



Making Sense of Focus Group Findings

A Systematic Participatory Analysis Approach



Academy for Educational Development

Making Sense of Focus Group Findings

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by

Bérengère de Negri and Elizabeth Thomas



Academy for Educational Development



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Abbreviations

AED	Academy for Educational Development
FGD	Focus group discussion
HIV/AIDS	Human immunodeficiency virus/ acquired immune deficiency syndrome
NDP	Ndola Demonstration Project
PMTCT	Prevention of mother-to-child transmission of HIV/AIDS
PLWHA	People living with HIV/AIDS
STI	Sexually transmitted infection
TB	Tuberculosis
VCT	Voluntary counseling and testing

Part One

A SYSTEMATIC APPROACH

CHAPTER 1: HANDBOOK INTRODUCTION

CHAPTER 2: BASIC ANALYSIS CONCEPTS

CHAPTER 3: PLANNING FOR ANALYSIS

CHAPTER 4: INFORMATION COLLECTION AND MANAGEMENT

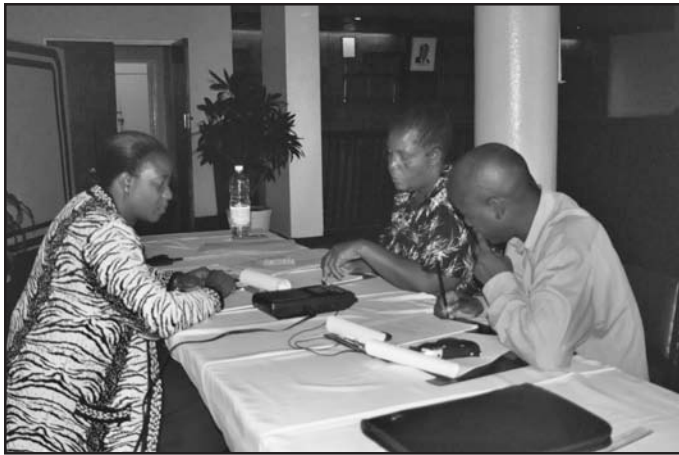
CHAPTER 5: CODING, ORGANIZATION, AND DESCRIPTION

CHAPTER 6: INTERPRETATION

CHAPTER 7: REPORT WRITING AND DISSEMINATION

Chapter 1

HANDBOOK INTRODUCTION



- ▶ WHO SHOULD USE THIS HANDBOOK
- ▶ WHAT THIS HANDBOOK CAN HELP YOU DO
- ▶ DEFINITION AND OBJECTIVES OF FOCUS GROUPS
- ▶ FOCUS GROUPS WITHIN THE CONTEXT OF STRATEGIC HEALTH COMMUNICATION PROGRAMS

Who Should Use This Handbook

Making Sense of Focus Group Findings is a practical handbook on how to analyze focus group findings. It is geared toward people working in developing countries, including researchers, program managers, and technical officers, who use focus groups to plan, monitor, and/or assess their programs. The emphasis is on gathering practical information for planning and/or improving their programs. The handbook assumes that most readers already have some experience with organizing and conducting focus groups, but have little or no experience with analyzing the results. Those who do have analytical experience, but would like to improve or refresh their skills, could also benefit from this handbook.

This handbook builds on the experience of the Academy for Educational Development (AED) under the Johns Hopkins University Population Communication Services (JHU/PCS) Project. AED is considered to be a global leader in behavior change communication programs, especially in the health sector. For this reason, the examples and case studies in the handbook focus on these types of projects.

The approaches to analysis presented in this handbook are simple and do not utilize computer analysis software. The content is geared toward developing country settings where resources are scarce and analysis is often conducted by hand.

If your research team does not have a lot of experience with focus group analysis, we recommend that you begin with a small, local study that has only one research question and limited target groups. For this type of study, six to eight focus groups should be sufficient, and the analysis should be manageable. For larger, national studies with multiple topics, more focus groups will need to be conducted; consequently, the analysis becomes very complex. We do not recommend that novice research teams undertake analyzing the results of such studies until they gain more experience.

What This Handbook Can Help You Do

Making Sense of Focus Group Findings is organized into two parts. The first part has seven chapters that take you through the analysis process in a systematic manner. The following areas of analysis are covered:

- Basic analysis concepts
- Planning for analysis
- Information collection and management
- Coding, organization, and description
- Interpretation
- Report writing and dissemination

The second part of the handbook features one case study from an AED project in Zambia and a series of hands-on exercises that allow you to practice the analysis process. Answers to the exercises are located in the answer key immediately following the exercise section. In order to obtain the maximum benefit from these exercises, you will need the following:

- Access to a photocopier
- Approximately 20 blank sheets of paper (A4 or letter size)
- Scissors
- Tape or glue

This handbook does not provide:

- In-depth guidance for the design of focus group research
- Instruction on how to moderate focus groups
- Instruction on how to use qualitative analysis computer software (see Annex 1)

We therefore encourage you to brush up on your skills for organizing and conducting focus group discussions if necessary. See Annexes 1 and 2 for a list of resources on these topics.

Definition and Objectives of Focus Groups

A focus group discussion (FGD) is an informal, guided discussion about a particular research or program topic. As a qualitative research technique, an FGD can explore topics in depth and answer questions like “why?” and “how?” This is different from quantitative research, which seeks to find out “how many?” or “how often?” through the use of large-scale surveys.

FOCUS GROUP DISCUSSION DEFINITION

A focus group discussion (FGD) is a loosely structured discussion among six to ten individuals that is used to gather information on a particular research or program topic. A moderator, who guides the discussion, encourages participants to talk freely and reveal their thoughts and feelings about the research topic. FGDs are repeated with several groups of similar makeup until the discussions no longer reveal anything new and relevant to the research.

Source: Adapted from Debus (1998).

In one focus group, participants should be homogeneous. This means that they share a set of similar criteria or variables that depend on the research or program topic being investigated. Examples of homogenous groups include:

- **Pregnant women who use antenatal care services**
 - ▷ The criteria are that the participants are (1) pregnant women and (2) use antenatal care services.
- **Adolescent commercial sex workers in the capital city**
 - ▷ The criteria are that the participants are (1) commercial sex workers, (2) adolescent, and (3) live in the capital city.
- **Male taxi drivers aged 25-40 years old**
 - ▷ The criteria are that the participants are (1) taxi drivers, (2) male, and (3) aged 25-40 years old.
- **Male secondary school students aged 13-15 years old with internet access**
 - ▷ The criteria are that the participants are (1) male, (2) secondary school students, (3) aged 13-15 years old, and (4) have access to the internet.

- **Newlywed couples with a young infant**

- ▷ The criteria are that (1) the couples have been married less than two years and (2) they have a child who is less than nine months old.

FGDs have many objectives in the context of health communication programs, as shown in the box below.

**OBJECTIVES OF FOCUS
GROUP RESEARCH**

- ▶ Generation of ideas for programs, campaigns, or materials
- ▶ Pretesting of communication materials, concepts, or messages
- ▶ Improvement of products or services
- ▶ Identification of issues for quantitative surveys
- ▶ Clarification of quantitative survey results

Source: BASICS & HealthCom (1995).

Focus groups have several limitations, however, and should not be used in the following scenarios:

- If you need to measure levels of trends and/or actions (use quantitative methods instead)
- If you need to produce numerical data that can be described with percentages (use quantitative methods instead)
- If you are researching very sensitive issues that participants may not want to discuss in a group (use in-depth interviews instead)
- If the participants' responses are very likely to be influenced by their peers (use in-depth interviews instead)

Focus Groups within the Context of Strategic Health Communication Programs

Strategic health communication programs aim to change the behaviors of specific target audiences in order to improve their health status. The objectives of these programs are usually to:

- Increase knowledge about a particular health issue
- Change people's attitudes regarding the health issue
- Achieve changes in behaviors related to that health issue

There are several planning models for strategic health communication programs. They all, in their own way, present a step-by-step process for developing, implementing, and evaluating communication interventions. The planning framework on the following page was developed by AED through the HealthCom Project and is being used in programs around the world by numerous organizations.

HEALTH COMMUNICATION PLANNING FRAMEWORK

- | | |
|---------------------------------------|--|
| 1. Assess | ...the public health situation, target audience and their environment, current and proposed health behaviors, program resources, and constraints. |
| 2. Plan | ...the public health intervention based on data on the health issue, audience, communication channels, and available resources. |
| 3. Draft, pretest, and produce | ...the appropriate print message and audio, video, and counseling materials. |
| 4. Deliver | ...the health communication program in tandem with service delivery groups. |
| 5. Monitor and evaluate | ...to determine how well the program is being implemented, make mid-course corrections in strategy or materials, and assess the overall impact of the communication program and its constituent parts. |

Source: BASICS & HealthCom (1995).

Health communication programs should use a variety of channels to convey messages to specific target audiences at different levels: personal, family, community, and national. Examples of health communication channels include the following:

- Television
- Radio
- Face-to-face communication
- Print materials
- Hotline counseling
- Community events (e.g., theater)
- Peer education

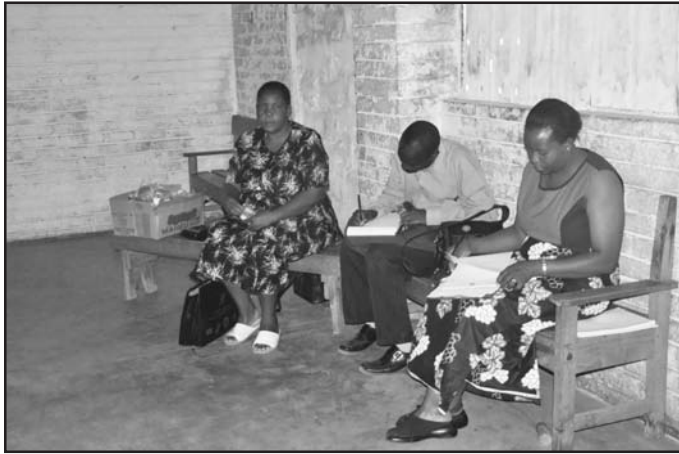
FDGs can be used during many steps of the strategic health communication process, as outlined below.

- During the **assessment** and **planning** steps:
 - ▷ For formative research by exploring the perceptions, attitudes, and health practices of potential audiences (This information can be useful for planning baseline surveys, designing programs, and developing specific health messages.)
- During the **design** step:
 - ▷ For pretesting communication concepts and materials by assessing how well they are understood and accepted by the intended target audience
- During the **monitoring** and **evaluation** step:
 - ▷ To identify problems with program implementation
 - ▷ To complement data collected through quantitative surveys
 - ▷ To help researchers understand trends in behaviors and attitudes, which can show to what degree a program is having an impact

This handbook considers FGD analysis specifically in the context of formative research and evaluation research. This is different from using FGDs to pretest materials, when the objective of the FGD is to obtain feedback on a specific communications product. There are other resources available on how to use FGDs for pretesting (see Annex 2).

Chapter 2

BASIC ANALYSIS CONCEPTS



- ▶ **OVERVIEW OF FOCUS GROUP ANALYSIS**
- ▶ **LEVELS OF ANALYSIS**
- ▶ **STAGES AND STEPS OF FOCUS GROUP ANALYSIS**

Overview of Focus Group Analysis

Focus group analysis is the process of organizing and examining information in order to find meaning in it. According to Krueger (1998), analysis is like detective work. After conducting the FGDs, you must read through heaps of notes, organize them, and then look for “clues” that will help you to make sense of it all. This takes a lot of time and requires that you know the information very well.

Analysis is complex, because you have to examine what was said, how it was said, and sometimes who said it. The overall context, the dynamics between participants, the skill level of the moderator, how the conversation took place, and how the moderator related to the participants are all important elements to take into consideration when analyzing your information.

Focus group analysis is an art, because it requires you to “sense” and “feel” the information, instead of using scientific formulas to analyze it. Taking a pile of notes and turning them into a logical, clear, and interesting report can indeed be like creating a sculpture out of a mound of clay. It is a task that requires creativity as well as good intuition.

However, focus group analysis is also a systematic process consisting of a series of stages that must be followed. While it is important to think creatively and follow your instincts, it is also important to follow concrete steps. Being systematic and organized will help to avoid bias in your results.

Levels of Analysis

Focus group findings can be analyzed in different degrees of depth. Following are three levels of analysis, which range from less in-depth to more in-depth.

- **Description** is when you simply report what the participants said based on your field notes and observations.
- **Interpretation** is when you present an explanation or give meaning to what has been described. This is a more in-depth form of analysis.
- **Recommendation** is when you suggest actions to be taken based on your interpretation of the FGD results. This is the most in-depth form of analysis.

In most cases, interpretation is required in order for the findings to be useful for your program. You should consider the following factors when deciding which level of analysis to do:

- **The goal of your research and your research questions**
 - ▷ If you are doing formative research on a topic that has not been studied before, a more in-depth analysis is appropriate. This is also true if you are researching people’s attitudes and beliefs.
- **The capabilities of your research team**
 - ▷ If your team is very experienced with analysis, then it will be easier to go into depth. If you do not have much experience or academic background, however, then you might consider doing a less in-depth analysis.
- **Your client’s needs and expectations**
 - ▷ Some clients do not expect the research team to provide recommendations for action. It is important to discuss this with your client and agree on what is expected before you begin the research.

■ **The amount of time available for the analysis**

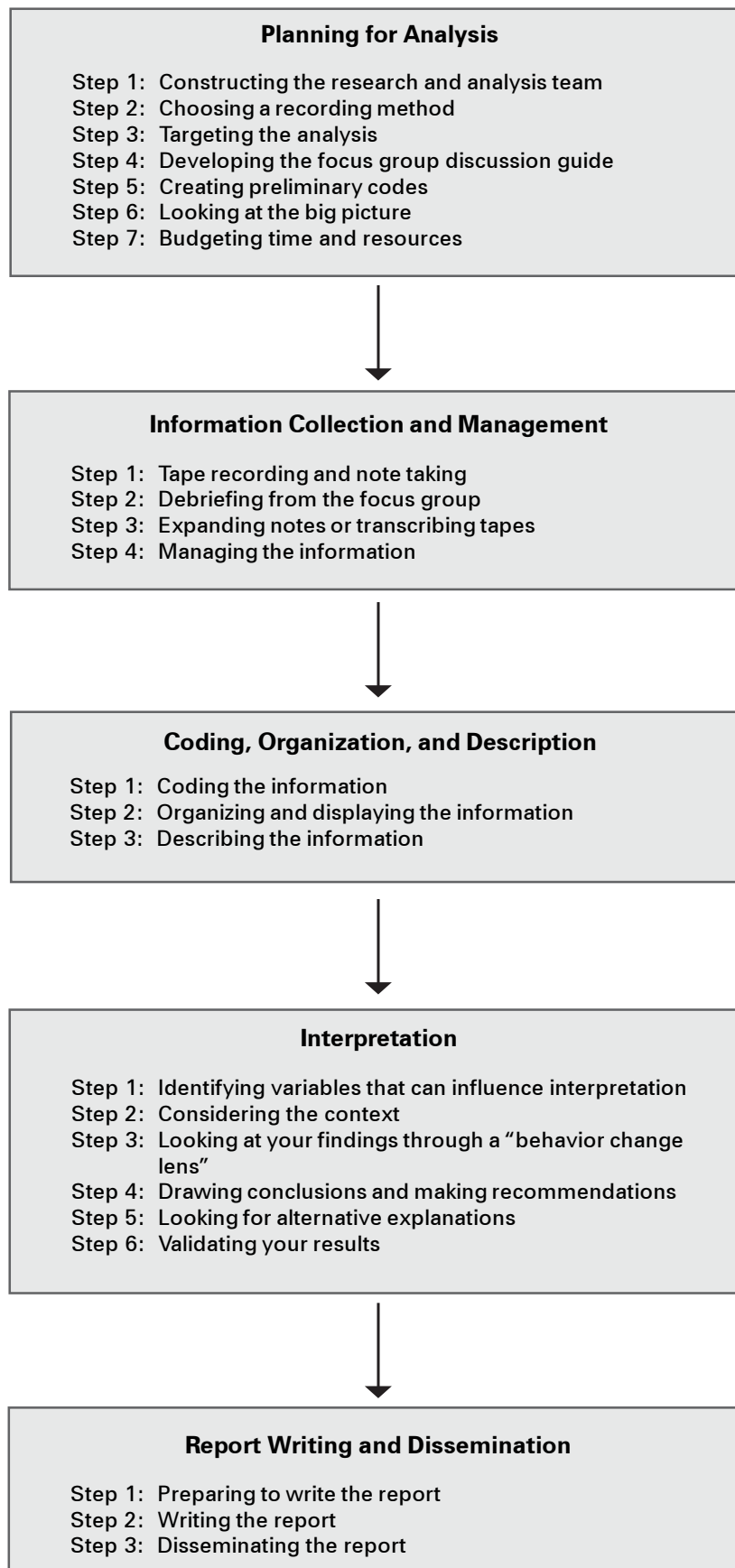
- ▷ If you do not have very much time, then it will be difficult to do an in-depth analysis.

It is important for you and the sponsoring organization to agree on the level of analysis expected before starting your research. More importantly, together with the other members of your research team, ask yourself how simple/complex and how important it is to go into details when recording the information. The team needs to understand the research questions and its nuances very well so that they will know when and how to probe for more information.

Stages and Steps of Focus Group Analysis

The analysis process can be broken down into major stages, as outlined on the following page. Each one of these stages will be examined in greater detail in the rest of the handbook.

THE FOCUS GROUP ANALYSIS PROCESS



Chapter 3

PLANNING FOR ANALYSIS



- ▶ **STEP 1: CONSTRUCTING THE RESEARCH AND ANALYSIS TEAM**
- ▶ **STEP 2: CHOOSING A RECORDING METHOD**
- ▶ **STEP 3: TARGETING THE ANALYSIS**
- ▶ **STEP 4: DEVELOPING THE FOCUS GROUP DISCUSSION GUIDE**
- ▶ **STEP 5: CREATING PRELIMINARY CODES**
- ▶ **STEP 6: LOOKING AT THE BIG PICTURE**
- ▶ **STEP 7: BUDGETING TIME AND RESOURCES**

Step 1: Constructing the Research and Analysis Team

The analysis process cannot wait until the focus groups are finished. Even before the focus groups are conducted, there are many analysis-related tasks that need to be completed. For example, you need to be thinking ahead to the analysis when you pick the research team, in order to ensure that the team members have the necessary capacities for analysis.

You should also be thinking about analysis when you choose the recording method, develop the focus group discussion (FGD) guide, and budget time and resources. You can also do some “preanalysis” before conducting the focus groups, by creating a table to target your analysis and by developing a list of preliminary codes. Your analysis will be easier and more organized if proper planning is done even before the FGDs start.

We recommend that focus group analysis be done by the research team. This includes the research director, the focus group moderators, the note takers, the observers, and anyone else whose input is needed (e.g., the program manager). Why should the analysis be done by a team instead of one researcher? Because:

- A team can work more quickly than a single person by dividing up tasks.
- Focus group analysis is based on words and not numbers, so it can be subjective. (In other words, it can be influenced by the analyst’s viewpoint.) Therefore, it is helpful to have the input of several different people during the analysis, in order to ensure that the interpretation is not biased.
- Even if the FGDs are tape recorded, it is easy to overlook the impact of group dynamics and nonverbal communication. More information about these two things will be captured if the analysis is done by a team.

Not every member of the team has to work on all of the tasks, as this could slow things down. Some analytical tasks can be done by one, two, or three team members, as will be explained later.

Assuming that you are conducting six to eight focus groups and that your team has little experience with analysis, we recommend a research team of six to eight people, consisting of the team leader, moderators, note takers, and observers. (NOTE: It is preferable for the research director to also play one of these roles.) Research teams that have more experience may be able to do the work with fewer people. In order to work more quickly, the research team can be divided into two subteams to conduct the focus groups and perform the analysis. Within each subteam, at least one person should already have good analytical skills and one person should be a good writer.

The research team needs a good team leader, who is usually the main author of the focus group report. This person has several tasks that are important to ensure the success of the analysis. The team leader must clearly understand the research objectives, be familiar with all of the information, and follow the process closely in order to analyze the findings between the groups, looking for patterns, trends, or differences between the focus groups and the audiences. He/she should have expertise in focus group analysis, be creative, and be willing to work with others and ask for their feedback.

TEAM LEADER'S RESPONSIBILITIES FOR ANALYSIS

- ▶ Supervises the research team
- ▶ Oversees the systematic coding and organization of information
- ▶ Keeps the original copies of the information, notes, and tapes in a safe place
- ▶ Provides guidance for interpretation
- ▶ Is ultimately responsible for the final report, even if parts of it are written by other members of the team

As mentioned above, ideally, the team leader participates in the focus groups in one way or another (i.e., is a moderator, note taker, or observer). If this is not possible, then the team leader should spend some time in the field observing the focus groups and working with the team immediately following the focus groups. In this scenario, the moderators, note takers, and observers can help the team leader organize, read, and code the information. They can also brief the team leader on their impressions of the group, including group dynamics and nonverbal communication.

Step 2: Choosing a Recording Method

There are different ways to collect focus group information, depending on the level of detail needed. We recommend that all FGDs be tape recorded if possible and that good notes be taken by the note taker. It is important to purchase sturdy tape recorders with good quality microphones, especially if you will be working outside or in a noisy place.¹

It is also possible to do FGDs without recording them, of course, but this means that you will not have a detailed record of the discussion. In some cases this may not be necessary, but it is usually helpful to have tapes. If you are not able to record the discussions, then be sure that you have an extremely good note taker who can write very accurately and quickly. Another possibility is to have two note takers.

After the FGD, there are two options for working with your information:

- You can produce **transcripts** of the FGDs. This involves typing all of the dialogues word-for-word. Transcripts are a good idea if you need a detailed record of what participants said. Keep in mind that they require a lot of time to produce and they also take a lot of time to analyze. A typical transcript from one focus group can be 30-60 pages long!
- You can produce **expanded notes** of the FGDs using the tapes.² These are a good idea if you do not need word-for-word documentation of the FGDs. They take less time than transcripts and are easier to analyze. However, they do not capture the same level of detail as transcripts.

¹ One good model is the Panasonic[®]Slim Line Recorder, Model No. RQ-2102, which is simple, sturdy, and portable. For good sound quality, we also recommend using an external omnidirectional microphone, such as Sony[®]Model No. ECM-F8, rather than the microphone built in to the tape recorder.

² Expanding notes means enriching your notes by listening to the tapes or receiving additional comments from the other members of the research team who participated in the FGDs (see also the section on expanding notes, p. 39).

Unless you need to do a very detailed, in-depth analysis, we do not recommend using full transcripts. In resource-constrained settings, expanded notes are more manageable.

In both cases, your team can refer back to the tapes during the analysis to pick out nuances in the dialogue, confirm the exact wording of responses, and/or identify good quotes. A useful compromise is to use expanded notes and transcripts of important quotes.

Step 3: Targeting the Analysis

An important part of planning is targeting the analysis. This means deciding exactly who or what is going to be analyzed. The first step in targeting the analysis is to review the study's research questions. There should be a limited number of primary research questions, especially if novice researchers are conducting and analyzing the focus groups.

A research question for a **formative research** study might be: "What are the best ways to reach youth with STI/HIV/AIDS information and services?"

A research question for an **evaluation study** might be: "How do women feel that their lives have changed one year after the start of the program?"

