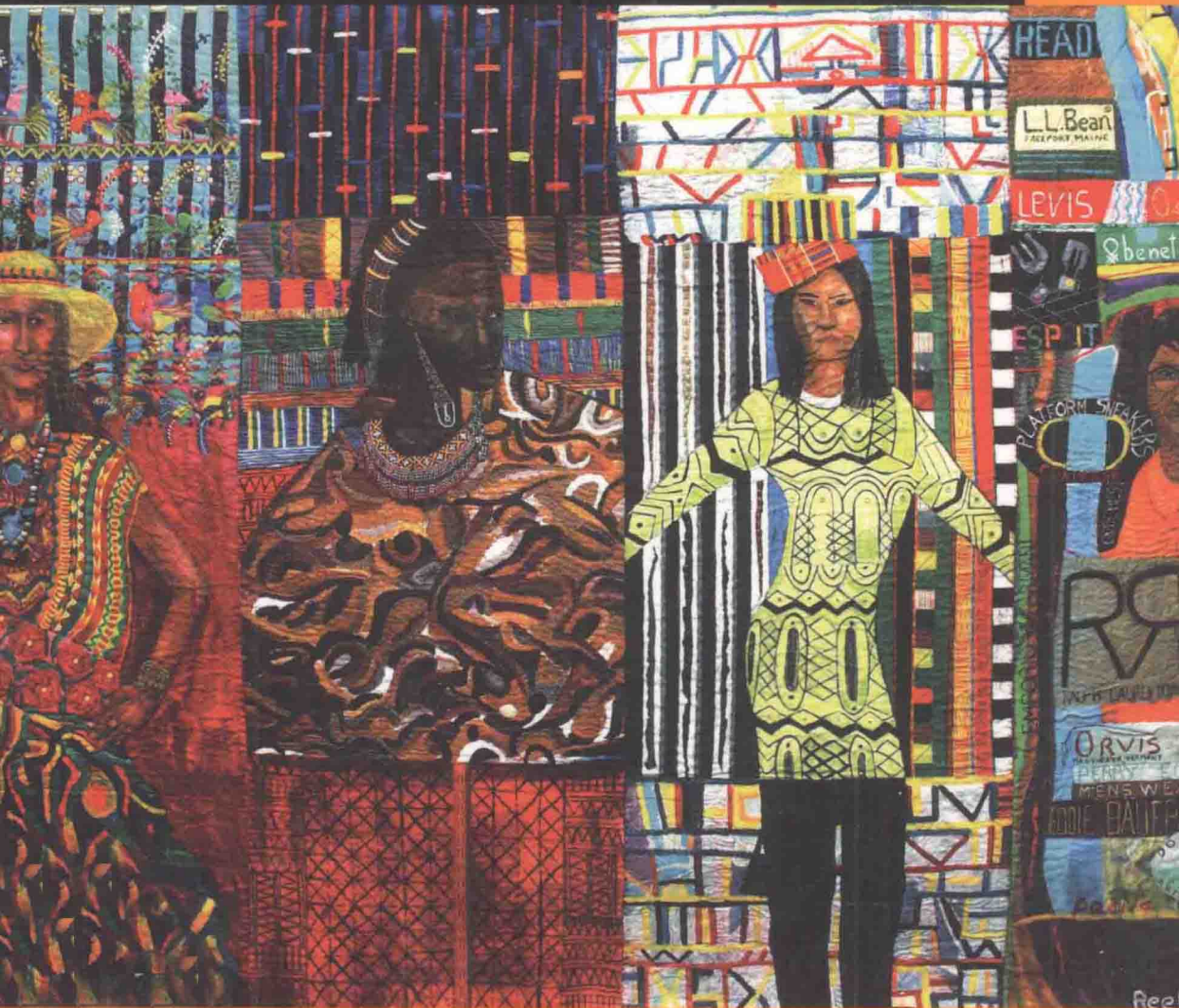


Pranee Liamputtong

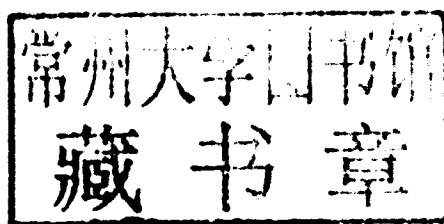
Performing Qualitative Cross-Cultural Research



