February 2023

The Difficulty of Conducting Randomized Control Trials in Social Science: Challenges and Considerations

By: F. Cartwright, P. Steeger, & G.T. Asimia

Abstract

Randomized control trials (RCTs) have long been considered the gold standard for establishing causal relationships in scientific research. While RCTs have been successfully applied in fields such as medicine and natural sciences, their implementation in social science research presents a unique set of challenges. This article explores the difficulties associated with conducting randomized control trials in the realm of social science. It delves into the ethical, practical, and methodological obstacles that researchers face when attempting to design, implement, and interpret RCTs in social contexts. By analyzing these challenges, the article provides insights into potential solutions and alternative approaches that can enhance the rigor and validity of social science research.

1. Introduction

Randomized control trials (RCTs) have been hailed as a robust method for establishing causality in scientific research. Originating in medical research, RCTs involve the random allocation of participants into experimental and control groups to assess the impact of an intervention. This method's strength lies in its ability to control for confounding variables, thereby providing a reliable way to identify cause-and-effect relationships. While RCTs have gained widespread acceptance in fields such as medicine and natural sciences, their application in social science research has encountered numerous challenges.

Social science encompasses a diverse array of disciplines, including sociology, psychology, economics, political science, and anthropology. In these disciplines, researchers study complex and dynamic human behaviors, interactions, and

societal structures. The intricate nature of social phenomena presents unique difficulties when conducting RCTs, leading to ethical, practical, and methodological concerns. This article aims to shed light on these challenges and discuss potential strategies to address them, thereby contributing to a more comprehensive understanding of the role of RCTs in social science research.

2. Ethical Considerations

Ethical concerns are paramount in the design and implementation of research involving human subjects. RCTs in social science raise particular ethical challenges due to the potential for harm, the role of informed consent, and issues related to equity and fairness. In medical RCTs, the potential harm to participants is often well-defined and minimized through rigorous safety protocols. However, social interventions can have unforeseen and lasting consequences on participants' well-being, making the assessment of potential harm more complex. Furthermore, obtaining informed consent in social contexts can be challenging. Participants may not fully understand the implications of their participation, and power dynamics between researchers and participants to treatment and control groups can lead to concerns about equity and fairness, as some individuals may not receive the intervention that could potentially benefit them.

3. Practical Challenges

Conducting RCTs in social science also presents practical obstacles that can impact the feasibility and validity of the research. One significant challenge is the difficulty of controlling for external variables that can influence outcomes. Unlike controlled laboratory settings in natural sciences, social contexts are often characterized by a multitude of interrelated factors that can confound results. These factors, such as cultural norms, historical influences, and individual differences, are challenging to isolate and control.

Additionally, participant recruitment and retention pose substantial challenges. Social interventions may require long-term commitment from participants, making it difficult to ensure their continued engagement throughout the study. Attrition rates can undermine the validity of results, as participants who drop out may differ systematically from those who remain, leading to biased conclusions.

4. Methodological Considerations

Methodological challenges inherent to RCTs in social science further complicate their execution and interpretation. Establishing a clear and well-defined intervention can be complex, especially when dealing with multifaceted social phenomena. Determining the appropriate timing, dosage, and duration of interventions requires careful consideration of contextual factors that influence outcomes.

Moreover, issues related to sample size and statistical power are critical in RCTs. Social science experiments often involve smaller sample sizes compared to medical trials, which can limit the ability to detect significant effects. The complexity of social interactions and the potential for heterogeneity in responses can exacerbate this challenge, requiring researchers to adopt more nuanced approaches to statistical analysis.

5. Contextual Sensitivity

A key consideration in RCTs within social science is the need for contextual sensitivity. Social phenomena are deeply embedded within specific cultural, historical, and institutional contexts. The transferability of findings from one context to another is not always straightforward, and the generalizability of RCT results can be limited. Researchers must carefully consider the extent to which findings can be applied to different settings and populations.

6. Potential Solutions and Alternative Approaches

To address the challenges posed by conducting RCTs in social science, researchers can employ various strategies to enhance the rigor and validity of their studies. Mixed methods approaches, combining quantitative RCTs with qualitative methods, can provide a more comprehensive understanding of complex social phenomena. This approach allows researchers to capture nuanced contextual factors and participants' perspectives, enriching the interpretation of RCT results. Longitudinal studies that track participants over extended periods can mitigate attrition challenges and provide insights into the long-term effects of social interventions. Additionally, adaptive trial designs that allow for mid-course corrections can enhance the flexibility and efficiency of RCTs in dynamic social contexts.