The research question(s) will help your team to develop four to five topics to be explored during the focus group. Each one of these topics in turn will have subtopics, which can be described as "prompts" or "ideas for probing." Creating topics and subtopics helps you to target your analysis. This is a very important thing to do because it is not possible to analyze everything! The box below illustrates a research question, with related topics and subtopics.

TOPICS AND SUBTOPICS	
RESEARCH QUESTION:	What are the best ways to reach youth with STI/HIV/AIDS information and services?
TOPIC #1 SUBTOPICS	Youth sources of STI/HIV/AIDS information: <ul style="list-style-type: none"> ▶ Mass media ▶ Friends ▶ Family ▶ Internet ▶ Health providers
TOPIC #2 SUBTOPICS	Youth perceptions of STI/HIV/AIDS services: <ul style="list-style-type: none"> ▶ Public clinics ▶ Private and NGO clinics ▶ HIV testing sites ▶ Youth organizations

Step 4: Developing the Focus Group Discussion Guide

The creation of the FGD guide is an important step in planning for analysis because it determines the information that will be collected. The FGD guide is like a road map which leads you through the different parts of the discussion. It should be simple, direct, and useful.

There are three major parts of an FGD guide:

- Introduction
 - Main part of the discussion based on the research questions
 - Conclusion
- ▷ The **introduction** has two major objectives: (1) to put the participants at ease and (2) to inform them that you are seeking information about a general topic. In order to avoid biasing their responses, however, we recommend being as vague as possible when describing the topic. For example, if you are researching attitudes towards condom use, you may want to say that the discussion will be about disease prevention.
- ▷ The **main part**, or “body,” of the discussion focuses on the research topics and corresponding subtopics. Often an FGD guide starts with a broad question and then narrows the focus to questions that are specific to your research topic. This structure allows the participants to “ease into” the discussion by talking about general issues before they are asked to discuss more specific, often sensitive topics. It also gives the opportunity to see if topics arise spontaneously or not. The topics and subtopics can either be written as questions or statements. If they are presented as statements, the facilitator will have to convert them into questions when facilitating the group.

When creating the “body” of the discussion guide, the research team should think ahead to the analysis and ask themselves if each question will result in relevant information or not. It is common for researchers to gather more information than they actually need. For example, they may get excited and ask questions that they think are interesting, but aren’t really necessary for the program. Or, external people such as the program manager or research funder may want them to ask extra questions. For this reason, we recommend limiting the major topics to four or five and the subtopics to three or four per major topic.

- ▷ The **conclusion** of the FGD has two major objectives: (1) to summarize what has been said and ask participants for any corrections or clarifications and (2) to thank participants for their input.

We recommend that the initial design of the FGD guide involve only a few of the research team members—the ones who are most qualified to understand the research needs and questions. Those involved in conducting the focus groups (moderator, note taker, and observer) can be involved in the revision and testing of the FGD guide.

Prior to conducting the FGDs, the discussion guide should be pretested by the team who will do the research. After training, if necessary, the best way to do this is to conduct an actual FGD with participants with the same criteria as your target audience. (However, you will not include the results of this

pretest in your analysis.) The guide can then be adjusted and simplified as necessary. A sample discussion guide from Zambia on HIV/AIDS issues is presented in Annex 3.

Step 5: Creating Preliminary Codes

Once your discussion guide is complete, you are ready to develop preliminary codes. These are labels that will help you to organize the information later on. Why should you think about them now? Because the process of creating codes can help you to eliminate questions that may be “interesting” but are not really necessary to answer your research question.

The list of codes you develop during the planning stage is only preliminary. Additional codes will be added later on when you organize the actual information. The following box contains some examples of preliminary codes.

PRELIMINARY CODES	
There are many different ways to create codes. We recommend using a series of letters that have a relationship with the topic they are referring to. The topics and codes below provide you with some examples:	
TOPIC: Information Sources	CODE
Mass media	INFMEDIA
Friends	INFFRIEND
Family	INFFAM
Internet	INFINTER
Health providers	INFHPROV

Once you have developed your list of preliminary codes, use it to go back and review your FGD guide. Comparing the codes with the guide will help you to think of the kind of information you are going to collect. You should try to remove any unnecessary questions that are not really relevant to the research question. Coding will be discussed in more detail in Chapter 5 (Coding, Organization, and Description).

Step 6: Looking at the Big Picture

To target your analysis, we suggest that you create a table like the one on the following page. This will help your team to put the research question in parallel with the topics and subtopics to probe. This table is, of course, only preliminary, and it will change as the research progresses. The columns should be filled out as follows:

- First column: Research question
- Second column: Research topics
- Third column: Focus group discussion guide (abbreviated version, without introductory or closing questions)
- Fourth column: Preliminary codes

The large “V” in the third column illustrates the fact that the questions progress from general questions early in the discussion to more specific questions about the research topic later on.

TABLE FOR TARGETING YOUR ANALYSIS

Research Question	Topics	Focus Group Discussion Guide	Preliminary Codes
What are the best ways to reach youth with STI/HIV/AIDS information and services?	Health-related problems for youth	A. Where do youth get information about STI/HIV/AIDS? <i>Probe the following subtopics:</i> <ul style="list-style-type: none"> ▶ Mass media sources ▶ Friends ▶ Family ▶ Internet ▶ Health providers ▶ Other information sources 	INFMEDIA INFFRIEND INFFAM INFINTER INFHPROV
	Ways to reach youth with STI/HIV/AIDS information and services	B. Where do youth prefer to get STI/HIV/AIDS services? <i>Probe the following subtopics:</i> <ul style="list-style-type: none"> ▶ Public clinics ▶ Private clinics ▶ HIV testing sites ▶ Youth organizations ▶ Other sites 	PUBCLIN PVTCLIN HIVTEST YTHORG OTHERSITE
	Barriers to the utilization of STI services	C. What might make it difficult for youth to access services? <i>Probe the following subtopics:</i> <ul style="list-style-type: none"> ▶ Cost ▶ Access ▶ Confidentiality ▶ Staff attitudes ▶ Other barriers 	COST ACCESS CONFID ATTITUDES OTHERBAR



NOTE: These columns should be read from left to right

STEPS FOR TARGETING YOUR ANALYSIS

To summarize, here are the steps for targeting your analysis:

1. Pick the members of your analysis team.
2. Choose the recording method.
3. Target the analysis (by reviewing the research questions and creating topics and subtopics).
4. Develop the FGD guide.
5. Create preliminary codes.
6. Look at the big picture by creating a table with the research question, topics, abbreviated discussion guide, and preliminary codes.

Step 7: Budgeting Time and Resources

Focus group analysis is an ongoing process that takes a lot of effort. The time your team will need will, of course, depend on your specific situation. All teams need to work on the analysis process *before, during, and after* the FGDs take place. Therefore, it is important to do realistic time and resource estimations when you are planning your research.

A study that seeks to answer one to two research questions and consists of six to eight focus groups (recommended for novice researchers) would take approximately two to three weeks to conduct and analyze. This assumes that you are working with a team of about six to eight people, who are divided into two subteams and are working full-time on the analysis. Larger studies will, of course, take more time.

The following section will help you budget time and resources for analysis. The boxes provide instructions for working together as a team.

Focus Group Preparation: Four Days

Before the FGDs, your research team will need to complete the following research and logistical tasks:

Research Tasks

- Review and focus the research question(s).
- Develop the FGD guide.
- Translate the FGD guide if necessary.
- Organize the FGD subteams according to people's strengths.
- Review FGD moderation skills if necessary.
- Agree on standards for taking notes (see Chapter 4).
- Develop a system for managing the information during the focus groups (see Chapter 4).
- Pretest the FGD guide. (NOTE: If the guide has to be tested in both urban and rural areas, then the preparation could take longer.)



TEAMWORK PLANNING

Before conducting FGDs, the entire research team works together to complete the preparations. However, we recommend dividing the tasks among different team members.

Logistical Tasks

- Visit the research sites to meet with local authorities and identify a site for conducting the FGDs.
- Recruit the FGD participants from appropriate target group.
- Double check the criteria for homogeneity.
- Verify the quality function of the recorders, microphones, and other equipment.
- Buy materials and supplies (i.e., tape recorders, notebooks, pens, etc.).
- Arrange for participant transportation, if necessary.

Organize snacks, incentives (if necessary), and transport for participants. See Annex 4 for a checklist of materials needed (Checklist A). We recommend that you fill in the names of people responsible for each task and then make photocopies of the checklist for all of your team members.

Conducting Focus Groups: Three to Four Days

We recommend that each subteam (regardless of experience) conduct no more than two FGDs per day and that each FGD last no longer than one and one-half hours. Following this schedule, it will take three to four days to conduct six to eight FGDs if you have two subteams working simultaneously.

Each day, after conducting the focus groups, the subteams will need to accomplish the following tasks, which will take about two hours per FGD:

- “Relive” the FGDs.
- Expand the notes or send tapes to be transcribed (see Chapter 4).
- Do some preliminary coding if using expanded notes (see Chapter 2).
- Label and organize your information (see Chapter 5).
- Hold a group debriefing with the entire team.

TEAMWORK PLANNING

Each subteam works separately to conduct the FGDs, “relive” the experience, organize their notes, and do their preliminary analysis. Expect two to three hours of work for each hour of FGD. The entire team should meet in the evening, if possible.

If the FGDs occur in the morning, the afternoon should be used for completing these tasks. If you do the FGDs in the afternoon, the tasks should be completed in the evening or the following morning.

HOW MANY FOCUS GROUPS PER DAY?

We recommend that novice teams conduct one FGD per day and spend the rest of the day organizing the notes and enriching them by listening to the tapes and discussing them with the subteam. This will allow you to focus your attention on each focus group immediately after it happens, which will make the analysis easier. More experienced teams can conduct two FGDs per day. In this case, they should “relive” the second focus group first, while it is still fresh in their mind.

Coding, Description, and Interpretation: Six Days

After the focus groups have been conducted, your team will need to spend several days coding, organizing, describing, interpreting, and writing the report. The amount of days required for these tasks will depend on the size of your team, the total number of focus groups conducted, and how in-depth your analysis will be. The following tasks will need to be accomplished:

- Translate the expanded notes or transcripts, if necessary.
- Revise and expand the coding list (see Chapter 4).
- Code the information (see Chapter 5).
- Organize and display the information by codes.
- Describe the FGD information and compare findings between the subteams (see Chapter 5).
- If necessary, conduct additional FGDs in order to gather more information or clarify confusing results.
- Interpret the information and develop recommendations (see Chapter 6).

TEAMWORK PLANNING

After all FGDs have been completed, the subteams work together to revise and expand the coding list. After that task is completed, they can work separately to code, organize, and describe their own information. Finally, the subteams come back together again to present the descriptions of their information, interpret the information, compare findings, and write the report.

Report Writing: Three Days

It should take your team approximately three days to write the report. The responsibilities for report writing can be shared among team members, and some sections of the report can be written during the field work (i.e., background and methodology). See Chapter 7 for more details on report writing.

To summarize, let’s imagine that you are conducting eight focus groups, with an analysis team of six people (two moderators, two note takers, and two observers). If your team is well organized, you should be able to prepare, conduct, analyze, and write up the FGDs in approximately two to three weeks. The box on the following page presents an estimate of the time that will be needed for the entire analysis process.

TIME ESTIMATE FOR PREPARING AND ANALYZING SIX TO EIGHT FOCUS GROUPS

Focus group preparation	4 days
Conducting focus groups	3-4 days (2 groups/day)
Note expansion and preliminary coding	2 hours per FGD (same day as the FGDs)
Coding, organization, and interpretation	6 days
Report writing	3 days

On the following page is the timetable used by the research team in Ndola, Zambia. The team consisted of six people, and they were planning to conduct eight focus groups. This timetable outlines the first week of planning and conducting the FGDs.

RESEARCH TIMETABLE FROM ZAMBIA: WEEK ONE

Monday, June 3

1. Develop FGD guide
2. Identify criteria for selecting participants
3. Contact Neighborhood Health Committees (NHC) to organize FGDs

Tuesday, June 4

1. Revise the FGD guide
2. Translate key words* into Bemba (local language)
3. Decide on the level of analysis to be performed
4. Clarify roles and responsibilities of team members
5. Develop guidelines for how to take notes
6. Prepare for field work

* It is important that all FGD facilitators use the same translation for key words.

Wednesday, June 5

1. Make final revisions to the FGD guide
2. Practice using the FGD guide
3. Prepare for field work
4. Conduct first set of FGDs (one FGD per subteam)
5. Listen to tapes and expand notes
6. Hold team meeting
7. Prepare for next set of FGDs

Thursday, June 6

1. Conduct second set of FGDs (two FGDs per subteam)
2. Listen to tapes and expand notes
3. Hold team meeting
4. Prepare for next set of FGDs

Friday, June 7

1. Conduct third set of FGDs (one FGD per subteam)
2. Listen to tapes and expand notes
3. Hold team meeting

Saturday, June 8

1. Finish expanding notes for all eight FGDs
2. Create a coding list
3. Discuss next steps for analysis:
 - ▶ Management of information (continuation)
 - ▶ Description of information
 - ▶ Interpretation of information
 - ▶ Recommendations

The team spent an additional two weeks analyzing the information and writing the report.

Budgeting Resources

Your team will need the following resources in order to collect the focus group information and conduct your analysis:

Workspace

- A place to conduct the FGDs (two places will be needed if you have two subteams)
- A place for all of the subteams to work together on analysis, such as a conference room with large tables or a clean space to work on the floor

Equipment

- Tape recorder and microphone for each subteam
- Photocopier or access to a photocopying service
- Computer and printer (if possible)

Supplies

- Flipchart paper and markers
- Colored A4 or letter-sized paper (if possible, a different color for each focus group)
- Notebooks or recording sheets for taking notes
- Paper for the printer and photocopier
- Pencils and erasers
- Pens with ink that does not run if it gets wet
- Cassettes and batteries for the tape recorders
- Large envelopes or document holders for storing notes and cassettes (one for each FGD)
- Scissors and glue
- Tape for hanging flipchart paper on the wall

Other Things to Budget

- Refreshments and small gifts (as necessary) for participants (e.g., T-shirts)
- Transportation costs for participants
- Salaries or consultant fees for the research team
- Salaries for secretarial work
- Transcription services (if you are using transcripts)
- Transportation, lodging, and *per diem* costs for the research team
- Translation of expanded notes or transcripts (if necessary)

Chapter 4

INFORMATION COLLECTION AND MANAGEMENT



- ▶ **OVERVIEW OF INFORMATION COLLECTION AND MANAGEMENT**
- ▶ **STEP 1: TAPE RECORDING AND NOTE TAKING**
- ▶ **STEP 2: DEBRIEFING FROM THE FOCUS GROUP**
- ▶ **STEP 3: EXPANDING NOTES OR TRANSCRIBING TAPES**
- ▶ **STEP 4: MANAGING THE INFORMATION**

Overview of Information Collection and Management

This chapter teaches the skills that you will need for the next stage of analysis: information collection and management. This stage has several steps:

- Step 1: Tape recording and note taking during the focus groups
- Step 2: Debriefing from the focus group discussion (FGD)
- Step 3: Expanding notes or transcribing tapes
- Step 4: Managing the information

This stage of the FGD analysis process is one of the most important because well-organized notes and transcripts form the foundation for a reliable description and interpretation of information.

Step 1: Tape Recording and Note Taking

The notes taken during the FGD are very important, even if you will be doing transcripts of your tapes. It is possible that the tape recorder will break, the batteries will run out, the observer will forget to turn the cassette over, the sound quality will be bad, or the participants will not agree to be recorded. Therefore, you and your team need to be systematic and organized in all aspects of note taking.

Tape Recording

There are several things that need to be kept in mind while tape recording:

- Check to make sure the tape recorder is working and that there are extra batteries and cassettes nearby before the group arrives.
- Attach the external omnidirectional microphone to the recorder and place it so all of the voices may be captured clearly. Make a brief test recording to check on the sound quality.
- Ask the permission of the participants to use the tape recorder. Explain that the tapes will only be used to help you remember the discussion and not for any other purpose. Reassure them that their names will not be linked with what they said in the FGD report and that no one other than the researchers will listen to the tapes. If, for some reason, any of the participants do not want to be tape recorded, it is best to respect their wishes. In this scenario, your note taker will need to work extra hard!
- Turn the tape recorder on and make sure the volume is turned up.
- Have the observer turn the cassette over when the first side finishes.
- Immediately following the FGD, listen to part of the tape to make sure that it recorded properly.

Note Taking

Writing down dialogues can be complicated. The note taker(s) need to develop a systematic and organized way of taking notes and labeling them. All of the note takers need to be in agreement on the following points:

- Format for note taking (notebooks vs. recording sheets)
- Language for note taking
- Which types of statements to record verbatim (word-for-word) and which types of statements to paraphrase

- If participants are to be indicated (P1, P2, etc.) and what associated information about each should be recorded
- What nonverbal recommendations should be recorded
- Abbreviations/symbols to be used
- How notes should be labeled

Format for Note Taking

Some researchers prefer to use notebooks (with the binding on the left-hand side) for taking notes instead of loose paper. This prevents pieces of paper from getting lost. If you choose to do this, we recommend that you use the right-hand pages of the notebook to write what participants say. The left-hand pages can then be used to note any observations, comments, and nonverbal communication. Other researchers use steno pads with two columns. The right-hand column is used to record the dialogues, and the left-hand column is used for observations, comments, and nonverbal communication.

If you do not have access to notebooks or steno pads, a third option is to use premade recording sheets. If you choose this option, you can make a template with three columns:

- The **left-hand column** is for coding the information. (NOTE: Coding will be done later, so this column will be left blank during the note taking.)
- The **middle column** is for the notes about what participants said.
- The **right-hand column** is for observations about nonverbal communication, group dynamics, or other comments or notes you want to add.

See the example on the following page.

Labeling Your Recording Sheet

Be sure to mark the following information for each focus group:

- Name of study or project
- FGD identification code (see below)
- Date
- Page number
- Topic being discussed
- Location of the focus group and description of the setting (e.g., Ndembe village, sitting under a tree in front of the school)
- Number and type of participants (e.g., eight married men, 25-40 years old)
- Names of the moderator, note taker, and observer

Each FGD should have an identification code. Let's imagine that your research team has six people, divided into two subteams—Subteam A and Subteam B. Each subteam does three focus groups. The focus groups could be coded as follows:

Subteam A focus groups

A1
A2
A3

Subteam B focus groups

B1
B2
B3

This is only one possible system for creating identification codes. If your team does not like this system, they can create another one that they are more comfortable with. The identification code should be marked in the following places:

- On each page of your "raw" notes (recording sheets or notebook pages)
- On the cassette tapes
- On each page of your expanded notes or transcripts (this will be explained in the next section)
- On any other piece of paper related to the FGD (e.g., observer's notes)

Below is an example of a partial recording sheet. An actual recording sheet would extend down a full piece of A4 or letter-sized paper. We recommend making enough photocopies of the templates for all of the FGDs ahead of time (10-15 copies per FGD, depending on the size of your note taker's handwriting). You can fill in the information on the top of the page before you make the copies for each group (except for the page number).

SAMPLE RECORDING SHEET

[Name of Study or Project]

FGD Identification Code: _____		Date: _____
Topic: _____		Page # _____
Location: _____		
Type of participants: _____		Number of participants: _____
Moderator: _____	Note taker: _____	Observer: _____
Codes	Notes	Observations

Language for Note Taking

The language to be used for taking notes should be decided before the FGDs take place. It is usually faster to take notes in the language being used for the focus group. In some cases this is not possible, however, like when the language being used in the FGD is not a written language. In other cases, the focus groups are conducted in a local language, but the report is written in the country's official language. In this case, the notes will need to be translated. The notes or transcripts will also need to be translated if anyone involved in the analysis does not understand the language. This is often the case when technical assistance is provided by a researcher from another country.



It is best to have a professional translator do the work if you have the time and resources available. If not, then a member of the research team can do the translation. In either scenario, time for translation should be budgeted during the planning stage. This could take several days, depending on the availability and speed of the translator.

In cases where certain words do not exist in a language, the team will have to agree on the translation of these words. In many languages, for example, there are no words for things related to HIV and AIDS (e.g., “stigma”).

How to Take Notes

Even though you will have tapes to back you up, you should not rely on the tapes. Your notes will be your primary source of information, so it is important to make sure that they are clear, detailed, and well organized. You do not have to write every word, but should instead focus on recording key words and phrases. Following are some general guidelines to help you take good notes, including how to abbreviate dialogue, how to record questions and answers, and how to stay faithful to participants' words. A hypothetical focus group with married men about family planning is used to illustrate the examples.

ABBREVIATE FGD DIALOGUES

You can use symbols and abbreviations to save time:

and	&	equals	=	repetition	“ ” “ ”
at	@	without	w/o	or	/
approximately	~	because	b/c	number	#
therefore	→				

Your team can expand and modify this list.

Focus on recording only key words and phrases. For example:

The participant said: “African men used to like families with many children because it was a sign of power for them and also it was seen as a benefit for the family, because the children would work in the field and help with house work. With all of the money problems in our country now, we cannot afford to pay for all of these children.”

Write this: Men used to like large families b/c sign of power. Benefits for family = children, help in the fields/house. Now b/c of money problems can't afford many children.

STAY FAITHFUL TO PARTICIPANTS' WORDS

Even though you are abbreviating what was said, you should use the same words that participants used. If you change the words, you may unintentionally change the meaning of what was said. For example:

The participant said: "Men like me should be responsible for the well-being of our families. We should support our wives when they want to go to the family planning clinic."

Do NOT write the following: Men should take care of their families and let their wives visit the clinic whenever they want to.

DO write the following: Men should be responsible for families' well-being and support wives when they want to go to the family planning clinic.

RECORD REPEATED DIALOGUES

Note all of the dialogues in the group, even if more than one person has said the same thing. This will help you to "weigh" the importance of the findings. In order to save time, you can write "same" or use quotations marks to indicate when more than one person has used exactly the same words as the previous person.

P1: Men should be more responsible

P2: " " " "

P3: (Shook head in agreement)

Remember that if a participant agreed with what was said but used different words, it is important to note his/her exact words.

RECORD VERBATIM QUOTES

Note descriptive quotes word-for-word. It may be possible to identify ahead of time some types of quotes that would be useful to have verbatim. For example, if you are evaluating a program, you might want to have at least one positive comment and one negative comment about the program word-for-word.

