



Community Mapping with FGM Affected African Communities in the EU

PRACTICAL HANDBOOK

**(Based on REPLACE Approach: see
www.replacefgm2.eu)**

Prepared by
Professor Hazel Barrett & Dr Yussif Alhassan
Coventry University
UK

March 2016



This project is co-funded by
the European Union

This Practical Handbook has been prepared under the auspices of CHANGE Plus Project. CHANGE Plus is co-funded by the European Union under the Rights, Equality and Citizenship Programme and coordinated by TERRE DES FEMMES. The sole responsibility of this Practical Handbook lies with the authors. The views adopted in this publication do not reflect the opinion of the European Commission. The European Commission does not guarantee the accuracy of the information given in this publication, nor does it accept responsibility for any use thereof. Copyright in this publication is held by Coventry University.

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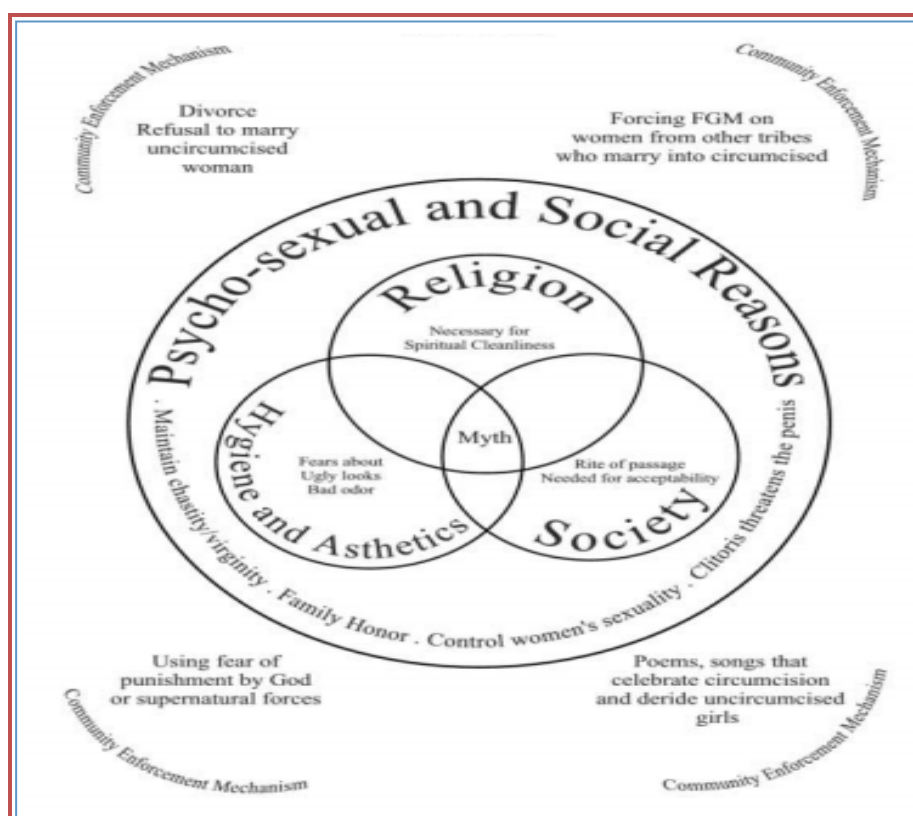
AIM

The aim of the community mapping activity is to understand the belief systems and enforcement mechanisms that perpetuate FGM in FGM affected communities living in the EU using Community-based Participatory Action Research (CPAR) methods.

INTRODUCTION

Studies have shown that the effectiveness of a behaviour change activity/ intervention aimed at ending FGM depends largely on the extent to which it is evidence-based (Gruenbaum, 2005). The increasing realisation of the strong influence of social norms and beliefs on FGM practice has led to recent calls for particular focus on these factors when designing interventions to end FGM. A review by the WHO (1999) demonstrated how beliefs around religion, hygiene and aesthetics and social acceptance combine to influence individual decision making in favour of undertaking FGM in various countries in Africa and the Middle East (see Figure 1).

Figure 1: The WHO 'Mental Map' of FGM

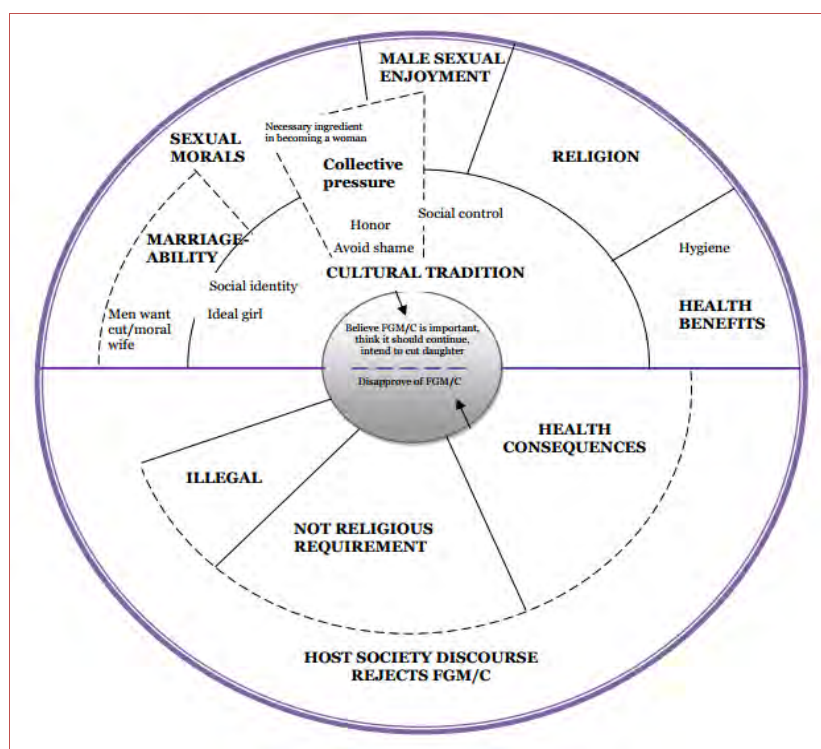


Source: WHO, 1999.

The influence of modernisation on traditional beliefs and practices has often led to the assumption that FGM will diminish with increased migration of people from high prevalence countries to Western societies. However, a recent review by Berg, Denison and others (2010) suggests that not only is FGM practiced by such migrants, it is driven by belief systems prevalent in the home countries. The authors underscored the importance of traditional beliefs related to women's sexuality, marriage, religion, and health to be

particularly influential in promoting the continuation of FGM in Western societies (Figure 2). They further emphasised that FGM often developed social significance in contexts where it is practiced, and that these are particularly influential for its continuation.

Figure 2: Conceptual Model of Factors Promoting and Hindering FGM in Western Countries.



Source: Berg et al. 2010.

The REPLACE Project (Barrett et al, 2015a) found that several beliefs were underpinning the practice of the FGM in affected communities living in the EU that formed part of their research. These included beliefs associated with religion, socialisation, marriage and sexuality, culture, tradition and identity, social pressure and communication. The significance of each of these beliefs in driving FGM varied from one community to another. However, within each of the beliefs lie the barriers and the facilitators to change in relation to ending FGM in affected communities.

What is clear is that belief systems and social norms, together with the enforcement mechanisms and social sanctions that underpin the social norm, are extremely important in the continuation of FGM in the EU. It is also apparent that belief systems that support FGM vary across different contexts. Even where belief systems appear to be similar, the nuances and relative strength of each one differ, from one context to another. Thus it cannot be assumed that beliefs that perpetuate FGM in one community will be the same in another. This suggests the need for research to be conducted to understand the nature and dynamics of the belief systems that support FGM practice in a particular community before behaviour change activities/interventions are developed to tackle FGM in that community.

Identifying the belief systems that underpin people's motivation for practicing FGM provides a good foundation for the Change Agent and Champion to devise an appropriate behaviour change activity/intervention to tackle those beliefs. Even though it may not be possible to

tackle all the beliefs that are identified in a particular community, the REPLACE Project (Barrett et al, 2015a) found that belief systems that enforce FGM tend to overlap and reinforce one another and therefore by carefully planning a behaviour change activity/intervention a number of beliefs could be addressed in a single intervention. Due to resource scarcity it is useful to focus on the most important beliefs in the community, even though these may be very challenging.

This Practical Handbook therefore presents an approach and methodology for mapping community belief systems, social norms and enforcement mechanisms that support the continuation of FGM in FGM affected communities living in the EU. The approach is based on the principles of inclusion, respect, empowerment and transparency (Figure 3).

Figure 3: Principles of Community Mapping

Engagement Principles	Description
Inclusion	The involvement of different individuals or groups affected by the FGM-related issue being tackled regardless of their position in society. This suggests building an ethno-cultural, gender and inter-generational diversity in the engagement process. It also means the need to eliminate physical, psychological and socio-economic barriers to participation by all groups.
Respect	Recognising the autonomy of community members over decisions that affect them and their ability to bring about change over issues that affect them. This also means recognising the knowledge and resources of community members and the need to take their views and inputs seriously. Respect for community members also suggests that adapting community engagement to the needs of the community.
Empowerment	Adequate measures are taken to ensure that community members are adequately empowered through information and education and the provision of resources needed to enable them engage effectively.
Transparency	The need for community members to be adequately informed about the community mapping project, including the purpose and limitations of the project as well as the nature of their involvement.

Source: REPLACE, 2015a, 57-58.

COMMUNITY-BASED PARTICIPATORY ACTION RESEARCH (CPAR)

Owing to the complex and culturally specific nature of the social norms and belief systems that motivate and enforce FGM, the REPLACE Approach recommends the use of Community-based Participatory Action Research (CPAR) to understand community beliefs and practices regarding FGM. CPAR is particularly useful for both research and intervention development on FGM because it facilitates an effective engagement with community members and an in-depth exploration of various issues associated with FGM. The CPAR process also empowers and motivates community members to reflect and challenge the

belief systems that support FGM and to take actions to end the practice. The REPLACE Community Handbook (Barrett et al, 2015b) gives detailed information on conducting CPAR in the context of FGM.

CPAR was selected as it 'involves the study of a particular issue or phenomena with the full engagement of those affected by it. Its most distinguishing features are a commitment to the democratisation and demystification of research, and the utilisation of results to improve the lives of community collaborators'. (Clifford and Valentine, 2003: 162).

Community-based Participatory Action Research (CPAR) which is part of the Participatory Action Research family is defined as:

'a collaborative research approach that is designed to ensure and establish structures for participation by communities affected by the issue being studied, representatives of organisations, and researchers in all aspects of the research process to improve health and well-being through taking action, including social change.' (Hacker, 2013, 1)

Hacker (2013) identifies nine important principles of Community-based Participatory Action Research. These are as follows:

Community-based Participatory Action Research

- Acknowledges community as a unit of identity
 - Builds upon strengths and resources within the community
 - Facilitates a collaborative, equitable partnership in all phases of research involving an empowering and power-sharing process that attends to social inequalities
 - Fosters co-learning and capacity building among all partners
 - Integrates and achieves a balance between knowledge generation and intervention for the mutual benefit of all partners
 - Focuses on the local relevance of public health problems and on ecological perspectives that attend to the multiple determinants of health
 - Involves systems development using a cyclical and iterative process
 - Disseminates results to all partners and involves them in wider dissemination of results
 - Involves a long term process and commitment to sustainability.
- (Hacker, 2013: 10-14).

Community-based Participatory Action Research is therefore ideal, in combination with behaviour change activities/interventions, to work with FGM affected communities towards the goal of ending FGM.

The CPAR methods that will be employed by the community mapping activity will include focus group discussions and narrative interviews facilitated by Change Agents and Champions. Change Agents will be required to participate in a module designed to build their capacity in undertaking ethically sound research (Annex 1), sampling and respondent recruitment, how to facilitate focus group discussions (Annex 2) and narrative interviews (Annex 3) and how to analyse the data collected (Annex 4).

COMMUNITY MAPPING: ACTIVITY STAGES

Community mapping involves eight key activities which will be undertaken by Change Agents and Champions.

1. Identify the FGM affected community with whom to undertake community mapping activity

It is important to clearly identify the community with which to work with to undertake the community mapping. A target community could include a range of different social groupings. In terms of FGM interventions, a target community mostly refers to a group of people who live in a specific geographical area (e.g. town, neighbourhood) or share a common interest, characteristic (e.g. gender), experience, or belief. Key characteristics of a community that need to be considered when determining which FGM affected community to engage with include the following:

- i. *Membership of a community is not mutually exclusive.* Individuals often belong to different communities simultaneously and as a result their experiences, opinions and interests are shaped by these communities. Thus when individuals engage in a behaviour change activity/intervention programme they tend to bring to bear their experiences from all the communities that they belong to even if those communities were not the target of the intervention. Nonetheless, such an inclusive membership enriches the wealth of experience that community members are likely to bring to activities/interventions and can also facilitate the diffusion of new ideas, belief systems and social norm transformation concerning FGM to the other communities they also belong to.
- ii. *Membership of a community may not always be explicit.* Individuals may sometimes not realise that they are members of a particular community. For example, an FGM survivor may not be aware that they have been cut and belong to the community of FGM survivors. As a result such individuals are unlikely to come forward when FGM survivors are called upon to participate in an activity/intervention. Therefore, clarity about the target community and their demographics and defining features are important for reaching and recruiting target members for the intervention.
- iii. *Communities are usually internally diverse.* Even though members of a particular community share certain common characteristics, there are often internal differences which need to be recognised when recruiting members for the community mapping activity. There may be differences in terms of social class, age, gender and views of the social norm. For example, the African diaspora groups that the REPLACE Project worked with were internally heterogeneous. Some members were conservative and resistant to change in relation to FGM while there were others who wanted to see an end to the practice. Recognising such internal differences is crucial to ensuring that members of different segments of the community are represented in the mapping exercise.

In many cases the identification of a target community is quite straight forward but where the target community is not easy to define the Change Agents and Champions should identify the target community. This is not always easy due to the need to include participants from a diverse range of sub-communities. This may require the Change Agent and Champion to undertake a *stakeholder analysis*.

Stakeholder analysis basically involves working through the question “*who are the FGM stakeholders in the FGM affected community*”. A stakeholder is any person or group who affects or is affected by a particular issue. Thus, in the case of FGM, this generally includes all individuals and groups who contribute to the continuation of the practice (the reference

population) or are affected by it either directly or indirectly. Figure 4 provides a list of questions that could be used to identify the target community and participants for the community mapping exercise. Figure 5 provides a list of possible FGM stakeholders that can be included in the community mapping activity.

Figure 4: Questions for Identifying a Target Community

1. Whose wellbeing is adversely affected by FGM?
2. Who are the members of the reference population supporting the social norm of FGM?
3. Who enforces compliance to the social norm supporting FGM?
4. Who has the expertise (unique knowledge or skills) to bring to the community mapping exercise to ensure its success?
5. Who are the power brokers or influential individuals/groups on FGM?
6. Who is speaking out against the continuation of FGM?

Source: REPLACE, 2015a

Figure 5: Key Communities/Stakeholders on FGM Identified by REPLACE Project

FGM Affected <ul style="list-style-type: none"> ▪ Girls who have had FGM ▪ Women who have had FGM ▪ Husbands of FGM affected women 	Beneficiaries & perpetrators of FGM <ul style="list-style-type: none"> ▪ Excisors ▪ Parents ▪ Grandmothers/grandfathers ▪ Aunties and uncles ▪ Peers
Influential persons on FGM <ul style="list-style-type: none"> ▪ Religious leaders ▪ Traditional leaders ▪ Opinion leaders ▪ Elderly people ▪ Parents ▪ Grandparents 	Service providers and safe guardians on FGM <ul style="list-style-type: none"> ▪ Health service providers ▪ Social workers ▪ NGOs ▪ Law enforcement authorities

Source: REPLACE, 2015a

Due to the cultural differences in FGM practice and the need for specific in-depth community mapping of community beliefs, social norms and the enforcement mechanisms supporting the continuation of FGM in the community, it is suggested that only one FGM affected community is selected.

2. Rapid Literature Review

Once a target community has been selected a rapid review of existing literature on FGM practice in that community should be undertaken to provide background information for conducting the community mapping exercise. This will also help to identify current information gaps on FGM practice which will inform the mapping exercise. A search should

be undertaken for local reports on FGM by local authorities, health agencies and NGOs. The review should seek to understand, among other things, the target community's knowledge, attitude and practices concerning FGM and, if possible, explore the belief systems and enforcement mechanisms that support FGM in the community.

3. Recruitment of Change Agents

Due to the cultural sensitivities of FGM it is important that we work through people who understand the culture of the target FGM affected community. Change Agents will be recruited to conduct the CPAR. The Change Agents will also be used for community mobilisation and the development and implementation of the behaviour change activities/intervention. We propose the recruitment of a minimum of four Change Agents, including equal numbers of females and males. Preferably, only Change Agents, who come from the targeted FGM affected community, who speak the local language(s) and are active and passionate about ending FGM will be selected. The Change Agents will be involved in community mobilisation, identification and recruitment of respondents, undertaking the community mapping using CPAR methods and data analysis.

4. Ethics Application

Ethical clearance from a responsible organisation should be granted prior to the start of the community mapping. All participants in the community mapping exercise and all Change Agents should be over the age of 18 years and be given a Participant Information Sheet outlining the purpose of the research and be asked to sign an Informed Consent Form. Change Agents will be trained in undertaking ethical research and how to deal with ethical issues when they arise (Annex 1). A list of appropriate services that provide support to FGM survivors in the target community should be compiled and made available to Change Agents to give to participants in a Debriefing Document at the conclusion of a community mapping exercise.

5. Focus Group Discussion and Narrative Interview Guides

Comprehensive focus group discussion and narrative interview guides are available for use (Annex 5 and 6) and can be adapted to ensure they are appropriate for the target community. These cover a wide range of issues including:

- Culturally specific terminologies for describing FGM in the affected community
- Motives for practicing FGM
- Reasons why some people continue or stop practicing FGM when they come to the EU.
- Specific factors/conditions in the EU country in which they live that facilitates FGM practice in the affected communities
- Specific factors/conditions in the EU country in which they live that discourage FGM practice in the affected communities.
- Specific factors in the country of origin that facilitate or discourage FGM practice in the affected communities.
- The role of different reference populations in FGM practice
- The role of 'influential people' on decisions over FGM
- Knowledge about legal framework concerning FGM in host country
- Knowledge of interventions designed to end FGM in host country/community
- Knowledge about FGM services in in host country.

