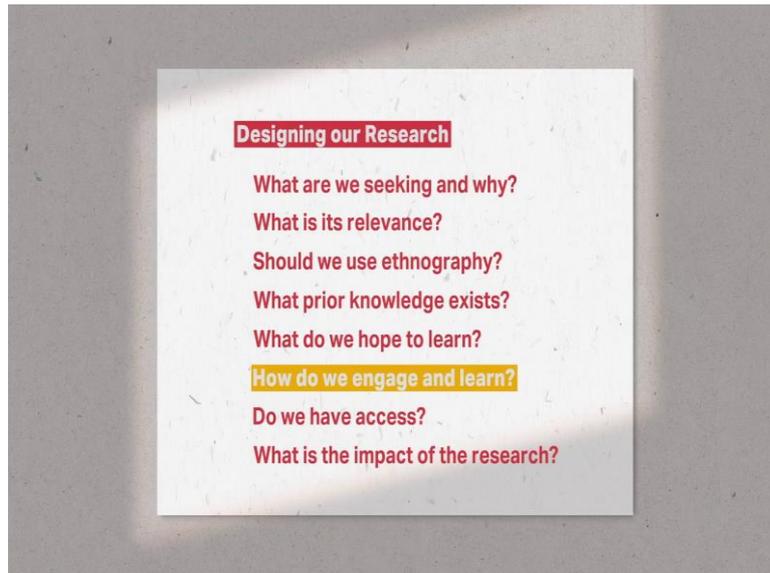


Designing Fieldwork
Module 3 Section 5
Lecture 18

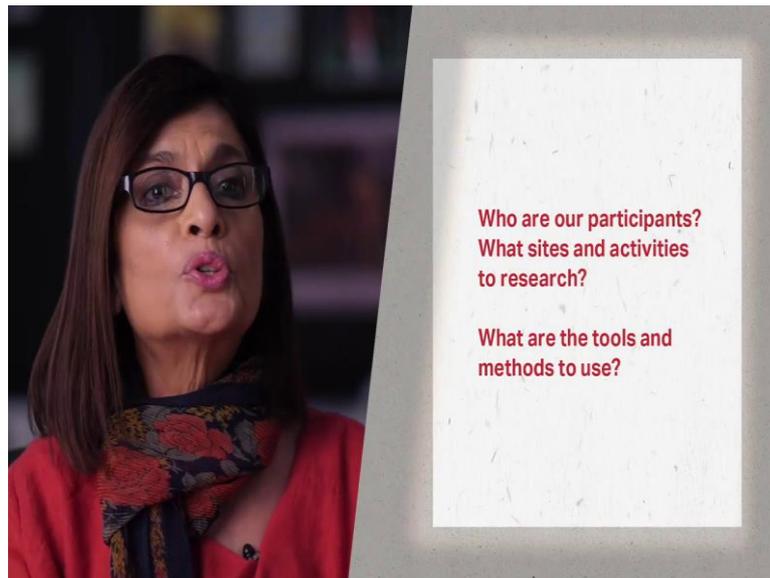
So far, we have defined the area of our research and why we are interested in it. We have articulated our research question, examined and studied the existing knowledge on the subject. And we have outlined what we hope to find through our research.

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We are ready to tackle the next question. *How do we access the knowledge we are seeking?* What we are asking ourselves here is, how to go about our fieldwork. There are two parts to this question: the first being 'who and what to learn from?' and the second 'how do we learn from them?'

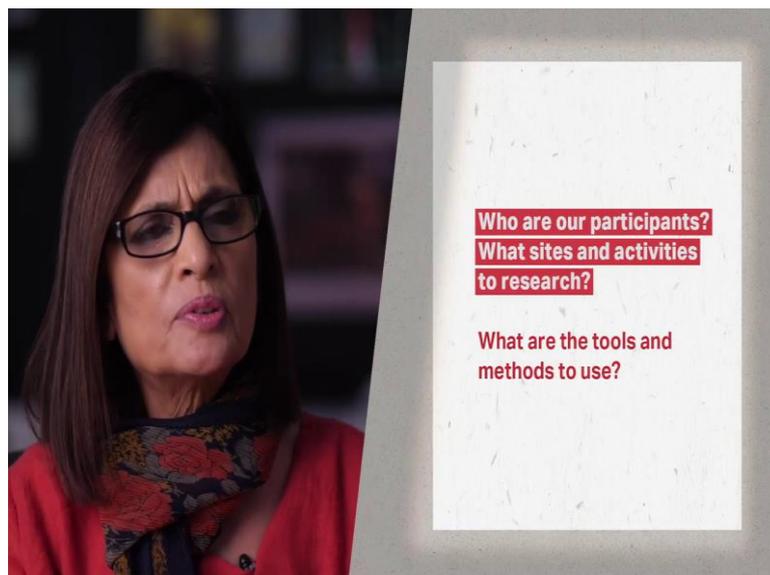
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Or to put it differently: who are the participants of our research, and what are the tools and methods we may use to engage with them. This includes identifying those who are going to participate in our study, the spaces and phenomena of our enquiry, and the methods or tools we will use. This is where we plan our fieldwork.

