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MODULE



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"...with the gathering acclaim for the focus group interview has come the inevitable mythic distortions as to what it is and how it should be conducted. What now imperils the technique is the inclination...to dogmatize it. This will have the regrettable effect of rigidifying a technique notable for the pliability it offers a small homogeneous group to exchange freely on a specific subject...It is the quality of the interchange that is important and not the religious adherence to prescribed conditions that may not always be available in the real world."

(Manoff 1985:125)

MODULE



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SECTION



1

Introduction

This module provides a summary of techniques and practical information on using focus group discussion (FGD) methods correctly (along with other methodologies) for evaluating HIV/AIDS prevention programs. The module begins with an overview of traditional guidelines for using focus group discussions as an evaluation research methodology and continues with a summary of key steps in planning, conducting, and analyzing FGDs.

Following the list of key steps, short summaries of actual FGD research provide background information on how and in what context sets of FGDs were organized and conducted. The appendices include sample FGD question topic guides from a variety of sources and other detailed information pertinent to conducting FGDs.

The AIDSCAP Evaluation Tools series is designed as a practical reference primarily for AIDSCAP project managers, program designers, and field staff as they participate in evaluating their projects' progress in achieving objectives. The first module — Introduction to AIDSCAP Evaluation — explains AIDSCAP's approach to evaluating HIV/AIDS prevention projects in priority and associate countries, reviews the different types of evaluation, discusses various methodologies in general terms, and outlines the types of indicators being used to measure accomplishments in AIDSCAP interventions.

This second module goes into greater detail on focus group discussions — a qualitative method commonly used to provide in-depth qualitative data to complement quantitative evaluation data. Resident advisors (RAs) and project managers are not expected to moderate discussions or analyze the data from focus group discussions conducted under their projects without outside technical assistance. FGD methodology is not as simple as it may seem. RAs and project managers should take advantage of technical assistance available locally, regionally, and at AIDSCAP headquarters when planning FGDs to help measure the effects of country programs or subprojects. Information in this module will help program managers design, budget, and use data from focus group discussions but cannot substitute for trained

specialists to organize and implement the methodology. The module will be useful as a reminder to those specialists.

This FGD module is not a training manual. It is intended as an information resource to guide RAs and project managers in planning appropriate data gathering methodologies for program evaluation. Adherence to the guidelines presented in the module, however, should be balanced against Manoff's advice to adapt techniques to the realities of the research setting.



Focus group discussions (FGDs)

1. What are they?

Focus group methodology was originally developed by private industry to improve understanding of the psychological and behavioral factors underlying consumer behavior and identify methods of influencing this behavior. This qualitative research technique has become a key data collection tool for a variety of purposes, including social marketing, behavioral and formative research, evaluation, and needs assessment.

Focus groups are usually informal yet structured discussions in which a small number of participants (usually six to twelve), guided by a moderator or facilitator, talk about topics of special importance to a particular research issue. Participants are selected from a narrowly defined target population whose opinions and ideas are relevant to the research. Usually more than one discussion is necessary to adequately cover a range of participant characteristics and issues. The discussion is observed and recorded, and provides the basis from which information and recommendations are obtained.

Focus group data “can provide relatively quick answers to specific questions, and is often used to help form hypotheses before surveys are designed, or to explore ambiguous survey findings” (Scrimshaw et al 1991). FGDs attempt to “explore the frames of reference and language that respondents use in approaching a given topic area” (Coyle et al 1991:279). The importance of the language used by participants should not be underestimated. This language includes the words and phrases chosen to describe perceived reality — the vocabulary, the syntax, the colloquial speech, the accompanying nonverbal cues - and other keys to meaning critical for a full understanding of, for example, the context in which HIV prevention programs occur. The focus group setting of unstructured conversation among people with similar characteristics is ideal for identifying indigenous (local or regional) ways of talking about specific topics.

The technique relies on facilitated group interaction that helps "stimulate ideas and uncover resistances that may remain hidden in one-on-one sessions" (Morgan and Spanish 1984 cited in Coyle et al 1991:56). This level of interaction occurs partly because "people in groups talk to each other more than to the group moderator, and this talk tends to be insider talk rather than talk aimed at presenting only the public self" (Coyle et al 1991:56).

Focus groups use open-ended questions rather than the more commonly used closed-ended questions of structured surveys and questionnaires. Closed-ended questions are "fill in the blank" or "circle the number of the right answer" questions. During focus group discussions there are no right or wrong answers. "Yes/no" and "how much/how many" questions are generally not used unless there is a need for clarification.

The main advantage of focus groups is that they provide the researcher an opportunity to observe a large amount of interaction on a topic in a limited period of time (usually one to two hours). They also may be less expensive than surveys because the researcher can interact with several people at the same time rather than just one respondent. Although it is sometimes said that FGDs can be done more quickly and cheaply than survey research, this myth has led to many inappropriate uses of FGDs based less on the appropriateness of the method for the objectives, and more on the need for expediency (Morgan and Krueger 1993). FGDs require planning, effort, and resources just like any other research method.

Although the setting of the focus group is unnatural (as opposed to participant observation), the interaction between people can produce more in-depth data than might otherwise be obtained by interviewing a series of individuals.

In the permissive and non-judgmental environment of a focus group, topics can often be explored in depth. Focus groups are an ideal way to learn about participants' experiences and perspectives -- how people feel about certain topics or issues. People are usually receptive to comparing experiences with others. FGDs are particularly good at uncovering why people think as they do, without specifically asking them why, because usually people can't say why they do what they do (Trostle et al 1990:18). "Why" has to be inferred from verbal and nonverbal details of the discussion. Questions beginning with "How do you feel about..." can yield responses that help analysts understand "why." One of the hazards in getting information from people is that they often want to tell an interviewer how they wish to be seen as opposed to how they are. Focus groups usually offer a permissive environment that enables people to divulge emotions that often do not emerge during other forms of questioning.

2. How and when can they be used?

Social scientists, health practitioners and health educators (Basch 1987; Dawson et al 1993; Scrimshaw et al 1991) increasingly use focus group discussions in the context of needs assessment and formative evaluation to:

- **Obtain group responses** to issues, which can then be compared to individual interview (survey or in-depth key informant) responses (using samples from the same population);
- **Develop hypotheses** (or broad research issues) for larger studies;
- **Develop quantitative instruments** that include appropriate response categories, use language, vocabulary and vernacular consistent with that used by the research subjects, and do not omit questions subjects consider relevant;
- **Explain and interpret** more fully the results of surveys or other quantitative studies: for example, where the FGD format is used to present findings to the research subjects from which the findings were derived (or to a panel of technical specialists) and to ask them about how they would explain or interpret the data;
- **Explore and stimulate** target group members' thinking on or feelings about key issues such as, for example, condom promotion among youth or strategies that monogamous married women could use to protect themselves from their husbands' high-risk behavior;
- **Determine reactions** (levels of responsiveness) to proposed IEC materials or services, such as providing HIV prevention messages in the context of family planning services delivery;
- **Conduct formative evaluations** for developing, testing, and refining prevention messages and educational materials, gathering initial reactions to media promotional campaigns, and developing intervention strategies with target group members.

Focus group discussions can also be used during midterm and final evaluations, along with survey methodology, to interpret quantitative measures of behavior change among target populations or to complement and "contextualize" process data collected during the life of the project. FGDs or other qualitative methods could also be used to assess stakeholders' attitudes toward implementation of innovative programs. Data from these kinds of discussions can reveal salient concerns and possible barriers to implementation that must be addressed if the project in question is to have the desired impact (Basch 1987).



Focus group data cannot be used to generalize to a larger population, so the methodology is not appropriate for testing hypotheses in the tradition of experimental design. Focus group data can, however, provide clues to the range of variation of certain opinions or characteristics. Subsequent research using probability sampling can then investigate how representative different views are and how strongly these views are held.



When deciding to use a qualitative method, project managers and evaluators can choose from a number of methods. FGDs are not the only qualitative method available, and they should be used along with other methodologies. The choice of a method for evaluating a particular project depends on the specific objectives, the subject matter being discussed, and available personnel, time, and funding. If disclosure of certain types of information in a group setting could be directly or indirectly harmful to participants, then FGDs are not the appropriate methodology. FGDs should not be used as the only source of data. A combination of quantitative and qualitative methodologies is usually the best approach for a comprehensive understanding of the major issues. Final decisions about appropriate methodologies to be used for evaluation data collection under AIDSCAP projects should be made in consultation with local, regional, and headquarters evaluation staff.

Some discussions of FGD methodology claim that people will not talk about sensitive topics — such as sexual behavior and AIDS — in group settings. In practice, people will talk about a wide range of personal and emotional issues (Morgan and Krueger 1993), such as family size and birth control (Knodel et al 1987) and sexuality (Zeller 1993), but research into sensitive areas requires careful planning. Topic guides must be pretested to help determine whether, for certain groups, FGDs will yield the type of information needed or another method might be more appropriate.

Technical assistance is available from some AIDSCAP country offices, regional offices or headquarters for all stages of focus group discussion research.



The inherent chance of misuse of FGDs is great, considering the potential for linguistic and logistical complications presented by the realities of conducting research and evaluation activities in developing countries. FGDs have become so popular in recent years that using them has become almost an automatic response to the need for “qualitative” data. Before deciding to use FGDs, project managers should seriously consider the issues discussed above. This decision is best reached by having extremely clear objectives for the proposed research (whether formative, behavioral, operational, or evaluative). And it is critically important to have a trained facilitator skillful at managing a guided discussion.





Steps in the FGD process

1. Determine the purpose

What type of information is to be gathered and why?

- Be very clear about why the focus groups discussions are being done.
- Define the research question or problem.
- Specify the objectives.
- Be sure the research questions are relevant to program planning or decision making.
- Agree on decisions/actions to be taken from the FGD findings.
- Remember that focus group data can indicate a range (types) of knowledge and attitudes, but do not indicate the extent (degree) to which they prevail in the general population.

Who will be studied and why?

Prior to selecting actual participants, determine what types of people would be most appropriate for group discussions around the issues in question. Selection criteria may include gender, age, ethnicity, marital status, social class, economic status, professional affiliation, educational level, lifestyle, or other characteristics appropriate to the research objectives.

2. Develop a topic guide

What is a topic guide?

The topic guide begins with a summary statement of the issues and objectives of the discussion and cues for the moderator or facilitator. It then lists topics or question areas to be covered in the FGD. The topic areas usually move from the general to the

specific, as in the examples provided in the appendix. The topic guide is not a questionnaire, and the moderator should not read questions to participants. A discussion is not the same thing as an interview.

What kinds of topics should be included?

The answer to this question depends on the objectives of the research. The topic guide should address only questions that relate to the specific objectives of the study. Eliminate questions that will yield information that is nice to know but not specifically relevant. Generally it's best to minimize the number of questions that begin with "how many" or "how often," except as lead-in questions to the more critical concerns — questions that try to get at how people feel about certain issues.

How many topics should be included?

The number of topics depends on the purpose of the discussions and on the participants themselves — how they work together as a group. Krueger (1993) recommends 10 to 12 well-developed questions for a 2-hour FGD. One study focusing on AIDS among gay men used four basic questions for ninety-minute discussions. There should be enough topics to adequately cover the key issues, but not so many that the session becomes a group questionnaire process. The number of questions should be reduced "if the topic is complex, if conditional responses are expected, if specificity of response is desired, or if the participants are experienced or knowledgeable" (Krueger 1993).

Who should prepare the guide?

AIDSCAP headquarters and regional evaluation staff have sample topic guides designed for different target groups and different types of issues. These can be used as models to provide ideas for a locally appropriate topic guide. Once the project team has reached consensus on the objectives of the discussion, the team should work with group moderators to review the objectives and information needs of the program and the research.

When should the guide be prepared?

Leave enough time between preparation of the topic guides and conducting the FGDs to let the guide "rest" so you can return to it and review it with fresh eyes before final agreement. Topic guides produced at the last minute are usually of poor quality.

Specifically, what components make up a topic guide?

The discussion guide should be written in outline form to facilitate quick reference by the moderator during the discussion. Follow these steps in designing the guide:

1. Determine first what background information is needed from respondents to evaluate their comments during the session.
2. Prepare a list of topic areas that move from general issues to specific topics of interest: for example, from major community health concerns to STDs to HIV/AIDS.

3. Generate a list of probing questions for each major topic area. These questions are to be used if the information does not emerge spontaneously.
4. Prepare introductory stimulus materials and transition approaches for new topics.
5. Assign, based on priority and complexity, a rough time estimate for each topic area.

Is pretesting necessary?

Yes! Review the guide, eliminating nonessential topics and "dead-end" and quantitative questions. Pretest the guide with the same moderators who will conduct the actual FGDs. Use participants who represent the same target groups, but will not be included in the actual discussions. Good FGD questions are hard to write and should be pretested, just like survey questionnaires.

How does the topic guide change throughout a series of FGDs?

A series of FGDs allows researchers to verify that similar types of information emerge for similar groups. In subsequent FGDs, it's not necessary to collect the same information over and over again. When the composition of the groups is similar, the same moderator should be used to conduct the discussions. With knowledge of the information gained from previous discussions, the moderator can adjust the focus of subsequent discussions to explore different themes in greater depth. Often, the topic guide can and should be changed to reflect the need for different areas of information, depending on the objectives of the research.

The preferred, but not always possible, approach is to conduct a series of FGDs sequentially (not concurrently) with adequate time between discussions to analyze data just collected in order to provide guidance in adjusting the content of the topic guide.

3. Recruit and select the participants

Who are the participants in the FGDs?

For most AIDSCAP projects, the type of participants will already be determined by the nature of the project. Members of groups targeted by HIV/STD/AIDS interventions will participate in the FGDs. Beyond the general classification of target group membership, determine the additional characteristics that might influence responses. Be specific. List all of the factors that can influence the topic and then determine which ones are critical for the research (for example, number of children, marital status, socio-economic status, social class, age, gender, occupation, ethnicity.)

Should participants be similar within groups?

Generally FGDs function most smoothly when the participants are all similar. Establish homogeneous groups of participants who are similar to each other in ways

that are relevant to the issues to be discussed so that they can interact with each other in meaningful ways. In a study of condom use, for example, focus group members should have the same user status, and probably the same marital status. Gender, social class, and professional status tend to have major effects on group dynamics.

Is it all right if participants know each other?

Traditional FGD methodological guidelines stipulate that participants should not know each other. In practice, in many settings, it is extremely difficult to organize a group of participants who do not know each other. If it is thought necessary to have groups of people unknown to each other, and if FGDs are being conducted concurrently with a survey, then individuals selected randomly from the surveyed respondents can be asked to participate in group discussions. The data can be affected in many ways if participants know each other, so the FGD report should acknowledge this bias, if it exists, and discuss the potential implications in the analysis of the results.

How are participants recruited?

Potential participants are usually asked to fill out a short questionnaire (screening survey) to determine their eligibility to participate in a FGD. In rural areas it may be necessary to have a village chief or another knowledgeable authority assist in selecting the group respondents rather than use a questionnaire. In such cases it is advisable to have a research team member accompany the village leader on recruiting visits to be sure the respondents meet the group requirements and that the village leader does not bias them or reveal too much information about the subject matter.

When FGDs are being used to complement survey research, individual respondents to the survey can be asked to take part. Groups from a target population (sex workers, truck drivers, out-of-school youth, market stall vendors, traditional healers, or prominent community leaders) can be asked to put together a group. Groups can also be recruited through organizations such as schools, workplaces, sports clubs, and women's community groups. Local collaborators should be consulted about appropriate protocols for recruiting participants.

How large should a group be?

Recommended group size varies depending on the source consulted. In general, though, six to twelve participants are recommended. The actual number depends on the purpose of the group discussion and on the personalities of the participants. If the purpose is to generate ideas, a few more people might be helpful, but beyond 12, the group becomes too large to effectively draw on all participants' knowledge. If interaction between participants is dynamic, 12 may be too many. But in reticent groups, six may not be enough.

How many groups are enough?

Plan to conduct at least two groups for each group composition considered relevant to the topic area. When pretesting educational materials, conduct enough groups to

rotate the order of communication materials presented in the groups. Conduct additional groups until no new information is being acquired.

It is very important to ensure that the first group discussions are reviewed quickly and thoroughly and the areas for further exploration in subsequent discussions are clearly delineated. In other words, analysis has to occur at the same time the discussions are taking place. Analysis of the initial investigation guides further exploration. Subsequent groups may cover some of the same issues as the first group, but also may reveal additional information.

Should people receive something in return for participating?

