

Module 2

Research

Methodology

ADVOCACY

An E-course

MODULE 2: Research Methodology

By this point, you should have a good understanding about the issues that we want to advocate for (namely, UNGASS commitments), the frameworks within which you will plan a campaign and how to use advocacy to achieve your objectives.

Before starting you need to be familiar with existing evidence and information. This module focuses on research methodology with the following objectives:

- 1) Identify existing HIV/AIDS-related national policies, particularly those that have been implemented since 2001. Focus around four key areas¹: Political and Financial Commitment, Access to Information Services and Youth Participation
- 2) Identify how those national policies affect youth (if they do) – with quantitative and qualitative data collection
- 3) Identify the quality and quantity of youth participation in decision making processes around HIV/AIDS
- 4) Make a research plan with key issues/areas you will advocate for

To achieve these objectives, the section is divided into the following:

- 1) Gathering Information: This section provides a brief overview of monitoring methods and concrete tools to enable youth organisations to undertake the assessment. It also provides a review of different kinds of data collection and approaches to research methods you can use.
- 2) Creative Analysis: This section outlines some unique ideas to analyze data
- 3) Citation: This section shows how to cite where your evidence and data comes from
- 4) Key questions: This section provides key questions for monitoring and assessing national youth policies, programmes and/or services undertaken by your government and civil society since the UNGASS Declaration of Commitment.
- 5) Annex: Glossary of Terms (terms included are *italicized* in this module)

I. Gathering Information²

¹ This section is largely compiled from the UNGASS Research Tool used to prepare the UNFPA report – ‘Our Voices, Our Future’

² This section draws on the Making Commitments Matter: A Toolkit for Young People to Evaluate National Youth Policy, UN DESA (New York, 2004).

Gathering information is a way of monitoring progress. Monitoring is used to identify successes and problems as early on as possible (in relation to programmes or projects), in order to make any necessary corrections.

What is monitoring for? It is important to know beforehand why you are undertaking a monitoring exercise. For this particular e-workshop, you will be monitoring your country's progress in achieving the goals relating to young people agreed upon in the Declaration of Commitment of the UNGASS on HIV/AIDS in 2001.

Who will do it? In order to make the task easier and more fun, it might be good to assemble a team of people who can work together, and divide up key tasks. If necessary, provide training to the team members on gathering information and keeping records. Contact people you know in a youth group you're involved in or in your organization. Identify people who are interested and use this module to begin your research.

Preparations. To gather information on your country's policies and programmes, make sure that you identify sources that will help you find the information. Not only should you identify sources but also, the methodology to collect information. It is also important to set objectives for your monitoring exercise.

Information collection. There are many different ways to gather information, and to answer the questions laid out in this section. There are key questions below you can use for data collection and there are also different kinds of data: **qualitative and quantitative**.

- a. **Qualitative data:** This is data based on judgments, opinions, perspectives and perceptions. Below are some examples of how to gather qualitative data:

Example I: Focus groups discussions with young people: a focus group is an informal discussion to obtain opinions from a small group of people who have special knowledge about the target population's problems and needs. It might be helpful to choose a moderator and assistant to work together to try to obtain responses from everyone in the group, and make sure that everyone's opinion is respected and acknowledged. In such a small gathering, you can ask questions about UNGASS and young people's perceptions regarding UNGASS as well as issues that they feel are not being addressed.

Example II: Individual interviews with young people: personal interviews can also be valuable, to obtain in-depth information from an individual. Here are some ideas for short interviews that you may wish to undertake in connection with collecting your information:

Example III: Interview a young person about their experience using a health service

- Was the health service easily accessible? Were the location and the opening times convenient? Was it affordable?
- Was it *youth friendly*³? Did the health service provider treat you with respect and a non-judgemental attitude about your choices?
- Was there complete and accurate information available on HIV prevention?

³ Italicized terms are defined in the Annex – Glossary of Terms

Idea #2: Interview a young person about their school-based HIV education programme

- At what age and grade were they taught about HIV and SRH if at all?
- Does the school provide *life skills-based education*?
- Is HIV education an established part of the school curriculum?
- Does it address gender issues?

