UTILISATION OF FOCUS GROUP DISCUSSION (FGD) AS A RESEARCH TOOL IN COMMUNITY HEALTH NURSING PRACTICE: A CASE STUDY OF THE VIEWS AND BELIEFS OF SECONDARY SCHOOL STUDENTS IN NIGERIA ABOUT HIV/AIDS AND ITS PREVENTION

II Akpabio (RN, RM, BSc MPA, MSc (Nursing), PhD)
Department of Nursing
University of Calabar
Calabar, Cross River State
Nigeria
Tel: 08034058026
E-mail: Idongawa@yahoo.com

MC Asuzu (MBBS; DO H&S, MSc; FMCPH; FFPHM)
Professor, Department Of Community Medicine
College of Medicine
University College Hospital, Ibadan
Nigeria
Tel: 08033467670
E-mail: mcasuzu2003@yahoo.com

BR Fajemilehin (BNSc, MSc Nursing, PhD)
Professor, Department of Nursing
College Of Health Sciences
Obafemi Awolowo University
Ile-Ife
Tel: 08057101446
E-mail: Fajemilehin@yahoo.com.

OFI Bola (BSc Nursing, MEd, PhD)
Doctor, Department Of Nursing
Faculty Of Clinical Sciences
University Of Ibadan, Ibadan
Nigeria
Tel: 08034023572
E-mail: Bolaaofi@yahoo.com.

ABSTRACT

Background: The purpose of this paper was to show the need for, and the process or strategies for qualitative study in community health nursing practice. The paper presents a focus group discussion, used as a case study, as a descriptive base for HIV/AIDS preventive health education intervention for the target population. This also severed as a guide for the development of an AIDS education curriculum.

© ISSN 1682-5055 Africa Journal of Nursing and Midwifery 9 (1) 2007 pp. 37–49

Method: Six focus group discussions (three male and three female groups) were conducted in three secondary schools. The aim was to obtain in-depth knowledge of the students' beliefs and views about HIV/AIDS and its prevention. The discussions involved 25 students comprised of 12 males and 13 females. Results showed that the students had knowledge gaps related to HIV/AIDS, as well as negative attitudes towards prevention. Some of the reasons participants gave for engaging in sexual intercourse included peer pressure and their desire to be 'big boys'. Suggestions focused on designing health education interventions aimed at eliminating misconceptions and increasing the use of qualitative study (focus group discussion) to obtain a rich variety of data that could be used to guide interventions.

Keywords: curriculum, focus group discussion, health education, HIV/AIDS, students.

INTRODUCTION

The emphasis in community health nursing practice is on promoting health and preventing disease. As health moves from a treatment- and hospital-based system to a prevention- and community-based one, community health nurses need to be ready to provide interventions that lead to improved health outcomes for the entire population, including vulnerable groups such as adolescents. Although often ignored, community health nursing practice demands a greater understanding of health consumers' beliefs, social relations or values, attitudes and in-depth experiences, prejudices and fears, conceptions and misconceptions. Facts are seldom provided. The use of focus group discussions therefore becomes imperative in such situations.

A focus group discussion is an in-depth, open-ended, qualitative group discussion, lasting one to two hours, that is employed to collect information from a few individuals to provide data on a predefined topic. (Neema 1998; Robinson 1999). Focus group methodology was originally developed because many consumer decisions are made in a social context and are often identified through discussions with others.

Researchers are placing increasing emphasis on the value of focus group discussion. According to Sim (1998) it has become clear that an understanding of health and illness behaviour, and of professional intervention in health care, is incomplete unless an effort is made to capture the subjective reality of health and ill health as they affect the individual. Although there is increasing use of focus group discussions in health care, there is still much to be learnt if this method of investigation is to be useful in providing a clearer understanding of research results and in developing future research. According to Isiugo-Abanihe (2001) focus group discussion combines participant observation and in-depth interviews or information exchange on topics that are of importance to the researcher.

This paper examines the objectives of focus group discussion on topics relevant to health education and community health nursing practice. It investigates strategies for conducting successful focus groups discussions as well as the value and limitations of

such groups. A specific focus group, in which secondary school students discuss their beliefs and views about HIV /AIDS and its prevention, is presented as a case study.