Traditionally, when FGDs are used for marketing research, participants are paid in cash for their time. When FGDs are used for understanding the cultural context of behavior in AIDSCAP priority and associate countries, for example, participants are often served food and drinks, provided with transportation to the site of the discussion, or given money for transportation. Generally it's best to determine what sort of incentive is culturally appropriate in any given setting by asking local collaborators for advice. Don't forget to set aside funds for incentives in the budget.

How much should participants know in advance about the topics?

Participants should not know the specific subject of the session in advance. If they do, they may formulate ideas in advance and thus not talk spontaneously about the topic. Respondents should not have participated in focus group discussions before in order to allow for more spontaneity and to eliminate the problems of the "professional" respondent, who may lead or monopolize the discussion.

Often, the research team will tell potential participants that the discussion has to do with a very general topic, one that might open the discussion. For example, if the participants will be university students and the discussion will focus on sexual behavior and HIV risk assessment, the discussion might begin with a general topic area, such as the changing relationships between men and women pursuing higher education in that particular country or the typical activities of university students on weekends.

4. Select and train the moderators and assistants

Who makes the best moderator?

Moderators should be professionals trained in psychology, sociology, anthropology or market research, if possible. They should have an outgoing personality, be sensitive, warm, energetic, diplomatic and empathic. They need to be aware that their job is to learn, not to teach or present a point of view or correct the participants. Perhaps the most critical skill is the ability to listen (Krueger 1993). Health educators may not make good moderators, unless they are able to refrain from educating the FGD participants. "Even though there is a prepared outline listing topics or questions, in a sense the moderator is the instrument...Often the moderator plays a key role in

developing the outline of topics and questions, analyzing and interpreting results, drawing conclusions and implications, and preparing a written report" (Basch 1987:415). Good moderators are not always easy to find.

Often it is necessary to have more than one trained moderator on the research team (male and female) and to have team members who are fluent in different languages. Sometimes a person who has specific cultural or technical knowledge (medical practitioners or communication specialists) may be added to the moderating team. For FGDs with youth, for example, a good moderator would be the same gender and would probably be only a few years older than the participants—someone with whom the participants can identify. When possible and feasible, moderators should be fairly similar to the participants in personal characteristics such as age, profession, ethnic group, and appearance.

How directive should the moderator be?

For focus groups designed to elicit concrete feedback from the target population about a questionnaire item or a poster, for example, the moderator may take a generally directive role. Exploratory focus groups designed to reveal underlying behaviors or beliefs may require a less directive approach. The moderator must be an active participant in the discussion, however to ensure that all participants have the opportunity to express their opinions and that probing for additional information occurs as needed. The degree of direction the moderator gives may determine the depth and quantity of the data obtained during the FGD. For example, a moderator who directs the discussion by utilizing probing techniques (explained below) allows participants to explain in more detail some of the underlying issues that led them to make their statements.

A good moderator facilitates participant discussion, monitors her or his own role in the session, and ensures that all key elements of the topic guide are addressed.

What are other characteristics of a good moderator?

The list in the box on the next page could be used as a checklist when pretesting topic guides and training moderators.

How do you assess moderators' skills?

Prior to the actual FGD session, it is important to have the moderator conduct one or two practice groups with a minimum number of actual or role-playing participants and several observers. After the discussion, the observers (and possibly the participants) can, in a constructive and supportive fashion, use the checklist to discuss how the moderator could improve his or her facilitation of the discussion.

While facilitating the discussion, the moderator should avoid statements or comments that imply value judgements (such as "good," "excellent," or "right") as well as head nodding. An effective moderator will also link participants' ideas into cohesive patterns by using phrases such as, "It seems like most of the group feels that... Do you all agree?" Alternatively, the moderator might say, "Many people seem to feel...I wonder what others who disagree might say?", followed by a pause to allow participants to speak.



A good moderator:

- has experience in group dynamics;
- puts respondents at ease;
- states the session's purpose;
- is genuinely interested in the discussion;
- includes all participants (even the shy ones) in the discussion, but controls over-talkative members;
- stimulates discussion between group members;
- encourages participants to express divergent points of view;
- remains non-critical and avoids giving "expert" opinions;
- keeps discussion moving and focused on central research questions;
- covers all key elements of the topic guide;
- probes to clarify important points;
- is comfortable with periods of silence.



5. Plan the logistics

Select the date and time for each group.

Be sure there are no conflicts with special days (holidays, market days) or with individual activities (household chores).

Select the group discussion sites.

The setting should provide privacy and should be in "neutral territory", in a place comfortable, easily accessible and non-threatening where it is easy to hear people speak. For example, a rural health center would not be the most appropriate place to hold group discussions about traditional illness management behaviors or the use of different types of therapeutic resources because the setting might constrain discussion about other sources of treatment or criticism of the center's services. Religious centers may not be most appropriate for discussions of sexual behavior. The potential for noise levels that might interfere with the tape recording should be considered when choosing a site — if possible, avoid a room with a loud air conditioner or fan or a location where traffic noise in a room with open windows might create too much competition with the discussion.

Arrange for tape recording and note taking.

A small battery-operated cassette recorder is usually not difficult to use, even in rural settings where electricity is not available. As backup, someone should also take notes — usually the assistant moderator. In many settings, the participants will want to hear at least a partial playback of their discussion during post-discussion refreshments. The informal commentary that might occur during the playback may also provide additional insight and clarification of key points in the discussion. The assistant moderator can note seating patterns during the discussion, identify speakers (which is not always obvious on tape), and record facial expressions and body language.

Always have a back-up cassette recorder and extra batteries in the field. While there may not be sufficient budget for twice as many recorders as needed, it may be possible to borrow back-ups locally for the duration of the research.

The best approach is to always tape-record discussions and, at the same time, always have an assistant moderator taking notes. This way, the data are preserved even if analysis and interpretation cannot occur as thoroughly as a researcher might desire at the time the FGDs are conducted. A rapid analysis might be required for programmatic reasons, but as time allows, a more thorough analysis could be conducted at a later date.

Other props might be needed.

Select supporting materials for the group discussion. It may be necessary to use stimulus materials, such as draft education materials, to encourage discussion. See the example for Haiti in the appendices.

How many FGDs can be conducted in one day?

“Novice moderators should plan to conduct only one group per day, and veterans should seriously consider limiting themselves to two per day” (Krueger 1993). Quality of results is strongly effected by moderator fatigue. One study of the effects of household crowding in Bangkok conducted only two FGDs per week (Fuller et al 1993); however, the realities of evaluation research may require a tight timeline for data collection. If the research is to be conducted in the field, involving per diems and transportation costs, then two FGDs per day may be required. This puts a considerable analysis burden on researchers, however. Notes and tapes have to be reviewed (although not transcribed) on the day of the discussion. The numbers of FGDs to be conducted per day is an important issue that should be discussed carefully with local collaborators at the planning and budgeting stage.

6. Conduct the FGDs

Participants should be seated in a circle, which makes it more difficult for a few people to dominate the discussion. The assistant moderator or reporter sits just

outside the circle to avoid distracting the group. The moderator sits in the circle with the group. The tape recorder should be placed in the center of the circle.

What happens first?

The moderator opens with a brief introduction to put the group at ease, establish "ground rules" and allow a rapport to develop between the moderator and the group. The moderator should introduce herself/himself and ask each participant to give his/her name. The moderator should reassure participants of confidentiality explaining that written reports of the discussions will not include the names of the participants and that the tapes will be kept safe and not shared with people outside the research team. The participants should be told why they have been brought together to clarify any misconceptions. The fact that there are no right or wrong answers needs to be reinforced. All opinions are valid. Diversity of commentary is encouraged.

It's very important that the participants understand the objectives of the discussion. "Clarifying goals does not necessarily mean revealing the research hypothesis or questions under study. Clarifying goals does mean communicating to participants what you want to know from them" (Basch 1987:416).

The moderator then continues into the warm-up stage, which consists of asking the participants to introduce themselves to the group and posing non-threatening questions that all group members can answer. As the collection of individuals becomes an interacting group, the moderator should maintain interest, show impartiality, and provide "unconditional positive regard."

What are the "ground rules"?

Participants are asked to speak one at a time, avoid interrupting each other, and speak clearly and slowly enough so that the tape recorder will pick up what they say. The use of the tape recorder should be explained in such a way that the participants feel at ease about speaking. One way to do this is to emphasize the importance of the information, explaining that only by recording the discussion can the researchers be certain to get accurate detail. Be sure to tell participants any information relevant to the logistics of conducting the discussion, such as the location of a bathroom, where smoking is permitted, and when and where the refreshments will be served.

