

# DIFFERENT APPROACHES TO CROSS-LINGUAL FOCUS GROUPS:

## Lessons From a Cross Cultural Community-Based Participatory Research Project in the ENRICH Study



### BACKGROUND

Focus groups are a data generation strategy in qualitative research in which researchers foster discussion among participants while paying close attention to the group interaction. In particular, focus groups are useful in health services research with minority groups, such as immigrants, “whose voices have been otherwise muted”. Using focus groups to explore how social context shapes immigrants’ health experiences is of particular relevance in Canada—the industrialized country with the highest immigrant population among the former Group of Eight (G8) nation. This linguistic diversity poses challenges to health researchers that go beyond effective communication, as they also need to understand how different cultures use language to express their perceptions and experiences of health and disease. Therefore, understanding how cross-lingual and cross-cultural communication influence interpersonal exchange, and participation, in focus groups is crucial to the usefulness and rigor of qualitative findings.

### THE STUDY

**A Community-Based Participatory Research (CBPR) approach was used to engage African immigrant women who participated in a perinatal group offered through the Multicultural Health Brokers (MCHB).** Focused ethnography was the qualitative research method used in this study. Ten focus groups (n = ~8 women per group) were conducted with women from African communities in Edmonton (Eritrean, Ethiopian, Oromo, and Somali) who had been living in Canada between 1 and 36 months. The purpose of the focus groups were to investigate new African immigrant women’s experiences during pregnancy and postpartum in Alberta, Canada. During the focus groups, MCHB health brokers actively participated as real time interpreters (Eritrean, Ethiopian, and Oromo) or as a bilingual moderator (Somali). This article outlined our experiences while conducting the cross lingual focus groups with the African immigrant women, using three different approaches:

1. A real-time interpreter with audio recording.
2. A real-time interpreter without audio recording.
3. A bilingual moderator followed by translation.

### FINDINGS

	INTERPRETED-ASSISTED FOCUS GROUP MODERATED BY RESEARCHER WITH AUDIO RECORDING	INTERPRETED-ASSISTED FOCUS GROUP MODERATED BY RESEARCHER WITHOUT AUDIO RECORDING	FOCUS GROUP WITH BILINGUAL MODERATOR FOLLOWED BY TRANSLATION
ADVANTAGES	<ul style="list-style-type: none"> <li>• Researcher as moderator of focus group, and actively participating in data generation.</li> <li>• Opportunity to observe interactions between health brokers and participants during focus groups and weekly perinatal classes.</li> <li>• Opportunity to interact with women outside of focus groups during perinatal classes.</li> <li>• Relationship built with community health brokers and women.</li> <li>• Concurrent data generation and analysis.</li> </ul>		<ul style="list-style-type: none"> <li>• Natural flow of focus group discussion without interruptions for real-time interpretation.</li> <li>• Women’s visible engagement and comfort with moderator.</li> <li>• Opportunity to observe focus group interaction.</li> <li>• Relationship built with community health brokers.</li> </ul>
DISADVANTAGES	<ul style="list-style-type: none"> <li>• Fostering discussion among all women in a large group.</li> <li>• Ensuring validity of interpretation of women’s perceptions and experiences.</li> <li>• Checking accuracy of focus groups’ transcripts due to interpreters’ accents.</li> </ul>	<ul style="list-style-type: none"> <li>• Balancing moderating and note taking during focus groups.</li> <li>• Ensuring validity of interpretation of women’s perceptions and experiences.</li> <li>• Women’s expectations of English-moderator expertise in health topics discussed.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of influence over focus group questions and direction.</li> <li>• Delay in translation process.</li> <li>• Data analysis initiated after data generation was completed.</li> </ul>



### CONCLUSION – IS THERE A BEST APPROACH?

In this study, there was not a best approach to cross-lingual focus groups. Engagement with health brokers and communities during and beyond focus groups allowed us to mitigate challenges with each approach and gather meaningful, rich, and valid data. In cross-cultural CBPR, the best approach to cross-lingual focus groups is the one identified by the community, the one that respects their preferred ways of sharing knowledge, and allows researchers to colearn with participants.

Quintaniha, M., Mayan, M.J., Thompson, J., Bell, R.C., ENRICH team. (2015). Different Approaches to Cross-Lingual Focus Groups: Lessons from a Cross Cultural Community-based Participatory Research Project in the ENRICH Study. *International Journal of Qualitative Methods*, 14(5): 1-10.



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This research was done in partnership with:

