

**Qualitative data analysis; example of tables showing respondent characteristics and data categorization from recent research paper (1)**

**Table 1: Socio-demographic and clinical characteristics respondents (n=40)**

Mean age range (years)	50 – 60
<b>Gender</b>	
Male	16 (40%)
Female	24 (60%)
<b>Educational level</b>	
None or primary education	28 (70%)
Secondary education	9 (22.5%)
Tertiary education	3 (7.5%)
<b>Ethnicity</b>	
Nupe	6 (15%)
Yoruba	31 (77.5%)
Igbo/Hausa	3 (7.5%)
<b>Religion</b>	
Christianity	25 (62.5%)
Islam	15 (37.5%)
<b>Marital status</b>	
Married	38 (95%)
Widowed	2 (5%)
<b>Employment status</b>	
Unemployed	1 (2.5%)
Self-employed	9 (22.5%)
Artisanship/Farming/Trading/Hunting/Fishing	30 (75%)
<b>Income level (USD per day)</b>	
Less than 2	23 (57.5%)
2 – 4	9 (22.5%)
Above 5	8 (20%)
<b>Health Insurance status</b>	
Insured (HCHC)	40 (100%)
<b>Hypertension control status</b>	
Controlled	20 (50%)
Uncontrolled	20 (50%)
<b>Duration of Hypertension history (years)</b>	
1 – 5	28 (70%)
5 – 10	7 (17.5%)
Above 10	5 (12.5%)

**Co-morbid conditions**

Diabetes	7 (17.5%)
Others (Osteoarthritis/Peptic ulcer disease)	7 (17.5%)
None diagnosed	26 (65%)

**Table 2: Factors inhibiting adherence to medications: thematic matrix of categories, subcategories and concepts (n = 40)**

CATEGORY	SUB-CATEGORY	CONCEPTS
Healthcare related factors	Inflexible clinic hours	-Clinic visits always coincide with religious worship time [n = 3]* -Works/farm during clinic hours [n = 10] - Make drug refills for longer periods when travelling out of town difficult [n = 6]
	Waiting time	-Long waiting time [n = 31]
	Logistic/financial constraints	-Residence far from clinic [n = 4]
	Medications out of stock	-Under dispensed prescriptions [n = 11] -Pills not available [n = 3]
Condition related factors	Poor knowledge about hypertension	-Hypertension is curable, transient [n = 23] - Feels well, no symptoms, so don't use pills [n = 3]
Medication related factors	Adverse effects, side effects Complexity of prescription regimes	-Intolerable effects of pills [n = 7] -Too many pills prescribed [n = 6] -Regime not compatible with religious practice (fasting) [n = 13]
	Substitution/supplementation of prescribed medicines	-Takes herbal drugs alongside prescribed pills [n = 5] -Takes herbal drugs in place of prescribed pills [n = 2]
Religion related factors	Medications not allowed by denomination	-Believes in faith healing [n = 2]
Lack of social support	Family discouragement	-Husband may not approve wife's outings (clinic visits) [n = 1]

\* n refers to the number of respondents whose perceptions contribute to the corresponding concepts

**Table 3: Factors facilitating adherence to medications: thematic matrix of categories, subcategories and concepts (n = 40)**

CATEGORY	SUB-CATEGORY	CONCEPTS
Perceptions of care	Cheap access to 'good' care (HCHC)	-Access to 'good' care obliges compliance [n = 30]* - Care is timely blessing from God [n = 5]
	Appreciation of healthcare provider	-Doctor's social reputation in community[n = 12] -The listening, concerned doctor [n = 29] -Doctor's readiness to adapt prescriptions to circumstances (e.g. fasting period) [n = 10]
	Availability of medication	Prescribed pills available at no cost.[n=30]
Perceived efficacy of medicines	Orthodox medication	-White man's pills works better than traditional herbs [n = 20]
Perception of hypertension	Fear of complications if pills not taken	-Hypertension is dangerous and can kill [n = 38]
Social support available	Family support	-Family members remind and monitor pills use [n = 10]
	Peer support	-Motivation from other hypertensive patients [n = 4]
Support from religious institutions	Spiritual support	-Prayer helps pills work better [n = 19]
	Enlightenment support	-Motivation from additional education from religious leaders [n = 6]

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**Table 4: Factors inhibiting compliance with lifestyle changes: thematic matrix of categories, subcategories and concepts (n = 40)**

SALT CONSUMPTION		
CATEGORY	SUB-CATEGORY	CONCEPTS
Social/cultural food practices	Food preservation/conservation	-Use of salt to prevent

