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9-24-2012

## Critical Ethnography: A Useful Methodology in Conducting Health Research in Different Resource Settings

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### Recommended APA Citation

Oladele, D., Richter, S., Clark, A., & Laing, L. (2012). Critical Ethnography: A Useful Methodology in Conducting Health Research in Different Resource Settings. *The Qualitative Report*, 17(39), 1-21. <https://doi.org/10.46743/2160-3715/2012.1724>

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### Abstract

Over the years, many policies have been implemented across nations to prevent, reduce and tighten enforcement on smoking and tobacco use. However, despite all of the major initiatives, smoking related deaths and diseases still remain high and present a major challenge for many nations of the world. In this paper we argue that conducting a critical ethnography study in different settings, as this research sets out to do (in Nigeria) is a first step to understanding the tobacco control policies that will work effectively in different resource settings. As the act of smoking becomes global, it is beneficial to study the effect of specific methods, methodology and policies in addressing smoking in the population. This paper is one of three on the study of public health challenge of smoking in Nigeria, and explains the method used in collecting and analyzing data. The research was undertaken and analyzed through a critical ethnography lens using critical realism as a philosophical underpinning. In the study we relied upon the following components: original field work in Nigeria which includes participant observation of smokers, in-depth interviews and focus groups with smokers, and in depth interviews with health professionals working in the area of tobacco control in Nigeria.

### Keywords

Critical Ethnography, Tobacco Control, Smoking, Health Policy, Insider/Outsider, Qualitative Research, Critical Realism

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## Critical Ethnography: A Useful Methodology in Conducting Health Research in Different Resource Settings

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*Over the years, many policies have been implemented across nations to prevent, reduce and tighten enforcement on smoking and tobacco use. However, despite all of the major initiatives, smoking related deaths and diseases still remain high and present a major challenge for many nations of the world. In this paper we argue that conducting a critical ethnography study in different settings, as this research sets out to do (in Nigeria) is a first step to understanding the tobacco control policies that will work effectively in different resource settings. As the act of smoking becomes global, it is beneficial to study the effect of specific methods, methodology and policies in addressing smoking in the population. This paper is one of three on the study of public health challenge of smoking in Nigeria, and explains the method used in collecting and analyzing data. The research was undertaken and analyzed through a critical ethnography lens using critical realism as a philosophical underpinning. In the study we relied upon the following components: original field work in Nigeria which includes participant observation of smokers, in-depth interviews and focus groups with smokers, and in depth interviews with health professionals working in the area of tobacco control in Nigeria. Keywords: Critical Ethnography, Tobacco Control, Smoking, Health Policy, Insider/Outsider, Qualitative Research, Critical Realism*

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Smokers in Nigeria that participated in this study reflect on smoking and the effect thereof. One participant shared, "I feel relaxed while smoking, it is a form of relaxation, I don't feel angry even if I am angry, it stops while smoking." Another participant stated how smoking relieves stress for him, "It allows me to relax and makes me feel cool, also at times when I am stressed up it helps me to cool down." It is important to note that several participants described the benefits of smoking in terms of how smoking relieves them from stress. The following narratives demonstrate that participants describe the experience in the following ways: (a) "It helps me to relax most especially when I am stressed up, some kind of situation your mood requires you taking a cigarette to feel cool;" and (b) "It makes me feel relaxed, and at times there are some things I want to do and I want to get high to achieve some particular things, since I don't drink so I have to take some sticks. Like if I am tired I just take 2 sticks or if I am working it makes me work faster."

In contrast, the healthcare professionals reflected on what can be done to reduce smoking prevalence in Nigeria. Health professionals who work in the area of tobacco control in Nigeria and who participated in this study suggested ways in which the prevalence of smoking can be reduced. A participant made an important point often ignored in the public health industry; that is, it is important to understand the strategy of

the tobacco industry in order for public health professionals to have an edge in combating the tobacco industry strategies. He expressed it this way:

We must first look at what tobacco industry used to increase the volume of smokers in Nigeria. We need to understand that Nigeria is a country of over 150 million people and we have a very young population and they see the country as one that does not have law. What we need to do is to create an enabling legal instrument; we need a legal frame work that will ban the advertisement, sponsorship and promotion.

Another participant suggested an awareness of the harm from cigarette smoking aimed at the population:

We need a lot of awareness in the country especially for our policy makers, everything kills, even a cup of tea can kill, but people have not been able to appreciate the depth of the danger or hazard in smoking to be able to take action, we are doing as much as we can do but this country is a big one. I see people who smoke as victims of tobacco industry manipulation so they really need counseling.

### **Background: Smoking in Nigeria**

The main inquiry underpinning the study of the Public Health Challenge of Smoking in Nigeria is to present research on smoking in Nigeria using critical ethnography. The World Health Organization (WHO), a source of authority on health and smoking, is offering assistance and suggestions to developing countries in Africa and elsewhere. Similarly, the WHO is seeking strategies to effectively reduce smoking and smoking-related deaths and diseases in the population. Smoking accounts for a large proportion of deaths in the world (WHO, 1997). The World Health Organization estimates that there are about 1.1 billion smokers in the world and 70% of tobacco deaths in 2020 will be in developing countries. In February, 2008 WHO released the World Tobacco Epidemic Report. This report outlines evidence-based facts that the tobacco epidemic is worsening and recommends a comprehensive package of six tobacco control policies – the MPOWER. The MPOWER stands for the following: monitor tobacco use and prevention policies, protect people from tobacco use, offer help to quit tobacco use, warn about the dangers of tobacco use, enforce bans on tobacco advertising, promotion and sponsorship, and raise taxes on tobacco. According to the World Health Organization, these policies work in any population towards helping to control the diseases, deaths and economic harm caused by the use of tobacco (WHO, 2008).

A major challenge in meeting specific health goals in many developing countries is how to transpose a health policy that is formulated in the West to Africa or other developing countries. Many developing countries struggle with high levels of social and economic inequalities and low levels of economic and human development. A good example of this is the water privatization in Bolivia, a choice that was not made by the people of Bolivia. Privatization of the public water system was forced on them, as it has been in many poor nations around the world, after the World Bank made privatization an

explicit condition of aid in the mid-1990s. Poor countries, such as Bolivia, which rely heavily on foreign assistance for survival, are not in a position to refuse such pressures. World Bank officials claim they had the best intentions in pushing for water privatization and argue that poor governments are often too plagued by local corruption and too ill-equipped to manage public water systems efficiently. Bank representatives have said that handing water management to foreign corporations opens the door to needed investment and skilled management; however, the road to ill-informed public policy is often paved with good intentions; the World Bank policy backfired and resulted in hardship for the people of Bolivia. Bolivia's experience with bank-enforced water privatization is a striking example of the yawning gap between theory and the policy results or impacts in the real world of the people born in poor nations (Spronk, 2006).

