Among the Amish: Interviewing Unique Populations on Sensitive Topics

By Berwood Yost, Christina Abbott, Jennifer Harding, and Angela Knittle

Researchers working within the United States will encounter few cultures as foreign to them as the Amish. Their purposeful self-exclusion from modern American life has given few of us the opportunity personally to encounter and understand their rich cultural traditions. Improper handling of such a culture could defeat efforts to collect some very important survey data.

In 2004, Franklin & Marshall College, together with Pennsylvania State University, received a grant from the Pennsylvania Department of Health to research the prevalence of risk factors for preterm birth and low-birth-weight babies among minority populations residing in Lancaster County, Pennsylvania. The first phase of the project included face-to-face interviews with Amish women between the ages of eighteen and forty-five. A group of religious conservatives attracted by a promise of religious freedom, the Amish first migrated to the New World in the 1700s. Lancaster now has the second highest number of Amish settlements in the United States, with more than 22,000 Amish residents.

Although there is substantial research on pregnancy risk factors for the general population, the Amish have not received much attention, primarily because of their self-imposed separation from the broader society. The Amish differ from the general population in numerous ways that could affect pregnancy outcomes, including an agrarian lifestyle, frequent contact with pesticides, a nutritious diet, limited access to and utilization of health care services, extraordinarily large families, and high incidence of genetic disorders and birth defects.

Unfortunately, the very things that make the Amish an interesting population to study also make it more likely that they will not participate in research efforts.

Since almost none have telephones, face-to-face interviewing is the only feasible interviewing method for the Amish. Some households share an outdoor telephone with neighbors, but most do not have an interior phone unless they operate a home business. The Amish culture has rejected phones and many other modern conveniences to maintain their pronounced sense of community, humility, and separation from the materialistic, contemporary world. The belief of separation manifests itself in their plain dress, the preservation of Pennsylvania Dutch as their primary language, the maintenance of traditional familial relationships, and the minimal use of technology.

Not surprisingly, this lifestyle often creates tension between the Amish and the government. Traditional Amish beliefs dictate they largely refrain from government programs and services, choosing instead to rely on community generosity and mutual aid to help church members in need. Furthermore, due to conflicts between Amish culture and the mainstream government over issues such as compulsory education, many Amish distrust the government as well as members of mainstream society, whom they call the "English."

Clearly, a highly personal survey regarding women's health issues and sponsored by a government agency would require intense planning and collaboration to be successful within the Amish community. Given the cultural foundations of the Amish, careful consideration throughout the project's development was given not only to the ethical and moral protection of individual respondents' rights, but also to the rights of the broader community. Past research recommends a variety of techniques to promote valid data collection on minority

populations. The foremost recommendation is to involve community members in all phases of the interviewing process, from questionnaire design to interviewer techniques. The primary contributors to the research design from the Amish community for the pregnancy risk-factor study were Amish women who worked with a local Amish health research clinic as liaisons. These women were asked to participate because they had experience working with "English" researchers, were familiar with the beneficial aspects of survey research, and were comfortable approaching community members they might not know personally. The Amish liaisons served three main functions: preparing training materials and reviewing the survey instrument; mediating the relationship between the respondent, the interviewer, and the culture; and ensuring respondents' privacy during the interviewing.

Project developers held several informal meetings with an initial group of liaisons who reviewed the survey instrument, identifying questions that might be difficult for traditional Amish women to answer. The liaisons spotted several questions that contained medical jargon and other terminology unfamiliar to Amish women, and items that did not apply to the Amish community, such as questions about television, computer, and motor vehicle use. These questions were either reworded or removed completely from the survey instrument. Questions about alcohol, drug, and tobacco use were also removed, since these substances are banned in Amish culture and respondents would not likely admit to their use.

Interestingly, the liaisons recommended retaining some items that researchers believed would be too sensitive, such as questions about birth control practices. They noted that birth control is sometimes used by Amish women, despite being forbidden. Though contraception is not openly discussed within the community, the liaisons thought respondents would be more likely to admit to its use than to the use of banned substances.

Questions about spousal abuse and psychological states also raised concerns. The liaisons believed interviewers would encounter cases of spousal abuse or mental health problems and wanted to know how they would handle those situations, as well as what the ramifications might be with regard to legal measures taken against abusive husbands, or the institutionalization of respondents with mental health problems. This concern was addressed by providing interviewers with a list of health service organizations that Amish women could contact if they chose to.

