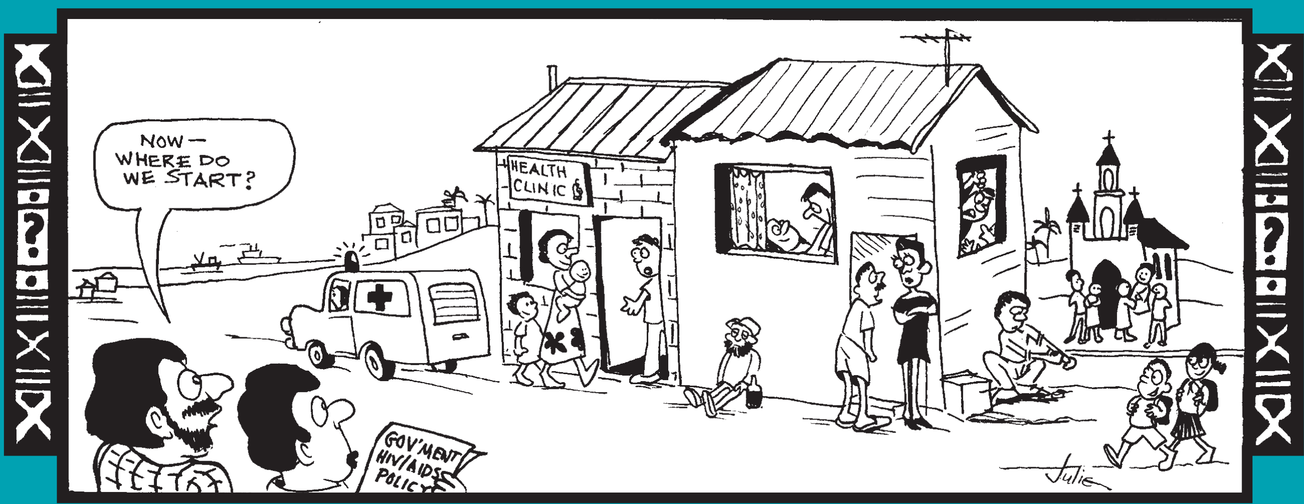
PLANNING FOR ACTION

APPENDIX
Hints for Social Research Methods



APPENDIX
Hints for Social Research Methods

This appendix gives a brief overview of some of the more common methods for conducting social research, and hints for their use in the field. It is not an exhaustive research methods text! There are many excellent resources available on social research methods, some of which are listed in the reference section of this appendix.

Where to start?

Social research methods can be utilised for a number of reasons. Examples include:

- to conduct a Situation Analysis,
- to evaluate responses to the HIV epidemic,
- or to monitor changes in factors influencing the spread of the epidemic itself.

Most examples used in this appendix refer to the conduct of a Situation Analysis – but the principles also apply to social research conducted for other reasons.

The first step when doing social research is to clearly identify why you are doing it. **What** information are you trying to find out? What questions do you want answered? An important part of this initial step is getting ownership of the research questions – ownership by the National AIDS Committee, the Situation Analysis team and so on. The group of people who are working together to conduct the research need to agree on both the questions to be answered, and the process for doing so.

It is important to recognise that the process of gathering information, is in many ways as important as the information itself. Social research when doing a Situation Analysis, begins community discussion and debate about HIV/AIDS and STIs. The process of searching for documents, organising interviews, and facilitating group discussion creates a 'space' or opportunity for people to talk about what can be sensitive issues. The process of social research also provides an excellent opportunity for developing community participation and control of the strategic planning process.

Having identified what you want to find out through social research, the next step is to decide **how** you are going to find this out. Which social research methods are most appropriate for a particular group, or particular culture, or particular community? What methods are most appropriate or reliable for answering this particular question? In this appendix some of the more common methods are outlined, with hints for using these methods in the field. This overview may help the research team to decide which methods to use and develop a plan for putting them in to action. It is also useful to consider what has been done successfully in your community before, when deciding what methods are the most appropriate.

It is preferable to use several different methods when doing a Situation Analysis or any other form of social research. Cross checking information collected by different people, and that which was collected using different methods, means that information and stories can be compared and contrasted. **Where** are the differences? Where are the similarities? This cross checking (known as 'triangulation') means you are trying to make sure that the information you are collecting is accurate.

