

Module 9: Conducting Interviews and Focus Groups with Recently or Currently Pregnant Women

Individual interviews or focus groups with recently/currently pregnant women are designed to determine

- **How pregnant women understand the problem of malaria in pregnancy**
- **What types of preventive and treatment measures are currently being recommended and used**
- **Factors that motivate or inhibit women from using antenatal care**
- **Best methods for promoting health education messages to pregnant women**
- **Acceptance and usage of antimalarials during pregnancy.**

Contents

This module contains sample materials relevant to conducting a focus group or an individual interview. These materials can and should be adapted to meet the needs of the local situation.

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Please see Resource 2, which includes a Sample Interviewer Training Manual and a Resource List.

A. Focus Group/Interview Timetable

To prepare for focus groups or individual interviews, it is important to alert health facilities and community leaders well in advance (ideally, 2 weeks) of the qualitative team's visits to the facilities so that potential participants know that this activity will be occurring and that they will be asked to participate. In addition, advance notice is needed so that community and/or facility focus groups can be established and that arrangements can be made for interview venues. It is helpful to follow up a week before the assigned meeting times.

After planning for the focus groups and interviews, selecting sites, and training interviewers, the focus groups/interviews can begin.

B. Focus Group or Individual Interview or Both?

It may not always be possible to conduct both focus groups and individual interviews and thus "triangulate" the data. If both cannot be done, the more appropriate technique should be chosen based on the local situation.

- Individual interviews are a better choice when individual variability within communities is of interest.
- Focus group interviews elicit community norms.

- Focus group interviews might help stimulate thinking and expose conflicting feelings—they can ‘remind’ people of events or things that any one individual might have forgotten.
- Focus groups are best at helping participants express opinions and perceptions of which they might individually be unaware or not often think about.
- Individual interviews are often better if a topic is contentious or associated with strong individual opinions or emotions.
- Focus group interviews are better for a small number of issues.
- Individual interviews lend themselves to a larger number of issues.
- Focus group interviews may be more efficient when resources—time, distance (e.g., vehicles), and money—are limited.

C. Number of Individual Interviews/Focus Group Size

At least one focus group with 5 to 15 participants for each facility. Four to five individual interviews per facility.

D. Eligibility Criteria

The only criterion is that the women who are in the focus group or who are participating in the interview should either be pregnant or have been recently pregnant (within the last 2 years).

E. Venues and Equipment

The focus group will ideally be held in a quiet space in a health facility or within a village.

Writing materials/stationery to record notes of the focus group will be needed, as will a tape recorder if the decision to use one has been made.

Sufficient seating is needed for the members of the group, as well as for the facilitator and the persons who serve as recorders. Because a focus group may draw a crowd of interested people, ask that a member of the health-care facility or a community member politely dismiss the crowd, with a brief explanation of what is occurring.

Individual interviews can also be conducted at health facilities. Homes in villages near the health facilities can also serve as interview sites.

The decision about how to record what is said (and whether to use a tape recorder) should have been made before interviewers are selected and trained (see 4.1 in the Manual). Note that for focus group interviews, it is wise to have at least 2 people recording the session, even if a tape recorder is used.

F. Assessment Team Members

For each focus group, a facilitator and a recorder are needed. Sometimes tape recorders are used to record the group’s discussion. The facilitator/recorder should write up the summary of findings.

An interviewer who can speak the woman’s mother tongue will be needed to conduct interviews.

G. Assessment Team Training

The training can be conducted concurrently, but separately, with training for Antenatal Clinic and Delivery Unit Surveys.

Training can include the following subjects:

- an overview of the local malaria program implementation plan
- a review of malaria (transmission cycle, symptoms, diagnosis, prophylaxis and treatment, epidemiology of malaria, consequences of malaria during pregnancy, and local beliefs related to malaria)
- differences between qualitative and quantitative studies
- interviewing techniques
- data recording techniques
- differences between individual and focus group interviews

For most of the training, the team conducting focus groups and individual interviews team can train alone, although both assessment teams can meet together for the training related to proper interviewing techniques. Practice sessions can include role-playing of interview sessions.

To assist in building capacity in qualitative research methodologies, all team members can be given information on qualitative assessments and methodology, as well as written handouts on interviewing techniques.

The training period can also be used to ensure that the interview instruments are linguistically consistent. In addition, using the team members as community experts, each interview guide should be reviewed to ensure that questions are relevant to the context of this district, and minor modifications in the interview guides can be made.

H. Notes Regarding the Focus Group/Interview Guide

Both the focus group facilitator and the recorder should have a copy of the guide. The guide will serve as a script for the facilitator and will help familiarize the recorder with the questions that will be discussed.