Finally, contrary to standard practice, the liaisons did not recommend mailing a prenotification letter. Word-of-mouth is a powerful means of communication in the Amish community, and there was no way of knowing how the community would respond to a written description of the survey. Instead, the liaisons recommended using personal visits to explain the research, answer questions, allay concern, and establish rapport.

Meetings between project developers and liaisons also provided the opportunity to inquire about proper interviewer conduct. Liaisons helped establish a protocol for interviewer dress, proper cross-cultural social behavior, appropriate manners of communicating, and other cultural sensitivity issues. These techniques served to maximize respect for the community and minimize barriers to the community and the individual.

The primary responsibility of the Amish liaison was to mediate the interaction between the respondent and the interviewer. The liaison helped explain the survey's purpose and process during the initial introduction. Given the small size and inclusiveness of the community, the liaison often had a familial relationship or friendship with the respondent, which further served

to establish the respondent's trust and the project's credibility. Regardless, the liaison's presence alone helped establish confidence in the interviewer's intent by mediating the gap between cultures and serving as a powerful legitimizing tool. The liaison was able to explain the more complicated aspects of the survey process in familiar terms for the respondent. For example, interviewers sometimes had a difficult time conveying the random selection process to respondents. Liaisons used more understandable language, which helped the respondent comprehend the uninvited visit by an "English" woman and the importance of participating.

A secondary and unintended benefit of the liaison's presence was the interviewer's continued education about the culture. Interviewers were paired with liaisons and spent approximately seven hours together each working day, permitting open dialogue about cultural differences, practices, and personal life. These conversations increased interviewers' confidence to the point where they felt comfortable returning to scheduled appointments without a liaison present.

Although the liaison's presence was valuable in establishing rapport with the respondent, once the respondent consented, the interview required privacy, both to protect the respondent's confidentiality and to reduce the likelihood of socially desirable responses. Such responses might be promoted by the presence not only of the liaison, but also of English-speaking children and male family members, especially husbands or fathers. To minimize this bias, the liaison waited outside or in the car during the actual interview. If the respondent had young children who required attention, the liaison would supervise them in another room while the interview took place. Typically, the respondent's male family members were working and not at home during interviewing times. Because of questions about sexual and physical abuse, on the occasions when husbands or fathers entered the room during the interview, interviewers made summary

notes as to when the men entered, and, depending on what stage the survey had reached, sometimes recommended continuing the interview at a later date.

Interviewer training was comprised of four components designed to prepare interviewers to enter the Amish community and conduct surveys with Amish women using <u>computer-assisted</u> personal interviewing (CAPI) technology.

During the first phase of training, interviewers viewed audio-visual material explaining the historical and cultural background of Amish life. This material provided background information about the Amish community and oriented the interviewers to their interviewing environment.

The second phase of training covered the proper protocol for interviewer dress and crosscultural social behavior, appropriate manners of communicating, and other cultural sensitivity issues. Interviewers, all of whom were female, were instructed to wear full-coverage clothing (that is, long skirts or dresses) and sensible shoes and to wear minimal jewelry, makeup, and nail polish.

Interviewers were also instructed on how and when to communicate with respondents. During initial introductions, interviewers were advised *not* to shake hands, especially with Amish men. Given the cultural norms of male dominance and the limited interaction between men and women, Amish largely disapprove of physical contact between the sexes, especially between the unmarried and strangers. The culture's patriarchal nature also required that interviewers explain the survey to whoever greeted them; it was not sufficient simply to knock on the door and ask for the female respondent. Interviewers were advised to stress during the initial contact the benefits to the Amish community that might result from the research (a method generally recommended when interviewing minority groups), and reminded to take extra care in this population because personal health issues are rarely discussed. Because of the Amish's lack of communication about health issues and infrequent use of mainstream medical professionals, interviewers were not to probe extensively for responses, as the respondent might genuinely not know the answer to a question. If the respondent did answer affirmatively to questions about depression, anxiety, domestic violence, or other emotional health problems, interviewers were advised to provide a health contact sheet of both free and fee-based counseling services of religious, nonprofit, and government health providers. Interviewers were also cautioned to heighten cultural sensitivity when in the southern part of the county, where the Amish have a less progressive lifestyle and culture than those living closer to Lancaster City and Amish tourism. Finally, because of the Amish's slower pace of speech and use of English as a second language, interviewers were reminded to speak slowly and use simple words.