Having decided what information you want, and how you are going to collect it, the next step is to identify **who** will be involved. This refers to both who you will ask for information, and who will do the asking. In most communities there are cultural limitations on who can discuss sensitive issues with whom. These limitations may be based on gender, age, status, religion, clan or ethnicity. Any such cultural or language barriers need to be considered before starting a social research process. It is also vital to consult community gatekeepers such as pastors, chiefs, politicians and other leaders about the social research process, to establish trust and ensure that you have their support.

Having decided who can talk about HIV/AIDS and STIs with which groups of people, it is necessary to decide **where** the people you interview, get documents from or include in group discussions will come from. It is important to hear the views of a range of people. This means making every effort to include people from different sectors, minority groups, age groups, men and women, rural and urban communities, students and out of school youth, working and unemployed people, and 'groups' who may be hard to reach such as people who inject drugs or men who have sex with men.

Finally, it is necessary to organise **when** you are going to do this. Appointments must be made, transport organised and time managed. Times must be negotiated that are convenient for everyone involved in the process. Times must be appropriate to reach people in situations of interest to a response to HIV/AIDS/STI – such as night time gatherings in bars, clubs and discos; or to coincide with parents meetings, youth group meetings and so on. The 'when' of social research is often the most time consuming aspect to organise. Social research cannot always be done in office hours, and time flexibility is a crucial aspect of the design.

Ethics and researching sensitive topics

Ethical considerations are fundamental when using methods such as interviews, group discussions or observation to conduct social research. These tools are often used because of their value in collecting information about sensitive or private issues, such as the issues associated with HIV/AIDS and STI. It is precisely because the information collected is sensitive and private that ethical considerations must be carefully considered.

The first ethical issue to consider is **informed consent.** Before interviewing people (either individually or as part of a group discussion), it is important that each person gives informed consent to the interview going ahead. Informed consent may be written or verbal, and means that the person being interviewed:

- ➜ Understands that they are being interviewed (and that this is different from an everyday conversation)
- ➜ Knows why they are being interviewed, what type of questions they may be asked, and what the information they give will be used for
- ➜ Understands that the interview will be recorded in some way (eg. tape recordings, written notes), and knows how this will be done
- ➜ Knows who will have access to the information from the interview
- ➜ Agrees to the interview of their own free will (and not because they have been pressured to do it by their boss, parents, friends etc.)
- ➜ And knows they do not have to answer questions that they do not wish to, and that they can cease the interview at any time if they want to.

The process for gaining informed consent will be different in each community. For example, it is unusual or threatening to get written consent for anything in some communities, but it would be very much expected (and perhaps a legal necessity) in others. The appropriate consent process should be decided by the research team before starting to collect information.

Consent is more difficult when using tools such as observation. This is why **consultation with community gatekeepers is vital**, to decide whether observation is acceptable, and how this ethical issue is best addressed. In some cases community leaders are able to give consent for their communities, but again this varies from place to place and must not be taken for granted.

Another prime ethical consideration is that of **confidentiality**. If people share their beliefs, thoughts and feelings about sensitive issues (for example, about sexual behaviours), they need to know that their identity will be kept private. The researcher needs to agree not to share private information with other people, unless the interviewee gives their permission.

Confidentiality is an important consideration when for example, writing up the notes from an interview. If the notes contain sensitive information, the researcher must take care that it is not possible to identify who gave that information in the final report. This is particularly important in small communities where most people know each other, and even techniques such as using initials will not ensure that privacy is maintained.

Confidentiality also includes making sure that notes from sensitive interviews are not left lying around where anyone can see them; making sure that only people working on the social research can access where notes are stored; and making sure that all the researchers understand the importance of not gossiping about private information in maintaining community trust. If the community does not trust the researchers, then information collected will not be of any depth or value!

A further issue for consideration is that of information dissemination. When conducting research in relation to HIV/AIDS and STIs, the process itself often raises many questions for people. For example, a group discussion with mothers may raise many questions for these women about HIV/AIDS/STI or general sexual and reproductive health. It is important that whoever is conducting the research is able to answer such questions, or that the researcher knows where participants can go or be referred, for more information. It is unfair and unethical to raise lots of concerns in people's minds, but then not be able to allay these anxieties by providing accurate and relevant information or services. This must be considered as part of the research process.

