

RHRC CONSORTIUM MONITORING AND EVALUATION TOOLKIT

FOCUS GROUP DISCUSSION PROTOCOL

Purpose The purpose of focus group discussions (FGDs) is to obtain information about a group's beliefs and attitudes on a particular health issue or problem. FGDs differ from individual interviews in that the discussion allows for interaction among all the members of the group. FGDs differ from surveys in that they permit participants to give detailed opinions on a topic.

Description

Focus group discussions bring 6-12 people together for a discussion on a specific health topic. The participants usually have some characteristics in common, such as sex and age, so they will feel comfortable speaking in the group. For example, a focus group on the topic of how young people discuss condoms with their partners might be made up of women aged 15-19, while a separate group might be made up of men aged 15-19. It is recommended that at least two FGDs be done with each group. So, in this example, two FGDs with women aged 15-19 and two FGDs with men aged 15-19 are recommended.

A FGD typically lasts from 1-2 hours and is led by a trained facilitator. It is very useful to have another person present who takes notes but does not participate in the discussion. In addition, the FGDs should be recorded on audio tape or video cassette for later transcription and analysis.

Ethical Considerations

Approvals

Before you begin a study, you must obtain certain permissions for ethical, political and logistical reasons. Some groups you may need to obtain permission from include UNHCR, Ministry of Health, civil authorities in your district, community representatives, your own organization and partner organizations. The consent of the focus group participants is always required.

Informed Consent

Every individual has the right to refuse to participate in a focus group, or to stop her participation at any time. The focus group facilitator must respect this right.

Privacy

Individuals should understand that participation in a focus group is a completely voluntary activity, and that even after the discussion begins they are free to leave. It is important to conduct focus groups in a manner that is comfortable for all participants, so they are able to speak openly and honestly.

Confidentiality

All participants should agree at the start of the discussion that anything discussed should remain in the group and is not to be discussed outside.

No identifying information should be kept in the notes or transcripts. This may mean deleting names if they are used in the discussion.

Data Collection Guide

The FGD facilitator uses a discussion guide which describes the topics to be covered. The discussion guide may contain examples of follow-up or probe questions for the facilitators; this is particularly useful for new facilitators.

In a FGD, the facilitator covers all of the topic areas in the discussion guide, but does not necessarily follow a particular sequence. The discussion should flow as naturally as possible and some topics may be raised by group members. The facilitator should follow the lead of the group members, probing relevant topics they raise during the discussion.

The discussion guide should be pre-tested with a group of participants similar to the ones you will be talking to later.

[Click here](#) for an example of a Focus Group Discussion Facilitator's Guide

Sampling Plan

Focus group discussions, like all qualitative data collection methods, are not intended to be representative of your population, so participants do not have to be randomly selected. Participants for focus groups are invited to participate according to the characteristics you identify as important for your topic. Anyone with these characteristics may participate, but keep the focus group to a maximum of 12 participants.

In deciding what characteristics are important, think about the factors that influence attitudes about your health topic as well as the characteristics that will make people feel comfortable enough to talk openly with each other. Often, characteristics like sex and age are important – for example, hold separate focus groups for men and women and for younger and older participants. Other factors may also be relevant, such as religion, educational level or length of time as a refugee, depending on the topic. The more characteristics you select, however, the more focus group discussions will be required, so select only the characteristics that you believe *strongly* influence your health topic.

Focus group participants are often recruited through local organizations or administrative structures in the camp or community.

Data Collection Procedures

Location

Focus group discussions should be held in a location which provides as much privacy as possible and where participants are comfortable. A classroom or community hall can work well; a leader's home may not be appropriate as it may inhibit free expression. Set up the group so that all participants have eye contact with each other and can hear each other speak. Sitting in a circle - on chairs, benches or on the ground - is usually best.

Conducting the Group Discussion

Once a group of participants is assembled for the discussion, the facilitator explains the discussion topic. It is often useful to start with a broad health topic

that is easy to discuss; more sensitive topics can be raised as the discussion progresses and the participants feel more comfortable with each other and with the facilitator.

If you are tape recording the discussion, obtain permission from the participants first and make sure your equipment works; always carry extra batteries and tapes. Introduce the notetaker and explain why she is there. Explain that no names will be used in the notes.

Focus group discussions should last 1-2 hours.

[Click here](#) for a brief PowerPoint presentation on Focus Group Discussions.

Facilitator Characteristics

Facilitators should be of the same sex as the focus group participants, and may need to be close in age so that the participants feel comfortable talking openly. The study team should discuss other characteristics of a successful facilitator, including:

- language and communication skills
- familiarity and comfort level with discussing reproductive health topics
- ability to respect the dignity and confidentiality of respondents
- previous experience with focus groups or other qualitative data collection methods.

Previous training and experience in sociology, anthropology, psychology or social work may be helpful for focus group facilitators, as it is important that they have good skills in listening in a non-judgmental and non-biased way. Getting beyond the surface answers to the rich underlying information on attitudes, motivation, feelings and self-perception is difficult, so care should be taken in selecting and training the facilitators.

Facilitator Training

Allow at least 3 days for facilitator training, with an emphasis on field practice. At least 3 practice groups should be conducted by each facilitator. The study team should observe the practice groups and give feedback to the facilitators.

Time Frame

It is best to keep the number of facilitators small – perhaps 1-2 male and 1-2 female facilitators – to maintain good standards and to limit the variability introduced by the facilitators. Each facilitator can conduct at most 2-3 focus groups per day, so the time needed for the overall FGD study can be calculated according to how many facilitators there are and how many groups are required.

Analysis Plan

Immediately after each focus group discussion, the facilitator and notetaker should meet to review the main themes of the discussion. They should summarize patterns of responses and confirm consensus or conflicts that emerged from the participants.

Next, the FGD notes should be typed, removing all identifying information such as participants' names. The audio or video tapes should be transcribed. If someone other than the facilitators will do the analysis, she or he should listen to or watch the tapes in addition to reading the transcripts. It is useful to note on the transcripts where on the tape specific comments can be found.

Responses are analyzed by arranging them in the general categories identified in the discussion guide. After the responses are arranged, the different positions or opinions can be identified. The analysts can summarize the various opinions, assess the degree of consensus or differences expressed by the groups and synthesize the themes or patterns that emerge. Noting exact quotes is important as they can be powerful elements of the report.

The data can also be analyzed using software developed specifically for qualitative data analysis, such as AnSWR, NUD*IST or NVivo. (The advantage of AnSWR is that it can be downloaded for free from the cdc.gov web site <http://www.cdc.gov/hiv/software/answr.htm>. Before each use of AnSWR, check the website for updates.)

Use of Data

Focus groups can be used at various stages in a program. They can be used to explore a new topic; to test ideas in the planning phase of a new program; to identify and solve specific problems in an ongoing program; and to evaluate programs. It is important to highlight how focus group discussion findings are consistent or inconsistent with findings from other sources of information.

Dissemination

Results from the group discussions should be reported as they reflect the objectives of the study. All the information collected should be relevant to the creation or modification of current services to meet the needs of the refugees or IDPs. Keeping this clear goal in mind should assist the data analyst in organizing the final report.

A report of the findings of the focus group discussion should be prepared and shared with project staff and partners. Dissemination to the community should also be done, emphasizing that the results do not reflect any one person or area but are the synthesis of many group discussion with many participants.

Additional Resources

Morgan, David L. *Focus Groups as Qualitative Research*. Sage Publications, Thousand Oaks, CA. 1997.

Debus, M. *Handbook for excellence in focus group research*. Academy for Educational Development: Washington, D.C., 1990.