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LETTER to EDITOR

SOCIAL SCIENCE RESEARCHES AND COMMUNITY PEDIATRICS*

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The population of Turkey is growing, people are moving from agrarian to industrial economies and everywhere social roles and social relationships are being redefined and transformed. To cope with these massive changes, we need to understand the social behavior that led to the new conditions and the implications of these changes for the future, especially in the field of health. Never has the need for the findings of social science been greater than in the past three decades.

The most important child health problems in the community are the ones which are the most prevalent, the most disabling and with the highest mortality. Some child health intervention programs must be carried out to decrease the prevalence of the most important diseases in the community. These intervention programs generally include primary prevention, secondary prevention and tertiary prevention. Primary prevention aims to prevent the diseases in the community, in other words primary prevention is conducted prior to the occurrence of diseases. Secondary prevention aims to diagnose the diseases before the clinical signs are seen and to provide early detection and treatment. Tertiary prevention includes therapy and rehabilitation programs. Information about the community, particularly about cultural structure necessary to carry out these child health prevention programs is necessary. Social behavior, social roles, and social relationships could show great variations even in a small community. Social science researches, which have great input in community pediatric interventions, could be used to learn details about the structure of the community.

Qualitative and quantitative researches are two different aproaches of social researches which can be conducted in the community by community pediatricians. The quantitative research that is carried out in the community mostly answers questions regarding the prevalence, the distribution, the cause and the resolution of the health problems. A questionnaire is usually designed based on the previous experience of the scientists and the questionnaires of the other researches in the community pediatrics. However, the questionnaire may not always give the real cause of the problem and sometimes the results of the research cannot be easily explained. Therefore, the recommendations drawn from the field survey to solve the problems may not be realistic at all times. For these reasons, it is recommended that community pediatricians use qualitative researches to describe the community prior to carrying out a quantitative survey[1,2].

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The type of data and the method of collecting the data of the qualitative researches are very diferent from that of the quantitative researches. In qualitative surveys, unstructured or semistructured interviewing can be used. Unstructured interviewing is the most widely used method of data collection in medical anthropology. The idea is to get individuals to open up and let them express themselves in their own terms, and at their own places. Semistructured interviewing is based on the use of an interview guide and has much of the freewheeling quality of unstructured interviewing[3, 4].

Focus group discussions and individual in-depth interviews are two leading qualitative research techniques. Focus groups capitalize on group dynamics and allow a small group of respondents to be guided by a skilled moderator into increasing levels of focus and depth on the key issues of the research topic. Individual in-depth interviews, like focus groups, are characterized by extensive probing and open-ended questions, but they are conducted on a one-to-one basis between the respondent and a highly skilled interviewer[3].

In pediatrics, there are several child health problems in the community. First of all, the most important one must be chosen to be solved. For example, diarrheal diseases are one of the important health problems in Turkey. Community pediatricians can study to learn the incidence of diarrhea, the distribution by age, sex or place, and the causes of the disease to conduct the prevention and control program in the community. They should also learn how much the mothers know about diarrhea and what they do when their children have diarrhea. They can prepare a questionnaire to learn the answers to these questions and analyze the results of the survey. However, they can design closed and open-ended questions in the questionnaire, and they can only analyze these results. Mothers may not answer the questions because they may feel that the questionnaire is examining their knowledge or because they cannot understand what the question is asking. If community pediatricians could conduct a qualitative research before their quantitative study, they will have many clues on the question studied. Focus groups can be helpful in the preliminary stages of survey planning by helping community pediatricians to ask the right questions or to word them in a more understandable manner. Focus groups can provide the reasons behind the response and the reasons related to the practices. Focus groups can also be used to probe in more depth about certain survey issues, for example, about why mothers who tried oral rehydration therapy (ORT) once are not reusing it or why mothers prefer not to breast-feed when their children have diarrhea.

In social scientist's thoughts, focus group discussions could be used as a preliminary step to aid in developing a quantitative study and a way to understand the results of a quantitative survey. There are so many social and cultural factors under child health diseases, it is essential to integrate qualitative researches in community pediatrics.

REFERENCES

1. Sanders W, Pinhey TK. The Conduct of Social Research. New York: CBS College Publishing; 1983: 354-371.
2. Bernard HR. Research Methods in Anthropology (2nd ed). California: SAGE Publicatilons; 1994: 208-236.
3. Debus M. Methodological Reviews. A Handbook for Excellence in Focus Group Research. Academy for Educational Development Healthcom.
4. Lyon EF, Trost JF. Conducting Focus Group Sessions. Studies in Family Planning 1981: 12 443-449.