OPINION ARTICLE

Conducting qualitative research during COVID-19: reflections on methods and challenges when interviewing marginalized refugee women [version 1; peer review: 1 approved with reservations, 1 not approved]

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Abstract

This reflective opinion article arises from our experience conducting interviews with refugee women attending ante-natal and post-natal services in an urban setting in Kenya in the context of COVID-19. First, we explain the research context in light of the study objectives. We reflect on the methodological challenges we faced, including researcher's positionality, and argue that conducting research within the refugee context during the pandemic is unique, therefore research design must reconsider inclusive methodologies tailored to the uniqueness of refugees' experience in order to obtain useful data. Second, we discuss these challenges in light of our experiences and the implications for addressing the gaps we identified, with particular emphasis on the ways in which professionals working with refugee communities in the context of a pandemic can build trust and obtain meaningful and uncompromised data. Lastly, we provide recommendations for researchers conducting similar research.

Keywords

COVID-19, refugees, Qualitative, Challenges, ante -natal care, post -natal care, Kenya and methodology.

This article is included in the **Emerging Diseases and Outbreaks** gateway.

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Approval Status

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1. Sukhjeet Bains , Oslo University Hospital, Oslo, Norway		
2. Khangalani Moyo , Independent Researcher, Johannesburg, South Africa		
Any reports and responses or comments on the article can be found at the end of the article.

This article is included in the **Coronavirus** collection.

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Competing interests: No competing interests were disclosed.

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Our research context

Although there is a growing body of research among refugee women's access to maternal and child health services in non-pandemic times¹, there are limited studies that have focused on informants' willingness and ability to participate in research². Over 80% of refugees globally are hosted in low- and middle-income countries, with over half hosted in sub-Saharan Africa region³. However, there are rarely any studies that provide a reflection on the methodological approaches and challenges of working with refugee women during a pandemic in sub-Saharan Africa. Refugee women's vulnerability is exacerbated in the context of the COVID-19 pandemic, as they face a triple crisis characterized by the impacts of COVID-19, displacement, and gender-based violence⁴. Pregnant refugee women face barriers in accessing health services with higher rates of adverse pregnancy outcomes⁵. While it is important to conduct research aimed at understanding how COVID-19 has affected refugee women, to develop evidence-informed pandemic responses and gender responsive maternal and child health interventions, it is plausible that refugee women also experience barriers in participating in research. These barriers may include, but are not limited to, endemic poverty, lack of fluency in the interviewers' language, fear of authority, mental health issues, and lack of legal status—all of which may affect informants' ability and willingness to supply the kind of information requested^{6–10}. A gendered reflection of refugee women's participation in research during the COVID-19 pandemic is therefore important.

In October 2020, a team of researchers from the department of population health (DPH) at the Medical College at the Aga Khan University conducted research using In-Depth Interviews among refugee women, to investigate the impact of COVID-19 on their access to and utilization of ante-natal and post-natal care services. Our study was approved by Aga Khan University Ethics Review Committee (ERC), National Commission for Science, Technology and Innovation (NACOSTI) and the Nairobi Metropolitan Health Services. The refugee women we interviewed were diverse, with the majority originating from Somalia and a few from Uganda, Tanzania, Ethiopia, South Sudan and Eritrea. Unlike other refugees who live in protected settlements such as Dadaab and Kakuma refugee camps, which are staffed by the United Nations, the refugees we interviewed lived among members of the host communities and did not have legal documentation. As such, they were not able to access free maternity services in public health facilities provided for under the *Free Maternity Services Policy*⁵. The refugee women we interviewed were directly linked to the International Organization for Migration (IOM) Wellness Clinic in Eastleigh, where they accessed free health care services, situated in one of Kenya's urban centres in the capital city. Voluntary informed consent was sought from all the study participants.

Methodological challenges and innate bias

Recognizing the importance of a gendered reflection of under-represented refugee women's participation in research during the COVID-19 pandemic, we present and discuss herein our

unique experiences during the study to investigate the impact of COVID-19 on refugee women's access to and utilization of ante-natal and post-natal care services. These experiences fall into six main themes: (i) language and trust; (ii) loss in translation; (iii) limited understanding of social research; (iv) childcare challenges; (v) fear, misunderstanding, and insecurity; and (vi) researcher positionality.

Language and trust

The women were directly recruited through the clinic staff and most of the refugees had passed a screening for their ability to speak the local language, Kiswahili, in which the interviews were to be conducted. However, when we began our interviews, however, we observed that getting the conversations going was very difficult, with many of them indicating that they did not understand Kiswahili. The majority of them struggled to express themselves, and provided only brief and guarded statements. We surmised that the refugees, who were unfamiliar with the researchers, needed to establish trust before delving into their experiences about COVID-19 and how it had impacted their access to health services. This finding is consistent with other authors who have indicated that an extensive time commitment to build trust with marginalized refugee women².

