Working with Stigmatized Communities in India: Minors from Lower Socioeconomic Background

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Abstract

Working with young children and teenagers has remained a challenging task. As a part of our study to understand their selfie-taking behavior, I interacted with school-going population between the age range of 12-15 years belonging to the lower socioeconomic class in India. I performed one-on-one semi-structured interviews to glean information from their insights on the selfies and what may be considered as dangerous selfies or "Killfies" [3, 4]. Through this position paper, I elucidate upon my experience of working with the under-aged stigmatized population in India, including challenges during recruitment and data collection, privacy and confidentiality, and ethics. I express my positionality with respect to the strategies that can be used to overcome such challenges.

Author Keywords

Stigmatized population, lower socioeconomic class, selfie, Killfie, India, children, teenagers

ACM Classification Keywords

H.5.m [Information interfaces and presentation (e.g., HCI)]: Miscellaneous

Introduction

Selfies have become a pervasive medium of self-portrayal, and their craze has burgeoned in recent times - so much

so that it became the Oxford Dictionary's word of the year for 2013 [1]. But over the past couple of years, there have been numerous cases of selfie deaths - 216 since March 2014 to January 2018 - and injuries around the world [4]. These deaths or injuries occur when people try to click selfies in precarious locations and end up harming themselves. Various causes for the deaths include falling from a height, drowning, vehicle accident, and animal-related dangers among others. Research has been conducted to analyze the nature of selfies on social media websites, such as Twitter and Instagram, and predictive models have been built to classify these as "Killfies" or not [3, 4]. A "Killfie" is a selfie which has resulted in death (or injuries) of the person taking it or the people around him/her. In our work, we analyze the reasons why people take selfies and dangerous selfies in particular. We study the viewpoint of young children and teenagers, between the age of 12-15 years, who come from economically weaker sections of the Indian society. Our study is conducted with students belonging to a government school in Delhi. This forms a stigmatized segment of the population as in India, there is no existing ethics committee for conducting research with minors. Moreover, the fact that they come from the Indian lower socioeconomic class adds to the stigma factor.

In this position paper, we elucidate the process of how we conducted research with a stigmatized section of the population and the challenges we faced during the same. We express the need for better strategies and techniques to conduct research with such populations, particularly in India.

Our Work

We conducted social research to study the selfie-taking behavior of young children and teenagers between the age range of 12-15 years, coming from the lower socioeconomic background in India. This study is based on the social media research conducted on "Killfies" or selfies that lead to death [3, 4]. In this study, we were able to glean information about the perceptions of the participants on selfies and Killfies. The process, including recruitment and data collection, privacy considerations and ethics, is provided below.

Recruitment and Data Collection
We conducted one-on-one semi-structured interviews with 8th to 10th-grade students of a Delhi-based government school; this school consists primarily of students belonging to the lower socioeconomic class. We received formal consent and approbation from our institution, and the principal of the school to proceed with the study. The interviews were conducted over a three month period at our institution wherein a selected number of students from the school visited the campus to attend summer classes. Twenty students were interviewed. During the interviews, they could speak in both Hindi and English, whichever they were comfortable in. The interviews were audio recorded, after receiving verbal consent from the student who agreed to participate in the study, and later transcribed for analysis. The participants were individually explained about the study and its intent, and the process of ensuring anonymity. Moreover, they were given the freedom to leave during the process in case of any discomfort.

The students were initially hesitant but most of them soon opened up and became comfortable with the process. A few students felt uncomfortable when asked about the gadgets they or their family members owned as they lacked such resources at home while others, who had access to them, revealed particular details of their mobile devices rather enthusiastically. Most of the participants confessed to having taken or been a part of selfies, while only a few had read up about or experienced (mostly indirectly) the dangers of certain kinds of selfies. The students, in general, were canny with their answers; they gave examples and ex-

pressed their opinions about the questioned topics. While a few students were taciturn and gave binary answers, others openly discussed their sentiments, experiences, viewpoints, and reasons.

Thus, their socioeconomic background and knowledge played a vital role in their understanding about selfies (and the dangers of "Killfies") and their openness to talk about the topic at hand.

Privacy
One-on-one interviews were conducted with the participants in empty classrooms or quiet outdoors. Pseudonyms were used to refer to the participants and no other personal information, except the age and grade/standard of study, of the participants was collected. The data, including audio recordings and respective transcriptions, was anonymized for future reference.

Ethics
Formal written consent was taken from the principal of the Delhi-based school to conduct the study with students attending the summer classes. Further, verbal consent prior to the interview was taken from the participant and also when it was audio-recorded. The students were clearly given an overview of the study as well. The study was approved by the institute from where the researchers belonged.

Challenges
We faced numerous roadblocks during the study from approval of the research to receiving formal consent from the school authorities to conducting interviews of taciturn participants. In India, when it comes to research with children and minors, there is no existing ethics committee. People have a misunderstanding about ethics forms and there is a stigma associated with signing anything of the sort. This makes collecting data even more difficult. Inspired by the London School of Economics (LSE) children projects, we created an ethics form since nothing of that sort exists in India for social research. Moreover, we took great care to use sensitive language with the participants and not make them feel uncomfortable or provoked/incited at any point in time. In case the participant was unwilling to disclose family information, we did not coerce further. These measures often limited the information we could receive but ensured that we did not cross any lines beyond which it could be an uncomfortable or precarious situation for the participant.

Self-Disclosure
Being a woman of Indian origin, my background and personal experiences of being raised in India have shaped my motivation to work in the field of HCI4D and ICT for Development (ICTD). I have conducted research in HCI and social science across multiple domains including health and social awareness. Also familiar with ICT and social media usage in India, I have an understanding of the "attention seeking", "social status", and "thrill" driven behavior of users in light of selfies. Born and brought up in New Delhi, I also have an experience with the Indian education system.

Benefit from the Workshop
Besides the above-mentioned user research about selfies, I have also contributed to a study on Menstrual Health Education in India [5] which will be presented at CSCW 2018. Through this study, I got an opportunity to engage with young adults, both male and female, on the culturally-sensitive stigmatized topic of menstrual health and menstrual health education. I gained knowledge about the understanding and experiences of the participants with the same. Moreover, I have conducted social media research to understand the spread of the Blue Whale Challenge on social networks, including Twitter, VKontakte, and Instagram,

which caused numerous underage cases (including deaths and suicide attempts) around the globe [2].

Furthermore, as a part of a student design competition, I conducted user studies with elderly people, 60 years and above, in New Delhi with the aim of ameliorating their social interactions and fitness with a design-based solution, called Club60. This gave me an opportunity to work with yet another marginalized segment of the population and design solutions for them. It was an interesting experience to design elderly-friendly technology keeping in mind their particular requirements and constraints.

Attending this workshop would be a rather unmissable opportunity for me; it will help me develop a deeper understanding of conducting research with various stigmatized populations. I look forward to participating in a healthy discussion, sharing strategies with other researchers in the domain, and hearing out their experience of working with various stigmatized populations. Moving forward with the learnings from this workshop, I would be able to broaden my horizons and explore other stigmatized populations with improved strategies and study design techniques.

Author

Shaan Chopra is a fourth-year undergraduate student at IIIT Delhi. Though still exploring, her research interests lie in HCI for Health and Education, ICT for Development and Social Computing. She is currently working on multiple projects ranging from Designing for Menstrual Health Education in India to the analyzing the social media spread of the Blue Whale Challenge.

Acknowledgements

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