Information dissemination also extends to giving feedback about the results of the social research to the community. This is an important requirement of ethical research. Information collected from the community must be fed back to allow public discussion and comment. It is also an important step in fostering community participation in HIV/AIDS policy development and planning.

Finally, prior to commencing any social research it is important to identify whether there are **local ethics committees** or other institutional bodies that need to consider or approve the research process. The situation differs from country to country across the Pacific region.

Documentary analysis

Review of existing documents is an important starting point for conducting a Situation Analysis, or any piece of social research. Although there may not be many formal published reports specifically about HIV/AIDS in a community, there will usually be many published or unpublished documents that may provide valuable information.

Some of the **types** of documents that could be included in a documentary review for a Situation Analysis include:

- Published research articles
- Government reports (including Ministry of Health records and reports)
- Newspaper articles/editorials/letters
- Existing posters/pamphlets/handouts/advertising
- Reports and evaluations about current and past programs
- Documents outlining policy and legislation
- Organisational reports (from NGOs and CBOs)
- Clinic reports (including stock records which may give an indication of what treatment is sought or given for STIs, contraception usage patterns etc.)
- School curricula
- Speeches.

Sources of existing documents that may be collected for analysis include:

- national departments of planning, who may have demographic and socio-economic data
- national departments of labour and immigration may have information about mobile populations and mobile workers
- departments of health may have baseline information about HIV and other STIs, as well as other important health issues
- health clinics may have reports about the pattern and frequency of STIs, contraception, pregnancies and health care seeking behaviour in different groups (gender, age, rural, urban etc.)
- local researchers (including universities, women's organisations, private research groups, NGOs, the military etc.)
- libraries and archives
- schools, sports groups, youth groups and churches
- media bodies (radio, newspaper, television stations including government, private and religious media)
- legal offices (government and private lawyers)
- NGOs and CBOs may have unpublished project reports and evaluations documenting lessons already learned.

Hints for social research methods

The process of documentary analysis involves more than just reading through and understanding existing written information. Documentary analysis requires the reader review documents, consistently keeping in mind the questions the Situation Analysis team has decided are important.

It is also important to make use of the key analytical questions to ask questions about the document itself, such as:
- ➜ Who wrote this?
- ➜ What is their interest? Who did they speak to in writing this document?
- ➜ Who is their intended audience?
- ➜ How was this information collected, pamphlet designed, evaluation done etc.?
- ➜ Who is/is not reached by this document? How is it used?
- ➜ How accurate is this information? Why might it be inaccurate?
- ➜ What is missing here?

When reading through documents, it is useful if all the team members make notes in a standard way. One way of doing this is to have a standard form for taking notes whilst reading through the documents. An example of such a form is shown on the following page, which has a column for the **'topic code'**, a column for notes or a summary of the document, and a column for page references. The topic code identifies which of the themes or questions the document provided information about. This makes it easier to compare and identify gaps in information about 'women's status' for example.

When all existing documents have been collected, read and notes taken, the team then needs to identify what other information is required for the Situation Analysis (i.e. where are the gaps in information). The team then also needs to decide what are the best methods for collecting this additional information, and who should do it.

APPENDIX

EXAMPLE FORMAT FOR DOCUMENTARY ANALYSIS

Reader's Name: **Document No:**

Document Title and Source:

Topic areas and code:

