VOIC	E-C	Date: Date: No. FGD_DD
FOC	JS G	GROUP DISCUSSION GUIDE: Groups 3 & 4
Facili	tator	Note taker: DDD Venue: Language: DZulu DSotho DEnglish Participant #:
		IONS For the facilitator to understand – How to read this Focus Group Discussion Guide ere are 3 levels of questions:
	•	Numerical research questions/topic areas highlighted in gray: the questions/areas that we as VOICE-C researchers want to get answers to. These don't need to be read aloud.
	•	FGD questions: the questions that you as the facilitator will ask respondents in order to get answers to the research questions.
	•	<u>Probes:</u> they are indicated with a bullet, and will not be translated. The facilitator should ensure that key topics listed in the probes have been addressed/discussed during the FGD. So, depending on what has already been discussed, and the FGD context, you may ask these probes or no
2.	Inst	tructions/suggestions to facilitator are in italics.
3.	The	e FGD guide is divided into three columns.
	_	<u>The left-hand column</u> contains the research questions, FGD questions and instructions. The FGD questions are suggestions for getting the discussion going. It is not required to read them verbatim, but they are written in local language to ensure some consistency across FGD. You may adapt the question, depending on how the discussion develops, and the facilitator will have to ensure that at the end the research questions have been answered.
	-	<u>The middle column</u> is for questions for which there is likely to be consensus and a clear response from the group. Please check the response options that best captures the group response to the research question.
	_	The right-hand column is for summarising the themes. These should be summaries of the general issues raised in connection with the research question, NOT responses of individual women in response to particular points or questions. These summaries should be more than just yes/no, but not longer than a few sentences of bullet points. They do not need to be detailed, as we have the details on the tape. Note: the summaries and yes/no answers can be filled during the FGD by the note-taker, and then reviewed immediately after the FGD by the facilitator.
4.	All qu	uestions with an * asterisk next to the research question are to be repeated at every FGD for Group 3 CAB members.
Before	e star	rting the Focus Group Discussion, the Facilitator explains to the focus group:
	•	We will begin the tape recorder now. [Facilitator: start the tape recorder.]
	•	As you know from your informed consent, this FGD will be tape recorded today. Please verbally indicate that you are aware that we are tape recording this session and that it is okay with you. [Facilitator: be sure to get a verbal okay from all members of the focus group.]

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STUDY OVERVIEW/ ICE-BREAKER			
<ul> <li>Ask each participant to describe the work they do, where they are working and the community where they live.</li> </ul>			
COMMUNITY FACTORS			
Describe community structure and resources			
ENGLISH: Please tell me about your community characteristics and the people who live in it.			
SESOTHO: Ake le njwetse hle ka ha dimelo tsa setjhaba sa lona le batho ba ba dulang ho sona.			
ISIZULU: Ngicela ungitshele ngesimilo somphakathi wakho, nangabantu abahlala kuwo?			
What does the word 'community' mean to you?			
What are the different groups that make up your community?			
What are the characteristics of this community?			
Is it safe or dangerous?			
How do people in the community interact with one another?			

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FOCUS GROUP DISCUSSION GUIDE: Grou	ıps 3 & 4	_
<ul> <li>Where and when do people gather togethe</li> </ul>	er?	
If you are new to Hillbrow, what is the first t try and meet people?	thing you do to	
Who are the influential or key individuals fro community?	om your	
<ul> <li>How do people demonstrate support for on organizations? If someone needs help who</li> </ul>		
2. *Explore HIV and HIV-related stigma in the cits influence on HIV preventive behaviors	community and	
ENGLISH: How is HIV experienced in your community?		
<u>SESOTHO:</u> Kokwanahloko ya AIDS e nkiwa jwang setjhabeng	ı sa lona?	
<u>ISIZULU:</u>		
Ingabe iHIV ithintana kanjani nomphakathi wakho?	?	
<ul> <li>How do people talk about those who are H</li> </ul>	IV infected?	
Where do people access ARVs and what a seeking care?	are the barriers to	

Challenges in accessing prevention

 What do people say about HIV prevention and treatment measures: (condoms, PREP)

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**FOCUS GROUP DISCUSSION GUIDE: Groups 3 & 4** 

### 3. Explore the HIV research needs

### **ENGLISH**:

What are the HIV research needs in your community?

### SESOTHO:

Ke dife dihloko tsa dipatlisiso tsa kokwanahloko ya AIDS setjhabeng sa lona?

### <u>ISIZULU:</u>

Yiziphi izidingo zocwaningo lwe HIV kumphakathi wakho?