CAMBRIDGE

Performing Qualitative Cross-Cultural Research

Pranee Liamputtong



CAMBRIDGE
UNIVERSITY PRESS

CAMBRIDGE UNIVERSITY PRESS

Cambridge, New York, Melbourne, Madrid, Cape Town, Singapore,
São Paulo, Delhi, Dubai, Tokyo

Cambridge University Press
The Edinburgh Building, Cambridge CB2 8RU, UK

Published in the United States of America by Cambridge University Press, New York

www.cambridge.org

Information on this title: www.cambridge.org/9780521727310

© Pranee Liamputtong 2010

This publication is in copyright. Subject to statutory exception
and to the provisions of relevant collective licensing agreements,
no reproduction of any part may take place without the written
permission of Cambridge University Press.

First published 2010

Printed in the United Kingdom at the University Press, Cambridge

A catalogue record for this publication is available from the British Library

Library of Congress Cataloguing in Publication data

Liamputtong, Pranee, 1955–

Performing qualitative cross-cultural research / Pranee Liamputtong.

p. cm.

ISBN 978-0-521-89868-3 (hardback) – ISBN 978-0-521-72731-0 (pbk.)

1. Cross-cultural studies – Research. 2. Qualitative research. I. Title.

GN345.7.L53 2010

301.072–dc22 2009053755

ISBN 978-0-521-89868-3 Hardback

ISBN 978-0-521-72731-0 Paperback

Cambridge University Press has no responsibility for the persistence or
accuracy of URLs for external or third-party internet websites referred to in
this publication, and does not guarantee that any content on such websites is,
or will remain, accurate or appropriate.

To my parents

Saeng and Yindee Liangputtong

and

To my children

Zoe Sanipreeya and Emma Inturatana Rice

Preface

The reasons I wrote this book are many. For one, I am the product of cross-cultural identity. My grandparents, apart from my paternal grandmother, were migrants who escaped poverty from the south of China and settled in the south of Thailand, where I was born and raised. Throughout my childhood, I was constantly made aware of my 'alien' status within the local Thai community. It was not only my 'ethnicity' but also my 'poverty' that continued to plague my childhood. We were misunderstood about so many things, and often people would look down on us – the alien and the poor family. I survived all of this and I have always vowed to myself that I would write something about cross-cultural issues when I had the chance, and that chance has arrived. This is the reason for the birth of this book.

Second, because of my own cultural identity, I have great interest in the lives of 'cultural Others' who are also marginalised in society. In particular, I have been touched by writers who come from non-Western societies or those who have been marginalised due to their race and ethnicity. The story that I found most touching was when the tennis star Arthur Ashe announced that he had AIDS, a *People* magazine reporter asked him: 'Mr Ashe, I guess this must be the heaviest burden you have ever had to bear, isn't it?' Ashe said: 'It is a burden, all right. But AIDS isn't the heaviest burden I have had to bear ... Being black is the greatest burden I've had to bear' (in Ashe & Rampersad 1993: 139). Because of my interest, I wanted to learn how cross-cultural researchers perform their research. Once I started, I couldn't stop. I found more and more interesting aspects of cross-cultural research and this prompted me to write this book.

Third, I have been doing research with ethnic minority groups in Australia. Often, I come across issues that I think researchers who wish to carry out their work in different cultures ought to know, not only for their projects to become a success, but also for the well-being of the research participants. Cross-cultural researchers must do their research sensibly and responsibly. What they do should not further marginalise people or harm them in any

way. This book deserved to be born, since there is no other book which dedicates the entire discussion to how to do research in cross-cultural settings.