Change Agents will agree the final design of the guides to ensure that they reflect local needs and are culturally appropriate. The guides will be translated into German and/or

English and the local language of the target community. The guides should be piloted on two participants (one male and one female). The guides will then be revised and finalised.

6. Sample

A snowball sampling approach will be employed for the community mapping exercise. Change Agents will be responsible for identifying and recruiting participants for the study. Only people who are 18 years or older should be included in the exercise. This will include men and women, younger and older people, married and single and recent or longer term migrants. Efforts should be made to include in the sample influential members of the affected community such as cultural leaders, religious leaders, influential elders and other respected community members.

A minimum of two focus group discussions will take place involving 6 to 8 participants. This will include a male-only focus group and a female-only focus group. The focus group discussion participants should comprise people who represent different sub-communities within the target community.

It is anticipated that 16 narrative interviews will be conducted. For the narrative interviews it is suggested that the following sampling frame is used:

Respondents	Target sample
Male	>7 respondents (including a mix of age, marital status and length of time living in host country)
Female	>7 respondents (including a mix of age, marital status and length of time living in host country)
Religious/cultural leaders/respected members of the community	>2 respondents

It is recommended that those participating in focus group discussions are **not** included in the sample taking part in the narrative interviews. Thus a minimum of 32 members of the community will be directly involved in the community mapping exercise.

7. Focus Group Discussions & Narrative Interviews

A minimum of two focus group discussions will be conducted, followed by at least 16 narrative interviews. The focus group discussions will precede the narrative interviews so that the latter can explore in detail interesting leads uncovered in the focus group discussions. Both focus group discussions and narrative interviews will be conducted by the Change Agents. The focus group discussions and narrative interviews will be recorded and later translated/transcribed. Each focus group discussion and narrative interview will be conducted by Change Agents who share the same gender as the participant(s). Two Change Agents of the same gender will conduct each focus group discussions of the same gender (i.e. female Change Agents for female only focus group discussions). Both focus group discussions and narrative interviews will be conducted in an ethical manner (Annex 1) and in safe and convenient locations, with female Change Agents conducting narrative interviews with female participants.

8. Information Analysis

A grounded analytical approach will be employed to analyse the data so as to eliminate potential biases and uncover new and significant insights into the belief systems and

enforcement mechanisms underpinning the continuation of FGM . The information will be analysed either manually or with Nvivo software depending on availability (Annex 4). A report will be produced which will inform behaviour change activity/intervention development. .

CONCLUSION

When implementing behaviour change activities/interventions it is very important to understand the belief systems and the social norm supporting the continuation of FGM and identify any barriers to change. This is particularly important when designing activities/interventions to end FGM, as this is a complex issue and is one that involves not just individuals and families but the affected community as a whole. In addition every community is different, so what might be the case for one community might not be the same for other communities. 'One size does not fit all'. Thus engaging with communities and listening to community members and leaders to map community belief systems, social norms and enforcement mechanisms is important in order to ensure the activity/intervention is appropriate, culturally acceptable and effective.

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ANNEXES

ANNEX1: ETHICAL CONSIDERATIONS (adapted from Barrett et al, 2015b)

The community mapping must be done in an ethical manner. Ethical issues must be identified and addressed. This requires considering the following:

1. *Community engagement and identifying the target community.*

On initial contact with the community, the community mapping exercise should be explained and any benefits or disadvantages of participation fully discussed. Care must be taken to ensure that participants fully understand what they are being asked to do, and why they have been approached to participate in the community mapping. If members of the community want to take part, full informed consent has to be given by the participant. To aid this, a Participant Information Sheet (PIS) should be produced in an appropriate language. A PIS explains what the community mapping is about, why the participant has been asked to take part, what will happen if they agree to take part, the possible disadvantages and risks of taking part. It should also inform them how the information they disclose will be kept confidential and anonymous. It should include the contact details of the people or organisation organising the community mapping. It is important that participants are reassured that all identifiable information, such as their names and names of family and friends will be removed or changed in transcriptions of information, providing anonymity. See Figure A.1 for an example of a PIS that can be adapted.

In addition to the PIS, an Informed Consent Form should be produced in an appropriate language. All participants need to indicate on the Informed Consent Form that they are willing to take part. An example of an Informed Consent Form is given in Figure A.2. If participants are not willing or are unable to give written consent, it is acceptable to ask them to provide this verbally at the beginning of an audio recording of a narrative interview or focus group discussion. It is important that permission to audio record a narrative interview or focus group discussion is given by all participants involved in the recording.

The information on both the PIS and Informed Consent Form should be read out to participants to ensure they understand the community mapping exercise and have the opportunity to ask questions. It should be emphasised that participants are under no obligation to take part in the exercise nor answer questions or take part in any activity that they feel uncomfortable with. Participants should be able to withdraw from the exercise at any time without giving a reason and any information they have already provided removed from the exercise.

2. *Recruiting Change Agents and Champions.*

The same ethical procedures as described above apply to the recruitment of Change Agents and Champions. In addition, those recruited to these roles need to be trained in the ethical issues associated with dealing with a sensitive topic, such as FGM; how to ensure confidentiality and the safe storage of information (see below) and what to do if a disclose of intent to perform FGM or recent case of FGM occurs (see below).

3. Confidentiality and the handling and storage of information

Each participant should be allocated a unique identification code or pseudonym to ensure their anonymity whilst allowing the participant to be identified by community mapping managers if the participant decides to withdraw at a later date.

Conducting a focus group discussion can pose particular problems in maintaining participant confidentiality. Indeed this is one of the disadvantages of employing this method, particularly with a subject as sensitive as FGM. With tremendous social pressure for individuals to perform FGM on their daughters, it may be extremely difficult for focus group participants to express their feelings and beliefs, due to the fear that a fellow participant will divulge this information to others outside the focus group. Those facilitating focus group discussions should ask everyone who takes part to respect other participants' right to confidentiality and not to discuss outside of the focus group anything that is said in the focus group.

During a focus group discussion or narrative interview a participant may ask those facilitating the discussion what others have said about a particular issue or topic. Facilitators must not disclose what others have said, as this may breach confidentiality and indicate to the participant making the request that their own views might not be kept confidential. In addition revealing what others have said could influence how the current participant answers. If participants do ask what others have said, it is best to respond with generalities, or not to answer at all by explaining the need for confidentiality.

Recordings, transcripts and consent forms must be stored in a secure location, such as locked cabinets in a secure office. Information that is stored electronically, must be password protected. Informed Consent Forms which will have identifying information on them should be stored separately from other data and information. After information has been transcribed and translations checked with audio recordings, the recordings should be erased.

All those involved in collecting data and information must comply with the data protection legislation applicable in their country.

4. Ensuring participant and Change Agent and Champion safety and emotional well-being

The wellbeing of participants and the Change Agents and Champions is an ethical priority in any project/intervention, including community mapping.

In focus group discussions there is the possibility that participants can become offended or upset by the comments or opinions of others. In order to minimise participant emotional distress, focus group facilitators should emphasise the need to be respectful of others' views. Facilitators need to be able to identify when a discussion is becoming problematic and step in to either redirect the discussion or in serious situations, terminate the focus group.

It is possible that during focus group discussions or narrative interviews participants may disclose events or emotions that they have not yet come to terms with. In these circumstances participants may become distressed. If a participant becomes distressed during an interview the facilitator needs to find out if the participant wishes to continue. If distress occurs within a focus group discussion then the facilitator should temporarily stop the discussion to allow the participant to regain composure and to decide if they wish to continue. All distressed participants should be referred to an appropriate source of help. Information relating to counselling services and

sources of support and advice should be distributed to all participants during the debriefing (see below).

At the end of each focus group discussion/narrative interview participants should be given a Debriefing Sheet (which should also be explained verbally and in an appropriate language). This should contain information regarding organisations specialising in the field of FGM which can provide advice or support if required. An example is given in Figure A.3. During the debriefing it is a good opportunity to ask participants if they have any questions or concerns regarding the issues raised or their participation. During the debriefing facilitators should reconfirm participants' consent by informing participants of their right to withdraw from the community mapping exercise. If participants indicate they wish to withdraw at this stage, that is fine. In such a case the participant should be informed that all information they have given during a narrative interview will be removed and the audio recording will be erased. If a focus group participant wishes to withdraw it should be explained to them that their contribution to the discussion will not be transcribed.

Investigating sensitive topics such as FGM can have an impact on Change Agent and Champion emotional well-being. It is important that Change Agents and Champions have access to support and guidance. Information on sources of advice and support should be given to Change Agents and Champions by those organising the community mapping. It should be included as part of the initial training given to Change Agents and Champions.

The physical safety of Change Agents and Champions must also be considered. Change Agents and Champions must always ensure a responsible person knows where they are going and when, as well as when they are expected to return. Where possible Change Agents and Champions should avoid collecting information alone in participant's homes, as this may put them at risk. Neutral venues where other people are close by are to be preferred, such as a private room at a community centre. Having access to a mobile phone, in case of emergencies, is recommended.

5. *Processes to follow if a participant discloses intent to practise FGM or a recent case of FGM.*

All forms of FGM are illegal in the EU. In many EU Member States it is also illegal to take somebody out of that country to have FGM performed in another country. However there is evidence that FGM is taking place in the EU with EU residents being sent outside the EU for the purpose of FGM. Change Agents and Champions and participants must be made aware of the legal situation concerning FGM in the country in which they reside.

The community mapping exercise will not ask participants direct questions about their intention to perform or if they have performed or encouraged others to perform FGM. It is very unlikely that participants will disclose a direct intention to perform FGM. Nevertheless Change Agents and Champions need to have contingency measures in place to deal with such a disclosure of intent or disclosure of recent FGM.

Change Agents and Champions and Change Plus managers need to consider the following:

- Seek advice on how to deal with FGM disclosure before commencing the project.

- Have a clear action plan on how to deal with disclosure and ensure all Change Agents and Champions and Change Plus managers are aware of what they should do in the event of disclosure.
- If the plan includes the need to inform legal or child protection authorities of a disclosure, then participants MUST be made aware that this will be the case through the information provided in the Participant Information Sheet and Informed Consent Form before they agree to be part of the community mapping exercise.
- Ensure that information and sources of help and advice are provided to participants concerning the legal status of FGM in their country of residence. This should be in the Debriefing Sheet.
- Change Agents and Champions and Change Plus managers should be ready to answer questions about the law and FGM if they are asked.

Figure A.1 Example of Participant Information Sheet (PIS)

Below is an example of a Participant Information Sheet (PIS) used by the REPLACE Project - recruiting participants to attend focus group discussions in the UK. It should be adapted for narrative interviews. Note the use of the term 'female circumcision/cutting' rather than FGM. REPLACE decided that this term was more appropriate and would not deter individuals from participating. The Participant Information Sheet should be translated accordingly. If participants have difficulty reading, the researcher should read the information to the participant

The PIS should provide participants with the following information:

- *Information regarding the aims of the project*
- *Why they have been chosen to take part*
- *The positive and negative aspects of taking part*
- *How the information they provide will be stored and used by the researchers.*
- *Emphasise confidentiality and anonymity and the right to withdraw.*
- *Provide contact details of organisations, from which participants can gain more information.*

Participant Information Sheet for Focus Group Discussions

Study Title

[insert]

What is the purpose of this study?

The aim of the study is to find out the beliefs regarding female circumcision/cutting among the [insert] community and how people come to decisions about whether to circumcise/cut their girls or not.

Why have I been chosen?

You have been asked to take part because you are connected with the [insert] community and we are interested in your views and what you have to say.

Do I have to take part?

Participation in the research is voluntary and if you change your mind you can withdraw your consent at any time.

What will happen to me if I take part?

You will be asked to attend a focus group discussion consisting of no more than eight other people of the same sex. The meeting will take place at a location convenient to you. Refreshments will be provided and transport costs reimbursed. The focus group discussion will be audio recorded. At the end of the focus group discussion the facilitator will de-brief you about the research and you will be given an opportunity to ask questions and discuss matters relating to your participation. You will also be given contact details of the facilitator and the research team at [insert].

What are the possible disadvantages and risks of taking part?

There is a time cost as we will ask you to give up some of your time to take part in the focus group discussion. It might also be that you find talking about the subject difficult or uncomfortable. You do not have to talk about personal experiences unless you want to and you can stop the discussion at any time if you do not wish to continue.

What are the possible benefits of taking part?

By taking part in the research you will have the opportunity to have your say about the important issue of female circumcision/cutting. It will also give you the chance to contribute to research aimed at developing our understanding of female circumcision/cutting and best practice.

What if something goes wrong/I am not happy about something?

If there is anything you are unhappy about let us know (our contact details are at the end of this sheet). Alternatively you could speak to the facilitator, who will then contact us on your behalf. We will also give you contact information for sources of help and advice (see last page).

Will my taking part in this study be kept confidential?

The data we collect from you is anonymous; you will not be required to give your full name, only your first name if you are happy to do so. Any other information collected about you (e.g. your age) is only for the purposes of identification in case we need to delete any information if you withdraw your consent but this will not be shared with any third parties.

What will happen to the results of the research study?

The information that is recorded during interviews will be transcribed (written word for word) and analysed using a computer software programme. You can see your transcript and a copy of the final report, if you so wish by contacting the organisation involved in facilitating this project and/or the research team at [insert]. The findings of the research will inform the development of an intervention toolkit/community handbook that will be shared with those working in the area of female circumcision at a local level (such as community outreach workers, and community leaders).

Who is organising the research?

The research is being conducted by [Insert name of researchers]. Please visit the website for more information about the research:

[\[insert website address if possible\]](#)

Who has reviewed the study?

The study has received ethical approval from [insert name of the organisation].

Contact for further information

[\[insert\]](#)

Figure A.2 Example of Participant Informed Consent Form

Below is an example of an Informed Consent Form used by the REPLACE Project. This can be used as a template and adapted as needed. The Informed Consent Form should be translated accordingly. If participants have difficulty reading, the researcher should read the information to the participant and get them to give verbal consent on an audio recording.

Informed Consent Form

Title of Project: [insert]

Name of Researcher: [insert]

Participant Identifier for this project: [insert]

Please initial or tick box

1. I confirm that I have been informed and understand the nature of the project dated [insert] and have had the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. [insert: Contact: Tel: Email:] ☐
3. I understand that my responses will be anonymised before analysis. I give permission for the researcher and the research team to have access to my anonymised responses. ☐
4. I consent to the narrative interview/focus group discussion being audio recorded and transcribed. ☐

Name/Identifier

Date

Signature

Name of Researcher

Date

Signature

Figure A.3 Example of a Participant Debriefing Sheet

Below is an example of a Participant Debriefing Sheet used by the REPLACE Project within the UK. It is important that the Debriefing Sheet includes a contact number/address, so that participants can ask questions or withdraw from the research. You should explain what will happen to information they provide. Debriefing Sheets should also provide participants with information regarding services specialising in FGM. The Debriefing Sheet should be translated accordingly.

Participant Debriefing Sheet

Thank you very much for taking part in this activity/project. Your contribution has been very important to us.

We will be transcribing your narrative interview/focus group information and analysing it alongside all the other participants' data to look for common themes and outcomes.

If you have any questions about this or want to add any further information concerning the activity/project then please feel free to contact us. We will be more than happy to answer any questions. Alternatively, if you think of something later and wish to get in touch with us, you can do so using the contact details provided below:

[insert]

If you would like to have more information about FGM, services provided to survivors of FGM or who to contact concerning suspicions that FGM is about/or has recently taken place, the following list gives you details of organisations to contact **[provide relevant support organisations from the country of the study]**

:

NSPCC National FGM helpline: 0800 028 3550

Acton African Well Women Centre, Mill Hill Surgery Acton, West London 020 8383 8761

Women & Girls Network, London (for Support & counselling for women and girls who have experienced gender based violence) Tel- 020 7610 4345

African Women's Clinic, University College Hospital Central London 0845 155 5000 ext: 2531, or 020 7387 9300

Other FGM support organisations [provide relevant support organisations from the country of the study]

ACCM (Agency for Culture and Change Management) Sheffield www.accmsheffield.org

AFRUCA (Africans United Against Child Abuse) London www.afruca.org

Black Women's Health and Family Support London www.bwhafs.com

Eritrean Health Support Association London tel- 020 7419 1972

FORWARD (Foundation for Women's Health Research and Development) London www.forwarduk.org.uk

Waltham Forest Somali Women's Association London tel- 020 8503 7121

Somali Welfare Association London tel- 020 8968 1195

List of Specialist Health Services in England & Wales

African Well Women's Clinic Guy's & St. Thomas's Hospital

8th Floor – c/o Antenatal Clinic
Lambeth Palace Rd.
London, SE1 7EH
Tel: 0207 188 6872
Open: Monday – Friday, 9am – 4pm
Contact: Comfort Momoh MBE
(FGM / Public Health Specialist)
comfort.momoh@gstt.nhs.uk
Mobile: 07956 542 576

African Well Women's Clinic - Antenatal Clinic

Central Middlesex Hospital
Acton Lane, Park Royal
London, NW10 7NS
Tel: 0208 963 7177 or 0208 965 5733
Open: Friday, 9am – 12pm
Contact: Kamal Shehata Iskander
kamal.shehataiskander@nwlh.nhs.uk

African Well Women's Clinic - Antenatal Clinic Northwick Park & St. Mark's Hospital

Watford Rd.
African Women's Clinic
University College Hospital
Huntley St.
London, WC1E 6DH
Tel: 0207 387 9300 ext. 2531
Open: Monday afternoon
Contact: Maligaye Bikoo (Clinical
Nurse Specialist)
maligaye.bikoo@uclh.nhs.uk

Gynaecology & Midwifery Departments Chelsea & Westminster Hospital

3rd Floor
369 Fulham Rd.
London, SW10 9NH
Tel: 0207 751 4488
Open: Tuesday, 10am – 6:30pm,
Second Thursday of every month, 3:30pm – 6:30pm (by appointment only)
Contact: Gubby Ayida (Obstetrics
Service Director)
gubby.ayida@chelwest.nhs.uk

Harrow
Middlesex, HA1 3UJ
Tel: 0208 869 2870
Open: Friday, 9am – 5pm
Contact: Jeanette Carlsson

African Well Women's Clinic Whittington Hospital

Level 5
Highgate Hill
London, N19 5NF
Tel: 0207 288 3482 ext. 5954
Open: Last Wednesday of every month,
9am – 5pm
Contact: Joy Clarke or Shamsa Ahmed
joy.clarke@whittington.nhs.uk
Mobile: 0795 625 7992

Women's & Young People's Services Sylvia Pankhurst Health Centre Mile End Hospital

Bancroft Rd.
London, E1 4DG
Tel: 0207 377 7898 or 0207 377 7870
Open: Monday – Friday, 9am – 5pm
Contact: Dr. Geetha Subramanian
(Consultant Gynaecologist)
geetha.subramanian@thpct.nhs.uk

Gynecology & Midwifery Department**St. Mary's Hospital**

Praed St.