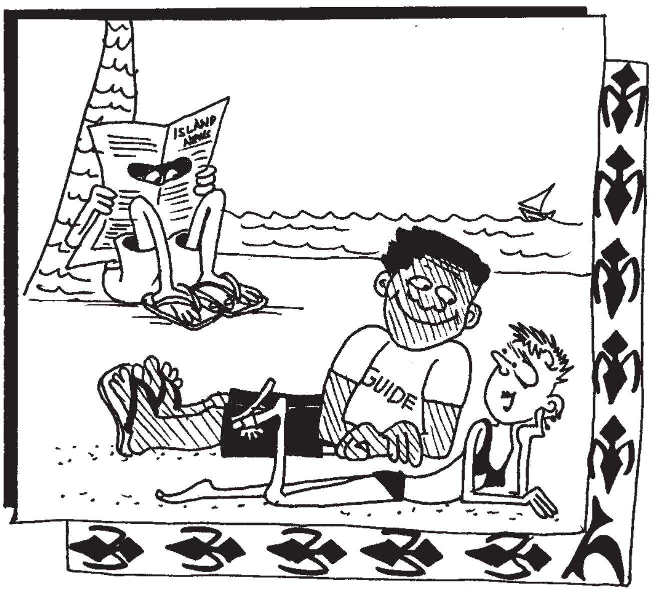
- Demographics (Dem)
- Political (Pol)
- Religion (Rel)
- Women's status (WS)
- Education (Ed)
- Health profile (HP)
- Health services (HS)
- Condoms (C)
- Human rights (HRts)
- NGOs (NGO)
- Sexual behaviours (Sex)
- Drug Use (DU)
- Migration (Mig)
- Economics (Eco)
- Communication (Comm)
- Epidemiology STI/HIV/AIDS (Epi)

Topic Code	Summary and notes on topic areas from the text	Page nos.

Note: each Situation Analysis team will have their own specific list of topic areas or themes, which the team decides are important to inform the Situation Analysis.

Observation

Observation is often under-utilised as a social research tool. Observation is very useful for confirming or challenging information from other sources. It also may be one way of identifying information gaps -sometimes situations may be observed that have not been considered for investigation by the Situation Analysis team. Sometimes what people put down on paper or what people say they do, is very different to what can actually be *seen* to be happening. For example, in interviews older people in a village may state that young women do not drink alcohol in their community. However, if young women have been observed drinking at the local bars or on the beach, then the information from the interviews should be questioned.



Observation can be done by members of a group – that is, someone observing the behaviours and interactions of their peers (an example of this could be an out-of-school young person observing the behaviours and interactions of other youth during night time gatherings). This is known as 'participant observation'. Observation can also be done by people 'outside' the group being observed (an example of this could be the same out-of-school youth observing the behaviour of business men at the local bar). There are particular strengths and weaknesses of both approaches – people who are part of a group may not see the behaviour of their peers objectively and may have preconceived ideas about what they will observe. However, observers from outside the group may be unable to understand the context of the behaviours that they are seeing, and this can lead to misunderstandings and misinterpretation of what is seen.

As with other techniques discussed in this appendix, information gathered through observation should be compared with that from other sources. This decreases the risk of over emphasising something that was observed, but that may have been rare or unusual.

In-depth interviews

Interviews can be very useful when gathering information about sensitive issues such as HIV/AIDS and STIs. Interviews to gather information for a Situation Analysis are usually done face to face, to encourage a person to freely and honestly discuss an issue fully. Interviews are useful for finding out the interviewee's beliefs and attitudes in answer to a question.

Interviews can be highly structured, where every person interviewed is asked the same questions in the same order. This may make it easier to compare information from interview to interview, but it allows no flexibility to explore new issues as they arise, or to tailor the interview to make the two people involved more comfortable.

Interviews can also be completely unstructured – more like an ordinary conversation – but with a focus on the research topic. This allows the person being interviewed more scope to determine the priorities to be discussed. However, if there is no structure to the interview, important questions may not be asked. It may also be difficult to compare information gathered from different interviews.

Between these two types of interview lies the **semi-structured interview.** These interviews are developed around a pre-arranged list of questions that the interviewer (or Situation Analysis team) wants to explore, but the order of the questions is flexible to fit the natural flow of the conversation. There is also flexibility to explore new and unexpected issues as they arise. Semi-structured interviews are commonly used to explore topics such as HIV/AIDS where certain pre-arranged issues need to be discussed, but the process benefits from being flexible and sensitive.

The role of the interviewer is to develop and maintain rapport with the person being interviewed, to guide the direction of the discussion, and to take useful notes during the process. Doing all of these things at once is quite demanding, but interviewing is a skill that improves with practice.

Rapport (or empathy – the interviewer being able to understand where the person being interviewed is 'coming from') is crucial to the interview process. There needs to be trust between the two people involved in the interview and a non-judgemental atmosphere. Rapport is also assisted by body language cues such as eye contact and a comfortable posture whilst listening. If rapport and trust do not exist, questions may receive a one word answer, rather than a deeper response.