Given the Amish woman's traditional role, primarily comprised of mothering, cooking, and attending to other domestic duties, interviewers were instructed to be as accommodating as possible. If the female respondent seemed busy with her domestic duties, the interviewer was to offer to return and leave sample survey questions as well as our toll-free number, enabling her to call with questions or to schedule an appointment. The same applied to situations where the family was preparing for a wedding, funeral, or home church service. Also, Amish women of childbearing age often had young children and easily got distracted during the interview. Interviewers were instructed to interrupt the interview and restart when the respondent was ready. Most interviewing was completed using CAPI; however, interviewers were also provided with paper copies of the survey. Due to the Amish's resistance to technology, interviewers were instructed to administer the paper version of the survey if the respondent was uncomfortable with the laptop. While the laptop was a faster and more efficient means of entering responses, in some cases the paper survey provided a higher likelihood of respondent consent. In other cases, the laptop piqued the curiosity of more liberal-minded Amish women and their children.

The third phase of training addressed project logistics, such as appropriate interviewing days and times. Since interviewing began in the fall during the Amish's wedding season, interviewing did not take place on Tuesdays or Thursdays (traditional Amish wedding days), Sundays (religious service days), or Saturdays (when older children were not at school and might eavesdrop on the survey). Times near religious holidays such as Christmas, Easter, the Pentecost and the Ascension were also avoided. Because women are often occupied around the lunch hours to prepare meals for the children and men, interviewers were encouraged to take an early lunch with liaisons.

The final phase of training included specialized training on the survey instrument, CAPI use, and a question and answer session between interviewer and training staff who had field-tested the survey instrument. Training staff reviewed the questionnaire with interviewers and highlighted sections that might be difficult for respondents. Interviewers were instructed to record difficulties with the instrument in their interviewing summary, especially notes about term and question explanations, so that standard definitions could be established. At the conclusion of this session, interviewers were provided ample time to role-play survey introductions and scripts and to become comfortable with CAPI.

Although challenging at times, our research with the Amish has proved extremely educational and, so far, has been a success. Our interviewer training, by incorporating members of the Amish community, historical and cultural material, and cultural sensitivity into traditional methods, improved respondent cooperation and comfort. Presently, our response rate is 63 percent (a crude approximation based on preliminary data), and it is likely to increase as we complete the project and attempt to convert refusals.

Although the project development preempted many difficulties, we did encounter several unforeseen limitations. Interviewing was originally scheduled to be completed over a six-month period, but a number of constraints extended the study's field period. The most severe constraints stemmed from cultural differences that make the Amish pace of life much less rushed than life in the dominant culture. This slower pace spills over to attitudes about work and time, meaning there was little sense of urgency to complete the survey project among either our liaisons or respondents.

The Center recruited a total of nine Amish liaisons to support our interviewing staff. Having a limited number of liaisons was especially problematic because most did not want to work more than once or twice a week, and recruiting additional liaisons was difficult because it must be accomplished by word-of-mouth. Additionally, the liaisons frequently called off work, reflecting their commitment and sense of responsibility to family and community. Reasons for calling off included sick children, funerals, family or community members who needed a hand, and even unplanned family visits. For example, one liaison called off because her sister asked her to help with mulching. When liaisons could not work, our scheduled interviewers could not go into the field except for appointments at households where the initial approach had already been made in the company of a liaison.

This unhurried pace was shared by respondents; many wanted to discuss the survey and share the paperwork with other family members, usually their husbands or mothers, before agreeing to complete it, requiring our interviewers to return at a later time. Often respondents would ask the interviewer and liaison to return a week or more later.

Finally, the timing of the field period also posed some specific problems. First, the wedding season in October and November significantly reduced both the respondents' and liaisons' availability. Christmas and Easter, each celebrated over the better part of a week, and other religious holidays like the Pentecost and the Ascension also reduced our access to both respondents and liaisons. Add to this the constraint on weekend and evening interviewing and it becomes clear that the opportunities to interview were limited.

We also wonder if several qualities of the Amish community increased response bias. Many respondents were willing to take the survey, as Amish women generally tend to be compliant and eager to please. However, this willingness made socially desirable responses more likely, as women who might not have felt comfortable with the sensitive nature of the survey agreed to take it anyway.