- How much of a problem or concern is HIV and AIDS considered in your community?
- What role does medical research play in HIV prevention?
- How can researchers engage communities in the research?
- What other local community groups do you think should be informed of this research?
- Why do women in your community join the VOICE study?

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FOCUS GROUP DISCUSSION GUIDE: Groups 3 & 4						
4 * Identify rumous and staries shout	VOICE					

FOCUS GROUP DISCUSSION GUIDE: Groups 3 & 4		
4. * Identify rumours and stories about VOICE		
ENGLISH: What are people in the community saying about VOICE?		
SESOTHO: Batho ba bua eng ka dipatlisiso tsa VOICE mo setjhabeng sa lona?	Community attitude toward VOICE  Mostly positive	
ISIZULU:  Bathini abantu kumphakathi wakho ngocwaningo lwe VOICE?	☐ Mostly negative	
<ul> <li>When you hear the word "research" or "clinical trial", what comes to mind? How people feel about research on new HIV prevention methods?</li> </ul>	☐ Divergent opinions ☐ Most people	
What do people know about the VOICE study?	haven't	
<ul> <li>In general, are people in the community supportive of the VOICE study?</li> </ul>	heard of it	
<ul> <li>How do women in the VOICE study perceive the researchers? Do they try to please them?</li> </ul>		
Do you think the community has correct or incorrect information about the VOICE study? Please relate any specific rumor or stories you may have heard about the study or people who joined the VOICE study.		
<ul> <li>What concerns might the community have towards the research?</li> </ul>		
<ul> <li>Why might they have these concerns and what can the research team do to address this?</li> </ul>		
<ul> <li>Does the VOICE study bring any benefits to the community?</li> </ul>		
<ul> <li>Do some groups feel differently than other groups, such as political leaders, church leaders, health care providers,</li> </ul>		

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Men/women, young/old?

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## FOCUS GROUP DISCUSSION GUIDE: Groups 3 & 4

### 5. \* Explore community beliefs surrounding vaginal gel use

### **ENGLISH:**

How do your communities view the use of vaginal products?

### SESOTHO:

E kaba ditshaba tsa ha bo lona di bona jwang tshebediso ya dihlahiswa tsa setho sa sesadi?

### ISIZULU:

<u>Ingabe imiphakathi yenu ikubona kanjani ukusetshenziswa</u> kwemikhigizo yesitho sangasese sabesifazane?

- When you hear the word "microbicide", what comes to mind? What do people think of microbicide in the community?
- What are people saying about the results of other gel studies? (may have to explain which are these studies: MDP 301, CAPRISA 004)?
- Tell us about the differences between these gel studies?
   (may have to be specific about which studies they are)
- What are the traditional practices surrounding insertion of vaginal products including gels?
- What role do community norms for example, around vaginal hygiene and practices- play in gel use and adherence?
- Do you think some members of your community who enroll in the study might be more or less adherent to gel use than others? Who are they and why?

## 6. Explore community beliefs surrounding oral tablet use

### **ENGLISH:**

How do your communities view the use of tablets?

### SESOTHO:

E kaba ditshaba tsa ha bo lona di bona jwang tshebediso ya diphilisi?

### ISIZULU:

<u>Ingabe imiphakathi yenu ikubona kanjani ukusetshenziswa kwamaphilisi?</u>

- Is it common for people in your community to take oral tablets for treating a disease, or for prevention (i.e. vitamins, contraceptive pill)? How comfortable are the people with swallowing the tablets?
- What are the practices surrounding oral medication taking?
- What role do community norms for example, around taking pills/vitamins for prevention or for treating disease-play in tablet use and adherence?
- Do you think some members of your community who enroll in the study might be more or less adherent to tablet use than others? Who are they and why?
- Is the tablet perceived as potentially more or less effective than the gel? Why?

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FOCUS GROUP DISCUSSION GUIDE: Groups	3 & 4	
7. * How does the community influence gel/tablet in the VOICE study?	adherence	
ENGLISH: What sorts of things in the community are helping or n difficult for women to use the gel or tablets daily in the study?		
<u>SESOTHO:</u> Ke dintho tsa mofuta mang mo ditshabeng tsa lona tse	e thusitseng	

### ISIZULU:

<u>Yiziphi izinto kumphakathi wakho ezisiza noma ezenza kube nzima kwabesifazane ukusebenzisa ijel noma amaphilisi nsuku zonke kucwaningo lwe VOICE?</u>

kapa tse entseng hore o be boima ho basadi ho sebedisa jele kapa

dipilisi letsatsi le letsatsi ba le dipatlisisong tsa VOICE?