Other than the exception in Idea #2, the above is descriptive data and not numerical. This is the main difference between qualitative and quantitative data analysis.

b. Quantitative Data: This kind of data is solely numerical and can be used to monitor or measure progress based on specific numerical figures such as percentages and population data.

Example I: Collecting information

- How much national HIV/AIDS prevalence among youth has decreased since 2001
- How many schools include education on sexual and reproductive health out of the total number of schools
- What is your government's age definition of youth?
- What percentage of the health budget is spent on financing HIV/AIDS-related interventions; what percentage of that is spent on interventions specifically focusing on youth? (i.e. interventions that challenge gender stereotypes, attitudes, inequalities, encouraging involvement of men and boys)
- How many health clinics that provide voluntary testing and counseling exist in a particular area? What about health clinics that provide youth-friendly services?
- How many counseling centers (if any) exist for young people in a particular area?
- How many policies (if any) have been made with the participation and/or involvement of families and young people?
- Are there any youth seats on the national AIDS Council that foster a participatory and inclusive approach to HIV/AIDS policy?

You will notice that all answers to the above questions are numerical. This is the clear distinction from qualitative data.

It is important to use qualitative *and* quantitative data collection. In many cases, the quantitative data will reflect qualitative or in other words, numbers will reveal perceptions and judgments of people. Typically, people you are trying to inform will be more convinced by quantitative numbers.

For example –

What is more convincing?

- I. Since 2001, 3 seats were allocated to young people on the National AIDS Council

Versus

- II. Since 2001, the government is involving youth in planning and developing HIV/AIDS policies, particularly as they apply to youth

While both demonstrate a great achievement, the first is a measurable – it is tangible and clear. Usually, qualitative results (such as II shows) lead to more questions on evidence and this ultimately leads to the importance of having quantitative evidence. Qualitative data is also helpful as indicators. Remember to cite your data- both quantitative and qualitative. If your audience doesn't have a citation, they have no reason to believe your data are correct. Later on in the Module you will find an overview of how to cite correctly.

There is no single way to gather your information, and it can often be helpful to use several methods. Other methods include:

- **Review of existing documentation:** It is important to review existing documentation, in order to avoid duplication of efforts. Be sure to use existing information and research that have been gathered by other organisations with the organisational capacity to conduct extensive fieldwork and to publish reports that are publicly available.⁴ It may be useful to put together a team of people who can collect relevant information from different sources. This information can then be reviewed, analyzed and summarized. After reviewing existing information, it will be easier to determine what additional information you may wish to find out.

Here are some sources that may be able to provide you with relevant information:

- Government ministries, such as the Ministry of Health, Ministry of Education, Ministry of Sports and Culture, Ministry of Finance or the Youth Ministry. It is important to find out under which Ministry or Department “youth” fall.
 - NGOs working with young people, or NGOs with programmes related to HIV
 - National AIDS Commission/Organisation/Programme
 - Youth organisations and networks
 - Demographic and health surveys
 - Public Health workers
 - Doctors, hospital workers
 - Academic and research institutions (identify professors who work on HIV/AIDS-related work. Specific researchers are usually willing to assist other who are looking for information)
 - UNFPA Country and Regional Offices and other members of the UN system (such as the UNAIDS Secretariat and Office, WHO or UNICEF)
 - Opinion polls and surveys
 - Photos
 - Anecdotes, stories and gossip
 - Newspaper articles
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- **Individual interviews with government or civil society policy makers and programme managers:** in-depth interviews with policy makers and programme managers from the government and civil society can also be conducted. They can provide insight on how a programme or project is being implemented, its successes and constraints. You may want to set up a meeting with the Minister of Health or her/his office for an interview. They could provide you with informational resources that can help or you can approach them with the questions outlined above .

