Module 10C: FOCUS GROUP DISCUSSION

OBJECTIVES

At the end of the session you should be able to:

1. **Identify** the purpose, uses and limitations of the Focus Group Discussion (FGD) as a method of data collection in research.
2. **Conduct** a FGD, analyse the data and report on the results.

1. **Characteristics and uses of focus group discussions**
2. **How to conduct a focus group discussion**
3. **Analysis of results**
4. **Report writing**

I. CHARACTERISTICS AND USES OF FOCUS GROUP DISCUSSIONS

A FOCUS GROUP DISCUSSION (FGD) is a group discussion of approximately 6 - 12 persons guided by a facilitator, during which group members talk freely and spontaneously about a certain topic.

A FGD is a qualitative method. Its purpose is to obtain in-depth information on concepts, perceptions and ideas of a group. A FGD aims to be more than a question-answer interaction. The idea is that group members discuss the topic among themselves, with guidance from the facilitator.

FGD techniques can, for example, be used to:

1. **Focus research** and develop relevant research hypotheses by exploring in greater depth the problem to be investigated and its possible causes.

   For example:

   A district health officer had noticed that there were an unusually large number of cases of malnutrition of children under 5 reported from one area in her district. Because she had little idea of why there might be more malnutrition in that area she decided to organise three focus group discussions (one with leaders, one with mothers from the area and one with health staff from the area). She hoped to identify potential causes of the problem through the FGDs and then develop a more intensive study, if necessary.

2. **Formulate appropriate questions** for more structured, larger scale surveys.

   For example:

   In planning a study of the incidence of childhood diarrhoea and feeding practices, a focus group discussion showed that in the community under study, children below the

age of 1 year were not perceived as having 'bouts of diarrhoea' but merely 'having loose stools' that were associated with milestones such as sitting up, crawling, and teething. In the questionnaire that was developed after the FGD the concept 'diarrhoea' was therefore carefully described, using the community's notions and terms.

3. **Help understand** and solve **unexpected problems in interventions**.

   For example:

   In District X, the recent national (polio) immunisation days (NID) showed widely different coverage's per village (50-90%) and in a number of villages a marked decrease in coverage was observed compared to last year. Eight FGD were held with mothers, two in town, three in rural villages with a marked decrease in NID coverage and three in villages with a high coverage throughout. It appeared that overall, the concept NID had raised confusion. Most people believed that this mass campaign strengthened the children's immunity against *any* (childhood) disease, including malaria and Respiratory Tract Infections. In the villages with a low NID coverage there had been a high incidence of malaria in children immediately after the previous NID campaign and several children died. Mothers therefore believed that the NID campaign was useless.*

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* This is an adapted version of an (as yet unpublished) study carried out in Bushenyi District, Uganda, by Nuwaha et al.

4. **Develop appropriate messages for health education programmes** and later evaluate the messages for clarity.

   For example:

   A rural health clinic wanted to develop a health education programme focused on weaning problems most often encountered by mothers in the surrounding villages and what to do about them. The focus group discussion could be used for **exploring relevant local concepts** as well as for **testing drafts** when developing the messages. The messages should be developed and tested in different socio-economic groups of mothers, as weaning practices may differ with income, means of subsistence and education of the mothers. Also ethnic differences may have to be taken into account.

5. **Explore controversial topics**.

   For example:

   Sexual behaviour is a controversial topic in the sense that males and females judge sexual relations and sexuality often from very different perspectives. Sexual education has to take this difference into account. Through FGDs, first with females, then with males, and then with a mixed group to confront both sexes with the different outcomes of the separate discussions (listed on flip charts) it becomes easier to bring these differences in the open. Especially for teenagers, who may have many stereotypes

about the other sex or be reluctant to discuss the topic openly (particularly girls), such a 'multi-stage' approach is useful.

Strengths and limitations

Implementation of FGDs is an *iterative* process; each focus group discussion builds on the previous one, with a slightly elaborated or better-focused set of themes for discussion. Provided the groups have been well chosen, in terms of composition and number (see below), FGDs can be a powerful research tool which provides valuable spontaneous information in a short period of time and at relatively low cost.

FGD should *not* be used for quantitative purposes, such as the testing of hypotheses or the generalisation of findings for larger areas, which would require more elaborate surveys.

