FOCUS GROUPS AND RELATED RAPID ASSESSMENT METHODS: IDENTIFYING PSYCHOEDUCATIONAL HIV/AIDS INTERVENTIONS IN BOTSWANA

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The focus group had its earliest origins in the social sciences; however, marketing and advertising researchers soon embraced it, and the focus group became increasingly more identified with these fields. It has been over the course of only about the last 15 to 20 years that the utility of focus groups has been realized more fully in the social sciences. Acceptance of the focus group as an effective method has evolved slowly, but in spite of this gradual shift, focus groups have remained relatively underutilized in the fields of psychology and counseling.

As a method of research, the focus group has multiple applications and can be used alone or in combination with other research strategies. There are many applications for focus groups in psychology and counseling that have the potential for rendering relevant data relating to a range of human phenomena. For this reason, and because this book is aimed at pre-service training in these fields, I have elected to discuss the use of focus groups within a psychosocial and cultural context. Many of the examples used in this chapter draw from my fieldwork in southern Africa, especially in Botswana and especially concerning the HIV/AIDS pandemic.

The first part of this chapter offers an introduction to the focus group as a qualitative research method. The second part of this chapter provides a sample of one specific application, relating to an HIV/AIDS intervention and illustrating how the focus group can be used as a qualitative research strategy in this context. The chapter concludes

with a discussion of helpful tools to get started in using focus groups as a qualitative research strategy.

Introduction to Focus Groups

Focus groups have been used for research purposes, at first ostensibly with some degree of trepidation, then with increasingly greater assurance, throughout most of the 20th and into the 21st Century. This section provides a brief historical overview, defines the method, elaborates the utility of focus groups, offers examples of how focus groups have been used, and describes the elements of using a focus group approach.

A Brief Overview of the Origins of the Focus Group

The use of focus groups as a research strategy evolved from promising but reticent beginnings. Morgan (1998a) has collapsed the evolution of focus groups into three periods: the earliest use of focus groups was found largely in the social sciences, prior to and during WWII; the next use of focus groups was located primarily in the field of marketing, during and after WWII, and becoming more robust in the 1980s as the method was refined; and, most recently, focus groups have been used again in the social sciences, as well as in other fields.

Morgan (1997) has cited Bogardu's 1926 description of group interviews as one of the earliest publications relating to focus groups. During WWII, military psychologists and civilian consultants extended the use of focus groups to examine the effectiveness of radio broadcasts intended to improve the morale of soldiers. This research ignited an interest in the use of focus groups by social scientists at that time and resulted in several publications (e.g., Merton & Kendall, 1946; Merton, Fiske, & Kendall, 1990, originally published in 1956). However, this early interest by social scientists waned, and the use of

focus groups shifted to and continued to develop in the arena of marketing research, where it remains a dominant research strategy.

It was not until the 1980s that interest in focus groups began to reemerge in the social sciences (Berg, 2001). The focus group has been used increasingly more often throughout the past two decades by psychologists, counselors, anthropologists, sociologists, educators, and other social scientists. For the interested reader, Berg (2001), Morgan (1997; 1998a), and Krueger (1994) have provided detailed accounts of the historical origins of the focus group.

Defining the Focus Group as a Qualitative Method

The focus group approach to research lends itself well to use as a qualitative method insofar as it assists in obtaining in-depth understandings of perceptions, opinions, and the ways in which people make meaning of a variety of aspects of their lives. Edmunds (1999, p. 1) has stated that "A focus group brings together eight to ten qualified people for a face-to-face discussion of a particular topic." Dawson, Manderson, and Tallo (1993, p. 6) have provided the following simple but useful definition:

> A focus group is a group discussion that gathers together people from similar backgrounds or experiences to discuss a specific topic of interest to the researcher. The group of participants are guided by a moderator (or group facilitator), who introduces topics for discussion and helps the group to participate in a lively and natural discussion amongst themselves.

Krueger (1994, p.18) has defined focus groups as "carefully planned discussion designed to obtain perceptions in a defined area of interest in a permissive, non-threatening environment."

Based upon a previous extensive review of on-line data bases (Morgan, 1996, cited in Morgan, 1997), Morgan (1997) has identified three categorical uses for focus groups in contemporary social science research:

First, they are used as a *self-contained* method in studies in which they serve as the principal source of data. Second, they are used as a *supplementary* source of data in studies that rely on some other primary method such as a survey. Third, they are used in *multimethod* studies that combine two or more means of gathering data in which no one primary method determines the use of the others (Morgan, 1997, p.2).

To elaborate on what Morgan has described as the third use, the multimethod study, focus groups more recently have been used in combination with other qualitative methods in a specific set of strategies referred to as Rapid Appraisal Methods (RAMs) or Rapid Assessment Process (RAP) (Beebe, 2001; Kumar, 1993; Levers, 2003; USAID, 1996). Increasingly, the need for a relatively rapid turnover of research results has marked a distinct pathway in the ethnographic arena (Handwerker, 2001). While the RAM or RAP has been used frequently for assessment purposes in the international development community, the use also has been extended with increasing frequency to community-based services and matters of psychosocial and cultural concern.

As an example, in the past several years, I have designed a number of studies using the RAM framework; these investigations have ranged from explorations of racism (Levers, et al., 2002) and issues of diversity and inclusion (Levers, et al., 2003) in one part of the US, to children affected by violence (Levers, 2002) and by the HIV/AIDS pandemic (Levers, 2003) in southern Africa. In an ongoing examination of the contextual

factors and cultural issues associated with the spread of HIV/AIDS in southern Africa, I have continued to use RAMs and other participatory methods to capture the voices of important cultural brokers like village elders, village chiefs, and traditional healers.

According to one publication, some of the strengths of RAM are their rapidity, relative low cost, and flexibility, as well as their effectiveness at "… providing in-depth understanding of complex socioeconomic systems or processes" (USAID, 1996, p. 2). The efficacious use of the focus group—whether self-contained, supplementary, or as part of a multimethod study, such as in the case of RAM or RAP—is now widely recognized within the social sciences for its valuable contributions.

Utility of the Focus Group Approach

A consideration of the utility of the focus group approach leads directly to the nature of a specific study's research problem and its ensuing question(s). The research problem leads the decision-making process in choosing the best methodological framework; methodology should never determine the nature of the problem or the question. Focus groups can be very useful in "getting at" a better understanding of certain opinions, perceptions, and attitudes that might otherwise be obscured in other types of investigation. The focus group format easily facilitates clarification of issues and allows for further probing for additional data or for nuances of information already derived.

This research method, in some ways, is similar to individual or key informant interviews, but it differs in respect to the synergistic effect of group dynamics. The researcher relies upon group interaction, which has been stimulated by protocol questions that are integrally related to the topic of the research. Focus group participants "play off"

one another's responses, and the insightful group facilitator can use this dynamic to acquire deeper levels of information.

Purposes of Focus Groups

Researchers need to know *why* they have chosen a particular method and to be aware of its advantages and disadvantages. Berg (2001, p. 126-127) has identified seven advantages of using the focus group as a research strategy:

1. The focus group is highly flexible.

2. The focus group permits observation of interactions.

3. The focus group allows researchers to access substantive content of verbally expressed views, opinions, experiences, and attitudes.