The moderator can solicit additional "ground rules" from the participants. This can reinforce the idea that the participants are valued contributors in the FGD process and also provide clues about local customs and etiquette.

A technique for dealing with "wandering discussion":

During the explanation of the ground rules, the moderator can tell participants "If the discussion wanders, I'm sure you'll refocus it to the topic at hand." This suggestion functions as a self-fulfilling prophecy that helps eliminate the problem of the moderator dominating the discussion flow (Morgan 1988).

Following the introduction and warm-up, specific issues related to the topic area are introduced for in-depth discussion. Ideally, underlying issues emerge from group interaction rather than from extensive prompting from the moderator. [Additional techniques for guiding discussion appear in the appendices.]

What are some of the problems that can arise during discussions?

Throughout the focus group discussion, the moderator should closely observe the group and look for indications of whether the ideas being expressed accurately reflect each participant's feelings, beliefs, and behaviors. Keeping the following questions in mind can help moderators be aware of potential problems during a session:

- Are some participants merely agreeing with opinions voiced by others instead of stating their own?
- Are some members unenthusiastic? aloof? confused? overly positive or excessively negative?
- Is any participant "attacking" the moderator or other group members personally or being disruptive?

A "yes" answer to any of these questions is an indication that the information being obtained from the focus group may not show the true range of the members' opinions or beliefs. A good moderator will identify these problems early on and respond to correct them. For example, a moderator who notices that certain members are dominating the discussion may increase attempts to draw out members who are more shy.

What is the role of observers or assistant moderators?

An observer might be someone who will be using the focus group findings in the future and wants to attend the group session to gain first-hand experience with the target population. Observers might be assistant moderators who take notes, draw a seating chart, operate the tape recorder, monitor non-verbal communication, keep time for the moderator, and deal with interruptions so that the moderator is not distracted from the discussion. Observers must realize that some periods of the session will not be meaningful and that a consensus is not always reached. Their role is to listen, watch the respondents for nonverbal cues, and note key impressions that emerge. It is quite possible that the presence of an observer will affect the responses of the group members. However, if the observer and the participants have similar characteristics, the potential for observer interference is reduced.

In short, an observer who does not participate in the discussion but functions as an assistant moderator and takes notes is an important complement to the tape-recorded documentation of the discussion (Bertrand et al 1992:200).

How does the moderator end the discussion?

In the final stage of the FGD, members might be asked by the moderator to identify major themes from the session. If the participants seem unable to summarize

adequately, the moderator will need to do so. This stage summarizes what the group has accomplished and allows for final clarification of key points. The moderator can help move the discussion to summarize issues with some carefully worded leads: for example, "Since we are almost out of time, let me see if I can summarize the major issues you all have raised..." After the summary, the moderator should ask the group if he/she has presented the points that were raised accurately. The participants will then have the opportunity to clarify any misunderstandings or misinterpretations.

7. Ensure appropriate data management.

A series of FGDs can produce hundreds of pages of transcripts full of fascinating information that must be summarized in order to be useful — this process is called "data reduction." A two-hour session yields an average of 40 to 50 transcript pages (Morgan and Krueger 1993:5). It can take three to four hours to transcribe each hour of taped discussion. Translation adds additional time. If typing from hand-written transcription is necessary, add an additional one to two hours. Translation, transcription, typing, and preservation of all raw data materials constitute "data management."

How should the "data" be "managed"?

Data management is the "mechanical aspect" of analysis (Seidel and Clark 1984 in Knodel 1993). Focus group "data" consist of tapes plus an assistant moderator's handwritten notes. Data management involves the following steps:



Steps in Data Management

1. **Label tapes** with date, location, group code, and sequence (if more than one tape is used).
2. **Prepare a seating diagram** for the typist. The typist should listen carefully to the voices as they say their names so that first names or initials can be attached to later comments.
3. **Use high-quality play-back equipment** (budget permitting) with a tape speed control and foot-operated back space.
4. **Minimize distractions** for the typist.
5. **Use a word processor** if at all possible. This enables the analyst to later modify the margins or use the word processing software to assist in the analysis process.
6. **Identify moderator statements** in bold type. If possible, type the name of each speaker followed by his or her comment. If the identity of the speaker is unknown, place a question mark in the transcript. Single space the comments and double space between speakers.
7. **Type comments word for word.** People do not speak in complete sentences, but the typist must resist the temptation to add or change the words or correct the grammar. If some of the words are unintelligible, type three periods to indicate that words are missing from the transcript.
8. **Allow enough time for typing.** The required time will vary with typist speed, the quality of the tape recording and play-back equipment, length of the discussion, experience of the typist with FGDs, and the complexity of the topic.
9. **Make copies.** After typing the transcript, make a back-up copy of the transcript on another diskette, print a hard copy of the transcript with numbered pages, and send a diskette copy, hard copy, and the tapes to the analyst.

(adapted from Krueger 1988)



8. Analyze and interpret the results

If the research team lacks the necessary analytic abilities, skills, and/or technical assistance, then the quality of the group discussions hardly matters. Analysis and interpretation are equally as time-consuming as translation and transcription, and do not receive enough attention in most discussions of FGD methodology (Bertrand et al 1992).

“Given the qualitative nature of the data gathered by focus group methodology, a considerable amount of subjective judgement is necessarily involved in their interpretation and analysis...It is advisable that several people read through all the transcripts and collaborate on the analysis to reduce the chances that the subjective portion of the analysis process leads to unwarranted emphasis or invalid conclusions” (Knodel 1993). Some special technical assistance with analysis is often required. A team approach to analysis can greatly facilitate reliability in interpretation. At least one team member should be able to analyze the original language version of the transcripts when translations are used. The analysis will also be more accurate if the analysts are intimately involved with the data collection process — present at the discussions and/or serving as moderators.

When should analysis begin?

Ideally, “analysis” begins as soon as the first FGD begins. Observers should make notes about ideas, themes and additional questions that occur to them as they listen to the discussion. Debriefing should take place immediately following the session. Clarify the meaning of the group interactions and compare impressions while the discussion is still fresh in everyone’s mind. The focus group tapes should be reviewed and the report for each discussion constructed as soon as possible after the event. This can be done by the moderator alone or in conjunction with another team member.

The assistant moderator should write up his/her notes more legibly and completely while the moderator is reviewing the tapes and outlining major issues that emerged from the discussion. The tapes should then be transcribed (not summarized) word-for-word. Ideally, and if funds permit, the transcription should be done in the language in which it was conducted, then translated into English. All tapes, notes and transcriptions should be transported to and kept in a safe location for future reference.

Who should analyze the transcripts?

Focus group data should be analyzed by a small team that includes someone experienced in qualitative data analysis, the moderators, and other researchers affiliated with the project. An outside technical assistant, if provided for in the budget, could be used to review the analysts’ findings.



What are the steps in conducting the analysis?

1. Assemble all materials: copy of topic guide, transcripts, tapes, demographic information about participants, assistant moderator's and observers' field notes, written summaries of each group.
2. Read all summaries at one sitting. Refresh your memory about the setting, participants, tone of discussion, general reactions to the discussion, potential trends or patterns, strongly-held opinions, and frequently held opinions.
3. Read each transcript completely. Mark sections that relate to each question in the topic guide. Mark comments that might be useful for future quotation. Highlight words, quotes or phrases that might represent potential classification categories.
4. Examine one question at a time. After reading all responses to a single question, prepare a brief summary statement that describes the discussion. Identify themes or patterns across the groups, as well as themes relating to respondents with similar demographic characteristics [see appendix page 31].

Finally, the analyst must create a global synthesis of the FGDs, examining the findings in light of the original research objectives. Based on the focus group findings, the analyst should provide insight, recommendations and hypotheses about these objectives. In addition, the analyst may pose new research questions or informational needs suggested by the FGD findings.

(adapted from Krueger 1988)



Who interprets the data results?

Interpretation involves “determining criteria for organizing the textual data into analytically useful subdivisions,” or coding the data, and subsequently searching for “patterns within and between these subdivisions to draw substantively meaningful conclusions” (Knodel 1993). Interpreting transcripts is a real challenge to researchers. The most effective method of interpretation would seem to involve a team approach in which researchers, moderators, and interviewers discuss the findings at multiple points along the way, including during the research itself and during the data reduction phase of analysis.

9. Report and present the findings

What are the steps involved in preparing a report?

