4.4 The Development of Instruments and Procedures.

4.4.1 General Observations

Most of the data gathered by the case-study method on the methods of traditional healers should be gathered by the sociologist himself. In contrast most of the data gathered quantitatively on the utilization of modern versus traditional healers should be gathered by the Agents Commu-
nitaires or analogous village level personnel. The sociologist should himself personally conduct several interviews in the pre-testing stage; but the accuracy of the survey data will be enhanced if they are gathered by villagers rather than by outsiders.

Interviews conducted by the author and the sociologist in Meilleur dramatically showed the impossibility of eliciting traditional healing methods during brief, one-shot interviews. For this component of the study, the sociologist must identify a small number of healers and work intensively, over extended periods of time, with each selected healer. He should view his task as that of constructing, for each healer, a descriptive model of the diagnostic and curative techniques used by the healer, and a specification of the concepts and folk-theories which underlie these techniques. The word "model building" is used purposefully. After each interview and contact, the sociologist should go over the information and organize it into a series of statements about what illnesses the healer handles, what explanations he gives of those illnesses, what strategies he uses to diagnose, and what methods he uses to heal. He should then return for follow-up interviews to test, expand, and refine his model, until he has produced a fairly reliable and complete account of the healer's diagnostic and curative repertoire.

This differs substantially from the one-shot interview strategy used
in preparing the preliminary report on healing methods. In the gathering of
the data the emphasis was on eliciting recipes for the healing of specific
illnesses as defined by modern medical personnel, and the report consisted
of a simple listing of the "raw data," with no attempt to compare and
contrast healers nor to provide a picture of the overall activities of
any specific healer type.

The strategy should now be one of comprehensive study of three or four
healers of each type, with a view to identifying what appears to be systematic—
i.e. shared by all healers of a given type—and what appears to be random.
The impression that now exists is that there is an incoherent hodgepodge of
hit-and-miss recipes used by different healers. The author assumes that
in reality there is an underlying order and consistency, and that it is the
task of case study research to expose the order. Only when a basic model
has been created via this exploratory "anatomical" research of folk-healing
methods can future research projects attempt to search for interhealer variation
with survey instruments. For the healer component of this research project,
however, numerically modest exploratory probing and model building would be
much more useful and productive.

This exploration is best carried out with the use of the tape recorder,
and preliminary interviews in Mailléur were carried out in this manner. The
tapes are now being transcribed and will be made available to the sociologist.
Transcription of all tapes will not be necessary. The sociologist need only
replay the tapes to capture the relevant information at his own leisure.
The best data come out in spontaneous interviews; but the spontaneity of an
interview is undermined if the researcher must constantly stop or interrupt
the speaker to copy down all information. The tape recorder obviates this
problem and did not prove to be an obstacle either in the author's own research
in the Cul-de-Sac Plain nor in the brief interviews carried out in Mailléur.
In this vein the sociologist should provide himself with an earplug or simple headphones if he plans to relisten to the tape while still in the rural areas. Curious eavesdroppers should not be permitted to hear interviews that were presumably recorded in confidentiality.

The logistics of doing such case study research entail mobility on the part of the researcher. The ideal would be for the researcher to spend extended periods of time with the healer being studied and if possible to be invited to observe the healer in action.

It is not possible here to specify the time needed to produce a given "case study" of sufficient completeness for this research. This should be one of the matters discussed in the October report, on the basis of experiences during July, August, and September.

With the case study research, the main challenge will be in the flexible adapting of personal timetables and research procedures to the situation at hand. In contrast, the main challenge for the quantitative component of the research is in the design of an appropriate instrument that can then be turned over to interviewers.

4.4.2 Content of the Instruments.

The case study procedure should be flexible, but the investigator should have a basic paradigm which he is following. There are certain categories of information which he should gather on each healer including background, training, clientele, illnesses most frequently consulted for, diagnostic procedures, healing techniques, fees and income from healing, and relationship to other healers, particularly to the local health center.

The survey questionnaire on the utilization of healers by the population should have at least four components.

1. Background information. Basic social and economic data on age, sex, economic status, marital status, occupation, religion, and perhaps others,
should be gathered, with a view eventually to exploring for correlates of traditional healer vs. modern healer utilization.

