

## **Group exercise**

1. Write out the main themes/topics for your main IDI
2. For your first theme write 5 questions

# Injecting yourself in the interview

Interview 1:

Edward: What are the biggest health problems for children in this community?

Mother: Well there's not enough food to eat...

Edward: Where I come from, measles is a big problem. Is measles a big problem here?

Mother: Yes. Children here sometimes get measles.

Edward: And diarrhea. Do children here get diarrhea?

Mother: Yes. Children around here get a lot of diarrhea.

Edward: And tetanus. In some countries tetanus is a big problem. Is tetanus a problem here?

Mother: Sometimes a child will get tetanus after it is born.

Edward: So the main problems here are measles, diarrhea and tetanus

Interview 2:

Edward: What are the biggest health problems for children in this community?

Mother: Well, there's not enough food for children to eat...

Edward: Uh huh.

Mother: They also get malaria a lot at some times of the year (silence).

Edward: So, children don't have enough food to eat, and they get malaria a lot at some times of the year. What other health problems do children in the community get?

# Conducting a FGD

# Steps in conducting a focus group

- Step 1: Recruit participants
- Step 2: Arrange the venue to encourage interaction
- Step 3: Conduct the session
- Step 4: Write up and analyze the results

# Step 1: Recruit participants

- There should be between 8-10 people per group
- Participants should have a similar background as this will facilitate discussion
- We often rely on 'key informants' to select participants, they should:
  - Understand the purpose and process of the FGD,
  - Select talkative people with a range of views
  - Invite participants at least a day or two in advance
  - Explain the general purpose of the group to potential participants

## **Step 2: Arrange the venue to encourage interaction**

- Choose a location which is neutral, sufficiently quiet, easy to get to, not too hot and where there will be no disturbances
- Arrange the chairs in a circle
- Separate friends to avoid side conversations

## Step 3: Conduct the session

- One of the members of the research team acts as a 'facilitator' and the other as a recorder
- The facilitator should preferably be similar to the participants e.g same sex roughly same age

# **The facilitator**



# The facilitator:

## 1) Introduces the session

- Introduces themselves and the recorder
- Lets the participants introduce themselves
- Puts the participants at ease – use ice breaker if appropriate
- Explains the purpose of the FGD, the rules of the FGD and how the information will be used
- Ask for confidentiality
- Asks permission to use a tape recorder and to take notes

## FGD rules (can ask participants to do)

- No right or wrong answers, only differing points of view
- We're tape recording, one person speaking at a time
- We're on a first name basis
- You don't need to agree with others, but you must listen respectfully as others share their views
- Turn off your phones. If you cannot and if you must respond to a call, please do so as quietly as possible and rejoin us as quickly as you can.
- My role as moderator will be to guide the discussion
- Talk to each other

## 2) Encourages discussion

- Be enthusiastic, lively, humorous and show interest
- Show your commitment: Arrive on time, be prepared and familiar with all documentation, turn cell phones off and out of view, keep any promises
- Builds rapport with and between participants: Unthreatening, relaxed, humble, patient, non judgmental, supportive and listen
- Be aware of non-verbal communication
- Re-orient the discussion when it goes off track 'Interesting point but how about'
- Use exercises if appropriate
- Changes question order and rephrases if needed

### 3) Avoids a question and answer session:

- Asks for clarification 'can you tell me more about...?'
- Does not comment on everything that is said, if there is a pause waits and see what happens
- Limits their own participation when discussions begin
- Using one persons response to involve another person
  - Gloria said.... But how about you Mary?
  - Does anyone else have an example of that?
  - Does anyone have a different experience?
- Links ideas 'what you are describing sounds similar to.....'
- Gives time for general discussions 'are there any other issues...'