- What things do you think/do you expect may prevent women from returning for their study visits?
- How supportive or unsupportive would your community be regarding the use the gel or the tablets for HIV prevention if they were proven effective?
- If both tablets and gel were proven effective, which do you think would be better for women in this community to use and why?
- Given the findings of CAPRISA 004, do you think women in VOICE may change when they will take the gel / and the tablets? Will they feel encouraged to take their product(s) daily or not?

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## ORGANIZATIONAL FACTORS

8. What are the social groups or networks that exist in this community and how does one identify them?

### **ENGLISH:**

<u>Please describe the different groups, networks or consortiums that exist in this community, and what defines them or makes them distinct.</u>

### SESOTHO:

Hle, hlalosa dihlopa tse fapaneng, boikgokahanyo kapa mekgahlokgoboko e leng hona ditihabeng tsa lona, le hona ke eng se etsang hore di hlahelle?

## <u>ISIZULU:</u>

Ngicela ungixoxele ngamaqembu ahluka hlukene, iinsika zomphakathi, noma imbumba yamaqembu, futhi yini ewachaza kabanzi noma ehluke kanjani kwamanye?

- Ethnic groups?
- Churches, religious organizations?
- Political or Work/ labor-oriented groups? Microcredit or cooperatives?
- Trial participants, clinic attendees, other health or psychosocial support groups?

## **HOUSEHOLD FACTORS**

## 9. What is a typical household in your community and how is it organized?

### **ENGLISH:**

<u>Please describe what a typical household looks like in your community and who makes decisions in the household.</u>

### SESOTHO:

Hle, hlalosa hore lelapa la tlwaelo le lebeleha jwang setjhabeng tsa lona le hona ke mang a nkang digeto ka hara lelapa?

### ISIZULU:

Ngicela uchaze ukuthi umndeni ojwayelekile ubukeka kanjani kumphakathi wakho futhi ubani owenza izingumo kumndeni?

- What is the typical household size
- Composition?
- Number of rooms/space?
- Who typically makes decisions about how to spend money?
- What is the typical family structure?
- How is general decision-making usually handled in the household?

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FOCUS GROUP DISCUSSION GUIDE: Groups 3 & 4

## 10. Describe how healthcare is managed in the household

#### **ENGLISH:**

What happens when someone in the household is sick? How might this affect women's ability to use study product in VOICE study?

### SESOTHO:

Ho etsahalang ha emong ka hara lelapa a kula? Le hona se se ka ama jwang bokgoni jwa basadi ho sebedisa sehlahiswa sa dipatlisiso tsa VOICE?

### ISIZULU:

Kwenzakalani uma omunye womndeni egula futhi lokho kungabathinta kanjani abesimame ukuthi bakhone ukusebenzisa imikhiqizo yocwaningo lwe VOICE?

- Describe where community members get help with sickness (i.e. clinics, inyangas, pharmacy etc)
- What factors facilitate, or are barriers to health care access?
- Are there adequate health services available to the community?
- What elements of the household do you think are most important in facilitating women's adherence to the VOICE study products? (e.g. daily routines, morning rituals, etc)
- How often do you think women disclose the VOICE study products use to household members?
- How important is it for women to disclose the VOICE study products use to household members?
- Are these issues the same or different for women using the gel or those taking the tablets? Why?

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PAR	TNERS
	explore the communication dynamics among partners out sexual practices
ENGL How d	ISH: o couples communicate about sex in relationships?
<u>SESO</u> E kaba kaman	a balekane ba buisana jwang ka tsa thobalano ka hara
ISIZUL Ingabe babo?	e ophathini baxoxisana kanjani ngezocansi ebudlelwaneni
•	In a typical relationship, is it hard for men or women to talk about sexual health issues, such as HIV and contraception?
•	In a typical relationship, how difficult is it to discuss condom use or HIV prevention measures such as use of gel and tablets
•	Does communication vary depending on the type of relationship (wife vs. casual partners)
•	How do others in the community or community attitudes affect couples' decisions to use products and condoms?

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### 12. \* Examine how relationship dynamics affect product use

#### **ENGLISH:**

Describe the communication between partners surrounding product use, and is it the same or different for vaginal gel compared to the tablets?

### SESOTHO:

Hlalosa ka ho buisana mahareng ha balekane tabeng ya tshebediso ya sehlahiswa, le hona ho a swana kapa ho na le phapang mahareng ha jele ya setho sa sesadi le diphilisi?

### <u>ISIZULU:</u>

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<u>Chaza ukuxoxisana phakathi kophathini malunga</u> <u>nokusetshenziswa komkhiqizo, futhi ingabe kuyafana noma</u> kwehlukile uma ijel ighathaniswa namaphilisi?