4. The focus group can produce speedy results.

5. The focus group can sample from large populations at a fairly low cost.

6. The focus group can be used to assess transient populations.

7. The focus group places participants on a more even footing with each other and the investigator.

Sometimes disadvantages outweigh the advantages of using a focus group approach. Edmunds (1999, p. 7) has described seven circumstances under which focus groups should *not* be used:

1. To make a final decision.

2. To explore extremely sensitive or personal topics.

3. To answer "How many?" or "How much?"

4. To conduct research for an audience that does not understand the purpose of qualitative research.

5. To evaluate a … [program] …to which revisions will not be made despite the results of the study.

6. To save money or time required for quantitative research.

7. To set prices for a product or service.

Some in the research arena remain biased against qualitative methods in general, and this bias carries over to particular methods, including focus groups. Although most reasonable people see the usefulness of a balanced perspective about the contributions of both quantitative and qualitative methods, some biases have endured over time (Williams & Katz, 2001). Morgan (1998b) has identified myths that continue to linger and thereby have inhibited the use of focus groups, even in research scenarios for which the focus group would be the best fit. These myths are that:

1. Focus groups are low cost and quick.

2. Focus groups require professional moderators.

3. Focus groups require special facilities.

4. Focus groups must consist of strangers.

5. Focus groups will not work for sensitive topics.

6. Focus groups produce conformity.

7. Focus groups must be validated by other methods.

8. Focus groups predict how people will behave.

Morgan has further highlighted several beliefs about focus groups that he says *should be encouraged*. These beliefs are that:

1. Skepticism about all research methods is intellectually healthy.

2. High-quality moderating is crucial to focus groups.

3.	Teamwork produces the best focus groups.

4.	The research team can always learn from the participants.

5.	There are many possible ways to do focus groups.

The astute reader may have noticed a seeming contradiction between Edmunds' (1999) advice not "to explore extremely sensitive or personal topics" and what Morgan (1998b) has identified as a myth, that "focus groups will not work for sensitive topics." Actually, these assertions are not as contradictory as they are paradoxical. In trying to illuminate ways in which to approach conducting a focus group, it must be emphasized that qualitative research is not a *cook book* enterprise, and that there are no exact *recipes* for conducting a focus group. The manner in which a focus group is run is highly dependent upon the nature of what is under investigation. The paradox here becomes more apparent, then, when we realize that Edmunds' academic background is in marketing, while Morgan is a sociologist. By virtue of what each of these researchers may be investigating, respectively, and how each may need to interpret results differently for differing sets of research objectives, we can see that in one type of focus group, such as for marketing purposes, the "sensitive and personal" should be avoided. Whereas, in another, such as for developing a better understanding of perceptions about a sensitive phenomenon, for example, the use of condoms in HIV/AIDS prevention efforts, the "sensitive topic" is indeed at the very heart of the focus group inquiry.

Using Focus Groups in the Field

In an ideal world, the researcher goes into a focus group with solid theoretical and contextual understandings of the topic under examination. A thorough literature review has been conducted and then integrated and synthesized with knowledge derived from the

field. However, given the constraints of the real world in which we live, even for academic researchers, the ideal is not always possible, especially when doing field research. Often when social scientists are working in the field, rapid assessments are required for the most immediate development of results. Sometimes emerging challenges and unforeseen limitations threaten to compromise the integrity of the research design, and it becomes necessary for the researcher to make on-the-spot decisions of a compensatory nature.

The location and context of a focus group may influence how the researcher first shapes the group format. For example, the protocol for asking questions may be more or less structured, and the questions may be more or less opened or closed, depending on the location and context of the group. Group members may feel more or less free to disclose information, depending on influences often beyond the scope of the investigation. Any contextual changes or fluctuations may necessitate spontaneous or last-minute alterations or re-shaping of the group format. Any of these nuances in variation may affect the degree to which the researcher is able to "get at" the essence of the issue. Any well-planned research framework takes these types of potential limitations—the reality of "in-the-field" constraints or the reality of human nature—into account during the research design phase.

"Getting at" Difficult-to-Obtain Data

Qualitative research strategies often are used to obtain phenomenological and existential information about the human condition that, by the very nature of the data, would be difficult or nearly impossible to acquire through quantitatively-oriented or conventional statistical means. The focus group is one option for *getting at* such difficult-

to-obtain data. The use of multiple qualitative strategies, such as RAM and including focus groups, is an effective way of bringing multiple methods to bear on illuminating the topic at hand. Using multiple research strategies, that is, methodological triangulation, not only enhances the trustworthiness of the study, but it is also a highly efficacious way to *get at* important contextual factors and cultural issues. I offer an example drawn from my current HIV/AIDS work in Botswana.

Much of the anti-AIDS activity on the African continent has been based on Western medical and social service models and has not included the cultural wisdom of the elders, village chiefs, local educators, traditional healers, or spiritual leaders of indigenous religious groups. Even in the 21st Century, business continues to be conducted as if medical and social service systems can be extracted surgically from an industrial context and transplanted into a developing context. For example, four of the most common theories of behavioral change cited in the HIV prevention literature (AIDSCAP, 1999) focus on the individual and rely on personal intention as the key predictor of desired change, failing to take environmental and social factors into account. While efficacious in a Western context, the individualist dimensions of these theoretical frameworks can pose numerous problems when transplanted into a collectivist cultural ethos with a more fatalistic worldview. This is not to suggest a rigid "either/or" proposition in the other direction, which presents its own *slippery slope*; rather, I raise the possibility of an "and/both" approach to emphasize the essential importance of cultural awareness and sensitivity in designing culturally appropriate psycho educational interventions. While well intentioned, Western donor organizations, for the most part, have failed to perceive, understand, appreciate, and engage the cosmological, ontological,

and epistemological differences that separate Western and African medical and cultural understandings of the AIDS pandemic. These are paradigmatic differences of great significance, and successful solutions to the current crisis can be attained only through a careful examination of these differences.

As an example, UNAIDS (2000) reports that there has been a dearth of research that actually examines the impact of involving indigenous healers in HIV/AIDS prevention and care activities in sub Saharan Africa. Yet the services of indigenous healers are sought routinely throughout Africa, and it is estimated that at least 80% of the indigenous African people seek treatment from local healers throughout most of Africa (UNAIDS, 2000). If this is the case, these important cultural brokers should be invited to the decision-making table (Devos, 2004; Levers, in press), and research endeavors should be aimed at understanding the nuances of traditional practices. Such research relies upon the ability to *get at* sensitive data, for which RAMs, including focus groups, can be highly useful.

Examples of Studies Using Focus Groups

Drawing from my own research and that of a doctoral student, I provide three examples below of research projects using focus groups. The first represents an example of Morgan's (1997) supplementary use of focus groups, the second an example of the multimethod use of focus groups, and the third an example of the self-contained use of focus groups. The descriptions are brief and are intended to highlight the *context* for using the research strategy and not the *content* of the studies.

