

The challenges of conducting focus-group research among Asian older adults

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ABSTRACT

The paper demonstrates the particular value of focus groups as a data collection method in studies of older people with particular reference to those living in large cities in Asia. The strengths and limitations of focus groups as a modality of qualitative research are discussed and a case study is presented. Some of the method's strengths derive from the synergy of the interactions among elders with a shared history and lived experiences. Focus-group exchanges have the potential for inter-personal learning and reminiscence benefits. One difficulty with the method, however, is that many Asian people are inhibited about sharing personal problems in a group context. Drawing from a number of empirical studies based in Singapore, the challenges of conducting focus groups with older participants are detailed and appropriate ways of addressing them considered. The article elaborates on the author's use of software such as NVivo to expedite the analysis of large volumes of transcribed data, and on the retrieval of relevant quotes. Software is useful in extracting themes from codes, as well as allowing the researcher to appreciate the links between codes. Ethical issues such as confidentiality, cultural sensitivities such as language and respect for religion and tradition, and lessons learnt from conducting research using the group setting are discussed. Culturally relevant responses to these challenges are offered which could be useful for future researchers conducting focus groups in Asia.

KEY WORDS – focus groups, older people, Asia, methodology, elderly.

Introduction

Focus-group discussions (FGDs) have been extensively used not only by the social sciences but also in other fields such as business management and marketing research, to elicit the views of particular populations about various phenomena, products or policies. Many manuals and books have been published since the 1980s on the challenges and issues of conducting focus groups (Barbour 2007; Greenbaum 1993, 2000; Kruger and Casey 2000; Morgan 1988, 1993). 'A noticeable change is the increasing

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application of focus group research in international and cross-cultural research' (Hennink 2008: 207). In recent years, social researchers have applied focus-group methodology in many different contexts, and it has contributed to our understanding of a wide range of behaviour, from voting intentions to sexual and reproductive health, and has generated insights into meanings of complex processes such as personal and societal ageing in relation to value systems and beliefs. For the benefit of readers who may not be familiar with FGDs, the following definition by Krueger and Casey (2000: 5) is useful:

A focus group study is a carefully planned series of discussions designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment. Each group is conducted with six to eight people by a skilled interviewer. ... Group members influence each other by responding to ideas and comments of others.

FGDs are classified as qualitative research methods, and have increased in popularity since the benefits of mixed methods were recognised and qualitative methods became more acceptable in the social research community. The international research and policy communities have benefited from the wider usage of focus-group methodology in the health and social sciences, because they are enabling a better grasp of the motivations and cultural beliefs driving human behaviour that results in health problems such as HIV (Van Landingham, Wassana and Saengtienchai 2005). In this article, international research is defined as: (a) research conducted in another country, and (b) cross-cultural research in one's own country, as both types involve venturing into unfamiliar contexts and cultures (Hennink 2008).

Gerontological studies focus not only on issues related to older persons, such as policies, services, programmes and family relationships, but also on how the presence of older people in the family affect other family members and communities at large. For instance, a growing literature on family care-giving addresses the challenges faced by primary care-givers as they provide care to their older loved ones. With migration and globalisation, a growing number of older migrants accompany or follow their adult children who migrate for economic reasons, and they face adjustment issues for which they were not prepared. In totally new contexts, in terms of culture, language and climate, they are grappling with their ageing process. This is a growing area of research that social scientists are exploring in relation to diverse ethnic groups (Ip, Lui and Chui 2007; Lamb 2009; Mehta 1999; Mehta and Singh 2008).

In Asian countries, gerontology research is expanding as the populations age. National policies and funds have been directed towards the benefit of older people and their families, particularly those countries that

have experienced very rapid demographic ageing, as notably in Japan, Hong Kong, South Korea and Singapore. China, India and Indonesia have a smaller percentage of older people in their populations but high absolute numbers. By comparison, countries such as Malaysia, Thailand and the Philippines are ageing relatively slowly. Cambodia, Laos and Vietnam have lost many of their young people in wars, hence their older populations are larger than would have been otherwise. Poverty is a bigger challenge in these three countries than population ageing.

