

Introducing Qualitative Research to Indian Pediatrics

The lead article being published in this issue(1) follows a methodology which is rather unusual for the readership of this journal. The study did not begin with *a priori* hypothesis; the design does not conform to an experiment or survey; sample selection is purposive than random; sample size is not justified by statistical methods; results are not expressed in terms of measurements or values; no statistical tests are applied to ensure reliability of results; the conclusions are not based on deduction of data; and the presentation appears subjective. Yet, the study is exemplary not for what it conveys, but also for providing us an opportunity to introduce our readers to the methods and tools of Qualitative Research.

We are tuned well to read, appreciate and analyze Quantitative research. Yet, numbers and their interpretation can be misleading. Qualitative research asks 'what', 'how' and 'why' questions rather than 'how often' or 'how many' providing crucial information about the organization and delivery of health services otherwise unavailable through quantitative research methodologies. Qualitative research prefers 'inductive' over 'deductive'; 'action' over 'structure'; and 'classification' over 'enumeration'. Therefore its methods are not 'statistical' and its results are not based on 'probability'(2,3). Qualitative research allows examination, analysis and interpretation of observations, essential to unravel their true meaning, without involving statistics. Thus, it is stated to be closer to 'truth'. Qualitative research techniques allow better understanding of a person or group's unique perspectives about an illness/service/program. This approach can thus facilitate an understanding of context and meaning.

The polio study(1) intends to explore the mindset of people towards the process of polio eradication in areas which boast of the highest number of polio cases in the world despite a massive ongoing programmatic effort. The idea is to identify social determinants that are hindering the polio eradication. In a way, this study intends and probably is (by virtue of its methods) more close to the truth. Methodology consisted of a systematic process of observation and recording of expressed thoughts. The tools consisted of face to face interviews and focused group discussions for exploring the issues in detail. The data obtained were classified and expressed as thoughts. Quality control was ensured by standardized topic guides, rigorous training of the investigators, and onsite supervision by the researchers. Results are presented in a novel manner and grouped as Synergy or Divergence of perceptions.

The debate is not about qualitative vs. quantitative. Our approach should be qualitative and quantitative. Both the analyses put together are likely to capture most of the reality, and provide holistic evidence.

We dedicate this issue of the Indian Pediatrics to all those working tirelessly for eradication of poliomyelitis from the face of the earth.

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