Another concern is that response rates might indicate a greater proportion of women who had difficult pregnancies or children born with complications than exists in the actual population. These women might have been more likely to participate because they were more understanding of and enthusiastic about the survey's purpose and intended benefits. Their hospital and medical experiences might also have given them a greater trust in the benefits of health and pregnancy research than women with healthy or no children. The unavailability of research on the prevalence of pregnancy difficulties and children's health problems in the understudied Amish community makes verification of this assumption difficult.

Finally, some willing participants might have been excluded from participation because the respondent's husband or mother, assuming a protective role, sometimes would speak for the respondent and refuse the survey. Situations where other family members would refuse the survey most often occurred with respondents who were unmarried or lived in the more conservative, southern portion of the county.

Hopefully, this Amish health study and the techniques discussed here will serve as an example of the many considerations to be made when conducting face-to-face interviews with minority populations. Two aspects in particular should be stressed. First, without engaging the participation of Amish community members and liaisons, this research would not have been planned or received as well as it has been. Having members of a unique population to aid the research team and to bridge the gap between cultures is essential.

In addition, researchers must make interviewers familiar with the various cultural issues, from appropriate dress to preferable manners of communication. While these requirements make the planning stage considerably longer (especially when additional training time is also taken into account), they no doubt add valuable insight and direction to the survey process.

Berwood Yost is director, Christina Abbott is assistant director, Jennifer Harding is manager of data collection, and Angela Knittle is a postgraduate research fellow of the <u>Center for Opinion</u> <u>Research, Franklin & Marshall College</u>. This research was funded through a grant from the Pennsylvania Department of Health as part of the <u>CePAWHS (Central Pennsylvania Women's</u> <u>Health Study)</u> project. The CePAWHS project is funded, in part, under a grant with the Pennsylvania Department of Health to the Penn State College of Medicine (Principal Investigator: Carol S. Weisman, Ph.D.) for the <u>Central Pennsylvania Center of Excellence for</u> <u>Research on Pregnancy Outcomes</u>. The department specifically disclaims responsibility for any analyses, interpretations or conclusions.

Additional reading

Additional reading

Fontes, L. A. 1998. Ethics in family violence research: Cross-cultural issues. *Family Relations* 47 (1): 53–61.

Kraybill, D. B. 2001. *The riddle of Amish culture*. Rev. ed. Baltimore, MD: John Hopkins University Press.

——. 2003. *The Amish and the state*. 2nd ed. Baltimore, MD: John Hopkins University Press.

Padilla, A. M., and K. J. Lindholm. 1995. Quantitative educational research with ethnic minorities. In *Handbook of research on multicultural education*, ed. J. A. Banks and C. A. McGee Banks. New York: Macmillan, 97–113.

Pan, Y. 2003. *The role of sociolinguistics in the development and conduct of federal surveys.* Paper presented at the Federal Committee on Statistical Methodology, Arlington, VA.

Schaller, J., R. Parker, and S. Garcia. 1998. Moving toward culturally competent rehabilitation counseling services: Issues and practices. *Journal of Applied Rehabilitation Counseling* 29 (2): 40–48.

SUPPLEMENT 1

Recommended techniques for interviewing minority populations.

A. M. Padilla and K. J. Lindholm believe the tactic of involving community members in the interviewing process "increase[s] the potential for more relevant research questions and approaches" (See <u>additional reading list</u>.)

A second recommendation for surveying minority populations is to provide cultural sensitivity training for field interviewing staff. According to J. Schaller, R. Parker, and S. Garcia, the training should be designed to promote an understanding of the "family's view of proper social behavior, purpose of the interview, preferred language, issues of time and space, and information-sharing styles." Effective training communicates generalizations without promoting stereotypes. In other words, while interviewers need to be aware of commonalities in the subgroup, they must also understand that not all members will exhibit the same characteristics, beliefs, and behaviors.

Finally, cultural sensitivity training should include appropriate styles of communication, since, as Y. Pan writes, a "mismatch in communication styles can lead to a misread of signals and mistrust." Therefore, interviewers need to have an understanding of accepted manners and rules regarding language, including "knowledge and expectation of who may or may not speak in certain settings, when to speak and when to remain silent, to whom one may speak, how one may talk to persons of different statuses and roles, what appropriate nonverbal behaviors are in various contexts, what the routines for turn-taking are in conversation, [and] how to ask for and give information," among other things.