Hints for social research methods

Guiding the direction of an interview is made easier with a *question guide* (as used in semi-structured interviews). Before any interviews are conducted, the Situation Analysis team needs to decide what sort of information they are trying to find out through interviews. A list of questions or themes to be covered during interviews can then be drawn up. This pre-arranged list is a useful prompt for the interviewer, and helps to ensure that the interview does not become side tracked, or covers one issue only. However, the question guide is just that. A guide. The interviewer should also explore other issues as they arise during the interview.

As an example, a question guide (for interviews with personnel in the education sector) developed in Tonga included the questions:

- ➜ What is the present policy or stand by the Ministry of Health in relation to the teaching of sexual health education in schools?
- ➜ Have there ever been any working committees that addressed these issues?
- ➜ What were the results of their findings?
- ➜ Where do you think that young people should receive teaching about sexual and reproductive health, or increase their awareness of STI/HIV?
- ➜ If sex education was to be taught in schools, do you think that teachers would be willing to teach this subject?
- ➜ Is reproduction addressed in any curriculum?
- ➜ What types of IEC materials do you think would be most effective?
- ➜ Is teenage pregnancy an issue for students?
- ➜ If a girl becomes pregnant, is she required to leave school?

Reference: Buchanan, Holly. 2000. *Pacific Islands STI/HIV Strategic Planning Project: Report of workshop two for Tonga on Social Research Methods.*

Although this question guide lists quite specific questions, interviewers were also free to follow up responses given with other questions or further discussion. Interview guides can also be very general – simply a list of themes to be explored.

The two most common methods of recording interviews are note taking and tape recording. Tape recording allows the interviewer to concentrate on establishing rapport, and guiding the interview. However, tape recording requires equipment and supplies of tapes, batteries etc; is very difficult in many environments because of other noise; may be inhibiting for the person being interviewed; and finally is very time consuming – as all tape recorded interviews eventually have to be written out (transcribed), and this takes much longer than the time of the actual interview itself.

Therefore many social researchers rely on *note taking* to record their interviews. Notes may be taken during the interview, accurately recording what was said to the interviewer, but the interviewer must maintain rapport with the interviewee whilst writing at the same time. This takes practice and confidence. Notes may also be written immediately after the interview – but this requires a good memory. It is also less accurate as memories fade quickly and can be influenced by the interviewer's thoughts about what was said during the interview. Notes can be expanded after an interview based on essential points noted down during the interview itself. Deciding how to take notes will be based on what the interviewer and the interviewee are most comfortable with, and how effective the interviewer finds each method for accurately recording information.

When using either method, it is important to write out notes taken in the field in full (or enter them into a computer), as soon as possible after the interview has been completed, or at least **within the same day**. Otherwise it is too difficult to remember the interview – particularly if several interviews are being done close together. It is difficult to remember who said what, in relation to which question, if notes are not written up straight away.

Focus group discussions

The focus group discussion (FGD) is a social research tool that combines both interviewing and observation. FGDs may uncover different information than individual interviews, as the group interaction itself provides valuable insights. FGDs also reveal a range of views on a certain topic (the *focus* topic), which is useful for exploring the opinions and beliefs of a particular group of people.

Focus groups ideally involve 6 to 8 people from similar backgrounds of age, education level etc. Including people from similar backgrounds is important because people are more likely to speak openly with people who have shared similar experiences. For example, it may be very difficult for a young woman to openly voice her opinion in front of an older man, as opposed to other young women. FGDs may be held with a range of groups including students, out of school youth, mothers, fathers, young single mothers and so on. In most cultures group discussions will be most fruitful if they are single sex groups, particularly if the topic for discussion by the group is sensitive (as HIV/AIDS or STIs may be).

To conduct a FGD you need a venue that is a non-threatening community space, and where the discussion can be held in private. For example, it may be difficult to hold a group discussion at an STI clinic because people may not want to be seen by others attending the venue. However, conducting a FGD with new mothers in a private room at the Mother and Child Health Clinic may be both acceptable and practical. The time the discussion is held must suit all members of the group and should fit around working hours, or child-care and household responsibilities.