2. **Inventory of sickness and death episodes.** The instrument should elicit information on specific and recent illnesses or deaths in the household. One tactic would be to ask for all illness episodes within the past two or three months or some other specified time period. Another tactic would be to ask for the most recent illness of every member currently in the household and the causes of recent deaths. Different elicitation procedures should be explored in the pre-test period. But the goal is to elicit on every household in the sample a number of specific illness episodes. Some symptomatic information should be gathered. But the purpose of this information is less for scientific identification of the illness, than for subsequent follow-up questions to determine the healing behaviors that the illness triggered off.

3. **Identification and sequencing of healing behaviors.** Once the morbidity and mortality episodes have been inventorized, the instrument should return to each episode and pose specific yes/no questions on whether each type of possible healer was contacted during the episode. This strategy is more effective than asking the respondent in general what was done during the illness. Once the healers utilized have been checked off, the respondent will be asked to sequence the healers if more than one was involved, stating which came chronologically first.

4. **Content of healing services.** Having identified and sequenced the healers, the instrument should then succinctly ask how many times each was visited, what was done, what was prescribed, what fees were paid. Information on modern medical services will of course be included here as well. A major purpose is to identify where utilization of modern services comes in—or does not come in.
The above-described instrument should, if properly designed and applied, provide heretofore unavailable information on what people do when they get sick. It is recommended that a drastically abbreviated version of the instrument be culled out to be applied to patients in the health centers. While patients are waiting to be seen, an interviewer can take them apart, ask them briefly what was wrong, and ask them if, before coming to the clinic, they had gone to another healer of any sort. This abbreviated instrument would collect data only on one illness episode, but would provide an important comparative check on the data gleaned in household questioning.

4.4.3 Questions of Attitude.

The instrument as described above elicits factual, behavioral data. The author has attempted attitudinal research in rural Haiti, but with mediocre results if questionnaires were used. It is the author's feeling that the survey should not be encumbered with time-consuming attitudinal or opinion questions. Such domains are more appropriately explored with in-depth techniques. The task of this research should be to identify the alternative healing sequences that occur and specify the patterns that appear to be governing the choice of one as opposed to another sequence.

4.4.4 The Problem of Respondent Dissimulation.

Will respondents be able to give this information on recent illness episodes? By phrasing the matter in explicit yes/no terms at the beginning, recall will be facilitated and reasonably accurate reconstructions of healing sequences can be elicited. Will they be willing to give such information? Will they not, for example, tend to hide their visits to the gangan? If the author or the
sociologist were to carry out the survey, concealment would probably occur. The use of village residents as interviewers will reduce this drastically, especially if the interviewers are told to put people at ease and encourage them to report everything. Evidence for this exists; the author was told that very many people were reporting "supernatural" causes for many illnesses when talking to the community agents and collaborators, so much so that the recorders had to be instructed to get more descriptive symptomatic data. The author has in addition used village interviewers to elicit sensitive economic and land tenure data in his own research. The main problem, in short, will not be recalcitrant respondents, but poorly constructed instruments. If the questionnaire is carefully constructed, pre-tested, revised, and re-revised, very accurate and useful data will be forthcoming. The presence of a corps of highly trained villagers places the sociologist in a powerful research position that few investigators have ever enjoyed.

4.5 The Question of Sampling

The author is not able at present to say what would be the minimum sample size permitting reliable generalizations to a broader universe in this research. One thing does appear certain: whatever that minimum size is, it is probably way above what can be carried out between now and November. At this stage of the research, the problem is not one of scientifically acceptable sampling, but rather of skillful instrumentation and preliminary exploration. The author recommends that for the November report the sociologist begin by designing the instrument and pretesting it himself on ten households. He should then revise it and try it out again on ten more households. If the instrument appears to be "working," i.e. eliciting several illness episodes in each house and a wide variety of healing
sequences, he should call in the fifteen Agents Communitaires, train them, and have each of them apply it to ten randomly selected households in their area. This would produce data on 170 households and possibly as many as 500 or 600 illness episodes. The author feels that such data could be gathered, tabulated, and analyzed in time to turn in an early October report.