This study set out to study smoking by using critical ethnography and critical realism to navigate a health problem in its cultural setting. There is no universal solution to tobacco control. A policy that was successful in the West (tobacco control policy) may not necessarily work in Africa or other parts of the world. Despite noted similarities in the world, the world is too complex a place to adopt a "one-size-fits-all" policy. There is little doubt about known universal trends in smoking; to the question "why do you smoke?" the responses from my research participants yielded similar responses to what is in the literature on why people smoke (Halpen & Warner, 1993; Husten et al., 1997; Rajamaki et al., 2002; Yong, Borland, & Siahpush, 2005).. This is demonstrated in the following narratives from different participants: (a) "I smoke because I think it is fun and whenever I'm angry it calms me down," (b) "Because I like smoking and it makes me happy," (c) I smoke after eating because it aids digestion," (d) "At times to warm up, maybe when I'm stressed I feel like smoking," (e) "Smoking tend to calm one down from anxiety, it gives a sense of calmness when you are tensed up," and (f) "I smoke when I want to think." Many of the participants echoed what this participant alluded to when he said, "I started smoking in high school, it was a cool thing to do and in order to belong and be accepted by friends, I started smoking. Like I said earlier on, it was purely peer pressure. My friends are doing it and I decided to join them." Peer pressure is a big factor in smoking initiation, followed by smokers who grew up with parents or family members who smoke. As some participants state, "My dad smokes," and "My uncle smokes, I was nine years old when my uncle started sending me to buy cigarette, then one day when I went to buy cigarette for my uncle, I decided to try one for myself and I have been smoking since then." Despite the noted similarities in why people smoke globally (Feldman & Bayer, 2004; Gilman & Xun, 2004), there is a need to study smoking in its cultural setting, to enable the implementation of tobacco control policy that is capable of producing desired and effective results to reduce smoking in that particular population.

Critical realism, the theoretical underpinning of this study, is grounded in the fact that there are no single valid representations of a phenomenon, as "multiple valid descriptions and explanations of the same phenomenon are always available" (Hammersley, 2004, p. 243). What this means is that different people will have different perspectives on the same phenomenon.

Rather than seeing multiple voices as a barrier to validity, realists such as Pawson and Tilley (1997) see it as strength of validity. In recommending realism as the basis for evaluation research, Pawson and Tilley argue that a major aspect of promoting the validity of evaluation studies is to recognize that programs or interventions will be

viewed differently from different perspectives of the different stakeholders involved. Thus, if we consider a healthcare intervention, then intervention formulators, policy-makers, managers, clinicians and clients will all have their different “take” on its effectiveness and the factors that promote or inhibit that effectiveness. Validity requires all of these perspectives to be taken into account, while accepting the limitations of any single perspective. Moreover, rather than seeing an intervention in isolation as working or not, their depth realist approach allows Pawson and Tilley to recognize that interventions are human activities and that understanding them requires an understanding of the social mechanism at work in the contexts within which interventions are implemented (Porter, 2007, p. 85).

In this paper we seek to bring to the fore the importance of using critical ethnographic methodology in health studies factoring in specific cultural context. The richness of the data gathered cannot be achieved through a quantitative approach (Kleinman, 1988). Numerous quantitative research on smoking in Africa and other developing countries show clearly that the number of smokers is increasing; however, little research has been carried out as to why smoking is increasing in these regions. The decision to undertake a qualitative study to investigate this phenomenon is based on the heterogeneity anticipated in the study findings. In the study we focus on understanding the reasons for both the increase in smoking and the political issues surrounding health and smoking in Nigeria.

On a personal level, this research focus formed for me as first author while conducting a study identifying the reasons why smokers continue to smoke in Edmonton, Canada. As a Nigerian, I felt there was a need to extend this examination to better understand health and smoking in developing countries, such as Nigeria. This knowledge is important and such research could indicate or uncover how the seriousness of issues, such as health and smoking, are dealt with among the population. Smoking is on the increase in Africa. Among Nigerians, for example, more men, women and youths are commencing smoking. A major problem in many other populations in Africa is the lack of standard or periodic surveillance of smoking prevalence and smoking-related diseases and deaths. A range of surveys carried out at different times in various African countries suggests a rising trend in smoking, especially among youths. For example, current data places youth (13-15 year olds) smoking prevalence in Nigeria at 18.1%, Ghana 16.8%, South Africa 24.3% and Uganda 58.1% (Salooje, 2000).

Another issue of concern and the impetus behind this study is the issue of representation; as critical ethnographers, our constant questioning of issues results in being placed in the middle of new and refracted forms of old issues (Cheek, 2006). This is surely a hard place to be, as it is a place of constant strain, tension and anxiety. There is a need for critical ethnographers to question some of the policies proposed to developing/poor nations, have intelligent discourse around these issues and most importantly have a robust discussion around the context in which policies are adopted.

For example, for many years, anthropologists who come to Africa churned out different studies based on their perceptions. These studies are sometimes highly misleading because they were based on the predetermined questions of the interests and benefits of the majority (Thomas, 2004). Africa is represented almost always as corrupt, war torn zones, rife with human abuses, generally cursed and poverty-stricken. However these representations do not present Africa in its entirety. Representation has

consequences: how people are represented equals how they are treated (Hall, 1997). In order not to repeat the mistakes of the past, a critical ethnography ethos provides a channel for the voices of otherwise constrained people to be heard. It is important to ask the question why people smoke in any culture and understand why people continue to smoke despite the health risks from smoking. In the face of all the information, hassle, expense, and social derision on smoking, what smokers think about smoking is of substantial scientific interest, because it might aid in efforts to encourage cessation and prevent smoking initiation.

## **Methods**

As a Canadian-Nigerian studying the phenomenon of smoking in Nigeria, I as first author relied upon all the resources, privileges and skills available to me while accessing the voices and experiences of Nigerian smokers, whose stories are otherwise out of reach or constrained. The smokers were first observed in natural settings, such as bars and general areas where people smoke in Nigeria. In some instances, entry was gained into the research setting by gathering information about where to locate smokers or health professionals.

A total of 42 individuals comprised of smokers and health professionals were interviewed by me, the researcher. Twenty smokers were interviewed through in-depth interviews, while another group of 15 smokers participated in a focus group. In addition, 7 health professionals working in tobacco control were interviewed. After interviewing 30 participants, key categories in the analysis started to emerge. Ethics approval for this study was obtained from the ethics board of the Lagos University Teaching Hospital in Nigeria and the University of Alberta in Canada.