Children Affected by Trauma in Namibia

This was a study that I completed (Levers, 2002) with teachers at rural and remote schools in northern Namibia on the effects of violence, poverty, and privation on young children's development. The northern part of Namibia is the country's poorest area, where Black Namibians were forced to relocate prior to Namibia's independence from the Republic of South Africa in 1990. It is also the part of Namibia that borders with Angola and still experiences border skirmishes. I primarily was interested in children's school-based experiences and how the effects of the region's disadvantages play out in terms of children's trauma and resilience.

The original research design called for key informant interviews with children. I had all the appropriate human subject approvals, and I had been assured that the older children were "past" the trauma and were conversant in English (I am not competent in the local languages). To make a long story short, on the first day of scheduled research I discovered that the children and I could not speak to one another in English; through a translator, I learned that the children were very anxious, and some were traumatized by the border conflicts still occurring there. In fact, after briefly posing questions to one of the youth, I saw that he and some of the other children had become very agitated. No research project is worth the risk of retraumatizing children by asking them for their narratives. So I scrapped my research on the spot, after making sure that the children had recovered sufficiently from the preliminary questions.

Although what I have described here is one of the hazards of field research and required making immediate decisions, it also served as an inspiration for creativity and spontaneity. I spent a sleepless night redesigning my study, and ended up interviewing

teachers about their perceptions of children's school-based experiences. I was able to collect very rich data from the teachers individually, deriving important information about the teachers, the children, the area, the systems, and the resilience of all the people involved. However, at several junctures I had unique opportunities also to conduct focus groups with the teachers. While these focus groups rendered some additional information, they were a supplementary source of data that relied, here, largely upon the primary method of key informant interviews.

Racism in America

This was a "hands-on" research project that I designed (Levers, et al., 2002) specifically for the doctoral students in my qualitative research methods course at Duquesne University. I asked the students to consider the experiences of race-related transgenerational trauma in African American families within the larger democratic context of US society. I happened to be teaching the course at the same time that the *Without Sanctuary* exhibit was showing at the *Andy Warhol Museum* in Pittsburgh, where Duquesne University is located. This photo exhibit first opened in New York City, but not without contention within the African American community. Its second venue was the *Warhol Museum*. In spite of controversial aspects, with its focus on the early 20th Century practice by Anglo Americans of lynching African Americans, the images shown in the exhibit presented a powerful opportunity for local community dialogue about racism in America, in general, and the effects of institutional racism in the Pittsburgh area, in particular.

The Museum was a wonderful partner in my pedagogical pursuits, and readily agreed to have a special showing. Since I was new to the University, a knowledgeable

colleague assisted me in identifying and purposefully selecting mostly elderly leaders from the early civil rights movement (circa 1960s) in Pittsburgh. The students and I invited them to the special showing so that we all could view the exhibit together. After the viewing, we went to a space that the museum had prepared for us, where we held a focus group that examined the participants' experiences of racism. I had arranged for the focus group to be professionally videotaped, and the product was powerful beyond what my own words can ever express. I used the video as a tool to teach my students about conducting a focus group; they then analyzed the group discussion. Following this, each student was assigned to interview one of the focus group participants, in order to learn how to conduct a key informant interview and to analyze the data thereby rendered. We were invited to give a keynote presentation on the project at a national qualitative research conference, and this turned out to be a powerful learning experience for students, professor and attendees.

Vicarious Trauma Experienced by Child Protection Workers

One of my doctoral students completed her dissertation research (Jankoski, 2001) on the vicarious trauma or secondary victimization experienced by workers in the state's child protective system. Having previously worked in the system herself, and later working with the system as a consultant, she was very knowledgeable about the system. She also had speculations and numerous questions about the emotional effects on the workers of their daily professional dealings with abused children.

Because of her familiarity with the system, the investigator knew the key administrators to whom she might appeal for entré into the system as a researcher. She proposed conducting focus groups. The state system welcomed her, but as importantly,

potential participants *wanted* to be included in the study. In fact, all my best mentoring efforts to "protect" this student from conducting excessive research proved fruitless. I had proposed a "purposefully selected" number of counties in which she would conduct the research; but once she began conducting focus groups, county officials started to contact her to request that she visit their respective local offices to conduct focus groups. For a variety of defensible reasons, we altered her research design and expanded the study to meet the system's requests for greater participation; after she had conducted focus groups in nearly one-third of the counties in the state, and the data had reached saturation, I insisted that she close off interviews.

Jankoski's (2001) investigation was not comprised exclusively of focus groups and included some key informant interviews as well; however, these were incidental, and the main source for data remained the focus groups. She conducted 24 focus groups, thereby meeting with a total of 270 child protection workers in groups. An additional 30 workers participated in key informant interviews only, and 35 of the 270 focus group participants also participated in key informant interviews. Although using only focus groups in this study would have been adequate, the researcher elected to increase the trustworthiness of the investigation by augmenting the results of the focus groups with the results of the key informant interviews. An N of 300 was unusually large for a qualitative study, as was the number of focus groups, especially for a doctoral dissertation. But the researcher's passion for the subject, as well as the enthusiasm of the child protection system for a better understanding of the phenomenon of vicarious trauma, led to the researcher's desire to conduct as thorough an investigation as possible.

Elements of the Focus Group Procedure

Planning the Focus Group

Making preliminary decisions about all aspects of the focus group is an obvious

important early step in the planning process. An essential first step is ensuring that the

research design has undergone a human subject review. The protocol for the focus group

must be developed, and the size and composition of the group must be determined.

Human Subject Review. Every institution in the US that accepts federal funds

and that is involved in the conduct of research with people either has its own Institutional

Review Board (IRB) or, in the case of small institutions, has access to the IRB of a larger

"sister" organization. Approval must be granted before data collection can begin.

Protocol. The following protocol is the one that I devised for the *Without*

Sanctuary focus group described in the previous subsection. I include it here as one

example of a protocol and to emphasize the importance of considering many issues prior

to going into the focus group.

Protocol for the *Without Sanctuary* Focus Group

I.   Participant Induction

   A.   Explanation of the framework for the study
   B.   Specific purpose(s) of the study
   C.   Risks of the study for participants
   D.   Benefits of the study for participants and for society
   E.   Voluntary status and ability to withdraw at any time
   F.   Explanation of informed consent
   G.   Addressing any questions or concerns
   H.   Explanation of how confidentiality will be maintained and data secured
   I.   Signature of "Informed Consent Forms"

II.   Group Probes (Probes are questions that are designed to begin an exploration
           and to stimulate rich narrative responses that may go beyond the
           boundaries of how the question itself was formulated or posed.)

    A.   What was your initial response to seeing "*Without Sanctuary*"?
    B.   What do the images of the lynchings and other associated acts of terror
         bring to mind for you?
    C.   How aware were you, before seeing the exhibit, of the historical legacy of
         racism in America? What conversations have taken place in your families?
         Have these kinds of conversations been possible with members of other
         races? What barriers exist that have prevented more communication about
         racism?
    D.   How has the Democratic system worked or not worked in your lifetime?
    E.   How might successful culturally sensitive community dialogue about
         racism in Pittsburgh be facilitated?
    F.   What could be a culturally appropriate system for community dialogue?
    G.   What could be culturally appropriate public educational strategies?
    H.   What needs to happen in our community?