In practice, this is not a step that can be completed in one go; rather, it is an ongoing, iterative process. The design takes shape, changes and evolves as per the vagaries of the field. Let us begin with the first part of our enquiry

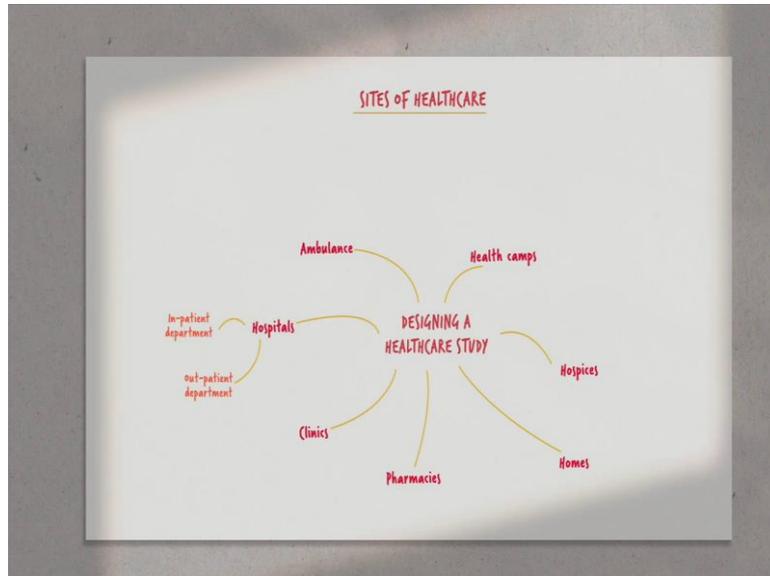
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Who will be our participants? What spaces and times will we study? What activities will we observe and participate in? These questions are interrelated, and we often find that in trying

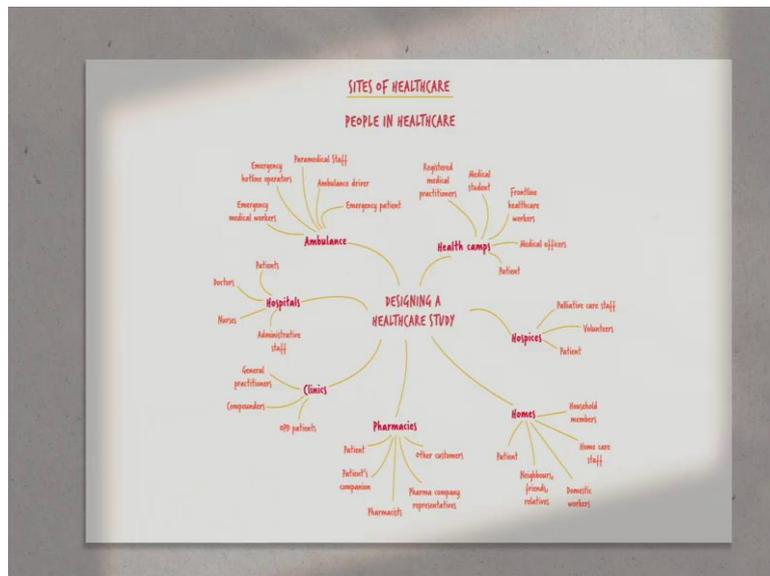
to answer one of them, we may find answers to the others. Say, we begin by looking at the question of the places that we wish to study.

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The subject or phenomenon we are studying may take place in various spaces. For instance, medical healthcare takes place in hospitals, clinics, homes, and pharmacies, among other places.