It will be helpful to sum up some of the social changes that are sweeping across most Asian countries, especially in the urban areas, as an understanding of these forces underpins the later discussion. Alongside global ageing, socio-demographic changes are causing structural changes in family living arrangements, which influences with whom and under what circumstances elders reside. Intra-nation and inter-nation migration is drastically changing traditional patterns of care in old age (Kreager 2006). 'Changes in Japanese residential patterns (rural to urban), shifting alliances from intergenerational to conjugal bonds between husband and wife, and changing employment opportunities result in changing values and lifestyles that directly affect the ways elders receive care' (Willigen and Lewis 2006: 125). Rising female labour-force participation rates are changing gender roles and functions, which in turn are leading to a shift of support for elders away from the traditionally normative sources of sons or daughters. Longer life expectancy, particularly of women, increases the number of family members with high dependency as well as the prevalence of diseases such as dementia, stroke and pneumonia. Perhaps one of the most crucial issues facing Asian countries today is the balance between formal social and health care (mostly funded by the government) and informal daily care and support (mostly borne by family and community-based organisations).

Alongside the various customary social research methods, such as surveys, in-depth interviews, narratives and observations, focus groups have increased in popularity among researchers focusing on older people. This article analyses and discusses the challenges and issues related to application of this research method amongst older urban Asians. The lessons learned will be elaborated later in the article, but it should be noted that the author's research experience is mainly in Singapore and may not apply to rural Asian communities.

Key issues and challenges of FGDs

It is the 'group effect' that really sets FGDs apart from other qualitative and quantitative social research methods. Morgan (1996) compared the

focus-group method with other social research data-collection methods, such as surveys and in-depth interviews, and considered their strengths and weaknesses. Focus groups are very useful in exploring personal and attitudinal subjects, as the group setting often releases inhibitions in talking about 'taboo' or 'sensitive' topics. Illiterate persons and those with minimal years of schooling can participate in focus groups as they are comfortable in sharing their perceptions and experiences with their peers. In Asian communities, where through either poverty or lack of school provision, many in the current cohort of elders have been deprived of educational opportunities, the focus-group method is a more appropriate approach to gathering information than self-completion questionnaires. FGDs also provide insights into the sources of complex behaviours and motivations (Morgan and Krueger 1993). The synergy that emerges through group interaction needs to be carefully managed by the moderator, who has to be trained in group dynamics (for more discussion *see* Moen *et al.* 2010). This is probably the most important single influence on the quality of the data collected through focus groups. The second key issue is the recruitment and screening of group participants. Usually purposive sampling is applied, but some level of stratification may also be involved, especially if a particular ethnic culture or gender or economic class is to be studied. Thirdly, the ethics of conducting group discussions must be assiduously considered and respected. The participants should be informed of the risks (if any) and of the topics (particularly if personal data are to be gathered), and the confidentiality of the information and opinions that they share should be assured. In relation to the latter, all the participants must be informed about the confidentiality rules and agree to abide by them. Fourthly, methodological rigour in collecting and analysing the data should not be compromised in any way, as the analysis of complex textual or discourse data requires dedication and patience, as applies to most qualitative research. Indeed, many of the issues relating to other qualitative methodologies apply to FGDs, such as the investigator needing to be aware of their subjectivity, which among other things leads to personal interpretations and blind-spots in analysing one's own culture. Other shared methodological features include the likelihood of sample saturation, and the need for flexibility in implementing the focus-group questionnaire or topic guide (*see* Berg 1998).