The interviewer will need a copy of the guide.

It is important that the guide be flexible. If the questions as written in the guide do not elicit the intended responses, they should be adapted as necessary. See J below, Debriefing.

Note that the guide included in this package may need to be adapted depending on whether it is used for a focus group or an individual interview.

I. Information Sheet

The following information sheet should be given to each potential interview participant. If the person cannot read or has low literacy skills, the information should be read aloud to her. All potential participants should receive a copy of the information sheet to take home.

Notes to interviewer:

- Explain everything in the local language or language of choice of the participant. Use words that are easily understood and tailor your explanations to the level of education of the participant.
- Do not force the person to agree to participate. You may need to explain the survey in several different ways if the person does not seem to understand. If the person looks confused or scared, try to clarify their concerns.
- If participant refuses to participate, please remember that this was an INVITATION to participate. Thank the person for their time and trouble and go onto the next person.
- KEEP A RECORD of the number of participants who accept and refuse. For those that refuse, keep a record of their reason for refusing, if possible.

Introduction

The Ministry of Health is trying to find out the best ways prevent the effects of malaria on pregnant women and their babies. To do this, we need to know what women know about malaria and its effects on pregnant women. We also need to know the places that women seek health care when they are pregnant and what sorts of things they do to prevent malaria when they are pregnant. We plan to talk to _____ (describe about how many women and others will be involved in this component of the assessment).

Purpose

What we learn about women's ideas and actions about malaria and what they do when they are pregnant will help us plan programs to decrease malaria in pregnant women.

Procedures

Being part of this individual interview/focus group is up to you. If you agree to participate/be part of this interview/focus group, we will ask you some questions about what you think and do about malaria, and about where you get help and information about malaria. You also do not need to answer any questions that we ask that you do not want to. If you agree to participate and during the interview/focus group, decide that you do not want to continue, you can withdraw at any time. We will not be asking for any blood or urine samples.

Benefits

Although what we learn might not help you directly, it will help us know how best to prevent malaria in pregnant women in this district.

Risks or discomforts

We will not be telling anyone about your individual answers to the questions.
Would you like to participate?

Thank you very much for your time.

Please be sure to give this information sheet to the person with whom you spoke.

J. Debriefing

Daily debriefings are an essential element of good qualitative work. At the end of each day that focus groups or individual interviews are conducted, it is useful for the assessment team to hold a debriefing session lasting approximately 1 - 1.5 hours. The debriefing should be led by the coordinator or another facilitator.

Debriefings are a method to determine if a) the questions are adequate to obtain the needed data (qualitative methods are iterative, thus, you can change questions as needed as you conduct the assessment), b) if people have understood the question (for example: is it a sentence structure, content or a translation problem?), if c) data are similar across facilities or show wide variability, which might require adding questions to understand the variability, and if d) expressions in the local language are being translated appropriately.

The team listens to what each interviewer has learned (aggregate summary of the data they collected that day), identifies what is common, what is different, and mutually agrees on what local expressions mean. This is particularly important when the team is trying to understand local beliefs, including taboos, about malaria and/or drugs during pregnancy. Debriefings tend to be difficult as the team is tired and the process can be tedious, but having high-quality, clearly understandable data when analysis begins rewards the time spent in daily debriefings.

During the debriefings, the coordinator or facilitator should keep notes on the outcomes of each debriefing, explanations for trends seen in the data, and local language terms (using the local language), as well as the agreed-upon translations.

During this time, all recorded interviews can be reviewed for completeness and accuracy of the recording. In addition, concepts can be clarified, traditional terms used for prevention and treatment strategies can be reviewed for linguistic accuracy and consistency, and understanding of local pregnancy taboos can be discussed.

These types of surveys can require the addition of new questions or probes to the survey tool during the survey period in order to make the questions wider, narrower, or more specific in order to obtain the needed information.

K. Focus Group/Interview Analysis

Recording and analyzing information for a focus group is somewhat different from recording and analyzing information for an individual interview.

For focus groups:

- The recorder must be able to record general themes during the interview and fill in the details afterwards.
- Counting the number of responses is not important, but noting that most or many participants felt the same way is.
- It is important to note if one person in the focus group has thoughts or behaviors very different from those of the rest of the group. This person is called an "outlier."
- Names should not be used in recording themes, although speakers can be identified by their job description (for example, "the nurses felt...") or other pertinent descriptors.

When there is a good quote in the local language, make sure it is written as it is said in the local language and then reach consensus (perhaps during debriefing) on what it means in the primary language used in the rapid assessment, if different.