## **Sampling**

A purposive sampling method was used for selecting smokers for the interviews and focus groups. Subjects were selected based on the fact that they currently smoke cigarettes. Convenience sampling was used for selecting the health professionals for the interviews. Recruitment of subjects occurred mostly through word of mouth, distribution of a study introduction letter and referrals for health professionals' interviews.

## **Inclusion Criteria**

The following inclusion criteria were used for the selection of study participants: Males and females, over the age of 18 years who were willing to take part and give informed consent; current smokers who have smoked every day or almost every day for the last year; not currently in smoking cessation program, using smoking cessation aids, making a concerted effort to quit smoking or not expecting to quit within the next year; a willingness to participate in a one-hour interview or a two-hour focus group session. All the interviews were conducted in English.

## Data Collection Strategies

- **Participant Observation:** The study was designed to describe the experiences of smokers in as much detail as possible. A second design goal was to maintain the highest degree of objectivity during my observation by functioning as a *complete observer*. A complete observer is defined as a covert observer who does not interact with people. Smokers were observed in Nigeria in places like bars, beaches, market areas, residential and office areas. During the first month of the study, data were gathered by observing smoking in different environments. In the second month, I functioned as observer-as-participant. In this role, I interacted with smokers and interviewed them about their reasons for smoking, the role of smoking in their lives and the factors that would make them stop smoking.
- **In-depth Interviews of Smokers:** In total, I held 20 one-on-one in-depth interviews were performed with smokers.
- **Focus Group:** Three focus groups were held with another group of smokers recruited for the study, asking the same questions as in the one-on-one interviews. The focus group consisted of five or more smokers in each session. In total, 15 smokers participated in the focus group.
- **In-depth Interviews of Health Professionals in Nigeria:** In addition, seven in-depth interviews were conducted with health professionals working in the tobacco-control policy area in Nigeria. The health professionals consisted of three medical doctors, one tobacco litigator and the tobacco control worker in Nigeria.

## Data Analysis

### Critical Ethnography

Notes taken were divided into notes based on observations and notes/data from transcription. The notes were all based on emic perspective. The emic perspective is the description that the members of the group give about their own culture or phenomenon (O'Byrne, 2007; Polit, Beck & Hungler, 2001). Field notes were detailed summaries of events, behavior and initial reflections on the events. In order to write effectively in the field, notes were divided into mental notes, jotted notes and full notes. Jotted notes were written down as quickly as possible after seeing or hearing something important or interesting. Field notes were written at the end of each day and included details such as the date, time and location, members involved, and what prompted an exchange.

In this research, direct quotes from research respondents represent an authoritative, dispassionate account. This type of ethnographic writing is referred to as realist tales. Van Maanen (1988) distinguishes three major types of ethnographic writing: (a) Realist tales (the most prevalent form and the one employed in this study); (b) Confessional tales (here, the emphasis is on how research is carried out as opposed to placing emphasis on presenting data); and (c) Impressionist tales (accounts that place a heavy emphasis on words, metaphors and phrasings).

The analysis of ethnography notes began by reading the field notes and the transcription in order to ground themes and hypotheses to the data. I undertook open



coding. Open coding allows the researcher to identify and extract themes, topics or issues in a systematic way. Coding is a process for both categorizing qualitative data and for describing the implications and details of these categories. Initially I did an open coding, considering the data in minute detail while developing some initial categories/concepts. Later, I moved to axial coding for the development and linking of concepts into conceptual frameworks, and lastly I used selective coding, which is done systematically with respect to core concepts (Bryman, 2001; Atkinson, Delamont, Coffey, & Lofland, 2007; Bruce, 2001; Robert, Rachel, & Linda, 1995).

A summary was written on each of the categories and judged based on the following: Do all the data fit in and reflect the category? Does the category make sense? How are the categories related? What main patterns keep recurring in the data? What are the conclusions? I looked for common themes through the data, compared and contrasted the themes in each transcribed note, and identified the overall themes that best describe the experiences and responses of my participants (Bryman, 2001; Mays & Pope, 1995; Mill & Ogilvie, 2003; Tuckett, 2005).

## **Study Design**

### **Critical Ethnography – The Ethnographer as an Instrument of Research**

Critical ethnography (CE) involves the researcher and the members of a culture creating a scheme to discern the absolute truth of a culture or phenomenon. An important aspect of ethnography is the core involvement of the researcher with the target population. As a result of this direct involvement, researchers examine the culture or phenomenon as perceived by participants and, subsequently, represent participants' observations as accounts. An example of this is how participants described smoking and how smoking prevalence can be reduced in Nigeria. This is shown in the narratives at the beginning of this paper.

By the late 19<sup>th</sup> century, Franz Boas, a German-born anthropologist, established ethnography as a method. More importantly, Boas developed the idea of *cultural relativism*; that is, the concept that culture should be understood in terms of its own beliefs and history (Atkinson, et al., 2007; Berg, 2001; Bryman, 2001). In order to best understand smoking and tobacco control in terms of the culture and the environment in which it occurred, this study was based on Boas' premise.

Being a Nigerian meant constant questioning of my motives, interpretations and practices so that the study findings could be presented from the perspectives and in the voices of the Nigerian participants. This vigilance or self-questioning is an important component in guarding against solely representing my own perspectives or conclusions in the study. The positionality of the voices of my respondents forced me to acknowledge my own power, privilege and biases in the same way that I scrutinized the power structures surrounding the study. Thomas (1993) describes is below:

[Positionality] is vital because it forces us to acknowledge our own power, privilege, and biases just as we are denouncing the power structures that surround our subjects. We direct our attention beyond our individual or subjective selves. Instead, we attend to how our subjectivity in relation to

the “other” informs and is informed by our engagement and representation of the “other”. We are not simply subjects, but we are subjects in dialogue with the “other”. We understand that our subjectivity is an inherent part of research, but in critical ethnography, it is not my exclusive experience. (pp. 7 & 9)

The method of merging participants’ voices with the researchers’ means the study is not my exclusive interpretation and experience. Critical ethnography begins with a responsibility to address the processes of unfairness or injustice within a particular lived domain; as an example, one of the participants in Nigeria who is a health professional working in the area of tobacco control in Nigeria, describes the activity of the tobacco industry and the Nigerian government thus: “The Nigerian government is helping the tobacco company to kill our people.” Another health professional interviewed put the issue of smoking reduction in Nigeria like this:

I will like us to look at smoking reduction from two perspectives, first, the policy and the other is about enforcement of the policy. I think the most fundamental thing we need to look at in Nigeria is the stakeholders and advocates who believe that smoking rate must be reduced and then getting the policy right. There should be a law in black and white that says “I shouldn’t do this,” “you should do this.” I think Nigeria is in dire need of a comprehensive framework tobacco-control law. When people see that a law is in place, implementation will be easier. So the first way is having a clear government policy, i.e., law, and the second, a well designed civic education that seeks to get people on the side of tobacco control by ironing out all the issues that tobacco companies have tried to disguise around to make it clear, it could be through media campaign, civic education, building tobacco control message in curricular for schools, in order to get people to be aware and also to know where they stand.