III.   Participant Debriefing

    K.   Addressing participants' concerns or affective responses to the group
    L.   Facilitating questions about the group or the study
    M.   Asking for any additional input
    N.   Offering service information if requested by a participant
    O.   Seeking permission for eventual input on accuracy of written transcript
         and interpretations

The sequencing of protocol procedures may differ from focus group to focus group, depending upon the nature and sensitivity of the research topic, as well as the personal style of the group moderator. One researcher may choose to conduct the participant induction individually and prior to the time of the scheduled focus group, whereas another researcher may decide to use the participant induction as a part of the group process. In the example of the *Without Sanctuary* protocol given above, the probes were not used *verbatim*, but rather, they were indicated as potential prompts to stimulate discussion or to further elaborate comments; in this case, the participants had been given

a copy of the protocol, along with other information about the project, prior to the group, so that they would be familiar with the general line of inquiry.

The questions posed for this particular focus group arose from how I conceptualized the study. Another researcher investigating the same subject might have elected to operate from a different theoretical perspective, thereby making a different set of decisions than I made; in the latter case, the questions or probes posed to the group might look very different from those posed to the *Without Sanctuary* group.

Participant debriefing may be more or less urgent, again depending upon the nature of the research and its potential for raising the anxiety or discomfort level of the participants. The key intention that underlies the incorporation of participant induction and participant debriefing steps in the protocol is one of ethical conduct, that is, *researcher responsibility*. The researcher must take the responsibility to ensure that participants understand the nature of the study and what is being requested of them; the researcher also must take the responsibility to ensure that the emotional equilibrium of all participants is restored, especially in the face of group dynamics or content that may arouse anxiety or other feelings of discomfort.

Size and Composition. The literature about the size of focus groups presents varying opinions. For example, Edmunds (1999) has said that the ideal size should be eight to ten participants, and Morgan (1998b) has said that the typical group size is six to ten; however, some investigators have used slightly larger focus groups. For more complex issues, Berg (2001) and Krueger (1994) have recommended that the size of the group be smaller, suggesting no more than about seven participants. Perhaps the issue of exact size is far less important than knowing when to use a smaller group and when to

use a larger group. The decision about size, then, depends upon the nature of the information being sought, the type and number of questions being posed, and the composition of the group.

Group composition differs, depending upon the nature of the study. Usually, participants are chosen for a focus group because they have some special knowledge or experience related to the subject of the investigation, or because they are stakeholders in the phenomenon being examined. However, depending upon the study, there may be occasion for choosing a highly heterogeneous group. Morgan has (1998b) provided a detailed discussion of group size and composition; Krueger and King (1998) offer an excellent discussion on the participatory aspect of focus groups and involving members of the community.

Conducting the Focus Group

In addition to a well-designed protocol, the next singular important aspect is the skill level of the group facilitator or moderator. The facilitator should have good listening and communication skills and possess at least basic group facilitation skills and some experience in conducting groups. As is the case in leading any group, moderating a focus group depends somewhat on personal style. Krueger (1998c) has offered the following guiding principles of moderating:

1. Be interested in the participants—show positive regard.

2. Be a moderator, not a participant.

3. Be ready to hear unpleasant views.

4. Be ready to accept that you cannot necessarily moderate all groups.

5. Be ready to use your unique talents.

Another element to consider is the degree to which the focus group is structured. Morgan (1998b) has pointed out that more structure emphasizes the researcher's focus, while less structure emphasizes the interests of the group. The goals of the investigation, along with the facilitator's personal style, usually determine the degree of structure.

After explaining the study and attending to participant concerns, the facilitator is ready to begin posing questions. Focus group questions are open-ended. Probing depends, to a large extent, upon the degree of structure. In a more structured focus group, the moderator tends to pose questions sequentially, moving from one to the next only after sensing that the question has been answered in full. In a less structured focus group, there may be fewer formalized questions, and the moderator may tend to use probes that follow particular lines of participant response. But regardless of structure, Krueger (1998b) points to the importance of posing questions in a conversational manner, using clear and concise language that is appropriate for the intended audience.

Analyzing the Focus Group

Krueger (1998a, p. 3) has stated that "Analysis begins with careful listening." Krueger (p. 41) insightfully also has advised that analysis is " … a fluid process rather than a series of isolated tasks." One mistake often made by researchers who are new to the qualitative research paradigm or to the focus group approach is to view analysis as a discreet stage; they then tend to become anxious about what they perceive as the "formal" analysis, which usually is conceived as a highly prescriptive treatment of a tape or its transcription. This anxiety occurs when the researcher has *not* been thinking about analysis from the onset—as part of a fluid process.

Qualitative analysis is complex; but like all research, the results from focus groups are evidence-based. It is in sifting through the evidence that the researcher looks for patterns and themes. Krueger (1998a) places levels of interpretation on a continuum, from raw data to description to interpretation to recommendation. He further has described the four options for analyzing focus group data as ranging from transcript-based analysis, tape-based analysis, and note-based analysis, to memory-based analysis. He has identified the first option (transcript-based analysis) as the most time intensive and the most rigorous, while identifying the last option (memory-based analysis) as the least time intensive and the least rigorous. Identifying the range of options in this manner assists the researcher in making some of the important decisions about the analytic protocol.

For most graduate students pursuing a Master's thesis or a doctoral dissertation, the fourth option, in all likelihood, is not an option. The other three options may be used singularly or in combination. Full transcriptions of focus groups are very labor intensive in terms of their preparation for use, coding, and manipulation for analysis; a full transcript may or may not be necessary, depending upon the nature of the research. If full transcription is not absolutely necessary to the project, a video tape of the group that can be viewed and reviewed serves as a "text" that can be "read" and "coded" in ways similar to a transcript (Foucault, 1973; Gilman, 1985; Levers, 2001).

Illustration: Using Focus Groups to Design HIV/AIDS Interventions

I recently found myself cast in a unique research role. While working on my established research agenda examining contextual factors and cultural issues associated with the spread of HIV/AIDS in Botswana, located in southern Africa, and providing

ongoing *pro bono* consultation services to a counseling center in northern Botswana, a safari camp there requested my assistance. And so it was that I lived in a tent for 18 days at a camp at the edge of the Okavango Delta, conducting focus groups as part of a larger research strategy in order to suggest to camp administrators an avenue for designing culturally relevant HIV/AIDS educational and prevention interventions for the camp workers. [The safari companies have numerous camps for tourists throughout the Okavango Delta, a pristine inland delta and wetlands swamp with incredible mazes of waterways and amazing wildlife. The larger camps have corporate headquarter camps in or near Maun, the one larger town at the edge of the Delta; I stayed at one of these headquarter camps. The camp is large, and many employees are trained there before being placed at smaller camps out in the Delta.] I offer my report here, as I delivered it to the camp's administrators, but slightly edited for this chapter.

