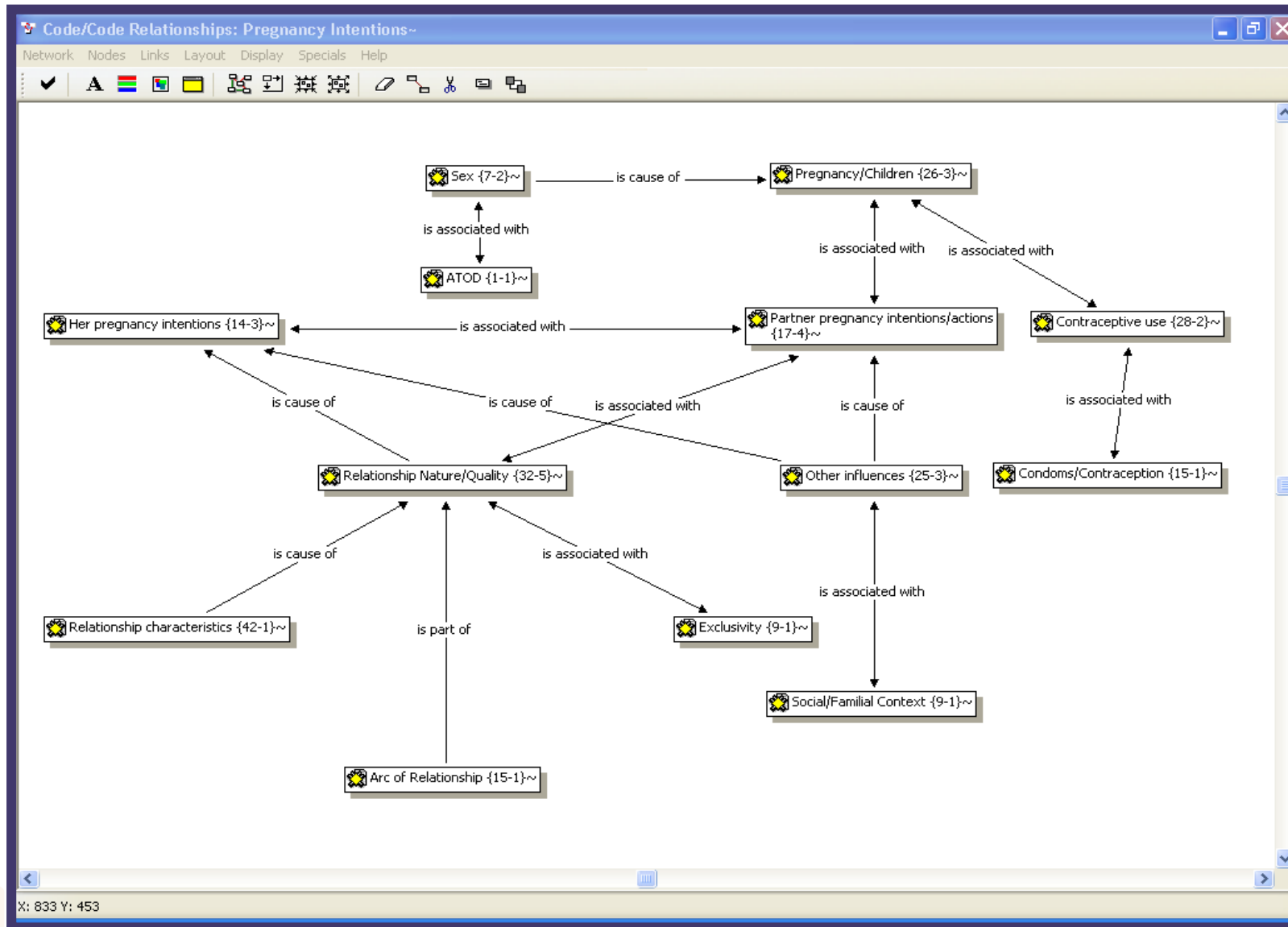
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The screenshot displays the ATLAS.ti software interface. The main window shows a document titled "P 6: 3097AAF22.doc" with a line number column on the left (047-060). The text content includes several paragraphs, with some segments highlighted in blue. The coding panel on the right shows a list of codes: "Arc of Relationship~", "Relationship Nature/Quality~", "Social/Familial Context~", and "Sex". The "Sex" code is highlighted in green, corresponding to the blue highlights in the text. The status bar at the bottom indicates "P 6: 3097AAF22.doc -> My Library" and "Size: 100% Rich Text < Default".

047  
048 I: We're going to move on. We've been up to 16 or 17 with PARTNER 2 and now we have PARTNER 3.  
049  
050 R: I was 17 when I met PARTNER 3. I met him through a mutual friend. My best friend was his best friend's girlfriend and that's how we met. He had come from Colorado home. He was 19 or 20 because he was going to turn 21 [Inaudible].  
051  
052 PARTNER 3 was very special. He was a character. Our relationship was good. Most of it was long distance, though, because he... I was [Inaudible] it was killing me. [Inaudible]. He was away in Colorado, going to the university. I was a senior in high school. I wanted a boyfriend all the time, but I would say no, he's away. We wrote letters back and forth. We had outrageous phone bills. My aunt was like, [Inaudible]. He was really good. His family and I were so close also. His little nephew started calling me Aunt [Name,] but I said, 'no. You can't call me Auntie. I'm not your auntie.' Everything was real... His sister knew me, his mom, his dad. Even when they see me now they go, 'what's up?'  
053  
054 I: It sounds like you were very close with PARTNER 3.  
055  
056 R: I was. I was just as close with PARTNER 3 as I was with PARTNER 2, but we didn't have that religion barrier. It was really cool. Sex with him was the worst, but I didn't care because of how I thought about him. It was wrong. It was real wrong, but I didn't care. OK, whatever. He was a very sexual person. I was too, but I really got nothing out of it, so I just did it because I loved him. That's my man; that's my baby; that's my heart, until I went away to college and he moved back to Philly. He moved back to Philly, I go away to college, he started acting like a fool. I said, 'wait a minute. You acted better when you were 2000 miles away. Now we're 80 miles away [Inaudible] you can't come visit me unless it's for that reason. You can't talk to me on the phone.'  
057  
058 The one thing that really killed it was I asked him to go with me to school. None of my family has ever gone to college, so I really didn't know what to expect. I was a little apprehensive and scared, and he said no. He said, 'no, I'm tired.' 'You're tired, what do you mean?'  
059  
060 Even after that it was cool, but then my birthday came and he didn't call me. He didn't call me, He didn't write me. He didn't send a card and do anything. [Inaudible] the whole time, anything he needed and I had, it was his. Anything he asked me for

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

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