London, W1 1NY

Tel: 0207 886 6691 or 0207 886 1443 or 0207 886 6763

Contact: Judith Robbins or Sister Hany

foong.han@imperial.nhs.uk

Waltham Forest African Well Women's Services**Oliver Road Polyclinics**

Upper Ground Floor

75 Oliver Rd, Leyton

London, E10 5LG

Open: Drop-In Thursday 10am – 3pm

Contact:

Dr. Faduma Hussein (Community Health Advisor)

faduma.hussein@wf-pct.nhs.uk

Tel: 0208 430 7381 or 0788 785 4541

Minority Ethnic Women's & Girl's Clinic**Charlotte Keel Health Centre**

Seymour Road

Easton

Bristol, BS5 0UA

Tel: 0117 902 7100

Open: Drop-In Last Wednesday of every month, 9:30am – 12pm

Contact: Dr. Hilary Cooling

Additional Contacts

Women's Aid – National charity working to end domestic violence against women and children. Provides domestic abuse directory and national helpline.

www.womensaid.org.uk

National Domestic Violence Helpline: **0808 2000 247 (24-hour free helpline)**

NSPCC – National charity working in child protection and the prevention of cruelty to children.

www.nspcc.org.uk

Childline (www.childline.org.uk): 0800 1111 (24-hour free helpline for children)

Child Protection Helpline: 0808 800 5000 (advice for adults worried about a child)

fpa – The UK's leading sexual health charity.

www.fpa.org.uk

fpa Helpline: 0845 122 8690 (Mon-Fri, 9-6)

Rights of Women – National charity working to attain justice and equality by informing, educating and empowering women about their legal rights.

www.rightsofwomen.org.uk

Legal Advice Line: **020 7251 6577** (Tues/Wed/Thurs, 2-4pm/7-9pm; Fri 12-2)

Sexual Violence Legal Advice line: tel- **020 7251 8887** (Mon, 11-1; Tues 10-12)

Southall Black Sisters – A resource centre in West London offering a service to women experiencing violence and abuse.

www.southallblacksisters.org.uk

Tel- **020 8571 9595** (Mon-Fri, 10-5pm)

ANNEX2: HOW TO CONDUCT A FOCUS GROUP DISCUSSION

(This manual was originally developed for the REPLACE 2 project)

What is a Focus Group?

A focus group is more than just a large interview; it is a situation where a number of individuals are invited to take part in a discussion in which they not only voice their opinions about certain issues, but also define their beliefs and identities in relation to others in the group. A focus group facilitator needs to be aware, not only of what is being said by participants, but also what is not being said and how individuals behave towards one another. Unlike an in-depth interview, focus groups, to some extent are more representative of social interaction that occurs within wider society. Thus they allow the facilitator to gain an insight into how individuals define themselves or their community when interacting with others member of their community. Individuals may define themselves by disassociating themselves with others in society. For example, individuals of a religious persuasion might differentiate themselves from others who do not seem to follow any particular religion in order to define who they are and what they believe in. However, within a focus group situation, where there are many individuals who hold certain beliefs, opinions etc, defining what constitutes as a religious following becomes complex. Focus groups therefore offer a unique opportunity, not only to find out individuals' opinions about certain issues, but also to explore how identities and community beliefs are negotiated and formed.

Focus of the Focus Group

Because we want to explore the groups' interests and what they feel are appropriate questions to ask within narrative interviews, the structure of the focus groups should be loose. Although we want the participants to discuss the topics listed in the focus group discussion guide (Annex 5), we also want them to raise issues that they feel are important to them and/or the community. We therefore need to strike a balance between our agenda and the participants' insights to the practice of FGM.

The Characteristics of a Good Focus Group Facilitator

Focus group facilitators should have the following qualities:

1. Individuals must have a good knowledge of official language of host country and languages used by target community.
2. Facilitators should have some formal education and experience of working with groups/individuals.
3. Must be assertive and self-confident about their capabilities as a communicator.
4. Be able to think on their feet: With the focus group schedule only acting as a 'guide', facilitators should not be afraid of exploring other avenues of enquiry.
5. Facilitators need to listen to what people are saying: Facilitators must remember what has been discussed, what will need to be discussed and how best to get participants to discuss the issues that are relevant to the research.
6. Facilitators should control their non-verbal actions, even if they feel strongly about an issue.
7. Community members are more likely to share their thoughts and opinions with individuals who have a similar background to theirs.

Facilitators do not necessarily have to share their opinions about FGM to the group. However, they need to be prepared to hear unpleasant views or opinions which they may disagree with.

Recruiting Participants

When recruiting participants to attend a focus group it is always best to err on the side of caution and recruit more than is necessary. By doing this it will overcome the 'no-show' problem. Research has shown that individuals who are approached to attend focus groups engage in a 'diffusion of responsibility', where they assume that other participants will contribute so they do not feel responsible if they do not attend. When recruiting, potential participants may immediately agree to participate and 'yes, I'll be there'. However, you should not simply take this 'yes' as a sign that the individual truly believes the focus group is a good thing. Facilitators need to emphasise that it is crucially important that participants attend and that the researchers are extremely interested to hear their views. Also indicate that their participation would benefit the whole community, as this is an issue that concerns members of the FGM affected community. Also, inform participants that their time will be most appreciated and that there will be refreshments provided. What is important, however, is that you uphold ethical standards and inform the participant about the nature of the research project- hand them a Participant Information Sheet (PIS) -when you first approach them.

Once you have recruited individuals, you should maintain contact with them and remind them of the time, date and location of the focus group. It has been known for researchers to send confirmation letters to those participants who agree to take part, however, because of the sensitive nature of this research, individuals might not want to divulge personal information, even though you have emphasised that their details would be handled in the strictest confidence. Therefore, maintain contact with participants might be difficult. Nevertheless, maintain an up-beat and positive manner and indicate that you would really love them to join the group. Facilitators also need to emphasise that the participant's opinions or beliefs will not be judged negatively, that researchers are interested in all points of view relating to FGM.

Composition of the Focus Group

Groups should consist of no more than 8 participants, if there are more than this some individuals might feel inhibited about speaking out. It is also very difficult to manage large focus groups and it is especially difficult to decipher what each participant is saying when transcribing the digital recording.

It would be an advantage to arrange focus groups so that they contain individuals of a similar gender, age, marital status, family composition, education level and length of time within the host country. Focus groups are about sharing ideas and experiences, therefore, disagreement and suspicion should be kept to a minimum. Also, focus groups can provide the space for individuals to talk about issues that are considered inappropriate by others. There is a 'safety in numbers' effect, where people feel as though they can discuss issues with similar individuals. Authority relationships must also be avoided in focus groups, as individuals will seldom speak freely in front of those with power to reward or punish them. Mixed groups, for example people from different countries of origin, women or men, might stimulate an interesting exchange of opinions about FGM. However, facilitators need to establish whether mixed groups are appropriate before inviting participants to take part in a focus group.

Where to conduct the Focus Group?

Facilitators should create a safe and positive atmosphere where individuals can talk openly. The location or environment in which the discussion is to take place can have a massive impact on group dynamics. If the discussion is going to take place in a public building, make sure that the room where the discussion will take place will be private in order to ensure participant confidentiality.

Focus groups should not be conducted at locations that are associated with anti FGM organisations or interventions as this could influence participant's opinions relating to FGM. Also, make sure that there are no campaign posters (Anti-FGM posters) that could influence the group discussion.

Try to choose a location that people are familiar with, that is not too inconvenient or difficult to get to or locate. The time and day that the focus group is to take place also needs to be carefully considered. Facilitators need to be aware that individuals have other duties such as work, childcare, observing their religion etc. Facilitators therefore need to be flexible and accommodating when arranging the time and date of the focus group.

The issue of childcare also needs to be taken into consideration. Because of the topic being discussed in the focus group, it would be inappropriate for children to be in the same room as the focus group. Therefore, facilitators need to make sure that the location provides adequate facilities, for example, an adjoining room, where children can be supervised.

Make sure that the building has adequate toilet facilities.

Finally, make sure you provide adequate refreshment for participants.

Ethics

When recruiting participants you need to inform them about the project. This is done by giving the participant a Participant Information Sheet (PIS), this explains what the study is about, why they have been chosen, what will happen if they take part, the possible disadvantages and risks of taking part, informs them how the information they disclose will be kept confidential and includes the contact details of the researchers. Some participants may have difficulty understanding the written official language of their host country and their own language so you might have to explain this information verbally. If the participant agrees to take part in the study, this information should be relayed to them again before the start of the focus group.

Before the focus group commences you should ask the participants if they consent to the discussion being digitally recorded. Participants should also be asked to sign a participant Informed Consent Form indicating that they have been fully informed of the research project and understand the nature of their participation. Again, like the PIS, facilitators might need to verbally relay the information on the Informed Consent Form, for those who have difficulty reading. If participants do not want to sign an Informed Consent Form, but are happy for the focus group to be recorded, then informed consent can be confirmed by recording the facilitator reading the informed consent form and the participant verbally indicating that they agree to the five points. Also, emphasise that participants are under no obligation to continue with the focus group and that they can withdraw from the project at anytime without giving any reason. In addition to establishing individual participant's informed consent, the facilitator must ensure confidentiality when conducting focus groups. Facilitators will ask participants not to divulge information about issues raised within the course of the discussion, particularly information relating to fellow participants.

In order to identify the participant for future reference, for example, if they wish to withdraw from the research project, ask them to generate a unique identification number. This could be their initials plus the month and day of their birth, for example, JS initials, 12 day, 10 month. Inform them that this identification will only be used by the researchers and that their identity will be anonymised in the final report/transcript.

Do not disclose the details or discuss the comments of another participant during the focus group. This not only breaches past participants' confidentiality, but the present participants will doubt your ability to maintain their confidence.

At the end of the focus group de-brief the participant by giving them a copy of the de-briefing sheet (explain this to the participant if they have trouble reading) that includes information regarding the organisations who work within the area of FGM and who can give them advice or support if required. During de-briefing it is an opportune moment to ask the participants if they have any questions or concerns regarding the issues raised or their participation. Some participants might indicate that they wish to withdraw from the project at this stage. If this is the case, inform the participant that all information that they have disclosed will not be included in the project and their contribution will not be transcribed.

Facilitators and participants need to be safe. One therefore should be mindful about conducting focus groups in areas which are characterised by high crime rates and violence. In addition to their physical safety, researchers made need to seek emotional support, particularly if they are dealing with a sensitive issue. Listening to participants experiences may raise some feeling and bring back forgotten or suppressed memories. If a participant becomes distressed during the focus group, facilitators need to ascertain whether the participant wishes to continue. Upon hearing that the participant does not wish to continue with the focus group, their participation will cease. The facilitator should temporarily stop the discussion and sensitively remove the participant and offer them the contact information for counselling services or organisations addressing FGM. On returning to the focus group, the facilitator will enquire as to whether the group wishes to continue. Information relating to counselling services etc., will be distributed to all participants during debriefing. Investigating sensitive topics can also have a tremendous impact on facilitators' emotional well-being. It is paramount that facilitators be granted the same support as participants.

Preparing for the Focus Group

So you have been successful in recruiting individuals to the focus group and you have kept in contact with them to remind them of the time, date and location of the meeting. But what do you need to do before the focus group actually starts? Hopefully, the following, the following pieces of advice should help you to conduct a successful focus group:

1. Make sure that you are on time:

There is nothing more unprofessional than being late for an appointment. If you are unable to make it for some reason or are running late, notify the participants and offer to reschedule. Also give yourself plenty of time to conduct the focus group, de-brief the participants and write your reflective report. You should allow yourself at least 30-40 minutes after the participants have left for you to write the reflective report.

2. Check to see if the location is suitable:

Check to see whether there are any posters, notices on the walls, which could offend or influence the participants' answers. Make sure no one will disturb the focus group by walking into the room by placing a notice on the door indicating that a private meeting is in progress.

3. Refreshments:

Have refreshments ready, for example, bottles of water, soft drinks and tea and coffee.

4. Equipment check:

It is important that you have brought the correct equipment with you. You will need:

- a) Focus Group Guide
- b) Digital Recorder
- c) Spare batteries and/or mains adapter
- d) Microphone
- e) Notepad
- f) Spare pen/pencil

Before the participants arrive, check that the equipment is working by conducting a test of the recording level within the room. Not only does this check whether the equipment is working, it also allows you to see whether there is any noise interference.

1. Organise the seating arrangements so that the participants can see and interact with each other.
2. Utilise name cards so that people can remember others names.
3. Be familiar with the interview schedule
4. Have a box of paper tissues ready:

Participants may become upset during the discussion, therefore it is always a good idea to be prepared with paper tissues.

5. Be alert and keep in mind what is the purpose of the focus group:

It is important to know what the goals of the focus group are. In our case we want to make sure that we explore the belief systems and social enforcement mechanisms perpetuating FGM. Essentially, we want to know what the community's perspectives are relating to FGM and how beliefs are reinforced within the community.

6. Have all documentation ready:

You will need the PIS, Informed Consent Form, focus group discussion guide, elicitation materials and de-briefing sheet ready to give to participants.

7. Relax and be confident

Give yourself a few minutes before the participants arrive to relax and take stock of your situation. Even if you still doubt your abilities, be confident when conducting the focus group.

Facilitating the focus Group

When participants arrive, welcome them and show lead them to the room where the focus group will take place. Facilitators could start the focus group by establishing some guidelines as to how the session will be conducted. This is a perfect opportunity for participants to

contribute to the format of the session, for example, the group decide when it would be appropriate for breaks etc. Facilitators could also ask the group whether or not they wish for mobile phones to be switched off. If participants object, then please advise them that if they do need to take a call, can they do so quietly without disturbing the group.

Ethical considerations must also be explained before the focus group begins. Also, inform participants where the toilets are and where they can go if they need to take break from the discussion.

After obtaining participants written or oral informed consent, facilitators should introduce themselves and then invite each participant to briefly introduce themselves to the group. It is crucial to create an open atmosphere at the start of the meeting. Reiterate that facilitators are there to listen and not to criticise or judge. Also emphasise that there are no right and wrong answers, but rather there are different points of view, which are all welcome.

Your introduction should be brief, you do not want to give them a detailed account just a précis, if too much detail is given this could lead to participants not opening up and discussing issues. You should also indicate how long you expect the meeting will last.

The questions on the focus group guide are very open and should stimulate debate. However here are a few things you can do to facilitate or move the discussion along.

1. Motivate participants either with the use of elicitation methods or by raising interesting points for discussion.

Use elicitation methods such as news paper articles, music, photographs, stories or poems to stimulate debate. Pilot the elicitation material, one never knows how individuals may react to say health leaflets or newspaper clippings relating to FGM. Do not rush to use elicitation methods or prompts simply to avoid long silences. Although you may feel uncomfortable about prolonged silences, particularly if you or a participant has asked a question and no one responds. But participants may simply be reflecting on the question or formulating their response and introducing a prompt could distract them from the previous point. Therefore, be patient!

2. Let the participants answer the questions and debate topics of interest.
3. Provide positive feedback and acknowledgement
Facilitators must appreciate when participants are active and let them know that their involvement and opinions are valued. Communicating this approval can be done through body language or verbally. Facilitators must validate the experiences and the meanings that participants place on the practice of FGM even if they disagree with them. You must not say 'No, that's not right'.

4. Communicate in an open manner:

Remember who, what, how AND when. Questions opening with these words generally generate more comprehensive answers. For example, 'How do you feel about this'? or 'what do you know about this'? and 'Who has most influence in the community'?

5. Avoid the 'victim' mentality:

Even if participants stress their difficulties and feel despair regarding their situation, the facilitator needs to acknowledge that it is a difficult and complex situation, but guide participants to focus on how they can make a difference.

6. Encourage participants to finish off sentences if they have been interrupted. Also, seek clarification of issues, even if you understand them yourself. Remember, you want participants to explain their beliefs or opinions thoroughly.

7. Recording Equipment

We shall be using digital recorders, which are small and thus should not prove to be too distracting. These are a few things one needs to consider when using recording equipment:

- Make sure you have recharged the batteries/device before the focus group. Also carry spare batteries with you. You could use two recorders as a failsafe.
- Place the microphone in an optimal position so that it registers everyone's comments
- If participants start to object to the recording, then turn off and continue to take notes.
- Take notes anyway (do not rely solely on the recording). Make notes on salient individuals within the group and of those points which you think most engaged participants
- To make it easier for the transcriber, it is useful to take note of the first few words uttered by participants. This will therefore allow the transcriber to identify all the participants in the group. It might be worthwhile asking another person to take notes, whilst the facilitator runs the group.
- Try to use participants' identification or name when addressing them. This too aids the transcription process.
- Take notes:

The facilitator should take detailed notes of non-verbal cues such as hand gestures, facial expressions and how a person is sitting; body language can tell us more than the actual answer to the question. Take notes about a particular moment during the focus group that made an impression on you, say for example, when participants' body language can tell us more than the actual answer to the question. Take notes about particular moments during the focus group that made an impression on you, say for example, when participants' body language and the answers they give to a question seem mismatched. Laughter and silences can also be very informative.

8. If it looks as though you are going to run out of time, but discussion is going well and interesting points are being raised, facilitators have a few options:

- Ask the group if you can extend the time
- Work quickly through the remaining questions
- Finish before covering all the questions
- Allow for follow-up and feedback to be given by email or one-to-one interviews
- Arrange another meeting

Ask participants to see which option they prefer.

Possible scenarios which could occur during the focus groups

1. If an individual starts to dominate the discussion. This has the effect of inhibiting others within the group to speak out, what does one do to address this power imbalance?
2. A few individuals within the group seem very withdrawn, what do you do in this situation?

One cannot force individuals to speak, but they may consider whether aspects relating to group dynamics could be altered in order for these people to feel less inhibited. A facilitator could also pick up on non-verbal cues, such as a smile, nod or shaking of the head and ask the participant why they disagree etc.