Loss in translation

First, when we began to use interpreters fluent in some of the languages spoken by the informants, it soon became evident that a great deal of information was not being translated for us. Some interviewees spoke for 3 minutes in their language, and the interpreter then summarized the information in 1 minute or less. To get the most out of the interpreters, researchers had to watch closely for participants' facial expressions and body movements. For instance, when participant Y, speaking Somali, tearfully related her experience during delivery, the interpreter nodded her head in disbelief and said, "*There is a lot of suffering among refugees and she is sad about what is happening.*" But only when we probed why participant Y was so distressed did the interpreter add: "*She says she saw a woman giving birth by the road during the lockdown, when hospitals Z and M were closed. The police were harassing everyone, and the woman could not get any help. She heard that the child died, and it was very sad.*" This is just one example where valuable information about the effects of the lockdown on pregnant refugees could have been lost in translation, if the interviewer had not probed the interpreter further. This highlights the importance of working with skilled translators, who can directly interpret without overly summarizing or sifting any information.

Limited understanding of social research

A number of the participants recruited at the Wellness Clinic did not seem to understand what social research is in general, or what our study aims were in particular. During the interview process, interviewees frequently diverted the discussion to how they could be helped during the COVID-19 epidemic. For instance, when participant X was asked what measures she had put in place for her family to remain COVID-19 safe,

she responded, *“Any money you can give me, I will use it wisely to put measures in place and feed my four kids and husband. My husband lost his job and we have no income for five months.”* Many interviewees took part in our research with the hope of monetary or material assistance, which they commonly inquired or requested during the interview process. It is crucial to communicate clearly about the research purposes and to provide some financial incentives for participants¹⁰. We also posit that while research is a first step to understanding the refugee women’s experiences, and could in the long term lead to policy and programmatic changes, however, where possible during the research process, researchers should work with aid agencies that can provide material support or offer referrals for participants in dire circumstances.

Childcare challenges

The participants recruited for our study did not have child care and brought children and other family members to interviews. When they came to be interviewed, children who were eligible to wear masks did not have any. For example, participant Q showed up in the interview room with a 2-month-old baby, a 15-month-old girl, a 3-year and a 7-year-old boy. Mothers frequently required to be excused to breast-feed their babies before returning to be interviewed. At the same time the accompanying children and family members were also constantly present throughout the interviews. Study design and planning, especially in pandemic conditions, needs to take into account that refugees have large families, are too poor to buy masks, and bring their dependents to interviews because they cannot afford child care. In hindsight, none of these factors had been taken into account in the planning for this field study. Although the clinic provided masks for the children, this highlights the many risks refugee children may experience by virtue of accompanying their mothers in public without masks. To gather meaningful data and reduce the undue burden on participants, researchers need to consider providing childcare to participants¹⁰.

Fear, misunderstanding, and insecurity

Some women selected for this study felt uncomfortable with the consenting process, and more often they associated it with being deported, as most of them asked, *‘Are you from the government?’* It was also clear that we needed to take time to explain to them what research is, why we were asking for their consent, and why we needed to audio-record the conversations. For instance, although we had spent time explaining the purpose of the study, the importance of voluntary informed consent and that we would record the interview, nevertheless, when participant C saw a researcher turning on an audio-recorder, she asked, *‘Are you recording me on WhatsApp [she immediately stopped talking]?’*. At this point, we stopped the interview and explained the process again to her as well as her right to withdraw if she felt uncomfortable with the interview. The interviewee seemed tearful and fearful and we opted not to interview her. This led us to reflect about the extent to which research among refugees could increase their emotional distress and what better ways research among refugees could be conducted. In the case of participant J, she kept looking at the audio-recorder after she had consented and we had started

the interview. We noticed that the audio-recorder made her uncomfortable, so we stopped and put the recorder in our bag, but she never spoke again and we ended the interview process. Participant L instantly stopped talking when we started going through the consent form and explained that we will be audio recording. Although she signed the consent form giving us permission to audio-record, she refused to talk. Consenting processes overall took a long time, sometimes requiring health care workers familiar to them to be present to further assure them that the information they gave was confidential, for the purpose of research and not for government monitoring. There might have been a power dynamic resulting in some participants feeling obliged to participate in the study. The use of audio recorders might have compounded the situation. Similarly, other authors have found that refugees may not be comfortable with the use of tape recorders and researchers will need to be content with taking detailed notes instead². In general, the suitability of the use of audio tapes among this population should be explored in our research context.

As a community health volunteer explained, the migrants did not have documentation, and most of them were careful in writing, signing or being recorded as they believed this information might be used against them. In addition, most interviewees had not heard about research, and some thought we were officials who had brought them some assistance from the government.

