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Researching Dalits and health care: Considering positionality

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Abstract

This methods paper explores the issue of the researcher's positionality and its potential impact on the overall qualitative research process. After defining positionality this paper outlines its potential influences on the research process and findings. In order to illustrate the concept of positionality in a real-world example a case study approach is used based on the first author's PhD research among Dalits in Nepal. The paper finishes by outlining some of the ways of addressing the issues arising from positionality of the researcher.

Keywords

Positionality, Health, Marginalised, Caste, Dalits

Introduction

Positionality is defined as the socio-cultural and political factors that builds one's identity, considering elements such as gender, race, class, sexual orientation, and ability status [1]. Positionality generally refers to what is known and believed by researcher about the world and how this is influenced by their experiences in social and political contexts. The positionality of the researcher influences the conceptualization of research, understanding, interpretations, and beliefs, it can also lead to biases in the research process. Positionality helps the researcher to understand where and how their views have affected their research. A researcher's positionality influences how the research is conducted, its interpretation and outcome as well as researchers' choice on what to investigate. Reflecting on and describing such positionality can also help the reader to form a better understanding of the research [2].

Thus, it is important for researchers to recognize that their positionality is exclusive to them and can greatly affect all elements of the research process. It is argued that positionality which the researcher brings to their research, which is shaped by their personal experiences, influences their understanding of research encounters, processes and the interpretation of research outcomes [3]. Positionality in research is usually defined in three categories: the research under investigation, research context and process and the research participants [2]. Research is assessed on the basis of the quality of its outcome, and it also impacts outside academia to the wider environment that supports the research.

The understanding of positionality is essential in qualitative research as it is more driven to understand the depth of life experience, injustices, and inequalities [4]. While exploring the life experiences of others, qualitative research can be affected by power imbalance and power relations between researcher and participants that are rooted in society [5]. In qualitative research it is very common for researchers to possess privileged power compared to research participants [6]. This is particularly the case when undertaking qualitative research focusing on sensitive topics and/or with marginalized populations or groups, where researchers have greater influence over the research process [7]. Research highlighted the complexity of discussing worldviews that conflict with their research participants and the struggle faced with regards to reliability and accuracy of research data interpretations [8]. Therefore, we stress the importance of reflexivity within positionality and being aware of one's own values. Researchers need to consciously step away from their own world view to understand and enter the world of the others-to hear their experiences and privilege their voice [9]. Along with impact of undertaking research on sensitive issues and marginalised population, this includes our own emotional responses. Therefore, consideration of researcher's emotional impact is essential for qualitative research. In qualitative data researchers hold great power when interpretation of data thus at every research stage, the researcher should reflect their partnership with participants and power balance while considering equalising power

and giving voices to those without one (10).

Dalits and health research: a case study

This research has been conducted in Nepal where a caste system is prevalent, although it is officially illegal it remains common practice to refer to individuals by their caste. The topic related to health is already a sensitive issue especially for Dalits who often suffer from abuse, sex work, domestic violence, hate crime, criminal justice [11]. Positionality includes a reflection on impacts of emotional responses as well as chances of researcher bias in achieving rigour including data collection and interpretation [12]. The case study here is based on the qualitative aspect (focus groups and interviews) conducted by the first author. The focus groups with a mixture of outcomes in a research process is shaped by both research participants (Dalits and non-Dalits) and the researcher.

Participants:

Dalits were the main participants of this research. Dalits represent the lowest group of people in the Hindu caste system, they are a vulnerable and highly exploited population. During data collection it was experienced that participants had curiosity for the purpose of focus group discussions and the benefits of participation to them such as monetary gifts, free health scheme, training etc. At times, the participants misinterpreted the researcher as someone working for the government or NGO (Non-Governmental Organisations) asking "Why are you here to do the research?" and "Will this information you are collecting go the government?", suggesting the research itself raised concerns such as research may be used against them or their community. This is common perception in marginalized groups and there is a need for the researcher to make clear the purpose of the research, their role and issues such as confidentiality [13]. Similarly, some elderly participants felt that often they are 'used' by researchers noting that "they come and go", and at the end there is no benefit to them as individuals or their community. An example of this, is when researchers based at large NGOs go to Dalit communities to spend their money (budget) without necessarily thinking about who is benefiting. Dalits seem to think this is done to fill the researchers' quota or generate story for annual report. Therefore, explaining the research purpose, and how the research will be shared and disseminated with relevant stakeholders is fundamental.