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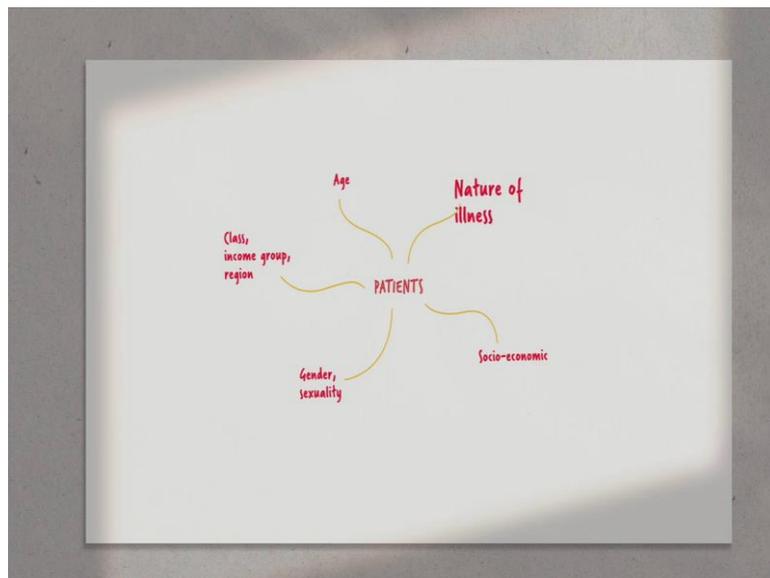


If we consider these various places as spaces of healthcare, we can identify the participant groups for our research. So patients, doctors, nurses, home care staff, will form our participant groups. And so will family members of patients, pharmacists, paramedical workers, ambulance operators and others who do not directly function in healthcare

institutions but play crucial roles in caring for patients in some way or another.

Based on our research question, we can prioritise these participant groups and spaces. Each participant group we identify in this manner will not necessarily be a homogenous one. Among them, there are likely to be variations of caste, gender, class, and other context-specific diversities. The experiences and perspectives of people would differ based on these variations.

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For example, 'patients' would be a broad participant group in our healthcare study. But patients would be of different ages, genders, socio-economic backgrounds, and suffering from different illnesses.

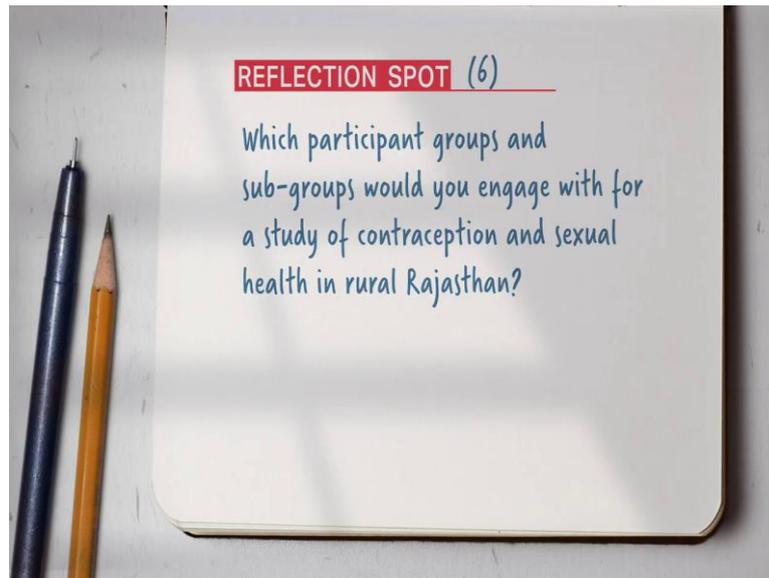
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out both during the day and at night.

Considering these variations - of time, spaces, people, and their activities - can give us a distant but detailed view of the context, and point to what all we should include in our fieldwork. There are many different narratives in any given space. We should try to include as many of them in our fieldwork as possible, in order to produce a rich and complex ethnography.

Let's pause here for a moment and recollect the project we had discussed earlier. The work done in Rajasthan to develop communication material to encourage the use of contraception among the rural population. In that study, the participant group, described very broadly, was 'the rural population'. But there must have been sub-groups within that.

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If you were doing that study, what would be the various participant groups or sub-groups that you would engage with? Take a minute and note down your answers. Some of you may have said you will talk to women in the child-bearing age or married women. Will that be sufficient? Some may say you will talk to all women, not just those of child-bearing age.