Goss (1996) classified focus groups as 'alternative research' due to the reflexive and liminal experiences that participants experienced in his projects. He organised focus groups with trans-migrants (people from another country on their way to a third) in Indonesia to collect in-depth data on their socio-economic adjustment strategies. He believed that his participants found the experience to be enriching and empowering. The

process that took place during the FGDs was ‘dialogic’ leading to a ‘polyvocal production’, *i.e.* ‘a multiplicity of voices speaking from a variety of subject positions’ (Goss 1996: 118). It is this synergy of dialogues that sets focus groups apart as a research methodology. Focus groups have established an important role in social research during the last decade. The rise of this method is partly due to the expansion of international and cross-cultural research. Specialised guides or ‘tool kits’ have been produced and are helpful for researchers who wish to apply the method (Morgan, Krueger and King 1998).

Focus groups and gerontology research

This section draws on some of the lessons learned from the author’s empirical research with older people in Singapore over the last 20 years. Having been trained in the social work discipline, the author is very familiar with group dynamics and group processes, hence running focus groups as a social research tool was in certain respects a variant of familiar situations. After the first initiation into the FGD methodology in the 1990s as a senior researcher in an international project spearheaded by Albert Hermalin of the University of Michigan, the author was convinced of the effectiveness of FGDs in researching older populations. The project, titled *Comparative Study of the Elderly in Four Asian Countries*, studied older people in Thailand, the Philippines, Taiwan and Singapore. The huge dataset that was generated by the focus groups was analysed using Ethnograph (version 4) and a number of publications resulted (Knodel 1995; Mehta 1997, 1999; Mehta, Lee and Osman 1995). Knodel (1995) summarises the research team’s experience of using focus groups.

One of the key issues in the above-mentioned cross-cultural (and cross-national) research was to ensure the cultural equivalence and language equivalence of the semi-structured questionnaire that was used as a standardised instrument across the four countries. To this end, each country had a local senior researcher who had to ensure that the translation of the questionnaire passed rigorous ‘checks’ such as back translation and inter-rater validity. Pilot focus groups were invaluable for indicating whether the questions were correctly understood and relevant to the local cultural context. A point worth noting is that in many Asian communities, the older members have difficulty in answering general questions such as, ‘What are the perceptions of people of your age in your community about re-marriage?’ Such questions might be thought relevant and simple to understand, but many Asian elders were reluctant to speak on behalf of other fellow seniors. An effective way to deal with this issue is to ask,

‘What are the views of people you know in your age group about re-marriage?’

My involvement with other studies involving focus groups with seniors and/or their family members has included: (a) a study of older people’s service needs and views about policies in Singapore, which involved six focus groups and 42 participants; (b) a study of the concerns about and preparation for retirement among people aged 50–59 years, involving 12 focus groups and 76 participants; (c) a study of the views of older Singaporeans (aged 60 or more years) on primary health care for seniors, involving six focus groups and 34 participants; and (d) a study of family care-givers’ experiences and stresses in caring for an older parent or parent-in-law, with eight focus groups and 49 participants.

In all four studies, the author conducted some if not all of the focus groups, and was directly involved in the coding and drawing of the overview grid that helps to compare across the groups. While Ethnograph version 4 was used for the first two projects, NVivo version 7 was used for the last research. NVivo is a very creative tool that aids deeper analysis; the mapping tool allows the researcher to create visual diagrams to illustrate the inter-connectedness of the various variables. As a focus-group transcript can be more than 30 pages, computer software helps in the coding, analysis and retrieval processes. In the coding process, when suitable quotes are identified, their retrieval for academic writing purposes is made easy and convenient. From the author’s experience, while the use of computer software can be frustrating, at the same time it is invaluable, especially when it comes to writing reports and publications.

Some recurring issues in conducting focus groups with older people are: participants (or moderators) not turning up as a result of unforeseen circumstances or lack of motivation; difficulties with the participants’ access to the venue, such as the lack of elevators and ramps for wheelchair-bound participants; the need for washrooms to be within walking distance; setting the times, which should bear in mind the participants’ routines of meals and naps; and being aware of a gender effect, that women are uncomfortable discussing certain issues in the presence of men. When this issue surfaced in one project, an additional small group exclusively of women was conducted to clarify and elicit the female seniors’ views. In addition, researchers who intend to conduct focus groups with older adults should be prepared for the possibility of cognitive impairment and dementia, particularly among those aged more than 80 years. Therefore careful screening of the potential participants is crucial. If such a possibility is overlooked, not only will the group dynamics be affected, but the participant with mental health problems can be stigmatised. As older people have long biographies and many experiences that they like to share, the

moderator should be prepared for ‘detours’ in the discussion. The moderator needs to be skilled in focusing the discussion, yet have the flexibility to allow insights to be explored that may open up new lines for understanding of issues and problems.