#### 4) Unobtrusively controls the rhythm of the group

- Subtly control the time allocated to each topic to maintain interest
- Subtly move the discussion from topic to topic
- If participants change topic let them continue in case useful information surfaces, then summarize the main points & re-orient the discussion
- Deals with dominant participants by avoiding eye contact, moving, away slightly, thanking the participant and changing topic
- Deals with reluctant participants by using their name, requesting their opinion, making more frequent eye contact and thanking them when they talk

## 5) Takes time at the end of the meeting to summarize, and thank the participants

- Summarize the main issues, check for agreement and ask for additional comments
- Thank the participants and let them know their ideas were useful
- Listen for additional comments and discussions that occur after the meeting including during any refreshment sessions

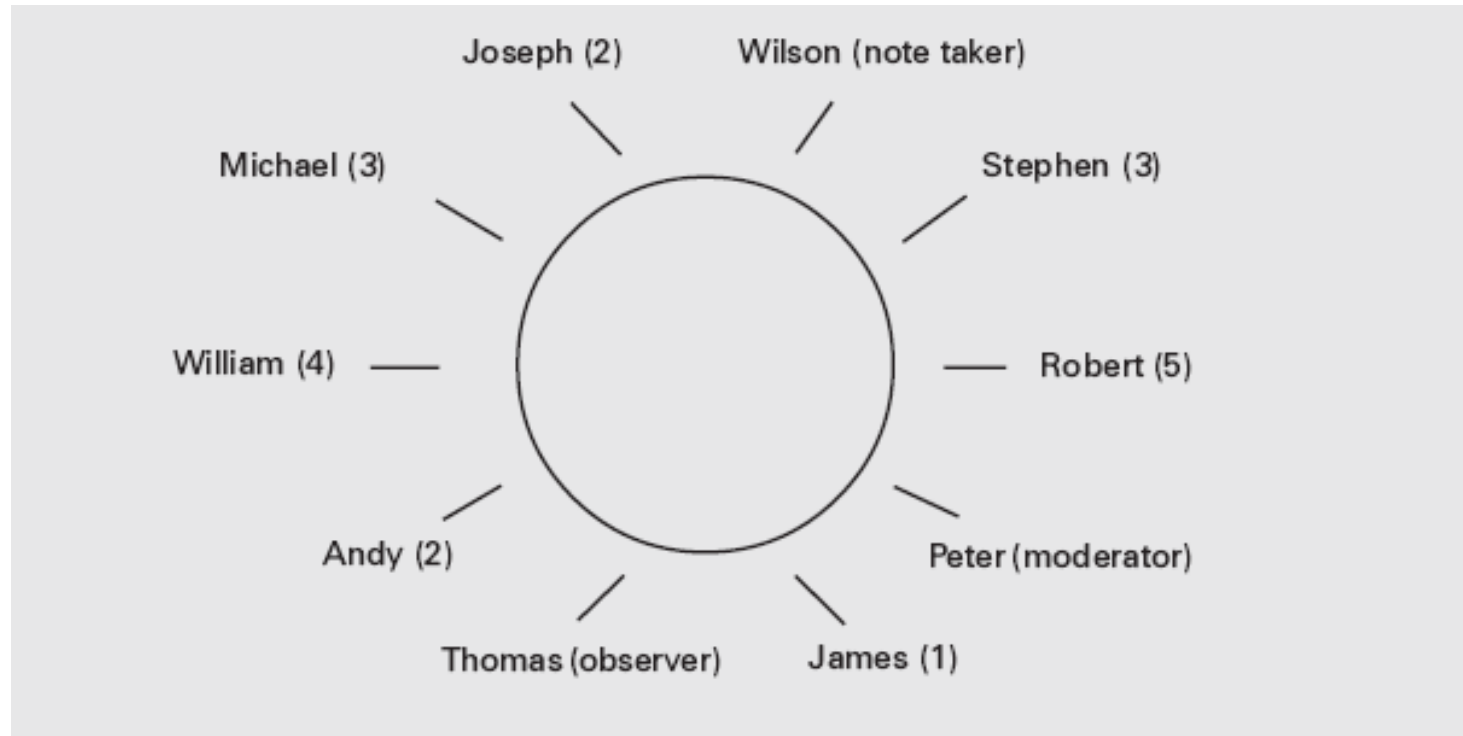
# **The recorder**

# The recorder

- Keeps a record of:
  - Date, time, place
  - Names and characteristics of participants
  - Description of group dynamics



# It is useful to map the respondents:



# The recorder

- Is responsible for tape recording the FGD.
  - Find a good place to place the recorder before the focus group and do a short test recording.
  - Ensure you have adequate supplies and spares.
  - Listen to the recording immediately after the interview. If it malfunctioned sit with the facilitator and add more detail to your field notes.