1. **Consider the purpose of the report.** Recall the reasons why the FGDs were done - that is, the objectives of the research and what information is needed by decision makers. Reports can take three general forms:
 - brief oral reports highlighting key findings.
 - descriptive reports (oral and/or written) summarizing comments or observations of participants.
 - analytical reports (oral and/or written) highlighting and interpreting key trends or findings and including selected comments as examples.

A detailed description of the specific methods used for each set of focus group discussions is necessary so that readers can critically evaluate the results and conclusions of the analysts (Basch 1987:425).

Agree in advance with the individuals or agency conducting the discussions on the level of detail needed in the final report. The contractual agreement for conducting the FGDs should specify research deliverables in detail.

2. **Prepare a draft report.** A report on a set of FGDs should be comprehensive and detailed. Some of the information that should appear in the report includes the background and objectives of the research, the methodology and rationale for the design chosen, an explanation of the limitations of qualitative research and cautions against generalizing the results, and the findings, conclusions and recommendations. In an appendix to the report, the authors should include a copy of the moderator's topic guide, the screening questionnaire, and copies of any other materials that were used during discussions. See the appendix on page 32 for a more detailed outline. Circulate the draft report to moderators, assistant moderators and other observers (if applicable) for verification of description and interpretation.
3. **Prepare the final report.** Revise the draft according to recommendations from reviewers. Circulate the final version to all interested parties. AIDSCAP implementing agencies will circulate the report locally as appropriate, including the AIDSCAP country office. The AIDSCAP resident advisor in the country office will circulate it to regional and headquarters offices.

Is a formal or oral presentation of findings really necessary?

Yes. All too often, written reports are not disseminated to or read by the critical audiences. If the research is important enough to be done, then the results deserve a public, oral presentation to key individuals, as determined by the nature of the research and the intervention for which the research was conducted.

AIDSCAP country program resident advisors should assist implementing agencies in organizing presentations to key individuals and groups.

10. Translate research into action

The findings of focus group discussions should be used to:

- plan new interventions and methods of reaching members of target populations,
- design educational materials and messages,
- help interpret quantitative research, or
- demonstrate to potential funders the need for a particular intervention.

In practice, translating research into action is more difficult to accomplish and document than actually conducting the research itself. Often researchers are not familiar with the problems program managers encounter in implementing interventions with particular target groups and find it difficult to present research results in ways that answer program managers' questions concisely.

Program managers find it difficult to read long reports of research findings that often don't seem to address immediate programmatic concerns. Researchers aren't always present when programmatic issues are discussed and resolved, so they're not able to bring up points from the research that might be relevant to particular issues at particular times.

Although there are no quick and simple techniques for translating research findings into specific programmatic changes, researchers should put special effort into the conclusions and recommendations sections of their reports and include summaries of those pieces in the executive summary at the beginning of each report. After the oral presentation of findings, a roundtable discussion with key program people could be held in which researchers and program managers brainstorm together about the applicability of findings to specific programmatic concerns. This kind of brainstorming should not simply take the form of a question and answer session, but rather should receive a substantial portion of time in the agenda of the oral presentation. Researchers may have ideas for program changes that might be possible based on research findings and they could present these ideas for discussion.

An alternative approach could involve the opportunities presented by, for example, a midterm program evaluation, or a workshop planned for the purpose of revising strategies, implementation plans or work plans for a particular project or set of projects. Researchers could present relevant research findings at the beginning of the workshop, then participate with program managers in small group discussions organized around specific program issues.

These kinds of exercises can produce lists of possible actions that might be taken to change the direction of existing programs or projects or to determine the implementation details of new projects. Program managers should eliminate actions that are not realistic or feasible, pursue actions that are easily implemented and involve minimal risk, and investigate areas of uncertainty or major risk.



Examples of the use of focus group discussions in HIV/AIDS research and interventions

The following descriptions provide a few examples of how focus group methodology has been used for investigating behavior related to HIV/AIDS prevention.

1. Formative research with Thai military recruits

(Sweat et al 1993)

FGD and survey methodology were used to help design more effective HIV prevention programming for Thai military recruits, whose high rates of alcohol consumption and use of commercial sex workers put them at high risk of acquiring HIV. Recruits completed behavioral questionnaires and underwent HIV serologic testing at induction in May 1991. In October 1991 and March 1992, a series of 10 FGDs were held to obtain in-depth information on HIV-related risk behavior. These discussions were moderated by a non-military, native Thai-speaking male social scientist.

One key methodological issue from this study includes group composition. Since one of the goals of the FGDs was to assess group dynamics among peers, participants in each FGD came from the same unit and were well known to each other. Participants in the first four focus groups held in October 1991 were mixed in terms of their reported sexual behavior. However, subsequent cluster analysis of the quantitative (questionnaire) data revealed several subpopulations of recruits, including: (1) a group of lower-educated, primarily rural farmers with low HIV risk and low knowledge of AIDS; (2) a small group of men at extremely high risk of HIV infection; (3) three groups of men who differed in their levels of HIV risk but had high levels of knowledge about AIDS. Thus, the remaining six focus groups were organized to include two groups of lower-educated farmers, two groups of men at extremely high risk of infection, and two groups of men with high levels of knowledge and low risk of HIV infection.

The 10 FGDs ranged in size from four to eleven participants, for a total of 76. Discussions lasted about two hours, concluding with an informal lecture on HIV/AIDS and a condom use demonstration presented by a Thai army physician. Discussions were tape recorded, transcribed in Thai, translated into English, and saved as computer text files. A computer software program called the ETHNOGRAPH was used to conduct a content analysis on the transcriptions. Two American social scientists who had not participated in the FGDs coded the text.

The results were used together with survey data to develop a large scale intervention supported by the military. The intervention included an on site AIDS education center, peer education and educational videos that addressed issues from the focus group discussions.

2. Designing a factory-based AIDS prevention program in Kinshasa, Zaire

(Irwin et al 1991)

Researchers conducted twelve focus group discussions with factory foremen and their wives during November and December 1987 to gather data as a first step in designing a counseling and educational program for seropositive factory employees and their spouses. The topics of the discussions focused on knowledge about and attitudes toward HIV and AIDS, condoms, counseling of seropositive people, social dynamics among discordant couples, and sexual practices that might affect HIV risk.

Six of the discussions were with male foremen and six were with their wives. The foremen participating in each group did not know each other since they were selected at random from several factory departments of a manufacturing firm employing 6,700 workers. Researchers approached foremen through the factory clinic, obtained informed consent and assured participants of confidentiality. Each foreman was then asked to invite his primary wife to participate in a discussion for spouses.

Discussion organizers gave participants taxi fare to the site of the discussions, held at a nearby conference center on weekend afternoons. Moderators conducted tape-recorded discussions in small, private rooms furnished with a circle of chairs. Experienced Zairean moderators of the same sex as the participants conducted the discussions in Lingala. Group size ranged from five to 19 people; a total of 76 men and 48 women participated. No demographic data were collected for the participants in order to preserve anonymity; however, the moderators observed heterogeneity in apparent age, educational level, and socio-economic status. Sessions lasted from 60 to 90 minutes.

The topic guide consisted of 29 open-ended questions. An assistant to the moderator (same sex as participants) operated the tape recorder. After the discussion, a male Zairean physician joined the group to lead a question and answer session. Following the sessions, participants were given a hot meal and taxi fare home.

Approximately two hours after each discussion, the moderators verbally summarized the discussions to the primary analyst in French. After the Lingala transcription of the tapes, native speakers of both French and Lingala translated the transcripts into French. Finally, a professional translator who was a native speaker of both French and English translated the French transcripts into English. Either the moderator or a native Lingala speaker involved with the research reviewed confusing responses. Researchers analyzed the French and English translations by coding each response, sorting by topic, making an inventory of consensus and contrary opinions, and then summarizing the responses qualitatively using participants (rather than groups) as the unit of analysis. The French version of the written synthesis was reviewed in detail by the moderators, clarified, and verified with the Lingala transcripts when necessary.

3. Exploring cultural values, norms and beliefs related to HIV prevention efforts among Hispanics in California

(Forrest et al 1993)

Researchers conducted seven focus groups between June and September 1991 to identify the range of norms, values and social contexts characterizing and affecting condom use among California Hispanics prior to developing a survey questionnaire. The participants included 75 men aged 18 to 40, mainly Mexican-American or Mexican. Investigators selected participants based on ancestry, age and sexual activity during the past year, with an effort to ensure diversity on variables that might affect norms of sexual behavior and condom use, such as marital status, age, stated sexual preference and level of acculturation. However, each focus group was composed of men with similar marital status, sexual orientation, age and condom use.