This book is written so that more justice will result in many research projects and hence we will no longer see the exploitation of our research participants in this world. To be more ambitious, my wish is that this book will help to address what Martin Luther King wrote in his *Letter From the Birmingham Jail* (1994: 2–3): ‘Injustice anywhere is a threat to justice everywhere.’ Perhaps, ‘justice anywhere is a path for justice everywhere’ will be what we see in the future!

I realise that what I write in this book may not please everyone because there is no way that I can cover every angle of performing cross-cultural research. However, there is a need for me to speak about what I believe is important in this volume. As Audre Lorde (1984: 40) says: ‘I have come to believe over and over again that what is most important to me must be spoken, made verbal and shared, even at the risks of having it bruised or misunderstood.’ This is because if we do not speak out or share with others, as Trinh T. Minh-Ha (2006) warns, people will speak for us and our work will be criticised and misinterpreted. This is not a self-indulgence, I can assure you. Rather, it is the way for me to bring forth troubling issues that have always stayed in my heart. I believe that it is also important for other social scientists to appreciate these issues.

I would like to express my gratitude to several people who have helped to make this book possible. First, I thank John Haslam, acquisitions editor at Cambridge University Press, who believes in the virtue of this book and contracted me to write it. I thank him wholeheartedly. I wish to thank Rosemary Oakes, my dearest friend, who would diligently read through, comment and edit my chapters before I sent them to John. She sacrificed much of her time to assist me with the final touches of this book. Rosemary’s help is greatly appreciated. I also want to express my thanks to Carrie Cheek, assistant editor at Cambridge University Press, who worked with me on the book cover and the production of the book. Last, I thank my two daughters, Zoe Sanipreeya Rice and Emma Inturatana Rice, who put up with my busy writing tasks. Bringing both of you up cross-culturally has also been an inspiration for me to write this book.

Pranee Liamputtong
Melbourne, March 2009

About the author

Pranee Liamputtong is a Personal Chair in Public Health at the School of Public Health, La Trobe University, Melbourne, Australia. Pranee has previously taught in the School of Sociology and Anthropology and worked as a public health research fellow at the Centre for the Study of Mothers' and Children's Health, La Trobe University. Pranee's particular interests include issues related to cultural and social influences on childbearing, childrearing and women's reproductive and sexual health.

Pranee has published several books and a large number of papers in these areas. These include: *Maternity and Reproductive Health in Asian Societies* (edited with Lenore Manderson, 1996); *Asian Mothers, Western Birth* (1999); *Living in a New Country: Understanding Migrants' Health* (1999); *Hmong Women and Reproduction* (2000); *Coming of Age in South and Southeast Asia: Youth, Courtship and Sexuality* (edited with Lenore Manderson, 2002); *Health, Social Change and Communities* (edited with Heather Gardner, 2003). Her more recent books include: *Reproduction, Childbearing and Motherhood: A Cross-Cultural Perspective* (2007); *Childrearing and Infant Care Issues: A Cross-Cultural Perspective* (2007); *The Journey of Becoming a Mother amongst Thai Women in Northern Thailand* (2007); *Population, Community, and Health Promotion* (edited with Sansanee Jirojwong, 2008); and *Infant Feeding Practices: A Cross-Cultural Perspective* (to be published in 2010).

Pranee has published several research methodology books. Her first was titled *Qualitative Research Methods: A Health Focus* (with Douglas Ezzy, 1999; reprinted in 2000, 2001, 2003, 2004); the second edition of this book is titled *Qualitative Research Methods* (2005, reprinted in 2006, 2007, 2008); and the third edition, *Qualitative Research Methods*, is authored solely by herself (2009). Pranee has also published a book on doing qualitative research online: *Health Research in Cyberspace: Methodological, Practical and Personal Issues* (2006). Her new books include: *Researching the Vulnerable: A Guide to Sensitive Research Methods* (2007); *Undertaking Sensitive Research: Managing Boundaries, Emotions and Risk* (with Virginia

Dickson-Swift and Erica James, 2008); *Knowing Differently: Arts-Based and Collaborative Research Methods* (edited with Jean Rumbold, 2008); and *Doing Cross-Cultural Research: Ethical and Methodological Issues* (2008). Two further methodology texts include *Research Methods in Health: Foundations for Evidence-Based Practice* and *Focus Group Methodology: Principles and Practices* will be published in 2010.