OBJECTIVES OF FOCUS GROUP DISCUSSION IN COMMUNITY HEALTH NURSING PRACTICE

Focus group discussion should be done primarily to describe and give an in-depth understanding of perceptions, interrelationships, beliefs and experience, particularly those related to the issue under consideration. This is made possible by probing questions that provide answers to the "why" and "how"" questions that cannot be explained in quantitative studies (Isiugo-Abanihe 2001). Thus, it is a very useful means of strengthening results obtained in qualitative studies.

Focus group discussion relevant to community health nursing aims to provide insight and clear understanding of the gap between knowledge and health practices. For instance, it is vital in understanding why people fail to act even though they have both knowledge and understanding. This could account for why Ocholla-Ayayo (2003) emphasises that focus group discussions be utilised in social science and behavioural research. The technique can be particularly useful in establishing links that are not immediately obvious to health care providers. Focus group discussion could provide an effective starting point for health assessment, planning and intervention in community health nursing practices (Araoye 2003).

As well as being used as a primary data collection method, focus group discussion is advocated as a preliminary activity for the development of more structured research. For instance, focus group discussion can aim at developing a research instrument and creating a theoretical explanatory model. Focus group discussions provide a wide range of data within a short period of time. Focus groups are also particularly useful with illiterate respondents who cannot complete questionnaires but who can communicate effectively in their local languages.

STRATEGIES FOR CONDUCTING SUCCESSFUL FOCUS GROUP DISCUSSIONS

According to Lincoln and Guba (2003) there are five phases in implementing a qualitative inquiry. Phase one comprises the preliminary field work where the researcher obtains preparatory information and identifies what needs to be followed up or explored in depth in the actual study. In phase two, the investigator must gain clearance into the setting. This involves contacting appropriate individuals at the site of inquiry, gaining permission to carry out the study in the setting, and obtaining consent. Phase three com-

prises "focus exploration" of the phenomenon being studied. Lincoln and Guba (2003) state that this is an intense period of data collection, data recording and preliminary data analysis. It is a time of learning from the participants and the study setting.

In phase four of the inquiry the researcher arranges to leave the field, addressing issues of disengagement and closure. In the fifth and final phase of a qualitative inquiry, field notes are transcribed, the final report is written and member checks are done. The provisional report is often given to the participants for scrutiny. Participants are expected to confirm that the report has captured the data as constructed by them, or to correct, amend or extend it. Ideally, participants in the study should be selected through purposive or convenience sampling. Since focus group discussions cannot be generalised, probability sampling may not be required. Prior knowledge of the topic of discussion and the purpose of the investigation should be provided. The seating arrangement must allow for eye-to-eye contact between the facilitator, the note taker and the participants. A semi-circular seating formation is recommended. This provides a means of observing and recording the non-verbal communications of the participants, which assists in obtaining a clearer understanding of their feelings or beliefs. When the focus group discussion is to be conducted in a different language to that spoken by the facilitator, a translator is required.

A group of four to ten people is usually recommended, although group sizes in excess of ten and less than four have been found useful in some situations. For the best results it is recommended that participants in a focus group be as homogenous as possible. According to Isiugo-Abanihe and Obono (2000), participants are more relaxed among others of the same background or experience. The participants should be grouped according to specific characteristics that are relevant to the subject under discussion.

Focus groups are usually held in neutral settings, and conducted in a permissive and non-judgmental atmosphere. The venue should be quiet and spacious enough to comfortably accommodate all participants. The facilitator should try to ensure equal participation of all group members in the discussion. The sessions are usually tape-recorded for subsequent verification, transcription and analysis. This allows for verbatim analysis and also frees the facilitator to engage with the group to obtain diverse views. Participants should be allowed to respond to one another's comments. Focus group discussions should be flexible enough to accommodate unbiased, diverse views.