Each group discussed a short, written vignette provided by the moderator to stimulate discussion. The details of the vignette reflected the characteristics of the group. Topics discussed included gender roles and communication about sexual matters; images of condoms, condom users and people who discuss condom use in conversation or within a sexual relationship; the context in which condom use is appropriate or not, and why; and the credibility of various sources of messages about condoms and AIDS.

Marketing researchers organized three discussions in San Jose and four in Los Angeles, moderated by a bilingual, bicultural Mexican-American psychologist and observed by the researchers. The discussions were held in two specially designed focus group facilities equipped with one-way mirrors and microphones. The participants knew they were being observed and that the discussions were being recorded. Some sessions were conducted in English and some in Spanish. Those conducted in Spanish were simultaneously translated into English for the observers. The taped discussions were then transcribed in the language in which they were recorded.

For data analysis, the researchers chose an ethnographic approach (Morgan 1988:64) in which observers and the moderator discussed the focus group immediately after each session ended, highlighting themes and issues and comparing them with the results of previous sessions. They modified the topic discussion guide for subsequent groups based on information obtained from earlier groups. The investigators integrated their notes into a single summary document for each focus group, which was then reviewed by the moderator and compared with the transcriptions and recordings. Using the summaries and transcripts, the researchers listed elements in the discussions that seemed important in identifying norms, values and social contexts relating to condom use among the participants in the discussions. They used the information from the focus groups to develop a questionnaire for an area probability sample survey of 1,000 Mexican and Central American men aged 18-49. The results of the survey will determine the prevalence in the community of the attitudes and behaviors reported in the focus groups and contribute to the development of programs to promote condom use for AIDS prevention in California.

4. Exploring social norms about sexual decision-making in Haiti

(Ulin, Cayemittes, and Metellus 1993)

In a national AIDS KABP study conducted in 1991, women reported fewer multiple-partner relationships than men, and were reasonably well informed about AIDS prevention, but nevertheless expressed significant fear of becoming infected. These and other data suggest that the capacity of Haitian women to negotiate safer sexual behavior may be related less to knowledge than to their customary role in the sexual relationship. In an effort to explore this hypothesis in more depth, researchers conducted twelve focus groups with women and six focus groups with men in Port-au-Prince and Les Cayes in April and May 1992.

The researchers wanted to explore perceptions of social norms governing sexual decision-making and behavior associated with risk of HIV transmission to women. The discussions emphasized women's role in the sexual relationship and women's potential for initiating behavior change. Secondly, the researchers were concerned with men's perspectives on issues determining women's rights to protect themselves. The loosely-structured topic guide (see the appendix on page 34) focused on knowledge of HIV transmission and prevention, sense of personal vulnerability, perceived consequences of AIDS, household decision-making, sexual decisions and women's rights, communicating with partners about behavior change, discussing AIDS prevention with other women, and counselling adolescents about HIV/AIDS prevention.

The sites of the focus group discussions were inner city neighborhoods characterized by extreme poverty, high population density, substandard housing, low literacy

and high unemployment. Political unrest eliminated the possibility of including a rural site in the study design. Local leaders collaborated with the researchers in final site selection, helping to identify safe places with sufficient privacy and quiet to permit taping the discussions. The researchers chose politically neutral places for local participants to gather. In addition, researchers chose sites so that child care was available for those participants who brought their children with them to the discussions.

Six trained moderators facilitated nine focus group discussions at each research site. The six moderators were chosen from 16 individuals who participated in a four-day training seminar in FGD methods and techniques. The researchers chose the four women and two men from the 16 trainees based on their superior performance in the seminar. Following the seminar, the research team provided additional training to the six moderators which included pretesting the topic guide. Four of the six had previously worked as interviewers for surveys; two others were psychology students at the University of Haiti.

While the moderator conducted the discussion, the assistant took notes and operated the tape recorder. Same-gender group size ranged from seven to 11 participants. Discussions lasted from 30 minutes to two hours, followed by sandwiches and drinks for the participants. The researchers gave the participants small gifts after the meetings. In addition to the focus group discussion guide, the researchers used a demographic data questionnaire in Creole to record basic socio-demographic information on participants, including the following variables: age, marital status, number and age range of children, formal education, literacy, source and amount of income, religious affiliation and use of a family planning method. These data were used to identify salient characteristics of individual speakers in the discussions.

The taped discussions were transcribed in Creole and translated into English by professional Haitian translators. As an accuracy check, random sections of translations were independently re-translated and verified by the Haitian co-investigator. The transcripts were analyzed using the computer software Orbis, a program of Nota Bene, which can search and retrieve text based on codes entered into the transcripts. Analyzers can assemble portions of text referring to specific study objectives into one document for review. The 95-page report on the results of these discussions included extensive and specific recommendations for HIV/AIDS prevention programming.

5. Questionnaire development using focus group methodology in Thailand

(Benjattanaporn, personal communication)

Within the context of a Bangkok-wide comprehensive program of HIV/AIDS/STD prevention, AIDSCAP-funded researchers collected baseline quantitative and quali-

tative data on knowledge, attitudes and sexual behavior among groups targeted for HIV prevention programming. During the process of developing a KABP questionnaire, five focus group discussions were conducted with participants representing the groups targeted for interventions. The participants in the group discussions were told that a survey was being planned and that their input on question wording and translation was important to the development of a high-quality questionnaire for use at baseline and followup to measure sexual behavior change over time.

The five focus groups included 22 people — sex workers, female and male office workers, female vocational school students, and male and female factory workers. The discussions lasted from 50 to 80 minutes and were moderated by Thai social scientists experienced in conducting qualitative behavioral and market research. An observer assisted each moderator by taking notes. A Thai social scientist analyzed the Thai transcripts using content analysis techniques.

An important methodological result of reviewing questionnaire wording and translation with members of various target groups emerged around the issue of interviewing Thai women about sexual behavior. The researchers determined that a self-administered questionnaire produced better quantitative data on individual female sexual behavior than an individual in-depth interview, especially for female office workers and female vocational school students. However, a self-administered questionnaire was not appropriate for female factory workers because of their lower educational level. They also discovered that an individual open-ended interview produced better qualitative data on general female sexual behavior than did focus group discussions with groups of women. The researchers used this approach for subsequent data gathering efforts with women.

When surveying Thai women using a structured questionnaire, the interviewer began with less sensitive questions. At the appropriate point during the interview, the researcher passed to the respondent a self-administered questionnaire containing only those questions relating to that individual's personal sexual behavior, and then left the room. The respondent filled in the answers to the questions and deposited the questionnaire in a box, with only a number as identifying information. The interviewer then returned to the room to finish the interview. During a second round of focus groups conducted during analysis of the questionnaire data, female participants were interviewed individually using a similar question topic guide to that used during group discussions with male participants.

The input from FGD participants proved critical to the development of a culturally-appropriate questionnaire by ensuring a translation in Thai that accurately reflected the original intent of the questions in English. It also helped to fine-tune the methodology so that the researchers could obtain high-quality data on a set of sensitive topics with a variety of target groups.

SECTION



5

Appendices

Appendix I:

Budget categories for planning focus group discussions

The following categories are helpful in planning a budget for conducting FGDs (Shedlin/SRA). The number of discussions to be conducted depends entirely on the purpose of the exercise and on the range of characteristics of people whose participation is needed.

