Distance Fieldwork in Anthropology

MONIR MONIRUZZAMAN

ABSTRACT

In order to conduct my ethnographic research successfully, I applied a novel but effective means that I prefer to call the distance fieldwork approach. This paper discusses the methods and techniques that I employed to collect data for my research. The use of these methods ensured that I upheld the methodological and ethical principles of ethnographic fieldwork directed from afar. The aim of this paper is not only to outline my research methodology and ethical principles but also to introduce the distance fieldwork approach to anthropological research. I argue that the distance fieldwork approach can be effective to many extents despite some limitations.

Distance fieldwork has presented me with both opportunities and challenges in studying human organ transplantation and commodification in Bangladesh, though I am currently located in Canada. Lack of financial resources, time constraints, distance and other factors made it impossible for me to conduct fieldwork in person. As the research issue is complicated and at the beginning I could not access the primary sources, I was forced to rely on secondary resources. Because this research issue is fairly new, however, I could not find even a single published article or book on this issue in the context of Bangladesh though some general information on worldwide organ transplantation was available. I was frustrated with the challenges that obscured my work but quickly realized that a research assistant could conduct fieldwork in Bangladesh under my direct supervision. At the beginning of my project, it was not clear to me how to conduct this research with an assistant so far away. Eventually I made the necessary decisions regarding the direction of my research and was able to begin conducting directed ethnographical fieldwork through the voluntary aide of a research assistant.

Every research effort must follow some specific methodology. Research is a collection of methods for the analysis and evaluation of data. The methods adopted for collecting the data of my research is certainly a collaborative effort, which is a collection of different...
techniques used in a single research. This kind of collaborative research design, which has been used successfully and increasingly in recent years by different non-governmental organizations, has allowed me to develop a broadly based understanding of the conditions, contexts, and contentions that inform and shape the structural processes of organ transplantation and commodification in Bangladesh. The methods adopted for a collaborative research and the distance fieldwork are similar in nature. Through distance fieldwork, I was able to implement all of the essential methods that are necessary for a research. The methods adopted for this research were several, such as research assistant selection, area selection, sample selection, methods of data collection, data recording and data analysis, which will be discussed shortly.

Ethics is of vital importance to this research project not only because every research project must uphold a code of ethics, but also because biomedical ethics are critical to the understanding of organ health and organ exchange. In addition, for the distance fieldwork approach the methods adopted for my research are also ethically critical. For this reason, I maintain every possible ethical principle. Methods and ethics are indispensable.

Beyond the Field

In anthropology, it is not uncommon for researchers to employ assistants, to help them gather information from the field. My professional experience as a Lecturer of anthropology at Shahjalal University of Science and Technology, Sylhet, Bangladesh ensured that I was both experienced with first hand research and in touch with networks of students and faculty from which to find an appropriate research assistant. I selected M Mohitush Sami, currently a third year student in the Department of Anthropology at Shahjalal University, as my research assistant because of his general interest in health issues in Bangladesh.

When I began fieldwork in May 2001, I kept in contact with Mohitush via email. I sent him an outline of the objectives of this research, as well as some relevant articles to broaden his understanding of organ transplantation from an anthropological perspective. We also exchanged initial ideas regarding the field area and sample selection, the duration of fieldwork, methods of data collection, data recording and conveyance.

Before we began collecting data in Bangladesh I ensured the safety of Mohitush through the University of Western Ontario’s Ethical Guideline for Human Research. As organ commodification is a common phenomenon in Bangladesh my supervisor and I decided that the assistant was not responsible for collecting data if he felt that the situation was too risky. Dr. Douglass Drozdow St.Christian and I drafted two letters concerning Mohitush’s responsibilities and the purpose of my research. Upon my request the head of the Department of Anthropology at Shahjalal University provided my research assistant with a letter of permission allowing him to participate in my research project. These three letters combined provided my research assistant with the necessary institutional affiliations to conduct fieldwork in different locations in Bangladesh.
Because organ transplantation is a relatively new phenomenon to study through an anthropological perspective I discussed some preliminary theoretical issues with my research assistant via several emails and telephone conversations. After familiarizing Mohitush with the broad picture of organ health and exchange in developing nations, I instructed him to talk informally about this issue with his colleagues in Bangladesh. As a result of this advice, Mohitush spoke with Shahjalal University students from a variety of regions of Bangladesh in October 2001 and collected some general perspectives on the issue of organ transplantation.