So you may have included in your list women of all ages, ranging from young adolescent women, to mature women and the elderly. And I hope you included women of different marital statuses too. These are important participant groups since elderly women in rural society are expected to play a major role in influencing healthcare choices of younger women, especially their daughters and daughters in law. And the young adolescent women? They too are very important. For they may already be, or soon will be, in a position where they may need to use contraceptives and other family planning methods.

And what about the men? Did any of you write down men as your participants? In a study like this, which is about family planning and sexual health, men are just as important, if not more, in the decision-making process. They may well determine the decision that the family takes. Here too, men of different age groups, and marital status, are important participants

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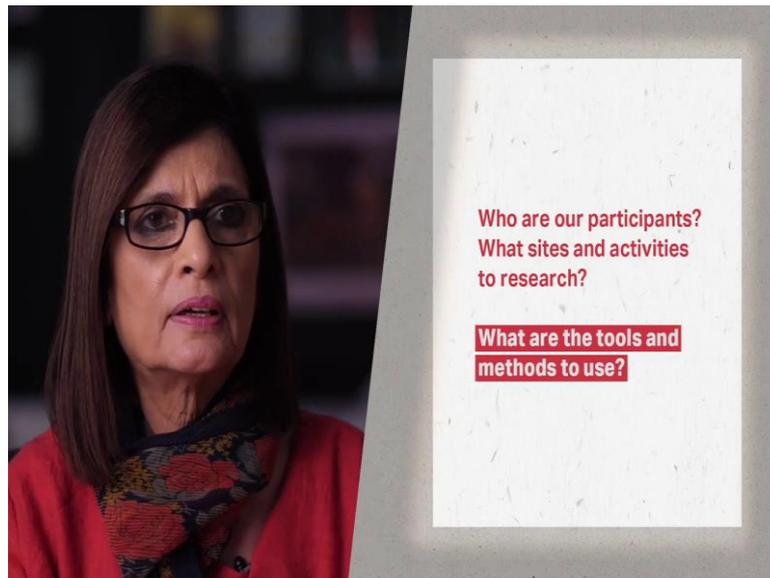


Besides gender, age and marital status, did some of you also consider caste and class distinctions in making your participant groups? Different communities have different belief systems. Some of these beliefs may influence how people think of their bodies, procreation, and healthcare. A person's health is also dependent on their social and economic status.

People who are better off may be able to get more nutritious food, making them less prone to sickness. Others may not have such access and could be weaker. A more prosperous person may be able to afford private healthcare. And for someone from a lower income group, government services may be the only available option.

In all of these ways, different participant groups have different needs, desires, beliefs, and ways of life. And so, their interaction with the phenomenon - healthcare, contraception, education, or any other - is unique. For our research to take into account these unique perspectives, our participant group must be a heterogeneous one.

