

## Using life histories to understand and support health systems and their resilience

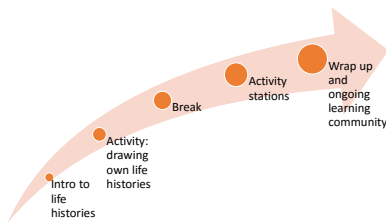
**Fourth Global Symposium on Health Systems Research, Vancouver**  
 Tuesday, November 15<sup>th</sup> 2016  
 Led by: Joanna Raven, LSTM

### Aim of the skills building session

- to share perspectives and resources on using life histories in health systems research



### What we will do in this session



### What is a life history?

- Qualitative method
- Uses a narrative approach
- Aims to explore a person's life history through time
- Often used with visual aids: lifelines display events in chronological order and noting importance of events
- Different terms are used e.g. case history / study, critical incident narrative review, career / job history
- Often used in conjunction with other methods



### Examples of using life history approach

- Chronic poverty research** e.g. in Uganda, Zimbabwe and India – poverty trajectories of households overtime (Bird 2008; Kessy and Tarmo 2011; Benjamin 2004) assets, gender and poverty (Doss et al 2011)
- Feminist and gender epistemologies** e.g. exploring experiences and perceptions that are often unheard (Ssali and Theobald 2016), capturing points of vulnerability that enhance gender inequity throughout lives of women involved in sex work (Mbonye et al. 2012)

### Examples of using life history approach

- Health research** e.g. Mental health (Chafetz 1996); exploring women's experience of living with HIV (Midori Yajimaa et al. 2010)
- Health systems research:** not widely used; used career histories to explore individual's career or professional trajectory and main work-related events in India (Namakula et al 2014; Wurie et al 2016; Kadam et al 2016; Purohit et al 2016)



## Why use life histories to support resilient and responsive health systems

- Place people at the heart of the research
- Experiences and realities of people need to feed into the process of supporting a resilient and responsive health system
- Useful in contexts where there is a lack of formal data
- People may have experienced multiple traumatic events - important to rebuilding process

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**Countries & partners:** Sierra Leone (COMAHS), Cambodia (CDRI), Northern Uganda (MUSPH) & Zimbabwe (BRTI) + affiliates

**UK partners:** Liverpool School of Tropical Medicine and Queen Margaret University, Edinburgh

**Research:** Investigate how health systems had been rebuilt post-conflict through the lenses of experiences of both households and health workers, including their gendered experiences



## Life histories in ReBUILD

### Communities:

- To capture health related experiences of adults from poor households and their health seeking experiences through time

### Health workers:

- To explore older health workers' perceptions and experiences of their working environment, how it has evolved and factors which encouraged or discouraged them from staying in post in remote areas and being productive
- To explore older health workers' posting as far back within the study period as possible and their perceptions of the factors that led to these job moves



## Activity:

## Challenging ourselves to do a life history

### Individual activity: draw your own life or career history (30 minutes):

- You can choose what you want to put on – can make it up, or draw on what you know about other people, or do your own
- Only disclose what you feel comfortable with
- Confidentiality is key – what is said / written / drawn in this session – should remain in this session

### Discuss in pairs (30 minutes):

- Walk through the life history with the other person
- Discuss how it was to draw this life history

## Plenary discussion

- What is useful about this method?
- What did you find challenging?
- How would you apply this method in your work?
- What are some of the ethical concerns?

**Break**

**Stations**

- Reflections**
- Reflections from the facilitators at the stations
  - Reflections from the participants

**The learning community**

*Introducing Global Health Social Science: are there too many slides here?*



Enabling research by sharing knowledge

<https://globalhealthsocialscience.tghn.org>  
[www.theglobalhealthnetwork.org](http://www.theglobalhealthnetwork.org)

**Global Health Social Science**



Enabling research by sharing knowledge


A new online learning resource focused on **qualitative and participatory research methods** which is facilitated through the Global Health Network in association with RINGS, COUNTDOWN and ReBUILD.



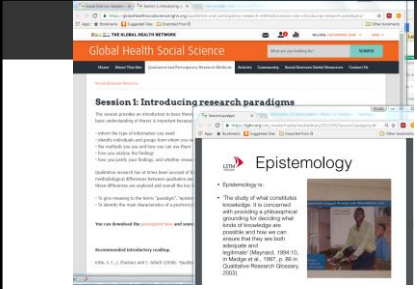
**Home**

Global Health Social Science is an open access collaboration for anyone working in global health with strong qualitative and participatory research methods. We are a community space to build bridges, share best practices and build in synergy.

### The community is:



- Free for anyone to join, regardless of place, job role, etc
- Participatory: anyone can contribute materials and experiences
- Overseen by expert groups to ensure high quality information
- Contains many free resources, with more being added all the time
- Part of The Global Health Network (links to many other helpful research tools, ethics networks, eLearning courses, etc – all free and open access)


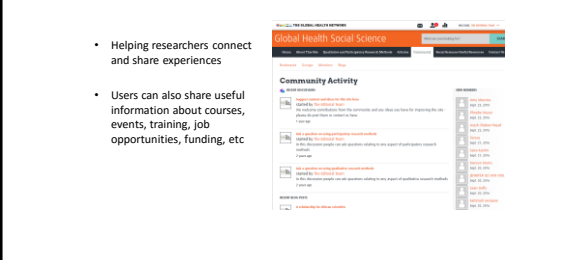


- Learning sessions with ppt and useful resources

### Useful guidance articles and resources





### Blogs and community discussion forums

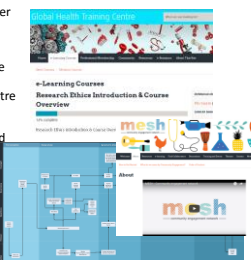



- Helping researchers connect and share experiences
- Users can also share useful information about courses, events, training, job opportunities, funding, etc

### Linked to other useful areas of TGHN



- Guidance on numerous other areas of research such as ethics, community engagement etc
- Thousands of downloadable tools and templates
- Very popular eLearning centre and CPD scheme (free!)
- Database of research regulatory standards around the world
- Interactive database of research sites and studies
- Process map for research initiation
- News, funding, events and competitions



### Summary

- A useful method for health systems research
- But challenging:
  - Sensitive topics - importance of building trust and confidence
  - Reluctance to expose very personal information
  - Willingness to draw lifelines
  - Confidentiality – issues of disclosure particularly with lifelines
  - Time intensive

“Life histories build on one of the most essentially human characteristics – telling stories and making sense of the world through our own life experiences. They have potential to contribute to health systems research.”  
(Witter et al. forthcoming)



**Thank you**

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