

**FOCUS GROUP DISCUSSION (FGD) WITH PARENTS AND CAREGIVERS OF CHILDREN
(Introduction of IPV)**

NOTE: All information collected in the group discussion is CONFIDENTIAL and will only be used for the purpose of research to assist with the introduction of IPV

IDENTIFICATION		
Name of Region		
District		
Village		
Number of Focus Group Participants		
Date of FGD		
Name of Interviewer		
Name of Moderator		
Name of Recorder		

Name of Supervisor / Institution		
Date of Data Transcription		
Name of Transcriber		
Signature of Supervisor/ Institution		

NAMES OF PARTICIPANTS

No.	NAMES	AGE
1		
2		
3		
4		
5		
6		
7		
8		

PART 1- INSTRUCTIONS TO THE MODERATOR

This FGD is to be administered to parents and caregivers of children within the selected region. The FGD has a purpose on gathering information about health seeking behavior, as well as the informants' perception of the oral polio vaccine, and introduction of the injectable polio vaccine.

TIME FRAME AND GROUP SIZE

TIME--Approximately 1 hour 30 mins.

GROUP SIZE – 6-8 Respondents

Selection of participants to be facilitated by the local link person.

1. INTRODUCE THE SESSION

- 1) Introduce yourself as Facilitator and introduce your team members (there needs to be a minimum of two persons present when conducting FGD) One is the Moderator, another one is record keepers and the third person will be time keeper (if possible).
- 2) Ask the participants to introduce themselves
- 3) Provide a brief outline of the purpose of the FGD, the kind of information needed from the participants, and how the information will be used (to improve polio immunization of children).
- 4) Let the participants know that you will be using a recording device in order to record information provided by them and not to miss any important information. Seek permission from the participants for its use. A demonstration of the use of recorder should be conducted. Let the respondents hear their own voices before the session starts.

(You may offer some snacks/ water, tea and allow some informal discussion before the actual session starts.

2. ENCOURGE INVOLVMENT AND DISCUSSION

- 1) Be enthusiastic, lively, interact and show interest in the group's ideas.
- 2) Formulate questions and encourage as many participants as possible to express their views.
- 3) Remember there are no 'RIGHT' or 'WRONG' answers. React neutrally to both verbal and non-verbal responses.

3. DEALING WITH DOMINANT AND OR RESERVED PARTICIPANTS

- 1) When dealing with dominant participants, avoid continuous eye contact, or thank the person for their contribution and also suggest that you would like to hear what others have to say on the same topic.
- 2) When a participant is reserved; talk to them directly by calling them by name and, requesting their opinion, making more frequent eye contact to encourage participation, but make sure not to embarrass them.
- 3) If you notice that the discussion gets quiet when dealing with a sensitive issue, you can move on to another topic and come back to the other later when the participants are more relaxed.

4. BUILDING RAPPOR

- 1) Observe non-verbal communication. Always maintain a controlled tone of voice, keep your facial expressions and body language in check to encourage open participation and those of the participants.
- 2) Observe the body language of participants that should guide the direction of the discussion.
- 3) Avoid being placed in the role of an expert: When asked for your ideas or views by a respondent, remember that you are not there to educate or inform.
- 4) Direct the questions back to the group by saying: 'What do you think', 'What would you do?' Set aside time, if necessary, after the session to give participants the information they have asked for.
- 5) Do not try to comment on everything that is being said.
- 6) **Probing** should make for some conditions, such as explaining questions that are quite difficult to understand; reminding the group about the context of the question; or when the answer is out of context. **Probing is the researchers' effort to elaborate questions in order to explore or to clarify the answer given by the informants.**
- 7) **Do not** lead or give clues for the answer.
- 8) Don't feel obligated to say something during every pause in the discussion. Wait a little and see what happens.
- 9) Listen carefully, and move the discussion from topic to topic.
- 10) Subtly control the time allocated to various topics so as to maintain interest.
- 11) If participants spontaneously jump from one topic to another, let the discussion continue for a while since useful additional information may surface; then summarize the points brought up and re-orient the discussion.
- 12) During the discussion, continue to let participants know how important their response and comments are in the improvement of health services for them and their children.