3. The focus group starts to exchange 'horror stories':
This is where people disclose negative encounters with say health professionals or individuals from the community. Instead of fighting these stories, ask participants to comment on them, 'horror stories' do reveal a lot about individuals' expectations and beliefs.
4. Someone in the group says something which upsets the others. What do you do to minimise causing offence to group members?
5. Participants disagreeing with each other, what do you do?
Although disagreements can cause problems, particularly if they become acrimonious, they can also yield valuable insights into participants' perceptions and beliefs. Therefore, ask participants to consider their argument and why they hold to these differing views.
6. A focus group is being conducted by a young facilitator and an older women starts to question the facilitator. What do you do?
7. Someone speaks out in favour of practicing FGM and starts to challenge those they say they are against the practice.. What do you do?

Power dynamics within focus groups are fluid and complex, however one has to be prepared for questions that participants might ask. For example, participants might ask why they are not getting paid. The answer to this question is that the facilitators are doing a job which they have received training and instruction.

Facilitators may face challenging personal questions relating to their social class, ethnic identity or whether they have been circumcised etc. Therefore, these issues need to be considered by facilitator prior to conducting the focus group. You need to know how much you are prepared to disclose.

Debriefing Participants

After you have finished discussing the issues and the participants do not wish to add anything further, stop the digital recorder and begin de-briefing the participants. Hand them the de-brief sheet and explain what is going to happen next. Also ask if they are still happy to continue to participate. If participants are distressed after the focus group, indicate that the de-brief sheet has the contact details of organisations they may wish to contact in order to get support or guidance. Do not rush the de-briefing, answer participants' questions. Also, have your notepad and pen at the ready, because participants can say the most insightful things when the recorder has been switched off. Ask participants why they waited till the end to share this information with you.

Thank the participants once again for their time. Saying goodbye can be very strange, especially if the group have discussed very personal topics during the focus group. After the participants have left you may feel emotionally worn out, however, you should write your report immediately, whilst all the information is fresh in your mind.

Writing the Report

It is extremely important that you do this immediately after the focus group, whilst you can still remember vividly what aspects of the focus group really had an impact on you. Facilitators should examine the notes of the meeting and playback the interview and listen for things that you did not notice when you were conducting the focus group. Particularly pay

attention to how you asked questions and whether you feel there needs to be any changes in your approach. Writing the report allows you the facilitator to reflect on the discussion. Make a note of your initial thoughts relating to the issues discussed and the common themes, if any, which emerged. These reports, together with the field notes, will be very helpful to the research team when it comes to analysing the transcripts of the focus groups.

ANNEX3: HOW TO UNDERTAKE A NARRATIVE INTERVIEW

(This manual was originally developed for the REPLACE 2 project)

What is a narrative interview?

The narrative interview has been adopted by many researchers within the social sciences, as a means to gain an insight into how people make sense of their world. Feminist researchers have advocated the use of in-depth semi-structured interviews in order to give voice to those individuals who are marginalised within society. It is seen by many feminist researchers as a method which allows participants to describe their lives and experiences in their own words, to 'tell it like it is'.

Narrative interviews are conducted in order to gain a thorough insight about a particular issue. It allows researchers to explore individuals' experiences and how they attribute meaning to aspects of their everyday life. The narrative interview goes 'deeper' by asking participants to expand on the 'taken for granted' or perceived social 'norms'. Only by exploring the 'taken for granted' do we get a glimpse of how complicated social reality really is.

This research project wishes to explore the beliefs that individuals hold about practicing or not practicing FGM. Although we could ask participants to complete a questionnaire, this would not allow us to understand why individuals make the decision to either continue with or abandon FGM. It is only by asking members of the community about aspects associated with the practice of FGM that we will be able to identify what they believe are the consequences of performing or not performing FGM. Furthermore, by exploring wider social issues relating to the family and being a member of the affected community, will we understand the level of perceived control participants have over whether their daughters are circumcised/cut.

The Narrative interview as social interaction

Although it may feel like once you enter the interview room you and the participants are closed off from the rest of society, but this is not the case. Interviews do not take place within a vacuum; both you and the participants bring social identities, perceptions, meanings and beliefs about certain aspects of society to the interview. Both participants and, to a certain extent, the interviewer will bring certain preconceived ideas they have about the other into the interview room. You need to be aware of how participants' social location or characteristics influence the interview setting. For example, marriage status, occupational status, family position, age, educational status, geographical location, membership in the community, religious status, class and gender all influence the interview in some shape or form.

Having a different social position or status to those people you are interviewing, can make the interview process more challenging; however, it can also facilitate a good discussion. By being a different age from your participant, not sharing the same marital status can allow you to explore these differences. But some participants might feel uncomfortable discussing issues with someone they perceive as not being able to sharing the experience they are describing.

As with any social interaction, the interview is not immune to the effects of power. Interviewers need to be aware of the power dynamics that operate within the interview process, if they are to minimise its impact. Power is associated with social status, such as gender, class, age, occupational status and position within the community. Thus, a community or religious leader could utilise their position of power to influence the direction of

the interview, essentially use the interview in order to voice a particularly perspective. This could lead to the interviewer feeling intimidated and/or overwhelmed and to afraid to ask certain questions or request that the participant expand on a particular point.

One also has to be mindful that as interviewers that your social position might affect the power relations within the interview process. Feminist researchers advocate that interviewers try to minimise power within the interview setting. One way to achieve this is by allowing participants to choose the time and location that is most convenient for them. Also, allowing participants the freedom to discuss openly, and in their own words/language, the topics covered within the interview is seen as empowering the participant. It is vitally important that participants within this research are allowed to voice their thoughts and feelings about the practice of FGM. As an interviewer, you may hear things that you fundamentally disagree with, nevertheless, should not immediately judge the participant or voice negative comments during the interview. This is not to say that you should not ask why participants hold such opinions, but this should be done in a non-aggressive manner.

Who should I Approach to be interviewed?

It is difficult to advise who you should approach to be interviewed before you have conducted the focus groups. Due to the sensitive nature of this research, we cannot be too rigid about our research sample. However, here are a few things to bear in mind when you are recruiting possible participants.

- Age:

Ideally we would like to interview women and men from across the age spectrum, from 18 years of age all the way up to and beyond 65 years old. Bear this in mind when recruiting participants.

- Position within the Community:

We would like the opinions of female and male community leaders and others.

- Children:

We would like the opinions of those women and men with and without child. Also, we would like the views of grandparents.

- Education:

If possible, we would like to interview people from various socio-economic backgrounds and education as these have a significant impact on an individual's life chances. Therefore, try to recruit people who have received different levels of education.

- Length of time living in host country:

We would like to explore if those who have lived longer in the EU have different belief systems concerning FGM, or these are weaker than newer migrants.

We would like to explore the opinions and beliefs of individuals who are employed in different occupations etc. However, this should not be a priority when recruiting interviewees. Because of the subject nature of the research, we need to be mindful that we cannot be too picky about who we approach to participate. What is important, however, is that you uphold ethical standards and inform the participant about the nature of the research project- hand them a participant information sheet (PIS) – when you first approach them.

Where to Conduct the Interview?

As highlighted earlier, you need to be aware of the power dynamics when conducting interviews and the location and environment in which an interview is conducted will have a tremendous impact on the interview process. This is particularly the case when dealing with such a sensitive issue as FGM. People will talk more when they feel more relaxed and at ease. Also, people are more likely to participate if the interview can be conducted at a time and location that is most convenient for them. Therefore, when recruiting participants, indicate that you would be happy to conduct the interview at a time and place which best suits them. At first suggest a neutral location, a place where both you and the participant would not feel inhibited and at ease. A participant might indicate that they would feel far happier for the interview to take place in their home. Although the participant might feel comfortable about discussing FGM in the safety of their own home, this could make you feel uneasy. If participants agree to take part but only if the interview can be conducted in their home or a place you are not familiar with, here are a few things that you need to consider:

1. Plan for a friend or a colleague to collect you after the interview
2. Let people know where you are: Notify colleagues or friends where you will be conducting the interview.
3. Let the participant know that people know where you are
4. If possible, check out the location before the interview takes places.
5. Once inside their home, make sure you assess the location and make yourself familiar with the layout of the building, for example, where the doors are etc.
6. If you start to feel uncomfortable at any point, be polite, but indicate that you will have to end the interview and leave the premises.
7. Have a mobile phone with you in case of emergencies

Your safety is a priority and do not compromise for the sake of an interview.

Telephone interviewing

After offering the participant the ability to choose the location and time of the interview they are still reticent about participating, you could suggest that the interview be conducted via telephone. Some individuals might feel uncomfortable about revealing their personal number. Others may prefer this option because they may feel less inhibited about talking over the phone. If they choose to conduct the interview over the telephone, here are a few things you need to do:

1. Make sure you have access to a telephone
2. The room in which the telephone interview is to be conducted is private
3. You test the equipment before the interview beginnings
4. Make notes whilst conducting the interview

5. Be mindful about silences: It is difficult to tell whether someone is thinking about the question they have asked you and formulating a response or has simply finished saying something and waiting for you to ask the next question
6. It is difficult to know whether someone is distressed

Telephone interviewing may sound like an easy option, but it poses its unique set of challenges. A major difficulty is the lack of any visual cues which are a valuable source of information within an interview. For example, you can tell a lot about a person's body language or facial expressions when talking to someone, with these it makes it extremely difficult to judge whether a person is comfortable, distressed, unsure about what is being discussed etc. Therefore listen closely to participant's voice, whether they sound comfortable or upset etc. For these reasons we do not recommend using telephone interviews

Ethics

When recruiting participants you need to inform them about the project. This is done by giving the participant a participant information sheet (PIS), this explains what the study is about, why they have been chosen, what will happen if they take part, the possible disadvantages and risks of taking part, informs them how the information they disclose will be kept confidential and includes the contact details of the researchers. Some participants may have difficulty reading and therefore you might have to explain this information verbally. If the participant agrees to take part in the study, this information should be relayed to them again before the start of the interview. Before the interview commences you should ask the participant if they consent to the interview being digitally recorded. Participants should be asked to sign a participant informed consent form indicating that they have been fully informed of the research project and understand the nature of their participation. You might need to verbally relay the information on the informed consent form, for those who have difficulty reading. If participants do not want to sign an informed consent form, but are happy for the interview to be recorded, then informed consent can be confirmed and recorded by the interviewer reading the informed consent form and the participant verbally indicating that they agree to the five points.

Also, emphasise that participants are under no obligation to continue with the interview and that they can withdraw from the project at anytime without giving any reason.

In order to identify the participant for future reference, for example, if they wish to withdraw from the research project, ask them to generate a unique identification number. This could be their initials plus the month and day of their birth, for example, JS initials, 12 day, 10 month. Inform that this identification will only be used by the researchers and that their identity will be anonymised in the final report/ transcript.

Do not disclose the details or discuss the comments of another participant during an interview. This not only breaches past participants' confidentiality, but the present participant will doubt your ability to maintain their confidence.

At the end of the interview de-brief the participant by giving them a copy of the de-briefing sheet (explain this to the participant if they have trouble reading) that includes information regarding the organisations who work within the area of FGM and who can give them advice or support if required. During de-briefing it is an opportune moment to ask the participants if they have any questions or concerns regarding the issues raised or their participation. Some participants might indicate that they wish to withdraw from the project at this stage. If this is the case, inform the participant that all information that they have disclosed in the narrative interview will be deleted and not included in the study.

Preparing for the narrative interview

So you have been successful in recruiting individuals to be interviewed and you have kept in contact with them to remind them of the time, date and location of the interview. But what do you need to do before the narrative interview actually starts? Hopefully, the following pieces of advice should help you to conduct a successful narrative interview:

1. Make sure that you are on time:

There is nothing more unprofessional than being late for an appointment. If you are able to make it for some reason or are running late, notify the participant and offer to reschedule. Also give yourself plenty of time to conduct the interview, de-brief that participant and write a summary of the narrative interview. You should allow yourself at least 30-40 minutes after the participant has left for you to write the report.

2. Check to see if the location is suitable:

If the narrative interview is taking place in an environment which you have control, check to see whether there are any posters, notices on the walls, which could offend or influence the participants' answers. Make sure no one will disturb the interview by walking into the interview room by placing a notice on the door indicating that a private interview is in progress.

3. Refreshments

Have refreshments ready, for example, bottles of water, soft drinks and tea and coffee.

4. Equipment check:

It is important that you have brought the correct equipment with you. You will need:

- a) Narrative interview guide (Annex 6)
- b) Digital Recorder
- c) Spare batteries and/or mains adapter
- d) Microphone
- e) Notepad
- f) Spare pen/pencil

Before the participant arrives, check that the equipment is working by conducting a test of the recording level within the interview room. Not only does this check whether the equipment is working, it also allows you to see whether there is any noise interference.

5. Be familiar with the narrative interview guide

6. Have a box of paper tissues ready:

Participants may become upset during the interview; it is always a good idea to be prepared with paper tissues.

7. Be alert and keep in mind the purpose of the interview:

Interviews require concentration. Not only do you have to remember what participants have said in order to avoid repeating yourself, but you also have to listen closely to what is being said so that you can probe deeper if you need to. During the interview the participants might start talking about an issue which is not related to the questions or

topics which you are discussing. That is why it's important to remember why you are conducting the interview and how you can guide the conversation back to the issues that you wish to discuss.

8. Have all documentation ready:

You will need the PIS, informed consent form and de-briefing sheet ready to give to the participant.

9. Relax and be confident:

Give yourself a few minutes before the participant arrives to relax and take stock of your situation. Even if you still doubt your abilities, be confident when conducting the narrative interview. Displaying confidence can help, especially when you are interviewing individuals in positions of power within the community.

The narrative interview

The participant has arrived, or you have arrived at the arranged location. You have done all the necessary equipment checks and preparations and, you have just finished explaining the ethical responsibilities and the interview has started. But how do you ask those difficult questions? What do you need to do during the interview? Hopefully, the comments below should answer these questions.

1. Listen and work through the answers:

You need to listen carefully to what the participant is saying, for their response might not actually answer the question. Alternatively, the participant may give you a vague response, to which, you might have to ask for clarification or further explanation. The most important thing to remember when conducting an interview is not to rush through the guide. Do not just sit there and read off the questions on the narrative interview guide. Listening is equally as important as asking the questions.

2. Use appropriate language:

You should conduct the interview in the language that the participant is most comfortable with. But you should also avoid using complicated language; for instance, do not use academic language that could confuse participants. Not only is language important, but how you ask the question can have influence a participant's response. Ask questions in a calm, non aggressive manner, and be sensitive when probing participants for more information.

3. Let the participants tell their own story in their own way:

Do not interrupt participants when they are in the middle of a sentence or when they stop in order to collect their thoughts. For some participants, this will be the first time they have had the chance to express their opinions and experiences with someone who will actually listen and be interested in what they have to say.

4. 'Could you tell me':

This is always a good way of starting an interview or asking a participant to explain a particular point of view. For example, 'could you tell me about your experiences in coming to Germany?'.

5. Reassure participants:

If participants become uncomfortable during the interview, reassure them that these issues are hard to talk about, but talking about them may help.

6. If a participant becomes distressed during the interview what do I do?

If the interviewee becomes upset during the interview, give them time to gather their thoughts and then ask them if they wish to continue.

7. Take notes:

The in-depth interview consists of more than just listening to participants verbal responses, you should also take note of non-verbal cues such as hand gestures, facial expressions and how a person is sitting. Sometimes, body language can tell us more than the actual answer to the question. During the interviews take notes about particular moments during the interview that made an impression on you, say for example, when the participant's body language and the answer they give to a question seem mismatched. Laughter and silences can also be very informative. Do not feel uncomfortable about long silences, the participant could simply be reflecting on the things being discussed. Use your judgement about when to move the conversation forward.

Things you should not do when interviewing:

1. Do not be busy taking too many notes and not listening

It is a difficult task taking notes, listening and thinking about possible further questions to ask the participant. However, do not worry about combining these elements your skills will improve as you conduct more interviews.

2. Do not be frightened about not sticking to the narrative interview guide

The narrative interview schedule is only a guide, it is not a prescriptive. If the participant decides to go off on a slightly different direction, do not worry. Explore these avenues, however, if they are unhelpful then simply guide the conversation back to an area which you are interested in.

3. Do not sit there and try to find out what the participant is really thinking

You will never know what the participant is really thinking about, or whether they are telling you the 'truth'. Simply listen to what the participant is saying and explore their understanding of FGM.

4. Do not simply listen for the things that you want to hear

An interview is not about getting what you want to hear from individuals. You need to listen to everything that they say, even if you do not agree with it.

5. Do not relate things back to yourself during the interview

Participants are bound to ask you questions about your experiences or opinions about FGM, it is up to you whether you want to disclose this information. By disclosing certain aspects of your life, it can produce a better rapport with participants, which in turn, can make for a better interview. It can also influence the participant's answers. Getting the balance right between openness and influencing the interview is difficult, some might say it's impossible. Simply being aware of this dilemma will help you during the interview process.

6. Do not tell the participants that they are wrong

Even if you fundamentally disagree with what the participant is saying, do not pass judgement on them by telling them that they are wrong. Nevertheless, this does not mean you have to agree with them. If a participant says something that you disagree with or that is quite controversial, ask them to explain why they think that.

7. Do not try to make the participant like you.

The interview is not an audition for a possible friendship. If the participant does not really like you, or if you do not really like them, that's fine so long as the interview does not become too unbearable.

8. Do not change the subject abruptly

If a participant is talking about something interesting or expanding on a particular point, do not just change the subject abruptly. Guide the interview subtly back to a topic you want to cover.

What if I feel uncomfortable or threatened during the narrative interview?

It is very rare that a participant becomes aggressive or offensive during an interview, however, they could ask you questions which make you feel uncomfortable. A participant could ask you about your personal life or make a judgements about you, which you find inappropriate. You could:

1. Challenge them by asking why they have asked such questions
2. Keep silent and let the comments and/or questions go unanswered
3. Try to avoid these situations occurring

Displaying confidence and projecting a professional manner within the interview will go a long way to prevent these incidents occurring. Of course, one can never be certain of this, even if one prepares thoroughly. If you do become totally uncomfortable or the participant starts emotionally or physically abusing you, then discontinue the interview and ask them to leave. Your personal well-being and safety is paramount.

De-briefing the participant and saying good-bye

After you have finished discussing the issues and the participant does not wish to add anything further, stop the digital recorder and begin de-briefing the participant. Hand them the de-brief sheet and explain what is going to happen next. Also ask if they are still happy to continue to participate. If they are distressed after the interview, indicate that the de-brief sheet has the contact details of organisations that they may wish to contact in order to get support or guidance. Donot rush the de-briefing, answer the participant's questions. Also, have your notepad and pen at the ready because sometimes participants can say the most insightful things when the digital recorder has been switched off. Thank the participant once again for their time. Saying goodbye can be very strange, especially if the participant has disclosed very personal details during the interview. After the participant has left you may feel emotionally worn out, however, you should write the report of the interview immediately whilst all the information is fresh in your mind.