However, FGDs can profitably complement such surveys or other, qualitative techniques. Depending on the topic, it may be **risky** to use FGDs as a **single tool**. In group discussions, people tend to centre their opinions on the most common ones, on 'social norms'. In reality, opinions and behaviour may be more diverse. Therefore it is advisable to combine FGDs with at least some key informant and in-depth interviews. Explicitly soliciting other views during FGDs should be routine as well.

In case of very **sensitive topics**, such as sexual behaviour or coping with HIV/AIDS, FGDs may also have their limitations, as group members may hesitate to air their feelings and experiences freely. One possible remedy is the selection of participants who do not know each other (e.g., selection of children from different schools in FGDs about adolescent sexual behaviour), while assuring absolute confidentiality.

It may also help to alternate the FGD with other methods, for example, to precede it by a self-developed role play on sexual behaviour, or to administer a written questionnaire immediately after the FGD with open questions on sexual behaviour in which the participants can anonymously state all their questions and problems. This worked in Tanzania and Nepal.*

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* The Tanzania-Netherlands Support Programme on AIDS, Mwanza Region, Tanzania (1990-2000+) and the Family Planning Association of Nepal Project on adolescent health in five districts of Nepal (1999-2003). The adolescent health section of WHO/HQ has developed a Narrative Research Method which is very well suited to help adolescents develop narratives and role plays about their interpretations of sexuality which can profitably precede the single sex and mixed FGDs: World Health Organization (1992) *A story of the sexual experience of young people in eleven African countries; The Narrative Research Method.* Geneva: WHO; World Health Organization (1993) *The narrative research method; Studying behaviour patterns of young people by young people. A guide to its use*, Geneva: WHO.

Another way to ensure confidentiality in a FGD on a sensitive topic is giving participants an option to introduce themselves under any name they would like to use (not necessarily their own). Further, before the discussion, it should be stressed that they may bring up experiences of friends and brothers/sisters as well as their own, and that it is not necessary to bring painful personal experiences in the open.*

II. HOW TO CONDUCT A FOCUS GROUP DISCUSSION

Determine the purpose

A FGD can be regarded as a mini-study. It therefore requires one or two clear objectives. (See **Module 6**.) These objectives will guide the research team in the formulation of discussion questions.

Situation analysis

Any FGD requires good knowledge of local conditions. Communities are seldom or never homogeneous. There are always differences between community members, for example in education, political power, gender, economic status and ethnic group. These differences will be reflected in their perceptions of the problems they suffer from and possible solutions. A researcher must be aware of these differences, otherwise (s)he may miss important groups of participants or obtain a hotchpotch of information. Similarly, (s)he must know which key persons or organisations could be good entry points for the selection of participants in the FGDs (e.g.: women's groups, parent associations, youth clubs, etc.). If a FGD forms part of a bigger study, or project, it may be easy to define target groups for the discussions. Otherwise, the first task of the researcher(s) will be to explore the area and identify possible target groups. Interviews with some key informants and a rudimentary situation analysis are then indispensable. The situation analysis should preferably be carried out in a participatory way, with representatives of the study population on which the FGD focuses.

For example:

In an intervention study on sexual health among out-of-school youth in an urban area, the researcher first planned some interviews with key informants. He selected the leaders of a political youth club and of a Christian youth club and some teachers, with whom he thoroughly discussed his research topic. Through them he came in contact with youth of different backgrounds. He let each of the three groups, separated into boys and girls, draw maps of the town and asked them to mark places which they thought riskful in terms of sexual behaviour (easy contacts, unprotected sex). The drawings formed a good basis for further FGDs but also helped him to identify wider networks of adolescents at risk who had to be included in the study.

Points to be considered when preparing the FGD

Recruitment of participants:

- Participants should be roughly of the same socio-economic group or have a similar background in relation to the issue under investigation. The age and sexual composition of the group should facilitate free discussion.

  Often you therefore need to obtain information on a topic from several different categories of informants who are likely to discuss it from different perspectives in separate FGDs, though in a later stage groups may be joined (see examples 3,4 and 5).

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* Always ensure confidentiality of opinions: Ask co-operation from the group members as well, to keep what has been discussed confidential. If group members present very personal problems and need advice or help, this should be followed up after the FGD.

Participants should be invited at least a day or two in advance, and the general purpose and procedures of the FGD should be explained, in order to obtain their **consent to join**.