About the book

This book comprises nine chapters. In the first chapter, I discuss the necessity of performing qualitative cross-cultural research. As in any good methodology textbook, I provide some theoretical standpoints that I believe sit neatly within the framework of cross-cultural research. Chapter 2 introduces crucial issues regarding ethical and moral perspectives in performing cross-cultural research. Some general discussions on ethical and moral issues which have been debated in the literature, historical examples of research which have exploited many individuals and communities, and issues relating to ethical principles and informed consent are presented. This chapter also includes discussions on the risk and harm which may befall cross-cultural researchers themselves.

In Chapter 3, issues relevant to accessing potential research participants are raised. I point to some strategies which will assist researchers to gain access and to maintain relationships with their participants so that their research projects may run successfully. Chapter 4 discusses cultural sensitivity in cross-cultural research. I argue that cultural sensitivity is an important issue in conducting research with people from different cultures. This chapter provides some suggestions about how to become a responsible researcher when working with cultural groups.

I introduce the issue of the insider and outsider status of cross-cultural researchers in Chapter 5. I suggest that the insider and outsider dichotomy based on cultural attributes 'remains contested', as there are other issues at hand and these include gender, social class, age and other social characteristics. These issues are covered in this chapter. In Chapter 6, I point to the importance of language and communication in cross-cultural research. Often, researchers and their participants are from different linguistic backgrounds. This can have a great impact on the research process and its success. In this chapter, I discuss issues pertaining to language and relevant to bicultural researchers, and working with interpreters and/or translators. I also introduce forward- and back-translation issues in this chapter. Last,

discussions on the transcription in its original language and a translation method which cross-cultural researchers may adopt in their qualitative research are provided.

Chapter 7 begins the discussion of qualitative research methods which represent personal and collective testimonies: oral/life history and focus group methods. The essence of oral/life history and focus group methods and some examples of cross-cultural research which make use of these methods are detailed. Chapter 8 continues people's testimonies in cross-cultural research, but it emphasises personal and collective testimonies within a collaborative effort. This chapter is dedicated to the methodology of community based participatory research (CBPR), and includes discussions on CBPR, participatory action research (PAR) and the photovoice method.

In the last chapter, I discuss the way we write to represent the voices of our research participants in cross-cultural research. There are several salient issues that I believe deserve great attention. For example, how do we write our research findings in a way that what we write will not further marginalise our participants, in what language should we write our findings, and who owns the research findings? Ways in which we can write up the findings sensitively and make use of innovative writing strategies are suggested. The last section is on the dissemination of research findings. How do we do this in cross-cultural research so that the findings can be fed back to our participants and reach a wider audience?

Contents

	<i>Preface</i>	page ix
	<i>About the author</i>	xi
	<i>About the book</i>	xiii
1	Performing qualitative cross-cultural research: an introduction	1
2	Moral and ethical perspectives	31
3	The research participants: accessing and reciprocity	58
4	Cultural sensitivity: a responsible researcher	86
5	Insider/Outsider perspectives and placing issues	109
6	Cross-cultural communication and language issues	135
7	Personal and collective testimony	162
8	Local knowledge, local power and collective action	186
9	Writing and disseminating in cross-cultural research	212
	<i>In closing ...</i>	236
	<i>References</i>	238
	<i>Index</i>	275

Performing qualitative cross-cultural research: an introduction

From the vantage point of the colonized, a position from which I write ... the term 'research' is inextricably linked to European imperialism and colonialism. The word itself, 'research', is probably one of the dirtiest words in the indigenous world's vocabulary ... It stirs up silence, it conjures up bad memories, it raises a smile that is knowing and distrustful.

(Smith 1999: 1)

Research by its very nature is inherently political; it is about the nature of power as well as access to power ... The academy has been dominated by White middle-class and/or male researchers, whose political values and commitments have influenced social research, leading it to be predominantly Eurocentric, bourgeois and patriarchal in its agenda ... This agenda has been informed primarily by the dominant groups, such that the 'marginal', the 'powerless' and the 'oppressed' have been the excessive object of study.