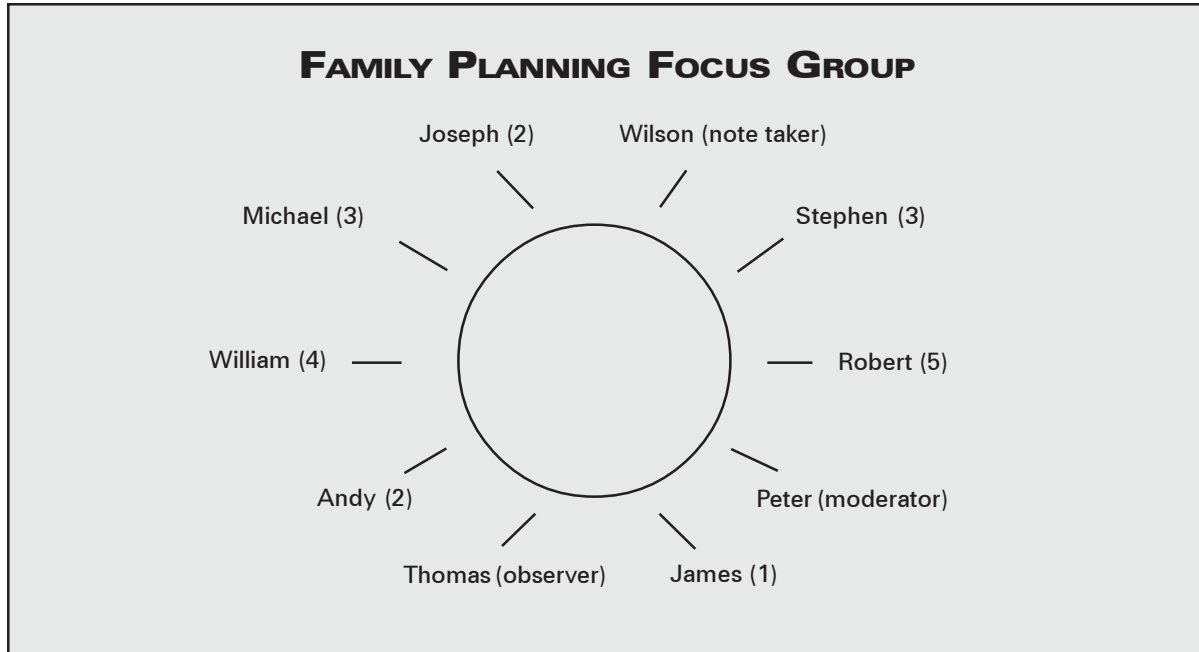
The participant said: "Ever since the program started, men are starting to talk to their wives about family planning. It is no longer just a woman's concern. Our wives seem happier too."

Write the following: Ever since the program started, men are starting to talk to their wives about family planning. It is no longer just a woman's concern. Our wives seem happier too.

After the focus group, you can go back and include a brief description of the people that said the quotes, based on the information that they gave about themselves during the introduction, (e.g., 45-year-old man with two children, Bukembe village.)

Before beginning to record the dialogues of a FGD, while the moderator is doing introductions, the note takers may find it helpful to draw a diagram showing the seating arrangement, including the participants, moderator, note taker, and observer. This diagram can help the team to remember who said what when they are listening to the tape afterwards (even though the participants' names will not be used in the FGD report).

The diagram can include key information about the participants that they provided during the introduction (e.g., marital status, number of children, where they live, etc.). This information can be noted on the participant diagram. In the sample diagram below, the numbers in parentheses indicate the number of children that each man has, because the FGD was focused on men's involvement in family planning.



Step 2: Debriefing from the Focus Group

Immediately after the focus group discussion, it is important for the subteams to organize all of their materials and discuss their impressions of the FGD while it is still fresh in their minds. Here is a list of things to be done immediately following the FGD:

- Listen to the tape to make sure that it recorded properly. If it did not record properly, immediately help the note taker to complete his/her notes with any important information.
- Label all of your tapes and notes.
- "Relive" the focus groups by talking about your initial impressions, the group dynamics, and any important findings. Give feedback to the moderator about his/her performance and suggest areas for improvement (e.g., encouraging timid participants to speak more).
- Replay important parts of the discussion from the tape. This is especially important if you did two focus groups in a row and did not have time to debrief between them. In this case, always start working on the last FGD conducted while it is still fresh in your memory.
- If you are using transcripts, have the tapes transcribed as soon as possible (see Step 3).

Step 3: Expanding Notes or Transcribing Tapes

When you were planning for your analysis, you should have decided if you were going to use expanded notes or transcripts. After debriefing from each focus group, the next step is to either expand the notes or transcribe the tapes. Below are some simple guidelines to make both tasks easier.

Expanding Notes

- Help the note taker fill in any missing information, including dialogues, group dynamics, nonverbal communication, interruptions, or distractions. These can be done on the left-hand pages of the notebook, on the same lines as the corresponding dialogue.
- If you are not using transcripts, the note taker should expand the notes onto recording sheets at this point. If you have access to a computer and a printer, then the notes can be typed directly into the recording sheets.
- Write down your comments about the FGD. The comments should include first impressions about what was said during the discussion, a brief description of the participants and the group dynamics and some initial ideas about key findings. Be sure that this information is properly labeled with the FGD identification code, date, location, and team members. If you do not have access to a computer, you can use a blank recording sheet.
- Put all of the materials from the FGD into a large envelope that is labeled with the FGD identification code.

We recommend that before starting to expand the FGD notes, you organize your work done so far. A checklist (Annex 4, Checklist B) presents the tasks to be completed following each FGD. We recommend making copies of this checklist for all of the team members and checking off the tasks as they are completed.

If the focus groups are done in the morning, then the afternoon/evening should be reserved for these tasks. If they are done in the afternoon, then the following morning should be reserved. All of this should take about two hours per FGD, assuming that your team has conducted two focus groups that day.

Transcribing Tapes

Transcribing tapes is not as simple as just typing everything that you hear on the tape. The transcripts need to be formatted in a way that makes them easy to read, code, and organize. A sample transcript can be found in Annex 5. On the next page are some guidelines for producing good transcripts. If you are using an external transcription service instead of doing it yourself, then you should review these guidelines with them.

Please note that the following instructions for transcribing notes apply to those with access to a computer and the Microsoft®Word word processing application. The numbers correspond to steps that you should follow to create your transcript. The bullet points provide information on what the various columns should be used for.

Guidelines for Producing Transcripts

1. The first step is to create a table with **four columns** and **one row**.³
2. Size the columns as follows:
 - Column 1: ½ inch (1.3 cm)
 - Column 2: 1 inch (2.5 cm)
 - Column 3: 5 inches (12.5 cm)
 - Column 4: 1.5 inches (3.8 cm)
 (NOTE: These measurements are for an 8.5" x 11"-sized page. They will need to be adjusted for A4 paper.)
3. Use the **first column** to create line numbers. We suggest that you manually enter line numbers for every fifth line. The line numbers are useful when you are describing, editing, or discussing the transcript with your team members or with colleagues.
4. Use the **second column** for coding the transcript.
5. Use the **third column** to transcribe the actual dialogue. Notice that as you write the dialogue, the table will expand down the page and continue automatically to the next page.
6. Use the **fourth column** for notes about nonverbal communication and other observations.
7. Use single spacing for dialogues spoken by one person. Use a double space every time that the speaker changes.
8. Use the letter "M" to indicate what the moderator says. Put all of the moderator's text in **bold**.
9. Use the letter "P" to indicate statements spoken by participants. In some cases, you may be able to recognize the voices of different participants. In this case, you may want to distinguish the participants by labeling them P1, P2, P3, etc.
10. Do not guess about a dialogue if it is not clear on the tape. Anything that is unclear on the tape should be indicated within brackets: [TAPE NOT CLEAR]. For example:

P: When my husband came home, he said that I should [TAPE NOT CLEAR] and then he became angry with me.
11. Save the transcripts on diskettes and the computer hard drive or network drive.

³ Follow these steps to create a table:

1. Open Microsoft® Word
2. If a new document does not automatically open, select "File" ⇨ "New" ⇨ "Blank document."
3. Set the left and right margins to 1/2 inch each (1.3 cm).
4. At the top of the document toolbar, select "Table" ⇨ "Insert" ⇨ "Table."
5. Include the FGD identification code and a short description of the FGD in the header at the top of each page. Select "View" ⇨ "Header and Footer" and you will be able to enter the appropriate text.
6. To add page numbers, select "Insert" ⇨ "Page Numbers" and then choose the placement on the page.

Step 4: Managing the Information

At the end of each day of conducting FGDs, or first thing the following morning, the entire team should come together to share their experiences, discuss logistical issues, and, if necessary, modify the discussion guide for the next set of FGDs. Any members of the analysis team who did not directly participate in the FGDs should attend this meeting so that they can learn what happened. Some sample debriefing questions are listed in the box below.

SAMPLE DEFINING QUESTIONS

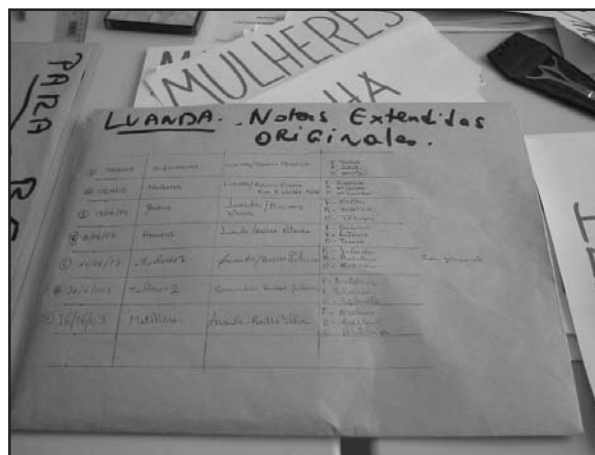
- ▶ How did the focus groups go today?
- ▶ What were the most important themes or ideas discussed?
- ▶ Were there any unexpected or unanticipated findings?
- ▶ How was this group different from other groups that we have done?
- ▶ What quotes should be remembered and possibly included in the report?
- ▶ Do we need to change the wording of the questions for the next set of focus groups?

Source: Adapted from Krueger (1998).

One of the most challenging aspects of focus group analysis is keeping track of all of your papers. This can be easier if you develop an organized system. We recommend that you buy large, sturdy envelopes or document holders that are durable enough to hold all of the recording sheets and tapes for one FGD and have a flap that closes so that the contents do not fall out.

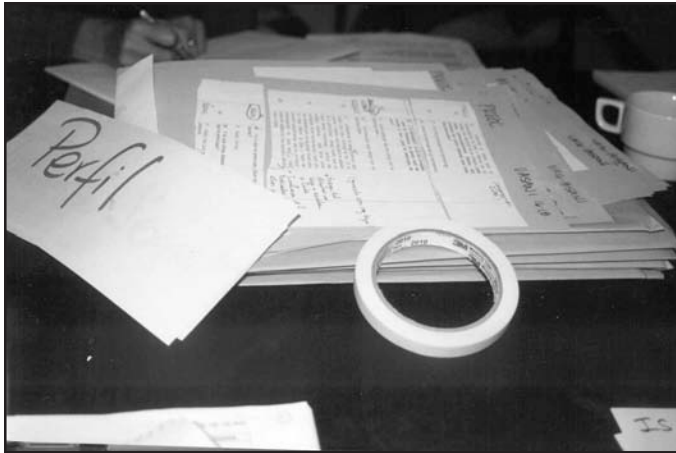
Before or after the debriefing, the research team should also complete the following tasks:

- Make a copy of your expanded notes or transcripts. Put the originals somewhere safe and the copies into the envelopes along with the tapes. You will use these for coding.
- Give all of the envelopes to the team leader for safekeeping. The originals should be kept in a different place for safekeeping.



Chapter 5

CODING, ORGANIZATION, AND DESCRIPTION



- ▶ **STEP 1: CODING THE INFORMATION**
- ▶ **STEP 2: ORGANIZING AND DISPLAYING THE INFORMATION**
- ▶ **STEP 3: DESCRIBING THE INFORMATION**

Step 1: Coding the Information

Once your notes have been expanded or you have received the focus group discussion (FGD) transcripts, you can begin coding and organizing the information. These crucial tasks can be difficult and sometimes tedious. They are very important, though, because coding helps you identify patterns, relationships, and meaning in your information. In addition, coding reduces the quantity of information that you have to analyze (by focusing only on the dialogues that are relevant to your research question) and it helps you to quickly retrieve segments of your information as needed.

As mentioned in Chapter 3, codes are labels that help you to analyze your information. There are many different ways to code your information, including:

- Letters
- Words
- Numbers
- Colors

We recommend using a series of LETTERS that are linked to the research topics. Letters are easier to remember than numbers and colors, and they are often shorter than words. Below are some sample codes from focus groups with men about family planning.

RESEARCH TOPIC: Barriers to Family Planning for Men (BAR)	
<u>Subtopics</u>	<u>Codes</u>
Informational barriers Service barriers Desire for children Masculinity issues	BARINFO BARSERV BARCHIL BARMASC

We recommend working together with the other members of your subteam to code the information from the FGDs that you conducted. This will make the coding more objective, which is important for validating the results. The other subteam can work independently to code their information, and you will come together to share your results when you are done.

Follow these steps to code your information as a subteam:

1. Before beginning, review the “Table for Targeting Your Analysis” (p. 24), which contains the research question, research themes, FGD guide, and preliminary codes (see Chapter 3). This will remind you of the big picture.
2. If you haven’t looked at notes/transcripts in several days, reread them again, all the way through without stopping.
3. Expand the preliminary code list. The codes should be arranged according to the research topics. It is important to remain flexible with the codes, because you will certainly change, add, and delete codes as you go along.

4. Read the transcript/notes out loud and then decide together as a team which code(s) to assign to each dialogue. Insert the codes in the left-hand column as you go along. Sometimes one sentence or paragraph will have more than one code. For example, one participant may say something that is related to both masculinity issues (BARMASC) and the desire for children (BARCHIL). If several dialogues in a row have the same code, draw an arrow down the page until the code changes. This way you will not have to write the code next to every dialogue. (NOTE: Coding as a team helps to ensure the accuracy of the coding. It is doable for small studies, but might be too time consuming for larger studies with more focus groups. In that case, the transcripts/notes can be divided up among team members to code simultaneously).
5. Add new codes as they are needed. For example, you may find a new barrier to family planning, which needs its own code. Or, you may want to divide one code into two codes that are more specific. Be sure to inform the other subteam if you add a code, so that they can add it to their list.
6. Some text will not have a code at all if it is not related to the research question (i.e., the FGD introduction and conclusion).

On the next page is an example of coded notes from a focus group with men on family planning issues.

SAMPLE CODED NOTES SHEET

[Name of Study or Project]

FGD Identification Code: A1**Topic:** Men's involvement in family planning**Location:** Ndembe village, church yard**Participant number/type:** 8 married men, 25-40 years old**Moderator:** Peter**Note taker:** Wilson**Date:** June 5, 2002**Page:** 6**Observer:** David

Codes	Notes	Observations
	<p>M: If men realize the benefits of having fewer children, what keeps them from practicing family planning?</p>	Men look down; they seem nervous talking about this subject.
BARINFO	P1: Don't know much about it. Never talk about it with wives. Doctors don't tell us about it.	
BARMASC BARCHIL	P3: Men expected to have a lot of children...sign of a real man. Children can also help on the farm, so it is good to have many.	
BARMASC	P2: If a man only has a few children, people will begin to wonder if something is not working right. (Laughter)	Laughter broke tension. Men more relaxed.
BARSERV ↓	<p>P1: And if something is not working right, then you have to go to the clinic. And that is not something we like to do....</p> <p>M: Tell me more about the health clinic...How do men feel going there?</p> <p>P3: The clinic is mostly for women. We never go there...There is no reason unless something is wrong with you.</p> <p>P2: Always have long wait...Hard to take time off work for so long.</p> <p>P4: Never have medicine that you need anyway. Have to buy it from a pharmacy, which costs a lot. We cannot afford to buy medicine unless our child is very sick. Our wives want us to buy these family planning pills for them, but it is hard to find money.</p>	Others nodded heads in agreement.

Step 2: Organizing and Displaying the Information

Once your expanded notes or transcripts have been coded, the next step is to organize your information. We recommend that you work in a room with a large table and enough empty wall space for you to post the findings on flipchart paper. There are many different ways to organize your information. The method proposed here has worked well in many countries.

Find a Way to Differentiate Your Focus Groups

If possible, get sheets of different colored paper (letter size or A4) to represent the different categories of focus group participants (or target audiences). In Peru, for example, the analysis team used:

- Blue sheets for 13 to 15-year-old males with internet access
- Green sheets for 13 to 15-year-old males without internet access
- Yellow sheets for 13 to 15-year-old females with internet access
- Red sheets for 13 to 15-year-old females without internet access

For now, you need only to prepare the colored paper. You will use it in Step 3, when you group your information by codes. If you cannot find colored paper, think of another way to differentiate the groups (e.g., use colored markers to make borders on the pages).

Prepare to Display your Findings

Review the “Table for Targeting Your Analysis” (p. 24). Label sheets of flipchart with the research topics and post them on the wall. Some topics will require more than one piece of flipchart paper if there is a lot of information.



Group Your Information by Codes

Read through the information and physically group it together by codes. If you have access to a computer and an electronic copy of the transcript or your expanded notes, you can “cut and paste” the information using Microsoft® Word or other word processing software.

This takes a lot of time, but it saves space and paper. If you choose that option, follow the steps in the box below.



CUTTING AND PASTING INFORMATION WITH A WORD PROCESSOR

(e.g., Microsoft® Word)

1. Open the file that contains the transcript or your typed expanded notes. We will call this file *Atranscript*.
2. Create a new file into which you can paste the information by code. We will call this file *Bcode*.
3. In *Bcode*, create large headings for each of the codes taken from the code list you developed.
4. Go back to *Atranscript* and copy sections of text into *Bcode*, placing the text under the appropriate code headings. Some text may need to be copied twice if it has two different codes. Be sure that you are copying text from *Atranscript* and not cutting it or deleting it!
5. When copying a participant's response also copy the moderator's question that came before it. This helps to provide a context for the dialogue.
6. Save your files frequently (at least every 5 minutes) to avoid losing your work!
7. When you are finished, print out the file with the information organized by code.
8. On the colored sheets chosen for that particular focus group, create large headings for each of the codes. Start with one sheet per code.
9. Cut and paste the information on the colored sheets of paper according to codes. Be sure to write the FGD identification code on each piece of paper before pasting it.
10. Repeat the process for each one of your focus groups, creating a different computer file for each one.

If you do not have a computer, make a photocopy of your transcript or your expanded notes. You may need to make multiple copies of certain pages, depending on how many different codes have been assigned to one section of text on that page. For example, if one dialogue has been given three codes, then you will need three copies of that page. Once the copies are made, follow these steps, making sure to work on each focus group separately:

1. On the colored sheets chosen for that category of focus group participants, create large headings for each of the codes (start with one sheet per code).
2. Cut the notes into sections by codes. If possible, include the moderator's question above the participant's response. Be sure to write the FGD identification code on each piece of paper.
3. Paste the sections onto the colored paper under the appropriate codes.
4. Repeat the process for the other focus groups.

Post the colored sheets onto the flipchart paper

Tape or glue the colored pieces of paper onto the flipchart sheets posted on the walls according to the research topics. Group the codes together as much as possible on each flipchart sheet. This will help you to see similarities and differences in the information. Information from different FGDs will be mixed together under each research topic, but the different colored papers will remind you which FGD the information came from.

When you have finished, stand back and look at what you have posted on the wall. Ask yourself the following questions:

- Which research topic has the most information? Which topic has the least information? What are some possible reasons for this?
- Under each topic, which FGD produced the most information? Which one produced the least? What are some possible reasons for this?

It is not necessary for all of the topics to have the same amount of information. Some topics will naturally produce more information than others. For example, topics where participants give facts as answers (i.e., sources of health information) will generate less information than topics where participants talk about their feelings or emotions. However, if certain topics have produced a lot of information relative to others, this could possibly indicate that the participants considered these topics to be especially important and/or interesting. This should be taken into consideration when analyzing the findings.

Differing quantities of information can also serve as indicators of problems in the focus group, however. For example, if one focus group produced significantly less information than the others, this may indicate that the participants were not comfortable talking during the FGD or the moderator did not do a good job of probing. In this case, it is a good idea to reread the transcripts and listen to the tapes again in order to ascertain why only a small amount of information was gathered.



Step 3: Describing the Information

Types of Description

Description can be done from several different perspectives. Before the end of the analysis process, your team will describe the information:

- By focus group
- By code (across FGDs)
- By research topic (across FGDs)

Each one of these levels needs to be explored in order for your team to get a clear picture of the findings. Under each of these levels, you can summarize your findings in two ways:

- By creating tables, matrices, and/or diagrams
- By writing text descriptions

Tables, Matrices, and Diagrams

You should always write a text description, because these will form the basis of your final report. Tables, matrices, and diagrams are optional, however. They are extremely useful for illustrating your findings and explaining complex relationships, and we encourage you to use them whenever possible.

- **Tables** allow you to group information, which in turn can reveal patterns, trends, and relationships. They can also help you see if any information is missing. For example, you can make a table of the advantages and disadvantages of performing a specific health behavior.
- **Matrices** are more sophisticated tables, with rows and columns. They allow you to examine different variables in relationship to one another. One set of variables is written in the left-hand column (e.g., problems with family planning services), and the other set of variables is written across the top row (e.g., solutions to problems). You can put “X”s in the boxes of the matrix when two of the variables go together (e.g., when a particular solution can be applied to a particular problem).
- **Diagrams** allow you to visually illustrate complex relationships and processes. They are especially useful for illustrating cause and effect relationships. For example, things that cause women to begin using family planning methods and then later on to discontinue using them.

The following pages contain examples of a table, a matrix, and diagrams.

TABLE OF ADVANTAGES AND DISADVANTAGES

The NetMark Project, funded by the United States Agency for International Development, aims to promote the use of bed nets to prevent malaria. As part of their formative research about malaria prevention in children, the project staff explored the advantages and disadvantages of bed nets. The analysis team organized their findings with tables summarizing the responses according to the types of participants, so that comparisons could be made between urban and rural residents and male and female respondents.