It is also important to think about how long the discussion should go for. Usually an hour and a half is long enough to cover the focus topics. If is often difficult to sustain enthusiasm and concentration for longer sessions than this. Do not try to cover too much in one group discussion. The researchers should decide on a few key issues and questions, and have these written down to guide the discussion (in a similar way as an interview guide is used), rather than try to tackle a long list of questions. Otherwise the session will be rushed, and information collected may be shallow.

FGDs require one researcher to facilitate the group's discussion, and another person to sit slightly outside the group to take notes on what is said. Guiding or facilitating a group discussion requires full concentration to ensure that ideas are flowing, that people are not talking over the top of one another, that quieter individuals have the opportunity to voice their opinions, and that the themes or questions to be explored are covered. It is **not** possible to facilitate and take notes at the same time. Note taking during a focus group is quite tiring in itself, as it is important not only to record what was said, and who said it, but also to note the other participant's reaction (did everyone groan and disagree with a particular statement, or was there lots of nodding and agreement?). Focus groups may also be tape recorded to back up and expand the written notes.

APPENDIX

Focus groups have been used very successfully in many settings to efficiently gather a range of views about a particular topic. They can be a cost effective and time efficient way of obtaining information from several people at the same time. The group can raise their priorities and concerns, and direct the focus of discussion. This may give rise to new and important issues, of which the researcher was unaware.

However, it is important to keep in mind that when people are discussing sensitive issues in front of each other, participants may be reluctant to speak freely and honestly. This is particularly true in very small communities where everybody knows each other. There are several reasons for this including fear of breaches of confidentiality, the pre-existing relationships between members of the group (who will be friends, relatives or neighbours) and respect for the traditional structure of the community (particularly in hierarchical societies where some families would be deferred to by others). Therefore information gained from focus group discussions may reflect the attitudes and beliefs that are thought to be desirable, rather than the actual attitudes of the participants, i.e. people may say what they think other people in the room would want them to say, rather than saying what they actually believe. Therefore FGDs are most effective when used in combination with other research methods. FGDs combined with interviews and observation, for example, can give a balanced and broad view of community attitudes with regards to a complex and sensitive issue such as HIV/AIDS.

Participants from a FGD may also be interviewed separately afterwards, particularly is they have shown themselves to be particularly interested or have experiences that are better explored in private and in more detail.

Questionnaires

Questionnaires can be designed to be completed by the respondent themselves ('self-administered' questionnaires), or can be designed to be completed like a structured interview where the researcher asks the questions and records the respondent's answers.

Questionnaires are usually used to gather information from a large group of people. It is important to think about what sort of information it is possible to collect using this method. What sort of questions are appropriate to put down on paper in your community? What sort of questions are more suited to an interview, where the researcher can explain the question in greater depth and the respondent can answer more fully? How honestly do you think people will complete questions about sensitive issues or personal behaviour? Are people more likely to be open when explaining their answer to an interviewer, or when completing a questionnaire that does not have their name on it? The answers to these questions will be different for every community, but must be discussed by the research team prior to deciding to do a questionnaire.

Questionnaires are useful for finding out about people's knowledge. They can also be used to find out people's self-reported opinions, beliefs and attitudes, and sometimes their self-reported behaviour. Questions can be open ended (where the respondent writes a sentence answering the question), or closed ended, and many questionnaires contain a mixture of both. Closed ended questions offer people a range of answers to choose from when answering the question, such as true/false, or yes/no/not sure. Closed questions are easier to analyse, but limit the information that the respondent can give.

There are many considerations when designing a questionnaire. One of the most important is the wording of questions. Leading questions – questions that hint at or direct the respondent towards a particular answer – should be avoided. For example, the question 'do you take illegal drugs?' is leading. It would be better to ask a specific question such as 'do you inject amphetamines?' Questions should also only ask about one thing at once. For example 'Have you ever had an STI, or do you know anyone who has had an STI?' is confusing to answer, and should be divided into two questions. Questions should be clear; vague or ambiguous language should be avoided.

The best way to see whether the questions you have included are clear is to try the questionnaire out ('pilot' it). This can be done with a small group of people who are similar to the people whom you want to eventually complete the questionnaire. After the small group go through the questionnaire, problems or confusing questions can be identified and discussed. This step is vital when conducting a questionnaire in a different language (as may be necessary when there are several languages spoken within the one country). Questionnaires that have been translated should be translated back by another person to ensure that the original meanings of the questions are maintained.