On the other hand, there appears to be a dichotomy between the health professionals and some of the smokers interviewed. Smokers who are from lower socio-economic status, possibly out of a lack of knowledge, still believe smoking to be cool and associate smoking with Westernization. In addition, some smokers deride the warnings on cigarette packets. Examples are shown in the following narratives from smokers; “I don’t think it is bad smoking, it is only we Nigerian that are not civilized that think smoking is bad but outside the country people smoke and nothing bad about it;” “We don’t want the government to stop cigarette smoking, they cannot even stop British American Tobacco (BAT) from production, so they advice people to smoke so that we can be like the ‘Whites.’”

Another interesting aspect is that some smokers from lower socio-economic status find the messages on cigarette packets that “smoking can kills,” improbable; this is because culturally, Nigerians believe in a supreme God who gives life and takes it regardless of the kind of lifestyle lived. One participant put it this way “The major risk (warnings on cigarette packet) always say that “smokers are liable to die young,” and “But some people tend to be deceived, it’s only God that gives life and takes life.” Other

smokers are confused as to the reason why they are addicted to cigarettes. They hold themselves responsible or even attribute their addiction to something diabolic and totally out of their control. A few of the participants attributed their addiction to smoking as diabolical. One of them put it this way: “I have tried like three months but I went back because the urge was still in me (i.e., the urge I have for smoking cigarettes). I think this urge is spiritual, diabolic as I have no control over it.” Another participant attributed his inability to quit smoking to his stepmom. He said, “I have tried several times to stop smoking, but I believe my father’s wife has done something diabolic to me to continue smoking so that I can die.” These narratives suggest that some smokers in Nigeria do not identify nicotine or the psychoactive effects of it when addressing why they like smoking. They may describe the effects, but they are often in reference to actions, religious beliefs or circumstances rather than nicotine. In this regard, the critical ethnographer moves from beneath surface appearances, disrupts the status quo and unsettles both neutrality and assumptions taken for granted by bringing to light underlying and obscure operations of power and control (Thomas, 1993). These latter issues indicate the importance of studying a health problem in the context of the culture in which it occurred. Many of the participants were unaware of the complexity of smoking and tobacco control; in a broad sense, participants do not realize that they are victims of the tobacco companies or nicotine addiction.

A benefit to utilizing a critical approach is the attribute of critical ethnography (CE). It offers a continual process of self-reflection, while considering data as raw data requiring additional collaboration and verification from research participants. Additionally, CE offers a pathway to avoiding the usual parochial way of thinking of which researchers are often guilty. In this study, it was important to explain smoking in the setting or cultural context in which it occurs (Atkinson et al., 2007; Berg, 2001; Bryman, 2001). Conventional ethnography speaks for participants by describing “what is.” Critical ethnography speaks on behalf of participants by stating “why this is and what can be done about it.” Critical ethnography further challenges the status quo and the dominant powers within a society, by bringing to light the often unheard voices of the oppressed.

### **Conducting Research in Nigeria as a Canadian-Nigerian National**

At some point in the research study every researcher experiences moments of being an insider or an outsider. There is a certain level of fluidity between the two positions and the boundaries between the insider/outsider positions is not always clearly defined as reported in some academic discourse (Merriam et al., 2001). The fact remains that so long as we are human, not equal and have varied experiences, we will be an insider/outsider at some point in the research process. Individual experience is “mediated by the interaction of a complex set of status variables, such as gender, social class, age, political affiliation, religion and regions” (Banks, 1998, p. 5). In order to minimize bias in the insider/outsider position, recognizing the fluidity and complexity of the two concepts, and the transparency and ability of the researcher to report his or her experience as an insider/outsider is of great significance in the research.

As an “insider/outsider” researcher, conducting fieldwork in Nigeria as a Canadian-Nigerian national had both challenges and opportunities. The term

“insider/outsider research” defines researchers who “conduct studies with populations, communities, and identity groups of which they are also a member but do not currently ‘live’ in the context of the group” (Asselin, 2003). A unique form of ethnography dominated this study, where the barriers between the subjects and the observer are not as great as the barriers found in traditional ethnography. In traditional ethnography, the researchers tended to be situated outside of the culture of the people they were studying. Ethnography is a methodology that necessitates the researcher being immersed in the group under study for an extended period of time, while observing behavior, listening and asking questions. This research did not study or describe a culture; however, it was conducted by entering a natural setting (my country of birth), while studying the phenomenon, smoking, in the context of the culture in Nigeria

For the purposes of this study, culture is defined as that complex whole which includes knowledge, belief, art, morals, law, customs and any other capabilities and habits acquired by man as a member of society (Tylor, 1974). Benedict (1934) further states, “The significance of cultural behavior is not exhausted when we have clearly understood that it is local and man-made and hugely variable” (p. 46). It is essential to state that all cultures are characterized by internal variations and the definition of culture here does not overlook the effect of imperialism, colonialism and the global capitalist economy on the Nigerian culture.

A common practice is for the ethnographer is to live among the population studied. Keeping in step with this common practice, I returned to live in Nigeria for 3 months after 10 years of residing in Canada. Although ethnography is highly valued, recent critiques have questioned the methodology as a research practice, which has resulted in recommendations for researchers with regards to questions of materiality. Horner (2004), a proponent of *modern ethnography*, discusses three areas of criticism aimed at traditional ethnography. Horner primarily questions materiality in the following three areas: *collaboration*, *multivocality* and *self-reflexivity*. These three areas are what guided this study’s rigor and trustworthiness as I explained in this paper. Collaboration is defined as an act of working jointly with researchers and informants, fellow researchers, researchers and community and researchers and institutions. Multivocality, on the other hand, is attaining an ideal situation, in which participants can speak in or contribute to the text rather than be spoken about by the researcher. Self-reflexivity is defined as the ability of the ethnographer to constantly question his or her motives, practices and interpretations to avoid colonizing the discourse of traditional ethnography.