(Mirza 1998: 80)

Introduction

Historically, cross-cultural research has been an important part of the anthropological discipline. Researchers within this discipline have worked with people in different social, cultural and geographical settings, using mainly ethnography as their method of data collection. They are known as ethnographers. They have tried to conduct their research with the hope that they can 'interpret what is on the "inside", through the voices of informants' (Adler 2004: 107). This tradition continues. Although the ethnographers are performing cross-cultural research, in the past they have also been seen as the 'takers and users' who 'exploit the hospitality and generosity of native people' (Trask 1993: 7; see also Minh-Ha 1989, 2006). Through their ethnographic gaze, anthropologists have collected information from native peoples, classified the people, and then represented them as the 'Others' to the extent that they are often seen by native people as 'the epitome of all that is bad

[about] academics' (Smith 1999: 67). Surely, we need to undo this perception of indigenous/native people, and this is why we need a book about performing qualitative cross-cultural research. This book may help cross-cultural researchers to avoid repeating our history of treating local people badly.

The presence of indigenous populations in countries such as Canada, the United States, New Zealand and Australia has a great ramification for social science researchers. These indigenous people have been colonised and have become marginalised in their own native lands. More disturbingly, their traditional knowledge and ways of living have been stolen, damaged and destroyed by the colonising process (Smith 1999, 2006a, 2006b, 2008; Iwasaki *et al.* 2005; Walker *et al.* 2006; Aspin & Hutchings 2007; Bartlett *et al.* 2007; Salmon 2007; Bishop 2008; Denzin *et al.* 2008a, 2008b; Cram 2009). Inequalities in education, employment, health, living conditions and opportunities among indigenous people (in comparison to white, dominant groups) continue to exist while the 'mainstream' societies have become even wealthier. Indigenous people continue to disproportionately represent those who are poor, sick and disadvantaged in health, welfare and opportunity in nations such as Australia, Canada, New Zealand, the United States (see Rock 2003; Iwasaki *et al.* 2005; Walker *et al.* 2006; Bartlett *et al.* 2007; Bishop 2008; Smith 2008; Cram 2009). Rates of imprisonment, suicide and alcoholism are disproportionately high among indigenous populations around the globe (Smith 1999). Deaths in custody of indigenous Australian men are well known and continue to the present time. This has led some social science researchers to suggest that indigenous groups live in the *fourth world* (O'Neil 1986; Bartlett *et al.* 2007). It has been suggested that dealing with these problems among indigenous people should be seen as 'a top priority', not only in policy making and service provision, but also in research (Bartlett *et al.* 2007: 2372).

Because of concern about reducing inequalities between the indigenous peoples and the 'white' populations, there have been attempts to include these vulnerable people in the research arenas. But as we have witnessed, research concerning indigenous people has been intensely biased by Eurocentric philosophies and paradigms (Smith 1999, 2008; Edwards *et al.* 2005; Walker *et al.* 2006; Bartlett *et al.* 2007; Robinson & Trochim 2007; Bishop 2008; Denzin *et al.* 2008a; Cram 2009). Linda Tuhiwai Smith (2008: 116) points out that indigenous people around the world become people who are 'the "most researched" people in the world', but that the research has not improved their lives and well-being. Indigenous peoples have often voiced their concerns about the 'problem of research'. In Aotearoa/New Zealand, for example, Māoris have been heavily researched by Pakeha (non-Māori) researchers, who

not only neglected to involve Māoris in the development of their research (Walsh-Tapiata 2003: 55), but also have marginalised them as people who have problems and who cannot cope or deal with their problems (Bishop 2008; Smith 2008; Cram 2009). Pakeha researchers gain great benefit from their research, but not for Māoris. This has happened similarly to indigenous people in other parts of the world, too. From the indigenous perspectives, Linda Tuhiwai Smith (2008: 116) contends, research is 'so deeply embedded in colonization that it has been regarded as a tool only of colonization and not as a potential tool for self-determination and development'. It has now been realised that research in a number of areas, including social welfare and health needs, is crucial (Walsh-Tapiata 2003; Bishop 2008; Smith 2008; Cram 2009). But this research must employ culturally sensitive and empathetic approaches which take into consideration the issues and problems which are important for the people who are being 'researched' (Smith 1999; Cram 2009).