Introduction to the Report

More than 70% of all persons in the world living with HIV/AIDS in 2000 were located in sub Saharan Africa. The HIV/AIDS pandemic has devastated the countries in the southern region of Africa. Of these countries, Botswana has been struck hard and is reported to have one of the highest prevalence rates of HIV/AIDS in the world (at the time of this report, Botswana had the highest rate; the most recent United Nations report, July 2004, indicated that Swaziland has surpassed Botswana as having the highest prevalence rate). The pandemic has affected Botswana's economy in significant ways. Tourism is one of the country's major industries, and the safari companies are high-stake contributors to this aspect of the economy. The industry employs mostly persons within

the highest risk age groups, and many of the most talented young people involved in tourism have died or are dying.

I was already in dialogue with workers and administrators associated with the tourism industry in the Okavango Delta area of north-central Botswana. Some of the largest safari companies are not able to provide useful HIV/AIDS-related programming to their workers, even though they recognize the need. One administrator reported that he had taped STD/AIDS documentaries on his home VCR to show at staff meetings. However, he expressed frustration to me that the televised programs were beyond the level of the less-educated staff members, that the shows "*do not go deep enough on the important information,*" and that the videos are not culturally relevant. I was invited by several safari companies to conduct research that would assist in developing culturally appropriate interventions aimed at the specific needs of tourism workers in the face of the HIV/AIDS pandemic. The manpower concerns are evident, but all the company owners and managers with whom I spoke were profoundly concerned about their workers at the most human level.

Rapid Appraisal Methods (RAMs) were used in consultation with the administrators in order to assess staff training needs and to determine the appropriate cultural considerations for such training. The RAMs used for this inquiry included participant observation and key informant interviews, along with the focus groups that were planned as the major source of data collection. Focus groups were conducted with camp operations, housekeeping, and grounds staff. Two separate focus groups were conducted, each lasting for approximately two hours, and involving a total of 22 staff members. The data for each group were recorded separately and then analyzed for

thematic content. In addition, nine key informant interviews were conducted and served to elaborate and clarify the data collected during the focus groups. As principal researcher, my participant observation required my residency at the camp. I lived in a tent at the camp for 18 days, enabling management and staff to interact freely with me.

In addition to the use of the above-specified RAMs, I employed a technique to which I have referred in other studies (e.g., Levers, 2002) as using "Cultural Experts" to enhance the trustworthiness of the study. Cultural experts are indigenous members of the culture who are knowledgeable about the phenomenon being investigated, and who can provide feedback to the researcher about the accuracy of the researcher's perceptions regarding cultural and phenomenon-specific issues. I originally developed this technique as a way to build cultural checks into studies in which I was the sole principal investigator. In the case of a research design using RAMs, Beebe (2001) has asserted that the rapid assessment process requires a team of at least two researchers. As the sole outside consultant on this project, I wanted to construct a research team in order to comply with this reasonable principle. I engaged the assistance of the administrator who previously had told me about video taping STD/AIDS programs for his staff. This administrator is an educated *Motswana* man who has extensive knowledge about his own culture, about the tourism/safari industry, and about the HIV/AIDS pandemic. He and I had developed a trusting and respectful relationship in which we felt comfortable having candid conversations about cultural and pandemic-related matters. We engaged in regular and intense dialogue before, during, and after the study.

The information resulting from the focus groups, and reinforced in the individual interviews, is reported below in four sections. Aggregate results are then reported by

theme, followed by a discussion of the results. Recommendations, based on the results, were submitted for consideration by camp management.

Focus Group 1

The first focus group was held early in the morning at the safari camp. This timeframe was determined to be the most convenient time for operations staff, as it was shortly after workers arrived, but would not interfere significantly with duties, breaks, travel, and so forth.

Group Constitution and Protocol

Nine male and two female adult operations staff members participated. The *Motswana* camp manager, who was trusted by the employees, assisted me in handling language issues related to informed consent, and staff members attested that participation in the focus group was completely voluntary. The protocol for the group was introduced and explained. Participants initially were quiet, but after I explained my purpose for being in Maun and the purpose for the camp asking me to facilitate the group, the participants seemed comfortable and at ease. Conversation flowed easily, with most, but not all, participants responding to questions and offering comments. Not atypical for focus groups, several participants were much more verbal than the others. Although I did not require a translator, as all the participants were competent in the English language, sometimes the idiomatic nuance of an indigenous language word or phrase needed to be translated for me, and this was always done collectively by the participants.

Accurate Information

Clearly participants understood the factual information relating to safe sex practices and the use of condoms. However, they were helpful in assisting me to

understand some of the cultural barriers that lead some Batswana to refuse to consider the use of condoms.

One complex question related to the handling of body fluids prior to intercourse and specifically during foreplay, but before putting on a condom. We discussed practical aspects of this question, along with the issue of the amount of body fluid necessary for infection; but since I was not able to provide an absolute, accurate, scientific answer, I promised to get additional information to send back to them, which I did.

Culturally Relevant Training

The staff members suggested that culturally relevant training should include drama, video, or film. They made the point that actions and pictures are more powerful than words. One staff member said, "*The people can see better than be told.*" Another staff member suggested that a film or video could show the stages of the illness and that this could be a powerful tool for raising awareness. Several staff members became enthusiastic about this, explaining that the programs with which they are most familiar tend to show a fit and healthy person who has contracted HIV. They emphasized that if an example is used showing the progression of the disease from early to late stages, the example would be more powerful in convincing viewers of the consequences of AIDS.

The staff members discussed the cultural ramifications of the stigma associated with HIV/AIDS and suggested that "*People should be trained to better accept the sickness of those in the family and in the village.*" Some of the cultural issues that were identified included: (1) people with any illness, but especially HIV/AIDS, are not accepted and are considered bad luck; (2) the workers have heard that in the Republic of South Africa some people with AIDS have been killed as a result of the stigma; (3) many

African men believe that since there was nothing like AIDS in the past, their forefathers did not have to contend with it; the implication was that "*if the ancestors do not have to deal with it, why should we*?"; (4) people need to believe, first, that AIDS exists, before any intervention will be efficacious; and (5) the possibility of *thokolosi* was raised and discussed [*thokolosi* is a part of the indigenous traditional belief systems throughout various countries in sub Saharan Africa; the *thokolosi* is believed to be a disembodied spirit, often thought to be sent by *dingaka* (traditional doctors) for the purpose of magic or sorcery]. On the last point, all the staff members agreed that the *thokolosi* exists, but that they have never actually witnessed the phenomenon. They asked whether the *thokolosi* could infect victims with HIV (just the week before, the local Maun newspaper, the *Ngami Times*, ran a story about a woman who had reported that she had been raped by a *thokolosi*). I answered that if *diokolosi* are real, a real *thokolosi* could not transmit HIV/AIDS, because there is no biophysical embodiment to transmit it. Conversely, I tried to explain the phenomenon that some people might experience as *thokolosi* that is actually hysteria conversion. A woman with a trauma history, for example, might experience *Mowa* (the Setswana word for trance-state) as a reaction to the threat of sexual abuse and really believe that she experienced a *thokolosi* as a way of not having to deal with the reality of what occurred or the identity of the perpetrator (for example, if the perpetrator is her father or brother). I explained that in such a case, where the perceived *thokolosi* is actually a human being, then HIV certainly could be transmitted from one partner to another.