## **Collaboration**

Regarding collaboration in critical ethnography, Horner (2004) states the following:

Critical ethnographers frequently recommend some form of collaboration, whether between researchers and informant, fellow researchers, researchers and communities, researchers and institutions. Collaboration with informants is understood as a means of contesting the hierarchical relationships between researcher and informant, indeed rendering such distinctions somewhat arbitrary as both takes on the role of researching and informing. In collaborative arrangements, at least in theory, both

parties have a say in the design, implementation, and writing of the ethnography so that both parties, and not just the researcher or research community, can benefit from the project. (p. 17)

The study was conducted in collaboration with fellow Nigerian researchers. As a Canadian-Nigerian seeking to understand the underlying reasons for the continuance of smoking in Nigeria, I spoke with many knowledgeable Nigerians, such as medical doctors, academics, researchers and health policy professionals. In order to ensure a good rapport with the smoker-participants interviewed during the study, continual contact was maintained. To meet this commitment, regular and numerous phone calls were made to some of the respondents, smokers and health professionals, even after administering the official interview. These calls were to keep participants abreast of the research progression and to do a member check on some of their responses. In addition, a promise was made to return to Nigeria and present the results of this study to stakeholders via a well-advertised seminar that will be open to the participants as well.

The greatest benefit as an insider/outsider throughout the study is acceptance. There was a level of trust and openness from the participants, and they made a communal effort to ensure a successful study. In sum, there was a good starting point for this ethnographic research in Nigeria, and there was easy access to groups that might otherwise be closed to “outsiders.” Participants were more willing to share their experiences because of an assumed understanding and a shared distinctiveness; it is as if they felt, as Dwyer and Buckle (2009) stated, “You are one of us and it is us versus them (the others on the outside who don’t understand)” (p. 58). This advantage gave me easier access into groups and a greater depth of data gathered than, perhaps, an “outsider” might have obtained. Proof of this claim comes from some participants mentioning that they shared things with me that they would not have otherwise shared with a foreigner or someone who is not from Nigeria. They shared information with me because they felt I, knowing and understanding the culture, the social and political climate of Nigeria, would be able to fully empathize with their situations.

Despite the noted advantages of being an “insider,” there were some challenges worth mentioning: These include the wide-spread belief that most things, including people, coming from the West are better and superior to what is available in Nigeria; that the educational system in the West creates a more intelligent and capable individual; and lastly the ideology of the researchers’ role as “solver of problems”, an example of a power construct. During the study, my role as a learner and researcher had to be consistently emphasized. Participants had preconceived notion that as a researcher, my presence was to provide advice, educate and solve problems. For example, some smokers asked for advice on how to quit smoking. One participant asked, “Since you are a doctoral student from Canada, can you tell me or teach me how to stop smoking?” Another participant put it this way: “I really want to stop smoking, is there anything you can give me today that will help me stop smoking?” The best effort on my part was to share information about the dangers of smoking and recommend additional resources focused on health hazards of smoking.

To gain the confidence of the participants, open discussions became central to the purpose of the study. To gain further trust and to meet ethical guidelines, participants were assured of not only of their anonymity in the reported findings but also of the

confidentiality of the information they shared. Interestingly, many smokers were skeptical, as some confessed to being closet smokers and were concerned that family members might become aware of their private smoking habit. A large proportion of the participants alluded to the fact that their close family members have no knowledge of their smoking, and some smokers whose close family members are aware of their smoking habits, never smoke around family members. This is demonstrated in the following narratives by different participants:

This is something important that I should have mentioned earlier on, when I smoke, I do not smoke in front of people, friends, family members. I will never smoke in front of my children or wife because I am always cautious of the type of example that I am setting for them. I will never smoke in the four walls of my house that has always been my rule, and many Nigerians are like that. I do not smoke while I am in the office, I only smoke at night or occasionally when I take a walk during the day. I believe I could quit if I wanted to and I am actually planning to quit.

My wife does not know I smoke; I only smoke when I eat out with friends.

Some of my friends and all my family members don't know that I smoke, I have some particular friends that I smoke with and we only smoke at the weekend when we hang out together.

Some of the challenges I face is that my wife is a Christian she doesn't allow me to smoke and sometime I do smoke, but I make sure she does not perceive the smell.

Nigerians appear to be closet smokers. For the purposes of this study, *closet smokers* are smokers who smoke secretly without the knowledge of close friends or family members. I emphasized my ethical duty regarding maintaining anonymity and confidentiality in the reporting of the study data and also mentioned that they were welcome to withdraw from the study at any time without any penalty.

### **Multivocality**

Another recommendation made by critics of ethnography relates to *multivocality*. Multivocality is defined by Horner (2004) as the attainment of an ideal situation, in which “the ‘other’ (the participants) now ‘speak in the text’ rather than being ‘spoken about’ by the ethnographer” (p. 23). Traditionally, ethnographers study a culture that is foreign to them. They face the task of speaking from a specific subject position that is located outside of the culture under study. As these ethnographers do not share the same subject positions, they can, at best, speak of the studied people and cultures. They can only “speak about.” Despite this complexity of not sharing the same subject positions of the people they are researching, Horner suggests that a good ethnographer attempts to overcome the cultural distance between the subjects and objects of the study. One way to minimize distancing is to present the data or gathered material in the voices of the people

being studied, a practice that relies on a form of collaboration. In this circumstance, the position of the “other” is ameliorated, bettering the chance that ethnographic studies and reports will represent the voices of both the subjects and objects of the study. In an idealized position, Horner’s criticisms and resulting recommendations suggest that the ideal ethnographer would be a researcher grounded in the culture that is being studied. This positioning has the potential of minimizing the distance between the examination and the reporting of the self, thereby collapsing the subject and “object/other” into one entity. If this conjoining cannot or does not occur, an alternative is that the “object/other” of the study speaks for itself in the report, an example being the use of direct quotations from focus groups or interviews. The goal is capturing the multivocality of as many voices as possible, and representing the diverse range of positions.

For example, many smokers in Nigeria believed they have figured out ways to reduce the health risks of smoking. For example, many of the participants interviewed believe that if they do not smoke fake or substandard cigarettes which are readily available in Nigeria, but instead smoke brand name cigarettes in Nigeria and reduce the number of cigarette sticks smoked, they will reduce the risks from cigarette smoking. The smokers believe, for example, that smoking brand names like “Benson and Hedges” or “London Menthol” cigarettes and drinking lots of fluids afterwards will clear the chest. A participant described it like this: “The major risk for me is smoking other kinds of cigarette except Benson and hedges. My uncle once advised me that smoking other kind of cigarette could be harmful, one should stick to one brand of cigarette.” Another participant stated, “I don’t smoke fake or cheap cigarettes, those types kill, I only smoke brand name cigarettes like Benson.” in addition, one participant alluded to drinking lots of fluid to clear his lungs of smoke. He said, “Immediately after I smoke, I drink lots of water to flush out the smoke in my system, this makes me pee a lot too and I believe the poison in the cigarette has been washed away”.