Writing the Report

It is extremely important that you do this immediately after the interview, whilst you can still remember vividly what aspects of the interview really had an impact on you. Look over the notes that you took during the interview, play the interview back to yourself and listen for things that you did not notice when you were conducting the interview. Particularly pay attention to how you asked the question and whether you feel they need to be changed, or is there another area of your interview technique that could be improved? Writing the report allows you to reflect on your performance and the interview as a whole. Make a note of your initial thoughts relating to the issues discussed and the common themes, if any, which emerged. These reports, together with the field notes, will be very helpful to the research team when it comes to analysing the transcripts of the narrative interviews.

ANNEX4:HOW TO ANALYSE QUALITATIVE DATA USING NVIVO 10 ***(This manual was originally developed for the REPLACE 2 project)***

Introduction to Nvivo

Before exploring the technical aspects of Nvivo, we first need to understand that we are going to be using Nvivo for and what it can and cannot do. The easiest way to understand Nvivo is to think of it as a very good data management tool. Before computer software programmes became popular and accessible, qualitative researchers would record focus groups and narrative interviews, transcribe them and then categorise themes/concepts and ideas by cutting up transcripts and sorting particular passages/sections into themes or by using a colour coding system. Nvivo essentially incorporates these principles, albeit electronically, in that one can utilise the coding stripes (different coloured bars that illustrate which sections of transcript are coded to a particular theme/concept or idea) and cut and paste sections of transcript into different conceptual 'bins'. Therefore, we should look at Nvivo as a good qualitative data management tool that can assist us in our analysis. What Nvivo has not done is reduced the time, patience and process of analysis. We still need to immerse ourselves in the data. Indeed, the danger of using Nvivo is that researchers adopt a 'shallow' approach to analysis. I will return to address this and other issues in further detail in the Limitations section of this work booklet.

Nvivo allows the researcher to bring order to their data and to identify commonalities and themes. Some scholars suggest that because of the search facility, it provides more rigour, thus strengthening the validity of findings (Welsh, 2002). Whilst the search facilities can provide more rigour, one should not solely rely on these methods. Indeed, I cannot stress this point enough: Nvivo does not analyse data, it is the researcher(s) that analyses and interprets the data. As researchers we are trying to gain a better understanding of the beliefs that inform individuals and communities to continue and stop the practice of FGM. After reading the transcripts of focus groups and narrative interviews we will begin to see certain themes emerge. For example, one might find that certain words/phrases are utilised by certain members of the community, such as young men or women, to describe the practice. It is these aspects which we code in Nvivo.

Analysing or coding qualitative data is time consuming. It should be done in pairs and coding frameworks should be discussed with colleagues in order to avoid 'misinterpretation' of data. Coding frameworks will change as the project progresses. It is advisable that you revisit full transcripts when reviewing the coding frameworks. Nvivo is an excellent data management tool, but over reliance on it can result in the 'wrong' kind of analysis taking place. In order to achieve the best outcome it is important that researchers combine the use of Nvivo with manual analysis. Nevertheless, exploit the facilities offered by the software, in terms of writing memos and annotations, producing code booklets and making links between various sources. All these aspects will be covered in this work booklet.

Managing the Analysis with Nvivo

As projects are mostly collaborative, it is important that we manage the data analysis in a thorough manner. In managing this aspect of the project, we will avoid repetition, loss of data and improve the level of analysis.

Project partners should ensure:

1. There is an allocated project manager for this aspect of the project. This project manager will be responsible for maintaining the Master Copy of the Nvivo project and regularly backing up the project.

2. There should only be one Master Copy of the Nvivo project. There should not be multiple copies of the project as this will result in confusion.
3. If there is only one person working on the data analysis per partner, it is still necessary to discuss your findings with colleagues and Change Agents and Champions..
4. Project managers should implement an identification system so that each coder's activities can be identified. This can be done in Nvivo
5. Before coding, make sure you are working on the most recent version of the project.
6. Save the project on a central system so that coders can access the project. Liaise with one another so that you are not working on the project at the same time without each other's knowledge.
7. Manage the amount of data that is analysed at any one time. For example, work through one transcript at a time.
8. As the project progresses, researchers should agree on a coding structure. This can be documented by a codebook. This will indicate all the descriptions of the nodes developed. It is important that node descriptions are agreed upon as this will provide rigour and avoid 'misunderstandings'.

Data analysis is time consuming. It takes time to really immerse oneself in the data and to get 'a feel' for the different themes/ideas that participants are espousing. Therefore, time management regarding this aspect of the project is vitally important.

Nvivo 10 Terminology and Menus

After this short introduction you should feel comfortable about the terminology used in the programme and have a clear understanding of the various tool bars and menus. At the end of this section you should be able to

1. Understand the various menus and terminology
2. Open the Programme

Understanding Menus and Terminology

Note: Do not be put off by the various menus. There is a lot of repetition in Nvivo in terms of how one can undertake a particular action, such as coding a section of text to a particular node. Furthermore, there are certain features of Nvivo that are not covered in this work booklet. If you want to learn more about Nvivo 10's features, then please visit these websites:

<http://onlineeqda.hud.ac.uk/Introduction/index.php>

<http://caqdas.soc.surrey.ac.uk>

<http://www.researchsupport.com.au>

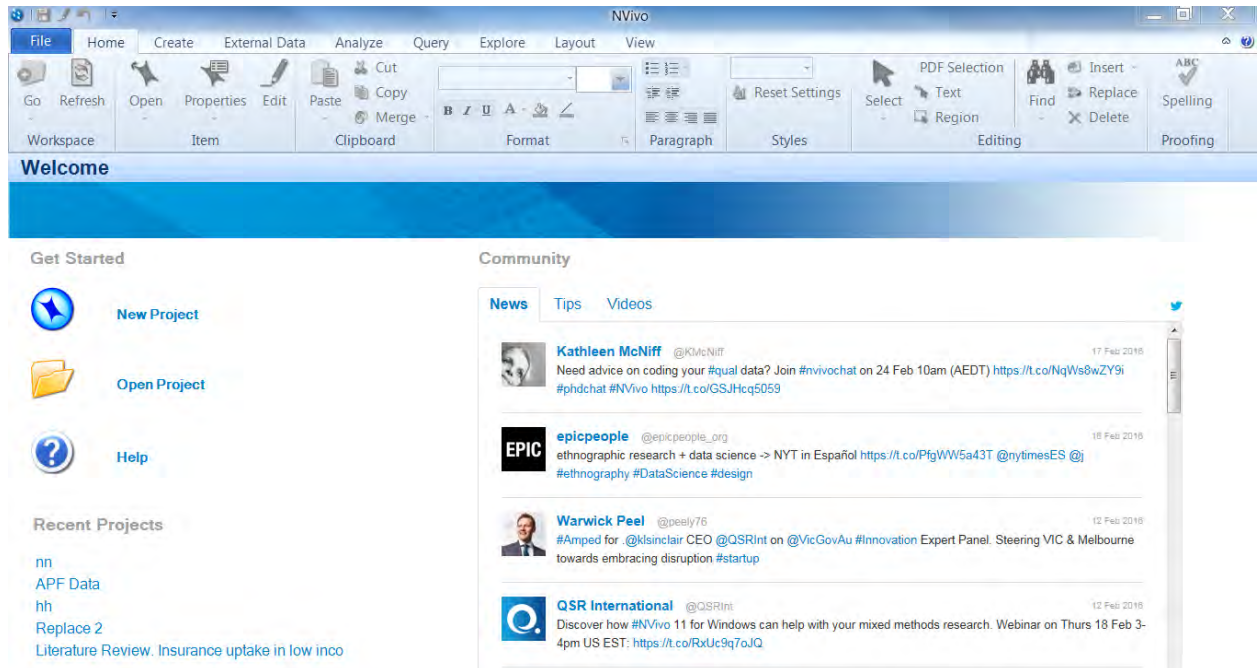
Key Components of Nvivo 10

- **Sources:** Sources will refer to transcripts of focus groups and narrative interviews and field notes.

- **Nodes:** These represent themes/concepts. Think of Nodes as conceptual 'bins' that we place sections of transcripts. These can be systematically arranged once we have a better understanding of the various themes.
- **Classifications:** We classify Sources according to certain attributes, such as gender, age, nationality etc.
- **Reports:** It is important to take a step back during a project and review your coding structure and descripts. Using the Reports function this will provide you with a summary of certain types of project items.
- **Links:** Links can be made between internal Sources (Transcripts, sections of transcripts) and External Sources (Web pages, campaign material than cannot be imported into Nvivo)
- **Annotations:** We can annotate certain sections of text in order to explain why we have coded that to a particular node or to explain how this relates to various concepts.
- **Memos:** Memos can be very useful in terms of making notes throughout the process of data analysis. It is particularly useful to keep detailed notes regarding your node descriptions, your thoughts throughout the analysis process, why certain node systems (node trees) were constructed and the difficulties you have faced in coding.

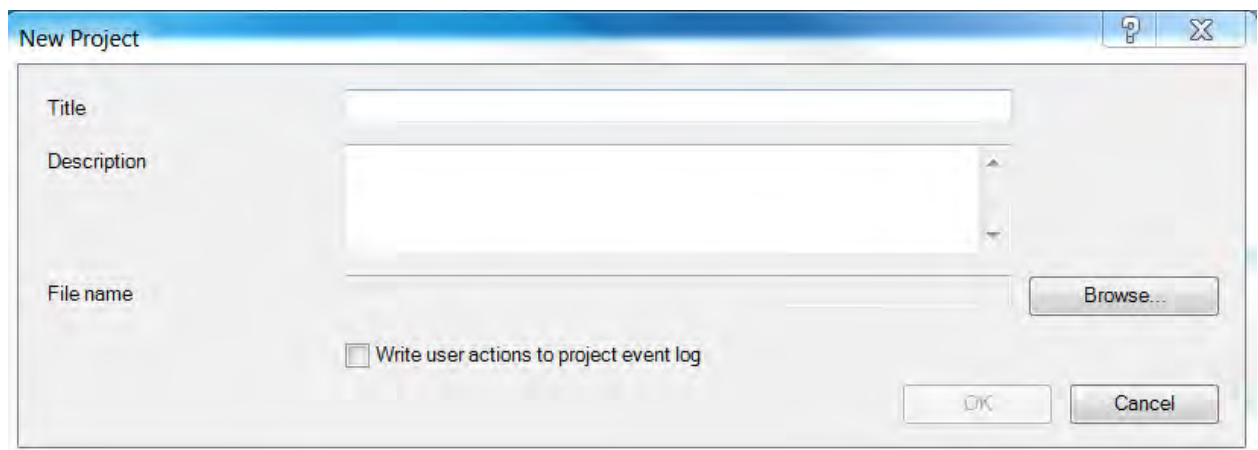
Opening a Project

1. All the data for an Nvivo project is stored in a single (often very large) file.
2. Double Click on an Nvivo 10 Icon to run it. Nvivo is a large programme so it may take some time to load, so be patient. You will see a screen like this (Figure 1)



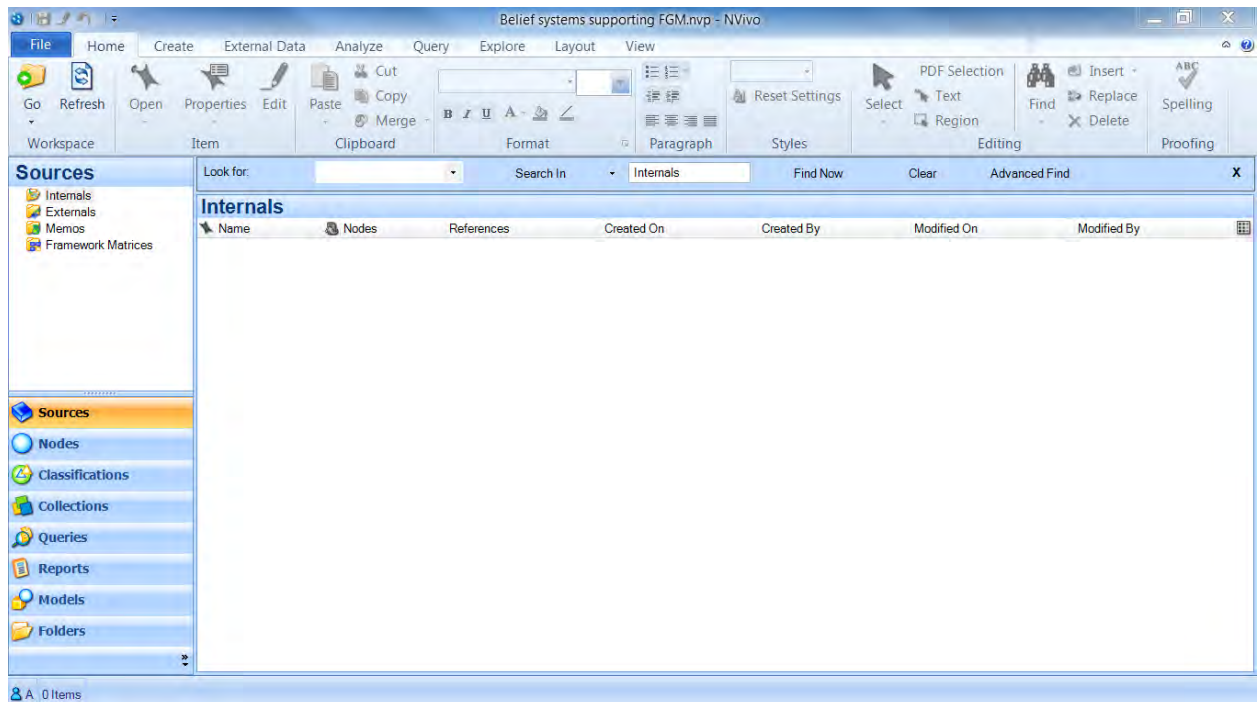
(Figure 1)

1. To create a new project, Double Click on **New Project** and a dialogue box will appear (Figure 2)



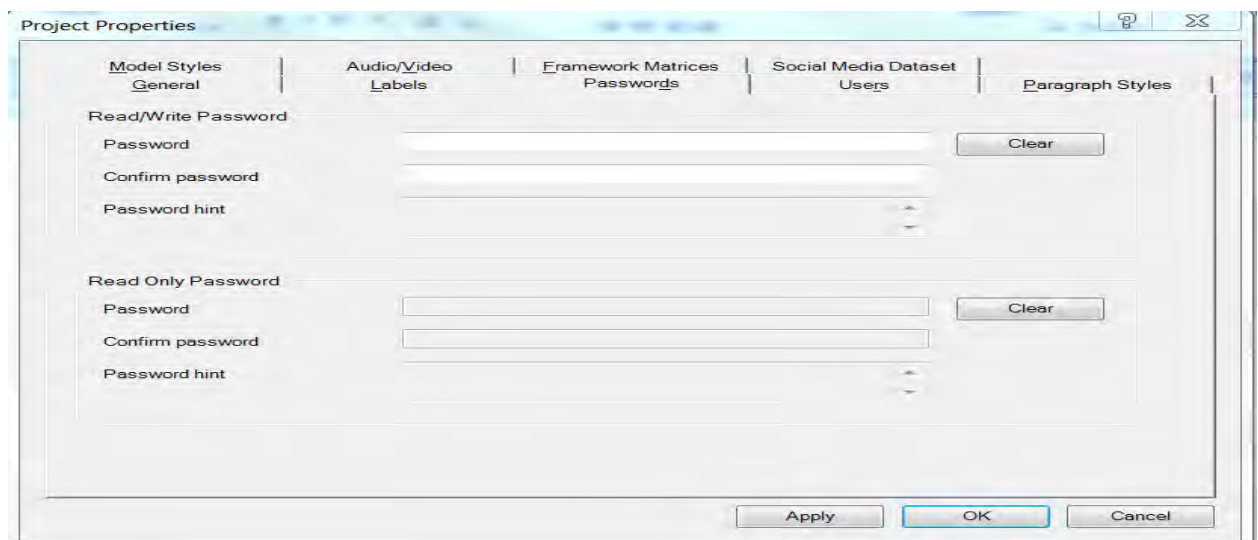
(Figure 2)

2. Name the project and provide a description.
3. A blank project screen looks like this (Figure 3)



(Figure 3)

1. Multiple individuals can work on a project and Nvivo can keep track on who has amended a project. You will be prompted for your work Name and initials when you first open Nvivo. You change the user details by going to **File>Options>General Tab>User Profile**.
2. Because of the sensitive nature of the research that we are conducting and to adhere to ethical procedures, Nvivo projects should be password protected. Password protection should be enabled at the beginning of the project. To create a password Click on **File>Project Properties>Passwords**. A dialogue box will appear (Figure 4). Enter password and then Click OK.



(Figure 4)

Saving the Project

1. Nvivo automatically saves every 15 minutes. You will be promoted to save the project via a dialogue box. However, Nvivo does have a tendency to stop working, therefore it is recommended that you save every five minutes or before you conduct a big action, for example, import a document. To Save Click on File Icon at the top Left of the Screen.

Backing up your Project

1. Regularly back up the Nvivo project. Because you will be analysing the data together in order to cross reference and validate themes/ concepts that emerge from the data, it is important that individuals save the project with today's date. A method of saving the project could be: changeplus/plan/18032016. This lets your colleagues know the last individual to look at the project and when they did this.
2. It is recommended that the Master project file be kept by the co-ordinator. This should also be backed up in terms of being stored on a memory stick, CD or other drive other than a laptop or desktop computer.

Hints and Tips

- Make a backup copy of the project if you are going to make substantial changes, i.e. refining nodes or restructuring a Node Tree.
- Nvivo files are large.
- USE F1 to get help
- If you have access to two screens, it makes coding a lot more comfortable. Use the extended desktop function.