In similar fashion the modified instrument could be applied to health center patients in the three areas of the Project, producing information perhaps on 150 patients and an equivalent number of illness episodes. In the same period, the sociologist himself will presumably have had time to carry out several case studies and to clarify the procedures which will have to be used in the future.

In this manner a preliminary report can be prepared by late September or early October.

As was stated earlier, this report should be seen as a preliminary to more complete coverage of the population that can be done in the following months. But before planning the specifics of that research, the preliminary research should be carried out. Specific recommendations will not, then, be made at this point for the subsequent research, though it will probably be an expanded and refined version of the research that will be carried out between now and September.

The following paragraphs outline a timetable and procedures for producing the September report.
4.6 Proposed Timetable

To avoid delay while a bibliography is being assembled, no literature search should be carried out until later in the project. It is crucial to get the instruments designed and fielded as quickly as possible. If the author were carrying out the research, he would do it community by community, to permit careful training and supervising of interviewer/Agent Communauteaire, residing in the community during the research period, and simultaneously carrying out the case studies of the healers in the community during residence there.

The following is the timetable which the author would follow in order to meet the late September deadline for the preliminary report.

June 13 - June 26: Petit Goave

- From Projet Integre, register randomly select 60 houses in Grand-Goave,
  60 houses in Trou-Chouchou, and 50 houses in Meilleur. The houses should be chosen so that an equal number fall in the zone of each Agent Communauteaire.

- From list of most used healers, tentatively select in each community one chalatan, one medisin fey, and one fam saj for case study.

- Design Illness Episode Questionnaire (IEQ) for use in community.

- Personally pretest IEQ, 5 houses in Trou Chouchou, 5 houses in Grand Goave.

- Estimate time needed to administer each questionnaire.

- Estimate time needed to tabulate each questionnaire.

- Revise IEQ as needed on basis of first pre-test.
June 27 - July 3: Petit Goave
- Personally pretest IEQ again, 5 houses Trou Chouchou, 5 houses Grand Goave.
- Make final revision of IEQ
- Have 200 copies of the IEQ mimeographed.
- Prepare abbreviated version of IEQ for use on clinic patients.
- Pre-test on a small number of patients.
- Revise and have 150 copies of this instrument prepared.

July 4 - July 17: Trou Chouchou
- Bring in Agents Communitaires and train to administer IEQ.
- Have each A.C. administer two schedules.
- Go over results as a group, discuss problems.
- Have A.C. each do eight more interviews from houses originally selected.
- Arrange for 50 patients to be interviewed with abbreviated instrument in clinic during two week period.
- Contact and interview healers at least three times during two week period, as part of case studies of healing techniques. Begin analyzing interview materials and forming preliminary hypotheses.
- Arrange to have completed schedules (IEQ and clinic instrument) begin to be tabulated in Petit-Goave.

July 18 - July 31: Grand Goave
- Repeat procedures as above. If time becomes short, an even more reduced pilot study could be done in one area, such as Trou Chouchou. Present design, however, calls for identical studies in the three areas.

August 1 - August 14: Meilleur
- Repeat procedures as above.
August 15 – September 4: Petit Goave
- Finish tabulations of quantitative data.
- Begin outlining findings of both case study data and surveys.
- Review available literature

September 5 – September 18: Petit Goave
- Return to villages as needed for follow up interviews on case study material.
- Compose final report: first draft.

September 19 – September 30: Petit Goave
- Finish and polish final report.

4.7 Additional Resources Needed.

The study has been designed in such a manner that it utilizes already available resources.

The sociologist has requested that IDRC assemble whatever literature is available on programs involving traditional healers in other cultural settings. In addition he will need a cassette tape recorder, a supply of cassettes, a supply of batteries, and a pair of headphones.

Some temporary clerical help might be needed for the tabulation of the material, if available personnel are busy in other matters.

All of the above costs should come to under $500.

The author has been questioned by Project personnel concerning his availability for technical support later in the project. He is most willing and eager to provide whatever ongoing and follow-up support may be viewed as useful. If possible he would like to have direct input into the design of the IEQ and into making suggestions for strategic preliminary tabulations of the data.