- **Selection of participants:**

  If you are an outsider in the research area, you may have to rely on your key informants for the first selection of participants in FGDs. Your key informants to whom you have explained thoroughly the purpose and the process of the FGD might each suggest some individuals who could be invited to a focus group discussion.

  Note that the key informants may select persons similar to themselves so that you do not get an adequate variety of views in your discussion group. So in your explanations be sure to emphasise that you want a group of people that can express a *range* of views, to be able to have a proper discussion. Participants in a first FGD may assist to find relevant participants for other groups.

  Another way of getting participants is to conveniently select individuals in a *systematic* way, to try and ensure a range of views. You might, for example, ask every third or fourth person you find. This method might be more suitable in urban areas.

- **Physical arrangements:**

  Communication and interaction during the FGD should be encouraged in every way possible. Arrange the chairs in a circle. Make sure that there will be no disturbances, sufficient quietness, adequate lighting, etc. Try to hold the FGD in a neutral setting which encourages participants to freely express their views. A health centre, **for example**, is not a good place to discuss traditional medical beliefs or preferences for other types of treatment.

- **Preparation of a discussion guide:**

  There should be a **written** list of topics to be covered. It can be formulated as a series of open-ended questions. Guides for different groups gathered to discuss the same subject may vary slightly, depending on their knowledge or attitudes and how the subject should first be explored with them.

Conducting the session

One of the members of the research team should act as ‘facilitator’ or ‘moderator’ for the focus group discussion. One should serve as ‘recorder’. The facilitator should preferably be as close as possible to the participants in their characteristics (same sex, roughly same age, etc.).

Functions of the facilitator

The facilitator should NOT act as an expert on the topic. His or her role is to stimulate and support discussion.

- **Introduce the session**

  Introduce yourself as facilitator and introduce the recorder. Let participants introduce themselves with whatever names they wish to use. Put the participants at ease and explain the purpose of the FGD, the kind of information needed, and how the information will be used (for the planning of a health programme, an education programme, etc). Ask permission to use a tape-recorder, let people hear their own voices before the session starts. You might offer drinks and allow some informal discussion before the actual session starts.

- **Encourage discussion**

  Be enthusiastic, lively, and humorous and show your interest in the groups' ideas. Formulate questions and encourage as many participants as possible to express their views. Remember there are **no** 'right' or 'wrong' answers. **React neutrally** to both verbal and non-verbal responses.

- **Encourage involvement**

  Avoid a question-and-answer session. Some useful techniques include:

  — Asking for clarification:
  'Can you tell me more about. . . ?'

  — Reorienting the discussion when it goes 'off the track':
  Saying: 'Wait, how does this relate to. . . ?'
  Saying: 'Interesting point, but how about. . . ?'
  Using one participant's remark to direct a question to another, for example, 'Mrs. X said . . . , but how about you, Mrs. Y?'

  — When dealing with a dominant participant, avoiding eye contact or turning slightly away to discourage the person from speaking, or thanking the person and changing the subject.

  — When dealing with a reluctant participant, using the person's name, requesting his/her opinion, making more frequent eye contact to encourage his/her participation.

- Deal correctly wiht **sensitive issues**. If you notice that the discussion stops when dealing with a sensitive topic, you could ask participants (if literate) to anonymously write down their responses or opinions on the topic. Alternatively, you could summarise for the group some of the opinions from previous focus group discussions, focusing on one or two major contrasting opinions. Still another strategy is to form *sub-groups*, and to get a member of the sub-group to summarise and present the opinions of their sub-group members after which the whole group can still discuss these opinions.

- **Build rapport, empathise**

  Observe non-verbal communication. Ask yourself, 'What are they saying? What does it mean to them?' Be aware of your own tone of voice, facial expressions, body language, and those of the participants.

- **Avoid being placed in the role of expert**

  When asked for **your** ideas or views by a respondent, remember that you are not there to educate or inform. Direct the questions back to the group by saying: 'What do you think', 'What would you do?' Set aside time, if necessary, after the session to give participants the information they have asked for.

  Do not try to comment on everything that is being said. Don't feel you have to say something during every pause in the discussion. Wait a little and see what happens.

- **Control the rhythm of the meeting, but in an unobtrusive way**

  Listen carefully, and move the discussion from topic to topic. Subtly control the time allocated to various topics so as to maintain interest. If participants spontaneously jump from one topic to another, let the discussion continue for a while since useful additional information may surface; then summarise the points brought up and reorient the discussion.