ADVANTAGES

Response	Urban/Rural	Gender
<u>Protection from illness</u>		
Protection from illness (malaria); child is healthier	Urban	F
To avoid mosquito bites and malaria	Urban	F
Give good health to the child	Urban	F
Protection from mosquito bites	Rural	M
<u>Community norms</u>		
I will say it is a good idea, I don't know but my husband can tell you about that	Urban	F
Doctors, nurses, myself, and his mother	Urban	F
It is only wise people that can think of such an idea	Rural	M

DISADVANTAGES

Response	Urban/Rural	Gender
<u>No perceived disadvantages</u>		
Nothing as long as the child sleeps	Urban	F
No bad thing	Urban	F
None that I can think of	Urban	M
<u>Nets are uncomfortable</u>		
Causes heat and discomfort	Urban	F
Child cannot tolerate it; child even removes his blanket	Urban	F
Have to tuck it in; makes it difficult for mother to take child to the toilet	Urban	M

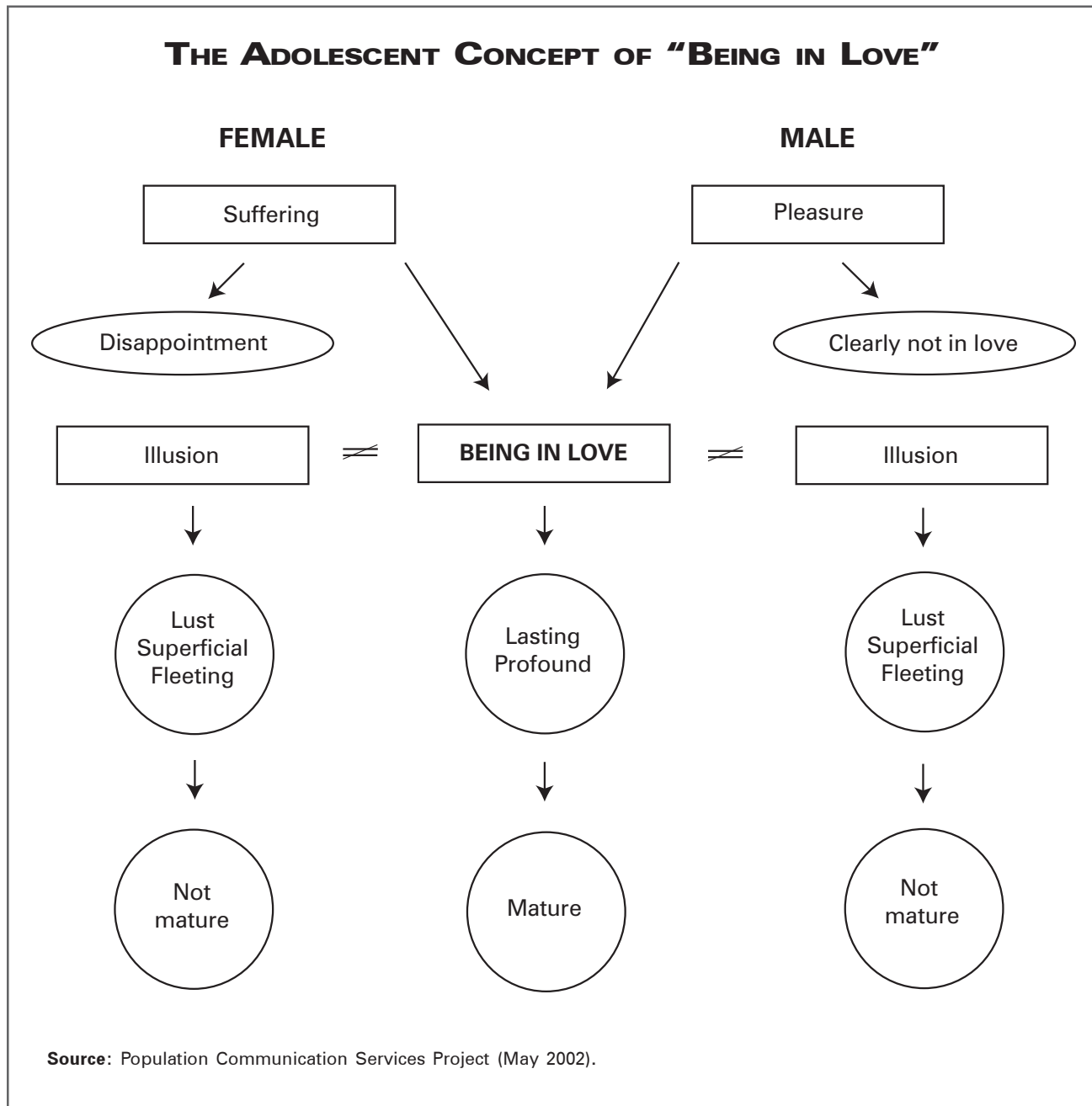
Source: Adapted from NetMark Project (2001).

MATRIX OF PROBLEMS AND SOLUTIONS

This matrix displays findings from a FGD in Zambia, where participants were asked how the community could better care for people living with HIV/AIDS (PLWHA). The number of "Xs" indicates how effective the solution is for that particular problem. The greater the quantity of "Xs", the more effective the solution.

PROBLEMS	SOLUTIONS			
	Information	NGO assistance	Home visits	Microfinance project
PLWHAs are isolated from families	X	XXX	XXX	
People gossip/laugh about them	XXX	XX		
PLWHAs do not receive basic care, proper food	XXX	XXX	XXXX	
PLWHAs cannot work, therefore have no income		XXX	X	XXXX
People talk badly about them	XX	X		
Do not know where to go and who to talk with	X	XX	X	

Source: Ndola Demonstration Project (June 2002).



The diagram above from Peru shows how male and female adolescents construct the idea of “being in love.” For both sexes, the concept of being in love (middle column) signifies something profound and lasting that requires a certain level of maturity. For adolescent females, love stems from suffering, and it often ends in disappointment and illusion. For adolescent males, love blossoms out of pleasure, but then they recognize that they are not in love. As for females, love ends in illusion. In order to avoid suffering, adolescents create a defense mechanism, opting only for superficial, fleeting relationships. They recognize that they have these relationships because they are not mature and that a person needs to be mature to have a lasting, profound relationship.

Text Descriptions

Follow these steps to describe your information in a systematic way:

1. **Describe the information by focus group.** Reread the one-page summary that you wrote immediately following each FGD (see Chapter 4). You will probably want to add or change things, now that you are more familiar with the information. Expand and/or refine the summaries as necessary. Use tables, matrices, or diagrams to describe key findings as appropriate.
2. **Describe the information under each code, across FGDs.** Within the topic, pick one code. Read all of the information from the different groups under that code and discuss the following questions:
 - What are the main findings?
 - What similarities do we see across different groups?
 - What differences do we see between different groups?
 - Is there anything unusual?
 - Are there any good quotes that illustrate important points?

Write a short summary of your responses to the questions above. Use tables, matrices, or diagrams to describe key findings as appropriate. Repeat the process for the other codes under that research topic.

3. **Describe the information under each research topic, across FGDs.** When you have finished describing all of the codes under that topic, write a summary of the findings for the whole research topic (maximum one page per topic). This can either be done by the note taker or by another team member. This summary may range from one paragraph to several paragraphs depending on the amount of information and the richness of the findings. Follow these guidelines when writing the summary:
 - Note any trends or patterns. What relationships do you see? What themes are emerging?
 - Identify any gaps in understanding. What information is missing? What is unclear? Is there any conflicting information?
 - Avoid using numbers or percentages. These should not be used when analyzing qualitative information. Instead, use the “openers” such as the following:

⇒ All...	⇒ Many...
⇒ Almost all...	⇒ Some...
⇒ Most...	⇒ Few...
⇒ The majority...	⇒ However, one...
 - Include good quotes. Identify quotes that are particularly descriptive, are representative of the participants’ views, or illustrate a particularly interesting perspective of one participant. When quoting someone, you must use his or her exact words. We recommend that you describe the type of person who said the quote in parentheses (e.g., pregnant woman from Twapi).

Following is an excerpt from a research topic summary from Zambia.

**TOPIC: VOLUNTARY COUNSELING AND TESTING
(VCT) CENTERS**

FGDs WITH MEN IN ZAMBIA

Men seek care at the district health center or hospital when they are sick, despite their lack of financial resources for nutrition and medicine. They have a hard time distinguishing between general health services and VCT. Men believe that other blood tests, such as malaria tests, are actually meant to determine their HIV status.

They also express concern about the fact that the test results are not revealed to patients. *“Most people go to Kang’onga for a test. The problem is that even authorities do not tell the people the results of the test.”* (Kaloko man, 30 years old).

Some men did, however, cite advantages of getting an HIV test: *“We are taught how to protect ourselves and also advised on correct nutrition”* (Kaloko man, 35 years old). *“If a couple goes for a test and they are found to be negative, they will strive to remain negative”* (Kaloko man, 40 years old).

When you have done this for each research topic, you have two options:

- You can conduct more focus groups if there are any major gaps in understanding.
- You can begin interpretation of the information (see Chapter 6).

As discussed in Chapter 2, this decision depends on the research goals, the capabilities of your team, your timeframe, and the needs and expectations of your client.

Chapter 6

INTERPRETATION



- ▶ **DEFINITION OF “INTERPRETATION”**
- ▶ **STEP 1: IDENTIFYING VARIABLES THAT CAN INFLUENCE INTERPRETATION**
- ▶ **STEP 2: CONSIDERING THE CONTEXT**
- ▶ **STEP 3: LOOKING AT YOUR FINDINGS THROUGH A “BEHAVIOR CHANGE LENS”**
- ▶ **STEP 4: DRAWING CONCLUSIONS AND MAKING RECOMMENDATIONS**
- ▶ **STEP 5: LOOKING FOR ALTERNATIVE EXPLANATIONS**
- ▶ **STEP 6: VALIDATING YOUR RESULTS**

Definition of “Interpretation”

Interpretation is the next step in the analysis process after coding, organizing, and describing the information. When you interpret information, you explain what it means and what the implications are for your health communication program.

Interpretation requires you to be creative, like an artist, and to use your intuition, like a detective. It also requires you to have good judgment and a solid technical knowledge of the subject that was discussed in the focus groups. For these reasons, many researchers find interpretation to be the most difficult stage of analysis. Interpretation can be very subjective, because it is dependent on the viewpoint of the interpreter. Working as a team to interpret focus group findings can help to make the interpretation more objective.

There are several tasks involved in the interpretation of information:

1. Identification of variables that could influence your interpretation
2. Consideration of the context of the focus groups
3. Examination of your information through a “behavior change lens”
4. Drawing conclusions and making recommendations
5. Defense of your analysis/results
6. Validation of your analysis/results

Before beginning to interpret your information, it is a good idea to review your summaries of the codes, topics, and focus groups. You may decide to group the information from different groups together if the findings are very similar. It is also helpful to listen to the tapes again if you have time.

Step 1: Identifying Variables That Can Influence Interpretation

When interpreting the information, it is very important to pay attention to variables that could influence your interpretation. For example:

- **Participant dynamics.** How did the participants relate to each other? Was there any tension or conflict between them, either open or hidden? Did some of the participants dominate the discussion? Did some participants seem afraid to express their opinions in front of others due to age differences or class differences? If yes, then it is important to reread the results to see if the participants’ responses might have reflected conflict or fear of offending the others. In your conclusions, you may want to give some details about the context of the group’s dynamics. This will help the reader to better understand your conclusions.
- **Tone of voice.** A statement can be interpreted many different ways depending on the tone of voice that was used. For this reason, it is helpful to listen to your tapes again, paying attention to the participants’ tone of voice. The following phrase, for example, can be interpreted four different ways:
 - ▷ The nurse was **HELPFUL!!!** (Speaker is enthusiastic.)
 - ▷ The nurse was **HELPFUL???** (Speaker is doubtful.)
 - ▷ The nurse **WAS** helpful. (The nurse is not helpful now.)
 - ▷ The **NURSE** was helpful. (In contrast to someone else, the nurse was helpful.)
- **What was NOT said.** Look for what was *not* said. What did you expect to hear, but did not? Why do you think the participants did not mention this?

Pay special attention to silences. Silence following a question may have a significant meaning depending on the culture. In some cultures, it may indicate disagreement, while in others, it may be a sign of respect.

In trying to interpret silence, evaluate why certain aspects of an issue have not been mentioned. For example, when AED conducted focus group discussions (FGDs) with women in Zambia and the moderators asked what kind of health issues they discussed with their husbands, the women did not mention HIV/AIDS at first. This is because HIV/AIDS is a taboo subject in those communities. The moderators had to specifically ask women if they discussed it with their husbands.

- **What prompted the response:** When interpreting your information, look at what provoked the response:
 - ▷ Was it an open-ended question? If yes, then the response should be given *more* weight.
 - ▷ Was it a closed ended question? If yes, then the response should be given *less* weight.
 - ▷ Was it a leading question? (Did it encourage the participant to answer a certain way?) If yes, then the response should be given *less* weight.
 - ▷ Was it a response to another participant's comment? If yes, then the response should be given *more* weight.
 - ▷ Was a participant responding to pressure from the group? If yes, then the response should be given *less* weight.

- **Other variables:** There are a number of other FGD variables that could significantly influence your interpretation, including:
 - ▷ The frequency of the response, without taking into account who said it: *More frequent* responses should be given *more* weight.
 - ▷ The number of people who gave a response: Responses given by *many participants* should be given *more* weight than those given by only a few participants.
 - ▷ The basis of the response: Responses that are based on *personal experience* should be given *more* weight than hypothetical responses.
 - ▷ The emotion, sincerity, and spontaneity of the response: Responses that are *emotional, spontaneous, or sincere* have *more* weight than those that are not.
 - ▷ The specificity of the response: A *specific* response, giving details, should be given *more* weight than a vague response.

The following box shows how some results had more weight than others during a focus group in Zambia on voluntary counseling and testing (VCT) for HIV.

WEIGHING RESPONSES

In Ndola, Zambia when the research team was looking to identify perceived advantages and disadvantages for VCT services, the team had a long list of perceived VCT advantages expressed by the men but just a few perceived disadvantages. Then, the question was why were men not visiting the VCT centers as they perceived so many advantages to doing so? We realized that the disadvantages, even though just a few, were very important, and they strongly influenced the decisions of the men. Disadvantages included fear of dying because there was no medicine available and fear of being rejected by family and society.

Step 2: Considering the Context

The focus group context is important to consider because it affects the comfort level of participants and, consequently, how they respond to questions. If participants did not feel at ease, they might not have been as open, truthful, or relaxed as they would have been in a different context. Contextual factors can be difficult to analyze using only transcripts or notes, however. Before interpreting your results, it is a good idea to discuss the following questions as a team:

- **FGD setting and time:** Was the setting comfortable and the time convenient for the participants? Were the participants in a hurry to finish for any reason? If the setting was uncomfortable, the time was inconvenient, or the participants were in a hurry, then they might not have given in-depth responses to the questions or they might have given answers that they thought would satisfy the moderator (so that the discussion would be shorter).
- **Moderator and note taker:** How do you think the respondents reacted to the moderator? Were they comfortable with the moderator? Do you think that with a different moderator, the discussion would have taken another direction? The moderator always has an effect on the participants' responses, whether or not he or she intends to. Participants answer questions differently depending on how comfortable they feel with the moderator and how skillfully the discussion is guided. This is something to keep in mind when trying to figure out what your results mean.

INFLUENCE OF THE MODERATOR

A female moderator lead a FGD about sexually transmitted diseases among a group of young men, because there were no male moderators available. It is possible that the participants did not feel entirely comfortable discussing the subject with a woman. For this reason, their responses may not have been candid, or the young men may have invented stories about their sexual experience in order to appear more "macho." This could greatly change the meaning of the results.

Step 3: Looking at Your Findings through a "Behavior Change Lens"

Assuming that you are working in the context of health communication programs, you will want to focus your interpretation on the implications of your findings in terms of behavior change. In other words, you want to examine why people are adopting or not adopting certain behaviors. If your research was designed around a specific behavior change theory, then your results should be interpreted in that context.⁴ If not, the following pages provide some simple guidelines for interpreting behaviors.

Identify the Behaviors to Be Analyzed

Go back to the "Table for Focusing Your Analysis" (see Chapter 3) and review your research questions and themes. Make a list of the behaviors that you are examining through research. For example, "Use of family planning by married men" or "HIV testing by pregnant women."

⁴ See http://www.comminit.com/change_theories.html for a summary of behavior change theories.

When interpreting peoples' behaviors and thinking about how it might be possible to change these behaviors, it is important to distinguish between what participants believe versus what they actually do. People often behave in a way that is not consistent with their beliefs.

DESIRED VS. ACTUAL BEHAVIORS

A female FGD participant believes that she should not smoke because smoking is bad for her health. She continues to smoke, however. Therefore, "not smoking" is her desired behavior, but "smoking" is her actual behavior.

Review the information that you have placed under each research theme and determine which behaviors are desired and which behaviors are actually practiced by the participants.

Conduct a "Doer vs. Nondoer" Analysis

One useful way to analyze behavior change is to compare those people who practice a behavior (the "doers") with those people who do not practice the behavior (the "nondoers"). By looking at how the two groups are different, you can identify factors that favor the adoption of a specific behavior. The box below gives an example of a doer/nondoer analysis for condom use.

DOERS VS. NONDOERS

When the men in the FGD were asked if they used condoms, the majority of them had a disgusted look on their faces. They did not feel that HIV was a problem in their village. They did not feel comfortable discussing condom use with their wives. Most of these men had not gone to secondary school. One man, however, said that he now uses condoms each time and he had talked about it with his wife. He had a brother who died of AIDS and felt at risk himself. This man was unusual because he had gone to secondary school.

Doers (using condoms)	Nondoers (not using condoms)
<ul style="list-style-type: none"> ▶ Feels vulnerable to getting HIV ▶ Is comfortable talking with wife about sexual issues ▶ More likely to have gone to secondary school 	<ul style="list-style-type: none"> ▶ Do not believe HIV is a problem in this community ▶ Do not discuss sexual issues with wives ▶ Have not gone to secondary school

Review the behavior change(s) that is/are the subject of your research. For each desired behavior change, compare the doers with the nondoers.

- How are they different?
- What does this tell you about the behavior?
- What does this tell you about opportunities for fostering behavior change?

Identify the Determinants of Behavior Change

A second step is to look for factors that determine whether or not a specific target audience adopts and maintains a behavior. There are both external and internal determinants that can influence behavior:

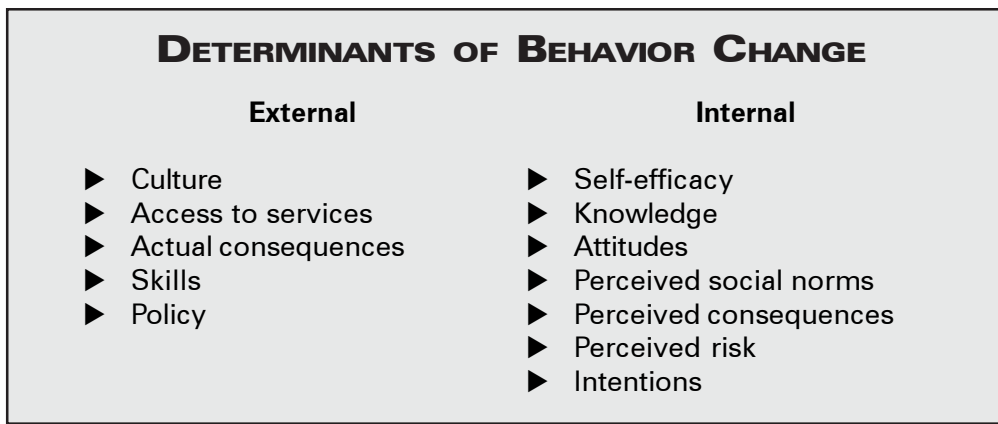
External determinants of behavior change are forces outside a person (Academy for Educational Development, 1997). They include:

- **Culture:** Lifestyles, values, and practices within a community
Example: Men have more decision-making power than women within relationships
- **Access to services:** The existence of services and products and their availability to an audience
Example: The lack of condoms outside of government clinics
- **Actual consequences:** What happens as a result of adopting a specific behavior
Example: When a young man suggests using a condom, his partner accuses him of being unfaithful
- **Skills:** The set of abilities necessary to perform a particular behavior
Example: The ability to negotiate condom use
- **Policy:** Laws and regulations that affect behaviors and access to products and services
Example: Laws that require reporting of HIV-infected individuals to health officials

Internal determinants of behavior change are the forces inside a person. They include:

- **Self-efficacy:** An individual's belief that he/she can do something
Example: A man's belief that he can use a condom correctly
- **Perceived social norms:** A person's perception of how society views a particular behavior
Example: The perception that a "good girl" waits until marriage before having sex
- **Perceived consequences:** What a person thinks will happen, either positive or negative, as a result of a behavior
Example: A man thinks that his friends will ridicule him for waiting until marriage before having sex
- **Knowledge:** The information that a person has about a particular health issue
Example: Young people's knowledge of how HIV is transmitted and prevented
- **Attitudes:** What an individual thinks or feels about a health issue
Example: How young people feel about friends of theirs who are infected with HIV
- **Perceived risk:** A person's perception of how vulnerable they feel to a disease
Example: The degree to which a young person feels at risk of contracting HIV
- **Intentions:** What an individual plans to do in the future
Example: A young woman intends to wait until marriage before having sex

For each of the behaviors that you have identified, both desired and actual, make a list of the external and internal determinants (an example is given on the following page).



Look at the Big Picture

Now that you have interpreted your findings in the context of behavior change, you should be able to answer the following questions:

- What are the behaviors that we are examining?
- According to our findings, which behaviors are desired and which ones are actually practiced?
- How are the “doers” of the behaviors different from the “nondoers”? What might explain these differences?
- What are the different determinants of the behaviors?
- What is likely to influence the target audience to change their behavior?

Your responses to these questions will help you to state your arguments, which is the next step in interpretation.

Step 4: Drawing Conclusions and Making Recommendations

Once you have considered the different variables that could affect your interpretation and looked at your findings through a behavior change lens, you are ready to draw your conclusions. In other words, you are ready to put your interpretation down on paper. This involves stating WHO did or felt WHAT and WHY, and what you think your findings mean.

If the research sponsor has asked you to do this, you may also make recommendations about how to improve programs based on the focus group findings. In other words, you describe what should be done as a result of the findings. Recommendations are most useful when they are clear, specific, and do-able.

Following is a sample conclusion statement with recommendations from focus groups conducted in Ndola, Zambia on VCT for HIV.

CONCLUSION STATEMENT AND RECOMMENDATIONS

The findings indicated consistency between males and females regarding general health concerns and HIV/AIDS as well as HIV/AIDS-related stigma and discrimination. The FGDs, however, demonstrated disparity in the knowledge and trust of VCT services among men and women in Ndola South. It is clear that women are better able to differentiate between VCT services and general health services and therefore have used VCT services more frequently. But female cultural inferiority coupled with male misconceptions about HIV testing makes it difficult for women to discuss sexual issues and convince their partners to seek out VCT services. Stigma and discrimination also thwart efforts at mitigating the spread of HIV/AIDS in Ndola South.

The following actions are therefore recommended:

- ▶ Activities targeting men should be implemented in order to increase their involvement in VCT issues.
- ▶ The District Health Management Board should design educational materials to help community members differentiate between HIV and AIDS and between tuberculosis (TB) and AIDS.
- ▶ Health providers should be trained to convey positive messages to patients in order to provide hope to those infected and affected by HIV.
- ▶ Health center/hospital staff involved in taking blood specimens should tell the patients what test is being conducted in order to avoid confusion about the type of test being conducted.

Step 5: Looking for Alternative Explanations

After stating your arguments, drawing conclusions, and making your final recommendations, the next step is to support your analysis. You can do this by looking for alternative explanations for your findings and then ruling these explanations out. This is not something that you need to write up in your report; it is simply an exercise to do as a team in order to “double-check” your conclusions.

Why do you need to do this? Looking for alternative arguments lets you see your findings in a different light and helps to ensure that your interpretation is logical and makes sense. In other words, it increases the level of confidence or trust that you place in your analysis. In addition, other researchers may read your report and challenge your interpretation of the findings. By looking for other explanations yourself, you will be better prepared to defend your analysis.

In order to defend your analysis, follow these two steps (Quinn Patton, 1987):

1. **Look for rival explanations.** Think about other possibilities for explaining your results and then see if the information you collected can support them. Review any tables and matrices that you have created to see if you find any contradictory results that suggest rival explanations.

For example, imagine that you are researching men’s perceptions of family planning, and the findings indicate that men have negative attitudes towards it. Your first interpretation may lead you to believe that this is because men consider having a lot of children to be a sign of masculinity. One participant’s response, however, may indicate that it has more to do with the fact that men do not feel comfortable going to family planning clinics, which are perceived to be “women’s” clinics. In this case, it is important to review your findings to see if there are other indications of discomfort with family planning clinics and look for the main reason why men do not use family planning.

2. Look for **negative cases**, or those cases that do not fit the pattern. For example, if most of the men in a FGD are opposed to family planning but there is one man who is supportive, go back and reexamine what he said. This may give you new insights into the findings.