A further consideration when designing a questionnaire is length. When do you intend people to fill out your questionnaire? It may be difficult to get people to take time out of their working day to complete the questions, and it may be unfair to expect people to do so on their own time. Shorter questionnaires are preferable because lengthy ones are time consuming to complete and very time consuming to analyse. If you do not know what you are going to do with the information collected, do not ask the question!

Analysis of questionnaires depends on how respondents were selected. Respondents may be selected because they belonged to a particular group (e.g. students), or because they were convenient (e.g. the youth who regularly attend youth groups), or because they represented different sections of the community (e.g. in school youth and out of school youth). This is called ‘non random sampling’. This is the most common sampling method used in social research conducted for the purposes described in this Guide. Simple percentages may be used to describe the information collected by your questionnaire (complex statistical analysis should only be done if random sampling has been used to select respondents). This information can then be compared with the results found using other methods.

Data analysis

Analysis of information collected using the social research methods we have described involves looking for answers to the original questions the research team came up with. These answers may be grouped by **themes** that come out of the research. A theme is a repeated story or idea or concept. An example could be the theme of ‘confidentiality’. It may become clear from talking to lots of people during the social research process, that lack of confidentiality is a common reason why people don’t use health services for STIs. This theme may cover different types of health services, different types of health worker, and different people who may use health services. People will describe confidentiality in many different ways – ‘I don’t trust them not to tell my husband’, ‘There are no secrets here’, ‘Everybody knows everyone else’s business’ and so on. However, all these statements would come under the overall theme of confidentiality, or the lack of it. Looking for themes is one way of grouping the information collected together, and ensuring that the answers you get to the research questions reflect a range of opinions on an issue, and are not just the opinion of one person.

It is easier to look for repeated stories or themes in all the information you collect, if the notes that are taken during interviews and discussions are neat, have the date they were recorded on them, and if all pages are numbered. Entering interview notes on a computer is also very useful, if you are familiar with computers and can enter the information quickly. Computers are useful because you can make multiple copies for the research team to discuss. Using a computer also means you can ‘cut and paste’ (move chunks of information around), so that all the passages about particular themes can be grouped together. This can be done with basic word processing skills, and there will be local people who can assist with this.

Data collected using social research methods can also be analysed by computer software packages. However, these packages can be expensive and require training to use. They are not necessary for the purposes described in this Guide to strategic planning.

Themes are best identified by marking theme ‘codes’ in the margin of notes pages. Theme codes are a short way of indicating that a piece of information is about a particular theme. For examples of codes see page 144 of this appendix. Using these example codes, a passage in your notes about young people using marijuana could be highlighted with the code ‘DU’ for drug use. Or you could mark passages in different coloured pencils, with each colour representing a theme. This is one way of visually highlighting recurring stories in your notes.

Themes can cover a range of issues – for example 'drug use' may include alcohol, alcohol related violence, marijuana, kava use and glue sniffing. Having broad themes (like drug use) that include many 'sub-themes', rather than having a theme and theme code for each story that appears, prevents coding and analysis becoming too complicated and unmanageable.

Data analysis during social research is not something that is just done at the end of the research process. Themes (or repeated stories or issues) will begin to emerge during the information collection process. These themes may direct the research team to look at new areas. For example, if during interviews with young people, the use of marijuana is repeatedly mentioned in relation to sexual activity, this may direct the research team to find out more about the use of marijuana in the community even if this had not already been considered when devising the list of research questions.

When presenting information collected using social research methods it is useful to organise the material under headings (the themes you have found may be useful headings to use). The findings can be described by comparing and contrasting different views that have been raised in each theme, illustrating points with examples from your notes. Presenting information in table form is also a useful way of clearly and concisely reporting what you have found.

References for Social Research Methods

Dawson S, Manderson L, Tallo V. 1992. *The Focus Group Manual.* Geneva: UNDP/World Bank/WHO.

Hudelson, P. 1996. *Qualitative Research for Health Programmes.* Geneva: WHO

Kerr C, Taylor R, Heard G, (eds.). 1998. *Handbook of Public Health Methods*, Rosehill: McGraw-Hill Company.

Larson A and Manderson L. 1996. *Contextual Assessment Procedures for STD and HIV/AIDS Prevention Programmes.* Herston: Australian Centre for International and Tropical Health and Nutrition.