⁴ Taken from pg. 101 ‘Advocacy in Action’ Toolkit, The Advocacy Institute

- **Field visits to project sites:** conducting a field visit is a good method for finding out firsthand the impact of a programme or project. During a field visit, the programme manager, other programme staff, and the target population (beneficiaries of services) can be informally interviewed. If the project is providing direct services to young people, it will also be helpful to interview them as well.

Case studies: Case studies can be used to highlight “good practices” or particular challenges or constraints by describing a specific project, programme, or personal experience. The purpose of drafting good practice case studies is to highlight the achievements that have been made, in order that others can learn from the example, and replicate parts of it for their context.

Case studies on advocacy typically include the following:

- 1 What was the problem?
- 2 Who is addressing the problem? (NGOs? Government? Community?)
- 3 What was the advocacy objective?
- 4 Who did they advocate to? (Government? Donors? Religious Leaders?)
- 5 What methods did they use?
- 6 What difficulties did they face?
- 7 How did they overcome any difficulties?
- 8 What were the results of their advocacy?
- 9 What sources of assistance/support did they find most helpful?
- 10 What did they learn from doing this advocacy?

A good practice thus allows for lessons learned, reflection and analysis of what has and hasn't worked. These questions are also helpful for making good examples of the following:

National youth and HIV mechanisms:

- Does a HIV policy specific to young people exist? Does it have specific, time-bound objectives and indicators? What about evaluation mechanisms?
- What type of youth department or youth ministry exists in your country? Is it involved in policies related to HIV and young people? Does it coordinate with other ministries?
- Does any department/ministry conduct research and data collection on youth-related issues? How are these findings distributed? Is the information easily accessible?
- What is the involvement and participation of youth in the existing institutions?
- What have been the successes and constraints?

Highlighting the work of a youth organisation in scaling up HIV prevention programmes:

- What makes this particular organisation successful and unique?
- What type of successful programmes does this organisation implement?
- What have been the successes and constraints?

Highlighting an HIV prevention intervention for marginalized youth

- Describe the intervention - What makes this particular project worthwhile?
- How do youth participate in planning, implementation and evaluation of the project?
- How does this intervention succeed in reaching out to marginalized youth?
- What have been the successes and constraints?

This is important in case you will be asked to write up a report or case study about your own work, progress made in your country with the UNGASS commitments and/or other successful examples that you might know of and that might be included in a future report.

II. Creative Analysis⁵

Analysis is the process of reviewing information and looking for relationships, patterns, trends and contradictions.

After you have gathered the information, it is important to analyze it by looking for trends and summarizing main points under the key issues. Discuss the implications and impact of your results, and relate them to targets and benchmarks that have been set by your country or in the Declaration of Commitment. Remember that if your country has signed onto the DoC, it is accountable for the articles related to youth in the declaration and using the above methods, you'll be able to gather evidence that shows how far your country has gone in achieving them (according to the above indicators) and what still needs to be done to achieve them.

“Social Math”: This is a process of placing large statistics – thousands of people, money in the millions and billions and number of years –into a social context and using simple math to make the numbers easier for your audience to relate to.

Some creative ways of using “social math”:

- *Scale down the numbers.* Divide the annual figures into smaller units of time or divide the amount of money spent by the number of people (see example below)
- *Localize the numbers or bring the story home by identifying impact on a specific community* (use previous questions and methods for this)

In using social math, accuracy is very important! To ensure accuracy, follow these steps:

- *Use information from a reliable source with a good reputation* (these suggestions were outlined above)
- *Work carefully and methodically.* Attention to detail is a must. Always check your math and check with an expert if you can (such as researcher or author of a study) but make sure to cite them!
- *Don't stretch the data too far.* Be sure that the original information really supports your claim. If your claim sounds good but the numbers do not fit, don't use them!

When using such analysis, be prepared to be challenged by any skeptics and decision makers. Be ready to cite and provide copies of your information source and explain how you used the math to convert the numbers.

Example of **Scaling Down the Numbers**

⁵ This section was substantially created from the Advocacy In Action Toolkit, the Advocacy Institute

Suppose that a study finds that, each year in your country, 1300 young people (15-24) get infected with HIV each year. This reflects the annual incidence rate. This is a large number that may be difficult to relate to. However, using the most recent census data (use the sources mentioned above), you can scale down the numbers in at least three ways.