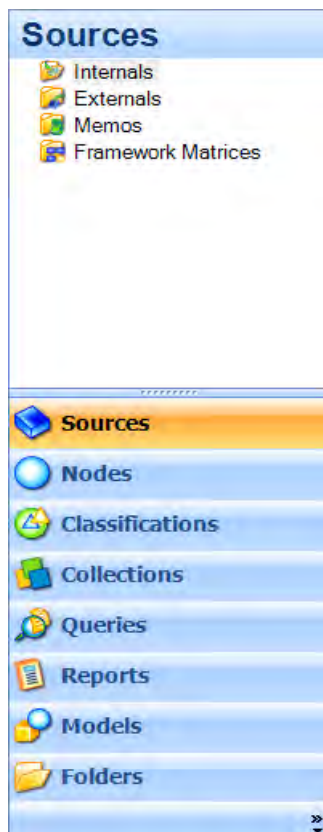
Importing Data into Nvivo

After this section you should feel comfortable about how to import transcripts in to Nvivo. It is advisable that one transcript at a time is analysed in order to avoid confusion. After each transcript is coded, you should review the nodes and discuss with colleagues why certain nodes were created. In this section we will be covering:

1. Importing transcripts into Nvivo

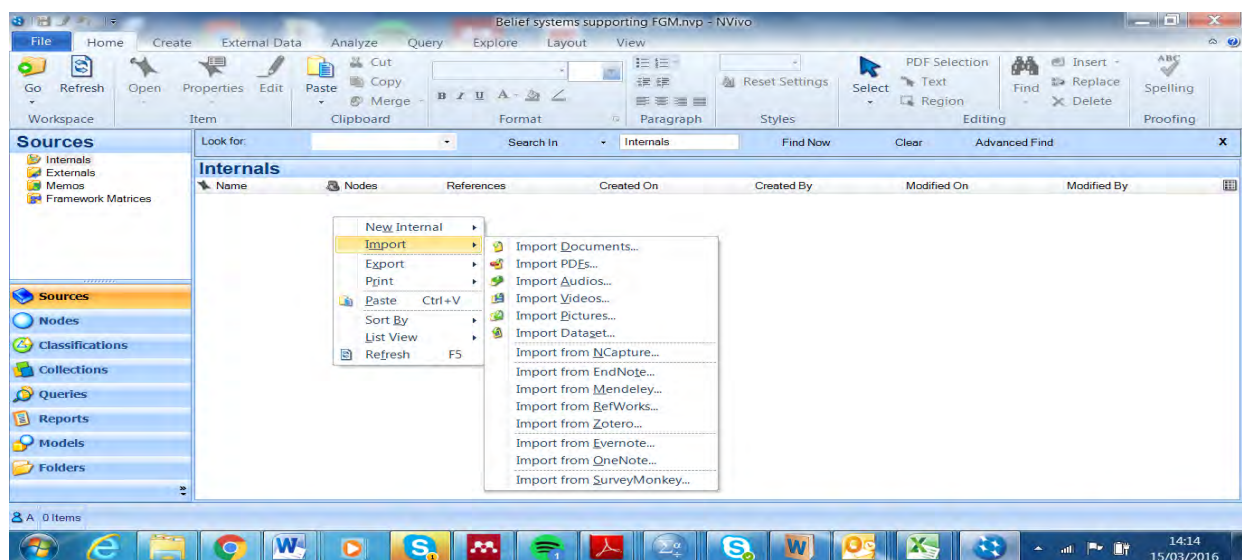
Importing Transcripts

Click on Sources Tab on the left hand side of the Screen. You will see a list of folders: Internals; Externals; Memos and Framework Matrices (Figure 5)



(Figure 5)

2. Select Internals and then Right Click> Import Documents (Figure 6)



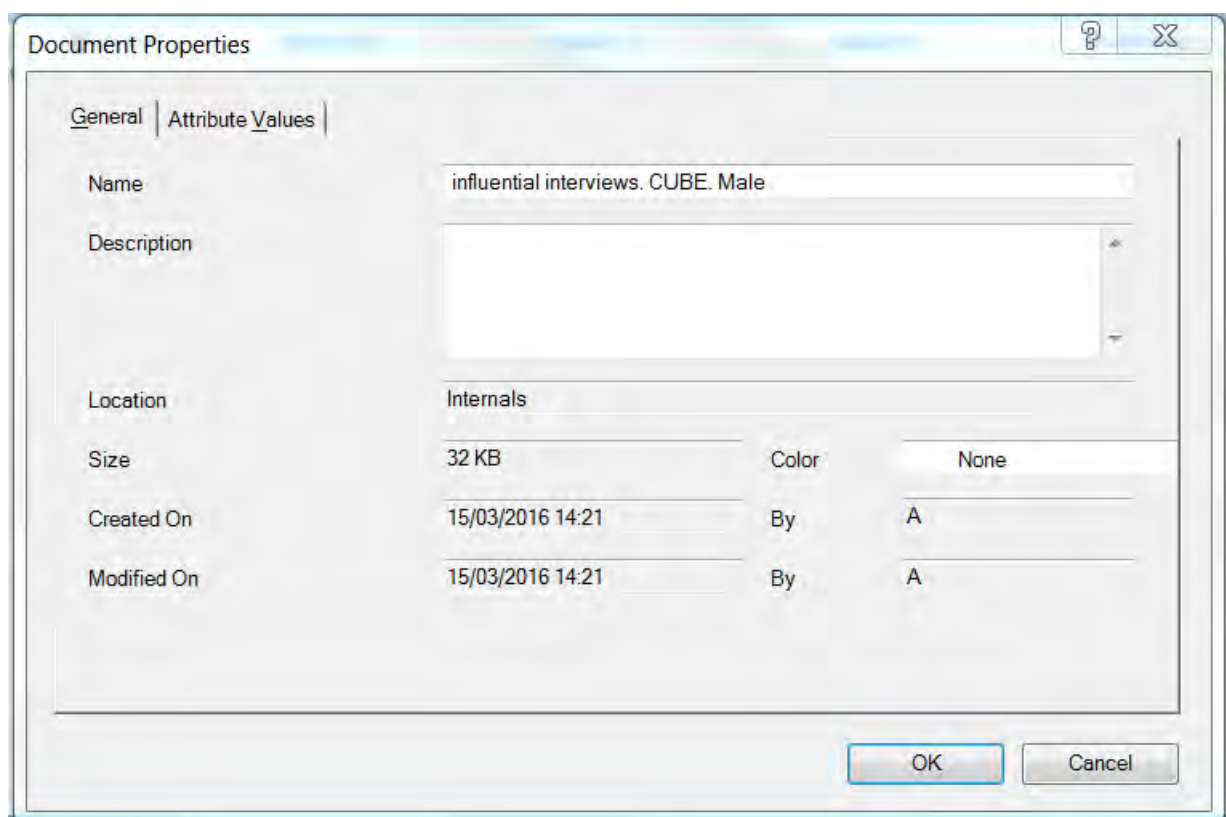
(Figure 6)

3. A dialogue box will appear (Figure7). Click Browse. You will be asked to select the file you require. Double Click on the file.



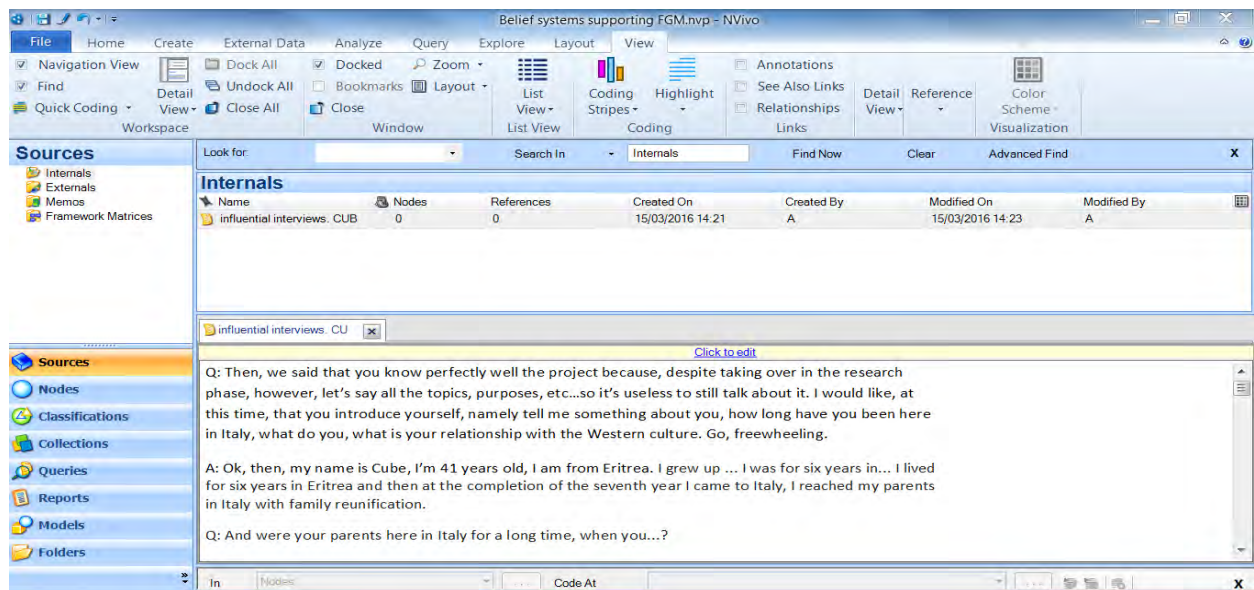
(Figure7)

4. A dialogue box will appear (Figure 8). Give the file a name, for example, the identification code for the interview/focus group. You can also provide a description of the source, for example how many people were in the focus group, where it was conducted etc.



(Figure 8)

5. The file will now appear in Nvivo. To view the document Double Click on it. The document will appear a window (Figure 9). The document normally keeps the same format as the original.



(Figure 9)

Hints and Tips

- *When a document is imported into Nvivo it is copied into the Nvivo project. Therefore, you do not have to worry about altering the original document. However, because you are important these documents in the Nvivo project, the Nvivo file can become large, which causes the programme to run at a slow speed. Because you are working on copies it is vitally important that you regularly save the Nvivo project on an external hard drive.*

Coding

In this section we will be covering the process of coding or 'analysing' a transcript.

Remember Nvivo does not analyse data, it simply assists the researcher in managing data. Researchers must read transcripts thoroughly and carefully many times before they start to identify particular themes. It is advised that you have a printed copy of the transcript as well as the imported document in Nvivo to work from. It is advisable that you listen to the audio whilst reading the transcript. The nuances captured by the audio recording will not be represented in the transcript. This is particularly the case for focus group discussions when transcripts do not capture the fully extent of the interactions between participants. Listening to recordings whilst reading transcripts, will provide you with a different insight, not only of what is being said, but how it is being said.

Coding or analysing qualitative data takes times and patience. One might have to return to a transcript several times in order to revise their coding. It is recommended that researchers code in pairs, or at least have regular meetings with colleagues in order to examine and validate their coding framework. One master project is utilised by two coders, with each coder having their own identification.

Node Trees: Node trees are covered in more detailed in the next section. Once you have a better understanding of what your codes (Nodes) represent, you can then start to arrange these hierarchically, with Parent Nodes representing the 'trunk' and associated with a central concept/theme and child nodes (Branches) signifying aspects of that concept/theme.

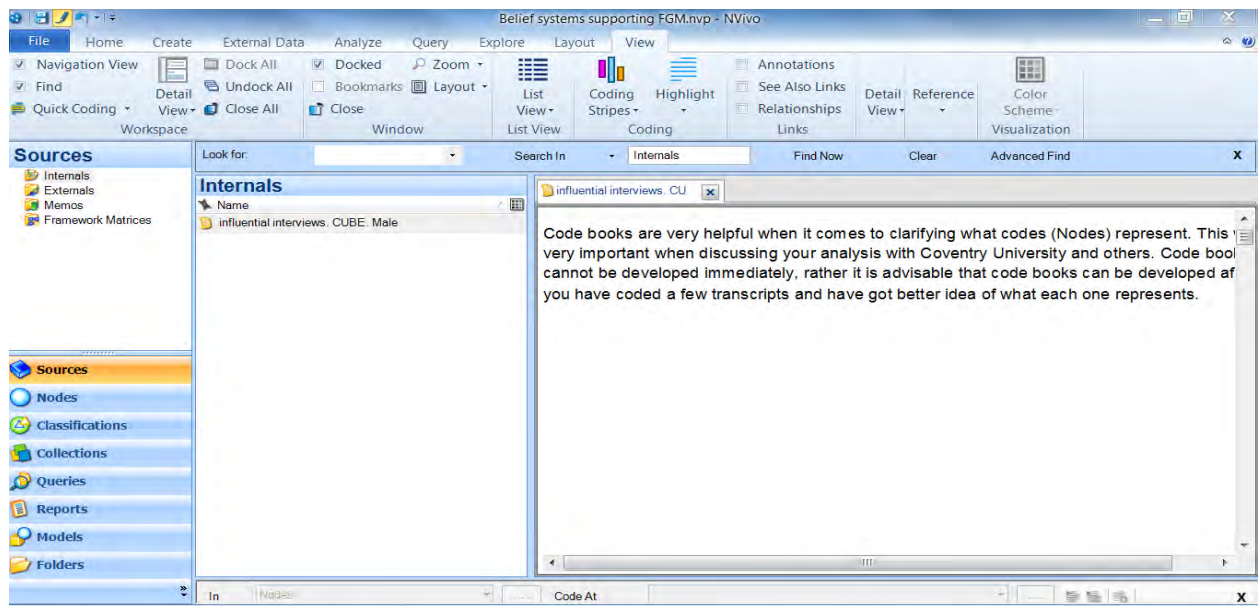
Code Book: Code books are very helpful when it comes to clarifying what codes (Nodes) represent. This will be very important when discussing your analysis with Coventry University and others. Code books cannot be developed immediately, rather it is advisable that code books can be developed after you have coded a few transcripts and have got better idea of what each one represents.

Within this section we will be covering:

1. Coding Transcript
2. What should I code?
3. Creating Nodes: Drag and Drop, In Vivo and Coding to Multiple Nodes

Coding Transcripts

1. Once a document has been imported into Nvivo you can open it and begin coding. To open a document select Sources tab then click on Internals and double click on file required.
2. Once the document is open, Click Nodes (in Nodes selection tab)
3. To make coding easier select the 'Detail view right' button. This places the document to be coded on the right and the list of nodes on the left of the screen (Figure 10).



(Figure 10)

What should I code?

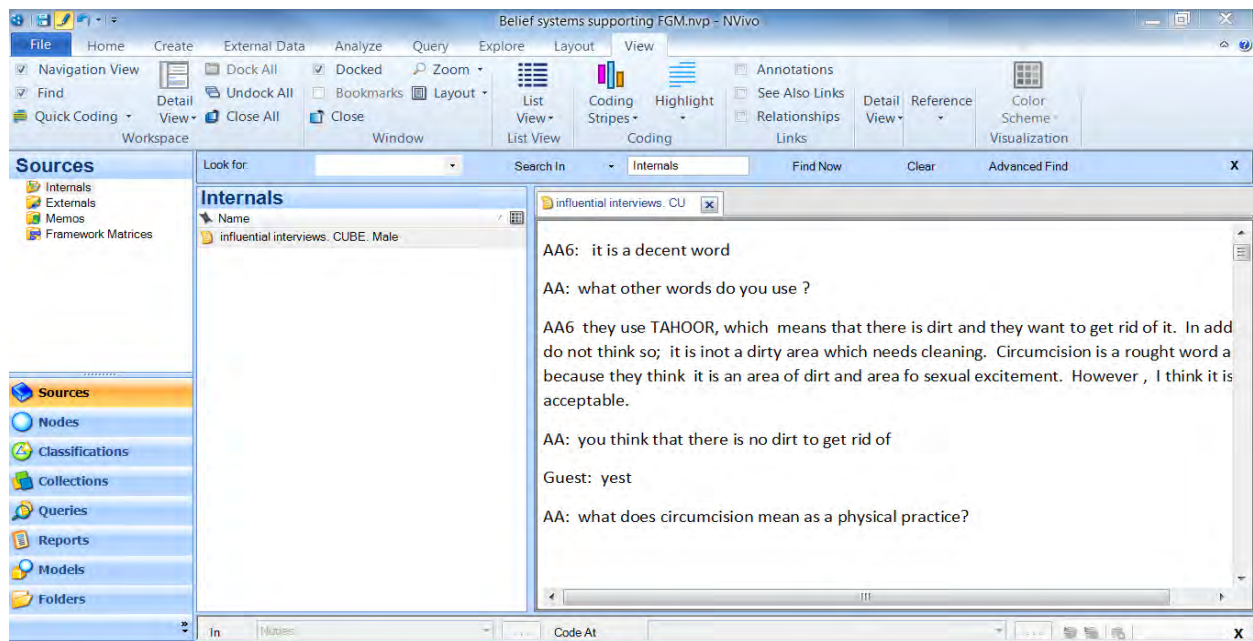
Before we start creating nodes, we need to have some clear understanding of what exactly we are coding. We will be creating nodes as we review the transcripts. In other words, rather than having a pre-existing coding framework that we will be coding to, we want to see what themes emerge from the data. As I have already noted, data 'never speaks for itself', we all have preconceived ideas about the issue of FGM. This is why it is important to validate your coding frameworks with colleagues.

When reviewing a transcript for the first time, you will ask yourself 'what exactly am I looking for?' and 'what do I code?' In order to answer those questions, we have to shift our thinking from a technical mind set in terms of using the Nvivo software to an analytical mind set. Without a clear coding strategy you will end up over coding a transcript. It is advisable, particularly when you are starting a new project with no existing nodes, to have a coding strategy that clearly defines the different levels of coding required.

As an example, we will use the issue of terminology. The example below (Figure 11) illustrates a paragraph, which contains different terminology utilised by the participant. Tahoor and circumcision are both used in this paragraph and if I am interested in the terminology utilised by participants I would want to code these two words as Nodes. Therefore, I would create two nodes names Tahoor and Circumcision. Alternatively, I could just create one node called terminology.

Terms are utilised within a particular sentence which refers to ideas, such as dirt and cleaning. This is participant utilises the term Tahoor in relation to dirt that 'they' want to get rid of. Dirt is a very interesting concept which I think deserves a node. Therefore, I would code the first sentence to a Node called 'dirt'.

Reading the whole paragraph it suggests that certain terms relate to different ideas regarding 'clean', 'dirty' and 'acceptability' of certain terms and the issue of 'sexual excitement'. As you can see there are a number of themes/concepts in just this one paragraph. For the sake of clarity, one could argue that these themes/concepts are broader than the themes/ concepts identified in the previous steps, i.e. coding particular words and sentences. However, these different levels of analysis will inform one another.