Researcher positionality

The issues related to the researchers’ *positionality* had a tremendous impact on the data collected from participants. In our initial interviews, when we presented ourselves as researchers, participants were guarded about what to say. The second week of data collection, having realised that most of our participants were of Muslim origin, the research team dressed in long clothes and burkas, and spent substantial time at the clinic each day with the aim of immersing with the potential participants and gain acceptance. This approach helped the researchers to yield some useful data from all women, including their perceptions of COVID-19. For example, when participant Q was asked about how COVID-19 had impacted her access to ante-natal services, she retorted, *‘As you know, I am not affected because COVID-19 is not for us (pointing to the researcher wearing a burka) but it is a punishment for Christians and all white people’*. As a researcher, we felt that this type of sentiment would only be shared under a sense of trust and that how researchers position themselves as insiders has implications for the richness of the data collected¹¹. For instance, following our failed first attempt at conversations in week one, we obtained rich data in week two when we dressed in attire favoured by refugees and covered our heads. In addition, consenting and audio recording process did not seem to traumatise participants. Although, it seems clear that dressing in burkas and spending substantial amount of time at the clinic finally led to useful data, our shifting positionalities, wearing burkas and being accepted, while it led to useful data, left us with ethical dilemmas as to whether disguising in the form of immersion is an appropriate method to collect data

among vulnerable communities who are culturally difficult to engage. Methodologies such as in-depth interviews whereby researchers go to the field to interview vulnerable participants like refugees must be reconsidered. It may be better to engage the local refugee women where possible to collect data among their communities rather than have outsiders do so.

Conclusions

The methodological challenges we encountered raise critical issues that must be explored further while conducting research with vulnerable populations such as refugee women. Researchers need to reconsider strategies to engage refugee women and collect useful data in an ethical manner. First, the methodology used in this study calls upon researchers studying refugees or migrant populations who speak a foreign language to consider training individuals in the participants' own communities to conduct research as well as use refugee interpreters to transcribe such data to avoid meaningful data gaps. This would ensure greater value in the data being collected and could help place participants more at ease. Second, prior to recruiting and interviewing refugee women participants, community sensitization is necessary to build a shared understanding and trust on the purpose and value of research and to avoid perceptions that the research should involve any immediate direct benefit. However, it also appears that small and modest incentives should be considered for refugee women's participation in research. Third, refugees, and in this specific case refugees of

Muslim origin, may have large families and child care can be challenging. Consideration for child care must be in place when interviewing refugee women of reproductive age to ensure quality data collection. Fourth, research about refugees must be conducted in a language in which they are fluent, and if interpreters are needed, they must be people with whom the respondents feel most comfortable and who are competent to translate the interviews without losing valuable information. Fifth, the provision of financial incentives by researchers can improve the participation of under-represented refugee women in research. Finally, researchers need to operate in an ethical manner to balance securing the trust and willingness to participate among respondents with the collection of quality data. To conclude, the need for research among vulnerable populations such as refugees is great, but researchers need to pay close attention to their methodologies to ensure they collect quality data in an ethical manner and in ways that promote inclusion for under-researched refugee women.

Data availability

No data is associated with this article

Acknowledgments

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Khangelani Moyo

Independent Researcher, Johannesburg, South Africa

The paper discusses the challenges encountered by the authors in conducting research on refugee women accessing maternal health services at a clinic in Nairobi, Kenya. According to the authors, the refugees are undocumented and therefore lack the protection of the Kenyan government and also can't access their entitlements in the form of free healthcare in public hospitals. Amongst other issues, the authors note that they initially struggled with establishing rapport with the participants due to language differences, poverty, unmet expectations, etc.

The idea of the article is an important one, especially given the ever-changing research landscape due to the Covid-19 pandemic. Also, as the authors highlight, researchers often neglect some critical aspects that prevent or influence the decisions by participants whether to participate in research studies. However, I have a number of concerns which I discuss below:

1. The article places the Covid 19 pandemic at the centre of the analysis, which is commendable and speaks to a developing field since this pandemic is new. However, the experiences described are not unique to the pandemic and may as well have been observed at any other time. Unless there is evidence showing better outcomes without the pandemic then the authors would do well to show how the pandemic is important in relation to how their fieldwork unfolded. In other words, this question arises because it has not been made clear in the paper how the pandemic has material effect on data collection.
2. Regarding the findings of the paper, the same problem I have noted in point one arises. The authors need to tighten their arguments in order to make a case for their findings. For instance, the language difficulties and trust issues are not unique to the Covid era and can also be experienced whether the interviewees are refugees or not. It would be helpful for the authors to acknowledge this fact and also help the reader with an extended discussion. For example, if they observe that language was an issue – then they should tell the reader, what language did the interviewees speak. Why were the interviews only conducted in Kiswahili, especially when dealing with foreign nationals? The researchers could have sought research assistants who spoke the languages of the refugees rather than adding

this as a recommendation at the end. Perhaps the question should be directed to the authors themselves rather than making it a general recommendation because the problems that they experienced could have been avoided if they had done their homework.