- Are men generally aware when women are using vaginal products such as microbicides
- Do men encourage or object to their use
- How would you promote study products (gel/tablets) to get men to be supportive of their use? Would it be the same or different for gel and for tablets
- Are there certain characteristics of the get/tablet that might affect a partner's acceptability of it?
- Would women need men's permission to use products such as vaginal gel or tablets?
- How does the 'women-controlled' nature of the study products affect the partner's acceptability of it?
- How do sexual norms (things that are acceptable and not acceptable around sex in our society) affect women's ability to adhere to gel/tablet?
- How do sexual norms affect men's response to their partner's gel/tablet use?

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ADHERENCE	
13. What are the boundaries of adherence:	
ENGLISH:	
What level of product "adherence" (daily use) can be achieved in	
"normal life", outside of the context of the trial for gel or tablets?	
[give example of teeth flossing]	

### SESOTHO:

Ke maemo afe a ho sebedisa setsweletswa hanhle (letsatsi le letsatsi) a ka lebellwang bophelong ba nnete ha eba basadi ba ne ba sebedisa jele/dipilisi ba se mo dipatlisisong? [give example of teeth flossing]

## ISIZULU:

Ingabe yiliphi izinga lokusetshenziswa kahle (nsuku zonke) komkhiqizo elingalindelwa kwimpilo yenjwayelo, uma abesimame bebengasebenzisa ijel/amaphilisi wocwaningo lokuvimba isandulela ngculazi, ngaphandle kokubamba iqhaza kucwaningo?

- What does the term "adherence" mean in real life?
- What would be an acceptable level of adherence/unacceptable level for daily use? Would adherence requirement be different for gel vs. tablet?
- Would men and women prefer to use the gel and tablet only around the time that they had sex or every day as part of a routine?
- Would the challenges in maintaining adherence (outside of a trial) be different for gel vs. tablets?
- Under what circumstance of normal life, do you think it would be OK to miss some of the daily doses: (i.e. under special circumstances (travel, when not having sex, when partner is traveling...other circumstances)

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14. Explore specific adherence challenges expe the trial	rienced in	
ENGLISH:  We areANTICIPATING (first Group 3 FGD) EXPERIENCING (all other FGDs) the following adherence challenges and would like years on what strategies we might use to address them.	our input	
SESOTHO:		
ReLEBELETSE HO BA LE (first Group 3 FGD)		
IPHIHLELETSE (all other FGDs)		
diphephetso tse dilatelang ka ha tshebediso ya dihlahiswa dipatlisiso hantle le hona re kopa maele a lona hore ke ditse dife tseo re ka di sebedisang ho lokisa se.		
ISIZULU: SilindeleUKUHLANGABEZANA (eyokuqala GR. 3 FSIHLANGABEZANA (zonke ezilandelayo iGR nezi zingqinamba malunga nokusetshenziswa nsuk komkhiqizo, singathanda nisiphe amacebo ukuthi singa ziphi indlela ukulungisa lokhu?	R 3 FGDs) ku zonke	
(Adherence challenges)		
What are the barriers to site visits?		
<ul> <li>From your point of view, what things should the study do to ensure the best possible adherence</li> </ul>		

## **REVIEW CONCEPTUAL FRAMEWORK**

use of gel/ tablets

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15. Explore participants' reactions to the conceptu framework	al	
ENGLISH: Looking back at the conceptual framework we showed there any other things at any of these levels that affect that we have not discussed?		
SESOTHO: Ha re lebelela moraho ho seswantso sa maemo a fapa dipatlisisong se re le bontsitseng sona, e kaba ho na le mo maemong a fapaneng tse amang tshebediso ya di tsa dipatlisiso hantle se re sa buang ka sona?	e se seng	
ISIZULU: Uma ubheka emuva lapho sikubonise indlela yokuthi cwaningo luhlelwe kanjani, ingaba kukhona okunye ng mazinga owabonile esingaxoxanga ngakho engase kubenomthelela ekusetshenzisweni kwemikhiqizo?		
<ul> <li>Are there other things that you can think of bed diagram, for example at a national or policy lev</li> </ul>		
16. Any other questions?		

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## **FOCUS GROUP DISCUSSION GUIDE: Groups 3 & 4**

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TO BE COMPLETED BY NOTE TAKER /FACILITATOR AFTER INTERVIEW/ FGD COMPLETED:	General flow of this FGD:
General comments about mood how the discussion went, participants' level of involvement etc	□ Easy □ Difficult
	Participants were comfortable and talked easily?
	□ All □ Some