- **Take time at the end of the meeting to summarise, check for agreement and thank the participants**

  Summarise the main issues brought up, check whether all agree and ask for additional comments. Thank the participants and let them know that their ideas have been a valuable contribution and will be used for planning the proposed research, intervention, or health education materials.

- Listen for **additional comments** and spontaneous discussions which occur after the meeting has been closed.

Functions of the recorder

The recorder should keep a record of the content of the discussion as well as emotional reactions and important aspects of group interaction. Assessment of the emotional tone of the meeting and the group process will enable you to judge the validity of the information collected during the FGD.

Items to be recorded include:

- Date, time, place
- Names and characteristics of participants
- General description of the group dynamics (level of participation, presence of a dominant participant, level of interest)
- Opinions of participants, recorded as much as possible in their own words, especially for key statements

- Emotional aspects (e.g., reluctance, strong feelings attached to certain opinions)
- Vocabulary used - particularly in FGDs that are intended to assist in developing questionnaires or health education materials
- Spontaneous relevant discussions during breaks or after the meeting has been closed

It is highly recommended that a tape-recorder be used to assist in capturing information. Even if a tape-recorder is used, notes should be taken as well, in case the machine malfunctions and so that information will be available immediately after the session for discussion.

If there is no reliable tape-recorder available, it is advisable to have **two recorders**.

A **supplementary role** for the recorder could be to assist the facilitator (if necessary) by drawing his or her attention to:

- missed comments from participants
- missed topics (the recorder should have a copy of the discussion guide during the FGD)

If necessary, the recorder could also help resolve conflict situations within the group that the facilitator finds difficult to handle on her own.

Number and duration of sessions

- **Number of sessions**

  The number of focus group sessions to be conducted depends upon project needs, resources, and whether new information is still coming from the sessions, (that is, whether contrasting views within and between various groups in the community are still emerging). If not, you may stop.

  One should plan to conduct at least two FGDs for each sub-group (for example, two for males and two for females). Otherwise you have no way of assessing whether the information you get from the first FGD is representative for that group.

- **Duration**

  A focus group session typically lasts up to an hour and a half. Generally the first session with a particular type of group is longer than the following ones because all of the information is new. Thereafter, if it becomes clear that all the groups have a similar opinion on particular topics, the facilitator may be able to move the discussion along more quickly to other topics which still elicit new points of view.

III. PROCESSING AND ANALYSIS OF RESULTS

- After each focus group session the facilitator and recorder should meet to review and **complete the notes** taken during the meeting. This is the right moment to **evaluate** how the focus group went and what changes might be made in the topics when facilitating the next focus group.

  Immediately afterwards a full report of the discussion should be prepared which reflects the discussion as completely as possible, using the participants' own words. List the key statements, ideas, and attitudes expressed for each topic of discussion.

- After the transcript of the discussion is prepared, **code**, following your topics, the participants' statements right away, using the left margin. Make finer sub-codes. **Write comments** (your first interpretation of the data) in the right margin. Formulate additional questions if certain issues are still unclear or controversial and include them in the next FGD. Further categorise the statements for each topic, if required. (See **Annex 10C.2.)**
- When you have all the data, **summarise** it in a **compilation sheet** organising the findings per topic for each. Number the FGD interviews and use key words to summarise group statements in the compilation sheet so that you can always go back to the full statement. If you have different categories of informants, e.g., male and female, you can summarise the information from the male and female groups on two **separate** compilation sheets. (See **Module 23** for an example.)
- You should then to do a **systematic comparison** between groups on all topics. Use your **objectives** and problem analysis diagram as a framework for analysis and comparison.
- The next step could be to put the major findings for different study populations on one sheet. You may want to use some of these sheets in your research report.
- Sometimes you may also wish to use diagrams when summarising the causes or components of the problem understudy. (See **Module 23** for more details.)
- Only now can you report the major findings of the FGDs in a narrative.

IV. REPORT WRITING

Start with a description of the purpose of the FGDs, the selection and composition of the groups of FGD participants and a commentary on the group process, so the reader can assess the validity of the reported findings.

Present your findings, following your list of topics and guided by the objective(s) of your FGD.

Include quotations whenever possible as illustrations, particularly for key statements.