7. Conclusion

While randomized control trials offer a powerful tool for establishing causal relationships, their application in social science research presents a set of intricate challenges. Ethical concerns, practical difficulties, methodological considerations, and contextual sensitivity all contribute to the complexity of conducting RCTs in social contexts. By recognizing these challenges and adopting innovative strategies, researchers can navigate the complexities of social science research while upholding ethical standards and producing robust, meaningful insights. Ultimately, the integration of RCTs with complementary methods and approaches can contribute to a more comprehensive and nuanced understanding of social phenomena.

References

https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-repors/nationalhealthexpenddata/nhe-fact-sheet.html Link BG, Phelan J. Social conditions as fundamental causes of disease. J Health Soc Behav. 1995;(Spec No):80–94.

3. Alley DE, Asomugha CN, Conway PH, Sanghavi DM. Accountable health communities—addressing social needs through Medicare and Medicaid. N Engl J Med. 2016;374(1):8–11.

4. Azar AM. The root of the problem: America's social determinants of health [Internet]. Washington (DC): HHS.gov; 2018 Nov 14 [cited 2019 Nov 20]. Available from:

https://www.hhs.gov/about/leadership/secretary/speeches/2018-speeches/the-root-of-the-problem-americas-social-determinants-of-health.html

5. Solar O, Irwin A. A conceptual framework for action on the social determinants of health [Internet]. Geneva: World Health Organization; 2010 [cited 2019 Nov 20]. (Social Determinants of Health Discussion Paper No. 2). Available from: https://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf

6. Kim K, Choi JS, Choi E, Nieman CL, Joo JH, Lin FRet al. Effects of community-based health worker interventions to improve chronic disease management and care among vulnerable populations: a systematic review. Am J Public Health. 2016;106(4):e3–28.

7. Culbertson, M. J., McCole, D. T. & McNamara, P. E. (2014). Practical Challenges and Strategies for Randomized Control Trials in Agricultural Extension and Other Development Programs. *Journal of Development Effectiveness, 6*(3), 284-299. DOI: 10.1080/19439342.2014.919339

8. Kangovi S, Mitra N, Grande D, Huo H, Smith RA, Long JA. Community health worker support for disadvantaged patients with multiple chronic diseases: a randomized clinical trial. Am J Public Health. 2017;107(10):1660–7.

9. Barnett ML, Gonzalez A, Miranda J, Chavira DA, Lau AS. Mobilizing community health workers to address mental health disparities for underserved populations: a systematic review. Adm Policy Ment Health. 2018;45(2):195–211.

10. Gottlieb LM, Wing H, Adler NE. A systematic review of interventions on patients' social and economic needs. Am J Prev Med. 2017;53(5):719–29.

11. Kangovi S, Mitra N, Grande D, White ML, McCollum S, Sellman Jet al. Patient-centered community health worker intervention to improve posthospital outcomes: a randomized clinical trial. JAMA Intern Med. 2014;174(4):535–43.

12. Jack HE, Arabadjis SD, Sun L, Sullivan EE, Phillips RS. Impact of community health workers on use of healthcare services in the United States: a systematic review. J Gen Intern Med. 2017;32(3):325–44.

13. Castrucci B, Auerbach J. Meeting individual social needs falls short of addressing social determinants of health. Health Affairs Blog [blog on the Internet]. 2019 Jan 16 [cited 2019 Dec 10]. Available from:

https://www.healthaffairs.org/do/10.1377/hblog20190115.234942/full/

^{1.} Berchick ER, Hood E, Barnett JC. Health insurance coverage in the United States: 2017 [Internet]. Washington (DC): Census Bureau; 2018 Sep [cited 2019 Nov 20]. Available from:

https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-264.pdf

^{2.} CMS.gov. NHE fact sheet [Internet]. Baltimore (MD): Centers for Medicare and Medicaid Services; [last modified 2019 Apr 26; cited 2019 Nov 20]. Available from:

14. Viswanathan M, Kraschnewski JL, Nishikawa B, Morgan LC, Honeycutt AA, Thieda Pet al. Outcomes and costs of community health worker interventions: a systematic review. Med Care. 2010;48(9):792–808.