(Figure 11)

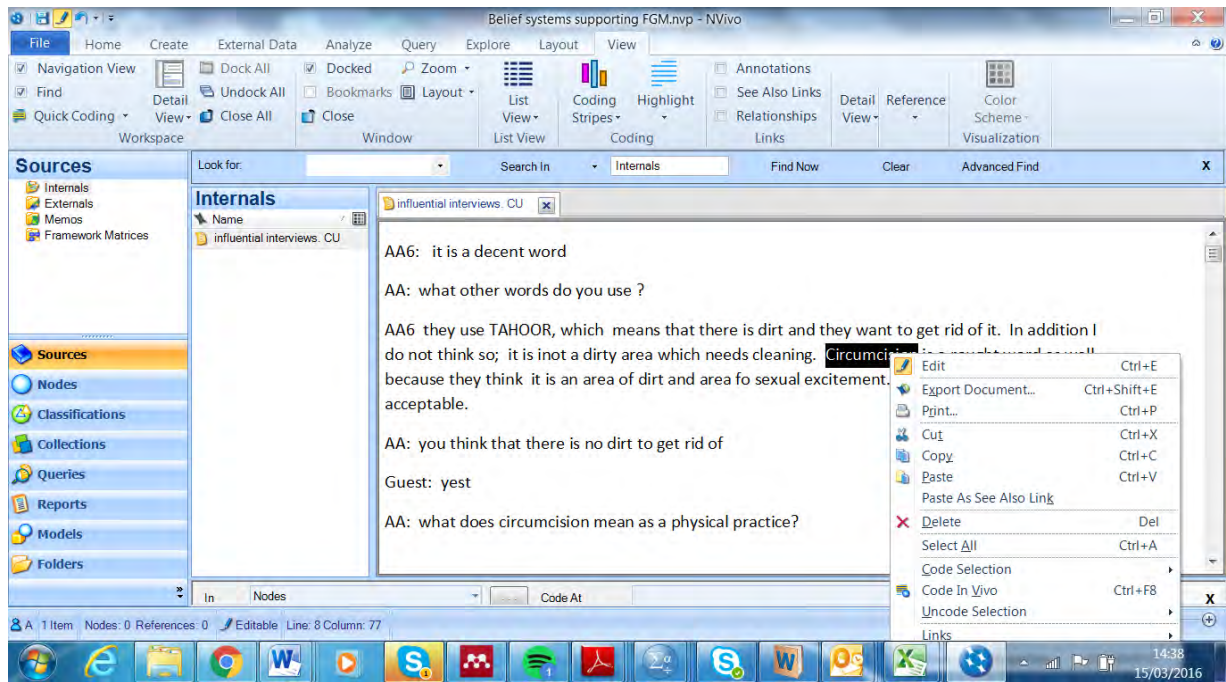
This process of coding takes time. Therefore, we are going to dedicate significant amount of time to this aspect in the training. We will work individually and then discuss our coding frameworks.

Creating Nodes: Drag and Drop, In Vivo and Coding to Multiple Nodes

When you first start coding and creating Nodes, you will find that you will have a lot of Nodes. These Nodes will represent concepts, ideas, themes, terms that do not seem to be connected. Essentially, these Nodes should be seen as 'bins' in which sections of transcript are placed. As you progress and discuss your analysis with your coding partner, you will start to identify certain relationships between nodes. However, before you get to this point you need to know how to create nodes and to code certain pieces of information to these nodes.

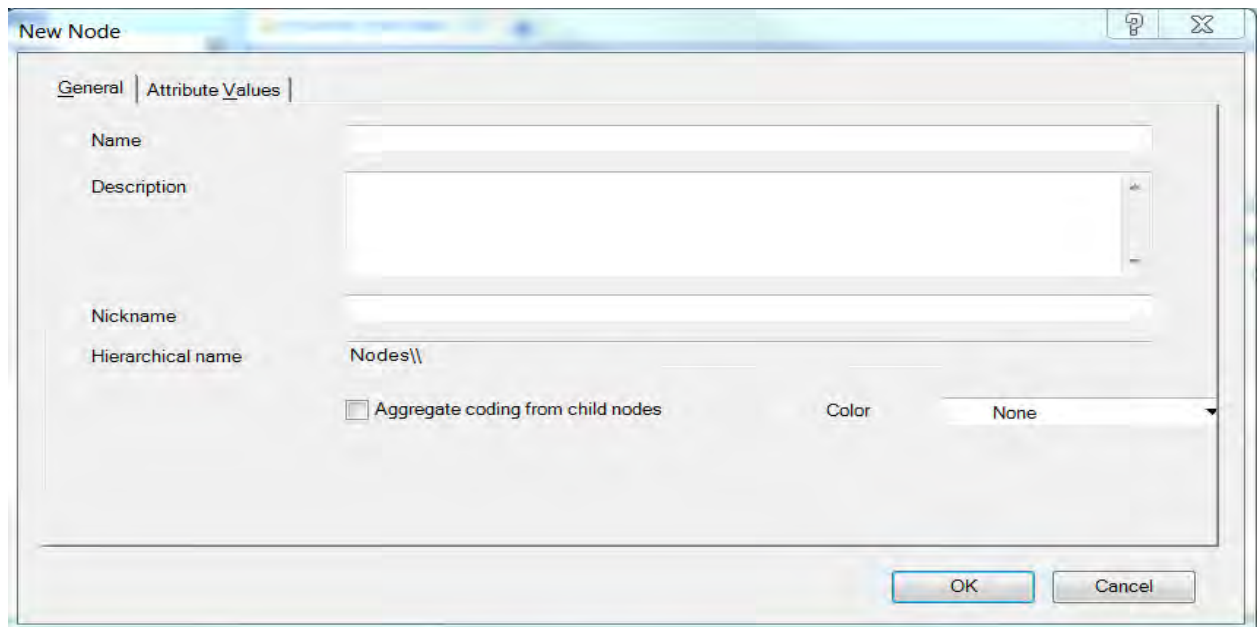
There are a number of ways that one can create Nodes and code a document.

1. Select text as you would in Microsoft Word document. If you want to create a node which refers to a particular word, for example 'Circumcision' then select word and **Right Click> Code In Vivo** (see Figure 12). This will create a Node from the word highlighted.



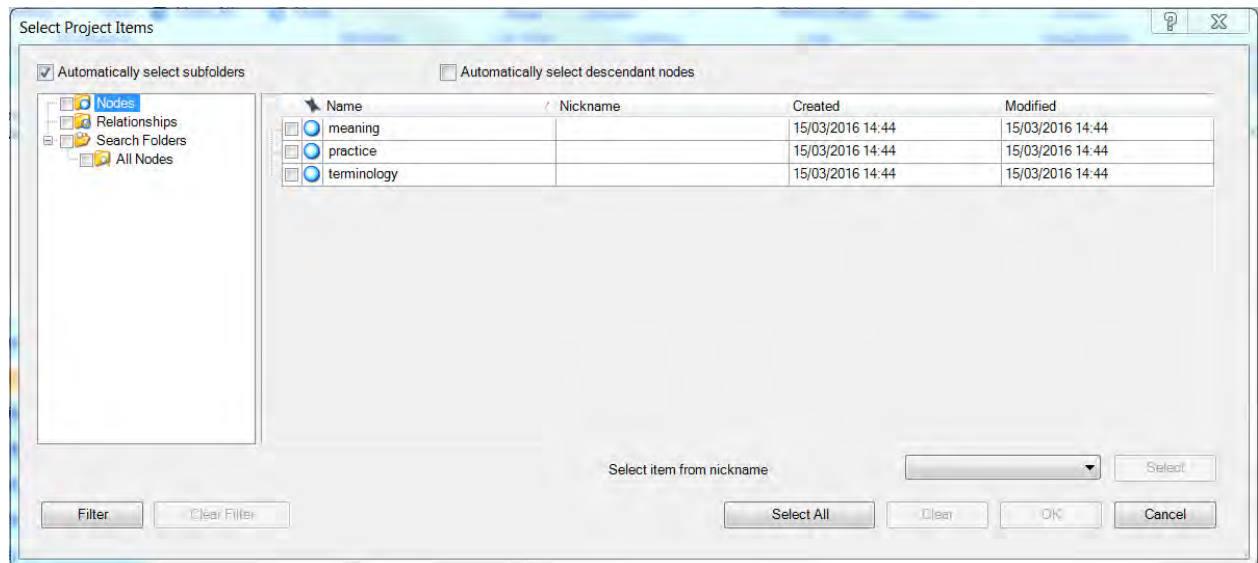
(Figure 12)

2. If you want to create a Node to represent a theme/concept, then Click in the Node section of the screen and then Right Click>New Node. A dialogue box will appear (Figure 13). Enter to Name of the Node and description. Descriptions are very useful and will produce your Codebook (). Please note that it is difficult to provide accurate descriptions of Nodes at the beginning of a project. Descriptions will change once you become more familiar with the themes. More importantly, descriptions will be more accurate once you have reviewed and refined your Nodes.



(Figure 13)

3. **Drag and Drop:** Do not worry at the start of a project if you have created a lot of nodes. These can be refined later. As you go through transcripts you will want to code a section of text to a particular Node. To do this, select the sentence or a paragraph you want to code as you would select text in Word and then drag and drop the text into the existing Node. This is drag and drop method is the most efficient means of coding to specific Nodes.
4. **Coding to Multiple Nodes:** At the beginning of a project you will find that a sentence or paragraph can be coded to a number of Nodes. To drag and drop the text into each Node can be time consuming. To code to several nodes simultaneously, Right Click>Code at Existing Nodes. A dialogue box will appear (Figure 14)



(Figure 14)

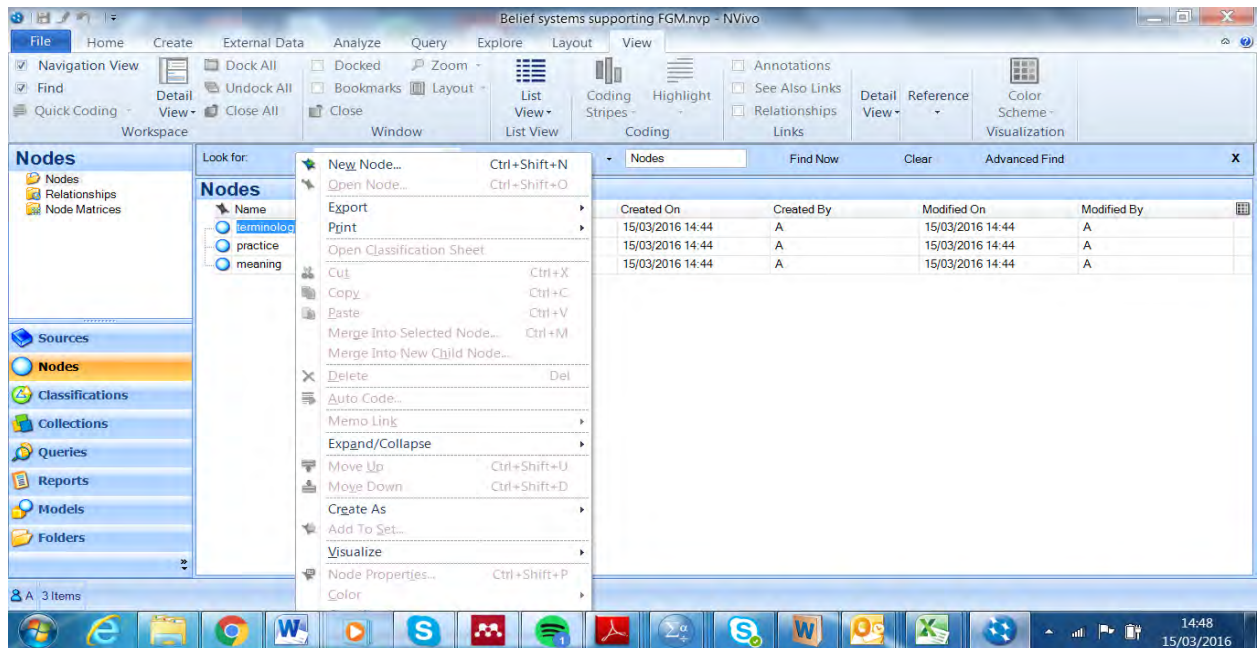
5. Select those nodes you wish to code to and the Click OK

Constructing a Node Tree

Constructing a Node tree takes time and will develop out of refining and reviewing nodes. Node trees will most likely change over the project as we analyse more transcripts and discuss our findings. As I stated in 'What should I Code', we want to see what themes emerge from the data. But, data 'never speaks for itself', we interpret the data and choose which sections of text are relevant etc. It is this process of selecting and interpreting that we need to be reflexive about. Our background reading of FGM, involvement with communities and insights gathered by Change Agents and Champions and key influential individuals in the community all inform our perceptions regarding the subject. There is a danger that we simply analyse the data and find themes and concepts that reaffirm our preconceptions. When reviewing and refining your Nodes, really discuss what each Node represents. It is also important to make detailed notes on how you came to agree on the Node Tree. You can make codebook in Nvivo (see pg), but you can also make notes and Memos in Nvivo in order to explain a particular phrase coded or process. However, it is probably best to make a note of this in a Word document.

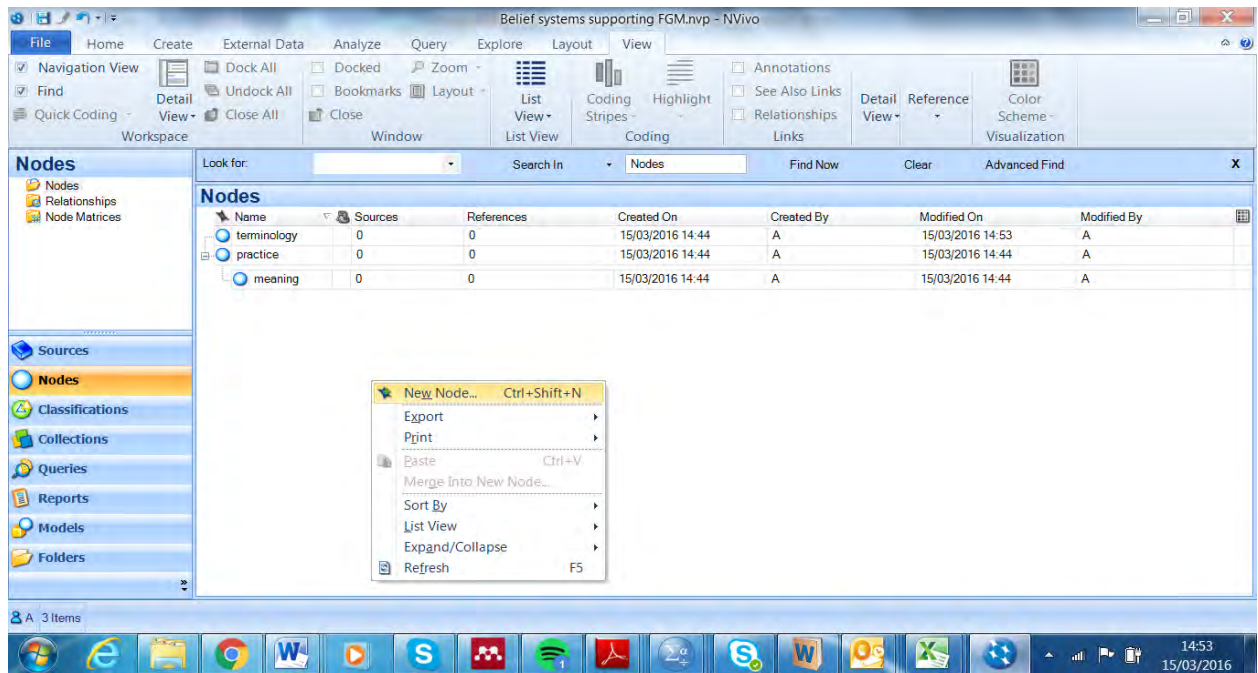
How Do I Construct a Node Tree

1. When reviewing your Nodes, you should begin to notice certain relationships between particular Nodes. It is possible that you will begin to find that there are certain Nodes that are similar, in that they represent closely related concepts/ideas. In order to merge similar Nodes. Select the Node that you want to merge into another Node and **Right Click> Cut**.
2. Highlight the Node that you wish to merge the Node and **Right Click> Merge into Selected Node**. This will merge two Nodes together (Figure 15).



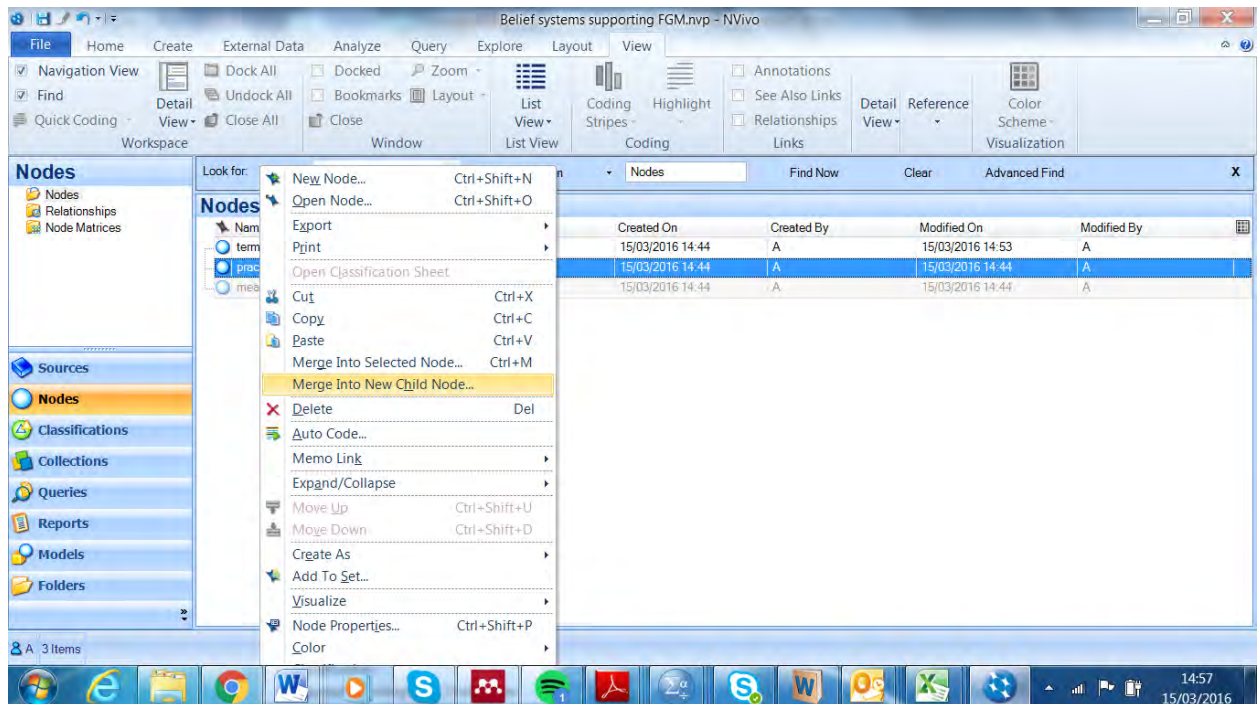
(Figure 15)

3. A Node Tree consists of a parent Node 'trunk' (Central Concept) and Child Nodes 'branches' (aspects that are linked to the central concept). Continuing the terminology example used above, the Central Concept will be 'Terminology' and the 'branches' will be the different terms that individuals use to describe this practice. In this case you need to think critically about what each term represents. It is recommended that there should be no more than nine Child Nodes, as it can become difficult if there are more.
4. Keep Parent Nodes 'Trunk' Nodes simple, they should represent one idea/concept.
5. A Parent Node may be a node that has already been created, but you can also create a new 'Parent' Node by Selecting Nodes, **Right Click>New Node** (Figure 16).