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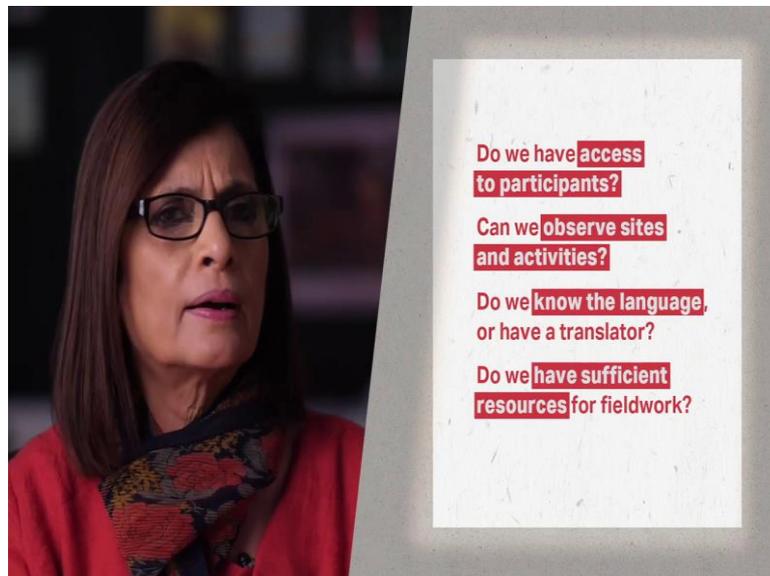
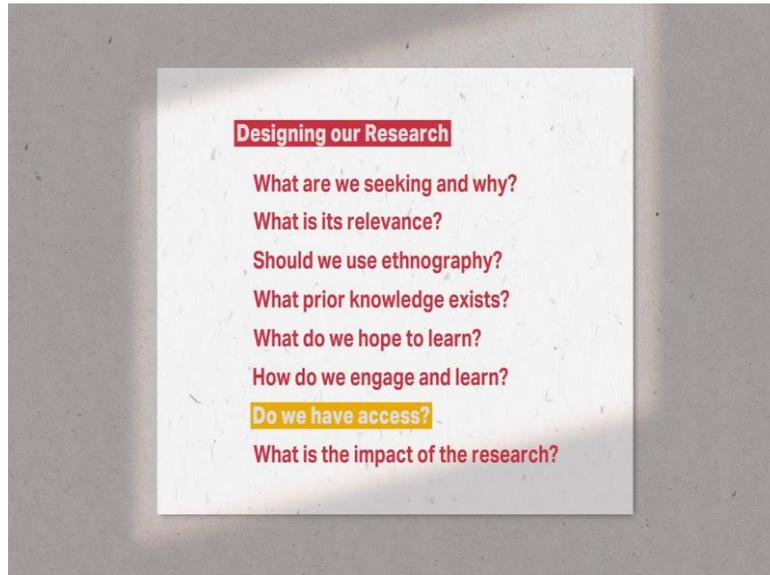
So, now that we know what, where, when and who we want to learn from, let us think about the tools and methods we can use to engage with our participants. Ethnography, as we know by now, is a composite of various tools and methods- observation, participation, interviews, visual methods, and so on. How we decide on which ones to employ is determined by a number of interrelated factors.

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The nature of knowledge we seek, the comfort of our participants, our own comfort, practical concerns of time, place and available resource. These are the chief parameters for making this decision. We have already addressed the question of knowledge. Let us consider the others.

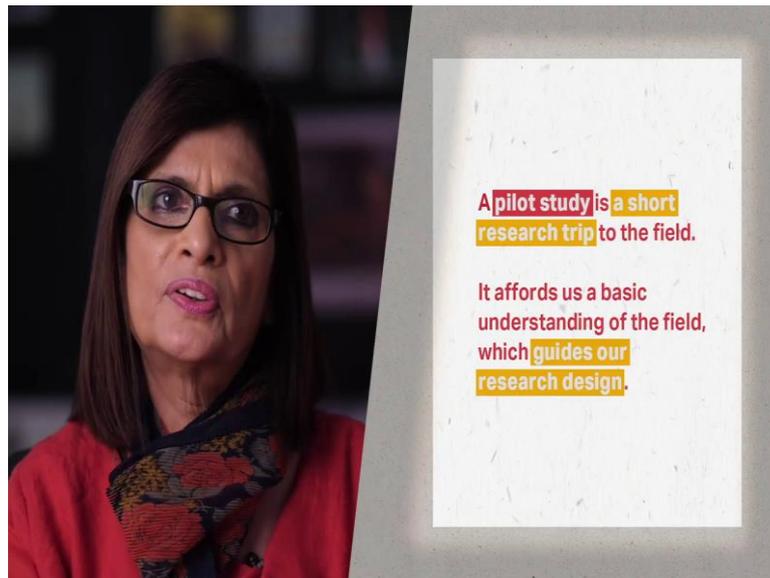
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Do we have access and the resources to carry out the research? We need to find out what is acceptable or comfortable to our participants and whether we will have access to the spaces we want to study. Will it be possible for us to spend time in the area? Do we know the language or at least have someone with us who can communicate with our participants?