Being an outsider (a non-smoking Canadian) had its advantages in that this outsider distance enabled me to adequately conceptualize the experiences of the participants. The literature review and the Western educational training I received in Canada gave insight into some of the complexities of smoking and tobacco control in ways that the participants could not see or conceptualize in a formal way. My Western exposure afforded me the ability to see a broader picture or perspective of the causal patterns, the shaping influences, the global connections and the associated problems of smoking tobacco in two differing geographical locations and cultures—Nigeria and the West. A caveat, however, is to represent my participants’ experiences as accurately as possible and to stay grounded in the empirical world of the participants.

In order to attain multivocality, direct quotations from focus-group sessions and in-depth interviews were used so that the Nigerian research participants could speak for themselves on the issues (a second paper in this study addressed this). The respondents’ voices carry forward meanings and experiences that may not be present in dominant discourses or practices. In identifying the differences, the similarities, and the way forward, this study contributes to the existing dominant discourses in the literature. After reading and reviewing the study data several times, an analysis was conducted to corroborate the linkages among the collected data, findings and theory. During the study, an audit trail was maintained, which is a concise and accurate account of the processes of data collection and data analysis, so that another researcher could objectively assess these

processes, as well as the findings (Bryman, 2001). Horner (2004) raises the issue of the researcher and the objects of study having separate and unrepresented voices. By following all of the above noted procedures, this study minimizes the problem of maintaining multivocality or, at least, lowers the degree envisaged in Horner's critique.

### **Self-Reflexivity**

According to Horner (2004) in the book *Critical Ethnography, Ethics, and Work*, a third recommendation for ethnography is self-reflexivity, defined as "the ability of the critical ethnographer to constantly question his/her motives, practices, and interpretations to avoid the colonizing discourse of traditional ethnography" (p. 27). Kanuha (2000) and Tilley and Chambers (1996) recommend that the researcher separate his or her own experiences and subsequent analyses from those of the participants. They suggested a continual process of self-reflection. This self-reflection will mean that the researcher understands that he or she is a part of the social world being investigated. It also requires that the researcher does not take everything at face value, but instead consider the data as raw data that may require verification and collaboration (Atkinson et al., 2007; Berg, 2001).

An example of the complexity of ethnography and the need for self-reflection is as follows: Nigerians are known to talk in indirect and obscure ways using proverbs, innuendoes, euphemisms and metaphors. A researcher situated outside of the culture may identify this way of communicating and, thereby, keep the participants focused at all times on the topic through direct probing, in order to understand the precise meaning behind the discussion. Conversely, the researcher may lack awareness of this pattern of communication and miss important points or messages embedded in euphemism or proverbs. The ability to conduct effective focus-group sessions and interviews was predicated on knowing the normative patterns of communication, and being competent in understanding the main or important messages that may be shrouded in proverbs or euphemism. Despite this advantage, there was a need to occasionally prod participants to explain meanings of certain words and phrases. For example in some cases, some respondents would sometimes not fully answer questions posed to them, with the assumption that the contextual meaning would be understood by me because I am from Nigeria. In these instances, respondents were informed of my long absence within the culture and the need to expatiate on their meaning or statements. This usually resulted in the respondents' happy demeanor to educate the doctoral student from Canada on the situation of smoking in Nigeria.

On the other hand, on my part as a researcher, there was a need to focus and remain conscious of the fact that repeated requests for clarification may not come easily to me, because of the familiarity with the previously described pattern of communication. Based on my preconceptions and comfort with this communication pattern there may be an assumption of a full understanding of the participants' meaning, thereby missing important points in the process. Cultural meanings are understood with reference to political, historical and economic discourses, so naturally as a member of that culture, certain meanings are understood without much explanation from the participants (Merriam et al., 2001). However, the caveat was to ask for clarifications even when it appears that there is an understanding of the respondents' statements or comments.



Many times, during in-depth and focus group interviews, some smokers were not forthcoming, answered a question with just a “yes” or a “no”. In an attempt to obtain more robust data, this lack of partaking of information was circumvented through constant prodding for more information. The need to encourage verbosity is less a question of the types of questions being asked, and more a result of the way smoking is highly stigmatized in Nigeria. Many Nigerians are closet smokers and do not want their neighbors to know of their smoking habits— hence, the tendency to be taciturn during interviews. More robust data were gathered in the in-depth interviews than from the focus groups.

As the researcher and the facilitator of the focus groups and in-depth interviews, one of my duties, was to redirect participants’ attention to the aim of the meeting. This requirement was employed several times in the different stages of the focus group sessions and the in-depth interviews. Instances where there were digressions, a five-minute waiting period was engaged. Additional challenges involved balancing the conversation in the focus group session. Some respondents were verbose and off-topic, while other respondents listened or remained quiet. Non-participating members had to be continually prompted to actively participate in the discussion. Another challenge that was not envisaged was obtaining insufficient data or information from the complete participant-observer method because smoking is highly stigmatized in Nigeria. Even though no official smoke ban exists in Lagos, Nigeria at the time of this study, few individuals smoke publicly. Many Nigerians smoke socially in bars and restaurants, or secretly in their homes.

It is important to mention here the difficulty of accessing both high socio-economic status and female smokers. After much difficulty, five female smokers and four smokers who are from the high socio-economic group were interviewed. Some female smokers who refused to be interviewed explained that they smoke secretly, without their spouses and family members knowing. They feared exposing their habit. Despite assurances of anonymity and confidentiality, they still refused to be interviewed. I was told smoking for women is highly stigmatized in Nigeria; therefore, their fear and decision not to participate in this research is understandable. For smokers who belonged to a high socio-economic group, the interview reimbursement was not enough incentive to participate.

The majority of the Nigerian public is unaware of the health dangers from smoking. In the course of the study while interviewing smokers in Nigeria, it became apparent that smokers in the upper socio-economic class had more information on the health hazards of smoking than smokers from the lower socio-economic class. This shows there was a problem of disparity with the dissemination of the risks of smoking in Nigeria. The reason for this discrepancy is likely that the former group travel abroad more regularly and thereby has easy access to not only information from the West through travels, but also access to smoking-hazards information through international television programs and other means of communications that only the rich have access to in Nigeria. During the interview, when questions were asked about the risks of cigarette smoking, people in the upper-socio-economic class readily provided well-informed answers. A participant stated, “I know that the smoke from the cigarette is not good for your lungs, actually when I went in for my annual check-up, my doctor did a chest x-ray and things do not look so good hence his advice that I stop smoking.”