Looking for alternative explanations and exploring negative cases may cause you to revise your interpretation and rewrite some of your conclusions.

Step 6: Validating Your Results

Once you have finalized your arguments, conclusions, and recommendations, you can “validate” your analysis by sharing it with others. This can be done by sharing your draft report with them and asking for their comments. See the next chapter for guidelines on report writing. Researchers often become so immersed in their findings that they have trouble viewing them objectively. Getting feedback from others is an excellent way to make sure that your analysis makes sense and that you haven’t missed any alternative explanations.

Who should you share your analysis with? Quinn Patton (1987) suggests the following people:

- Research participants
- Co-researchers
- Experts who are not involved in the research
- Decision makers

Chapter 7

REPORT WRITING AND DISSEMINATION



- ▶ **STEP 1: PREPARING TO WRITE THE REPORT**
- ▶ **STEP 2: WRITING THE REPORT**
- ▶ **STEP 3: DISSEMINATING THE REPORT**

Step 1: Preparing to Write the Report

There are many ways to write reports. The following table describes two different types of focus group reports. The type of report your team should produce depends on your time constraints, the experience the team has in writing reports, and the expectations of the research sponsor. The following table outlines two types of reports:

Type of Report	Characteristics
Full report	<ul style="list-style-type: none"> ▶ Usually 20-50 pages long ▶ Uses quotes to support key points ▶ Also includes annexes and supporting documents
Summary report	<ul style="list-style-type: none"> ▶ Usually 10 pages maximum ▶ Summarizes key points ▶ Does not include annexes or supporting documents

Before starting to write your report, we recommend that you review the original research objectives and the focus group discussion (FGD) guide. Using these, create a rough outline of your report. An outline will help organize your thoughts and guide your writing. You should also discuss the following things with the research sponsor (Henderson, 2001):

- What type of report is expected?
- Who is the audience for the report, and how will it be used?
- What level of analysis is required?
- How many pages should it be?
- What format should be used?
- Should quotes be included? If yes, how many?

A sample outline for a full report is presented on the following page. Note that this is only a guide; feel free to add, delete, or modify sections that reflect your team's personal style.

PROPOSED OUTLINE OF A QUALITATIVE ANALYSIS REPORT

I. Title Page

II. Executive Summary

- ▶ Describe the research study objectives.
- ▶ Give an overview of the study design and research site.
- ▶ Summarize the main findings.

We recommend that you write the executive summary last.

III. Introduction/Background

- ▶ Give the overall objectives of the research and the specific questions to be addressed.
- ▶ Include information such as the criteria used for site selection and background information on characteristics of the study population relevant to the research.

IV. Study Design and Methodology

- ▶ Describe the research setting (where the research is taking place).
- ▶ Describe information collection and information management methods utilized.
- ▶ Justify selection and training of the research team members.

V. Findings/Results

- ▶ Describe the findings for each focus group.
- ▶ Interpret the information by topic area and research objectives or questions.
- ▶ Document your findings by using quotes and matrices to illustrate and support results.

VI. Conclusions and Recommendations

- ▶ Summarize or prioritize the different themes that you describe and interpret.
- ▶ Conclude your interpretation by using some of the following terms: "almost all," "all," "some," "only one," and "we also noticed during some FGD discussions."
- ▶ Use bullets to present your points.
- ▶ Use short and concrete sentences, going directly to the point.
- ▶ Recommend possible approaches for programs or for further research.

VII. References

- ▶ References can be listed here or in the text.

VIII. Annexes

- ▶ Tables
- ▶ Case studies
- ▶ Information collection forms

Source: Adapted from Center for Refugee and Disaster Studies (2000) and Hudelson (1996).

Step 2: Writing the Report

The time needed to write your report will depend on several factors:

- Your own time constraints
- Who is helping you write the report
- Available resources (e.g., a computer, assistants, and secretarial staff)

You need to organize yourself and your team to ensure that everyone on the team knows what to do regarding the writing of the report. You may decide that only a few members of the team will write the report in order to be more efficient. They can each take responsibility for writing different sections of the report, and then the main report author can blend the different sections together.

Report writing can be done in phases, with different team members involved at different points in time. The following table outlines these different phases:

REPORT WRITING PHASES

Phase I: All team members should be involved in this phase.

- ▶ Title
- ▶ Introduction/background
- ▶ Objectives of the study
- ▶ Draft of the methodology
- ▶ Blank tables in the annexes for information that is expected to be collected during the study
- ▶ Information collection forms in annexes

If you have extra time, your team can write the introductory chapters and assemble material for the annexes before the information collection begins.

Phase II: This phase can be completed by a few members of the team, with one member representing each study site or type of group.

- ▶ Update what was written during Phase I.
- ▶ Write a description of study sites.
- ▶ Write a description of the information, including important quotes.

If you have extra time, this phase can be done during the information collection.

Phase III: This phase can also be completed by a few members of the team, with one member representing each study site or type of group.

- ▶ Complete results/discussion section by transferring information from group analysis sheets and notes.
- ▶ Write the interpretation.
- ▶ Write the conclusion and recommendation section.
- ▶ Complete any report annexes.
- ▶ Write the executive summary (last).

This phase must be done after the information collection is completed.

Source: Adapted from Center for Refugee and Disaster Studies (2000).

Here are some key points to remember when writing a report, adapted from Quinn Patton (1987) and Henderson (2001):

- Remember to focus. You cannot include all of the information that you have collected.
- Be as concise as possible. The shorter your report is, the more likely people will be to actually read it. At the same time, include enough information so that someone who was not present can understand what happened.
- Find a balance between description, analysis, interpretation, and recommendation. You need enough description to be able to analyze the information and enough analysis to be able to do an interpretation. Detailed description and quotes are the heart of qualitative analysis, but you have to be careful not to go overboard.
- You have to be honest about the credibility of results. In other words, which results are strongly supported by information and which ones are only weakly supported? Do not include any weakly supported results in the report.
- It is tempting to say that “the majority of participants were satisfied with the program,” but what does that mean? If your definition of “the majority” means that only about half of the focus groups you analyzed indicated satisfaction, then your report must reflect this clearly and not be misleading.
- Wait a day or two before doing the final edit of the report. This will let you read it with fresh eyes and will help you see the report from the reader’s point of view.
- Write the executive summary last, not first. Only after writing the whole report will you be able to do a good summary of the information.
- Find a quiet place with no distractions. If it is too noisy in the office, go someplace else, like a library.
- Have all of the supplies that you need nearby, so that you do not interrupt your work to search for them.
- Set minimum amounts of time that you will write before taking a break, and stick to them!
- Give yourself small rewards for finishing sections of the report, such as a cup of tea or a walk outside.

Step 3: Disseminating the Report

You need to decide who will receive the finished report early in the research process, preferably even before beginning. The recipients of your report will depend on your sponsor or the organization that has commissioned the research. The sponsor will receive the report, in addition to whoever funded the research, if different from the sponsor. The various organizations that participated in the technical aspects of the study will also receive copies. We strongly recommend giving a presentation of the findings and several copies of the report to the people who helped collect the information.

In addition to sponsoring and/or participating organizations, there may be other potential audiences for your report. As you will want your findings to be useful to other programs, it is important to have a solid dissemination plan. In addition to distributing your report in written format, it can also be distributed through other channels:

- A short research “brief” containing the executive summary, which can be distributed through newsletters and websites
- Radio or television
- Newspaper articles

Use the dissemination medium most culturally appropriate for your audience. A mix of channels will ensure a wide distribution.

Part Two

CASE STUDY AND PRACTICE EXERCISES

You now have an overview of what this participatory and systematic analysis process involves. Now it's your turn to practice what you have read about by completing a series of exercises designed to guide you through the process. You may wish to skip tasks that you already have a lot of experience with and spend more time on those that you are less comfortable with. The answers for each exercise are presented in the following section. The following is a list of exercises:

INTRODUCTION TO THE CASE STUDY

EXERCISE 1: TARGETING THE ANALYSIS

EXERCISE 2: CODING

EXERCISE 3: ORGANIZING INFORMATION BY CODES

EXERCISE 4: DISPLAYING INFORMATION

EXERCISE 5: DESCRIBING INFORMATION

EXERCISE 6: SUMMARIZING THE FOCUS GROUP DISCUSSION

EXERCISE 7: INTERPRETATION (WEIGHING THE FINDINGS)

EXERCISE 8: INTERPRETATION (THE BEHAVIOR CHANGE LENS)

EXERCISE 9: INTERPRETATION (DRAWING CONCLUSIONS AND MAKING RECOMMENDATIONS)

INTRODUCTION TO THE CASE STUDY

INSTRUCTIONS:

- ➊ Read through the case study.

TOOLS NEEDED:

- ▶ Zambia Case Study

This exercise contains a case study from focus group research conducted in Ndola, Zambia by the LINKAGES Project of the Academy for Educational Development. It will be used throughout the rest of the exercises to help you practice how to organize and systematically analyze qualitative data.

ZAMBIA CASE STUDY: Focus Groups about Barriers to Voluntary Counseling and Testing for HIV

THE NDOLA DEMONSTRATION PROJECT (NDP)

The NDP uses a combination of interventions to reduce mother-to-child transmission of HIV. These include:

- ▶ Promotion of exclusive breastfeeding for women who are HIV negative or whose status is unknown
- ▶ Counseling on safe and feasible infant feeding based on principles of informed choice
- ▶ Introduction of Voluntary Counseling Testing (VCT) for HIV in MCH and community services
- ▶ Inclusion of optimal obstetric practices during labor and delivery
- ▶ Promotion of intensive community involvement, especially among men

AED launched the LINKAGES Project in 1996 with support from USAID to promote maternal and child health through improved breastfeeding, complementary feeding, maternal nutrition, and the prevention of mother-to-child transmission (PMTCT) of HIV.

Since 1999, LINKAGES has been a key partner in a demonstration project in Ndola, Zambia that seeks to reduce rates of PMTCT of HIV (see the box to the left). In 2001, one out of every five Zambians between the ages of 15-49 was infected with HIV – one of the highest country prevalence rates in the world (Joint United Nations Programme on HIV/AIDS [UNAIDS] & World Health Organization, 2001).

Ndola is an important commercial center of about 370,000 inhabitants, located 320 kilometers north of the capital, Lusaka. It is the gateway to the mineral-producing copperbelt region of the country. The copper industry has declined in recent years, however, resulting in widespread unemployment and poverty in Ndola.

The Ndola Demonstration Project (NDP) uses the clinic setting to offer an integrated package of services that includes voluntary counseling and testing (VCT) for HIV and intensive counseling on optimal infant feeding practices for all pregnant women. VCT has become an integral part of HIV prevention in the integrated approach to PMTCT. Monitoring data collected during the first two years of the project, however, revealed that while utilization of VCT by pregnant women had increased, the increase was not as great as expected. The Ndola staff suspected that HIV/AIDS-related stigma was one of the main causes of these low VCT rates.

Nine months after a baseline survey, a mid-term analysis was conducted to synthesize lessons learned for use in refining the project intervention. Conclusions and recommendations of the mid-term analysis included the following:

- There was a significant gap between knowledge of HIV testing service availability and actual utilization by women.
- The benefits of VCT, including the fact that most people will test negative, needed to be reinforced to encourage an increase in the utilization of VCT/PMTCT services.
- VCT needed to be promoted as a way to enable people to make responsible decisions and access available health care services.

Rationale for the Focus Groups

Despite efforts by the NDP to provide VCT/PMTCT services, it was necessary to determine how to respond to the mid-term recommendations based on the VCT statistics indicating low utilization of these services. Therefore, focus group discussions (FGDs) were conducted to identify the community's perception of available VCT/PMTCT services. The program would use this information to refine the existing VCT/PMTCT promotion activities. In addition, the results would facilitate an understanding of a community significantly affected by HIV/AIDS.

Study Design

The NDP decided to conduct eight focus groups with men and women in the Ndola South community, where the NDP had been implementing interventions for two years. The research team in Zambia consisted of six people, as follows:⁵

- Two staff members of the Ndola Demonstration Project
- Two representatives of the Ndola District Health Management Board
- One representative of the National Food and Nutrition Commission
- One staff member of the Horizons Project (an HIV/AIDS research project and one of the NDP partners)

Although the research team was familiar with focus groups in the context of health programs, they had limited experience with moderating and analyzing FGDs themselves. The team divided itself into two subteams of three people for the research, each consisting of a moderator, a note taker, and an observer.

The goal of the research was to identify possible ways to increase the utilization of VCT/PMTCT services in Ndola. In order to answer the study question, "How can the number of men and women voluntarily testing for HIV be increased in Ndola South?", the following study objectives were formulated:

- Identify factors that contribute to low utilization of VCT/PMTCT services in the NDP sites.
- Highlight the perceptions of men and women regarding VCT/PMTCT services.
- Recommend strategies that might increase the utilization of VCT/PMTCT services in Ndola.

⁵ One AED/Population Communications Services (PCS) staff member provided technical assistance to the research team throughout the focus group research and analysis process. Her specific goal was to conduct a second field test of the analysis tools presented in this handbook.

EXERCISE 1: Targeting the Analysis

You may wish to review Chapter 3 (Planning for Analysis) before starting this exercise.

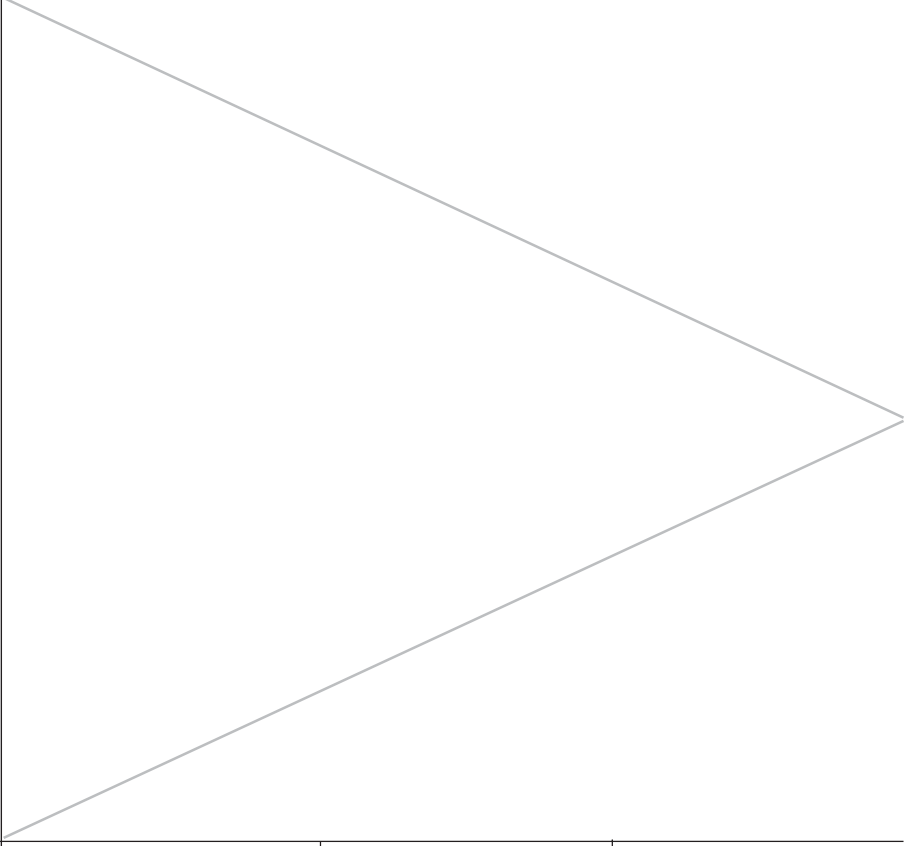
INSTRUCTIONS:

- ❶ Read through the case study presented on pp. 78-79.
- ❷ Fill in the “Table for Targeting Your Analysis” on p. 82 starting from the left:
 - ⇒ Determine the research question
 - ⇒ Identify major topics
 - ⇒ Develop a few questions for each topic
 - ⇒ Write down preliminary codes for each question
- ❸ Compare your answers to the answers presented in the Answer Key.

TOOLS NEEDED:

- ▶ Blank “Table for Targeting Your Analysis” (p. 82)
- ▶ Zambia case study

TABLE FOR TARGETING YOUR ANALYSIS

Research Question	Topics	Focus Group Discussion Guide	Preliminary Codes			
	<table border="1"> <tr> <td data-bbox="418 1346 735 1682"></td> <td data-bbox="735 1346 1027 1682"></td> <td data-bbox="1027 1346 1317 1682"></td> </tr> </table>					

NOTE: These columns should be read from left to right



EXERCISE 2: Coding the Kaloko Focus Group Discussion

You may wish to review Chapter 5 (Coding, Organization, and Description) before starting this exercise.

INSTRUCTIONS:

- ❶ Read the expanded notes from the following focus group discussion (10 married men of Kaloko).
- ❷ Code each comment in the left-hand column using the coding list provided on the next page. (This code list was developed by the team in Zambia.)
- ❸ Compare your answers to the answers presented in the Answer Key.

TOOLS NEEDED:

- ▶ Expanded notes from the FGD with the men of Kaloko
- ▶ Code list developed by the Zambia research team

MODEL CODING LIST

Focus Group Discussion in Ndola, Zambia

Description	Code
<p>A. Concerns</p> <ul style="list-style-type: none"> ▶ General concerns ▶ Health concerns 	GENCON HEALCON
<p>B. Family Discussion Sex Issues</p> <ul style="list-style-type: none"> ▶ Discussions on health issues ▶ Discussions on HIV/AIDS ▶ Discussions on sex issues ▶ Discussions on sex issues with whom 	DISHEAL DISHIV DISEX DISEXWHO
<p>C. PMTCT/VCT/Testing</p> <ul style="list-style-type: none"> ▶ Health services seeking ▶ Health services quality ▶ Types of services provided ▶ VCT/PMTCT advantages ▶ VCT/PMCT disadvantages ▶ Testing advantages ▶ Testing disadvantages ▶ Who goes to VCT centers? ▶ How do you know someone has HIV? ▶ Difference between HIV and AIDS 	SEEKCARE QUALCARE TYPECARE VCTADV VCTDIS TESTADV TESTDIS VCTWHO HOWHIV DIFHA
<p>D. Stigma</p> <ul style="list-style-type: none"> ▶ Community free talk on HIV/AIDS ▶ What? ▶ With whom? ▶ Stigma for not breastfeeding ▶ Knowledge about PLWHAs within community ▶ How do you know who has HIV/AIDS? ▶ Community/family reactions to PLWHAs ▶ Community care and support 	FREETALK FREEWHAT FREEWHO NONEBF COMPLWHA HOWPLWHA REACPLWHA COMCARE

EXPANDED NOTES

Focus Group Discussion in Kaloko, Ndola, Zambia

FGD Identification Code: K1

Date: June 6, 2002

Topic: Voluntary counseling and testing for HIV

Location: Kaloko

Participant number/type: 10 married men who have lived in the area for a year

Moderator: Maureen

Note taker: Wilson

Observer: Josephine

Codes	Notes	Observations
	<p>Introduction</p> <p>M: What are your concerns?</p> <p>P: There are many concerns, and you should tell us which concerns you want.</p> <p>M: (Probe) Just tell me what concerns you have about your life.</p> <p>P: We have concerns because we do not have jobs.</p> <p>P: The other concern is how to take care of the family.</p> <p>P: The other concern is that people die in houses because there is no money to pay at the clinic.</p> <p>P: As for me, a farmer, I have no money to buy fertilizer. You find that fertilizer is at K90,000. If we can get assistance for this, then we shall be okay.</p> <p>P: There is a problem of water in our area, and the water women draw is dirty.</p> <p>P: The food sold in the market is not sold in a hygienic environment.</p> <p>M: What are your health concerns?</p> <p>P: Our main concern is the new disease known as AIDS, which is affecting everybody.</p> <p>P: Many people are dying from this disease because of poor food intake. If a person is not eating well, any disease will get him.</p> <p>M: (Probe) What else?</p>	

Codes	Notes	Observations
	<p>P: In our area, some people do not have toilets, and they do not clean the environment.</p> <p>P: We have no people who come to teach.</p> <p>P: Some mothers let children play in dirt.</p> <p>M: What health issues do you discuss?</p> <p>P: At the farm where we stay, we have formed a cooperative where we discuss health issues, especially hygiene and sanitation.</p> <p>P: It is difficult for people in the community to meet, so the only place they talk about health issues is in church.</p> <p>M: (Probe) What else do you discuss with your family?</p> <p>P: We discuss issues of keeping the surroundings clean, digging pit-latrines, and cutting hedges to prevent malaria.</p> <p>M: What else?</p> <p>P: We discuss issues on AIDS prevention.</p> <p>M: What do you discuss about AIDS?</p> <p>P: Stop being promiscuous, and, if you have to, then use a condom.</p> <p>M: What sexual issues do you discuss?</p> <p>P: This issue is very important because it affects everybody and this is AIDS. I do not teach my children to use condoms because if I do, it means you are worsening the situation.</p> <p>P: Condoms promote promiscuity. In the past, we used to tell the children to behave.</p> <p>M: (Probe) Who do you talk with in the family?</p> <p>P: I discuss with my children, my current wife, and neighbors.</p> <p>P: I explain to my children and wife the dangers of AIDS.</p>	<p>Not answering question</p> <p>Majority nodded their heads in agreement</p>

Codes	Notes	Observations
	<p>P: We also discuss AIDS in public places and tell the young ones that life of late is different.</p> <p>M: Where do people go for a test?</p> <p>P: Most people go to Kang'onga for a test.</p> <p>P: The problem is that even authorities do not tell the people the results of the test.</p> <p>M: Where else?</p> <p>P: The other place we go for a test is the central hospital.</p> <p>P: At the nearby clinic, they do not test.</p> <p>M: For other services, where do people go?</p> <p>P: They go to the clinic.</p> <p>M: What type of health care service do you get?</p> <p>P: They provide medicine, mainly panadol and aspirin.</p> <p>M: What else?</p> <p>P: Mothers go for antenatal clinic and also take the children for under five clinic where they are weighed and immunized.</p> <p>M: What else?</p> <p>P: Our friends suffering from TB are given soya and medicine.</p> <p>M: How can you know that a person has HIV?</p> <p>P: For me, I go to the hospital for a test, but they don't tell me that I have HIV.</p> <p>P: Others start coughing and losing weight and hair.</p> <p>M: What else?</p> <p>P: Just by looking at a person you can tell that he has HIV.</p>	<p>Unison agreement</p>

Codes	Notes	Observations
	<p>P: A person who has HIV likes sitting in the sun, and once he injures himself, the sore takes long to heal. Others are affected by herpes zoster.</p> <p>M: How can you know if a person has AIDS?</p> <p>P: A person with AIDS develops diarrhea.</p> <p>M: What is the difference between HIV and AIDS?</p> <p>P: There is no difference between HIV and AIDS.</p> <p>P: It is difficult to know that one has HIV unless one goes to a hospital for a test. When you have HIV, you can look healthy, but if the virus becomes many, somebody develops AIDS.</p> <p>M: Where do they do the test here?</p> <p>P: There is nowhere they do the test here except for Kang'onga.</p> <p>M: What are the advantages of testing?</p> <p>P: It helps to determine whether you have the virus or not.</p> <p>M: (Probe about counseling)</p> <p>P: No one has gone for a test amongst us so we do not know what happens.</p> <p>M: What else?</p> <p>P: It helps to know whether you are sick or not.</p> <p>M: What else?</p> <p>P: Why go for a test because you would like to know the day you will die.</p> <p>P: For those not yet married, it is good to go to the hospital for a test so that if one is sick, they can be advised accordingly.</p> <p>P: There are no advantages for having an HIV test.</p>	<p>Stressed</p>

Codes	Notes	Observations
	<p>P: The advantage is that there is medicine they give which will make you live long. You are told to protect yourself, and they advise you on the correct nutrition.</p> <p>M: What are the disadvantages?</p> <p>P: Once people know that they have HIV, they might commit suicide.</p> <p>P: Others spread the disease so that they do not die alone.</p> <p>P: It is better not to test because when you come to know that you have HIV, you become worse.</p> <p>M: Who is supposed to test for HIV?</p> <p>P: Those who are not yet married and they intend to get married.</p> <p>P: Even those who are married can go for a test as a couple.</p> <p>ADVANTAGES</p> <p>P: You are also advised on what food to eat.</p> <p>P: If the couple goes for a test and they are found to be negative, they will strive to remain negative.</p> <p>M: Are people free to discuss HIV/AIDS?</p> <p>P: We are free to discuss and we visit the AIDS patients and they are happy to be visited.</p> <p>M: What about in your families, are you free to talk about it?</p> <p>P: Many of us discuss AIDS issues with our children and other family members.</p> <p>M: (Probe)</p> <p>P: We discuss within our families.</p> <p>M: What would you think of a woman with a new baby who decides not to breastfeed?</p>	

Codes	Notes	Observations
	<p>P: We will need to find out why she has decided not to breastfeed.</p> <p>P: We shall think that she has a disease and she fears that if she breastfeeds then she will give the disease to the baby.</p> <p>M: Do you know anyone with HIV/AIDS?</p> <p>P: Yes, we know people with AIDS.</p> <p>P: We know some through appearance.</p> <p>P: I came to know because he was tested and he suffered a number of opportunistic infections, such as herpes zoster.</p> <p>M: What community support and care is given to PLWHAs?</p> <p>P: The community laughs at people with AIDS.</p> <p>P: I had a sister who died from AIDS. When she was sick, we started caring for her and used her to show other family members the consequences of not following advice.</p> <p>P: We need to provide good food to the patient.</p> <p>P: People with AIDS are not cared for properly. Others are just left to die on their own.</p> <p>P: Parents get annoyed when somebody gets HIV because these children do not adhere to advice from parents.</p> <p>M: What do you want to be done to these people?</p> <p>P: We just need to take these people to hospital.</p> <p>P: We need to have a hospital where to take these people.</p> <p>P: We need to build a structure where to keep and care for these people.</p> <p>P: We need to have a mobile clinic to help such people before a structure is put up.</p>	

EXERCISE 3: Organizing Information by Codes

You may wish to review Chapter 5 (Coding, Organization, and Description) before starting this exercise.