- 1) You can show what proportion of youth get infected each year. If your country's teen population is 72,000, you can divide 72,000 by 1300. **The result:** one out of every 55 young people get infected.
- 2) You can show how many young people get infected *every day* in your country. Divide the annual number – 1300 – by 365 days in a year. **The result:** 3 young people in your country get infected with HIV *everyday*.
- 3) You can show how many young people get infected with HIV *each day in your city*. Suppose your city's youth population is 24,000.

First, divide 24,000 (total city youth population) by 72,000 (total country youth population) to show that your city's youth population is 33.3 % of the country's youth population.

Next: multiply 0.33 (or 33%) by 1300 to determine that 429 young people in your city get infected with HIV each year.

429 is a very large number and may be tough to relate to. In that case, scale it down by dividing by the annual number – 429 – by 365 days in a year.

The result: Almost 2 young people in your city get infected with HIV *every day*⁶

III. Citation

This is one of the most important components of collecting information. Anything you collect, you must write down what the source is, the date and the place of publication or interview. If you get information from any of the sources mentioned previously, you must cite all of them and give them correct recognition. Some general citation guidelines⁷:

- 1) **If you cite a book** follow this format:

Last Name, First Name. "Book Title." Publisher. City: Date.
(Smith, John. "HIV/AIDS and Young People" Penguin Books. New York: 2005.)

If you cite a publication by an NGO:
NGO. "Title of Publication." City: Date.
(UNAIDS Interagency Task Team on Young People. "At the Crossroads: Accelerating Youth Access to HIV Interventions." 2004.

⁶ This case study was adapted to an HIV scenario from pg. 103 of 'Advocacy in Action' Toolkit, The Advocacy Institute

⁷ Taken from Modern Language Association Guidelines: <http://honolulu.hawaii.edu/legacylib/mlahcc.html>

(You can include the City if you have it).

Two or More Authors

List the names in the order they appear on the title page. Only the first author's name should be reversed: Last Name, First Name. Use a comma between the authors' names. Place a period after the last author's name.

(Smith, John and Jane Brown.)

2) Government Agency

Give the name of the government first, then the name of the agency

3) Interview Conducted by the Researcher

Person Interviewed. Type of Interview (personal, telephone, email, etc.). Date.

If the interview was broadcast, just add additional information about the radio or tv broadcast

For more detailed information on how to cite sources that are not given here, please look at <http://honolulu.hawaii.edu/legacylib/mlahcc.html>

This is a page on Modern Language Association (MLA) style from the University of Honolulu in Hawaii and provides clear examples of how to cite different sources.

IV. Key Questions

Now that you have learned about different research methodology, tools and analysis options, you can start preparing a research plan. The following key questions to help guide your research,

These questions are based on the indicators suggested by UNAIDS to monitor progress made on the UNGASS targets⁸ and on the e-discussion conducted by UNFPA's Global Youth Partners over several weeks in March.⁹ They are arranged based on the following sections:

1. Political Commitment
2. Financial Commitment
3. Access to information and services
4. Youth Participation

1) Political Commitment

1. Does the national strategic plan on HIV/AIDS address young people? Is HIV prevention among young people an issue and priority within the plan?

⁸ For more information, see *National AIDS Programmes - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programmes for young people*, UNAIDS (2004).