When asked the same questions about the risks of cigarette smoking, people from the lower-socio-economic class hesitated; at that point I could actually deduce that they have no idea about the risks. In most cases they admitted that they could die from smoking. This common deduction appeared to be based on cigarette packet warnings, which state that “Smokers are liable to die from smoking.” These lower socio-economic interviewees further explained that while they were not sure how precisely they would die, they do not take the health warnings on the cigarette packets seriously. They actually find the messages amusing. However when shown different health pictures depicting people suffering from different tobacco-related diseases, a different emotion and response was observed among the research respondents. For instance, upon initially seeing the pictures, respondents displayed shock on their faces, which was usually followed by the question: “Did smoking cigarettes really cause these diseases?” Participants’ next inquiry was usually about how they could receive help to stop smoking.

Another interesting aspect observed in this study is that smokers interviewed who were from lower socio-economic class compared to me perceived my status as a doctoral student from Canada as more prestigious than my social class. This created some interesting dynamics. Some respondents showed more eagerness in being interviewed while it created tension with other respondents. Initially they found me as a threat; however, as the interview progressed, this tense feeling slowly dissipated. The respondents were made comfortable through my sincere effort to show them how important they are for participating in the study. However, despite my best efforts to make my respondents comfortable with me in terms of shared culture, I was still perceived as “different/outsider” because of my status as a doctoral student from Canada.

Regarding personal challenges, I experienced the effect of second hand smoking. Being a non-smoker and conducting research with smokers resulted in nausea, feelings of dizziness and splitting headaches. However those conditions were temporary. An additional challenge was the Lagos traffic. With a population of over 8 million and still growing, getting from one point in Lagos to another can take several hours due to blocked traffic. Other personal challenges included personalizing some of the stories from the research participants, which caused emotional distress. One example of this is a smoker that was interviewed and mentioned that his father passed away due to lung cancer from smoking. He said, “My dad died of lung cancer from smoking cigarette, his death really affected me and after his death I started to smoke too and I don’t really care if I die from smoking. I already died the day my dad died, I actually believe I am going to die from lung cancer like my dad too and I don’t care.” As a public health professional, feelings of powerlessness and anger arose to observe efforts to control smoking be eroded by the campaigning of British American Tobacco (BAT) in Nigeria.

BAT Nigeria covertly encourages their products to be widely marketed, by holding secret smoking parties and hosting seminars at different universities in Nigeria under the guise of community development. During these seminars, different paraphernalia with cigarette logos are handed out to students. One of the participants who works vigorously for tobacco control in Nigeria describes the smoke parties and how his group stopped it in Nigeria:

We started work by exposing smoking parties, we stopped them (tobacco companies) from doing Jamborees, wild and weird, concert, road shows

etc. we also stop all the road smoking parties etc, in 2003, that was the last they had the party it was called “experience it campaign” where they used Hollywood’s movies it was at police college Ikeja, people paid N700 to enter and were shown several Hollywood movie’s, there were two girls at the door whom had trays of Rothmans cigarette, they ask if you smoke and if you said no, they will ask if you like to experience it and light cigarette for you and you will walk into the dome. The dome alone is an attraction which they advertised and attracted people to the place. In October 2008, they did a secret smoking parties which basically was to promote “Call more” a brand of cigarette, they move from one region to another, they got to academic institutions to give out invitation to young people, that will be like a night before the party. We plan to continue to expose these activities and to stop them.

### **Concluding Comments**

As a Nigerian carrying out field work in a culture that is not foreign to me, I did not have to deal with the task of speaking from a specific subject position located outside of the culture that I am studying—in other words, I am somewhat of an insider in my country of birth. On the other hand, as both a non-smoker and a Canadian who has lived in Canada for 10 years, I could be considered an outsider, as I do not claim to have the knowledge and experiences of Nigerian smokers (Hallawell, 2006). In order to overcome this challenge, I assume a position of not knowing enough about Nigerian smokers, a belief that allowed me to gather data from a fresh perspective and with an open mind. Being conscious of this positioning helped me develop several helpful techniques during the course of the study. By first identifying and documenting my initial thoughts and beliefs about the phenomenon under study, I was able to maintain a certain level of objectivity (Asselin, 2003).

The very concept of critical ethnography and critical realism places emphasis on studying a phenomenon in the context in which it occurred. It is this approach that is adopted throughout the study and presents “an account that accurately represents that social phenomena to which it refers” (Hammersley 1990, p. 57). The benefits of using critical ethnography and critical realism in qualitative health studies are numerous. The biggest benefit in using this approach is a recognition of the fact that different mechanisms work in the context in which a phenomenon occurs, where different perspectives needs to be taken into account while accepting the limitation of any single account/perspective/study before policies are implemented (Porter, 2007).

This study is at best one of the many valid accounts of the smoking phenomena in Nigeria and will add to other multiple valid accounts of smoking in Nigeria (Hammersly, 1992, p. 54). In this study I have combined research (literature review, fieldwork) with Nigerian smokers’ and health professionals’ voices in Nigeria (those who will be directly affected by the policy) and present data that hopefully will be part of a collection of papers on smoking and tobacco control policy in Nigeria that can be translated to effective tobacco control policy specific to Lagos, Nigeria.

In critical ethnography there is a great reliance on the researchers’ ability to accurately and adequately represent the experiences of the participants. This is important

because CE encourages that solutions to problems in a particular community be shaped by the values of that community. A critical part of building this reduces the issues of power and control among the researcher and the participants, smokers and health professionals and, finally, between developed countries in the West and developing countries. All these dynamics continuously played out in the course of this study. While recognizing that complete objectivity is impossible in social research, I have acted in good faith. This study is carried out according to the canons of good research practice as outlined earlier on.

The depth of data was achieved through triangulation. Triangulation is understood as involving varieties of data, investigators and theories, as well as methodologies in the investigation of the same phenomenon (Denzin, 1989). For example, in this study, different data methods were used on the field such as field notes, participant observation, focus group and interviews. The rationale for triangulation is that it attempts to overcome any weakness or bias of a single research strategy (Denzin, 1989). In conclusion, the main study finding is that the majority of Nigerians attest that the principles and the knowledge from Western tobacco control policies will provide a good framework and background for tobacco control policies in Nigeria. The unequivocal position, however, is to have tobacco control policies tailored specifically to the needs of the Nigerian population.