Analysis of focus group discussions may involve two basic approaches, namely qualitative and content analysis (Morgan, 2000). The qualitative analysis relies on summary or verbatim reports while the content analysis typically produces numerical description of the data (in table format). The two approaches should not be mutually exclusive but complementary. In summary, the analysis of data from the focus groups involves the transcription of views and opinions that emerged and that have been verified through the group process.

VALUES AND LIMITATIONS OF FOCUS GROUP DISCUSSION IN COMMUNITY HEALTH NURSING

Like all social research methods, focus group discussion has a number of values as well as limitations. The practical value of focus groups lies in the fact that they can be done relatively cheaply and quickly, thereby providing a lot of information in a short time and at a lower cost than individual interviews. On the other hand, focus group discussion takes place in an unnatural setting. As such, there is always some residual uncertainty about the validity of what the participants say.

Data from focus groups are less likely to be misinterpreted because the comments are typically made within a broader discussion. Misunderstood questions are readily evident and could therefore easily be corrected or recast by the facilitator. In contrast, one-word or short phrased answers of questionnaires provide little basis for assurance that the questions were understood as intended (Knodel & Pramuel-Petana: 2000). On the other hand, in contrast to sample surveys, the small size of focus groups, their limited coverage, and the purposive selection of participants mean that one cannot base generalisations on focus group discussion data.

Because of the flexibility of the questions, focus group discussions elicit materials, insights, attitudes and beliefs that may not be revealed in survey questionnaires or observation methods. Focus group discussions are excellent for obtaining information from illiterate participants and could therefore prove very useful in village settings. In focus groups, the researcher or a knowledgeable facilitator also has the opportunity to clarify issues or follow up responses during the sessions.

STATEMENT OF PROBLEM

This study investigated students' beliefs, attitudes and views about HIV/AIDS and its prevention. It was undertaken because, even in the midst of the HIV/AIDS pandemic, many adolescents, including those in school, still exhibit behaviours that show their ignorance of the threat of HIV/AIDS to the health of sexually active people.

OBJECTIVES OF THE STUDY

The specific objective of the qualitative study was to obtain information from students about the following:

- knowledge of HIV/AIDS
- ways of preventing HIV/AIDS infections
- people likely to contract AIDS
- why people who know about AIDS fail to take precautions to avoid infection

- reasons why young people have sex
- attitudes of young people towards not having sexbefore marriage
- attitudes of young people towards the use of condoms
- how young people could help their peers to avoid AIDS
- what schools should do to help adolescents to avoid AIDS
- what government should do to help young people take action to prevent the spread ofAIDS
- any other views they might have on how AIDS should be prevented.

METHODOLOGY

A focus group discussion method was used to obtain in-depth understanding of the issues under investigation. Six focus groups were conducted in three secondary schools in Akwa Ibom State, Nigeria. These included three male groups and three female groups. The following secondary schools were involved: Etoi, Uyo, and Nduo-Eduo high schools; Nduo-Eduo and Eket state secondary commercial schools; and Okop-Eto and Ikot Ekpene.

Sample and sampling technique

Sampling involved purposive selection of male and female school prefects as participants. In each school, groups were divided in terms of gender to ensure homogeneity. School prefects were selected as it was assumed that they were more outspoken and could communicate more effectively. The six focus groups involved a total of 25 students: 12 males identified as M1-M12 and 13 females identified as F1-F13.

Data collection procedure

Permission for the study and tape recording of discussions was obtained from principals and teachers as well as the students. The potential benefits of the study were explained to gain their cooperation and establish an interpersonal relationship between the researchers and the participants. Male facilitators and note takers conducted focus group discussions for the male participants while female facilitators conducted of the groups of female participants. Focus group discussion guidelines were used during the study. Notes were taken and information was also recorded. The data were transcribed after the discussions and the final written report was checked with the participants.

RESULTS FROM FOCUS GROUP DISCUSSIONS

Knowledge of HIV/AIDS

In three of the six groups, most of the participants knew that HIV stands for human immune-deficiency virus and that it causes AIDS. Three others were unsure of the full

meaning of HIV although they had heard the term before. Participants also identified AIDS as a dangerous disease that has no cure. However, many could not state the full meaning of AIDS although they had also heard it mentioned before.