INSTRUCTIONS:

- ❶ Make 2-3 copies of the expanded, coded notes from Exercise 2. Write the codes on top of blank sheets of paper following the code list.
- ❷ Cut and paste the data from the expanded notes that you just coded and arrange it by codes.
- ❸ Glue them on the appropriate sheet.
- ❹ Compare your answers to the answers presented in the Answer Key.

TOOLS NEEDED:

- ▶ Copies of expanded notes from Exercise 2 answers
- ▶ Blank sheets of paper
- ▶ Glue and scissors

EXERCISE 4: Displaying Information

You may wish to review Chapter 5 (Coding, Organization, and Description) before starting this exercise.

INSTRUCTIONS:

- ❶ Take pieces of blank paper and tear them in half. On each one, write one of the research topics. (You can find the research topics from the completed “Table for Targeting Your Analysis” from Exercise 1.)
- ❷ Arrange these papers on a large table or on the floor.
- ❸ Arrange the data from Exercise 3 under each research topic. (NOTE: In the previous exercise you arranged the data by codes. Now it is time to arrange them by topics. You will see that several codes fall under the same topic.)
- ❹ Compare your answers to the answers presented in the Answer Key.

TOOLS NEEDED:

- ▶ Blank paper and markers
- ▶ Data arranged by codes from Exercise 3 answers

EXERCISE 5: Describing Information by Topic

You may wish to review Chapter 5 (Coding, Organization, and Description) before starting this exercise.

INSTRUCTIONS:

- ❶ Review the answers from Exercises 2 and 3.
- ❷ Write a description of the information contained under the code "DISHIV."
- ❸ Review the answers from Exercise 4.
- ❹ Write a description of the topic "VCT/PMTCT Utilization."
- ❺ Compare what you wrote with the descriptions in the Answer Key.

TOOLS NEEDED:

- ▶ Expanded, coded notes from Exercise 2 answers
- ▶ Data arranged by code from Exercise 3 answers
- ▶ Data arranged by topic from Exercise 4 answers

EXERCISE 6: Summarizing the Focus Group Discussion

You may wish to review Chapter 5 (Coding, Organization, and Description) before starting this exercise.

INSTRUCTIONS:

- ❶ Read the expanded notes from the following FGD (Lubuto men).
- ❷ Based on the expanded notes, write a short description of the FGD (about half a page). See the template at the end of this section (p. 106) to help you structure your summary.
- ❸ Compare what you wrote with the answer in the Answer Key.

TOOLS NEEDED:

- ▶ Expanded notes from Lubuto

EXPANDED NOTES

Focus Group Discussion in Lubuto, Ndola, Zambia

<p>FGD Identification Code: L1 Date: June, 7 2002</p> <p>Topic: Voluntary counseling and testing for HIV</p> <p>Location: Lubuto</p> <p>Participant number/type: 15 married men having lived in the neighborhood for at least one year</p> <p>Moderator: Maureen Note taker: Wilson Observer: Jennifer</p>		
Codes	Notes	Observations
	<p>M: Let us introduce ourselves.</p> <p>P: Before introducing ourselves, we want to know, because some of us have left work, are you going to give us an allowance?</p> <p>P: I am concerned because there will be another meeting at 13:00 hours.</p> <p>M: What are your concerns?</p> <p>P: The biggest concern in our area is that there is no police post.</p> <p>P: The biggest problem of concern for us is unemployment.</p> <p>P: The other concern is that we don't have people who come to teach us in our community on health.</p> <p>P: Give us work. At the moment women are the ones feeding us.</p> <p>P: Because of the unemployment, we do not take sufficient food, and this is one of the reason for high prevalence of disease.</p> <p>M: What are your health concerns?</p> <p>P: What is of concern is dirty environment. If we could have people to remove it.</p> <p>M: (Probe) What are other health concerns?</p> <p>P: Women are the ones feeding us in the homes, and thus they end up involving themselves in extramarital affairs during their business ventures and thus are likely to bring AIDS.</p> <p>M: What do you discuss about HIV/AIDS?</p>	<p>Participants wanted to know whether they would be paid for the time.</p> <p>Meaning "bread winners"</p> <p>Other men approved shaking their heads</p>

Codes	Notes	Observations
	<p>P: We discuss with our families and children about not being promiscuous.</p> <p>P: They are concerned that what is bringing AIDS is food insecurity.</p> <p>P: Food security at the household level is not there. You only find small packets of mealie-meal in the market which is difficult to feed the family. Thus women are forced to be involved in extramarital affairs to raise money for food.</p> <p>P: If we get employment, our women would stop moving about.</p> <p>P: Young women and men are now only involved in drinking beer and smoking dagga so that when they reach home, they just sleep.</p> <p>M: We want to touch on other issues of HIV/AIDS.</p> <p>P: This illness of AIDS will not finish because they are promoting condoms.</p> <p>M: (Probe) What do you talk about HIV?</p> <p>P: We discuss protecting ourselves. Those who promote condoms are encouraging promiscuity.</p> <p>M: What about sexuality issues?</p> <p>P: If we discuss sexuality issues, if you have the child and you see her being promiscuous, we discuss with them about this disease HIV.</p> <p>P: If the child leaves in the night, it seems there is something the child is doing. If the child comes late, let us say 22:00 hours, then the child will end up bringing something else.</p> <p>M: (Probe) We want to know what you discuss.</p> <p>P: Avoiding being promiscuous.</p> <p>M: (Probe) All of us have homes, so what do you discuss?</p>	<p>Others shook their heads in agreement</p>

Codes	Notes	Observations
	<p>P: There are some of us gentlemen who go to look for other ladies, the wives get annoyed and tell the husbands that you will bring me disease, with this disease AIDS which has come. Women do talk to their husbands.</p> <p>P: When marrying we are also taught to look after our spouses.</p> <p>M: Who do you discuss with?</p> <p>P: We discuss with our wives and friends about the disease.</p> <p>P: We discuss with wife and children and friends.</p> <p>M: Where do people go for health care services?</p> <p>P: People go to Twapia and Lubuto clinics.</p> <p>M: (Probe) Where do most go?</p> <p>P: Most go to Lubuto.</p> <p>M: What type of service do you get?</p> <p>P: There is no help because they charge K1000 before they attend to you.</p> <p>P: Sometimes there are no drugs, so people are asked to buy. So it is a problem when you don't have money.</p> <p>P: There is a youth-friendly service where they provide advice and condoms.</p> <p>M: What about other services, such as for mothers and children?</p> <p>P: I have a child who is 3 months. My wife has been going to the clinic for immunization, but I did not have K1000 for needles and syringes.</p> <p>P: The only people who are helped are under-five children and those suffering from TB. Others are women who go for antenatal clinics, which is free.</p> <p>P: They also help in referring people to the hospital.</p>	<p>This man seems to be the only one who knows about this, as the other men laughed.</p>

Codes	Notes	Observations
	<p>P: The TB patients are at least given food, supplements, and medicines.</p> <p>P: They also teach about the diet of children.</p> <p>M: (Probe) One of you talked about the youth-friendly corner; what service do they give?</p> <p>P: Regarding this illness, there is nothing that they do. For them to do something about this disease, they need to find a cure.</p> <p>P: These condoms they give promote promiscuity.</p> <p>P: These condoms help us young men to prevent ourselves against AIDS.</p> <p>P: At the friendly corner, people go there and have a task force and medicine. When they advise like that, it means they are helping us.</p> <p>P: We think when we move, we are fit. But when they test, they will tell us the disease we have, and if it is TB, they give you medicine.</p> <p>M: (Probe) What else?</p> <p>P: People who go to youth-friendly corners know that their sexual organs are already infected.</p> <p>M: How does one know that he has HIV?</p> <p>P: Somebody should go to the hospital for a test.</p> <p>P: For somebody to know that he has the disease, the doctor is supposed to tell him that he has the disease.</p> <p>M: What are the advantages?</p> <p>P: The good part is you will know the disease you have.</p> <p>P: The good part is when you test, if you don't have HIV, you will avoid getting it; and if you have, you will avoid spreading it.</p> <p>P: The good part of testing is you know how your health is.</p>	<p>Distracted by a motorcycle</p>

Codes	Notes	Observations
	<p>M: Disadvantages of testing?</p> <p>P: There is no good in knowing one's status since there is no medicine for the disease.</p> <p>P: Once I know that I am HIV-positive, I will make sure that I spread it so that I do not die alone.</p> <p>P: Once you come to know that you have AIDS, you become mentally disturbed, and you also lose appetite and all the plans are disturbed since you know that you are already dead.</p> <p>P: Once one knows, he stops using the condoms.</p> <p>M: Who is supposed to test?</p> <p>P: Everyone is supposed to test.</p> <p>P: All of us are supposed to test including gentlemen, girls, and sugar daddies.</p> <p>P: Couples are supposed to test.</p> <p>M: Why should we test?</p> <p>P: To know our health and the disease we may have.</p> <p>P: Maybe a couple would like to have another child, so they would test to determine your health.</p> <p>M: (Probe) What else?</p> <p>P: For me, I can't even go for a test, for one is supposed to test himself depending on his movements.</p> <p>M: Do people talk freely about HIV?</p> <p>P: Some talk about it but most don't as most of them are preoccupied talking about hunger.</p> <p>P: People don't talk about HIV.</p> <p>P: The reason why we don't talk about it is because the disease has come to kill.</p> <p>P: Some of us most times hear about this in churches.</p>	<p>Laughter</p> <p>Laughter</p>

Codes	Notes	Observations
	<p>M: (Probe) What about at home?</p> <p>P: People are scared to talk about AIDS.</p> <p>P: There are no people who come to teach us on AIDS as we only hear of this disease on radios, as there is no one who comes.</p> <p>M: (Probe) Can people say my child has HIV?</p> <p>P: When someone has HIV we don't talk about it but are sorry and miserable that someone is sick.</p> <p>P: There is fear that once you mention that he has AIDS, then they will point a finger at you, that you are a wizard.</p> <p>P: When we advise people to go to the hospital because they are sick, they have now coined a wording that water also brings ailments. [Even water can intoxicate you.]</p> <p>P: Where I went in Mpongwe, people are free to talk about HIV, and they discuss that the disease kills.</p> <p>P: What can one talk about HIV when you don't have money?</p> <p>M: What else?</p> <p>P: Even if you are sick, people won't say that someone is suffering from HIV but will say is suffering from TB.</p> <p>P: It seems embarrassing in the community to say this person has HIV. So it is better to say he has tuberculosis.</p> <p>M: Why do people say that they have TB when they have HIV?</p> <p>P: What makes people hide is that one will end up killing themselves.</p> <p>M: (Probe) What about revealing oneself?</p> <p>P: It will be embarrassing and people will think you are an outcast.</p>	<p>Laughter</p> <p>Others said because it is a village</p>

Codes	Notes	Observations
	<p>P: At the hospital they don't tell you that you are suffering from AIDS, but they say you are suffering from TB.</p> <p>M: What if a mother with a baby decides not to breastfeed?</p> <p>P: If a mother decides not to breastfeed, then people will conclude that she has a disease [HIV/AIDS].</p> <p>P: If she refuses to breastfeed, it means she is promiscuous.</p> <p>P: It also means that she wants to kill the child; that is why she does not want to breastfeed.</p> <p>M: How do you know that one has HIV?</p> <p>P: We see people with AIDS, but we cannot point at someone that he has AIDS.</p> <p>M: Do we know people with HIV/AIDS?</p> <p>P: There are many people with AIDS but they say it is TB. We mainly know from signs and symptoms and also at the funeral after one has died.</p> <p>M: How do communities react when they know that one has HIV?</p> <p>P: They try to make them happy and buy them things to eat.</p> <p>P: Patients sometimes call for help from a person passing by.</p> <p>P: You also welcome him so that he does not feel isolated.</p> <p>M: What would you want to be done in your community to help people living with HIV/AIDS?</p> <p>P: What we want is money to help them.</p> <p>M: (Probe) What else?</p> <p>P: We need to have a place where to nurse these people.</p> <p>P: We need to have a clinic for all these people instead of going to Lubuto as it is far.</p>	<p>Imitates the voice of patient</p>

Codes	Notes	Observations
	<p>P: The people with AIDS should also be given mealie-meal and relish instead of giving it only to those with TB.</p> <p>P: We need people to teach us here and these people from health centers are supposed to visit us to educate us on HIV.</p> <p>P: People go late for testing, and thus you should be coming here to test us.</p> <p>P: People with AIDS are supposed to be visited and be given medicine.</p> <p>P: Medicine is food.</p> <p>M: Concluded.</p>	

If you have difficulties in summarizing the focus group discussions, fill in the information according to the following headings:

Lubuto Men

Overall concerns:

Usage of health facilities:

HIV/AIDS status:

Breastfeeding women:

Community involvement:

EXERCISE 7: Interpretation (Weighing the Findings)

You may wish to review Chapter 6 (Interpretation) before starting this exercise.

INSTRUCTIONS:

- ❶ Reread the expanded notes from Exercise 6.
- ❷ In the expanded notes, look for dialogues that should have *more* or *less* weight based on what you learned in Chapter 6. You can copy the dialogues and the explanation for weighing them in the table on the next page.
- ❸ Compare what you did with the answers in the Answer Key.

TOOLS NEEDED:

- ▶ Expanded notes from Exercise 6 answers
- ▶ Table for noting weight of answers (see next page)

WEIGHING INFORMATION

CRITERIA	
More Weight	Less Weight
<ul style="list-style-type: none"> ▶ Frequency (number) of people mentioning the statement ▶ Detailed answer ▶ Personal experience: using "I" or "we" ▶ Using concrete action verb, present or past tense 	<ul style="list-style-type: none"> ▶ Only one person said it ▶ Vague and not detailed answer, often using one or two words ▶ Hypothetical experience or using the third person: "he/she" or "they" ▶ Using "should" or "would"

Answers with More Weight	Answers with Less Weight
<p>M:</p> <p>P:</p> <p>Explanation:</p>	<p>M:</p> <p>P:</p> <p>Explanation:</p>
<p>M:</p> <p>P:</p> <p>Explanation:</p>	<p>M:</p> <p>P:</p> <p>Explanation:</p>
<p>M:</p> <p>P:</p> <p>Explanation:</p>	<p>M:</p> <p>P:</p> <p>Explanation:</p>

EXERCISE 8: Interpretation (Using the Behavior Change Lens)

You may wish to review Chapter 6 (Interpretation) before starting this exercise.

INSTRUCTIONS:

- ❶ Review the “Table for Targeting Your Analysis” from Exercise 1 (the table from the Answer Key, not the one that you created yourself). Make a list of behaviors being studied.
- ❷ Make a list of possible determinants of behavior change (both external and internal factors), as you learned in Chapter 6.
- ❸ Read the description of the FGD with Kaloko men (provided on pp. 110-111).
- ❹ Choose two behaviors that are illustrated in this description.
- ❺ For each one of the behaviors chosen, identify a determinant factor (internal or external).
- ❻ Read the description of the FGD with Lubuto men (provided on pp. 112-113).
- ❼ Repeat the exercise for the Lubuto focus group (from Exercise 6) and repeat Steps ❹ through ❺. Choose two different behaviors if possible.
- ❽ Compare your answers to the answers in the Answer Key.

TOOLS NEEDED:

- ▶ “Table for Targeting Your Analysis” from Exercise 1 answers
- ▶ Description of the Kaloko focus group (pp. 110-111)
- ▶ Description of the Lubuto focus group (pp. 112-113)
- ▶ Expanded notes from the Lubuto focus group (Exercise 6 answers)

Description of Kaloko Focus Group Discussion

The focus group discussion (FGD) in Kaloko was attended by a group of 10 married men who had lived there for at least one year.

Kaloko is a high-density area with house structures of molded red bricks, few communal taps with erratic water supply, no electricity, and a poor road network. The FGD was held at a community health worker's house.

To open the discussion, the group was asked what their general concerns were. They said their main concerns were that they do not have jobs and that people die in the houses because they have to pay at the clinic. The other concerns were the problem of water in the area and unhygienic environments at market places.

On health concerns, one participant said, *"Our main concern is the new disease known as AIDS which is affecting everybody. Many people are dying from this disease because of poor food intake."* The moderator probed for more answers, and some of the participants said that many people do not have toilets, they do not keep their environment clean, and some mothers let children play in dirt.

When the group was asked what health issues they discuss in their families, some participants said that they formed cooperatives where they discuss health issues, especially hygiene and sanitation. Others said that it is difficult to meet as a group in townships, so the only place they talk about health issues is in church. The moderator probed further, and the participants responded that they also discuss AIDS prevention. When the moderator probed to find out what they discuss about AIDS, many participants said that people have to stop being promiscuous, and if you are promiscuous, then use a condom.

Regarding sexual issues, participants said that this issue was very important because it affects everybody. The majority of participants felt that condoms promote promiscuity. One participant said that he explains the dangers of HIV to his children and his wife.

When asked where people go for HIV testing, some said Kang'onga clinic; others said they go to Ndola Central Hospital. The moderator further probed where people go for other services. All the participants said Kaloko clinic. When asked about the services they receive, many of them said they are given panadol and aspirin, and they noted that there are antenatal and under-five clinics.

When asked how a person can know if he has HIV, one of the participants said, *"I will go to the hospital for a test."* Others mentioned coughing and losing weight and hair. They also said that a person who has HIV likes sitting in the sun, and when he is injured, the sores take a long time to heal. The moderator asked the participants how they would know if someone has AIDS. One of the group members said, *"A person with AIDS develops diarrhea."* The moderator asked the participants about the difference between HIV and AIDS. The majority of participants said there was no difference.

When asked where they can get an HIV test, the participants said there is nowhere in their community except for Kang'onga.

On the advantages of testing, some participants said it helps to determine whether you have the virus or whether or not you are sick. However, one participant said, *"No one has gone for a test amongst us, so we do not know what happens."* Another participant said, *"It is good for those planning to marry to go for a test so that if one is sick, they can be advised accordingly."* The other advantage stated by another participant is, *"You are taught how to protect yourself and also advised on correct nutrition."* One participant said, *"If the couple goes for a test and they are found to be negative, they will strive to remain negative."*

When asked what the disadvantages of testing are, one participant said, *“Once people know that they have HIV, they might commit suicide.”* Another participant said, *“When some know that they have the disease, they spread it so that they do not die alone.”*

When asked whether people in the community are free to discuss HIV/AIDS issues, many participants said, *“We are free to discuss and we visit the AIDS patients and they are happy to be visited.”* They also said that they discuss HIV/AIDS issues with their children and other family members.

When asked if they knew anyone in the community who has HIV/AIDS, the majority said, *“Yes, we know people with AIDS.”* One participant said, *“I came to know because this person was tested and suffered a number of opportunistic infections, such as herpes zoster.”*

When asked what community support and care is given to people living with HIV/AIDS (PLWHA), some participants said that the community laughs at PLWHAs, while others said they take care of them. One participant said that he had a sister who died from HIV/AIDS. When she was sick they started caring for her, and at the same time they used her to show other family members the consequences of not following advice. Some said that PLWHAs are not cared for properly and that others are just left to die on their own. It was also cited that parents get annoyed when somebody gets HIV because these children do not adhere to advice from parents.

When the participants were asked what they want to be done for these people, they said that they need a hospital where they can take people and a structure to care for these people. Some participants said they need a mobile clinic to help such people before a structure is put up.

Description of Lubuto Focus Group Discussion

The FGD was conducted with a group of 15 married men from Lubuto and Kantolomba. The venue of the focus group was Kantolomba. The general concerns raised by the group included lack of a police post in the area and unemployment. Another concern is that they do not have community-based people to teach them about health issues.

One of the group members said, *“Because of the unemployment, we do not take sufficient food, and this is one of the reasons for high prevalence of the disease.”*

When asked about health concerns, participants said that they were concerned about the dirty environment because there was no one to remove the rubbish. The group of men are concerned that they are being fed by women. One participant said, *“Women are the ones feeding us in the homes and thus they end up involving themselves in extramarital affairs during their business ventures and thus are likely to bring AIDS.”*

When asked what they discuss about HIV/AIDS, the participants said they discussed with their families and children the dangers of being promiscuous.

The group was concerned that food insecurity was bringing HIV/AIDS in the area, and one participant said, *“Food security at household level is not there. You only find small packets of mealie-meal in the markets, which is difficult to feed the family.”*

Some group members said that because of unemployment, young women and men are now only involved in beer drinking and smoking dagga so that when they reach home, they just sleep. When the moderator probed further on what they discuss about HIV/AIDS, the group said that they discuss how to protect themselves. However, one participant said, *“The promotion of condoms is encouraging promiscuity and will not help in ending the problem of AIDS.”*

On sexuality issues, the participants stated that they do discuss HIV/AIDS with their children. They said they discuss these issues if there is a child who likes moving about in the night and warned about the dangers of being promiscuous.