On the question of whether a staff training program could be effective, the staff members were enthusiastic about selected staff being trained as paraprofessional

HIV/AIDS counselors who could then be looked to by other staff members for accurate information, advice, and counseling. They emphasized that this is an extremely sensitive issue and that the persons selected must be those who can be trusted—trusted both in terms of being perceived to have acquired an authoritative knowledge base about HIV/AIDS and of being able to keep confidential information.

The staff members stated that "*there are many…companies [other than their own safari company]*" and suggested that the management of all the safari companies in Botswana should be trained as well. They said that AIDS patients should be treated by management like other patients and not be stigmatized by their HIV/AIDS status. One staff member stated that "*Management has tricks to quickly get rid of staff* [who have AIDS]," and most of the participants expressed the belief that management should be trained to be more sympathetic. In places where management is not sympathetic, it is difficult for workers to come forward honestly about HIV/AIDS status; one person stated that "*People are not paid well*" [at the safari companies], and so this issue—risking job loss by coming forward—becomes even more compounded.

Psychosocial/Cultural Issues

The group raised several relevant psychosocial and cultural issues:

Hopelessness. There was a strong concern on the part of some of the staff members that the pandemic had become so extreme, there may be no way of changing its progression. This sentiment was echoed numerous times, relative to the pandemic, as a reflection of cultural fatalism.

Gender and Sexual Exploitation. The sex work industry (prostitution) has helped the disease to spread, and this is of special concern in relationship to single mothers "*who*

have been left behind by the men." Participants viewed this as a serious problem locally. There also was agreement that the strong influence that African men have on the women contributes to HIV/AIDS as well as to other psychosocial and cultural problems.

   Effects of Awareness Campaigns on Children. One participant expressed concern for a son and brother, both eight years of age, who had been traumatized by the realism of a school assembly program aimed at making the children aware of HIV/AIDS. Later the same day, the boys then watched *Remokge* ("*We are Together*") on BTV and became very frightened. The staff member questioned whether such a tactic was appropriate for the age level and the developmental stage of the children.

   Poverty. There was profound agreement that the issue of poverty underlies and exacerbates all other problems locally. A lively discussion of the overwhelming effects of poverty on HIV/AIDS and other problems concluded the focus group.

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Focus Group 2

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   The second focus group was held early in the middle of the afternoon at the safari camp. This timeframe was determined to be the most convenient time for the housekeeping and grounds staff, as it was shortly after the workers arrived for the late day shift, but would not interfere significantly with duties, breaks, travel, and so forth.

Group Constitution and Protocol

   Nine female and two male adult housekeeping and grounds staff members participated. The *Motswana* camp manager, who was trusted by the employees, assisted me in handling language issues related to informed consent, and staff members attested that participation in the focus group was completely voluntary. As before, the protocol for the group was introduced and explained. Participants initially were quiet and seemed

somewhat apprehensive, but after I explained my purpose for being in Maun and the purpose for the camp asking me to facilitate the group, the participants slowly became responsive, taking a bit more time to become comfortable than the first focus group. Although the discussion was hesitant at first, the conversation flowed more easily as the staff adjusted to me, with most, but not all, participants responding to questions and offering comments. Again, not atypical for focus groups, several participants were much more verbal than the others. As with the first focus group, although I did not require a translator, as all the participants were competent in the English language, sometimes the idiomatic nuance of an indigenous language word or phrase needed to be translated for me, and this was always done collectively by the participants.

Accurate Information

The general attitude in this group was that HIV/AIDS is a "*scary situation.*" Some members questioned the efficacy of condom use "*because they are not 100% effective.*" There was also a strong fear of being tested for HIV status among most of the staff. One very articulate participant was highly knowledgeable about the testing process and accurately described the ease of the process, but the other staff members expressed fearful attitudes that seemed to arise from a lack of accurate information. One participant volunteered that the immediate response to an HIV-positive test result would be to "*hang myself.*" There was no understanding of the notion or frequency of false positives in the testing process, or even of misreporting.

One of the participants stated that "*There is a big problem with the culture—most parents do not talk to children about sex.*" Discussion focused around the lack of accurate information in the home and how this then extends to the community and to *Tswana*

society at large. In fact, the self-admonishment emerged that "*There is no open talk about sex.*" One staff member complained that 18-year-olds are given condoms in school, but that there is little open and honest talk about sexuality—no talk about how to use the condom properly and no talk about prevention or alternative options to condom use. There was consensus that "*Parents need to be involved.*" One participant said that *Tswana* culture needs to " . . . *give people permission to talk.*" A concern also was expressed about the absence of accurate information regarding STDs, rape, incest, and their links to the HIV/AIDS pandemic.

The point was made that Maun is a hot spot for tourism, which brings a steady influx of people into the area, thereby setting the stage for a variety of types of sexual exploitation in the general vicinity. Group participants asserted that "*Community people must be taught about the killer.*" However, most staff members believed that there is *not* a high rate of rape in Maun or in the Okavango Delta, even though local statistics would indicate otherwise.

Finally, there seemed to be unanimous agreement on one issue related specifically to this camp. The staff members stated that condoms should be kept in multiple public places at the camp. Because the condoms are kept in the reception area, many staff members are reluctant to take them; they would like them to be kept in places where they can take them as needed, but not be seen by others.

The staff members concurred with the first focus group that culturally relevant training should include film or video. Some felt that effective training programs should target younger workers first, and that the programs should be fun and lively and include activities. The participants in this group also agreed that training some of the staff

members would be effective. Most of the participants said that they would feel

comfortable going to a trained staff member for information about HIV/AIDS.

Psychosocial/Cultural Issues

Several psychosocial and cultural issues were raised by the group:

Alcohol Use. People drink alcohol and then do not use condoms. Alcohol is

readily available; even if a person does not have much money, home brew or traditional

beer can be bought cheaply everywhere. This was perceived not so much as a problem,

but rather, as a reality of life.

Boswagadi. Taboos exist concerning death and mourning. When the spouse dies,

the widow becomes "tainted," and certain cleansing rituals must be completed prior to

engaging in normal daily activities. In the case of some tribal customs, the brother-in-law

may take on spousal duties. If he becomes ill, for example, or if rituals are ignored or

taboos are otherwise violated, the resulting condition is known in the culture as

Boswagadi. It is thought to be a cause of severe and lethal illness, and many AIDS deaths

are attributed to *Boswagadi*.

Botho. One staff member raised the issue of *Botho* and its implication in the

spread of HIV/AIDS. *Botho* implies the cultural transmission to Batswana children of

polite manners and respectful conduct, especially toward elders. Under usual

circumstances, this serves as a positive and efficacious cultural value. However, the

premise here was that some adult men are abusing the concept of *Botho* to exploit very

young girls for sexual purposes. It is quite powerful for a *Motswana* adult to say to a

child "*Ga ono botho!*" (you have bad botho); and because of the cultural strength of

Botho, some young girls feel that they may not say "no" to adult men, and they therefore

submit to this culturally coerced sexual abuse. There was agreement that such submission

"*. . . is a big problem in the culture . . . [that] blocks [anti-AIDS efforts] in every way.*"

Obviously when young girls are socialized to be submissive, the problem extends to

adulthood, and as young women they have never learned to be assertive.