Ways of spreading HIV/AIDS

One participant stated that most people could get AIDS through ignorance. In his estimation, people might know that AIDS existed, but not how to prevent it. They all knew that AIDS passes from one person to another. Many correctly identified that AIDS is spread through the following ways:

- sexual intercourse with infected person
- blood transfusions
- sharing objects such as razor blades or needles.

One participant erroneously stated: "It can pass to somebody who is using the same toilet."". Her non-verbal communication (facial expression) further communicated her opinion of the danger involved in such a practice. Another participant said "by sharing bath", and the majority of participants did not know about the potential of mother-to-child transmission during birth or through breastfeeding.

Ways of avoiding infection

Table 1: Participants' views on ways to avoid infection with HIV/AIDS (n=25)

	School 1		School 2		School 3		Total
Statement	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	
Avoid sexual intercourse	4	5	4	4	4	4	25
Refuse circumcision and sharing sharp instruments	4	5	4	4	4	4	25
Refuse contaminated blood	4	5	4	4	4	4	25
Bath with disinfectants		–	–	1	–	1	2
Only stay near people who look healthy	2	1	1	1	2	3	10
Avoid kissing and exchanging saliva	4	5	4	4	4	4	25

The result in Table 1 shows that all 25 participants in the three schools agree that avoiding sexual intercourse, refusing circumcision or sharing sharp instruments as well as

refusing the use of materials contaminated with blood are ways of avoiding infection with HIV. However, a total of two participants (one from school 2 and one from school 3) pointed out that people should bath with disinfectants to avoid HIV. Ten participants (two males and one female from school 1, one male and one female from school 2, two males and three females from school 3) stated that people should only stay near those who look healthy. All 25 participants agreed that people should avoid kissing and exchanging saliva as a means of preventing infection.

People likely to contract AIDS

Many agreed that AIDS was common among those who have sexual intercourse. A male participant in one group specifically mentioned prostitutes (This comment was accompanied by a negative facial expression from the participant and laughter by others). Further probing by the facilitator attracted responses such as "those who share things". When asked to identify such things, a long list was given, including sharp objects and eating utensils.

Why people who know about AIDS fail to take precautions to avoid infection?

All participants identified a lack of money to purchase necessities such as individual shaving equipment. A participant in one of the groups said: "Some people do not want to use condom because they think it waste time, some say they do not enjoy sexual intercourse with condoms." Further probing by the facilitator on those who have such beliefs prompted one participant to respond: "My other school mates." This was followed by laughter. Another male participant added, "I have heard about AIDS but I want to have sex like my friends do".

Reasons why young people have sex

Responses included:

- They want to enjoy the sweetness.
- They want to be big boys.
- The girls run around because they want to have money.
- They experience pressure from friends.
- Some believe that AIDS does not exist.

Attitudes of young people towards not having sex before marriage

Some participants said that they would stop having sex if they saw somebody with AIDS. One participant said: "Many refuse to stop sex because of the benefits they get.".

Further probing by the facilitator as to what was meant by "benefits" resulted in a female participant responding, "like getting money and passing exams". When asked if such a thing was happening in her school, the reply was "I don't know".

Another participant stated: "Many refuse to stop because since they are young, they believe that they cannot have AIDS like older people." Others in that group agreed with this statement. Other reasons given included the fact that many are engaged in sexual acts because they want to do what their friends do. A female participant in one of the groups said: "It may be difficult to control the urge if one has been doing it." Another female participant stated that "some have the attitude of staying away from sex until marriage". This statement was affirmed by another female participant in the group, who said: "Sex before marriage will spoil somebody's future." Many female participants indicated that they would prefer to abstain from sexual intercourse before marriage.

Attitudes of young people towards the use of condoms

There were varied reactions from both male and female participants. Many male participants indicated that people did not like using condoms and preferred having sex "the natural way". It was also said that condoms could puncture. A female participant agreed with this statement and confirmed that many do not accept the use of condoms because they do not enjoy sex when a condom is used. On the other hand, more females in the various groups said they would accept condoms because they do not want to be pregnant or contract AIDS.

How young people can help their peers to avoid AIDS?