5. ROLE OF THE RECORDER

- 1) The recorder documents the content of the discussion: verbal and non-verbal and group dynamics.
- 2) Assessment of the emotional tone of the meeting and the group process will enable you to judge the validity of the information collected during the FGD.
- 3) The following needs to be documented:
 - i. Date, Time, Place
 - ii. Name and characteristics of participants
 - iii. General description of the group dynamics (level of participation, presence of a dominant participant, level of interest)
 - iv. Opinions of participants, recorded as much as possible in their own words, especially for key statements
 - v. Emotional aspects (e.g., reluctance, strong feelings attached to certain opinions)
 - vi. Vocabulary used - particularly in FGDs that are intended to assist in developing education materials.
 - vii. Other unstructured observations

The recorder does not participate in the conversation and should avoid distracting the facilitator unless additional information on a topic sentence is required. The recorder and the facilitator should work as a team during the entire period and resolve all conflict.

6. ETHICAL CONSIDERATIONS

Confidentiality: Inform the participants that everything that they say here will be kept strictly confidential. Nothing said in this group will ever be associated with any individual by name. The facilitator and recorder also have to maintain the confidentiality of what is said in the group.

Voluntary participation: Participation in the FGD is entirely voluntary and participants may stop participating at any time. One can withdraw from the group’s discussion without any consequences. Consent forms should be provided with more information regarding confidentiality and voluntary nature of participation.

7. USE OF TAPE RECORDER

1. It is highly recommended that a recorder be used to assist in capturing information. Take into consideration the culture and the environment you are in. If recording a focus group is not acceptable, then only take notes.
2. If the session is recorded, then it is important that you inform the participants beforehand and get consent from them.
3. Even though the session is recorded, notes should be taken as well, in case the machine malfunctions so that information will be available immediately after the session to compile the FGD report. Recordings will be stored as a back-up of the FGD.

Thank participants: thank the participants for availing themselves to participate in this discussion, for their time, and opinions.

GROUND RULES (RULES TO GUIDE THE DISCUSSION) – TO BE EXPLAINED TO EACH PARTICIPANT

1. Talk one at a time in a voice as loud as mine and let us not interrupt.
2. Respect each other’s opinions.
3. Avoid side conversations with those sitting next to you.
4. The group needs to hear from everyone in the course of the discussion, but you don’t have to answer every question.
5. Only answer what you feel comfortable to answer.
6. Feel free to respond directly to someone who has made a point. You do not have to address your comments to the facilitator in-order for them to be recorded.
7. Say what is true for you and have the courage of your conviction. Don’t let the group sway you and you do not have to agree with the group opinion.
8. Ask questions/clarification as they come up.

RECORD THE TIME STARTED Hour Minutes

REMINDER FOR THE MODERATOR: Make sure to probe as much as possible in-order to obtain as much information from the participants

PART 2- DISCUSSION GUIDE

FOR FGD WITH PARENTS AND CAREGIVERS

Thank you very much for agreeing to take part. Let's begin! [SWITCH ON RECORDER]

1. INTRODUCTION AND GENERAL HEALTH DISCUSSION

- 1) Tell me what you think about in one word or a short phrase when I say needles?
- 2) Tell me what you think about in one word or a short phrase when I say two drops?
- 3) Tell me what you think about in one word or a short phrase when I say vaccinations?
- 4) Tell me what you think about in one word or a short phrase when I say IPV?
- 5) Are children healthy in your community? Why are they healthy or why not?
- 6) Can you tell me what some of the common diseases in this community are?
- 7) What would you consider to be an important disease in this community?
- 8) What about polio (or local term for a disease that causes paralysis in children)? Is this an important disease?
- 9) In this community, who is responsible for looking after children?
- 10) What are the main health concerns regarding children in your community?
- 11) What do you think of the health care centers and health workers that are available for children in your area? **PROBE THEM FOR INFORMATION ON HEALTH SERVICES WHICH CAN INCLUDE CLINICS, DOCTORS, AND HOSPITALS.**