Minichiello V, Aroni R, Timewell E, Alexander L. 1995. *In-depth Interviewing: Principles, Techniques, Analysis.* Melbourne: Longman

References and Bibliography

Publications

Afeau P. and Nukuro E. 1995. Solomon Islands HIV/AIDS Programme. *Pacific Health Dialog* 2:62-64.

Brewis A. 1992. Sexually transmitted disease risk in a Micronesian atoll population. *Health Transition Review*; 2(2): 19-213

Buchanan, H. R. 1998. *The Living Pharmacy: The Practice of Kastom Medicine in Honiara*. Masters in Social and Cultural Anthropology, Concordia University

Buchanan H, Konare K, Namokari A. 1999. *Chance Chance Nao Ia! A Situational Analysis of STI and HIV in the Solomon Islands*. Ministry of Health and Medical Services, Solomon Islands.

Burslem F, Laohapensang O, Sauvarin J, Young M. 1997. *Naked Wire and Naked Truth: A study of reproductive health risks faced by teenage girls in Honiara, Solomon Islands*. Summary document. Masters of Tropical Health, University of Queensland.

Durand A. 1995. Sexual behaviour and substance abuse in CNMI. *Pacific Health Dialog*; 2(2): 24-30

Elliot K, Lambourn A. 1999. Sex, drugs and alcohol: Two peer led approaches in Tamaki Makaurau/Auckland, Aotearoa/New Zealand, *Journal of Adolescence*; Vol 22: 505-513

Gosling L, Edwards M. 1995. *Save The Children Toolkit: A practical guide to assessment, monitoring, review and evaluation*. UK: Save the Children.

Hall et al. 1998. Hall, G., B. Naidi, B. Waulas, and C. Wilson. 1998b. *Secrets and Stories: Issues Affecting the Sexual Health of Young Boys in Honiara – Summary*. ACITHN, University of Queensland.

Jenkins C and Alpers M. 1996. Urbanisation youth and sexuality: insights for an AIDS campaign for youth in Papua New Guinea, *Papua New Guinea Medical Journal*; 39(3): 248-251

Konare. 1999. Konare, K. 1999. *Disease Prevention and Control Unit, 1998 Annual Report*. Disease Prevention and Control Unit, Ministry of Health and Medical Services.

Larson A, Manderson L. 1996. *Contextual Assessment Procedures for STD and HIV/AIDS Prevention Programs*. Herston, Qld.: Australian Centre for International and Tropical Health and Nutrition.

MHMS. 1997. MHMS. 1997a. *Indicative Health Sectoral Programme on Development Strategies 1997-2001*. Ministry of Health and Medical Services, Solomon Islands Government.

Punufimana, A. 1999. *STD/AIDS Report For Jan-June 1998*. Honiara Town Council.

Royal Tropical Institute, SAFAIDS and UNAIDS. 1998. *Facing the challenges of HIV/AIDS/STDs: a gender based response.* Amsterdam: Royal Tropical Institute

The Centre for Harm Reduction, Macfarlane Burnet Centre for Medical Research and Asian Harm Reduction Network. 1999. *Manual for Reducing Drug Related Harm in Asia*. Fairfield: The Centre for Harm Reduction

UNAIDS. 2000. *Guide to the strategic planning process for a national response to HIV/AIDS: Modules 1-4*. Geneva: UNAIDS

United Nations. 1996. *Time to Act: The Pacific Response to HIV and AIDS.* Suva: United Nations

World Bank. 1999. *Confronting AIDS: The World Bank Report.* Washington: World Bank

Websites

www.icaso.org/actionpack.html

www.unaids.org

www.unaids.org/publications/documents/human/index.html#ethics

www.unaids.org/publications/documents/mtct/index.html

www.who.int

www.who.int/HIV_AIDS/Nursesmidwivesfs/fact-sheet-11/index.html

International Health Unit,
Macfarlane Burnet Centre for Medical Research.
PO Box 254,
Yarra Bend Road,
Fairfield, Victoria, 3078.
Australia.

Secretariat of the Pacific Community,
HIV/AIDS and STD Project.
BP D5,
Noumea Cedex, 98848.
New Caledonia.