Many participants felt that young people needed to speak to their friends about not having sex or, alternatively, using condoms. They also felt that young people should avoid associating with bad friends. The following comments were also made:

- "A bad friend will want to convince you to have sex."
- "They should not lure others to have sexual intercourse by telling them lies."
- "Some say that if one does not have sexual intercourse for a long time, he/she will become sickly and that to be cured of AIDS, one should have sexual intercourse with a virgin."

When asked whether they believed these statement the response was, "I don't, but others believe them".

What schools should do to help adolescents avoid AIDS?

All the participants felt that there was a need to teach AIDS prevention in schools. Other

responses included the need to clear bushes around schools to prevent students from hiding behind these and having sexual intercourse, and putting up fencing around the schools to prevent "rascal boys from coming into the school yard to rape girls".

What government should do to help young people take action to prevent AIDS

A few female participants felt that government should stress sexual abstinence instead of the use of condoms. All the participants discussed the need for government to send health workers to schools to teach students how to prevent AIDS. Other points included the need for government to make laws to discipline students found outside the school premises during school hours, and doing away with school fees for secondary schools. All participants in the female group where the latter suggestion was made were in agreement with it.

Students' views on how AIDS should be prevented

Both male and female participants felt that young people needed to be educated on AIDS prevention and that AIDS prevention clubs should be established in schools.

DISCUSSION

The results show that, while most youths were knowledgeable about HIV/AIDS and possessed positive attitudes towards prevention, a substantial number still exhibited a high level of ignorance and practised risky behaviour. Some secondary school students still believed that AIDS could be transmitted through contact with toilet seats, eating together or sharing cutlery. Through both their verbal and non-verbal communication, these students indicated a desire to remain distant from people living with AIDS. Their erroneous beliefs explain the continued stigmatisation of people living with AIDS. Such reactions might well be related to inadequate knowledge of HIV/AIDS transmission and prevention. This argument corresponds with that of Modeste, Marshak and Green (2003), who, in linking the cognitive aspect of behaviour to the individual's attitude, noted that many students who were misinformed about HIV/AIDS transmission exhibited negative attitudes towards prevention and people living with AIDS.

The results also showed that there are students who know that AIDS exists, but have no knowledge of how to prevent infection. There was also a general belief that AIDS is likely to be contracted only by commercial sex workers. This is a dangerous belief, because risky behaviour is persistently exhibited by supposedly healthy individuals who could be carriers.

The focus group discussions also revealed some students' negative attitude towards

abstinence and even condom use. While some pointed out that sexual intercourse is used to fight poverty, others noted that their friends or schoolmates dislike condoms because "they think it wastes time" and "they do not enjoy sex with condoms". These assertions provided deep insights into the risky behaviour practised by secondary school students. Although the participants were careful to attribute this behaviour to others, it revealed that they were aware of what their peers were doing. According to Sarafino (2001), people acquire healthy and unhealthy behaviour through learning processes, which occur by way of direct experience and through observing the behaviour of others. If the behaviour becomes well established, it tends to become habitual, and is performed automatically and without awareness of the risk involved. Because of the difficulty in changing habitual behaviour, it is important to encourage the development of healthy behaviours right from the start through adequate educational intervention, and eliminate unhealthy practices before they begin or as soon as they are identified.

It was also quite revealing to note the many responses students gave as to why sexual intercourse was practised outside marriage. Such responses included a desire to be one of the "big boys", peer pressure, lack of funds and supposed benefits such as money or being helped to pass an examination. A number of students believed that young people were not at risk of contracting HIV/AIDS, unless they were commercial sex workers. These assertions are very significant, and point to the level of risky behaviour being perpetrated by adolescents and youths.

The findings from this qualitative study corroborate several reports, including the National Population Commission (2000), which indicated that the age at which sexual activity commences has continued to decline among both male and female adolescents in many parts of Africa. Consequently, they are said to have the highest rates of adolescent fertility. There are also high rates of sexually transmitted infections, including HIV/AIDS, in the adolescent population..An erroneous belief in their own invulnerability could explain the risky behaviour of adolescents. Several authors, including Ajuwon, Olley, Akin-Jimoh and Akintola (2002) have also documented this.

