

# **Guidelines For Focus Group Discussion as part of the Rapid Assessment and Response**

In the frame of a  
Fact Finding Mission (FFM) in NON-EU countries and EU  
border Areas



## **Work package 4 Interdisciplinary cross-border Networking**

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## STRUCTURE OF FOCUS GROUPS (FG)

- I. **Target groups** – 2 or 3 focus groups with selected representatives of the target groups for the FFM, with 8 to 10 participants in each
- II. **Time:** 1½ to 2 hours per focus group
- III. **Conductors:** Skilled members of the team of the subcontractors (i.e. JAZAS, PROI, SALUS, CREDINTA), at best team of 2 (one moderating the interview and one note-keeper)
- IV. **Materials:** Guidelines for interview, notebook and pencils, tape recorder (in case the interviews will be recorder), BORDERNETwork flyer with information on the project, presentation materials of subcontractor's organisation, education and prevention materials, condoms, other give-aways
- V. **Preparation**  
The preliminary information about the FG should be rather general in order to prevent formation of response biases or social desirability among the participants. It should however give the general frame and the topic of HIV/AIDS in a non-judgmental manner:

*“We are studying how important people from your social circle/community feel the problem of HIV/AIDS/STDs is among your community and what their needs are related to the health and social services in your country”*

### VI. Strategy

Participants will be invited to discuss what they think/know of their communities with regard to HIV/AIDS, their knowledge and level of information on the topic will be explored and their suggestions for improved response from the health care services will be gathered. Aim of FG is not to make general statements about wider community. They are useful to indicate **range of ideas** rather than statistic distribution.

## GUIDELINES FOR FG CONDUCTION AND REPORT (consult also the Power Point Presentation)

### I. Beginning of the FG

- The facilitator meets the participants at the door; initiates a small talk in the room until all arrive.
- Registration form could be used to record sex, age group, ethnic group, profession/occupation. The data should IN NO WAY threaten the anonymity of the participants, so they are free to refuse filling it. No names are to be required.
- Name tags (with a name the participant feels free to use) could be helpful to allow personal address to each participant during the discussion.

## **II. Opening of the FG**

### **The moderator:**

- Welcomes the participants, thanks for coming, introduces the team;
- Briefly describes the project and the so-called Fact Finding Mission;
- Explains the purpose of the qualitative research and the FGs;
- Introduces the time, duration of two hours
- Introduces and agrees upon language of use and translation mode
- Ensures the confidentiality and explains note taking for report purposes;
- Agrees upon the use of a tape recorder
- Explains the ground rules of the FG – a structured group discussion around certain topics rather than single answers to single questions, listening to and respect to the ones who talk are crucial, one person at a time talks
- Invites the FG participants to introduce themselves in a quick round with the way they feel comfortable to be addressed by the others

## **III. FG Discussion issues**

### **Issue 1: Subjective risk perception and anxiety**

- 1.1. What do people from your group say about the HIV infection? How do they talk about it?
- 1.2. Which are the fears related to HIV? What are people most afraid of?
- 1.3. Which are the people at highest risk, if there are any among your group/community? And among the general population in your country? Are men more at risk of being infected than women?
- 1.4. If a person needs to learn more about the infection whom will s/he ask about it? What if somebody has fear that might have got infected, whom will s/he share this with?
- 1.5. If a person would be known as HIV positive how will s/he be perceived in the own community?

### **Issue 2: Information on HIV/AIDS**

- 2.1. Do you feel that you are enough informed about HIV and STIs?
- 2.2. What are the things you are not sure or do not know? What would you like to learn?
- 2.3. What do you know about STIs? What else do you like to learn?
- 2.4. About which diseases will be spoken more easily in your group STIs or HIV/AIDS? How do you explain that?

### **Issue 3: Information on HIV transmission routes**

- 3.1. What do people from your group think is most risky for the transmission of the HIV virus? What is least risky?

3.2. What are the main routes of transmission according to you?

3.3. From which routes of getting the infection are the people most afraid? Do you think that some people have exaggerated fears? How do they look like?

#### **Issue 4: Information on risk and protection**

4.1. What are the sexual practices risky for getting infected with HIV/STI? What do you know that the others from your group do, that you would think is risky?

4.2. How could one protect her/himself from getting HIV? What are the methods of protection people in your community discuss and apply?

4.3. What is important when protecting yourself? How is protection discussed in the couple: - between two constant partners, - between two occasional partners, - between man and woman or - between two men, - with a client paying for sex? Who takes the decisions about the protection? Why does it happen like that?

4.3. How about condoms? What do other think of them? What is the difference between men and women?

#### **Issue 5: Information on HIV testing and treatment**

5.1. What do you think of the HIV test? How can one get a test? Where? Does it cost anything? How does this depend on the residence permit?

5.2. What could make a person to have a test? Do people from your community know where to refer in case they like to have a test?

5.3. What do you think of HIV treatment and its availability for the people from your group in your country?

5.4. What would happen if a friend/colleague of yours tells you s/he is HIV infected? What will you advice them? Where should s/he seek fro help?

5.5. How will the attitude of the others change if they know that a person from your group is HIV-positive?

#### **Issue 6: Suggestions on information and prevention activities**

6.1. Which are the main channels for HIV information? Are there different information channels for STDs and HIV you use?

6.2. What kind of information should be additionally provided and to whom? How should this look like?

**Issue 7: Knowledge, use and level of satisfaction with health and social care services**

7.1. Could you tell us about an experience you have recently had with health or social services in your town or at other place in your country? How did they help in solving your problem? How would you describe their attitudes? Probing for un/friendly and un/trustworthy services?

7.2. Many people do not trust the services due to confidentiality reasons. How do you explain that?

7.3. Do you think men or women have better access to the services in your country, who experiences more problems?

7.4. If you have the following problem, where do you think you will go or recommend somebody else to go?

If a friend/colleague of yours asks you about advice in case of:

- Pain during menstruation
- Pain during sex
- Burning by urination
- Fear of being pregnant
- Sexual abuse or threat of sexual abuse
- Suspicion of having an STI

What would you do at their place?

7.5. Have you visited a STI doctor and/or gynaecologist in the last 12 months? Why, why not?

7.6. Have you even made an HIV test? Why, why not?

**Issue 8: Right on health**

8.1. What do you think of the rights of the people from your group in relation to health services in this country?

8.2. Which conditions must be fulfilled in order to provide easier access to the services?

**Issue 9: Difficulties, needs and suggestions**

9.1. Among the most often complains from the services you have heard are.....

9.2. What are your personal difficulties and barriers to attend health services?

9.3. What should be improved by the quality of service provision and the attitudes of the professionals?

9.4. What are the main needs related to the service provision for your community?

9.5. How could specialised information related to HIV/AIDS prevention, testing and treatment be best delivered to your community?

**End comments and thanks**

**Time for participants' questions**