Cross-Barnet C, Ruiz S, Skillman M, Dhopeshwarkar R, Singer RF, Carpenter Ret al. Higher quality at lower cost:
community health worker interventions in the Health Care Innovation Awards. J Health Dispar Res Pract. 2018;11(2):150–64.
Krieger JW, Takaro TK, Song L, Weaver M. The Seattle–King County Healthy Homes Project: a randomized, controlled trial of a community health worker intervention to decrease exposure to indoor asthma triggers. Am J Public Health.
2005;95(4):652–9.

17. Kangovi S, Grande D, Carter T, Barg FK, Rogers M, Glanz Ket al. The use of participatory action research to design a patient-centered community health worker care transitions intervention. Healthc (Amst). 2014;2(2):136–44.

18. Morgan AU, Grande DT, Carter T, Long JA, Kangovi S. Penn Center for Community Health Workers: step-by-step approach to sustain an evidence-based community health worker intervention at an academic medical center. Am J Public Health. 2016;106(11):1958–60.

19. Kangovi S, Carter T, Charles D, Smith RA, Glanz K, Long JAet al. Toward a scalable, patient-centered community health worker model: adapting the IMPaCT intervention for use in the outpatient setting. Popul Health Manag. 2016;19(6):380–8.

20. Weiser SD, Young SL, Cohen CR, Kushel MB, Tsai AC, Tien PC, et al. Conceptual framework for understanding the bidirectional links between food insecurity and HIV/AIDS. *Am J Clin Nutr.* 2011;94(suppl):1729S–1739S.

21. McCole, D.T. (2022) Hybrid wine grapes and emerging wine tourism regions. In Dixit, S. K. (ed.), *The Routledge Handbook of Wine Tourism*, 603-613. London: Routledge. ISBN: 9780367698607FAO. *The State of Food Insecurity in the World—Addressing Food Insecurity in Protracted Crises*. Rome: Food and Agriculture Organization of the United Nations; 2010.

22. Weiser SD, Leiter K, Bangsberg DR, Butler LM, Percy-de Korte F, Hlanze Z, et al. Food insufficiency is associated with high-risk sexual behavior among women in Botswana and Swaziland. *PLoS Med.* 2007;4:1589–1597. discussion 1598.

23. Tsai AC, Hung KJ, Weiser SD. Is food insecurity associated with HIV risk? Cross-sectional evidence from sexually active women in Brazil. *PLoS Med.* 2012;9:e1001203.

24. Young S, Wheeler AC, McCoy SI, Weiser SD. A review of the role of food insecurity in adherence to care and treatment among adult and pediatric populations living with HIV and AIDS. *AIDS Behav.* 2014;18 (Suppl 5):S505–515.

25. Tsai AC, Bangsberg DR, Frongillo EA, Hunt PW, Muzoora C, Martin JN, et al. Food insecurity, depression and the modifying role of social support among people living with HIV/AIDS in rural Uganda. *Soc Sci Med.* 2012;74:2012–2019.

26. Palar K, Kushel M, Frongillo EA, Riley ED, Grede N, Bangsberg D, et al. Food Insecurity is Longitudinally Associated with Depressive Symptoms Among Homeless and Marginally-Housed Individuals Living with HIV. *AIDS Behav.* 2014

27. Kalichman SC, Cherry C, Amaral C, White D, Kalichman MO, Pope H, et al. Health and treatment implications of food insufficiency among people living with HIV/AIDS, Atlanta, Georgia. *Journal of urban health : bulletin of the New York Academy of Medicine*. 2010;87:631–641.

28. Weiser SD, Palar K, Frongillo EA, Tsai AC, Kumbakumba E, Depee S, et al. Longitudinal assessment of associations between food insecurity, antiretroviral adherence and HIV treatment outcomes in rural Uganda. *AIDS*. 2014;28:115–120.