EXERCISE (3 hours total)

Conducting an FGD (75 minutes)

Participants working in groups of 6-12 conduct an FGD among themselves.

First let each group select a facilitator and a reporter

- Preparation of discussion guides (15 minutes)
- Discussion (60 minutes)

NB: It may be instructive to let the facilitator and reporter prepare the discussion guide for their group together with members of another group. Then the facilitator and reporter could come back to their own group with the guide when the FGD is to start. This resembles the real situation, where FGD members do not know which questions will be asked.

Analysis of data (30 minutes)

The reporter and facilitator analyse the notes and prepare the report.

Plenary (75 minutes)

The plenary sessions may include the following steps for each group:

1. The recorder presents the report of the FGD of his or her group.
2. Recorders may then ask for comments and reactions from members of the group.
3. A discussion can be held concerning the effects of the role-played by the facilitator, the group process, and the skills of the recorder on the validity of the report of the FGD.
4. If different groups discussed the same topic, the plenary can try to identify the different perspectives from which each group approached the topic.

If the group is big enough, one or more participants may act as observers and comment on the group process. Otherwise workshop facilitators can take that role. Sociograms are useful tools to record the flow of the discussion. (See **Annex 10C.3**)

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Annex 10C.1: Example of a FGD on reasons why nurses leave the profession; discussion guide

1. When did the leaving of nurses become a problem to you? When did it start?
2. What, do you think, were (are?) the major reasons why they left the profession?
3. What problems do you experience due to this 'exodus' of nurses?
4. How did the Ministry of Health react?
5. Did you take any initiatives to alert the Ministry to your problems?
6. Is it only because so many nurses have left that you experience problems in your work, or are other factors playing a role as well?
7. Do you have any concrete suggestions to the Ministry to improve your working situation?

Annex 10C.2: Example of a FGD on reasons why nurses leave the profession; transcribed text from tape-recorder (Group of four nurses)

(codes) (own remarks)

(5), (4)

Nurse A (angry): We have been complaining about how things are in this Ministry but nobody listens to us. Every time we complain, we are told that things are being looked at and that soon things will work out. Nothing!

(5), (4) Blaming representatives — NB. * Interview representatives!!

Nurse B: Yes! During our last strike on conditions of service, we were told that a committee had been set up to look at how our working conditions can be improved. Strange thing is that we had two representatives. I think we ourselves are also not very active in pushing our needs – how can we have representatives in the committee and nothing happens in two years?

Mutual mistrust

Nurse C: Representatives in the committee, I think, they are promised better things for themselves and forget about everybody else's needs. I tell you, we ourselves are killing the nursing profession in this country.

Nurse A: I agree with you. We have asked these colleagues who are representing us to meet with us and tell us what has happened. We met them, but you don't hear what they are saying in the meetings. I really think that they are not expressing our views. No wonder they do not tell us what they are saying.

Balanced views, own resp. Action MoH? (4) — * Get overview of salary scales and changes over past 5 yrs

Nurse D (an elderly nurse who has not said anything yet): That is not fair to the representatives. I think they are trying their best. We all know how difficult it is to negotiate for these things. They are up against the whole Ministry. After all, most of the changes we want will take a long time. Of course we are suffering now but it is clear that the Ministry is trying to change things. We were told by the representatives that our salaries may be reviewed but that nothing can be done now. It will have to be at the beginning of the new fiscal year. I personally think we should not blame our representatives. If they are not performing, it is our fault for selecting the wrong people.

Facilitator: What then do you think needs to be done to ensure that nurses do not leave and who should do this?

(5)

Nurse A: I think we have done all we can. I told you, we have begged, asked, striked, and still ..., nothing.

Facilitator: What do you think are the major reasons why nurses are leaving their jobs?

(2), (4) Blaming MOH — MOH blames nurses instead of looking for structural causes of problem

Nurse A: I really think nurses are leaving because the Ministry is not interested in the welfare of nurses in this Ministry. Everything about nurses is wrong. We could write books about this! Even the President stated in his New Years speech that the nurses in our community are not performing as they should.

(Nurses start to discuss the New Years speech and go slightly off the track.)

Facilitator: What do you mean by welfare of nurses?

(2), (6), Low salaries — * Get Newspaper with New Year's speech!

Nurse B: You know we get very low salaries here. I have still the same salary since I came to this Ministry five years ago. How can I pay for transport, the school fees for my children, food and rent – I don't even have any subsidised rent. You buy food and pay for transport and the money is finished.