The Site

Although it would have been advantageous to conduct research throughout Bangladesh this was made impossible to the nature of my research and the time allocated for it. I decided to conduct my fieldwork in two cities in Bangladesh, Dhaka and Sylhet. Dhaka is the capital and the largest metropolis of Bangladesh and Sylhet is one of the major cities in Bangladesh. Dhaka was selected as one of the research areas because it is the only Bangladeshi city where transplant surgeries are performed. As Dhaka is a center for both public and private organ health and care establishments people from many different areas come to Dhaka. Mohitush and I also decided to conduct fieldwork at the Shahjalal University of Science and Technology itself that is located in Sylhet. This location proved beneficial to my research as many of the students and teachers there were already familiar with the issue allowing me to understand a variety of local perspectives regarding contexts, conditions, and participation in organ transplantation and commodification in Bangladesh.

As my fieldwork was conducted in the context of a micro level research setting I instructed Mohitush to initiate interviews in Bangabandhu Sheikh Mujib Medical University Hospital (BSMMUH) in Dhaka, the only place where public transplant surgeries are performed in Bangladesh. Mohitush also conducted interviews in private hospitals, private clinics, and doctor’s offices in Dhaka. I also instructed him to interview the students and teachers of Shahjalal University. From the most part the fieldwork segment in Dhaka provided me with basic information about organ transplantation, care infrastructure and service, and organ commodification in Bangladesh, while the fieldwork in Sylhet provided me with data regarding people’s experiences, perceptions of, and participation in organ transplantation, care service, and organ movement in Bangladesh.

The Sample

As this research implicates many different groups I decided to collect data in Dhaka and Sylhet using the random sampling method. Based on the information collected by my
research assistant, I selected six groups of respondents. My categories are: patients, donors, doctors, brokers, general population, and students. I chose these subgroups because the members of each of them have some familiarity with this research issue. After I selected the subgroups Mohitush randomly selected forty-two students, seven representatives of general population, two patients, one family member of a patient, two doctors and one donor. Mohitush was unable to conduct interviews with subjects categorized as “broker” because of the clandestine nature of organ commodification. By using this method I ensured a wide range of data from fifty-five respondents, which was appropriate considering the time allocation for the data collection of this research.

The socio-economic background of my respondents is not representative of Bangladesh as a whole. Most of the respondents belong to the twenty-thirty age group and two thousand Taka to four thousand Taka monthly income group (Taka is the Bangladeshi currency; one US dollar is equivalent to approximately sixty five Taka). The respondents are highly educated and most are students. Forty-six of the respondents are male and nine are female. Forty-two of the respondents are Muslim and thirteen are Hindu.

The Methods

Although I used the distance fieldwork approach for my research I employed both primary and secondary sources. My primary sources were the responses to the questionnaires and interviews conducted by Mohitush. I collected the primary information through questionnaires, interviews, participant observations, and case studies. The secondary sources used were information that is available in the public discourse. The methods adopted to collect the secondary information were library searches, Internet browsing and the collection of information from mainstream media, medical literature, television reports and scholarly works on organ health and movement.

Before implementing different methods to collect data I informed my research assistant about the current ethical guidelines of the American Anthropological Association so that he could conduct this fieldwork ethically. Confidentiality, one of the key issues in conducting the fieldwork ethically, is especially important given that some of the information gathered may concern illegal activities. To ensure confidentiality in my research, no respondent was named in any of the data collected in the fieldwork. The respondents are identified by a pseudonym. My research assistant and I have kept all research notes secure and no primary data was or will be shared with anyone outside of myself and my supervisor at the University of Western Ontario. My research assistant ensured that all participants in this research had the nature and scope of the research clearly explained to them, when possible in writing and were informed of their right to withdraw from participation at any time. They were also guaranteed anonymity. Preserving the dignity and privacy of my respondents was my primary ethical concern in conducting this distance research.
Questionnaire and Checklist

In-depth questioning was the principal methodology used to gather information for this research. An unstructured and open-ended questionnaire was employed due to the qualitative nature of the study. Another important reason for adopting an unstructured questionnaire was that it helped my research assistant to establish a close rapport with the respondents. As the distance fieldwork method was being used, a checklist was also developed to collect some basic information from the field and to guide my research assistant through the fieldwork effectively. The questionnaire and checklist are discussed in the following paragraphs.