     Gender and Sexual Exploitation. The participants noted in many ways and at

several junctures in the conversation that sex workers have proliferated in the Maun area.

The participants cited the sex work industry (prostitution) as being a large factor in the

spread of HIV/AIDS. They targeted mothers who "sell" their daughters for money or

household resources. They also discussed the instances of step-fathers sexually abusing

their step-daughters.

     Traditional Healers. Some participants mentioned the traditional practice of

scarification, which entails the *Dingaka* (traditional healers) making small cuts into the

flesh and usually inserting herbs into the cuts. Participants identified as problematic the

Dingaka who use the same razor blades from person to person.

Multiple Focus Groups

     After analyzing the data and considering the variation in themes, as well as the

overlap in themes, it became obvious that within the context of this study, conducting

more than one focus group was important. The differing group composition and

dynamics allowed for a richer variance of data. The variation in data further illuminated

previous themes and identified new ones.

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Key Informant Interviews

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     Several individual interviews were conducted with relevant management

members prior to the focus groups in order to assist me in understanding the magnitude

of the problem. Several key informant interviews also were conducted after the focus groups, with both management and staff. In total, nine interviews were conducted; these included five management members and four staff members.

The purpose for conducting the key informant interviews was to delineate the parameters of the problem, to better understand contextual issues, and to elaborate upon and clarify the results of the focus groups. No new findings emerged from the interviews; rather, the information served to reinforce and triangulate the data that arose from the focus groups, thus establishing a higher level of trustworthiness regarding the findings of the study. For this reason, and due to the private nature of the personal interviews as well as the relatively small number of employees involved in the study, I elected not to report the individual interview data separately. In order to preserve confidentiality, the results of the interviews were aggregated with the results of the focus groups.

Participant Observation Impressions

My residential presence for an extended period allowed me an understanding of day-to-day "camp life" which assisted me greatly throughout this consultation. My tent was centrally located, but a bit to the side, so that many staff members felt comfortable stopping by to talk. I easily became a part of the daily routine. My general impressions were that staff members have reasonable autonomy and feel comfortable expressing ideas and concerns to management, especially regarding the topics associated with HIV/AIDS. Participant observations helped me to facilitate group discussion in a sensitive manner and served to clarify and support the data that emerged from focus groups and interviews. Participant observations further assisted in refining analysis of the data. Living on site

assured exposure to cultural experts, with whom I was able to discuss analyses and interpretations and from whom I was able to obtain immediate critical feedback.

Results and Discussion

Based on the RAM findings, three major themes emerged, through collapsing or subsuming the information divulged in the groups and interviews. These themes were: accurate information, culturally relevant training, and psychosocial and cultural issues. The themes are significant, in that they were generated by key stakeholders, especially staff. This information is reported in the table below.

Table 1: Themes

THEMES	THEMATIC CONTENT
Accurate Information	Access to accurate information regarding HIV/AIDS is necessary and vital. While many in the community have access to accurate information relating to safe sex practices, there are cultural barriers that lead some Batswana, especially males, to refuse to use condoms. One area of confusion involves accurate information about safe handling of body fluids during foreplay and before putting on the condom. Some Batswana question the efficacy of condom use because they are not 100% effective. There seems to be a lack of accurate information about testing for HIV/AIDS which has led to fear about being tested. For cultural reasons, parents typically do not speak with their children about sexual matters; this tendency seems to be nested within the society at large, so that young people move into young adulthood without much accurate information related to sexuality, which of course extends to issues related to HIV/AIDS, STDs, rape, and incest.

	Since Maun is a center for tourism, thus bringing an influx of people into the area and thereby setting the stage for a variety of types of sexual exploitation, there is a need for community-based awareness, sensitization, and educational programming that emphasizes problems associated with tourism, especially in relationship to sexual abuse. Staff appreciate that camp management wants to provide accurate information, but they wish that this attitude would extend to increased privacy in regard to where condoms are placed; they would like to have condoms placed in multiple sites rather than only in the reception area, so that they can obtain the condoms discreetly.
Culturally Relevant Training	The staff view film or video as the most effective way of providing accurate information about HIV/AIDS. The issue of stigma must be addressed educationally. Stigma is characterized by associated cultural factors and must be addressed in culturally specific ways. Participants were enthusiastic about selected staff members being trained as paraprofessional HIV/AIDS counselors; nearly all participants stated that they would feel comfortable seeking information and advice from trained peers. Participants believe that the management of safari companies should receive training as well, especially regarding the treatment of staff having AIDS as no different than staff having other illnesses.
Psychosocial /Cultural Issues	*Hopelessness* - pandemic so extreme, no way to change progression *Alcohol use* - when people drink, no use of condoms - prevalence and easy access to traditional beer

	Poverty - underlies all other problems locally
	Gender - sex work industry has helped spread AIDS - sex workers have proliferated in Maun - single mothers who become sex workers—problem locally - mothers who "sell" daughters for money or resources - incestual abuse of female children - control Motswana man has over woman - submissiveness of women
	Children - AIDS awareness campaigns that are not age appropriate - strategies that scare—even traumatize—younger children)
	Traditional practices - *Dingaka* who use unclean razor blades - *Boswagadi* (belief that widow is tainted and cause of severe illness) - *Botho* (the practice of socializing *Batswana* children in the virtues of polite manners and respectful conduct, as it may be implicated in the spread of HIV/AIDS when it is misused by adult males to exploit the cultural submissiveness of young girls for sexual purposes)

The results of this consultative study suggest the need for *accurate* and *user friendly* information about HIV/AIDS. Both management and staff expressed a high level of enthusiasm for designing HIV/AIDS-related training for camp employees. The data clearly imply the importance of such training being grounded in an appropriate cultural

context. The following section delineates suggestions for consideration by the camp management in implementing such training.

Recommendations

The camp management is interested in providing staff training relative to HIV/AIDS and has requested that recommendations be made regarding such training. Camp staff are eager to receive such training and are particularly enthusiastic about having selected staff receive paraprofessional HIV/AIDS peer-counselor training; staff assert that they would consult trained peer staff members for information and advice, if those selected are peers who can be trusted easily. Staff also feel that it is important for management to receive management-level training associated with HIV/AIDS as well. This suggests three types of training: general staff training, selected peer-counselor training, and management training. It is imperative that all levels of training be designed in ways that are culturally sensitive, culturally relevant, and culturally specific. The following table presents the major recommendations for consideration by camp management.

Table 2: Recommendations

NEEDS	RECOMMENDATIONS
Training	General Staff Training Purposefully selected staff to be trained as paraprofessional HIV/AIDS peer counselors Management training
Cultural Relevancy	Aspects of *Tswana* culture, as well as other local cultures, must be considered in the design of all levels of training The training must be developed to be "user friendly"
Camp Condoms	Condoms are currently available only at Reception; staff strongly urge management to place condoms at multiple sites where they can be taken discreetly

The management team of the camp was highly receptive to the report. They invited me to meet with them for a discussion about implementation. Representative participation led to widespread acceptance of the changes that were the easiest to initiate. Although the points in Table 2 may seem obvious to readers, it was not obvious within the context of the study, nor would solutions likely have been accepted in the absence of interviews and focus groups.