⁹ For more information on the Global Youth Partners, please see www.unfpa.org/hiv/gyp/

2. Is a *multi-sectoral approach* to HIV prevention among young people proposed in the national HIV/AIDS strategic plan?
3. Are there policies or strategies to promote HIV information, education and communication (IEC) / behaviour change communication (BCC) for young people either within the national strategy or other policy documents?
4. Is there a policy promoting *life-skills-based education* in schools? Are there policies promoting the provision of information related to sexual and reproductive health specifically?
5. Do a large proportion of young people not attend school? Is there a policy addressing the provision of information and services to out-of-school youth?
6. Do policies addressing young people view them as a homogeneous group? Are specific subgroups addressed and differentiated for instance by sex, age, religion, race, school attendance or marital status?
7. Which groups of young people are particularly vulnerable to HIV in your country? Do any policies exist that address the provision of information and services to these vulnerable groups?
8. Do young people living with HIV face stigma and discrimination? Is there a policy in place to combat stigma and discrimination?
9. Is there a policy that allows young people to access services and to ensure health services are *youth-friendly*?
10. Is there a policy promoting young people's access to condoms? Are there any age restrictions?
11. Are there national policies on abstinence for adolescents?
12. Are there any specific policies related to age of consent for access to preventive interventions, including voluntary testing and counseling and condoms?

2) Financial Commitment:

1. What percentage or amount (in a year) of government funds has been committed to HIV/AIDS?
2. Of these funds, how much has been allocated to HIV prevention efforts among young people, including *life-skills-based education* through schools, IEC campaigns targeted at young people, and programs for the provision of *youth friendly services*?
3. Are most youth-related HIV programmes funded by the government, by NGOs, or by international organisations?

NB: It is often difficult to find exact numbers on government funding for HIV/AIDS. Explain why you were not able to determine specific figures and where you searched for this information. Part of scaling up commitments means that Governments must be transparent and accountable for funding on youth and HIV/AIDS interventions.

3) Access to information and services:

1. Do young people have access to information and education about HIV/AIDS? In what venues/formats? Why do some young people not have access to information and education?
2. Is the information provided age-appropriate, easy to understand, and relevant for young people?
3. Has young people's access to information and education improved over the last years?
4. Is participatory *life-skills-based education* part of the curriculum in schools? Is it being taught? At what levels? Does it specifically address HIV and sexual and reproductive health? Does it specifically address gender issues?
5. Are there any programmes in place to provide information to out-of-school youth, and other vulnerable groups?

6. Do most young people have access to *youth-friendly health services*? Do these services include reproductive health services, including low-cost or free condoms, voluntary counseling and testing, and diagnosis and treatment of STIs?
7. Are young people aware of the available health services? What are the constraints for accessing such services? Are the services managed by the government or by NGOs?
8. How much do young people use specified health services? Do young women and men use them to the same extent? Has young people's access to services improved over the past years?
9. Are there programs in place that provide services to vulnerable groups? Do they have access to these services?
10. Are condoms available to young people in locations that they can access regularly and easily?

4) Youth participation

1. Are young people, including young people living with HIV/AIDS, involved in planning, implementation and evaluation of HIV prevention and care and support services?
2. Is their participation formalized within a structure (e.g. member of an advisory board, committee etc)? Is this structure operational? In practice, are young people active participants?
3. Is the participation of young people meaningful? Give examples. Are their views respected and incorporated? Do young people make a significant contribution? Have young people created or changed any policies or programmes?
4. Has the extent of young people's participation improved over the last years?

V. Annex: Glossary of Terms

Life skills: This term refers to a large group of psycho-social and interpersonal skills, which can help people make informed decisions, communicate effectively, and develop coping and self-management skills that may help them lead a healthy and productive life. Life skills may be directed toward personal actions and actions toward others, as well as actions to change the surrounding environment to make it conducive to healthy living.

Life skills-based education: LSBE refers to an interactive process of teaching and learning which enables learners to acquire knowledge and to develop attitudes and skills which support the adoption of healthy behaviours. Not all programme content is considered "health-related." For example, life skills-based literacy and numeracy, or life skills-based peace education, or human rights.

Multi-sectoral approach to HIV/AIDS: involves all sectors of society - governments, business, civil society organisations, communities and people living with HIV/AIDS, at all levels - in addressing the causes and impact of the HIV/AIDS epidemic.

What makes health services youth-friendly:

Service providers:

- Are specially trained staff
- Respect young people
- Honour privacy and confidentiality
- Provide adequate time for client-provider interaction
- Have peer counselors available

Health Facilities have:

- Separate space or special times set aside for youth
- Convenient hours and locations
- Adequate space and sufficient privacy
- Comfortable surroundings.