Salaries

Nurse A: I think the amount of salary we get shows the Ministry does not value our work. I have had increments- but what can you do with an annual increment of R20.00? It's nothing. It is a joke on our efforts.

Salaries

Nurse B: Look at what X is getting since she left for Australia. At least three times as much as what we have, and things are expensive here, not much difference with Australia.

(6) Working conditions

Nurse C: But we all know, the problem is not only salaries. Our working conditions are horrible. No consideration is given to our working conditions. Sometimes you are called back on your free days because a nurse is sick and there is no one to replace her.

Money not first problem? Working cond. and attitude DOH more important?

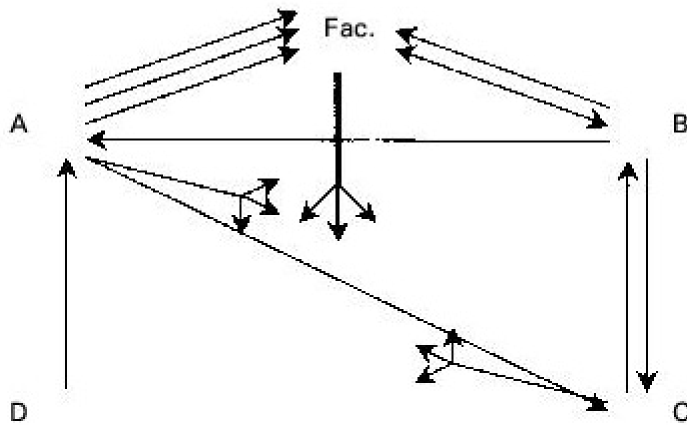
Nurse B: Yes, even our welfare, nobody cares. I can give examples of many people who have big complaints about their welfare here.

Facilitator: I am still not so sure what you mean by welfare. Could you explain? (Asks nurse B to continue)

(6) welfare/ working conditions

Nurse B: Actually what we are discussing now is the welfare. You have no life and there is no consideration of your life outside your performance. We are sometimes transferred to places where there are no schools, no shops – nothing. You are not even given transport to come home. I was transferred to a very rural clinic and stayed there for five years – five years!! – they had completely forgotten about me.

Annex 10C.3: Sociogram of FGD (5 minutes)



Remarks

Nurse A appears most talkative (and most angry). Nurse D is least talkative but important in the discussion as she tries to find a balance.

Trainer's Notes

Module 10C: FOCUS GROUP DISCUSSIONS

Timing and teaching methods

½ hour	Presentation on FGD
3 hours	Exercise: Focus group discussions
3½ hours	TOTAL TIME

Introduction and discussion

- Start with a 30 minute presentation on FGDs;
- Present a sample:

  — Guide for an FGD and

  — Report of an FGD

Exercise: Focus group discussion

- Prepare for the exercise by placing the participants in homogeneous groups of 8-12 persons, for example one group of males and one group of females. Try to select a topic on which males and females might react differently (for example: the most efficient way to propagate condom use as a means to prevent AIDS; target groups for propagating condom use; possible effects).

  Or: place the participants in three homogeneous groups of 8-12 persons (not necessarily according to sex) and give each of them a different, controversial discussion topic.

- Inform each group of their assigned topic. Instruct the group to appoint a FGD facilitator and recorder. Instruct the groups on preparation of discussion guides (15 minutes).
- Request each member to develop a written guide for the discussion. (NB. This part of the exercise should enable all participants to develop skill in writing a guide.)

  Or: Swap facilitators and reporters between the groups. Let the facilitator and reporter of group A develop the questions for group A with members of group B, and let the facilitator and reporter of group B develop the questions for their group together with members of group A.

- Allow 1 hour for the FGD. During the FGD, one of the workshop trainers or workshop facilitators should be assigned to observe each group.
- The workshop trainer/facilitator should observe and record the group process. It is useful to record the interaction (i.e., who talks/to whom) and the time frame as well as the process, that is:

  — The skills and limitations displayed by the facilitator;

  — The behaviour of group members; and

  — The influence of the group interaction on the development of the discussion.

- During the plenary, invite the participants to comment on the extent to which the recorder's report reflects their own opinions and feelings. This will help them appreciate the potential and limitations of a FGD and also the crucial role of the facilitator and recorder of a FGD.