An incident occurred during the first listed research project that may have useful lessons for the reader. We scheduled the FGD in a university seminar room. It lasted from 7 pm to 9.30 pm. After a very animated discussion, we escorted the eight group members to the lobby and on the way had to walk over uneven corridor floors that were being repaired. The moderator assiduously warned the participants to take care, but in vain. One participant tripped on a loose floor tile and almost fell – it was fortunate that the moderator was holding her hand and managed to prevent a fall. This incident is permanently etched in the author’s memory as a warning that when conducting research with older people, you must obtain an indemnity certificate, just as an Informed Consent form is essential. Also, you need to be prepared for emergencies and to act in the best interest of the respondent. Contact numbers of family/next of kin should be easily available so that they can be notified in an emergency.

Researchers may be asked to make alternative arrangements for those who are cared for by FGD participants. In one research project, for example, we asked a university student to ‘entertain’ a few grandchildren of the respondents. This facilitated the participation in the FGD of the older people (who were grandparents providing care to grandchildren). In another research project, care-givers of older people with dementia asked whether the day-care staff could help supervise their care recipients while the FGD session was in progress. As the venue of the FGD was a day-care facility, this was easily arranged.

In general, for the data and analysis to be rigorous in qualitative research, much time and patience is required. Ethnographers spend months living within a community collecting data on a daily basis and these have to be verified to ensure their validity and reliability. Those who adopt the case study method, in-depth interviews, or other data-collection modalities such as narrative discourse, when they come to coding and interpreting the data usually find themselves scouring through numerous pages of transcripts. The process has become less tedious with computer software, but the required rigour and methodical procedures are still time-consuming and laborious. In the research projects mentioned earlier, research assistants trained in the application and software were hired to expedite the analysis. The author, after training the research assistant for the particular project, closely examined the coding categories, and the links between the categories. To compare across groups conceptually, manual overview grids were found useful, as the software may not pick up

implicit themes. To clarify, an overview grid captures the themes that arise in each group in a table format, thus enabling the researcher visually to analyse the contents of all focus groups at a glance.

Inductive as well as deductive inferences help build up the within-category integration, the across-category integration and finally the hypothesis refinement (if there are hypotheses). In the second listed research project, it was concluded from the FGD data that it is not only employees that experience retirement, so do housewives. During the FGD with housewives and pre-retirees, the housewives made a strong case for re-conceptualising the retirement concept to include 'home-makers/housewives' as they felt that their work within the home, though unpaid, was still productive work and they looked forward to 'retiring' from their homemaker role. One Asian Indian lady, who was a housewife, said that she would like to start a Match-Making Bureau for young people in her retirement, as she felt that career-minded young Asians had little time to socialise.

Apart from the practical issues, the conceptual and mechanical tasks of employing computer-aided qualitative software raise many challenges. As Kelle explained, 'conceptual tasks are those activities by which the researcher groups and labels data, then generates inferences from the data to move to a broader understanding of the phenomena under study', and mechanical tasks are 'those activities by which the researcher stores, organizes and retrieves the data' (1995: 115). While computing environments can facilitate the mechanical tasks, the conceptual tasks have to be executed by the researcher. If a research assistant is hired, the challenge lies in supervising his or her work while simultaneously doing the conceptual tasks. The author has learnt through experience that an inept research assistant can delay a research project through being incapable of using or inexperience with computer software. Is this any different from hiring a research assistant in a quantitative study? In my opinion it is because qualitative methodology and analysis is a highly intuitive process which requires 'tuning into' the subject to a much higher level than quantitative analysis. Where focus-group analysis is concerned, the context (physical, social, cultural, linguistic) has to be deeply understood so that the statements made are analysed accordingly. Barbour and Kitzinger (2001: 32–5) recognised that the researcher's understanding of the context influenced the kinds of data that were produced, which in turn affects the results.