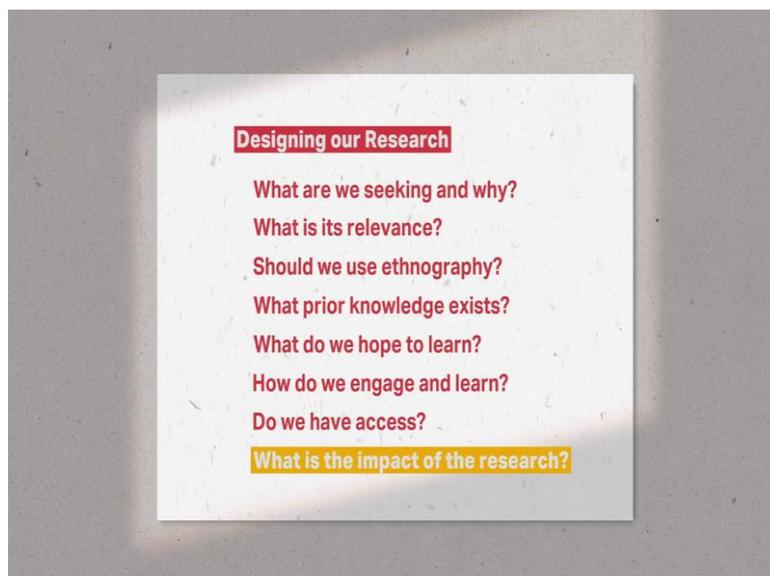
These matters may seem trivial, but they are hardly so. If the potential participants are uncomfortable or unwilling to interact with us, all our preparations may have to be reworked. Similarly, if we have developed an elaborate research plan which is not supported by the resources available to us, we may not be able to carry out our study.

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Sometimes it works to do a pilot study, which may involve making a quick trip to the field. One of the greatest values of a pilot study is to show us the hurdles we are likely to face in engaging with the participants and the context. The pilot study can help us frame our questions better and prepare us for the social and physical conditions of the field. It can also help us identify particular spaces or locations and phenomena to observe when we actually begin our fieldwork.

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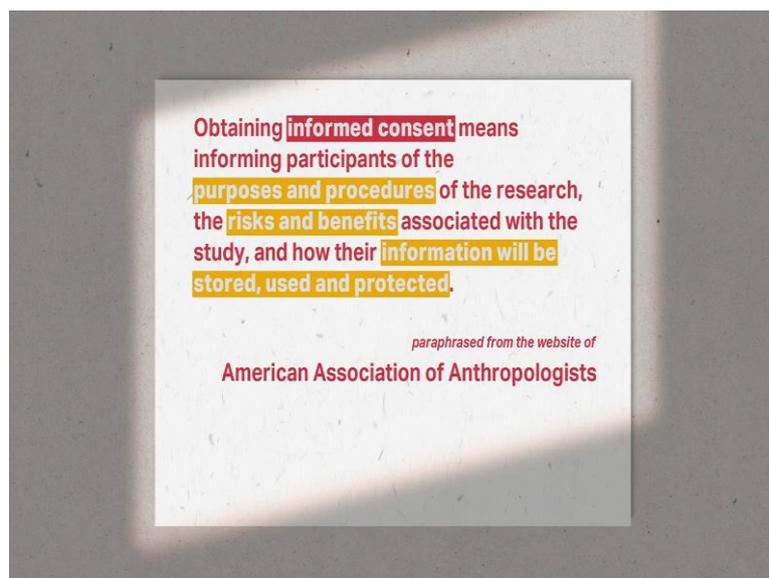
The last but most important question to ask ourselves as we prepare to step into the field is that of the ethical implications of the engagements we are about to have. Our presence affects the participants in multiple ways. The ways in which we engage with them influence what we

learn from them.

And the process and product of our research has an impact on their lives. It is crucial that we consider the ways in which our work may affect them, especially when the participants belong to marginalised groups. Studies focused on marginalised groups may unwittingly expose certain aspects of their lives which may make them more visible and potentially vulnerable.

Consider, for instance, studies carried out with deviant populations, or with people involved in illegal livelihoods, such as petty theft. It is important for us to have some awareness of these possibilities before we enter the context and the lives of our prospective participants. There are some technical procedures that we must follow to ensure safety and comfort of our participants.

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A formal consent form in the participants' language needs to be signed by them giving us the permission to engage with them. And as we start to interact with them, we can ask if they would prefer to be anonymised in our writings or research presentations. We will discuss these procedures in greater detail when we talk about accessing and engaging with our participants in subsequent modules.

So far, in this module, we have tried to address the questions that can help us design our research. We have created, what may be considered, a rough guide map of our study. In these sections, we have also discussed some examples of ethnographic research applied in design

projects.

For those of you interested in exploring these further, we have some reading material that explains the process of designing research. And then, there is a quiz to help you revise what you have learnt. In the next few sections, we will look at some more examples to understand how other people have designed their research.