1. Planning (might involve an extended session with representatives of implementing agencies and/or of target groups, transportation, meeting space)
2. Recruitment of participants (recruitment questionnaire, transportation)
3. Payment for participants (incentives)
4. Refreshments
5. Space/room where discussions are held
6. Moderator fee; assistant moderator fee; transportation (consider feedback sessions with moderators/assistant moderators if several groups are conducted)
7. Transcription of tapes (figure a full day of secretarial service for each discussion held)
8. Data management (including computer software such as ETHNOGRAPH or Tally if used for coding and analysis; computer time; data entry personnel)
9. Analysis, interpretation and report preparation (may involve hiring someone)
10. Typing and photocopying report
11. Supplies and equipment: tape recorders, tapes, paper, overhead, etc.
12. Oral presentation of results (may involve meeting space, transportation, per diems, photocopying)
13. Technical assistance (may involve multiple visits at several stages throughout the research)

Appendix II:

Techniques for guiding focus group discussions

(adapted from Krueger 1988):

1. Laddering: Proceeding from a product characteristic to user characteristics of benefit or harm, for example, from the lack of lubrication in condoms to vaginal irritation.
2. Hidden-issue questioning: Probing the feelings of focus group discussion participants about sensitive issues in their lives. This approach attempts to transform personal issues into widely shared life themes.
3. Symbolic analysis: Examining the reaction of the focus group to opposites of the behavior or product being discussed. Three different types of opposites can be used: non-usage (for example, what is someone like who never uses this?), imagining a "non-product" (for example, a non-breaking condom), and exploring perceptions of opposite types of products (for example, the opposite of a condom might be an IUD because the client has no control over its use).
4. Projective techniques: Eliciting member responses indirectly, through role playing, presentation of difficult situations and subsequent discussion, completion of cartoon captions or story boards, or word association.
5. For exploring sensitive topics like sexual behavior: Participants do not need to discuss just their own personal behavior and opinions. Questions can be posed in terms of "others" or "in general", allowing participants to discuss a topic openly without implying that they engage in the behaviors themselves (WHO 1990).
6. Using the "pause": The five-second pause is most often used after a participant's comment. It prompts other points of view. There is a tendency for novice moderators to talk too much, to dominate the discussion with questions, and to move too quickly from one topic to another. The pause can often help slow things down, elicit additional comments, and allow time for someone to speak, especially if it is accompanied by eye contact between the moderator and participants.
7. Using the "probe": This is a technique for getting additional information. In most conversations and group discussions, there is a tendency for people to make vague comments that could have multiple meanings, or to say "I agree". Probing comments include:
 - "I'm not sure I understand. Please explain further."
 - "Please give me an example of what you mean."
 - "Is there anything else?"
 - "Please describe what you mean."
 - "I don't understand."

It is best to use the probe early in the discussion to emphasize the importance of precision in responses and then use it sparingly in later discussion. Excessive probing, however, can be extremely time consuming and unnecessary.

Appendix III:

FGD analysis: Identifying themes and patterns within categories of focus group discussion data

(adapted from Krueger 1988)

1. Consider the words. Think about the actual words used by the participants and about the meanings of those words in the particular cultural context. Remember the difficulties in working from transcripts that are also translations. If possible, work with a native speaker and use the original language tapes or transcripts, as well as the English translations.
2. Consider the context. Responses occur as a result of a question from the moderator or a comment from another participant. Examine the context of the response by finding the question or comment that prompted the response (the "triggering" stimulus), and then interpret that comment in terms of its context. The context includes the preceding discussion and also the tone and intensity of the oral comment. If hand-written notes are available, look for non-verbal indications of context as well.
3. Consider the internal consistency. Group discussion often results in participants changing or reversing their opinions because of the group interaction. When this happens, the analyst tries to trace the flow of conversation to determine clues that might explain the change. Changes in internal consistency are also important to "follow" during the course of the FGD. These changes or shifts can also be identified during the FGD by the moderator and further clarity can be gained.
4. Consider the frequency or extensiveness of comments. Some topics are discussed by more participants (extensiveness); some comments are made more often than others (frequency). These topics could be more important or of special interest to participants. Also consider what was not said or what topics received limited attention - was this an anticipated outcome? Extensiveness and frequency of comments during a single FGD may lead to modifications in the topic guide throughout the research process of conducting a series of discussions.
5. Consider the intensity of the comments. Intensity refers to depth or strength of feeling and is difficult to spot when reading a transcript since it is communicated by voice tone, speed and emphasis on certain words. People differ in how they display intensity - for some intensity is revealed in speed or excitement in voice; others will speed slowly and deliberately. A clue to intensity is a change in a participant's speaking pattern, for example, non-talkers start speaking, slow speakers talk faster, fast talkers speak slowly, quiet speakers talk louder, etc. The assistant moderator's notes should help highlight intensity during the discussion.
6. Consider the specificity of responses. Analysts should give more attention to responses that are specific and based on experience, rather than to responses that are vague and impersonal. In other words, responses in the first person are more significant than responses in the hypothetical third person. A follow-up probe should yield more details from the respondent. For example, "I feel it's reasonable to expect men to use condoms all the time with girlfriends

because that's what I do to protect myself from STDs," carries more weight than "Men should use condoms with all their partners to prevent spreading STDs."

7. Find the big ideas. One of the difficulties of focus group analysis is missing the trends or big ideas by getting buried in the multitude of comments and details. A useful technique for avoiding this problem is to let the analysis sit for a few days and then write down the three or four most important findings. Also ask the assistant moderators or others skilled in qualitative analysis to review the analysis and verify the "big ideas".

The analyst should review the session content by listening to cassettes of the group discussion and rereading notes made by the moderator, assistant moderator/recorder, and observer. The next step is to group and summarize the findings for each topic area; identify constants that emerge regarding specific topics (for example, the economic necessity of becoming a sex worker). The analyst should then explain and expand these constants, based on their context and related topics in the discussion. Then, any themes that emerge across topic areas should be identified and explained.

Appendix IV:

Recommended outline for the written report

(adapted from Krueger 1988)

1. Cover page (including title of project, participating individuals and institutions, date, country name)
2. Executive summary (including why the focus groups were conducted, major conclusions, recommendations)
3. Table of contents (with page numbers)
4. Background (including role of the focus groups in subproject implementation, relationship to other data collection methods being used)
5. Statement of the problem, key questions and study methods (including a brief description of the focus group interviews, the number of groups, methods of selecting participants, number of people in each group, location of groups, demographics of participants)
6. Results or overview of findings (organize results around key questions or main ideas in the interview; combine raw data and descriptive summaries; use quotes from transcripts)
7. Limitations and alternative explanations (limitations refer to those aspects of the study that limit the transfer of findings and procedures that prevent conclusive statements)
8. Conclusions and recommendations (include findings in clear summary statements)
9. Appendices:
 - Moderator's topic guides
 - Screening questionnaire (if used)
 - Additional quotes

Appendix V: Sample topic guides

The following sample topic guides are intended to provide project managers with ideas for series of questions that could be asked of a variety of types of focus group participants. The number of questions used varies widely. All question topic guides should be pretested prior to administration with a small group of participants similar in characteristics to those who will participate in the focus groups discussions.

1. Sample topic guide for research examining the features of social relationships among gay and bisexual men at risk for AIDS (O'Brien 1993)

The goals of the long-term program were to identify which features of social ties enhance the psychological health of men in this population as well as the ability to adhere to widely publicized behavioral guidelines for preventing transmission of HIV.

Only four questions were used in a "funneling" sequence leading from a general topic to the specific interest - the influence of social relationships on psychological health and on safer sex practices.

1. "How is your life different because of the HIV/AIDS epidemic?"

(This first question is the "ice breaker" which allowed each participant to speak and helped the researchers to learn the language used by participants for talking about their experiences.)

2. "When people get involved sexually, why is it that sometimes they have safer sex and sometimes they don't?"

(This question helped to focus the discussion on safe sex experiences and to allow the conversation to move toward a discussion of social interactions.)

3. "What are some things other people have done that you have found supportive in dealing with the HIV/AIDS epidemic?"

(The researchers asked this question so that specific interactions, such as expressions of support for safer sex activities, could be identified.)

4. "How can we best recruit men for the large-scale, questionnaire phase of this study?"

**2. Sample topic guide for a study to explore opinions on sexual practices
(WHO 1990)**

1. "Have you ever heard of people of the same gender having sex together in your society/community?"
2. "In general, do people in society accept that? Why or why not?"
3. "In general, which is more common: men having sex with men or women having sex with women? Why?"
4. "What do men do with each other when they have sex? Try to elicit information on oral and anal sex."
5. "What do men and women do when they have sex? Try to elicit information on oral and anal sex; differences between age groups; urban/rural differences."
6. "How common is it for men to go to prostitutes?"

**3. Sample topic guide to explore perceptions
concerning norms governing sexual decision-making
and behavior associated with the risk of HIV transmission
to women in Haiti
(Ulin, Cayemittes, and Metellus 1993)**

The format involves the use of a story to prompt discussion among the participants. This technique allows the participants to discuss the behavior of the story characters rather than their own personal behavior, thus revealing perceptions on social norms for sexual behavior.