# The recorder

- Takes field notes (see narrative slides for more tips
  - Give each participant a code (p1, p2).
  - Take notes of who said what, even if it is a repeat of what was said before.
  - Include what the facilitator said (prefix by F and put in bold).
  - Capture the 'voice' of the respondents.
  - Record non verbal communication (e.g majority nodded their head in agreement).
  - Describes of group dynamics and write comments (did the participants seem rushed, how did they react to the facilitator, were some participants dominant).

# The recorder

- Help resolve conflict situations that the facilitator finds difficult to handle

# Translating and transcribing

# Fieldnotes

- They can be in any language using your own shorthand. Use abbreviations and acronyms.
- Use key words and phrases that will trigger your memory when you expand notes.
- Note body language, attitudes, the general environment and other relevant information.
- Note taking should not detract from the rapport of the interview.
- Fieldnotes should be written in a bound notebook and kept safe.
- Do not write down the participants name in the notebook.

# Summary sheets

- A single sheet written by interviewer summarizing main themes, ideas, comparison to other interviews or FGDs, areas to focus on in next contact
- Comments on the interviews
- Uses
  - Encourages reflection and planning
  - Gives supervisors something to read if interview will be transcribed later
  - Basis for data analysis
  - Reminder of the contact at a later date

## Options for writing up

- Interviewer takes notes and records. Verbatim write up using the notes as a back up and to add contextual information.
- Interviewer takes notes and records and expands notes as soon as possible using the recording to check content/and or add quotes.
- Interviewer takes notes during interview and expands them as soon as possible.
- Whichever option agree the format and conventions for labeling files and writing up in advance.



## Stay true to the participants words

- **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.”
- Which of the expanded notes below is better and why?
  1. Men should take care of their families and let their wives visit the clinic whenever they want to.
  2. Men should be responsible for families’ well-being and support wives when they want to go to the family planning clinic.

Participant Says	Interviewer writes	Types expanded notes
<p>"Oh, I heard about that new exercise facility and it's supposed to be really nice. But I'd have to get on two different buses to get there, which is such a hassle. Especially taking that red Line bus . . . that one's never on time. Last week I was late for work twice because of that bus. Anyway . . . I know I should exercise, but . . . I guess . . . exercising at a gym just isn't for me. I'm overweight and I feel like all the people who go to exercise at a gym are already in shape and I'd feel like such a blimp surrounded by all those buff young kids, you know? Maybe if they had exercise classes for people like me—people who haven't really exercised before and are just getting started. Then I might do that. Because I don't know how to use the equipment and it would be good if there was an instructor who could show me."</p>	<p>knows facility, heard it's nice</p> <p>problem—needs two buses (Red Line bad)</p> <p>[long pause] doesn't like exercising @ gym</p> <p>people at gyms already in shape</p> <p>would "feel like such a blimp surrounded by all those buff young kids" [laughs]</p> <p>might go CC if ex. Class or instructor to demo eqpmt</p> <p>[UNCOMFORTABLE]</p>	<p>R knows about the exercise facility and the community center and says that she's heard it's nice. R doesn't use the facility for several reasons. First, R reports that transportation is a problem—she needs to take two buses to get to the community center, and one of these buses is especially unreliable. [Long pause.] R also reports that she doesn't like exercising at a gym. R thinks that the people who go to gyms are already in shape and she would "feel like such a blimp surrounded by all those buff young kids" [laughs]. R said that she might go to the community center to exercise if they offered exercise classes for beginners and had instructors to demonstrate how to use the equipment. [R SEEMED UNCOMFORTABLE ANSWERING THIS QUESTION.]</p>

# Verbatim transcripts

Advantages	Disadvantages
<ul style="list-style-type: none"><li>• Captures respondents language and responses most accurately</li><li>• Brings researchers closer to their data</li><li>• Allows for nuanced analysis</li><li>• Gold standard</li><li>• Allows for quality assurance</li></ul>	<ul style="list-style-type: none"><li>• Transcription often delayed resulting in delayed feedback</li><li>• Transcription errors common especially if transcription not done by interviewer</li><li>• Transcription and analysis is time consuming which increases costs.</li><li>• Relies on clear recordings</li></ul>

# Expanded notes

Advantages	Disadvantages
<ul style="list-style-type: none"><li>• Reduces write up and analysis time and cost</li><li>• Encourages reflection</li><li>• Allows rapid feedback</li></ul>	<ul style="list-style-type: none"><li>• Loose the voice of the respondent</li><li>• Written through the interviewer eyes</li><li>• Requires conscientious fieldworkers and initially intensive supervision</li></ul>

# Common expanded note mistakes:

- Interviewer presents only a few highlights or main points from the interview, and fails to give details.
- The expanded notes do not include any verbatim quotations, are not in the local language, or have no explanations for special or unusual information.
- The interviewer fails to present the flow of the interview and tries to organize all the information about a particular point into a summary paragraph.
- The notes are all written in the third person, so the 'voice of the informant' is totally missing.

