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forms of qualitative data collection and analysis in health research.

iii “Some Guys Wouldn’t Eat It, ’Cause It Looks Like Leaves”: Gendered Food Patterns as Revealed through Photo Elicitation

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Food choices and eating patterns are guided by numerous factors, among them the relationship between symbolic meanings of food and social portrayals of identity. Most basically, some foods and ways of eating tend to be seen as more masculine whereas others are understood as more feminine, yet it is often an uncomfortable experience to admit to this perception of gendered food.

In our qualitative study with families in 10 communities across Canada, we used photo elicitation techniques to try to delve deeper into gender and food, beyond what participants might offer in an interview about their own beliefs. When shown 26 photographs of a wide range of foods, and asked to categorize them by gender, many participants started by insisting they could not do this. As one teen said, “I’m not sexist with my food.” Participants then went on to produce remarkably similar gender categories of foods, offering rationales that incorporated food quantity, quality, type, presentation, familiarity, and degree of “messiness.” In this presentation we focus on the denial of gendered foods expressed in the interviews, particularly exploring intersections of class and rural/urban location. Second, we explore the gendered categories participants produced, examining intersections with foods categorized as healthy/unhealthy as well as adult/child foods. Finally, we highlight the benefits and limitations of this form of photo elicitation for qualitative health research, particularly for illuminating desired self-presentation, while also tapping into the operation of stereotypes perceived as socially undesirable.

Using Social Theory to Guide Qualitative Health Research: Critical Realism and Heart Disease

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This symposium will provide a comprehensive and clear overview of how social metatheory (critical realism) can be harnessed to guide and strengthen qualitative health research. The session will consist of three linked papers

that

1. outline the tenets and background of critical realism,
2. detail how these tenets have and can be expressed in qualitative studies and systematic reviews, and
3. provide a more detailed overview of funded exemplar studies using critical realism.

The first paper will present the tenets and background of critical realism. The second paper will outline how critical realism can be applied to understand issues related to gender. The third paper will examine how critical realism can be applied to understand health behaviors. The concluding discussion will focus on how participants might apply critical realism in their own research projects and how the approach can be presented to appeal to research funding bodies.

i The Background and Tenets of Critical Realism

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Critical realism originated in philosophy in the late 20th century but has been used increasingly to guide research in the human sciences. This paper aims to provide a clear and comprehensive overview of tenets of critical realism, to convey why the metatheory is useful for qualitative health research and how it can be applied. This paper first describes the background of critical realism in work of philosopher Roy Bhaskar. The tenets of the metatheory will then be outlined and explained; these include recognition of reality independent of human perceptions, a generative view of causation in open systems, and a focus on explanations and methodological eclecticism using a post-disciplinary approach. Overall, critical realism is proposed as being philosophically strong and useful for (a) understanding the complexities of health decisions and outcomes, (b) optimizing health service and practice, and (c) researching biopsychosocial pathways. The paper will conclude with a discussion of the implications of the tenets for critical realist-driven qualitative research into gender, culture, health equity, and health services.

ii Accounting for Masculinity: Diabetic men's Goals in Cardiac Rehabilitation

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Cardiac rehabilitation (CR) is offered to people with coronary heart disease (CHD) and aims to reduce behavioral risk factors (such as smoking and unhealthy diet) through education, support, and supervised exercise. Though lifetime risk of CHD is the same across sexes, CR has been developed to mostly meet the needs of men. Women have consistently been identified as being less likely to participate in CR, yet there is little discussion of gender as a significant social influence on men's goals and participation in CR. Men with diabetes form the largest subpopulation within CR, and they encounter multiple threats to male privilege associated with changes in physical, sexual and economic performance. Their goals and participation are not well understood. This analysis draws on interview data from an ethnographic study of 16 men recruited from two urban CR programs in Toronto, Canada. It addresses CR within a larger framework of masculinity to uncover disjunctures of experience that shape patterns of participation. Men described mechanistic goals of bodily performance aligned with sexual health (erectile dysfunction), work and sporting activities, all subfields where men continually renegotiate masculinity. The work of merging CR guidelines with available resources and personally meaningful goals resulted in situated expertise. Retired and economically advantaged men had greater success combining knowledges to create personally appropriate CR practices. Many sought ongoing support to blend CR activities and diabetes self care with their continuing efforts to maintain privilege within subfields of masculinity. Greater awareness of masculine threats might foster improved adherence in CR.

iii A Study Using Critical Realism: Understanding Why Some Low-Income People with Heart Disease Change Their Diet but Others Do Not

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Health behaviors and "lifestyle change" are important factors in reducing risk from chronic conditions like coronary heart disease (CHD). People of low socioeconomic status (SES) are at much higher risk of developed CHD and, after diagnosis, are more likely to die sooner, have worse health, and benefit least from health services and treatments. This paper describes how critical realism was applied using the realist-explanatory framework in a qualitative study of people of lower SES with CHD. The study aim was to understand the factors influencing willingness and capacity to eat a healthy diet.

Semistructured interviews were conducted using critical realism as incorporated into the realist-explanatory framework. Data are presented from 28 participants with confirmed CHD (17 women and 11 men; mean age of 68.5 years, range 45–88 years). Data were collected via home-based semistructured interviews focusing on the knowledge, experiences, and perceived barriers and facilitators to health behavior change.

Findings: Living on low income affected CHD patients' ability to make changes to dietary behavior and placed within the larger context of the difficulties of health behavior change for vulnerable populations. Food choice was not simply a matter of knowledge or choice but was always constrained by limited resources.

Studying a Vulnerable Population: Three Lenses toward an Interpretation of the Lived Experiences of Families Who Have Lost a Child

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One of the strengths of qualitative approaches is the way in which the individual researcher as observer interprets and represents a view of the situation under investigation. In this symposium three separate studies that each focus on a similar population, parents who have lost children, demonstrate how multiple lenses can provide a broad range of results and findings. The narratives and first-person accounts for each approach have been analyzed in three very different ways, the results of which underscore multiple points of view, rich descriptions, and a range of reported experiences. Additionally, the varying analyses,