LETS US KNOW YOUR VIEWS ON IMMUNIZATION

- 1) Do you know reasons why immunization is necessary and what are the main diseases that children may have if they are not immunized? **PROBE FOR INFORMATION THEY HAVE, MISINFORMATION, ANY SOCIAL AND RELIGIOUS REASONS? FOR THESE ASK LEADING QUESTIONS**
- 2) Why do you say----- so? Get to the main reasons – religious, fear, distance, lack of information, etc.
- 3) What do you think are the reasons or barriers to getting children immunized? **PROBE IF ANY FEAR EXISTS DUE TO RELIGIOUS REASONS, WHY?**

- 4) Whose opinion is important to change community attitude or practice towards immunization?
- 5) How can health messages be communicated to the community in the most effective way?
- 6) What are your views on injectable vaccines delivered with a needle

GETTING INFORMATION ON POLIO VACCINATION

We would like to learn more about your opinion of the polio vaccination. To protect all children, you and children in your community who have been vaccinated with the oral polio vaccine – “polio drops”. We would like to learn more about your feelings and your opinion of the polio disease and the oral vaccination.

POLIO

- 1) What do you know about the polio disease?
- 2) What do you think causes polio?
- 3) How can one treat polio?
- 4) Is it curable?
- 5) How can you protect yourself and children from polio?
- 6) What do you know about the oral polio vaccine?
- 7) How safe do you think this vaccine is?
- 8) How effective do you think the vaccine is in terms of protecting you and your children from polio?
- 9) Do you have any concerns with a vaccine that is given into the mouth? Why?

OPV

Now that we have discussed about the polio vaccine that is given as drops into the mouth, we would like to discuss your opinion about the injectable polio vaccine – one that is given through a needle. This vaccine will soon be available to your children who are under five years old. First a child will receive an oral polio vaccine – (the drops), and then, an injectable vaccine will be given once to boost your child’s health. Your child will still continue to receive “polio drops” until your child is fully protected against polio.

IT IS VERY IMPORTANT TO RECORD ANY VISUAL COMMUNICATION OBSERVATIONS SINCE THIS IS A NEW CONCEPT

- 1) What do you think about this idea – giving children in your community additional protection against polio in the form of “polio drops” combined with an injectable vaccine? **PROBE FOR INFORMATION THEY HAVE INCLUDING MISINFORMATION, FEARS, etc.**

- 2) Would it make a difference to you to know that by taking both OPV “polio drops” with IPV “polio injection” that your child would be better protected? If this does make a difference to you, what concerns do you have?
- 3) What do you think about an injectable polio vaccine overall?
- 4) Do you or do you not have any specific concerns about the polio injection? What are they?
- 5) What specifically would you like to know about the polio injection? What information would make you feel comfortable and confident in accepting it?
- 6) What are your feeling about the “polio injection” versus “oral polio drops”? What do you think the difference is? **ALSO RECORD VISUAL OBSERVATIONS**
- 7) After your child had received the “polio drops” with the “polio injection” for extra protection, will you continue to give your child “polio drops” in the future? If yes, why? If not, why?
- 8) What would make you convinced to continue giving your child “polio drops” to keep your child protected in the future?
- 9) In your opinion, where would you receive the most credible information about the “polio injection”?
- 10) What do you think other people in your community would think about giving the “injectable vaccine” in addition to the “polio drops
- 11) Can you think of any issues (barriers) which can make giving the “injectable vaccine” along with “polio drops” to children difficult? **GIVE THE GROUP PLENTY OF TIME TO ANSWER.**

VACCINE ADMINISTRATION – IMPLEMENTATION TESTING

Now that we have talked about the polio “injectable vaccine”, let us talk about how this will happen. Before an upcoming polio campaign, you may hear from a health worker, or radio, or a religious leader about an upcoming campaign. You will be asked to bring your children who are under five years of age to a health clinic or vaccination center to receive “polio drops”, maybe other health supplements or vaccines, including a “polio injectable vaccine”.