There are also those ethno-specific groups who have lived for long periods in some Western societies, such as African Americans in the United States and Caribbean-born people in the UK. These people have also been marginalised by social, cultural and political factors. Many of them have been caught in research endeavours carried out by researchers who exploited and abused them or who had little or no regard for the cultural integrity of these people. This has tremendous implications for cross-cultural research at the present time.

Multicultural societies such as the UK, the USA, Canada, New Zealand and Australia contain an increasing number of people from different cultural, ethnic and linguistic backgrounds. These people may arrive as immigrants (legal and illegal) or as refugees who have fled war-torn countries. Many of them have health problems and no access to social benefits. Their health and well-being have implications for the provision of culturally sensitive health and social care in the host societies. Hence, the provision of culturally sensitive care has become 'a necessity' (Dunckley *et al.* 2003; Tsai *et al.* 2004: 3; Barata *et al.* 2006).

Globally, too, we have witnessed many poor people become vulnerable to health and social issues. These people have also been subject to abuse and exploitation in intervention and experimental research (see Macklin 2004). Because of their poverty and powerlessness, many have been coerced into research endeavours which render them more vulnerable. At the present time, we are still witnessing this. Do we, as social science researchers, have a moral obligation to provide culturally competent care to these marginalised people?

The need for culturally competent social and health care requires knowledge of the social and cultural contexts of the people, and this can be

obtained by research, and particularly by the qualitative approach (Esposito 2001; Papadopoulos & Lees 2002; Hall & Kulig 2004; Tillman 2006; Smith 2008; Liamputtong 2008, 2009). Many researchers have started to conduct projects with vulnerable and marginalised people in a cross-cultural context. But it is crucial that the researchers ensure that their research is conducted ethically and that they take into account the cultural integrity of the participants. As a result, their research may not harm but benefit local people who take part in it (Smith 1999; Borkan *et al.* 2000; Liamputtong 2008; Smith 2008; Chilisa 2009; Cram 2009).

Despite the increased demands on cross-cultural research, as Esther Madriz (1998: 7) contends, discussions on 'culturally sensitive methodologies' are still largely neglected in the literature on research methods, including qualitative methods. As a result, people who are working within socially responsible research in cross-cultural settings often confront many challenges with very little information on how to deal with these difficulties. Conducting cross-cultural research is rife with ethical and methodological challenges (Small *et al.* 1999a, 1999b; McDonald 2000; Best 2001; Hall & Kulig 2004; Mkabela 2005; Bishop 2008; Hennink 2008; Liamputtong 2008). This book is born out of this need.

In this first chapter, I shall introduce the case with which I wish to start the discussion about the necessity of performing qualitative cross-cultural research. Then, I shall proceed to stage the essence of qualitative research in cross-cultural research. As in any good methodology textbook, I shall then provide some theoretical standpoints that I believe sit neatly within the framework of cross-cultural research.

Before proceeding further, I must make it explicit that individuals or groups that I will refer to in this book include those who are indigenous populations, ethnic minority groups in Western societies and those living in non-Western societies who are also poor and vulnerable socially, culturally, politically and economically. Hence, my discussions may at times refer to indigenous people, immigrants, refugees, ethnic minorities, Aboriginals and cultural groups interchangeably.

A case in point

I wish to commence this chapter with a case study that stems from my own ethnographic research with the Hmong community in Australia as a way of illustrating the challenges of research and the debates about working with

ethnic minority populations in cross-cultural research (see also Liamputtong Rice *et al.* 1994; Liamputtong 2009).