# Methods of data analysis



# Introduction to analysis

- Qualitative analysis revolves around discerning, examining, comparing and contrasting, and interpreting meaningful patterns or themes
- Few universal rules or standard procedures
- Analysis starts during the interview, through reflection and debriefings and during transcription

# Step 1: Think about your research question and analysis perspective

- Research objective: to understand why health workers who have RDTs available often do not use them
- My theoretical position: broadly '*realist*', seeking underlying influences on a particular human phenomenon, with an emphasis on *praxis*: what people actually do
- My analytical approach aims to understand a research concern with a 'bottom-up' method, attempting to understand the experiences and perspectives of the participants by coding and categorising their stories and responses in relation to those of other participants and building a theoretical framework that encompasses the themes developed from these categories together with wider theory



## Step 2: Get to know your data

1. Knowing your data is key for a high quality analysis. Read and re-read transcripts.
2. As you read
  - Note down your initial impressions and thoughts – these can be useful later on.
  - Think about the quality and the limitations of the data. Are there likely to be any reporting biases? Note down any issues as this will help ensure that you do not over interpret the data.
  - Think if you are likely to have any biases in interpreting the data? This reflexivity is an important part of qualitative analysis.

## Step 2: Code your data

- Pre-set codes if appropriate (e.g using interim-analysis data, research questions)
- Code only relevant text by using the Auerbach and Silverstein (2003), criteria:
  - Does the text relate to your research concern?
  - Does it help you to understand your participants better? Does it clarify your thinking?
  - Does it simply seem important, even if you can't say why?
- Read the transcript line by line and apply relevant codes
  - Descriptive: based on the specific research question
  - Analytical: the underlying meaning/concepts behind the responses
  - Theoretical: Cross cutting constructs such as women's empowerment, self efficacy

## Step 4: Identify patterns and connections

- As you code themes will begin to emerge:
- You may begin to see patterns and connections within and between your codes
  - Two concepts may always occur together (connection between codes).
  - A concepts may vary by respondent characteristics (patterns within a code).
- It can be useful to think about 'doers and non-doers', critical cases etc
- Patterns and connections can be captured in a memo/note.

## Analytic induction

- The researcher examines a set of cases, develops hypotheses or constructs and examines further cases to 'test' findings.

## Note: Be flexible

- Group codes on the same topic into themes and sub themes
- Delete, merge or add codes as needed
- Too few or too many codes usually means you need to rethink your coding.

## Step 5: Weigh the findings

1. Identify which themes are key and which are lesser themes.

- Total number of times a theme appears
- Total number of respondents with the theme
- Total number of respondent groups with the theme
- Level of detail and spontaneity of the response
- Intensity of response
- Specific or experiential responses given more weight
- Whether described with active verbs 'did or does' versus 'should or could'

## Framework analysis

1. Case and theme based approach
2. Matrix display which aids question focused analysis and allows easy sharing of the analysis
3. Allows you to look across rows which helps maintain the context and down columns which aids development of themes