	Food preparation	decomposition of food [n = 3]* -Use of salt, magi in quantities to cook/season meals [n = 14] -Adding extra (table) salt to cooked meals [n = 2]
	Consumption of canned foods	-Use of (salt preserved) canned foods [n = 5]
	Medicinal use of salt solution	-Salted solution useful in treating stomach (abdominal) discomfort [n = 3]
Patient factors	Insufficient knowledge on causes of hypertension	Ignorance of the effect of salt on hypertension [n = 2]
WEIGHT CONTROL		
CATEGORY	SUB-CATEGORY	CONCEPTS
Cultural perception of body size	Weight and affluence/comfort/wealth	-Societal view of 'the fatter, the more affluent, the more comfortable' [n = 12]
	Weight and disease/illness	-Societal view that 'weight loss (slimming down) means serious illness' [n = 13]
	Weight and beauty	-Societal view that 'obesity enhances beauty/sexual attractiveness' [n = 7]
	Weight and family trait	-Heaviness is inheritable in my family; we usually have big sizes [n = 3]
Local food practices	Composition of meals	-Local meals heavily starch based [n = 5] -Red palm oil and Groundnut oil are readily available cooking oils [n = 11] -Rampant goat breeding practice means high consumption of Beef [n = 2]
EXERCISE		
CATEGORY	SUB-CATEGORY	CONCEPTS
Local attitude to exercise	Needlessness of exercise	-Exercise is for the unengaged, the unserious, the greedy who walks to avoid paying travel cost [n = 5]
	Exercise and age	-Exercise is dangerous for older adults and the elderly [n = 7]
Patient related factors	Poor knowledge (exercise and hypertension)	-Exercise is dangerous; makes hypertension worse [n = 5]
	Poor awareness (how to exercise)	-Ignorance about easy everyday exercise activities [n = 11]

USING TOBACCO, ALCOHOL, LOCAL STIMULANTS		
CATEGORY	SUB-CATEGORY	CONCEPTS
Use of stimulants	Tobacco (smoking)	-Used in relieving stress/tension [n = 2]
	Alcohol (local palm wine)	-Palm wine makes vision clearer [n = 1]
	Snuff (inhaling snuff - Nicotine)	-Useful in relieving stress [n = 1]
	Kola nut	-It is customary for older adults and the elderly to eat 'Kola' regularly, stimulates work [n = 2]

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**Table 5: Factors facilitating compliance with lifestyle changes: thematic matrix of categories, subcategories and concepts (n = 40)**

SALT REDUCTION		
CATEGORY	SUB-CATEGORY	CONCEPTS
Health education	The educational channels	-Information from various channels reinforces education – Doctor mainly, radio, church, mosque [n = 9]*
	Awareness on 'how' to comply	-Educated on available suitable local substitutes for salt and magi – Iru 'Locust beans' paste [n = 9] -Alerted on 'saltiness' of local foods – canteens, social 'parties' canned food [n = 4]
Availability of 'substitutes'	Compliance made easier	-Cheap, easy and regular access to Iru; already used by some, though more as a supplement [n = 9]
Social support	Family cooperation	-Willingness of members to eat / prepare meals with reduced salt [n = 26]
WEIGHT CONTROL		
CATEGORY	SUB-CATEGORY	CONCEPTS
Patient perception of body size	Weight and beauty	-Being too fat leads to ugliness [n = 5]
	Weight and body smartness	-Being too fat leads to physical unfitness (can't lift body) [n = 3]
Local food practices	Vegetable gardening and farming culture	-Vegetables cheaply available and easily grown [n = 4]

	Fishing possible (River Niger and others nearby)	-Now eats more of fish rather than meat (after being enlightened) [n = 7]
EXERCISING		
CATEGORY	SUB-CATEGORY	CONCEPTS
Socio-cultural support	Awareness that exercise does not require extra efforts.	-Possible to exercise using everyday activities [n = 11]
	Household chores	-sweeping, washing clothes, pulling water from well [n = 10]
	Farming to exercise	-hoeing, shoveling, clearing bush, harvesting, gardening [n = 4]
	Transporting to exercise	-canoe paddling, bicycling, walking [n = 23]
	Preparing food to exercise	-mortar grinding/pounding, wood axing [n = 11]
	Religious worship to exercise	-clapping, dancing, singing, jumping, bending & rising [n = 5]
	Leisure to exercise	-drumming, cultural dancing [n = 11]
Patient related factors	Knowledge about relationship of exercise to hypertension	-Exercise makes body light and good for BP control [n = 27]
Education	Reinforcement through education	-My Doctor told me and reminds me about need to exercise [n = 19]
QUITTING / NOT USING TOBACCO, ALCOHOL, LOCAL STIMULANTS		
CATEGORY	SUB-CATEGORY	CONCEPTS
Socio-cultural support	Faith based norm and teaching on certain social habits	Abhorrence of 'ungodly' social habits like smoking and alcohol consumption by major religions [n = 2]
	Gender based societal view of certain social habits	The African society frowns seriously at any woman who smokes or even drink alcohol [n = 2]

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This example is taken from the following paper, that is currently under review.

# (1) PERCEPTIONS OF INHIBITORS AND FACILITATORS FOR ADHERING TO HYPERTENSION TREATMENT AMONG INSURED PATIENTS IN RURAL NIGERIA: A QUALITATIVE STUDY

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