- 1) What was your previous vaccination experience with “polio drops”? What do you think about polio vaccination campaigns? Have you experienced any problems with the polio vaccination?
- 2) Why do you think vaccination campaigns happen so often?
- 3) How do you think giving “polio drops” with “polio injection” will be different from regular polio campaigns that you are used to?
- 4) What challenges do you see about bringing your children out to health facilities and temporary vaccination posts?

What would be the best way to inform you that a vaccination team has reached your block area and that you need to bring your children out for “polio injection” and “polio drops”?

PRELIMINARY MESSAGING

We would like to get your feedback and reaction to (NUMBER) messages and concepts regarding the promotion of polio vaccine in your community, in particular the introduction of injectable polio vaccine.

Introduce each message or concept one-by-one. Record all responses, verbal as well as non-verbal. Tease out feedback related to cultural and gender appropriateness, religious views, competition with other initiatives or messages in the community. Top of mind reactions to visuals or phrases can be particularly useful in understanding split-second judgments of messaging and materials.

CLOSING

Talk to the group:

“Our discussion will come to the end, is there any critique, suggestion or expectation that you feel is important to address before we close the discussion? Please, feel free to talk about it”.

At the end of the interview, the Interviewer will summarize the essence of the interview, and closes it afterward.

Thank you very much for your time, and we almost took Hour(s) minutes of interviews.

Thank you for your open mind and all answers, opinion, critiques, and suggestions to our questions.

Your opinion is very valuable to us. We do hope that the results of the interview will give inputs to help improve your health services. Thank you and good luck.

References:

Focus Group Discussions – Key Findings. Co-Administration of IPV with OPV in Polio Outbreaks Response in the Refugee Camps and the Host Community of Dadaap District. UNICEF Kenya- ESARO November, 2013
 Planning for IPV Introduction: Implementation Facts. Global Polio Eradication Initiative (GPEI) January 2014
 Technical support – Rahel Ghezai
 Toolkits for conducting focus groups: Rowan University

PART 3 - Instruments

**CONSENT TO PARTICIPATE IN A FOCUS GROUP STUDY
FOR THE INTRODUCATION OF IPV**

The purpose of the group discussion and the nature of the questions have been explained to me.

I consent to take part in a focus group discussion for parents and care givers of children for the introduction of IPV.

My participation is voluntary and I understand that I am free to leave the group at any time. If I decide not to participate at any time during the discussion, my decision will in no way affect the services that I receive in my community.

None of my experience or thoughts will be shared with anyone except for the purpose of this research study; introduction of the polio vaccine, IPV unless all identifying information is removed first. The information that I provide during the focus group with be grouped with answers from other people so that I cannot be personally identified.

#	Name	Signature	Date
1			
2			
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Witness Signature

Date

CHECKLIST FOR FOCUS GROUP NOTE TAKING

Please use this form as a guideline to help you set up your note taking strategy for the focus group.

Notes should be extensive and accurately reflect the content of the discussion including visual observations, nonverbal behaviour that include facial expressions, hand movements, and group dynamics.

Note the following

Date of Focus Group: _____

Location of Focus Group: _____

Name of the Note Taker: _____

The following template will guide the note taker to capture the following key areas.

KEY AREA 1:	Observations opening of FGD
KEY AREA 2:	Views on immunization
KEY AREA 3:	Polio vaccination
KEY AREA 4:	OPV
KEY AREA 5:	Vaccination administration, implementation and training
KEY AREA 6:	Preliminary messaging
KEY AREA 7:	Closing