Upon further probing by the moderator on what sexual issues they discuss, the participants said they do discuss HIV/AIDS with their wives. One said, *“Women are the ones who talk to their husbands about HIV.”* Others, however, said that sexual issues are discussed when people are about to marry.

When asked who they discuss sexuality issues with, the group members said that they do so with their wives, children, and friends.

When asked where people go for health care services, some participants said they do go to Twapia and Lubuto, but most of them go to the Lubuto clinic. On the type of services offered at the clinics, a few participants indicated that they are not helped because they are charged K1000 before being attended to. Others said that sometimes there are no drugs at the clinic and they are asked to buy them—a problem if they don't have money.

One participant said that there is a youth-friendly service where they provide advice and condoms. When further probed on what services are offered at the clinic, some of the participants said that the only people helped at the clinic are children under age five, women who go for antenatal care, and those suffering from TB. One participant said the clinic does help in referring patients to the hospital.

When the moderator probed further on what services are given at the youth-friendly corner, one of the participants said, *“Regarding this illness, there is nothing that they do. For them to do something about this disease, they need to find a cure.”* One of the participants, however, said they are given condoms, which help the young men protect themselves from HIV/AIDS. Some participants said they also carry out tests and

provide treatment for any disease found. One of them, however, said, *“Those who go to youth-friendly corners have infected sexual organs.”*

The majority affirmed that people should go to the hospital for a test to determine their HIV status. One of the participants said that somebody can know that he has AIDS if he is told by a doctor.

On the advantages of testing for HIV, one of the participants said, *“It is better to test because you will know if you have the disease or not.”* Another said that *“if one does a test and he is found not to have HIV, he will avoid getting it, and if you have it, you will avoid spreading it.”*

On the disadvantages, one participant said, *“It is not good to test. There is nothing good in knowing one’s status since there is no medicine for the disease.”* The other disadvantage mentioned is that once one comes to know that he has HIV, he will make sure that he spreads it to others. One participant said, *“Once one comes to know that he has AIDS, they become mentally disturbed and they also lose appetite and all the plans are disturbed since they know that they are already dead.”*

On who is supposed to test, one participant said, *“Everyone, including gentlemen, girls, sugar daddies, and couples are supposed to test.”*

When asked whether people talk freely about HIV/AIDS in the community, the first participant to answer said, *“Some talk about it, but most don’t as they are preoccupied talking about hunger.”* Some participants said that people are scared to talk about HIV/AIDS. When probed further and asked whether someone can say my child has HIV, one participant said, *“When someone has HIV, we don’t talk about it, but we are sorry and miserable that someone is sick.”* One participant said that there is fear that once you mention that *“‘he has AIDS,’ then they will point a finger at you and say that you are a wizard.”*

One of the participants, however, said in Mpongwe people are free to talk about HIV and they say that *“the disease kills.”* But another participant reacted by saying, *“People talk about HIV in Mpongwe because it is a village.”* Still on the question of free talk, participants said it is embarrassing in the community to say *“this person has HIV,”* thus they feel it is better to say *“this person has TB.”* The participants said one of the reasons why people don’t talk freely about HIV/AIDS is that at the hospital, those with HIV/AIDS are not told that they have HIV/AIDS but are told that they have TB.

When asked what the community would think of a woman who decides not to breastfeed her baby, the participants said that the community will conclude that she has AIDS. Others will say that she is promiscuous, while some will say that she wants to kill the child.

When asked how they would know that one has HIV/AIDS, most participants said, *“We see people with AIDS.”* On whether they know people with HIV/AIDS, the respondents said that there are many people with HIV/AIDS, but they say it is TB. They say they mainly know from signs and symptoms and also at the funeral after one has died.

When asked how the communities react when they know that a community member has HIV/AIDS, the participants said that people try to make them happy and buy them a few things to eat. One of the participants said some sick people sometimes call for help from a person passing by.

When asked what they would want to be done in their community to help people with the disease, most participants agreed when one said, *“We need to have a place where to nurse these people.”* They also said that they need to have a clinic for all these people instead of going to Lubuto, which is far. One said, *“The people with HIV should be given mealie-meal and relish instead of giving it only to those with TB.”*

The group said they need people from health centers to teach them about HIV/AIDS. The participants also suggested that PLWHAs are supposed to be visited and given medicine.

EXERCISE 9: Drawing Conclusions and Making Recommendations

You may wish to review Chapter 6 (Interpretation) before starting this exercise.

INSTRUCTIONS:

- ❶ Review all of the answers from Exercises 2-8.
- ❷ Based on the information gathered from both the Kaloko and Lubuto focus groups, write conclusions and recommendations by saying WHO did or felt WHAT, WHY, and what you think it means. Remember to use quotes from the text to reinforce the interpretation you are giving.
- ❸ Compare your conclusions and recommendations with those in the Answer Key.

TOOLS NEEDED:

- ▶ Answers from Exercises 2-8

Answer Key

The following section contains answers to the exercises that you have just completed. Note that in some cases, your answers may be slightly different than the answers here. This is especially true for the interpretation exercises. This is alright—the answers are given here to show you one way of interpreting the information. There are certainly other interpretations.

Answers to Exercise 1: Targeting the Analysis

Research Question	Topics	Focus Group Discussion Guide	Preliminary Codes
	Concerns	<ul style="list-style-type: none"> ▶ What have been your concerns within your family? ▶ What are your main concerns regarding health issues? 	GENCON HEALCON
	Discussion of HIV/AIDS and sexuality issues within families	<ul style="list-style-type: none"> ▶ What health issues do you talk about with your family? <i>Probe HIV/AIDS. If they mention HIV/AIDS: Continue by asking:</i> ▷ What do you talk about HIV/AIDS? ▷ What about sexual issues? ▷ With whom do you talk about sexual issues? ▷ What about with your partner/wife? ▶ <i>If they do not talk about sexual issues with the family/wife/partner, ask why.</i> 	DISHEAL DISHIV DISEX DISEXWHO
How can the number of men and women voluntarily testing for HIV be increased in Ndola South?	Barriers to the utilization of STI services	<ul style="list-style-type: none"> ▶ Where do people go to seek health care services? ▶ What kinds of services are provided? ▷ <i>If VCT/PMCT is mentioned, ask:</i> <ul style="list-style-type: none"> – What are the advantages and disadvantages about VCT/PMCT? ▷ <i>If VCT/PMCT is not mentioned, then ask:</i> <ul style="list-style-type: none"> – How can one find out that he/she has HIV? – Where can you go for a test? ▷ <i>If test not mentioned, ask:</i> <ul style="list-style-type: none"> – What is your opinion about testing for HIV? – Who should go for VCT? Explain why. – What do you do to encourage your partners/wives to go for VCT? ▶ In your case, what was your experience utilizing the center? 	SEEKCARE QUALCARE TYPECARE VCTADV VCTDIS TESTADV TESTDIS VCTWHO
	HIV/AIDS stigma and discrimination	<ul style="list-style-type: none"> ▶ Do people in this community talk freely about HIV/AIDS issues? ▶ What does the community think about a woman who decides not to breastfeed? ▶ Do you know any person living with HIV/AIDS ? ▷ <i>If yes, probe:</i> <ul style="list-style-type: none"> – How did you know? ▶ How does the family/community react to a person with HIV/AIDS? ▷ <i>If yes, ask:</i> <ul style="list-style-type: none"> – What exactly does the community/family do? ▷ <i>If no, ask:</i> <ul style="list-style-type: none"> – What do you do in your community to PLWHAs? 	FREETALK FREEWHAT FREEWHO NONEBF COMPLWHA HOWPLWHA REACTPLWHA COMCARE


NOTE: These columns should be read from left to right →

**Answers to Exercise 2:
Coding the Kaloko Focus Group Discussion
Focus Group Discussion in Kaloko, Ndola, Zambia**

Codes	Notes	Observations
<p>FGD Identification Code: K1 Date: June 6, 2002 Topic: Voluntary counseling and testing for HIV Location: Kaloko Participant number/type: 10 married men who lived in the area for a year Moderator: Maureen Note taker: Wilson Observer: Josephine</p>		
<p>GENCON</p> <p style="text-align: center;">↓</p> <p>SOCCON</p> <p>GENCON HEALCON</p> <p>GENCON SOCCON</p> <p>GENCON</p> <p>GENCON HEALCON</p> <p>HEALCON HIVCON</p> <p style="text-align: center;">↓</p>	<p>Introduction</p> <p>M: What are your concerns?</p> <p>P: There are many concerns, and you should tell us which concerns you want.</p> <p>M: (Probe) Just tell me what concerns you have about your life.</p> <p>P: We have concerns because we do not have jobs.</p> <p>P: The other concern is how to take care of the family.</p> <p>P: The other concern is that people die in houses because there is no money to pay at the clinic.</p> <p>P: As for me, a farmer, I have no money to buy fertilizer. You find that fertilizer is at K90,000. If we can get assistance over this, then we shall be okay.</p> <p>P: There is a problem of water in our area, and the water women draw is dirty.</p> <p>P: The food sold in the market is not sold in a hygienic environment.</p> <p>M: What are your health concerns?</p> <p>P: Our main concern is the new disease known as AIDS, which is affecting everybody.</p> <p>P: Many people are dying from this disease because of poor food intake. If a person is not eating well, any disease will get him.</p> <p>M: (Probe) What else?</p>	

Codes	Notes	Observations
GENCON	P: In our area, some people do not have toilets, and they do not clean the environment.	
HEALCON	P: We have no people who come to teach.	
GENCON	P: Some mothers let children play in dirt. M: What health issues do you discuss?	
DISHEAL ↓	P: At the farm where we stay, we have formed a cooperative where we discuss health issues, hygiene and sanitation. P: It is difficult for people in the community to meet, so the only place they talk about health issues is in church. M: (Probe) What else do you discuss in a family? P: We discuss issues of keeping the surroundings clean, digging pit-latrines and cutting hedges to prevent malaria. M: What else?	
DISHIV ↓	P: We discuss issues on AIDS prevention. M: What do you discuss about AIDS? P: Stop being promiscuous, and, if you have to, then use a condom. M: What sexual issues do you discuss?	Not answering question
DISHIV DISEX ↓	P: This issue is very important because it affects everybody and this is HIV/AIDS. I do not teach my children to use condoms because if I do, it means you are worsening the situation. P: Condoms promote promiscuity. In the past, we used to tell the children to behave. M: (Probe) Who do you talk with in the family?	Majority nodded their heads in agreement
DISEXWHO ↓	P: I discuss with my children, my current wife, and neighbors. P: I explain to my children and wife the dangers of AIDS.	

Codes	Notes	Observations
DISEXWHO	<p>P: We also discuss AIDS in public places and tell the young ones that life of late is different.</p> <p>M: Where do people go for a test?</p>	
SEEKCARE	<p>P: Most people go to Kang'onga for a test.</p>	
QUALICARE	<p>P: The problem is that even authorities do not tell the people the results of the test.</p> <p>M: Where else?</p>	
SEEKCARE ↓	<p>P: The other place we go for a test is the central hospital.</p> <p>P: At the nearby clinic, they do not test.</p> <p>M: For other services, where do people go?</p> <p>P: They go to the clinic.</p> <p>M: What type of health care service do you get?</p>	Unison agreement
TYPECARE	<p>P: They provide medicine, mainly panadol and aspirin.</p> <p>M: What else?</p>	
TYPECARE QUALICARE ↓	<p>P: Mothers go for antenatal clinic and also take the children for under five clinic where they are weighed and immunized.</p> <p>M: What else?</p> <p>P: Our friends suffering from TB are given soya and medicine.</p> <p>M: How can you know that a person has HIV?</p>	
HOWHIV ↓	<p>P: For me, I go to the hospital for a test, but they don't tell me that I have HIV.</p> <p>P: Others start coughing and losing weight and hair.</p> <p>M: What else?</p> <p>P: Just by looking at a person you can tell that he has HIV.</p>	

Codes	Notes	Observations
HOWPLWHA 	<p>P: A person who has HIV likes sitting in the sun, and once he injures himself, the sore takes long to heal. Others are affected by herpes zoster.</p> <p>M: How can you know if a person has AIDS?</p> <p>P: A person with AIDS develops diarrhea.</p> <p>M: What difference is there between HIV and AIDS?</p>	
HOWHIV DIFHA	<p>P: There is no difference between HIV and AIDS.</p>	
HOWHIV HOWPLWHA	<p>P: It is difficult to know that one has HIV unless one goes to a hospital for a test. When you have HIV, you can look healthy, but if the virus becomes many, somebody develops AIDS.</p> <p>M: Where do they do the test here?</p>	
TYPECARE SEEKCARE	<p>P: There is nowhere they do the test here except for Kang'onga.</p> <p>M: What are the advantages of testing?</p>	
TESTADV	<p>P: It helps to determine whether you have the virus or not.</p> <p>M: (Probe about counseling)</p>	
SEEKCARE	<p>P: No one has gone for a test amongst us so we do not know what happens.</p> <p>M: What else?</p>	
TESTADV	<p>P: It helps to know whether you are sick or not.</p> <p>M: What else?</p>	Stressed
TESTDIS	<p>P: Why go for a test because you would like to know the day you will die.</p>	
TESTADV	<p>P: For those not yet married, it is good to go to the hospital for a test so that if one is sick, they can be advised accordingly.</p>	
TESTDIS	<p>P: There are no advantages for having an HIV test.</p>	

Codes	Notes	Observations
TESTADV	<p>P: The advantage is that there is medicine they give which will make you live long. You are told to protect yourself, and they advise you on the correct nutrition.</p> <p>M: What are the disadvantages?</p>	
TESTDIS ↓ ↓ ↓	<p>P: Once people know that they have HIV, they might commit suicide.</p> <p>P: Others spread the disease so that they do not die alone.</p> <p>P: It is better not to test because when you come to know that you have HIV, you become worse.</p> <p>M: Who is supposed to test for HIV?</p>	
VCTWHO ↓ ↓	<p>P: Those who are not yet married and they intend to get married.</p> <p>P: Even those who are married can go for a test as a couple.</p> <p>ADVANTAGES</p>	
VCTADV ↓ ↓	<p>P: You are also advised on what food to eat.</p> <p>P: If the couple goes for a test and they are found to be negative, they will strive to remain negative.</p> <p>M: Are people free to discuss HIV/AIDS?</p>	
FREETALK ↓ ↓ ↓	<p>P: We are free to discuss and we visit the AIDS patients and they are happy to be visited.</p> <p>M: What about in your families, are you free to talk about it?</p> <p>P: Many of us discuss AIDS issues with our children and other family members.</p> <p>M: (Probe)</p>	
FREEWHO	<p>P: We discuss within our families.</p> <p>M: What would you think of a woman with a new baby who decides not to breastfeed?</p>	

Codes	Notes	Observations
NONEBF ↓	P: We will need to find out why she has decided not to breastfeed. P: We shall think that she has a disease and she fears that if she breastfeeds then she will give the disease to the baby. M: Do you know anyone with HIV/AIDS?	
COMPLWHA ↓	P: Yes, we know people with AIDS. P: We know some through appearance. P: I came to know because he was tested and he suffered a number of opportunistic infections, such as herpes zoster. M: What community support and care is given to PLWHAs?	
REACPLWHA ↓	P: The community laughs at people with AIDS. P: I had a sister who died from AIDS. When she was sick, we started caring for her and used her to show other family members the consequences of not following advice.	
COMCARE	P: We need to provide good food to the patient.	
REACTPLWHA ↓	P: People with AIDS are not cared for properly. Others are just left to die on their own. P: Parents get annoyed when somebody gets HIV because these children do not adhere to advice from parents. M: What do you want to be done to these people?	
COMCARE ↓	P: We just need to take these people to hospital. P: We need to have a hospital where to take these people. P: We need to build a structure where to keep and care for these people. P: We need to have a mobile clinic to help such people before a structure is put up.	

**Answers to Exercise 3:
Organizing Information by Codes
Information Organized by Codes
Kaloko Focus Group Discussion**

GENCON

- ▶ We have concerns because we do not have jobs.
- ▶ People die in houses because there is no money to pay at the clinic.
- ▶ As for me, a farmer, I have no money to buy fertilizer. You find that fertilizer is at K90,000. If we can get assistance over this, then we shall be okay.
- ▶ There is a problem of water in our area, and the water women draw is dirty.
- ▶ The food sold in the market is not sold in a hygienic environment.
- ▶ In our area, some people do not have toilets, and they do not clean the environment.
- ▶ We have no people who come to teach.
- ▶ Some mothers let children play in dirt.

SOCCON

- ▶ The other concern is how to take care of the family.
- ▶ As for me, a farmer, I have no money to buy fertilizer. You find that fertilizer is at K90,000. If we can get assistance over this, then we shall be okay.

HEALCON

- ▶ People die in houses because there is no money to pay at the clinic.
- ▶ The food sold in the market is not sold in a hygienic environment.
- ▶ Our main concern is the new disease known as AIDS which is affecting everybody.
- ▶ Many people are dying from this disease because of poor food intake. If a person is not eating well, any disease will get him.
- ▶ In our area, some people do not have toilets, and they do not clean the environment.

HIVCON

- ▶ Our main concern is the new disease known as AIDS which is affecting everybody.
- ▶ Many people are dying from this disease because of poor food intake. If a person is not eating well, any disease will get him.

DISHEAL

- ▶ At the farm where we stay, we have formed a cooperative where we discuss health issues, especially hygiene and sanitation.
- ▶ It is difficult for people in the community to meet, so the only place they talk about health issues is in church.
- ▶ We discuss issues of keeping the surroundings clean, digging pit-latrines, and cutting hedges to prevent malaria.

DISHIV

- ▶ We discuss issues on AIDS prevention.
- ▶ Stop being promiscuous, and, if you have to, then use a condom.
- ▶ This issue is very important because it affects everybody and this is HIV/AIDS. I do not teach my children to use condoms because if I do, it means you are worsening the situation.
- ▶ Condoms promote promiscuity. In the past, we used to tell the children to behave.

DISEX

- ▶ This issue is very important because it affects everybody and this is HIV/AIDS. I do not teach my children to use condoms because if I do, it means you are worsening the situation.
- ▶ Condoms promote promiscuity. In the past, we used to tell the children to behave.

DISEXWHO

- ▶ I discuss with my children, my current wife, and neighbors.
- ▶ I explain to my children and wife the dangers of AIDS.
- ▶ We also discuss AIDS in public places and tell the young ones that life of late is different.

SEEKCARE

- ▶ Most people go to Kang'onga for a test.
- ▶ The other place we go for a test is the central hospital.
- ▶ At the nearby clinic, they do not test.
- ▶ They go to the clinic.
- ▶ There is nowhere they do the test here except for Kang'onga.
- ▶ No one has gone for a test among us, so we do not know what happens.

TYPECARE

- ▶ They provide medicine, mainly panadol and aspirin.
- ▶ Mothers go for antenatal clinic and also take the children for under five clinic where they are weighed and immunized.
- ▶ Our friends suffering from TB are given soya and medicine.
- ▶ There is nowhere they do the test here except for Kang'onga.

QUALICARE

- ▶ The problem is that even authorities do not tell the people the results of the test.
- ▶ Mothers go for antenatal clinic and also take the children for under five clinic where they are weighed and immunized.
- ▶ Our friends suffering from TB are given soya and medicine.

HOWHIV

- ▶ For me, I go to the hospital for a test, but they don't tell me that I have HIV.
- ▶ Others start coughing and losing weight and hair.
- ▶ Just by looking at a person you can tell that he has HIV.

DIFHA

- ▶ There is no difference between HIV and AIDS.
- ▶ It is difficult to know that one has HIV unless one goes to a hospital for a test. When you have HIV, you can look healthy, but if the virus becomes many, somebody develops AIDS.

TESTADV

- ▶ It helps to determine whether you have the virus or not.
- ▶ It helps to know whether you are sick or not.
- ▶ For those not yet married, it is good to go to hospital for a test so that if one is sick, they can be advised accordingly.
- ▶ There is medicine they give which will make you live long. You are told to protect yourself, and they advise you on the correct nutrition.

TESTDIS

- ▶ Why go for a test because you would like to know the day you will die.
- ▶ There are no advantages for having an HIV test.
- ▶ Once people know that they have HIV, they might commit suicide.
- ▶ Others spread the disease so that they do not die alone.
- ▶ It is better not to test because when you come to know that you have HIV, you become worse.

VCTWHO

- ▶ Those who are not yet married and they intend to get married.
- ▶ Even those who are married can go for a test as a couple.

VCTADV

- ▶ You are also advised on what food to eat.
- ▶ If the couple goes for a test and they are found to be negative, they will strive to remain negative.

FREETALK-FREEWHO

- ▶ We are free to discuss and we visit the AIDS patients and they are happy to be visited.
- ▶ Many of us discuss AIDS issues with our children and other family members.
- ▶ We discuss within our families.

NONEBF

- ▶ We will need to find out why she has decided not to breastfeed.
- ▶ We shall think that she has a disease and she fears that if she breastfeeds then she will give the disease to the baby.

COMPLWHA

- ▶ Yes, we know people with AIDS.
- ▶ We know some through appearance.
- ▶ I came to know because he was tested and he suffered a number of opportunistic infections, such as herpes zoster.

REACPLWHA

- ▶ The community laughs at people with AIDS.
- ▶ I had a sister who died from AIDS. When she was sick, we started caring for her and used her to show other family members the consequences of not following advice.
- ▶ People with AIDS are not cared for properly. Others are just left to die on their own.
- ▶ Parents get annoyed when somebody gets HIV because these children do not adhere to advice from parents.

COMCARE

- ▶ We need to provide good food to the patient.
- ▶ We just need to take these people to hospital.
- ▶ We need to have a hospital where to take these people.
- ▶ We need to build a structure where to keep and care for these people.
- ▶ We need to have a mobile clinic to help such people before a structure is put up.

HOWPLWHA

- ▶ A person with AIDS develops diarrhea.
- ▶ A person who has HIV likes sitting in the sun, and once he injures himself, the sore takes long to heal. Others are affected by herpes zoster.

Answers to Exercise 4: Displaying Information by Topic Coded Data Arranged by Topic

Concerns

- ▶ We have concerns because we do not have jobs.
- ▶ People die in houses because there is no money to pay at the clinic.
- ▶ As for me, a farmer, I have no money to buy fertilizer. You find that fertilizer is at K90,000. If we can get assistance over this, then we shall be okay.
- ▶ There is a problem of water in our area, and the water women draw is dirty.
- ▶ The food sold in the market is not sold in a hygienic environment.
- ▶ In our area, some people do not have toilets, and they do not clean the environment.
- ▶ We have no people who come to teach.
- ▶ Some mothers let children play in dirt.
- ▶ The other concern is how to take care of the family.
- ▶ Our main concern is the new disease known as AIDS which is affecting everybody.
- ▶ Many people are dying from this disease because of poor food intake. If a person is not eating well, any disease will get him.