When I decided in November 2001 to collect some preliminary local viewpoints on this topic my research assistant sent a general description of the viewpoints of some Shahjalal University students in Sylhet via email. Working with their general viewpoints of the students, I set up six sets of questionnaires to collect the data from the subjects I had previously categorized as patients, donors, doctors, brokers, general population and students. I structured these questionnaires according to the presumed depth of knowledge of the respondents as well as their presumed experiences and perceptions regarding organ health, care service, and movement in Bangladesh. I formulated different questions for different groups of people because, generally, the subgroups are not aware of the research issue in the same way. Thus, while I drafted forty-seven questions for the patient, I included only twenty questions in the student questionnaire. While I formulated many questions on organ health service infrastructure and care systems for the doctor, I focused on questions regarding organ donation in the donor questionnaire. Each set of questionnaires is quite different.

There is, nevertheless, an important uniformity to the six different questionnaires. In every set of questions there are three basic issues: the socio-economic condition of the respondents, the respondents’ perception of and access to information regarding organ transplantation, and the ethics of organ movement.

At the beginning of each questionnaire, I asked questions about socio-economic condition including the respondents’ name, age, educational qualification, occupation, monthly income, gender, religion, marital status, status of family members, land ownership, and residence pattern. I asked these questions first because I believe it is the best way to generate a preliminary rapport with the respondents. These questions also aided me to understand the socio-economic condition of the respondents.

After the questions regarding socio-economic condition, I included the questions about perceptions of and information regarding organ transplantation. Some of my questions were: What are the contexts and conditions of organ health in Bangladesh? How do you know about organ transplantation? What is the medical infrastructure of organ transplantation in Bangladesh? What are your views on different types of organ exchange, such as donations and trade? These questions helped to understand the social, environmental,
economic, and legal context of organ health establishments and care systems, as well as and organ movement in Bangladesh.

Finally, I included questions about ethics of organ transplantation such as: Is it morally acceptable to remove organs from living persons for the purpose of transplantation? What do you think about related and unrelated donors? What do you think about financial incentives or the marketing of organs? Should there be an open market for organs or should any kind of organ trade be banned? The responses to these questions helped me to understand the ethical viewpoints of the respondents on organ transplantation, organ donations, and organ trade.

The questionnaires I formulated helped me to better understand the social, ethical, psychological, economic and legal aspects of organ problems, organ health service infrastructure, organ care service system and the different contexts and conditions of organ giving and exchanging in Dhaka and Sylhet, which silhouette organ transplantation in Bangladesh.

Because this is a distance study, a checklist for my research assistant was also necessary. The checklist indicated the responsibilities of my research assistant to collect some published data or secondary data on organ health, primarily on the organ health service infrastructure and organ movement in Bangladesh, and also included some directions for my research assistant detailing how to conduct this fieldwork effectively. The checklist was exceptionally useful for this distance fieldwork research.

Through the checklist I asked to my research assistant to collect some basic information. My issues were:

- What types of organ transplants are performed in Bangladesh?
- How many transplantation centers are in Bangladesh?
- How many patients are waiting for organ transplants in Bangladesh?
- How many doctors are available for them?
- What is the survival rate of organ replacement in Bangladesh?
- How much money does an average patient spend for a doctor, for a donor, for a broker, for hospital charges, et cetera?
- Is there any cadaveric organ donation program in Bangladesh?
- Is organ exchange legally accepted in Bangladesh?
- Are there any laws regarding organ donation and exchange?
- If so, what are the laws and when and where they first implemented?

This basic information derived from the questions was really important to my research because I did not find a single published article or book on organ health and movement in Bangladesh. In structuring this checklist I tried to ensure that some basic information would be obtained from Bangladesh through my research assistant.

