VOICE-C

Date:  
No. FGD_

FOCUS GROUP DISCUSSION GUIDE: Groups 3 & 4

Facilitator  Note taker:  Venue:  Language:  Zulu  Sotho  English  Participant #:  

INSTRUCTIONS For the facilitator to understand – How to read this Focus Group Discussion Guide

1. There 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.
   - Probes: 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 not

2. Instructions/suggestions to facilitator are in italics.

3. The FGD guide is divided into three columns.
   - The left-hand column 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.
   - The middle column 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 questions with an * asterisk next to the research question are to be repeated at every FGD for Group 3 CAB members.

Before starting 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.]
## Study Overview/ Ice-Breaker

- Ask each participant to describe the work they do, where they are working and the community where they live.

## Community Factors

### 1. Describe community structure and resources

**English:**
Please tell me about your community characteristics and the people who live in it.

**Setsotho:**
Ake le njwetse hle ka 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?
FOCUS GROUP DISCUSSION GUIDE: Groups 3 & 4

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Where and when do people gather together?</td>
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<tr>
<td>If you are new to Hillbrow, what is the first thing you do to try and meet people?</td>
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<tr>
<td>Who are the influential or key individuals from your community?</td>
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<tr>
<td>How do people demonstrate support for one another or for organizations? If someone needs help who do they go to?</td>
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</table>

2. *Explore HIV and HIV-related stigma in the community and its influence on HIV preventive behaviors*

**ENGLISH:**
How is HIV experienced in your community?

**SESOTHO:**
Kokwanahloko ya AIDS e nkiwa jwang setjhabeng sa lona?

**ISIZULU:**
Ingabe iHIV ithintana kanjani nomphakathi wakho?

- How do people talk about those who are HIV infected?
- Where do people access ARVs and what are the barriers to seeking care?
- What do people say about HIV prevention and treatment measures: (condoms, PREP)
- Challenges in accessing prevention
### 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?

**ISIZULU:**
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?
**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?

**ISIZULU:**
Bathini abantu kumphakathi wakho ngocwaningo lwe VOICE?

- When you hear the word “research” or “clinical trial”, what comes to mind? How people feel about research on new HIV prevention methods?
- What do people know about the VOICE study?
- In general, are people in the community supportive of the VOICE study?
- How do women in the VOICE study perceive the researchers? Do they try to please them?
- 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.
- What concerns might the community have towards the research?
- Why might they have these concerns and what can the research team do to address this?
- Does the VOICE study bring any benefits to the community?
- Do some groups feel differently than other groups, such as political leaders, church leaders, health care providers, men/women, young/old?
- Do other people in the community not taking part in the VOICE study feel about the research?

<table>
<thead>
<tr>
<th>Community attitude toward VOICE</th>
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<tbody>
<tr>
<td>Mostly positive</td>
<td></td>
</tr>
<tr>
<td>Mostly negative</td>
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<tr>
<td>Divergent opinions</td>
<td></td>
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<tr>
<td>Most people haven’t heard of it</td>
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</tbody>
</table>
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:**
Ingabe imiphakathi yenu ikubona kanjani ukusetshenziswa kwemikhqizo 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 lona di bona jwang tshebediso ya diphilisi?

**ISIZULU:**
Ingabe imiphakathi yenu ikubona kanjani ukusetshenziswa kwamaphilisi?

- 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?
### 7. * How does the community influence gel/tablet adherence in the VOICE study?*

**ENGLISH:**
What sorts of things in the community are helping or making it difficult for women to use the gel or tablets daily in the VOICE study?

**SESOTHO:**
Ke dintho tsa mofuta mang mo ditshabeng tsa lona tse thusitseng kapa tse entseng hore o be boima ho basadi ho sebedisa jele kapa dipilisi letsatsi le letsatsi ba le dipatlisisong tsa VOICE?

**ISIZULU:**
Yiziphi izinto kumphakathi wakho ezisiza noma ezenza kube nzima kwabesifazane ukusebenzisa ijel noma amaphilisi nsuku zonke kucwaningo lwe 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?
### ORGANIZATIONAL FACTORS

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

**ENGLISH:**
Please describe the different groups, networks or consortiums that exist in this community, and what defines them or makes them distinct.