The story of Mai

Mai was thirty-four years old, married and had six children. Four children were born in a refugee camp in Thailand and two in Australia. Five of her children were born naturally. However, when Mai had her last child she was advised that she needed a caesarean section since the baby was in a transverse lie. Mai refused the caesarean and insisted that she could give birth naturally. She was told that if she attempted a vaginal birth the baby might not survive. Because of her concern about the survival of her baby, Mai agreed to a caesarean. However, the caesarean was carried out under a general anaesthetic and she was alone in the operating theatre as her husband was not allowed to stay with her. Since the birth of that child, Mai had been physically unwell. She saw a number of specialists about her health, but they were not able to find anything wrong with her.

Mai believed that while she was unconscious under the general anaesthetic one of her souls, which takes care of her well-being, left her body and was unable to re-enter. Because she was moved out of the operating theatre and regained consciousness in a recovery room, she believed that her soul was left in the operating theatre. She strongly believed that the departure of this soul was the main cause of her ill health because she frequently had bad dreams in the following ten months. The dreams occurred two or three times a week. Each time, after the dream, she felt very ill and had bad pains. In her dreams, she wandered to far-away places. She did not know where she was going since she had never seen these places before. It was as if she just had to keep walking and there was no ending. Mai believed that this was a sign that her lost soul wandered in another world.

The Hmong believe that each person has three souls. A soul is called 'plig' in Hmong. One soul is to look after the body when a person is still living. When the person dies, this soul travels to the other world and awaits the opportunity for rebirth. A second soul stays to look after the grave of the person after his/her death and is not reincarnated. A third soul travels to live with the ancestors in the other world. If all souls reside in the body, a person is well and healthy. A soul may wander off occasionally, but is usually able to return to its body. Ill health occurs when a soul leaves the body because it is frightened away for various reasons and is unable to find its way home. The causes of soul loss are many, for example injury and wounds, a great

fall, a loud noise, being alone in darkness, feeling sad and lonely, and being unconscious. Common symptoms include tiredness and weakness, headaches and fever, loss of appetite but increased thirst, insomnia, and frequent dreams of being in a strange place with a stranger.

In order to regain her health, Mai believed that she must undergo a soul calling ceremony and that this would have to be performed at the operating theatre in which the caesarean had been done, and where her soul would still be waiting to be called back. I asked her if she had approached the hospital, but her instant response was that it would not be possible since the hospital staff would not understand her customs and would refuse the request, since the ceremony involved a live chicken and the burning of an incense stick. Her husband made the comment that it was hard enough to accompany his wife into the operating theatre, so it would have been impossible to perform a ceremony which is alien to Western health care providers. Because Mai felt unable to perform a soul calling ceremony at the operating theatre, the family believed that her soul had transformed into another living thing because it had left her body for a lengthy period of time. Thus, as a consequence, her health continued to deteriorate.

Concerned about the well-being of Mai, I promptly had a meeting with my superior and discussed the possibility of taking Mai back to the hospital to perform a soul calling. My superior immediately contacted one of the hospital staff. Through this person the Deputy Chief Executive Officer of the hospital agreed to the request. Her positive response was that 'the hospital is more than happy to do anything for the woman if this can help her'. She then left the name of a person to contact for making the arrangements.

I approached the operating theatre manager to arrange the soul calling ceremony. I was told the operating theatre was quite busy during the week, so I suggested that Mai had it done at the weekend. Since the date was not important, Mai agreed to have the ceremony performed on a Sunday morning. At eight o'clock one Sunday morning, Mai, her husband and a shaman met us on the ground floor of the hospital with the essential ingredients, including a live chicken in a cardboard box. We reached the operating theatre, where the charge nurses were expecting us. They were very helpful and supportive. They showed Mai where she was put to sleep and where she regained consciousness. They also showed her the path along which she was carried to the operating theatre, because they wanted to ensure that the ceremony was performed appropriately. At half past eight the shaman performed the soul calling ritual in the operating theatre. There, it took him about twenty minutes to persuade Mai's soul to come home with her. However, to ensure that the soul would not be confused with the body and where it belonged,