Using the checklist my research assistant collected basic information on organ health, transplantation and exchange in Bangladesh, which I was unable to access from Canada. He collected some published and secondary data, including seminar papers and journal
articles on organ transplantation in Bangladesh, from which I received very useful information for this research. In addition he collected some newspaper coverage on the seminar of Kidney Patients Welfare Association and a newspaper clipping about the drug company promoting the medicine for kidney patients in Bangladesh. These helped me to understand the context and condition of organ health in Bangladesh. Lastly, Mohitush collected many newspaper advertisements for organ trade, which helped me to shape a preliminary understanding of organ trade in Bangladesh.

As I mentioned before I also provided some directions to my research assistant about how to conduct research effectively through the checklist. I gave him necessary information about how to write field notes and about how to conduct an interview. The checklist both helped me to direct my research assistant and to cross check the respondents’ views with some basic information to ensure the dependability of the data and, thus, increase the depth of the research. Had I been in the field, I would have collected some necessary published information on the research issue so I tried to ensure that this was done through the checklist. On the whole, Mohitush used both the questionnaires and the checklist effectively. He received all of the questionnaires as well as the checklist in mid December 2001 and conducted fieldwork from December 2001 to March 2002.

Interview

Another methodology adopted for collecting information was to interview the respondents. As I was using a distance fieldwork approach, I discussed some of Mohitush’s responsibilities with him before he began conducting interviews. I told him that it was not a survey so it was unlikely that the respondents would fill out the questionnaire, and that it was essential to establish a rapport with the respondents as much as possible. With these instructions in mind my research assistant employed unstructured dialogue-based interviews with the respondents. These informal interviews involved giving the respondents a chance to talk about their experiences related to organ health and movement in Bangladesh. The informal exchange of ideas is common in anthropological research and my job was to guide the research assistant through conducting interviews while still adhering to the questionnaires, checklist and guidelines in accord with the purpose of the study.

While Mohitush was conducting interviews, he and I kept in touch via email. I instructed him to go to some hospitals and clinics to conduct interviews among the different groups of people, who come together in these centers for organ transplant and care. I also instructed him to go Kidney Patients Welfare Association to conduct interviews with patients there. Additionally, I instructed him to interview students and teachers in Shahjalal University of Science and Technology, Sylhet. The settings for the interviews ranged from doctor’s offices and hospital lobbies to tea stalls and university residences.
At the beginning of each interview, as I instructed, my research assistant introduced the research project and himself to the respondents. He then tried to develop a rapport with the respondents through informal discussion. He asked about the socio-economic condition of the respondents and then asked questions regarding their perceptions of organ transplantation and ethics of organ movement. I had explained to my research assistant that his role was to listen and to initiate the interviews. He invited the respondents to explain their views on organ health and movement informally while trying to direct the respondents according to the questionnaire and objectives of the study.

**Participant Observation**

In addition to interviews, participant observation was also used in this research to ensure the reliability of the information gathered from afar. I informed my research assistant that it is important to not only listen to what the respondents say but also to observe their expressions, body language and tone of voice. I also mentioned that participant observation not only involves watching, but also involves understanding what the respondents really mean. As a student of anthropology my research assistant was familiar with participant observation and was able to use the participant observation method effectively. My research assistant noted his observations in the field notes while he was interviewing the respondents. His observations varied: some respondents were uncomfortable with the length of the questionnaire so their responses at the end were not animated, some respondents were uncomfortable with discussing the issue of organ trade and this was reflected when they expressed their opinions about the organ trade, some respondents were totally negative about the role of doctors and the government in Bangladesh which lead to radical responses et cetera. These observations helped me to understand the context and condition of the interviews ensuring that, in spite of not participating physically in the field I fully understand the data contextually.

**Case Study**

I considered the case study method as essential to the distance fieldwork approach. All together five case studies were considered in this research. Mohitush collected two case studies. One is from a family member of a patient who died after his kidney transplant in India and the other is from a patient who went to India for a kidney transplant. I also collected three case studies relating to organ transplants and care in Bangladesh from the newspaper and the Internet. I explored the processes of organ transplantation and the experiences of organ transplant patients through these case studies as well as gained insight into how family members of patients feel about organ health, transplantation, and exchange in Ban-
gladesh. Although there was a physical distance between my research assistant and myself, these case studies helped me to understand the field context and condition competently.