29. Ocansey, R. T. A., Nyawornota, V. K., Adamba, C., Tay, D. A., Musah, K., Nyanyofio, O. C. N., & McCole, D.T. (2023). Promoting development of entrepreneurial skills of youth in Ghana through a structured sport intervention program. *Frontiers in Education, 11*, 1135084. <u>https://doi.org/10.3389/feduc.2023.1135084</u>

30. Weiser SD, Yuan C, Guzman D, Frongillo EA, Riley ED, Bangsberg DR, et al. Food insecurity and HIV clinical outcomes in a longitudinal study of urban homeless and marginally housed HIV-infected individuals. *AIDS*. 2013;27:2953–2958.

31. Weiser SD, Fernandes KA, Brandson EK, Lima VD, Anema A, Bangsberg DR, et al. The association between food insecurity and mortality among HIV-infected individuals on HAART. *J Acquir Immune Defic Syndr.* 2009;52:342–349.

32. Malete, L., McCole, D., Tshepang, T., Ocansey, R., Mphela, T., Maro, C., Adamba, C., & Kazi, J. (2022). Effects of a sport-based positive youth development program on youth life skills and entrepreneurial mindsets. *PloS one*, *17*(2), e0261809.

33. Russell S. The economic burden of illness for households in developing countries: a review of studies focusing on malaria, tuberculosis, and human immunodeficiency virus/acquired immunodeficiency syndrome. *American Journal of Tropical Medicine and Hygiene*. 2004;71:147–155.

34. Tsai AC, Bangsberg DR, Emenyonu N, Senkungu JK, Martin JN, Weiser SD. The social context of food insecurity among persons living with HIV/AIDS in rural Uganda. *Social science & medicine*. 2011;73:1717–1724

35. Augé, M. (1998). A sense for the other. (A. Jacobs, Trans.). Stanford, CA: Stanford University Press. Bach, B. W. (2005). The organizational tension of othering. *Journal of Applied Communication Research*, 33, 258–268.

36. Baier, A. (1985). What do women want in a moral theory? In A. Baier (Ed.), Moral prejudices: Essays on ethics (pp. 1–18). Cambridge: Cambridge University Press. BBC. (n.d.). Ethics: A general introduction. Retrieved June 4, 2016, from http://www.bbc.co.uk/ ethics/introduction/

37. Blomley, N. (1994). Activism and the academy. Society and Space, 12, 383–385.

38. Castree, N. (1999). 'Out there'? 'In here'? Domesticating critical geography. Area, 31, 81–86.

39. Cloke, P. (2002). Deliver us from evil? Prospects for living ethically and acting politically in human geography. *Progress in Human Geography*, 26, 587–604.

40. Cutchin, M. P. (2002). Ethics and geography: Continuity and emerging syntheses. Progress in Human Geography, 26, 656–664.

41. Malete, L., McCole, D., Tshepang, T., Ocansey, R., Mphela, T., Maro, C., Adamba, C., and Kazi, J. (2019). Effects of a multiport-sport PYD intervention program on life skills and entrepreneurship in youth athletes. *Journal of Sport & Exercise*

Psychology, *41*(1), 77-88. Gregson S, Mushati P, Nyamukapa C. Adult mortality and erosion of household viability in AIDS-afflicted towns, estates, and villages in eastern Zimbabwe. *J Acquir Immune Defic Syndr*. 2007;44:188–195.

42. Gannon, W. L. (2014). Integrating research ethics with graduate education in geography. *Journal of Geography in Higher Education*, 38, 481–499.

43. Gilbert, N. (Ed.). (2006). From postgraduate to social scientist: A guide to key skills. London: Sage.

44. Gilligan, C. (1977). In a different voice: Women's conceptions of self and morality. Harvard Educational Review, 47, 481–503.

45. Gilligan, C. (1982). In a different voice: Psychological theory and women's development. Cambridge, MA: Harvard University Press.

46. Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity and 'ethically important moments' in research. *Qualitative Inquiry*, 10, 261–280.

47. Hay, I., & Foley, P. (1998). Ethics, geography and responsible citizenship. *Journal of Geography in Higher Education*, 22, 169–183.

48. Held, V. (1993). Feminist morality: Transforming culture, society and politics. Chicago, IL: University of Chicago Press.

49. Herman, T., & Mattingley, D. (1999). Community, justice, and the ethics of research: Negotiating reciprocal research relations. In J. Proctor & D. Smith (Eds.), Geography and ethics: Journeys in a moral terrain (pp. 209–222). London: Routledge.