Programme design:

- Youth are involved in design, service outreach and delivery, and continuing feedback
- Drop-in clients are welcomed or appointments are arranged rapidly
- No overcrowding and short waiting times
- Affordable fees
- Publicity and recruitment that inform and reassure youth
- Boys and young men welcomed and served
- Wide range of services available
- Necessary referrals available

Other possible characteristics:

- Educational material available on site to take
- Group discussions available
- Delay of pelvic examination and blood tests possible
- Alternative ways to access information, counseling and services

Exercise II: Please be as thorough and detailed as you can! This will help you do actual research after the course finishes. You will, of course, have guidance after the course, but please use this exercises to brainstorm and start planning your research actions. We realize that this is a lot to answer so just answer as much as you can. We don't expect detailed answers for everything. The starred questions are for you to refer to after the course when you actually do the research.

- 1) Identify some reasons for research. On a scale of 1-3 with 1 being the highest, list three priority reasons for research before advocating. Please consider the following reasons:
 - a. Internal reasons
 - b. External reasons
 - c. Organisational reasons
 - d. Programmatic reasons

- 2) Who is the research for? Is it for your organisation, for donors? Explain

- 3) Where can you look for information on UNGASS commitments and who can you contact? Think about some specific sources in your country (refer to the list of suggestions above) List at least 4 sources and try to be as detailed as possible

- 4) Who will do the research? After the course, you will be expected to implement what you study in this e-workshop. Describe who might make up your team. Do you have people you can identify to help you? If not, who might you ally with who has the capacity?

- 5) What is your time frame? When will you stop looking for information and begin to analyze what you have? Remember not to postpone action because of never-ending research! Research should not take you more than two months if you have enough help. Once you begin analysis, if you discover you need more information, you can always do more research!

- 6) Given your knowledge and experience, do you have an idea of what kind of UNGASS-related issues you might want to advocate for? You should be able to identify this given your background reading on the UNGASS Declaration of Commitments. If so, what kind of background information will you need to look for? Outline at least 3-4 methods of information and/or data collection you plan to use.

- 7) What are some of the decision makers and main actors who influence policies related to UNGASS and those who you can foresee contacting for information?

8***) Documentation and communication skills include: • Listening • Recording • Word processing • Analysing • Writing • Planning • Collecting data • Prioritising • Drawing • Editing • Designing.

It is useful for an NGO/CBO to think about the overall skills that they will need to carry out their work, to identify their relevant strengths and weaknesses, and to develop ways to address any gaps. Identify some strengths and weaknesses in the kind of research and documentation you can do as you plan to gather information. (try to be as thorough as possible!) Use the following example to guide you. This example is from Uganda Network of AIDS Service Organisations (UNASO) national networking organisation in Uganda during an assessment of weaknesses and strengths that exist in the

organisation to facilitate research and documentation of information. Take a look at this model and try to follow it (fill in your own based on the blue headings)¹⁰

<i>Skills needed for our documentation and communication work</i>	<i>Our strengths and weaknesses of each skill</i>	<i>Action to take to build each skill</i>
Data collection	<ul style="list-style-type: none"> We have a consultant who compiles and collates the information for us. We need to expand our techniques for collection. 	<ul style="list-style-type: none"> ! Explore training opportunities for relevant personnel. ! Write clear terms of reference so that the person responsible can expand his/her methods.
Analysis	<ul style="list-style-type: none"> Our analysis involves a Good Practice Task Force that analyses our information and provides good insights. The members of the Task Force are busy and have other priorities. 	<ul style="list-style-type: none"> ! Employ staff with some relevant skills. ! Give the Task Force advance warning about when their services will be needed.

Skills needed for YOUR documentation and research	Your strengths and weaknesses of each skill	Action to take to build each skill

¹⁰ Taken from 'Documenting and Communicating HIV/AIDS Work' A Toolkit to support NGOs/CBOs by International Council of AIDS Service Organisations (ICASO)