Data Recording
Data recording is essential, especially for the distance fieldwork method. My research assistant asked me how he should keep the records of his field notes. I advised him to write the field notes in a notebook with the name of the respondent, date, and locations of the interview. In addition, I instructed him not to write while he was interviewing, but afterwards, as this helps to conduct interviews efficiently. Mohitush had, however, some difficulties with this and preferred to write while he was interviewing. Then we decided that he should write some records, mostly answers to the questions on the spot and to write other issues, like his observations and experiences, just after returning home from the field. I instructed him to write up his personal experience of each interview.

Data Analysis
I collected data, fieldwork experiences, notes, and necessary information from my research assistant by regular post. Due to my distance from the field, I always kept in regular communication with my research assistant in order to understand field notes and other information. The data he collected from the respondents was analyzed by first eliminating the information that was not relevant to this research. I then coded the data with two different colors of marker. One color was for organ health in Bangladesh and the other was for organ movement in Bangladesh. After separating the two, I inscribed different subheadings for each of these two issues. Examples of my subheadings were: the cause and effect of organ health, organ health care establishments, service systems and the role of the government in understanding organ health in Bangladesh. I also categorized information on organ donation programs, organ trade and the role of the government in understanding organ movement in Bangladesh. This was how I separated the data according to different headings. I also used the tally method technique to count the respondents’ views on some specific issues. While I was analyzing specific issues concerning the context and conditions of organ transplantation and commodification, I went through all of the data together. I also considered my research assistant’s comments and observations in order to analyze the data accurately.
Conclusion

Although I was not physically present in the field I never felt that I was isolated from this fieldwork. It felt to me like I was actually in Bangladesh myself. I tried to ensure in every possible way to conduct the fieldwork effectively and reliably. My previous ethnographic knowledge about the people and culture in Bangladesh helped me to visualize the context of data and the role, which my research assistant was playing. Moreover, I crosschecked my data against all available secondary sources to further ensure reliability.

Nonetheless, there were some limitations in using the distance fieldwork approach, particularly due to the nature of this research. Organ transplantation is a new and complex issue and this made it difficult at times to communicate well with my research assistant. My research assistant was not familiar with some of the medical terminologies and concepts. I remember he asked me several times about terminologies such as organ infrastructure, renal failure, cadaveric organs and brain death. It would have been easier to explain these in person rather than through email or the telephone. Another problem with the distance fieldwork approach was that my assistant could not get permission to talk with some patients. Some of the hospital authorities, and some officials of the Patient Welfare Association, did not allow him to conduct interviews with the transplant patients because it was not his research. A final problem was that my research assistant was not comfortable obtaining statistical data from the Ministry of Health, Government of Bangladesh. He thought that because of the bureaucracy his credibility would be questioned. I realize that all of these limitations are not only due to the distance fieldwork method but also due to the limited time allocation of this research. Both my research assistant and I agreed that some of these limitations could be overcome by allocating more time for this research.

To sum up, the major benefit of the distance fieldwork method is that we can get fresh ethnographic data despite a physical absence in the field. The major limitation, however, of the distance fieldwork method is that researchers need ethnographic knowledge to understand the context and condition of the information amassed from the field. This limitation can be overcome by allocating more time for the research and by accumulating some knowledge about the field. Overall, I do believe that the distance fieldwork approach is good and effective despite its limitations. The distance fieldwork approach is preferable to using secondary sources of data, as primary research is at the core of anthropology. The distance fieldwork approach can be applied with care to extend the possibilities for primary field research.
Notes

1. During this research, I was a graduate student in the Department of Anthropology, University of Western Ontario, London, ON, Canada. I completed my MA under the direct supervision of Dr. Douglass Drozdow St. Christian from September 2000 to January 2003.

Author contact information:
Monir Moniruzzaman
Department of Anthropology
University of Toronto
19 Russell Street
Toronto, ON, Canada
M5S 2S2
monir.moniruzzaman@utoronto.ca