Project Label - Analysis Course Charts for participants					
File Edit View Insert Format Tools Data Window Help					
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10 B I U %					
A	B	C	D	E	F
PART 4 - SEXUALITY					
Order	Typologies	Serial No., Gender, Age, Ethnicity etc.	4.1 Emergence and own response (before & after coming out)	4.2 Sexual behaviour over time	4.3 Own feelings about and attitude to sexuality (over time and at present)
		No 20, Male, gay, 18yrs,  London	<p><b>EMERGENCE:</b> Haven't always known was gay, but have always known was different and was attracted to men more than women. Realised these things when about 8/9 (5)</p> <p><b>RESPONSE/FEELINGS:</b> When realised, didn't hate thought of being attracted to men, being a child feelings towards men weren't as strong as now so didn't bother him as much. Was normal to him, just didn't tell anyone about it (6)</p>	<p>Hasn't really had a boyfriend, although been with a few guys. When living with first carers in (London Borough), met German guy in (London Street) but he was only here a few days (12).</p> <p>Longest relationship was 4 dates, which he wouldn't really call a boyfriend (12)</p>	<p><b>UK ACCEPTANCE</b></p> <p>- In UK being gay more acceptable and he was more comfortable w people here accepted homosexuals, and don't say nasty things. Ge and there are gay bars etc which you don't have in (East African C</p> <p>- Feelings grew stronger as then thought of it as normal. As more accepting it more himself (9).</p> <p><b>MORE CONFIDENCE/COMFORTABLE</b></p> <p>- People around him have made him more confident/happy. As when JOSH) went out more often/out to gay scene. Living with gay people alone/more comfortable with them. Can talk to them as they've been (30)</p> <p>- When home over summer mum calling him filthy etc, SEE 4.5, was more confident in self, didn't listen to her and ignored her (37)</p> <p>- Like now if he phoned someone and told them he was gay it would think twice and wouldn't care what response was (38)</p> <p>- Is very easy to live as a gay man. Feel good/happy. (33)</p>



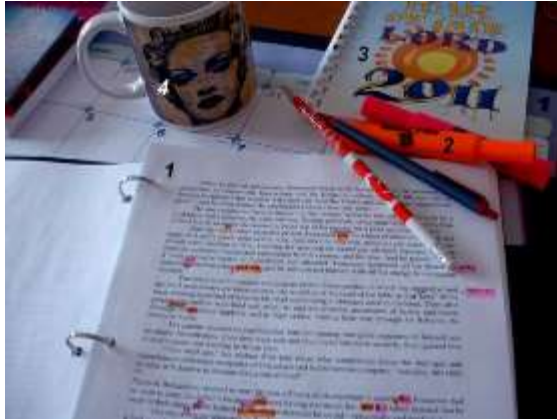
## Rigour in analysis

1. Challenge your coding: look for possible alternative explanations, look for and understand negative cases
2. Focus on interpretation and not robotic coding
3. Triangulation
4. If you are using multiple coders
  - Initially code together
  - Then code the same transcript separately (consensus coding) and discuss differences. Continue until coding is similar.
  - Develop a code book
5. If using a single coder have some coding peer reviewed
6. Discuss codes with colleagues and give feedback
7. Be careful with data management to ensure your codes can be traced back to the original transcript
8. Reflexivity
9. Comparison with other findings
10. Feedback from participants – member checking

Mnemonic or numeric “Brief” Code	Full Description of Code	When to use/not to use the code
2.0 Life in Kakuma	Refugee experiences residing in KRC	Use this family of codes when the CL or MNP beneficiary discusses his or her life as a refugee at KRC.
2.1 Hardship	Hardships faced while living in Kakuma, related to security, violence, tribalism, etc	Use this code for the array of hardships refugees discuss at KRC unrelated to illness experiences. Illness is mentioned a lot but use 2.2.
2.2 Illness	Illness experiences of the individual or of his or her family and/or community	Use this umbrella code for any health-related experience related to life in KRC. It can be related to anemia or another illness. Codes 2.2.1 and 2.2.2 will be used to distinguish between the types of illness discussed.

# **The logistics of coding**

# Cut and paste: manual



# Cut and paste into word or excel

Theme
<b>Motivation</b>
<ul style="list-style-type: none"><li>Bringing health to the community and doing something important (8, 11, 12, 13) <i>'The distance[to the facility] is very long so I realize it was an opportunity for me to serve the community.....such a strategy would reduce on deaths among people especially children and this prompted him to serve the community'</i> (12, basic, rural, poor network coverage, no supervision) <i>'The desire to change people's lives is what drives me'</i> (8, basic, urban, good network 5km from supervising facility) <i>'Because of the free support we get from government in form of free drugs, we cannot waste this opportunity by refusing to volunteer. There is a strong desire to help others since government helps us with free drugs''</i> (11, basic, rural, poor network, no supervision)</li></ul>
<ul style="list-style-type: none"><li>Becoming more knowledgeable (8,13) <i>'The kind of information I would like to receive is anything that contributes to VHT knowledge... such information is motivating to me and helps me like my work'</i> (8, basic, urban, good network 5km from supervising facility)</li></ul>
<ul style="list-style-type: none"><li>Community showing trust and respect (11,13) <i>'When I explain to the community and they respond to what I have told them, I feel happy ..... it shows they can trust and follow my words.'</i> (13, basic, rural, poor network coverage, 4 miles from supervising facility)</li></ul>