Story for discussion:

Moderator: Joujou is living with a man by the name of Rene. Rene is working in a factory, but Joujou is not working. Joujou has four kids at home; the oldest one is seven years old, the youngest one and a half, and she is again pregnant. Before Joujou got pregnant with this last child, she wanted to start using family planning, but Rene did not want her to. Rene gives money for food in the house, but it is he who decides what to cook. When the children are sick, Joujou must ask Rene's permission before she takes them to the clinic.

1. What do you think about the way Rene and Joujou are living? (Kinds of decisions men and women make together, women's decisions, men's decisions)
2. Who makes the decision when a man and woman "make love?"
3. If a man feels like making love with his woman and the woman does not want to, what can she do? (how does the man react?)(Women's right to refuse sex, refusal strategies, partners' response)
4. What reasons might there be for a woman to refuse to make love with her man? (Women's rights under specific conditions, bargaining)

Moderator: There is another part to the story of Joujou and Rene. Let's continue it and see what happens...

Joujou is worried. She has learned that when Rene goes to town, he often goes to the houses of other women whom he is having affairs with. Joujou does not know what she should do. She does not want to leave Rene, but she is afraid he will give her AIDS.

5. What do you think this woman should do? (Expectations of behavior for women at risk of HIV)
6. If the woman does what you are saying, how do you think the man will react? (Expectations of male response to protective behavior)
7. Do you think that the woman should talk to the man about the fears she has of contracting AIDS? How can she bring up the subject? How will he react? (male-female communication on AIDS and AIDS prevention)
8. If the man is having an affair with another woman, can he give the disease to his woman (at home)? How? (Knowledge of HIV transmission)
9. As far as you know, how do people (in general) get AIDS? (Knowledge of HIV transmission)
10. What kind of people get AIDS? Do you fear AIDS? (Transmission, belief in severity, sense of vulnerability, personal fear, appearance of HIV-infected people)
11. What are the consequences of this disease for the family? (Knowledge of the disease, belief in severity)
12. If a woman knows nothing about this disease, how can she get information? What do women want to know? (Formal and non-formal sources of information, desire for information)
13. (Women only) Do women talk to each other about AIDS? When? How do they feel in these discussions? (Nature and circumstances of informal discussion, emotional responses to discussion, level of interest)

Moderator: The woman in the story (Joujou) is afraid that her man may give her AIDS, because she knows that he is having affairs with other women...

14. How can she protect herself? How will the man react? (Knowledge of prevention, spontaneous reference to condoms, right of women to protect themselves, initiating behavior change, barriers to prevention)
15. Does the woman have the right to ask the man to use condoms? How can she ask him? How will he respond?
- 15a. If the man does not want to use condoms can the woman convince him? How? (Empowerment, communication, male response, barriers)
16. In general, are women willing to use condoms? (Women's attitudes toward condoms, response of women to men who initiate condom use)

17. Where can a person get condoms?
18. Are women able to obtain (buy) condoms on their own? (Condom availability, barriers to obtaining condoms)
19. We have heard that not all women have the right to ask a man to use condoms. What can you tell us about that? (types of women who have/do not have the right to demand condoms)
20. As far as you know, are young people in their teens in danger of contracting aids? Why? (Beliefs about adolescent sexual behavior and AIDS risk)
21. How do you think you might help young people avoid getting AIDS? (Responsibility of adults to counsel adolescents, appropriate advisors, nature of advice)
22. If you knew they were sexually active would you advise young people to use condoms? (Belief in the appropriateness of condoms for adolescents)
23. Some parents say they would not talk to their children about sex. What do you think about that? (Responsibility of parents for sex education)
24. (Women only) You women know what AIDS is about. Do you believe you have a responsibility to protect yourselves? To protect your unborn babies? Please explain what you mean. (Responsibility for prevention, risk of perinatal transmission)
25. (Women only) How do you think women might help each other to be stronger in their relationships with men? (mutual support for protection against AIDS, sense of collective responsibility)
26. (Men only) You men know what AIDS is about. Do you feel that you have a responsibility to protect your wives? Other women that you may be seeing? Yourselves? Please explain. (Responsibility for prevention, stable and casual partners)
27. As far as you know, would people benefit from talking about AIDS in small groups like this one? (Networking and support)

(Translated and abbreviated)

4. Sample FGD topic guide for female youth exploring knowledge about AIDS, sexual activity, and condom use to guide development of a KABP survey (AIDSCAP/FHI 1993)

The following topic guide was designed for FGDs among female youth to assist in questionnaire development. In-country researchers collaborating with AIDSCAP adapt the guide to local situations, translate it into the language in which the guide will be used, and pretest it prior to use. The main objective is to investigate the dynamics of sexual behavior among young women in order to identify the vocabulary and phrasing used to describe relationships and sexual activity, particularly condom negotiation and use. Using the FGD results, researchers then adapt core questionnaires for collecting data to establish the prevalence within target populations of various aspects of sexual behavior.

Following an introductory statement appropriate for the local context, the following questions could be used to elicit information about sexual beliefs and practices among young women:

Sexual Activity:

- Where do girls your age meet boys or men?
- Is there an age difference between most of your female friends and their boyfriends/partners?
- What kind of relationships are common among your female friends - for example, are many of your friends engaged, have regular boyfriends, have casual boyfriends, etc?
- Tell me about couples who are _____ (regular, casual partners, etc.)
 - How long do these arrangements usually last?
 - Is it common for girls your age to have sexual relations with their boyfriends?
 - About what age do girls your age have sexual intercourse for the first time? Why does it vary?
- Before a girl reaches the age where she has sexual intercourse, are there other non-penetrative sexual activities which are commonly practiced among girls and boys/men?
 - Can you describe some of these activities?
 - With whom might a girl practice these activities? (What is their relationship, partner's age?)
 - At what age do girls your age begin these activities?
- If a girl has a regular boyfriend, about how often might she see him during a week? About how many times might she have sexual intercourse with him during a one week/month period?
- Where might a couple your age go to have sex?
- Is it common for girls your age to have sexual relations with more than one man, that is to be with one man one night and another man on a different night?
- Is it common for your female friends' boyfriends/partners to have sexual relationships with more than one girl/woman?
- Have sexual practices among people your age changed over time? For example, are the common practices we have discussed today different than what your parents or grandparents might have experienced?
 - How are they different? Which practices are the same?

Condom Use:

- Do girls your age who are having sex use anything to keep from getting pregnant?
 - If so, what, which methods of birth control?
 - Where do they obtain these methods?
- Does anyone know what these are (Show condom in and out of the package)
 - What else are they called?
- Who uses condoms in your opinion? What kind of man/boy? What kind of woman/girl?
 - Why?
- Is it common among your female friends to use condoms?
 - Why?
 - Why not?
- Among your friends who use condoms, who do you think initiates using a condom?
- What would girls your age think if a man stated that he was going to use a condom?
- What would a man/boy think if a girl asked him to use a condom? What would a man/boy think if a girl had a condom with her?
 - Why, can you explain that further?
- Would you be insulted if a man said he wanted to use a condom?
 - Do you think your partner would be insulted if you asked him to use a condom?
- Have you ever used a condom before?
 - Why?
 - Why not?
- Where could you go today to get a condom?
 - How much do they cost?
- Do you think using a condom is a good idea?
 - Why? When?
 - Why not?
- Have you ever asked a partner to use a condom? Do you know if any of your friends have ever asked their partners to use a condom?
 - What happened?

- Can you imagine any circumstances under which you would ask a man to use a condom?
 - Tell me about that?
- If you were planning on having sex with a man, are there any circumstances under which you would change your mind and refuse to have sex with him? Under what circumstances?
- How could you ask a man to use a condom, that is, what could you say?
- If he refused, how might you respond to try and convince him?

Lodging:

- With whom are you living now?
- Who pays for your:
 - food
 - clothing
 - transportation
 - health care
 - school fees
 - incidental expenses/pocket money

Questionnaire review:

One of the objectives of this project is to do a survey of people your age to learn about the kinds of issues we have discussed today. What I would like to do now is to read you some questions from the questionnaire and see if you can suggest ways to improve the wording of the questions. I also want your opinion on whether you think young people will respond honestly to these questions. Follow with question-by-question review.

- If someone came to your home and asked you to participate in this survey, would you agree?
- Please listen to the introduction of the questionnaire.
 - What is this study about?
 - How will the information be used?

After listening to this statement, are you confident that this information will not be shared with anyone? If yes, why? Which statements convinced you? If not, why? Which statements made you suspicious?

- If you were doing the study, and you knew that none of the information would ever be released to anyone outside of the staff, what would you say to convince respondents?

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