Health Information Triangulation: A Complex and Agentic Practice Among Young Parents

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ABSTRACT
In situations of contested knowledge, information seekers may engage in triangulation practices in order to assess which information is right to meet their needs. Triangulation has been much discussed among researchers, but less so among lay populations. This poster presents results related to the triangulation practices of a group of young parents seeking health and parenting information in the Greater Vancouver region of Canada. Young mothers and fathers in this study described and demonstrated multiple types of triangulation in order to assess and make sense of both authoritative and non-authoritative information. Seeking pathways were varied but could be classified as one of: a) escalating authoritativeness, b) second opinions, c) medical/non-medical perspective, or d) inclusive triangulation. Engagement in triangulation practices was used both in deference to and as a mode of challenging medical authority. The dominant cultural emphasis on intensive parenting, coupled with widespread access to the Internet, made it possible and in some cases necessary for lay people to engage in “scientific” information practices such as triangulation.

Keywords
Triangulation, information practices, information seeking, information assessment, sense-making, health information

INTRODUCTION
In situations of contested knowledge, information seekers must rely on their assessment and sense-making abilities. Medical information has been identified as a site of contested knowledge spurring assessment challenges among laypeople (e.g., Genuis, 2010). Parenting information, particularly that enacting the ideology of “intensive parenting” has also been identified as highly contested and culturally-based (Romagnoli & Wall, 2012).

In the research literature, triangulation is generally used to refer a practice in which researchers apply more than one theoretical perspective, data source, method, or researcher within a study (Denzin, 1970; Kimchi, Polivka, & Stevenson, 1991; Lincoln & Guba, 1985). While less well documented, laypeople may also engage in practices that apply multiple methods or tools, consult multiple sources, and indeed consider an issue from multiple conceptual perspectives. Meyers, Fisher, and Marcoux (2009), for example, observed some evidence of triangulation in a study of children’s information seeking. However, information triangulation methods in everyday life are not yet well explored or theorized; rather triangulation has previously been associated with expert or scientific inquiry. This poster reports on the emergence of triangulation as a complex and agentic practice within a study of the health information practices of young parents in Greater Vancouver, Canada.

METHODS
This study employed a constructivist grounded theory design (Charmaz, 2007). Data was collected via ethnographic observation and in-depth individual interviews with young parents (ages 15-24) over the course of 16 months. Observations were conducted via repeat visits (three-10 days in length) three times per school year at two secondary school completion programs for young parents. Interview participants were drawn from the same school programs and from the surrounding communities. Whenever possible, follow-up interviews were conducted with participants, spaced approximately four to six months apart, to a maximum of three interviews during the study period. Fieldnote and interview data was iteratively analyzed using constant comparison and codes were built from the ground up.

RESULTS
Thirty-nine young parents (37 mothers; two fathers) participated in a total of 60 interviews, and 50 observation observation were recorded. Young parents described and were observed engaging in a variety of information
practices, including: seeking, encountering, avoiding, assessing, managing, sense-making, sharing, and use within health decisions. Topics of contested health and parenting knowledge were ubiquitous, ranging from baby-feeding practices to vaccinations. Within the context of contested knowledge, many young parents were observed, and in interviews described, engaging information triangulation practices. Triangulation of health information thus emerged within the context of this study as an iterative practice that wove together seeking, assessment, and sense-making (Figure 1).

Figure 1. Information Triangulation Amidst Contested Knowledge

Despite different standards for determining what type of information was assessed as good or useful, young parents in this study shared a general practice of classifying sources based on their authoritativeness. Due to the commonalities of the social worlds and contexts of study participants, they also demonstrated a substantial degree of consensus around the classification of sources as authoritative (e.g., health professionals) and non-authoritative (e.g., family, friends). Young parent narratives and field observations provided evidence of cultural deference, in varying degrees, to authoritative sources of health information; however it was often the case that even information from sources perceived to be highly authoritative (e.g., a medical specialist) was not accepted uncritically.

Young parents described and demonstrated triangulation via multiple paths. The first of these was triangulation of health information from non-authoritative sources, by checking it against an authoritative source. The second, third, and fourth paths of triangulation all involved verification of information from authoritative sources, against, respectively: other authoritative sources, non-authoritative sources, and a mix of authoritative and non-authoritative sources.

**Triangulating Information from Non-Authoritative Sources**

Young parents in this study described triangulating non-authoritative information with authoritative sources. Young father Saul, for example, described a process of verifying questionable pregnancy advice from family and friends against a more authoritative source by consulting with staff at a family services agency. Young mother Kim, on the other hand, described using the Internet for preliminary information gathering prior to consulting an authoritative source: her infant daughter’s doctor. A third form of triangulating non-authoritative health information was a strategy of escalation of authority among information sources until a need was satisfied.

**Triangulating Information from Authoritative Sources**

In contrast with the escalation strategy used when triangulating non-authoritative information, three distinct strategies of triangulating information from authoritative sources emerged: a) consulting multiple authoritative sources, or a “second opinion,” b) consulting non-authoritative sources, or non-medical perspective triangulation, and c) consulting both authoritative and non-authoritative sources, or inclusive triangulation.

Triangulating health information from one authoritative source against another occurred when young parents felt brushed off, or not taken seriously, by the initial health care provider they consulted. Getting a “second opinion” often occurred when a young mother felt dismissed by an authoritative source. Young mother Elena, for example, sought multiple medical opinions regarding her baby’s respiratory problems on the way to ultimately having him diagnosed and treated for pneumonia.

In contrast with the strategy of seeking multiple medical opinions in order to triangulate health information, some young parents described verifying information from their doctors against non-authoritative sources, or using non-authoritative sources to help make sense of authoritative information. The fourth and final type of triangulation of health information that emerged within this study was that of checking information from an authoritative source against multiple other sources, both authoritative and non-authoritative.

**An Information Triangulation Typology**

Figure 2 illustrates a typology of four forms of triangulation that emerged within this study. Escalating authoritativeness type triangulation was applied to non-urgent health information needs, as was medical/nonmedical perspective triangulation. These could be proactive, as in the case of young mother Caroline wondering how she would know when her water broke, or reactive, as when Mary wanted to make sure a spot on her baby’s head wasn’t anything
problematic. Second opinion triangulation and inclusive triangulation could be used in urgent health situations, such as Elena’s baby’s pneumonia, in which the information obtained from the initial authoritative source was not fully satisfactory. However, these could occasionally also be applied in less-urgent situations, such as Saul trying to figure out whether or not his child was too ill to attend daycare.

These findings carry implications for both practice and theory. Health and parenting information providers might anticipate and facilitate effective triangulation by seekers. It is possible, and indeed likely, that iterative assessment practices including triangulation also occur in other contexts and with a variety of sources. Future research should explore information triangulation of other populations, in other settings, and regarding other topics, to assess the extent to which these findings are transferrable to information assessment regarding contested knowledge more generally, and to what extent Internet access facilitates or empowers specific forms of triangulation.

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REFERENCES


DISCUSSION

Within this study of young parent health information practices, triangulation emerged as a complex and agentic practice (Abel & Frohlich, 2012; Popay et al., 2003) that wove together in an iterative manner seeking, assessment, and sense-making in order to inform health action in situations of contested knowledge. Study findings indicate that individuals may employ methods of triangulation both in order to engage in deference to and as a mode of challenging medical authority. Within the context of this study setting and population, a focus on intensive mothering/parenting, coupled with widespread access to the Internet, made it possible and in some cases necessary for lay people to engage in practices such as triangulation, which have previously been framed as expert scientific practices.

![Figure 2. Information Triangulation Types, With Example Source Pathways](image-url)