Sub -themes	Emerging issues	Evidence
Appetite in early Pregnancy	<p><b>Inability to eat in early pregnancy</b></p> <ul style="list-style-type: none"> <li>➤ Women lose appetite in the first 4 months of pregnancy (nausea/ vomiting) [E2]</li> <li>➤ Food intake decreases in early pregnancy [U]</li> <li>➤ Vomiting, weakness, headache, are common problems during first 3 months of pregnancy.[EU]</li> <li>➤ Women take herbal tea for nausea. [E]</li> </ul>	<p><i>‘In the initial 3 months i had vomiting and could not retain any food’</i>  IDIPME050911.1;5  <i>“I do not feel hungry and have vomiting as well” (3 months preg)</i>  IDIPME070911.1;3</p>

Cluster: Fear			
Theme:	Participant File:	Quote:	Page:
Fear of illness	238	"...but I'm like switched out, there's nothing left. I'm living this close to fear right now, it's always right there."	p. 6
	76	"What's going on, I can't leave y'all alone for five minutes everybody is dropping off of here. They said you know they were sick, and I said to myself, well I'm sick too...damn that could happen to me.' Seeing other people get sick obviously worried and scared Debbie. She is afraid that the same thing is going to happen to her."	p. 11
Fear of treatment	76	"Debbie [didn't want] to eat so [she was] not taking her medicine for fear of getting the shocks."	p. 10
	153	"James...found beginning care hard, and frightening. 'That place [HOP] scared the hell out of me...I felt very threatened by the building, threatened by the fact that I knew I had this illness that I <b>had</b> to go to this clinic to get help, and very threatened by the people I was	p. 3 - 4

# Use an analysis package

**Dementia carers 8.nvp - NVivo**

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**Free Nodes**

Name	Sources	References	Created On	Created By	Modified On	Modified By
bowling competitio	1	1	6/18/2006 10:20	GRG	6/18/2006 10:2	GRG
at home	1	1	3/13/2007 2:40	GRG	3/13/2007 2:40	GRG
Nurse	1	5	6/17/2006 3:59	GRG	3/13/2007 12:5	GRG
Walk	1	2	3/13/2007 4:09	GRG	3/13/2007 4:10	GRG
When first noticed	1	1	11/14/2006 5:39	GRG	3/13/2007 12:5	GRG

**Barry**

INTERVIEWER  
Have you had to give anything up specifically that you enjoyed doing that was important to you?

BARRY  
Well, the only thing that we've really given up is - well we used to go dancing. Well she can't do it now so I have to go on my own, that's the only thing really. And then we used to go indoor bowling at the sports centre. But of course, that's gone by the board now. So we don't go there. But I manage to get her down to works club, just down the road on the occasional Saturdays, to the dances. She'll sit

Activities  
Coding Density

Changes  
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Joint activities ceased  
Joint activities

Dancing  
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# Advantages and disadvantages of analysis package

## Advantages

1. Provides an organized storage file system, especially large data sets
2. Helps a researcher locate textual material quickly
3. Creates visually informative schemata to illustrate findings
4. Provides time-saving functions (eg, quickly can determine frequencies of codes)
5. Allows for coding of not only text, but also images and video files

## Disadvantages

1. Requires the researcher to learn how to use the software program, which can be very time consuming
2. Better programs may be cost prohibitive
3. Distances the researcher from the data
4. Makes analysis as a team challenging due to logistics behind sharing files
5. Nascent compared to quantitative software programs – can be frustrating to work with

# Quality

1. Reflexivity – including field diaries, debriefs
2. Saturation
3. Triangulation (data – multiple sources; method; investigator – analysis)
4. Transparent and systematic
5. Explore deviant or negative cases
6. Peer review
7. Multiple data coders
8. Thick descriptions of context and participants - transferability
9. Prolonged engagement in study site and with data
10. Careful selection of quotes

## References:

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