Researcher:

The researcher is a female from a higher caste, originally from Makwanpur, Nepal (research area) who has been living in the UK. Thus, the researcher had elements of both insider and outsider. As an insider she was familiar with the locality, culture and Nepali language all of which is known to be helpful in gaining trust and access within the research community. However, she was also an outsider due to having foreign status, being from a different caste group than research participants which is known to delay in developing trust due to cultural sensitivities and participants experiences and attitudes [13]. In the case of this research, these issues were minimised by spending time with participants, talking to them and making them feel comfortable and relaxed. Similarly, the researcher had been living in the UK for quite a long period of time and this also helped participants to perceive that researcher was not part of this discriminatory system. Within the research there were also gender aspects to consider, especially in Focus Group Discussions (FGDs). Gender aspects including biological to social circumstances and control power in. In order to reduce this gender related power imbalance, this research separated FGDs into two categories: male and female. From this, it identifies gender-related social behaviour, behaviours of social oppression and violence (14). Similar outcomes have been identified, for example, FGDs with female participants were more open to share their everyday life experience, their female health-related issues and violence against them. Conversely, male participants seemed to be more hesitant to discuss sensitive topics such as their experience and health issues. This research identified that there is gender-related imbalance, men appeared more comfortable speaking to men and females to females. However, this paper is mainly focused on positionality and caste aspects.

Another important aspect of understanding positionality in research is being non-judgmental. This approach helps researchers to build truthworthiness which adds reliability to the research [15]. As the researcher was not part of their caste, it was perceived by participants that the researcher may not be able to understand and/or be judgmental when talking discrimination, they face from higher caste groups. This has been identified when participants stated that researcher may not have faced issues that they have experienced in life. Therefore, the researcher had to express that she is familiar to societal hierarchy and was there to listen and understand their experiences and worldview.

Further, it has been noted that researcher was perceived as part of "the system"/ "the government". Many participants thought that the researcher was a government employee who will distribute budget and/or other governmental facilities provided such as free medicine. Whereas some exit interview participants thought the researcher was part of governmental hospital and was reluctant to talk about their health experience while utilizing health facilities. Once the researcher cleared their misconception then participants felt open to talk about their experiences.

Addressing the issue

Whilst we are unable to change one's positionality, there are processes that can be followed to enhance our understanding and reduce the effects on our judgments, actions and behaviours which can improve the way we communicated with participants [1]. To overcome the issues related to positionality and power, all participants were well informed about the research in advance to participating. Similarly, the power balance was maintained by sharing some quality time with participants. Explaining researcher identity and sharing experience.

Communicating about purpose of the research, research confidentiality and anonymity and especially mentioned that the research was not part of any government project. Informed consent was taken, however as many participants were illiterate, then verbal consent was taken once researcher explained information verbally.

Further, during data collection participants were given equal time and opportunity to express themselves and were carefully listened to and acknowledged by researcher. Similarly, the transcription of audio recording was reviewed by one of the supervisors (who was also Nepali) and data interpretation, analysis and outcomes were reviewed by all three supervisors.

Conclusion

Positionality has been identified as an integral part of research, especially qualitative research as it is linked to researcher awareness to balance their own and others' positionality. It is important to give attention to one's position as an insider and outsider to the research and participants as well as strengths and limitations related to it. Similarly, transparency of positionality and researcher intention are core to research trustworthiness and reliability. The rest of our interdisciplinary research team brought perspectives of international health, nursing, sociology, and health education. However, none of the research team members are Dalits, the two Nepali researchers were from higher caste groups and two were foreigners.

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