### References

- Asselin M. E. (2003). Insider research: Issues to consider when doing qualitative research in your own setting. *Journal for Nurses in Staff Development*, 19(2), 99-103.
- Atkinson, P., Delamont, S., Coffey, A. J., & Lofland, J. (2007). *Handbook of ethnography*. New York, NY: University of Chicago Press.
- Banks, J. A. (1998). The lives and values of researchers: Implications for educating citizens in a multicultural society. *Educational Researcher*, 27(7), 4-17.
- Benedict, R. (1934). *Patterns of culture*. Boston, MA: Houghton Mifflin.
- Berg, B. L. (2001). *Qualitative research methods for the social sciences*. New York, NY: Allyn & Bacon.
- Bryman, A. (2001). *Social research methods*. Oxford, UK: Oxford University Press.
- Cheek, J. (2007). Qualitative inquiry, ethics and politics of evidence: Working within these spaces rather than being worked over by them. *Qualitative Inquiry*, 13(8), 1051-1059.
- Denzin, N. (1989). *The research act: A theoretical introduction to sociological methods* (3rd ed.). Englewood Cliffs, NJ: Prentice Hall.
- Dwyer, S. C., & Buckle, J. L. (2009). The space between: On being an insider-outsider in qualitative research. *International Journal of Qualitative Methods*, 8(1), 54-63.
- Feldman, E. A., & Bayer, R. (2004). *Unfiltered: Conflicts over tobacco policy and public health*. Cambridge, MA: Harvard University Press.
- Gilman, S., & Xun, Z. (2004). *A global history of smoking*. London, UK: Reaktion.
- Hall, S. (1997). Representation, meaning and language. In S. Hall (Ed.), *Representation, cultural representations and signifying practices* (pp. 15-30). Thousand Oaks, CA: Sage.

- Halpen, M., & Warner, K. (1993). Motivations for smoking cessation: A comparison of successful quitters and failures. *Journal of Substance Abuse, 5*(3), 247–256.
- Hammersley, M. (1990). *Reading ethnographic research: A critical guide*. London, UK: Longman.
- Hammersley, M. (1992). *What's wrong with ethnography?* London, UK: Routledge.
- Hammersley, M. (2004). Some reflections on ethnography and validity. In C. Seale (Ed.), *Social research methods: A reader* (pp. 241-245). London, UK: Routledge.
- Hellawell, D. (2006). Inside-out: Analysis of the insider-outsider concept as a heuristic device to develop reflexivity in students doing qualitative research. *Teaching in Higher Education, 11*(4), 483-494.
- Horner, B. (2004). Critical ethnography, ethics and work. In S. G. Brown & S. I Dobrin (Eds.), *Ethnography unbound: From theory shock to critical praxis* (pp. 13-34). Albany, NY: State University of New York Press.
- Husten, C., Shelton, D., Chrismon, J., Lin, Y., Mowery, P., & Powell, F. (1997). Cigarette smoking and cessation among older adults: United States, 1965-1994. *Tobacco Control, 6*(3), 175-180.
- Kanuha, V. K. (2000). “Being” native versus “going native”: Conducting social work research as an insider. *Social Work, 45*(5), 439–447.
- Kleinman, A. (1988). *The illness narratives: Suffering, healing and the human condition*. New York, NY: Basic Books.
- Mays, N., & Pope, C. (1995). Qualitative research: Rigour and qualitative research. *BMJ, 3*(11), 109-112.
- Merriam, S. B., Johnson-Bailey, J., Lee, M., Kee, Y., Ntseane, G., & Muhamad, M. (2001). Power and positionality: Negotiating insider/outsider status within and across cultures. *International Journal of Lifelong Education, 20*(5), 405-416.
- Mill, J. E., & Ogilvie, L. D. (2003). Establishing methodological rigor in international qualitative nursing research: A case study from Ghana. *Journal of Advanced Nursing, 41*(1), 80-87.
- O’Byrne, P. (2007). The advantages and disadvantages of mixing methods: An analysis of combining traditional and autoethnographic approaches. *Qualitative Health Research, 17*(10), 1381-1391.
- Pawson, R., & Tilley, N. (1997). *Realistic evaluation*. London, UK: Sage.
- Porter, S. (2007). Validity, trustworthiness and rigor: Reasserting realism in qualitative research. *Journal of Advanced Nursing, 60*(1), 79-86.
- Polit, D. F., Beck, C. T., & Hungler, B. P. (2001). *Essentials of nursing research: Methods, appraisal and utilization*. Philadelphia, PA: Lippincott.
- Rajamaki, H., Katajavuori, N., Jarvinen, P., Hakuli, T., Terasalmi, E., & Peitila, K. (2002). A qualitative study of the difficulties of smoking cessation: Health care professionals’ and smokers’ point of view. *Pharmacy World and Science, 24*(6), 240-246.
- Robert, M. E., Rachel, I. F., & Linda, L. S. (1995). *Writing ethnographic fieldnotes*. Chicago, IL: The University of Chicago Press.
- Saloojee, Y. (2000). *Regional summary for the African region: Tobacco control country profiles*. Atlanta, GA: American Cancer Society.
- Spronk, S. (2006). *Roots of resistance to urban water privatization in Bolivia: The “new working class”, the crisis of neoliberalism and public services*. Paper presented at

- the annual meeting of the Canadian Political Science Association (joint session with Society for Socialist Studies) York University, Toronto Canada.
- Thomas, J. (1993). *Doing ethnography*. Thousand Oaks, CA: Sage.
- Thomas, J. (2004). *Introduction to critical ethnography: Theory and method*. Thousand Oaks, CA: Sage.
- Tilley, S., & Chambers, M. (1996). Problems of the researching person: Doing insider research with your peer group. *Journal of Psychiatric and Mental Health Nursing*, 3(4), 267–268.
- Tuckett, A. G., (2005). Rigour in qualitative research: Complexities and solutions. *Nurse Researcher*, 13(1), 29-42.
- Tylor, E. B. (1974). *Primitive culture: Researches into the development of mythology, philosophy, religion, art, and custom*. New York, NY: Gordon Press.
- Van Maanen, J. (1988). *Tales of the field: On writing ethnography*. Chicago, IL: University of Chicago Press.
- World Health Organization. (1997). *Tobacco or health: A global status report*. Geneva, Switzerland: World Health Organization.
- World Health Organization. (2008). World tobacco epidemic report. Retrieved from [http://www.who.int/tobacco/mpower/mpower\\_report\\_full\\_2008.pdf](http://www.who.int/tobacco/mpower/mpower_report_full_2008.pdf)
- Yong, H., Borland, R., & Siahpush, M. (2005). Quitting-related beliefs, intentions, and motivations of older smokers in four countries: findings from the international tobacco control policy evaluation survey. *Addictive Behaviors*, 30(4), 777-788.

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#### Article Citation

Oladele, D., Ritcher, S., Clark, A., & Laing, L. (2012). Critical ethnography: A useful methodology in conducting health research in different resource settings. *The Qualitative Report*, 17(Art. 77), 1-21. Retrieved from <http://www.nova.edu/ssss/QR/QR17/oladele.pdf>

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