Lessons learnt from FGDs with diverse older Asian people

As mentioned earlier, the author has been involved in international research both in Singapore (with various cultural groups including Chinese,

Malays and Indians) as well as in cross-national and cross-cultural research projects. This article synthesises much of what was learned about focus-group methodology and implementation from the author's experiences in these diverse projects. The participants in almost all the projects were aged 50 or more years, except for the study of family carers who looked after their elderly parents or parents-in-law. While the focus-group setting enables the participants to interact and share their experiences with peers, and there is a therapeutic effect, there is the risk of confidentiality being breached if the members do not adhere to the rule of respecting each other's privacy. While this point applies to all applications, it seems that the loneliness and 'conversation deprivation' of some older Asians leads to incautious self-disclosures of personal information. This process is called 'mirror reaction' (Fern 2001: 100), whereby commonalities among the group participants emerge and there is a sense of comfort in sharing. While some Asians are introverts and reluctant to share their life story, in our research we found that after the first 30 minutes most participants were comfortable and contributed to the group discussion. To ensure that the need for confidentiality is well understood, at the beginning of the session the moderator must firmly remind all the participants about the importance of this issue.

Given the diverse languages of the participants, a common *lingua franca* has to be agreed at the planning stage. In some of our sessions, bilingual exchanges were appropriate, as in English and Mandarin, because the participants were fluent in both languages. Another issue is the 'standardisation' or steering of the discussion by the moderators. If different cultural groups are involved, there could be two or three moderators, and so standardisation requires close attention. The depth to which certain topics were discussed varied in different groups, even though the same standard semi-structured questionnaire or topic guide was used. Hence, the moderators have to discuss their strategies, and be committed to debrief in detail the dynamics of each session with the team. Consistent and faithful translation is another challenge. In one research project, we had to decide whether to use a two-step or one-step procedure for the translation and transcription. In the former, the translator first transcribes in the speaker's language and then translates; in the latter, the transcription and translation into the language for analysis are simultaneous. As is obvious, the latter saves time and resources, but the former enables the contributions to be reviewed by the participants (if literate) and by researchers of the same language. Eventually we agreed on direct translation into English, but archived the original tapes for use by 'indigenous' researchers.

In cross-cultural and inter-disciplinary research, sensitive topics are difficult to avoid. In gerontology research, they include sexual intimacy,

elder abuse, emotional blackmail and family feuds (*cf.* Culley, Hudson and Rapport 2007). Even if the guideline does not include any anticipated sensitive topic, a group discussion sometimes takes an unexpected direction and touches on cultural or religious sensitivities. The moderator has at all times to feel the *pulse* of the group discussion and, if necessary, step in and take control. It is not uncommon for a dominant member to steer the group discussion in a particular direction or emotional level for his or her own satisfaction. In such situations, the moderator has adroitly to bring the discussion back to 'safe water'. The following example of an exchange between a woman participant (W) and a moderator (M) exemplifies the skill. It is from a focus group for the primary health care project and was held at a Senior Day Care Centre:

W: My husband passed away last year.

M: Ah ... okay... so you are now with just your daughter?

W: (nods)

M: How do you, when you go and see a doctor accompanied by your sister-in-law, how do you pay for the visit?

W: For transport? I don't need to pay, she drives. Only the ... (cries) the clinic money I have to pay. ... Actually I don't need, I have some money in my Central Provident account, but for my husband I use for his treatment.¹ Although I'm not sure how much, it is not enough. The insurance was paid but it was not enough, I still owe \$8,000. The government says I don't need to pay (cries).

M: Please take your time.