Discussion of the Illustration

I am hopeful that the above straight-forward and relatively short reporting of two focus groups serves as an instructional example. There are many facets of the research process represented here that could be discussed; however, I would like to focus briefly on only three in this discussion: the importance of culture, researcher openness to discovery, and researcher decision-making.

Importance of Culture

Culture was at the heart of this small study, and it was important that, as the principle investigator, I had at least a basic understanding of the role played by culture in this context. Botswana is a country of multiple African and tribal cultures, with multiple cultural overlays and tensions within cultures, such as modern versus traditional, urban versus rural, post-colonial sensibilities in the face of remnants of colonialism, and a return to Afrocentric religious tenets in the face of formal or mainstream religions.

Resources for and access to many modern social and health care services tend to be relatively centralized in the capital and other larger cities, and less available in the more rural and remote areas. The location of this study was in a more remote area of the country, and most of the participants came from rural villages where beliefs and practices remain traditional.

African traditional beliefs and practices, including medical practices, are embedded in African cosmology. Unlike the Cartesian premise of modern Western science, but like other indigenous worldviews, mind and body are not separated; therefore, there can be no separation of that which is scientific from that which is spiritual or existential. Contextual influences relating to the worldview of a particular culture are embedded in that culture and remain important to how members of the culture make meaning of their lives. While this is a premise open for interpretation, it may well be the most salient part of the explanation for most Western misunderstandings of indigenous knowledge systems in general and for the failure of so many programs aimed at mitigating the spread of HIV/AIDS in southern Africa specifically.

Understanding the context for these traditional beliefs and practices was essential in this study, especially as particular issues arose. For example, constructs such as *thokolosi* and *boswagadi* do not seem nearly so "strange" or "exotic" when I understand that they represent inherent African ethnomedical conceptualizations of illness and the cause of disease. Rather than attempting to categorize and evaluate, because I had at least base-line knowledge about the cultural context, I was able to understand how these constructs make sense to the participants as they attempt to make meaning of something that seems strange and exotic to them—HIV/AIDS.

Openness to Discovery

In the process of conducting any type of qualitative research, it is imperative that the investigator maintains a stance of being nonjudgmental in regard to the culture, phenomenon, or individual(s) being examined. It is this openness that leads the researcher to discovery. Using the example just presented, it was important that I remained open to the existence of *thokolosi* and *boswagadi*, as well as to how these constructs help individuals in the culture to make meaning about HIV/AIDS within the parameters of the culture. By remaining open, rather than judgmental, I was able to probe for nuances within the focus groups and to discover meanings that could help me in better understanding these beliefs. With a greater knowledge about such cultural constructs, I became better positioned for considering how to construct culturally relevant instruction. Obviously, I am not advocating for an instructional module that necessarily teaches or promotes belief in these constructs; but rather, knowing of their existence and how intricately woven they are into the tapestry of local cultures, I believe that instruction can be calibrated to take indigenous understandings into consideration.

Researcher Decision Making

Throughout the process of conceptualizing, designing, conducting, and analyzing research, the researcher is called upon to make numerous decisions. I needed to make a rather simple decision at the beginning of the study. I would have preferred slightly smaller groups. This means that either I could have facilitated two groups with fewer members, or I could have broken the two groups of eleven participants into three or four focus groups. Of course the camp management was eager to see the least amount of interference with camp work by the research activities, but I was given the flexibility. I was interested in having the maximum number of people involved while using the least amount of time. When I considered all the factors, I decided that even though most of the literature says that number of participants should be up to ten, I wanted to follow my sense of "natural occurrence." There were eleven workers each in the operations and in the housekeeping and ground departments, and I ultimately decided that it was important to keep the participants in their natural groupings.

A decision that I had to make during one of the focus groups was a bit more difficult. A question was posed to me, and I was not sure of the answer. I had to make a decision about how to best respond. I could have sidestepped the question by saying that I was asking the questions and they were providing the answers. I could have asked them: *What do you think*? I could have saved face by giving them what I thought was the answer, even though I had looked into the matter previously and saw that it was a bit more complicated and needed further research. I elected to allow myself to be questioned, and I elected to honestly report that *I did not have all the answers*, that the matter was complex and I needed to obtain the most accurate information possible before rendering

an answer. Another researcher might have made a different decision based on a different, but also justifiable, rationale.

The point here is that there are many junctures in the research process that require (1) more than a rudimentary understanding of local culture; (2) openness to discovery; and, (3) the need for the researcher to make decisions—sometimes with time for informed consideration, and at other times immediate and on-the-spot. There is usually no one *right way* to proceed in conducting focus groups. Rather, every step of the qualitative research process depends upon the context of the research and the investigator's theoretical framework.

Conclusion

I recall sitting in my university office with a young doctoral student who had approached me about advising her dissertation research. She explained to me her interest in *getting at* a particular mental health training issue (Stinchfield, 2004), but from a grass roots and consumer perspective. She then hesitantly presented her rationale for thinking that the use of focus groups might be a reasonable strategy for obtaining the information that she desired. Her reticence stemmed from her fear that perhaps no faculty member would see the merit in her idea. However, I was intellectually intrigued by her proposal. I was delighted to support this student's work (Stinchfield, 2003), because her ideas and the rationale were robust, and because I think that more human service-related research needs to be *hands on* and grounded in the *real world*. This was precisely what she was proposing, and this is precisely the possibility opened up by the use of focus groups.

This chapter was intended as a *hands-on* introduction to the *real-world* use of focus groups, especially in psychology and counseling. I am hopeful that this chapter also

served to open up possibilities for thinking about this methodology in new and different ways. The final *hands-on* contribution here is the *real-world* tools section below.

Tools for Using Focus Groups in Qualitative Research

An extremely useful tool for anyone interested in focus groups, is Sage's six-volume *Focus Group Kit* (Morgan & Krueger, 1998). This "kit" is a boxed set of user-friendly paperback books with many helpful annotations. The volumes are, respectively: (1) *The Focus Group Guidebook* (Morgan, 1998a), (2) *Planning Focus Groups* (Morgan, 1998b), (3) *Developing Questions for Focus Groups* (Krueger, 1998b), (4) *Moderating Focus Groups* (Krueger, 1998c), (5) *Involving Community Members in Focus Groups* (Krueger & King, 1998), and (6) *Analyzing and Reporting Focus Group Results* (Krueger, 1998a). The contents of the kit offer a wealth of information and are appropriate for use by a student who is new to the research arena, as well as by the experienced qualitative researcher. Numerous other print resources, in addition to the six volumes in the *Focus Group Kit*, are listed in the reference section at the end of this chapter.

There are many electronic resources available online, but several stand out. *Six Sigma* (2004) has a website with links to a number of short articles. The articles are more oriented toward the business sector and not the social sciences; however, the articles are practical, get straight to the point, and offer base-line information about focus groups. Lewis (2000) reviews the literature regarding the use of focus groups in qualitative inquiries. Finally, a manual (Dawson, Manderson, & Tallo, 1993) for training moderators to conduct focus groups can be found online.

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