**SESOTHO:**
Hle, hlalosa dihlopa tse fapaneng, boigokahanyo kapa mekgahlo-koboko e leng hona ditjhabeng tsa lona, le hona ke eng se etsang hore di hlahelle?

**ISIZULU:**
Ngicela ungixozele ngamqembu 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:**
Please describe what a typical household looks like in your community and who makes decisions in the household.

**SESOTHO:**
Hle, hlaosa hore lelapa la t lwaelo le lebeleha jwang setjhabeng tsa lona le hona ke mang a nkang diqeto ka hara lelapa?

**ISIZULU:**
Ngicela uchaze ukuthi umndeni ojwayelekile ubukeka kanjani kumphakathi wakho futhi ubani owenza izinqumo 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?
### 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 imikhigizo 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?
### PARTNERS

11. *Explore the communication dynamics among partners about sexual practices*

**ENGLISH:**
How do couples communicate about sex in relationships?

**SESOTHO:**
E kaba balekane ba buisana jwang ka tsa thobalano ka hara kamano?

**ISIZULU:**
Ingabe ophathini baxoxisana kanjani ngezocansi ebudlelwani babo?

- 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?
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?

**ISIZULU:**
Chaza ukuxoxisana phakathi kophathini malunga nokusetshenziwa komkhigizo, futhi ingabe kuyafana noma kwehlukile uma ijel iqhathaniswa 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?
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 bebengasebenziswa ijele/amaphilisi wocwaningo lokuvimba isandulela ngculazi, ngaphandle kokubamba ihaza 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)
14. Explore specific adherence challenges experienced in the trial

**ENGLISH:**
We are....ANTICIPATING (first Group 3 FGD)
...EXPERIENCING (all other FGDs)
...the following adherence challenges and would like your input on what strategies we might use to address them.

**SESOTHO:**
Re ...LEBELETSE HO BA LE (first Group 3 FGD)
...IPHIHLELETSE (all other FGDs)
...diphephetso tse dilatelang ka ha tshebediso ya dihlahiswa tsa dipattlisiso hantle le hona re kopa maele a lona hore ke ditsela tse kaone dife tseo re ka di sebedisang ho lokisa se.

**ISIZULU:**
Silindele ...UKUHLANGABEZANA (eyokuqala GR. 3 FGD)
...SIHLANGABEZANA (zonke ezilandelayo iGR 3 FGDs)
.... nezi zingginamba malunga nokusetshenziswa nsuku zonke komkhqizo, singathanda nisiphe amacebo ukuthi singasebenzisa ziph indlela ukulongisa lokhu?

- (Adherence challenges)
- What are the barriers to site visits?
- From your point of view, what things should the VOICE study do to ensure the best possible adherence to daily use of gel/ tablets

**REVIEW CONCEPTUAL FRAMEWORK**
15. Explore participants’ reactions to the conceptual framework

**ENGLISH:**
Looking back at the conceptual framework we showed you, are there any other things at any of these levels that affect adherence that we have not discussed?

**SESOTHO:**
Ha re lebelela moraho ho seswantso sa maemo a fapaneng mo dipatlisisong se re le bontsitseng sona, e kaba ho na le se seng mo maemong a fapaneng tse amang tshebediso ya dihlaiswa tsa dipatlisiso hantle se re sa buang ka sona?

**ISIZULU:**
Uma ubheka emuva lapho sikubonise indlela yokuthi lolu cwaningo luhlelwe kanjani, ingaba kukhona okunye ngokwa la mazinga owabonile esingaxoxanga ngako engase kubenomthelela ekusetshenzisweni kwemikhqizo?

- Are there other things that you can think of beyond this diagram, for example at a national or policy level?

16. Any other questions?
**FOCUS GROUP DISCUSSION GUIDE: Groups 3 & 4**

<table>
<thead>
<tr>
<th>General flow of this FGD:</th>
<th>Participants were comfortable and talked easily?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy</td>
<td>□ All</td>
</tr>
<tr>
<td>Difficult</td>
<td>□ Some</td>
</tr>
<tr>
<td></td>
<td>□ None</td>
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</table>

**TO BE COMPLETED BY NOTE TAKER /FACILITATOR AFTER INTERVIEW/ FGD COMPLETED:**

General comments about mood how the discussion went, participants' level of involvement etc…