Discussion of HIV/AIDS and Sexuality Issues within Families

- ▶ Our main concern is the new disease known as AIDS which is affecting everybody.
- ▶ Many people are dying from this disease because of poor food intake. If a person is not eating well, any disease will get him.
- ▶ At the farm where we stay, we have formed a cooperative where we discuss health issues, especially hygiene and sanitation.
- ▶ It is difficult for people in the community to meet, so the only place they talk about health issues is in church.
- ▶ We discuss issues of keeping the surroundings clean, digging pit-latrines, and cutting hedges to prevent malaria.
- ▶ We discuss issues on AIDS prevention.
- ▶ Stop being promiscuous, and, if you have to, then use a condom.
- ▶ This issue is very important because it affects everybody and this is HIV/AIDS. I do not teach my children to use condoms because if I do, it means you are worsening the situation.
- ▶ Condoms promote promiscuity. In the past, we used to tell the children to behave.
- ▶ I discuss with my children, my current wife, and neighbors.
- ▶ I explain to my children and wife the dangers of AIDS.
- ▶ We also discuss about AIDS in public places and tell the young ones that life of late is different.

VCT/PMTCT Utilization

- ▶ Most people go to Kang'onga for a test.
- ▶ The other place we go for a test is the central hospital.
- ▶ At the nearby clinic, they do not test.
- ▶ They go to the clinic.
- ▶ There is nowhere they do the test here except for Kang'onga.
- ▶ No one has gone for a test amongst us so we do not know what happens.
- ▶ They provide medicine, mainly panadol and aspirin.
- ▶ Mothers go for antenatal clinic and also take the children for under five clinic where they are weighed and immunized.
- ▶ The problem is that even authorities do not tell the people the results of the test.
- ▶ Our friends suffering from TB are given soya and medicine.
- ▶ For me, I go to the hospital for a test, but they don't tell me that I have HIV.
- ▶ Others start coughing and losing weight and hair.
- ▶ Just by looking at a person you can tell that he has HIV.
- ▶ A person who has HIV likes sitting in the sun and once he injures himself, the sore takes long to heal. Others are affected by herpes zoster.
- ▶ There is no difference between HIV and AIDS.
- ▶ It is difficult to know that one has HIV unless one goes to a hospital for a test. When you have HIV, you can look healthy but if the virus becomes many, somebody develops AIDS.
- ▶ It helps to determine whether you have the virus or not.
- ▶ It helps to know whether you are sick or not.
- ▶ For those not yet married, it is good to go to hospital for a test so that if one is sick, they can be advised accordingly.
- ▶ There is medicine they give which will make you live long. You are told to protect yourself, and they advise you on the correct nutrition.
- ▶ Why go for a test because you would like to know the day you will die.
- ▶ There are no advantages for having an HIV test.
- ▶ Once people know that they have HIV, they might commit suicide.
- ▶ Others spread the disease so that they do not die alone.
- ▶ It is better not to test because when you come to know that you have HIV, you become worse.
- ▶ Those who are not yet married and they intend to get married.
- ▶ Even those who are married can go for a test as a couple.
- ▶ You are also advised on what food to eat.
- ▶ If the couple goes for a test and they are found to be negative, they will strive to remain negative.

HIV/AIDS Stigma and Discrimination

- ▶ We are free to discuss and we visit the HIV/AIDS patients and they are happy to be visited.
- ▶ Many of us discuss AIDS issues with our children and other family members.
- ▶ We discuss within our families.
- ▶ We will need to find out why she has decided not to breastfeed.
- ▶ We shall think that she has a disease and she fears that if she breastfeeds then she will give the disease to the baby.
- ▶ Yes, we know people with AIDS.
- ▶ We know some through appearance.
- ▶ A person with AIDS develops diarrhea.
- ▶ I came to know because he was tested and he suffered a number of opportunistic infections, such as herpes zoster.
- ▶ The community laughs at people with AIDS.
- ▶ I had a sister who died from AIDS. When she was sick, we started caring for her and used her to show other family members the consequences of not following advice.
- ▶ People with AIDS are not cared for properly. Others are just left to die on their own.
- ▶ Parents get annoyed when somebody gets HIV because these children do not adhere to advice from parents.
- ▶ We need to provide good food to the patient.
- ▶ We just need to take these people to hospital.
- ▶ We need to have a hospital where to take these people.
- ▶ We need to build a structure where to keep and care for these people.
- ▶ We need to have a mobile clinic to help such people before a structure is put up.

Answers to Exercise 5: Describing Information

Description of the Data under One Code

CODE: DISHIV (Discussion on HIV/AIDS) – What do you discuss on AIDS?

The participants agreed by saying that they discuss HIV/AIDS prevention. One person said that you *“stop being promiscuous, and, if you have to, then use a condom.”* When a participant said that the issue was very important because it affects everybody, the majority of the participants nodded their heads in agreement. The majority of participants felt that the use of condoms promote promiscuity. One added that *“in the past, we used to tell the children to behave.”* One participant said that he did not teach his children to use condoms *“because if I do, it means you are worsening the situation.”*

Description of the Data under One Topic

TOPIC: VCT/PMTCT Utilization

When asked where people go for HIV testing, some said Kang’onga clinic, and others said they go to Ndola Central Hospital. The moderator further probed where people go for other services. All the participants said Kaloko clinic. When asked about the services provided at the clinic, many of them said they are given panadol and aspirin and the clinics provide antenatal care. Mothers also take their children to the under-five clinic, where they are weighed and immunized.

When asked how one can know that he has HIV, one of the participants said, *“I will go to the hospital for a test.”* Others said one would be coughing and losing weight and hair and a person who has HIV likes sitting in the sun, and when injured, the sore takes long to heal. The moderator asked the participants how they would know if someone has AIDS. One of the group members said, *“A person with AIDS develops diarrhea.”* When the moderator asked the participants what the difference is between HIV and AIDS, the majority of participants said there was no difference between HIV and AIDS. When asked where they can do an HIV test, the participants said there is nowhere in their community except for Kang’onga.

On the advantages of testing, some participants said it helps to determine whether one has the virus or not or know whether you are sick or not. However, one participant said, *“No one has gone for a test amongst us so we do not know what happens.”* Another participant said, *“It is good for those planning to marry to go for a test so that if one is sick, they can be advised accordingly.”* Another participant said an advantage was that, *“you are taught how to protect yourself and also advised on correct nutrition.”* One participant said, *“If the couple goes for a test and they are found to be negative, they will strive to remain negative.”*

When asked what the disadvantages of testing are, they expressed concerns for knowing the results. One participant said, *“For me, there are no advantages for having an HIV test.”* One participant agreed, saying, *“Once someone knows that they have HIV, they might commit suicide.”* Others said, *“When some know that they have the disease, they spread it so that they do not die alone,”* and, *“It is better not to test because when you come to know that you have HIV, you become worse.”*

Answers to Exercise 6: Summarizing the Focus Group Discussion

Focus Group Discussion Summary: Lubuto Men

Participants are concerned about poor environment and unemployment, saying that therefore their women work and get involved in extramarital affairs. They say that they discuss HIV within the family, including protecting themselves. Some mention that condoms encourage promiscuity. Discussing sexual issues within the family is more difficult. Women are the ones who talk about it.

Participants mention that people go to the clinics (Twapia and Lubuto). The men mentioned that they have to pay K1000; it is difficult for them to go because they don't have the money. One person mentions a youth center where people can get advice and condoms. The men say that those who receive care in these centers are women and children or those suffering from TB. However, after probing, the men talk about the services that are given at the youth center, such as testing and disease treatment. They say that to learn their HIV status they should go to the hospital to find out and that the doctor is supposed to tell you. Everybody should go to get tested. Some do see advantages of being tested, such as to learn whether you have the disease. But, others also mention disadvantages, such as that testing encourages promiscuity and can inform you that you are going to die. Regarding mothers who stop breastfeeding, the majority of them agreed that it means that the woman has HIV/AIDS, while some said she does not want to breastfeed because she wants her child to die.

They say that in the community they are scared to talk about HIV/AIDS; they usually do not talk about it directly, but mention instead that the person has TB. Even at the hospital they tell you that you have TB when indeed it is HIV/AIDS. They know people who have AIDS, know signs and symptoms, and also learn about it at the funeral after one has died. The community has different reactions toward sick people; some try to make them happy and bring food. They think that the community should do something for the PLWHAs, such as providing a place where these people can be nursed and where people from the community can visit them.

Answers to Exercise 7: Interpretation (Weighing the Findings)

Answers with More Weight	Answers with Less Weight
<p>M: What are your concerns?</p> <p>P: Unemployment</p> <p>Explanation: Several people mentioned it</p>	<p>M: What are your concerns?</p> <p>P: Police post</p> <p>Explanation: Only one person mentioned it</p>
<p>M: What are other health concerns?</p> <p>P: Women are the ones feeding us in the homes, and thus they end up involving themselves in extramarital affairs during their business ventures and thus are likely to bring AIDS.</p> <p>Explanation: Detailed and first answer approved by the others shaking their heads</p>	<p>M: What are other health concerns?</p> <p>P: Avoiding being promiscuous</p> <p>Explanation: Vague and not detailed</p>
<p>M: How does one know that he has HIV?</p> <p>P: I went to the hospital for a test.</p> <p>Explanation: Personal experience</p> <p>[NOTE: This answer is not in the text from Zambia, but is presented to show the difference for an answer with more weight.]</p>	<p>M: How does one know that he has HIV?</p> <p>P: For somebody to know that he has the disease, the doctor is supposed to tell him that he has the disease.</p> <p>Explanation: Hypothetical; not personal experience</p>

Answers to Exercise 8: Interpretation (Using the Behavior Change Lens)

BEHAVIORS	
<ul style="list-style-type: none"> ▶ Talking about health issues ▶ Showing concern about HIV/AIDS ▶ Talking about HIV/AIDS ▶ Talking about sexual issues ▶ Seeking health care ▶ Seeking specific care for HIV/AIDS ▶ Getting an HIV test ▶ Encouraging others to test for HIV ▶ Reacting to a person with HIV/AIDS ▶ Taking action in own community to PLWHAs 	
DETERMINANTS OF BEHAVIOR CHANGE	
Internal	External
<ul style="list-style-type: none"> ▶ Knowledge about HIV/AIDS ▶ Knowledge about where to go for care ▶ Knowledge about consequences of test results ▶ Attitude towards the disease and PLWHAs ▶ Perceived social norms about HIV and AIDS ▶ Perceived social norms regarding PLWHAs ▶ Perceived consequences if HIV positive ▶ Perceived advantages in knowing your HIV/AIDS status ▶ Intentions to do something within own community 	<ul style="list-style-type: none"> ▶ Relationships with family, friends, and parents ▶ Lack of community groups ▶ Cultural norms ▶ Access to health care ▶ Type of health services available

Kaloko Men

Behaviors	Determinants
Talking about health issues	Cooperatives (external determinant)
Getting an HIV test	Perceived advantages of testing (internal determinant)
Reacting to a person with HIV/AIDS	Perceived social norms regarding PLWHAs (internal determinant)

Lubuto Men

Behaviors	Determinants
Talking about HIV/AIDS	Relationships with family, friends, and parents (external determinant)
Seeking health care	Knowledge of where to go for care (internal determinant) Existence of a youth-friendly corner (external factor)
Seeking specific care for HIV/AIDS	Access to health care (external factor)

Answers to Exercise 9: Drawing Conclusions and Making Recommendations

Conclusions and Recommendations

Research findings indicate consistency among male FGDs regarding general health concerns and HIV/AIDS and HIV/AIDS-related stigma and discrimination in their various communities. The FGDs demonstrated, however, disparity in knowledge and trust of VCT services between men in Ndola South. It is clear that men do not use many of the services offered at VCT centers. Female cultural inferiority coupled with male misconceptions about testing services makes it difficult for women to both discuss sexual issues and/or convince their partner to seek out VCT services. Stigma and discrimination also thwart efforts aimed at mitigating the spread of HIV/AIDS in Ndola South. In addition, some participants had difficulty differentiating between HIV, AIDS, and tuberculosis (TB).

Priorities–Action for Future Program Interventions

1. Partners supporting the project should design activities that target men in the community in order to increase their involvement in VCT/PMTCT issues, such as community “causeries” on HIV/AIDS preventive measures, the benefits of VCT, and the care and support to give to PLWHAs.
2. Educational materials should enable the community to differentiate between HIV and AIDS and between TB and AIDS.
3. Health providers need to portray positive messages that will help instill hope to the affected and infected.
4. HIV/AIDS programs should employ a multisectoral approach in order to empower the community with income-generating activities.

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Annexes

ANNEX 1

Resources for Qualitative Analysis Computer Software

Although this handbook does not discuss how to use computer software for data analysis, some researchers may be interested in this option. Following are some resources to help you evaluate whether or not software would be useful for your project and which software would best meet your needs:

Print resources:

MacQueen, K. What to look for in software for qualitative data analysis. In: Ulin, PR et al. (2002). *Qualitative methods: A field guide for applied research in sexual and reproductive health*. Research Triangle Park, NC: Family Health International.

Order from:

Family Health International
P.O. Box 13950
Research Triangle Park, NC 27709 USA
Tel. (1) 919-544-7040
Fax (1) 919-544-7261
Email: publications@fhi.org Website: www.fhi.org

Winch, P. (2000). *Qualitative research for improved health programs: A guide to manuals for qualitative and participatory research on child health, nutrition and reproductive health*. Prepared by the Department of International Health, Johns Hopkins University School of Hygiene and Public Health for the SARA Project. Washington, DC: Academy for Educational Development.

Chapter 3 of this manual gives a good overview of data analysis software.

Order from:

SARA Project
The Academy for Educational Development
1825 Connecticut Avenue NW
Washington, DC 20009 USA
Email: saramail@aed.org

Online resources:

<http://www.qualitativeresearch.uga.edu/QualPage/>

This is the website for QualPage: Resources for Qualitative Research.

<http://www.ualberta.ca/~iiqm/>

This a webpage on Qualitative Research in Information Systems, which is part of the website for the Association for Information Systems.

<http://www.qsr.com.au/>

This is the website for QSR International, the manufacturer of NUD*IST® and NVivo® qualitative analysis software.

<http://www.qualisresearch.com/>

This is a website for Ethnograph® qualitative analysis software.

<http://www.atlasti.de/>

This is a website for ATLAS.ti® qualitative analysis software.

ANNEX 2

Resources for Designing and Moderating Focus Groups

Debus, M. (1988). *The handbook for excellence in focus group research*. Washington: Academy for Educational Development/HEALTHCOM/USAID.

Order from:

BASICS Information Center
1600 Wilson Blvd., Suite 300
Arlington, VA 22209 USA
Tel. (1) 703-312-6800
Fax (1) 703-312-6900
Email: wwwinfo@basics.org Website : www.basics.org

Roberts, A. et al. (1995). *A skill-building guide for making focus groups work*. Washington, DC: Academy for Educational Development.

Order from:

BASICS Information Center
1600 Wilson Blvd., Suite 300
Arlington, VA 22209 USA
Tel. (1)703-312-6800
Fax (1)703-312-6900
Email: wwwinfo@basics.org Website : www.basics.org

Ulin, PR et al. (2002). *Qualitative methods: A field guide for applied research in sexual and reproductive health*. Research Triangle Park, NC: Family Health International.

Order from:

Family Health International
P.O. Box 13950
Research Triangle Park, NC 27709 USA
Tel. (1) 919-544-7040
Fax (1) 919-544-7261
Email: publications@fhi.org Website: www.fhi.org

Morgan, D. and Krueger, R. *The Focus Group Kit*. Thousand Oaks, CA: SAGE Publications, 1997.

Includes the following books:

- *The Focus Group Guidebook*
- *Planning Focus Groups*
- *Developing Questions for Focus Groups*
- *Moderating Focus Groups*
- *Involving Community Members in Focus Groups*
- *Analyzing and Reporting Focus Group Results*

Order from:

SAGE Publications
2455 Teller Road
Thousand Oaks, CA 91320
Tel. (1)805-499-0721
Fax (1)805-499-0871
Email: order@sagepub.com
Website: www.sagepub.com

NOTE: Each book can also be ordered separately.

AIDSCAP. (n.d.). *How to conduct effective pretests*. Arlington, VA: Family Health International.

Order from:

Family Health International (FHI)
PO Box 13950
Research Triangle Park, NC 27709 USA
Tel. (1)919-544-7040
Fax (1)919-544-7261
Email: publications@fhi.org Website: www.fhi.org

ANNEX 3

Sample Focus Group Discussion Guide

A. Introduction

- Introduce the team, the participants, and the objectives of the discussion.

B. Main Part of the Discussion

- **Concerns**
 - ▷ What have been your life concerns within your family?
 - ▷ What are your main concerns regarding health issues?
- **Discussion of Sexual Issues**
 - ▷ What health issues do you talk about with your family?
 - Probe about HIV/AIDS
 - If they mention HIV/AIDS probe about what is discussed specifically
 - ▷ What about sexual issues?
 - Probe about who they discuss these issues with (e.g., spouses, partners, and family)
- **Voluntary Counseling and Testing (VCT)**
 - ▷ In this community, where do people go to seek health care services?
 - ▷ What kinds of services are provided?
 - ▷ How can a person find out whether or not he/she has HIV?
 - ▷ Where can a person go to get an HIV test?
 - ▷ What are the advantages of testing for HIV? Disadvantages?
 - ▷ Who should go for a test?
 - Probe about why certain groups should be tested.
 - ▷ What do you do to encourage your spouses or partners to get tested?
- **Stigma**
 - ▷ Do people in this community talk freely about HIV/AIDS issues?
 - Probe about what is discussed.
 - ▷ What does the community think about a women who decide not to breastfeed?
 - ▷ Do you know any person living with HIV or AIDS in your community?
 - If yes probe about how they know that the person has HIV/AIDS.
 - ▷ How does the community react to a person with HIV or AIDS?
 - Probe about specific reactions.

C. Conclusion

- Summarize what was said by the group.
- Thank everyone.

ANNEX 4

Checklist A

Materials Needed for Information Collection and Analysis

- Recording sheets with identification code and columns
- Field notebooks
- Pens with ink that does not smear if it gets wet
- Pencils, pencil sharpeners, erasers
- Tape recorders and microphones (one per team)
- Two blank cassettes for each focus group
- One set of tape recorder batteries for each focus group
- Two large envelopes for each focus group
- Markers
- Colored A4 or letter-sized paper
- Large pieces of flipchart paper
- Scissors and glue
- Tape for hanging paper on the wall
- Photocopier (or access to one)

Checklist B

Tasks To Be Completed Following Each Focus Group Discussion

- Listen to your cassette to make sure that it recorded properly.
- Label all of your tapes and notes.
- Send tapes for transcription (if using transcripts).
- "Relive" the focus group and give feedback to the moderator.
- Replay important parts of the discussion from the tape.
- Help the note taker fill in any missing information.
- Expand the notes onto recording sheets (if not using transcripts), and add information about group dynamics or any unexpected/disruptive events.
- Write a 1-page description of the focus group and initial ideas about key findings.
- Put all of the materials into one or two large envelopes labeled with the focus group identification code.

ANNEX 5

Partial Focus Group Transcript from Peru: Youth Perceptions of "Love"

Line #	Codes	Notes	Observations
1		M: ...We are going to change the theme a little bit, for example, tell me what does "falling in love" mean?	
5		P: It's something beautiful, part of life, part of love.	
		M: What did you feel when you felt in love?	Boy laughs
		P: Having wonderful sensations.	
10		P: I believe also that it's lack of affection from parents, with the kids.	
		M: The lack of affection from parents?...	
15		P: Of affection and trust, more so reliability of the parents, for which if one does not have his parents to rely on, or to talk to, he looks for other people of the opposite sex; to be with her, talking, and always count on her, and being with this partner and feeling her affection.	
20		M: Feeling affection...What is being in love for you guys, for example, Jason?	
		P: Ah well, it's something one learns.	
25		P: It's something that one learns.	
		M: Affection for another person. Ah, well, tell me more.	
30		P: Yes, she can cut your hair for free!	
		P: Not for me, no, I have love for the other person, I have esteem for her	
35		M: And you, Jonathan, what is being in love for you?	
		P: I believe that being in love is something normal that the whole world experiences, even though they sometimes say that they don't.	
40		M: Is there someone who says no?	
		P: They lie.	
		M: Lie.	
45		P: The whole world [falls in love].	
		P: I believe that it is the basis of life that you are looking for.	

Line #	Codes	Notes	Observations
50		P: It's the norm.	
		P: It's something natural in all human beings.	
		M: What do you say Raul?	
55		P: It's difficult to find.	
		M: Difficult to find? Tell me more, Raul.	
		P: I believe that we have a long way to go before we fall in love.	
60		M: A long way to go before we fall in love?	
		P: We are very childish.	
		M: You guys are childish, but you have a girlfriend.	
65		P: Yes.	
		M: Jack, wait a second, let Raul tell us more about his experiences in falling love with a girl, and how was it for you?	
70		P: I liked her.	
		M: You liked her, and how is it with the rest of you?	
		P: It all started on a whim.	
		M: It all started on a whim and after that what happened?	
75		P: Grief.	
		M: First you like the girl, and after, what do you do for her to fall in love?	
80		P: You get more interested in her.	
		P: He knows..... ask him.	
		M: You all know, as you all have girlfriends. So, you first meet her then what do you do for her to become your girlfriend?	
85		P: You just put it in an informal way.	
		P: I tell her.	
90		P: You just put it in an informal way.	
		P: We tell them many beautiful things, what seems to us, we tell her how we see her and little by little this feeling increases and increases and increases and increases and reaches a peak when you realize your love is true.	
95			
		M: Some of you have been seeing your girlfriends for some time now....., you, for example, how long have you been with your girlfriend?	
100			

Line #	Codes	Notes	Observations
105		<p>P: A year and four months.</p> <p>M: A year and four months and the rest of you, how long? You, Raul, how long have you had a girlfriend?</p>	
110		<p>P: I will reach one month on the 27th of this month.</p> <p>M: The 27th, one month. Who has been in a relationship longer?</p>	
115		<p>P: Three months.</p> <p>M: Three months. And how are things going with your girlfriend, good?</p>	
120		<p>P: Yes.</p> <p>M: Ah, imagine that you don't have a girlfriend now, how would you want your girlfriend to be?</p>	
125		<p>P: 90, 60, 90 (cms).</p> <p>M: 90, 60, 90, I believe that's a little difficult.</p>	
130		<p>P: I don't think the physical aspect is important, I believe that the affection is the only important thing.</p> <p>M: The physical aspect is not important. What do the rest of you think?</p>	
135		<p>P: It helps.....</p> <p>P: What value do you give a girl that is pretty but in her heart she's a bad person.</p>	
140		<p>P: Ah, of course.</p> <p>P: But that's part of the process.</p> <p>M: Part of the process, for what?</p>	
145		<p>P: Of falling in love and understanding each other.</p> <p>P: To (name of a brothel)</p> <p>M: Where is the brothel?</p>	
150		<p>P: Some fathers said (excuse my language) for "having sex."</p> <p>M: Often, when a woman is used for sex, she is called a commercial sex worker.</p>	
155		<p>P: A prostitute.</p> <p>M: Now they are called sex workers. With who else would one have a first sexual encounter: girlfriend, someone you didn't know, what about the other guys your age?</p>	

Line #	Codes	Notes	Observations
160		P: If one has a girlfriend, he can't do it with another one. M: This is what you think, Mario? P: Yes.	



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