W: I don't know exactly so I must wait. I survive on welfare.

M: Oh ... okay. Usually it shouldn't be a problem.

W: I hope so. According to the letter I received – I can read a little.

M: The most important thing is your health now, okay? I'm sure your husband wants you to keep good health. So you must keep good health, okay? So you just take care of yourself, all right? I am sure things will work out well.

W: I hope, I hope so.

It emerged that some of the participants had financial problems. The experience was particularly painful for this lady who had recently lost her husband. The moderator had to comfort her and assure her that she would be able to cope with the help of her friends and the agency. As a follow up, after gaining the participant's consent, the manager of the agency was informed of this information so that appropriate action could be taken.

The relationship of the moderator with the group participants is a key influence on the character and quality of the data that are generated. It is not always a good idea to have a moderator who knows the group participants. In many studies, particularly in evaluative research, the

moderator may be a member of staff of the service provider organisation, and the FGD participants are clients. In such circumstances, the participants may voice views with considerable response bias, in that they may focus on messages for the staff and management but with self-censoring. Being an academic, I was usually not known to the older people recruited from social service agencies, and this was advantageous as a moderator. In the focus groups moderated by an outsider, clients of social and health services gave frank opinions of government policies and elder-care services. A similar consideration applies in cross-national studies. A researcher that sets out to collect data from another country may be inclined to ask a 'local' person to moderate on the grounds of cultural and linguistic commonality, but a 'local' person may inadvertently generate discussions that have strong response bias (for an example *see* Naylor *et al.* 2002).

'Ethical issues are relevant to all stages of focus group design, implementation and presentation' (Barbour and Kitzinger 2001: 19). While some common ethical issues were discussed earlier in this article such as informed consent, confidentiality and the treatment of cultural sensitivities, another major issue is that focus-group research can be used for 'political' purposes. In the field of gerontology, it would not be difficult to imagine the methodology being employed to justify government policies to the less educated, or to learn that findings are 'massaged' to support a proposal for radical change. The paramount ethical principle is to be scrupulously honest in reporting the findings, and to state clearly the limitations or weaknesses of a design. Researchers must work hard at every turn to maintain the integrity of their work, and the final presentations (such as reports or conference papers) should take a neutral stance. Any conflict of interests arising from the research should be clearly stated.

Finally, focus-group data are best used in triangulation with evidence collected by other research methods, for example qualitative interviews or surveys. The complementary strengths of different research methods can lead to richer and more authoritative evidence and deeper understanding. Surveys are very useful instruments for capturing the breadth of circumstances and experiences of a population, but qualitative instruments such as focus groups and case studies allow the researchers to gain in-depth understanding of what, why and under what conditions certain processes or phenomena occur. In my own research projects, focus groups have sometimes been the only research mode, and at other times they have been combined with other forms of data collection. My conclusion is that the triangulation of different methods leads to a more comprehensive research outcome. The focus-group literature indicates the value of conducting focus groups to collect information that helps formulate the

questions for a later survey. Alternatively, focus groups have been conducted after a survey to deepen the understanding of some of the complex or unexplained findings. A mixed methodology may not be possible in cross-national and inter-disciplinary studies because of the high costs, but even for projects with a small budget, the triangulation of FGD data with case studies is a viable approach.

Conclusions

This article has woven an account of some of the challenges and issues that have arisen during the author's experiences in conducting FGDs with older people and those caring for them. Ethical and culturally-sensitive methodological issues have been highlighted. My experience shows that for Asian elders, the focus-group method is highly effective in helping them reveal their perceptions and explain the circumstances of their lives. In turn, through peer sharing, they have a therapeutic experience. The elders who participated in the FGDs said that the social setting made them comfortable, which may be because the focus of the discussions was on topics about which they had special knowledge, many of which reflected their shared backgrounds and collective experience.

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NOTE

- 1 The Central Provident Fund is a form of retirement savings that every working adult in Singapore possesses. At retirement, the government regulations allow the account holder to make partial withdrawals.

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