3. The paper also has some methodological and ethical issues. The authors note that they struggled to connect with the respondents during the first week of data collection and changed their dress code during the second week of fieldwork in order to identify with the respondents. While this may have been a great strategy, it, however raises ethical questions which are not fully explained in the paper. The authors need to discuss their research methods in the paper. For a paper whose main focus is "methodological challenges", I find the focus on methods particularly thin. There is a need to clearly discuss the research questions, the methods used, the data analysis, the participants from which the data is drawn, and how the ethical issues were handled. For instance, the authors correctly observe that they may have disposed their participants to harm yet there were no measures in place to deal with this. Refugees often escape extreme violence and experience trauma, which implores researchers to engage in responsible and ethical practices during fieldwork. It is not enough for the authors to make recommendations when they should have practiced it in the first place.
4. Some of the descriptions given amount to "othering" of refugees and the authors need to be careful as certain language may lead to discrimination of an already vulnerable population. For example, the following passage needs attention: *At the same time the accompanying children and family members were also constantly present throughout the interviews. Study design and planning, especially in pandemic conditions, needs to take into account that refugees have large families, are too poor to buy masks, and bring their dependents to interviews because they cannot afford child care. In hindsight, none of these factors had been taken into account in the planning for this field study. Although the clinic provided masks for the children, this highlights the many risks refugee children may experience by virtue of accompanying their mothers in public without masks. To gather meaningful data and reduce the undue burden on participants, researchers need to consider providing childcare to participants"*

Is the topic of the opinion article discussed accurately in the context of the current literature?

Yes

Are all factual statements correct and adequately supported by citations?

Partly

Are arguments sufficiently supported by evidence from the published literature?

Partly

Are the conclusions drawn balanced and justified on the basis of the presented arguments?

Partly

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: migration studies, refugee governance, refugee and migrant integration,

migrant transnationalism, migrant identities, and social vulnerabilities in the urban periphery.

I confirm that I have read this submission and believe that I have an appropriate level of expertise to state that I do not consider it to be of an acceptable scientific standard, for reasons outlined above.

Reviewer Report 13 September 2021

<https://doi.org/10.5256/f1000research.33026.r93111>

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Sukhjeet Bains

Norwegian Research Centre for Women's Health, Department of Obstetrics and Gynecology, Oslo University Hospital, Oslo, Norway

Thank you for the opportunity to read this interesting manuscript. Reflecting on methodological challenges in conducting research among vulnerable populations, such as among refugee women, is of critical importance. This is particularly important, as you have described, in the region of Sub-Saharan Africa, where many refugee women are hosted. I commend your commitment to research in this under-explored area.

Overall, the article was clearly written. I do, however, have a few minor suggestion on how the manuscript could be improved.

In *Our research context* the authors write “A gendered reflection of refugee women’s participation in research during the COVID-19 pandemic is therefore important”. I agree with the authors on the importance of reflection on the gender dimension in research. However, I miss any explanation on what this implies and any examples of how gender may influence researcher-respondent interaction. The importance of gendered reflection is emphasised by the authors in the subheading *Methodological challenged and innate bias*, and as it seems to be important, it should be elaborated. Although the authors write on page 4, under *Researchers’ positionality* that the researchers dressed in long clothes and burkas, they do not give information about the gender balance in the research group, whether any man was involved and how it may have impacted the research. If only women were involved (either research team or interpreters for instance?) they should also discuss how that may have impacted their data collection.

I suggest the last sentence on page 4 is rewritten. The authors write: “Although, it seems clear that dressing in burkas and spending substantial amount of time at the clinic finally led to useful data, our shifting positionalities, wearing burkas and being accepted, while it led to useful data, left us with ethical dilemmas as to whether disguising in the form of immersion is an appropriate method to collect data among vulnerable communities who are culturally difficult to engage”. The way it is written now it is unnecessarily long and does not explain what the author means by ‘communities who are culturally difficult to engage’. The authors need to elaborate on this.

I recommend the authors considers and addresses the concerns described above. I think the article makes some important points about researching on refugee women and I am looking forward to read the article with their findings from the in-depth interviews.

Is the topic of the opinion article discussed accurately in the context of the current literature?

Yes

Are all factual statements correct and adequately supported by citations?

Yes

Are arguments sufficiently supported by evidence from the published literature?

Yes

Are the conclusions drawn balanced and justified on the basis of the presented arguments?

Yes

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: Migrant health, Maternal health

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however I have significant reservations, as outlined above.

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