RECOMMENDATIONS

In addition to curative care, which is currently the norm in school health nursing in the developing nations, school health education should receive more focus. Health education and communication programmes must go beyond merely offering information to fostering risk-avoidance skills as well. Such skills should include negotiation to delay sexual debut, abstinence and negotiation with potential sexual partners about protection and condom use. HIV/AIDS education should begin early, even before children become sexually active. HIV/AIDS preventive education for the youth, as for any other population sector, should be relevant to their educational needs. For this reason, baseline data such as that obtained from this qualitative study should be acquired prior to the development of a health education curriculum. It is very important to find out about:

- learners' concerns, fears and anxieties
- what they know about HIV/AIDS and what misunderstandings exist
- the factors that influence their behaviour.

Once this has been assessed the gaps could be filled and the relevant facts taught.

SUMMARY AND CONCLUSION

The focus group discussion technique was effective in providing a deep understanding of the students' attitudes and behaviour. The findings indicate that health education should aim to eliminate misconceptions and create in-depth awareness among this target population of the causes, spread and prevention of HIV/AIDS. This is especially necessary in the developing countries, where sizeable proportions of parents are not very knowledgeable on many issues related to HIV/AIDS.

REFERENCES

Ajuwon, AJ., Olley, BO., Akin-Jimoh, I. & Akintola, O. 2002. Sexual coercion in adolescents in Ibadan, Nigeria: Results of a collaborative research project of the African Regional Health Education Centre, College of Medicine, University of Ibadan, Nigeria, and the Special Programme of Research Development and Research Training in Human Reproduction, Geneva, Switzerland: World Health Organisation.

Araoye, M. O. 2003. *Research methodology with statistics for health and social sciences*. Ilorin Nigeria: Nathadex Publishers.

Isiugo-Abanihe, UC. 2001. Focus group discussion in social science research in Nigeria. Paper presented at the workshop of grantees of the Mac-Author Foundations Funds for Leadership Development Programme. Badagry, Lagos.

Isiugo-Abanihe, UC. & Obono, OM. 2000. The use of focus group discussion in Nigerian social research. A position paper presented at the Department of Sociology, University of Ibadan, Ibadan, Nigeria.

Knodel, J. & Pramuel-Petana, A. 2000. Focus group research as a means of demographic inquiry. The use of focus group discussions in Nigerian social research. A position paper presented at the Department of Sociology, University of Ibadan, Ibadan, Nigeria.

Lincoln, YS. & Guba, EG. 2003. *Nationalistic inquiry: Principles and practice of nursing research*. St. Louis: Mosby, A Times Mirror Company.

Modeste, N., Marshak, N. & Green, I. 2003. AIDS concern among adolescents attending Seventh-day Adventist High Schools in Trinidad and Tobago. *International Quarterly of Community Health Education*, 17(4): 375–387.

Morgan, DC. 2000. Focus group as qualitative research: The use of focus group discussions in Nigerian social research. A position paper presented at the Department of Sociology, University of Ibadan, Ibadan, Nigeria.

National Population Commission 2000. Nigeria Demographic and Health Survey, 1999, Abuja, Nigeria: The National Population Commission.

Neema, S. 1998. Conducting successful focus groups and analysis: Experience from a pilot study on family planning and sexual behaviour in the era of HIV/AIDS and sexually transmitted diseases. *African Journal of Reproductive Health,* 2(2): 175–182.

Ocholla-Ayayo, ABC. 2003. Sources of secondary data and collection methods. Paper presented

at the workshop on the methodology of research in social sciences, organised by UAPS and IFORD, Yaounde, Cameroon.

Robinson, N. 1999. The use of focus group methodology with selected examples from sexual health research. *Journal of Advanced Nursing,* 29(4): 905–913.

Sarafino, EP. 2001. *Health psychology: bio-psychological interactions*. New York: John Wiley and Sons.

Sim, J. 1998. Collecting and analysis of qualitative data: Issues raised by the focus group. *Journal of Advanced Nursing, 28(2): 345–352.*