(Figure 16)

6. Name the node and provide description
7. It is a good idea not to code to Parent Nodes, but to code to Child Nodes.
8. Now you have a Parent 'Truck' Node, you can add 'branches'. This can be done by cutting and pasting Nodes into the Parent 'Truck' Node. This will automatically create a Child 'branch' node. Alternatively, you might want to merge Nodes into a new branch. To do this Select the Node with you want to become a 'branch', **Right Click>Cut**. Select the Parent 'Trunk' Node, **Right Click>Merge into New Child Node** (Figure 17)



(Figure 17)

9. You can create Sub Child Nodes 'Branches, but only do this if it adds to the analysis.
10. If a node does not fit into a Node Tree, leave it as a free Node.
11. To rename a node, Click on Node until only the name is highlighted (Figure 18).
Delete and rename.

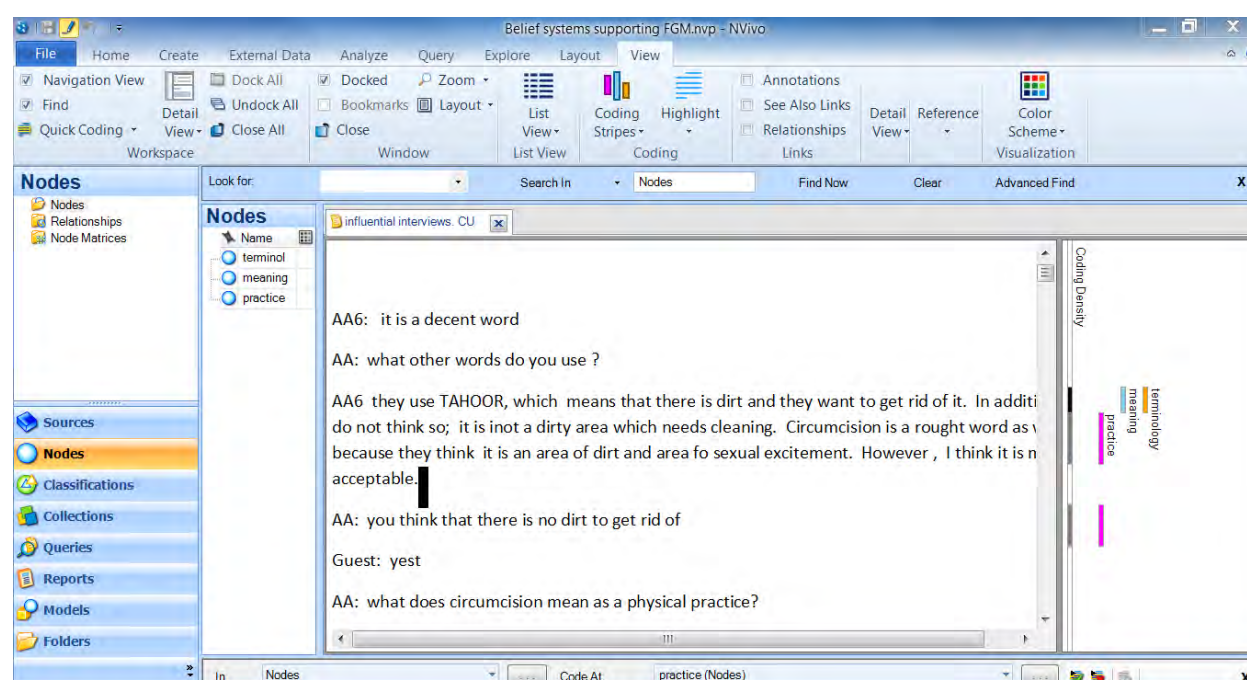
terminology	1	1	15/03/2016 14:44	A	15/03/2016 15:25	A
practice	1	3	15/03/2016 14:44	A	15/03/2016 15:26	A
meaning	1	1	15/03/2016 14:44	A	15/03/2016 15:25	A
circumcision	0	0	15/03/2016 15:48	A	15/03/2016 15:48	A

(Figure 18)

Using Coding Strips

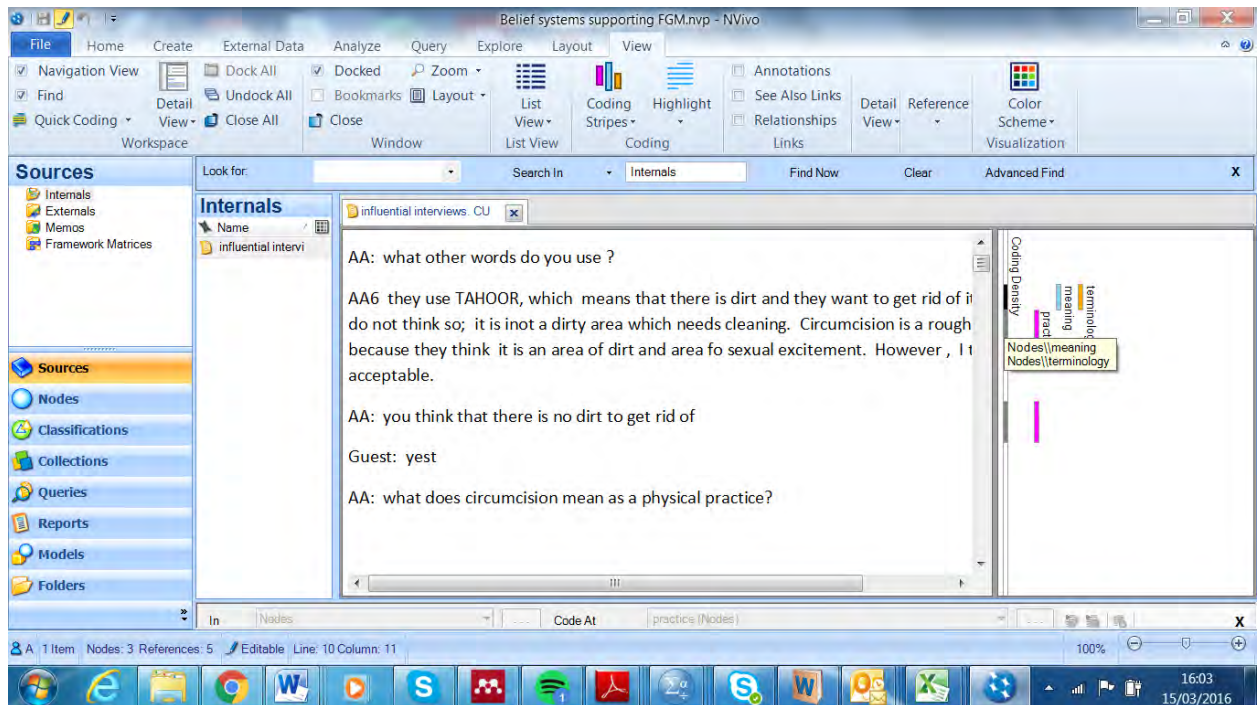
Coding strips are useful when coding and reviewing a coded transcript. They provide information about how a document is coded at a glance. This feature also allows you to see the most coded items. The number of strips can be increased for each document using Coding Stripes Options.

1. Click on View tab>Coding Stripes>Coding Density Only. The Coding Density Bar allows you to see which Nodes a section of transcript has been coded to. Using the Coding Density Bar also allows you to review and refine your coding by un-coding sections of a transcript (Figure 19).



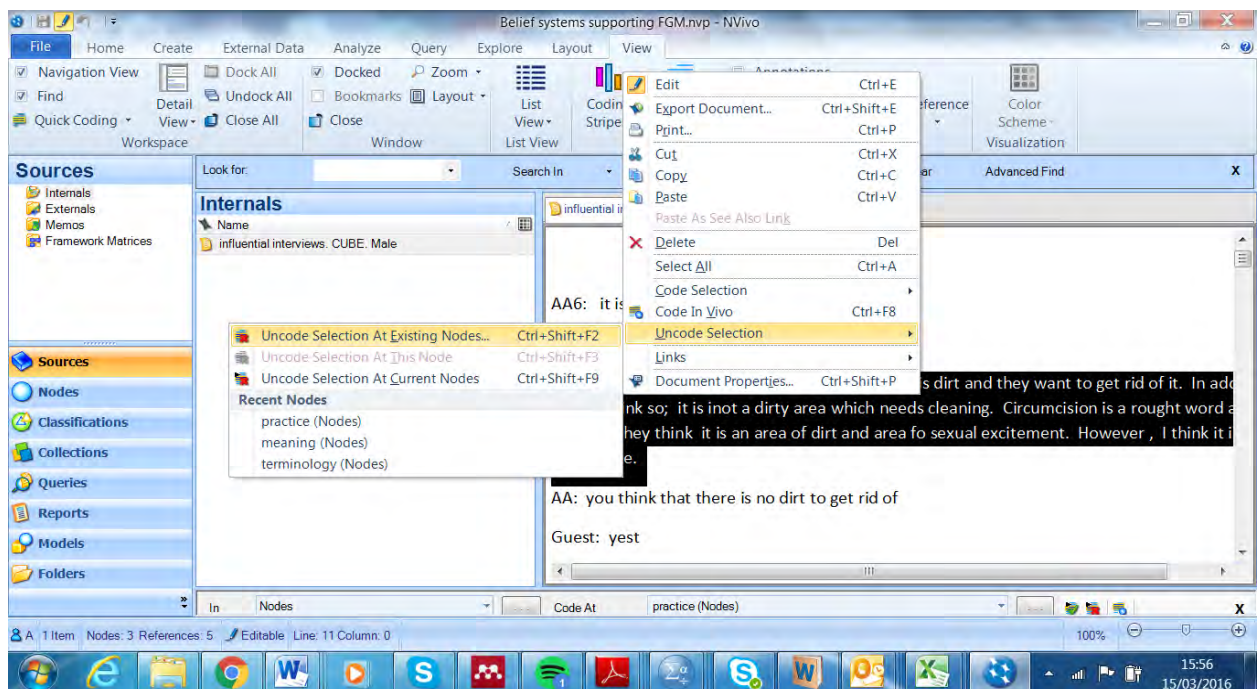
(Figure 19)

2. Un-coding using Coding Density Bar. Hover over the Coding Density Bar and it will indicate the Nodes which that section of text has been coded to (Figure 20). **Right Click>Show Stripe. Right Click on the Select Stripe>Uncode.**



(Figure 20)

3. **Un-coding Multiple Nodes:** When reviewing coded material with the use of Coding Stripes and the Coding Density Bar, you may come across a section of text that has been incorrectly coded to several nodes. Select the piece of text then **Right Click>Uncode Selection>Uncode Selection at Existing Nodes** (Figure 21). If you want to totally un-code a section, the replace the last step with **Uncode Selection at Current Nodes**.



(Figure 21)

Classifications and Attributes

In this section we are going to cover the process of classifying our data and assigning attributes to participants. Assigning attributes to participants can assist our analysis. For example, if we have attributed aspects such as gender and age to participants, we can then find out how many women of a particular age category held a particular view. This information can then be presented in various formats such as pie-charts, bar graphs, etc.

Attributes and classifications have a more fundamental purpose. Participants have particular positions within their community and wider society. Their position in terms of age, gender, marital status, education, employment, whether they are a 'new comer' or have been in that particular geographical location for a period of time will inform how they perceive themselves and how they position themselves in relation to others and how they conceptualise the community and a sense of belonging. Moreover, an individual's social position, will inform their behaviour, how they think their use of language. Therefore it is important that demographic information is attributed to each interviewee where it is available.

In this section we will cover:

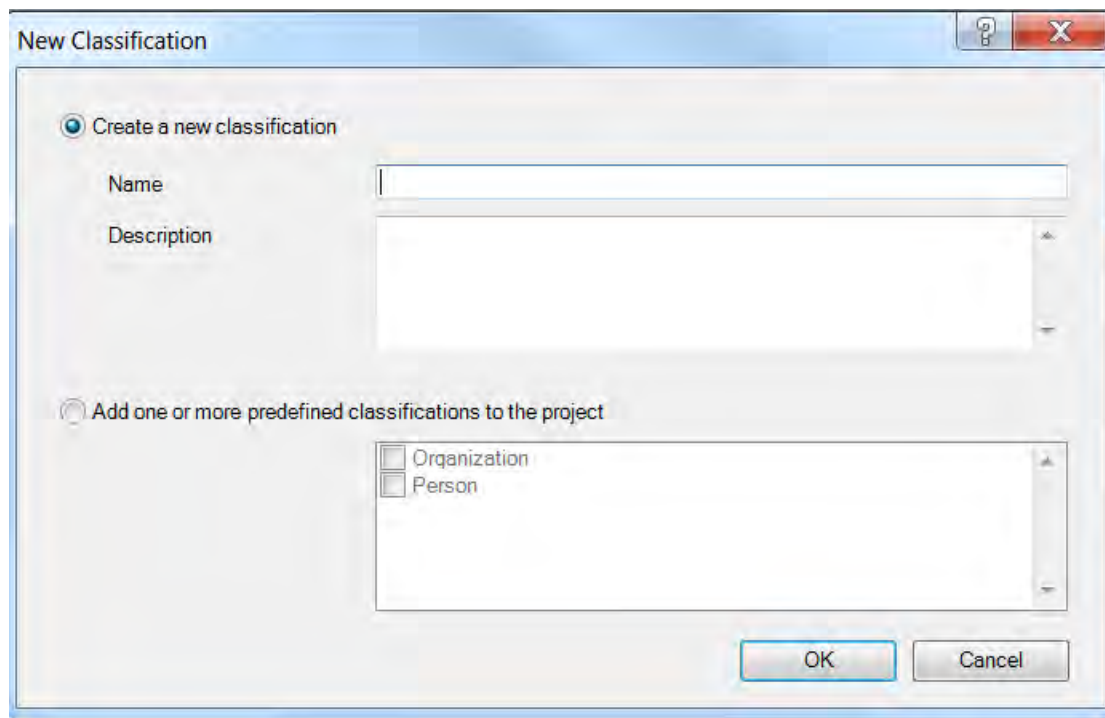
1. Classification
2. Making Attributes
3. Adding Attributes to Cases
4. Putting documents into Sets

Classifications

Classifications are holders for different sets of attributes. For this project we will need a classification for people. However, you can also create other classifications, such as, one for places and organisations. As stated above, we already know which attributes belong to the classification for people from the demographics questionnaire.

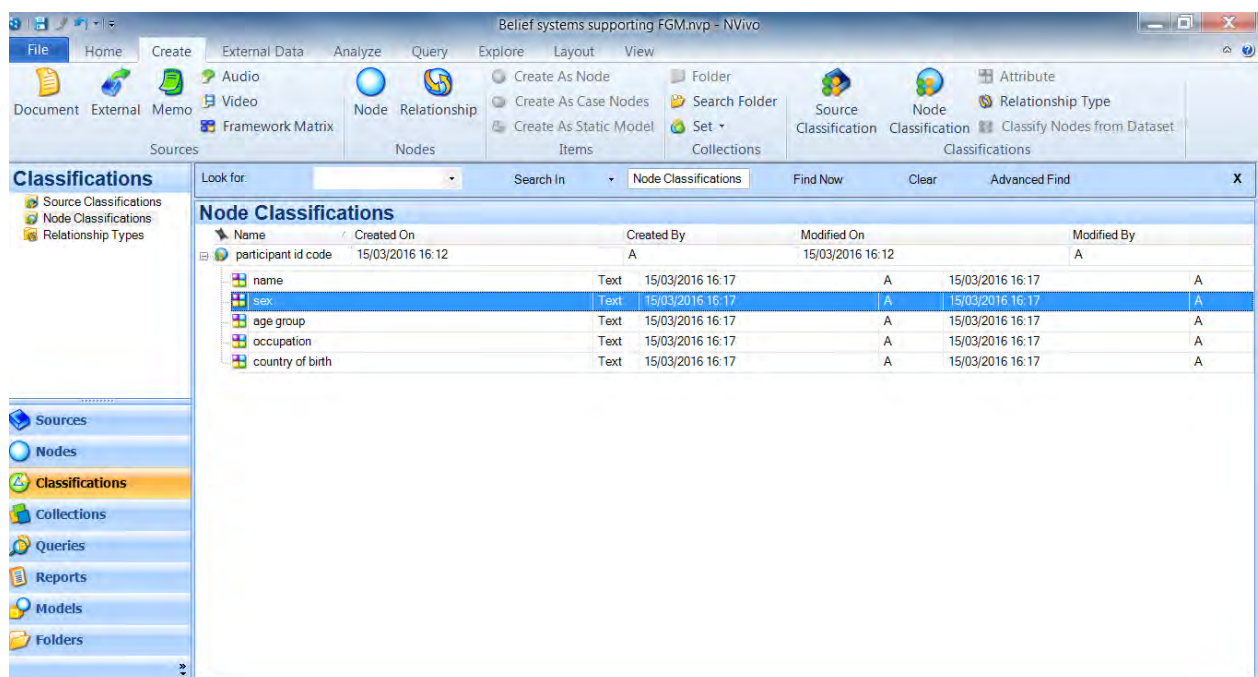
To begin the Classification:

1. Click on the Classifications Bar on the Left of the screen. Then choose the Node Classifications folder.
2. Right Click in the node classifications area> Select New Classification. A box will appear asking you to create a new classification. Nvivo 10 has two predefined classifications: Organisation and Person. Select Person (see Figure 22)



(Figure 22)

3. The predefined person classification has a number of attributes already assigned, such as, gender, age group and country of birth (Figure 23).



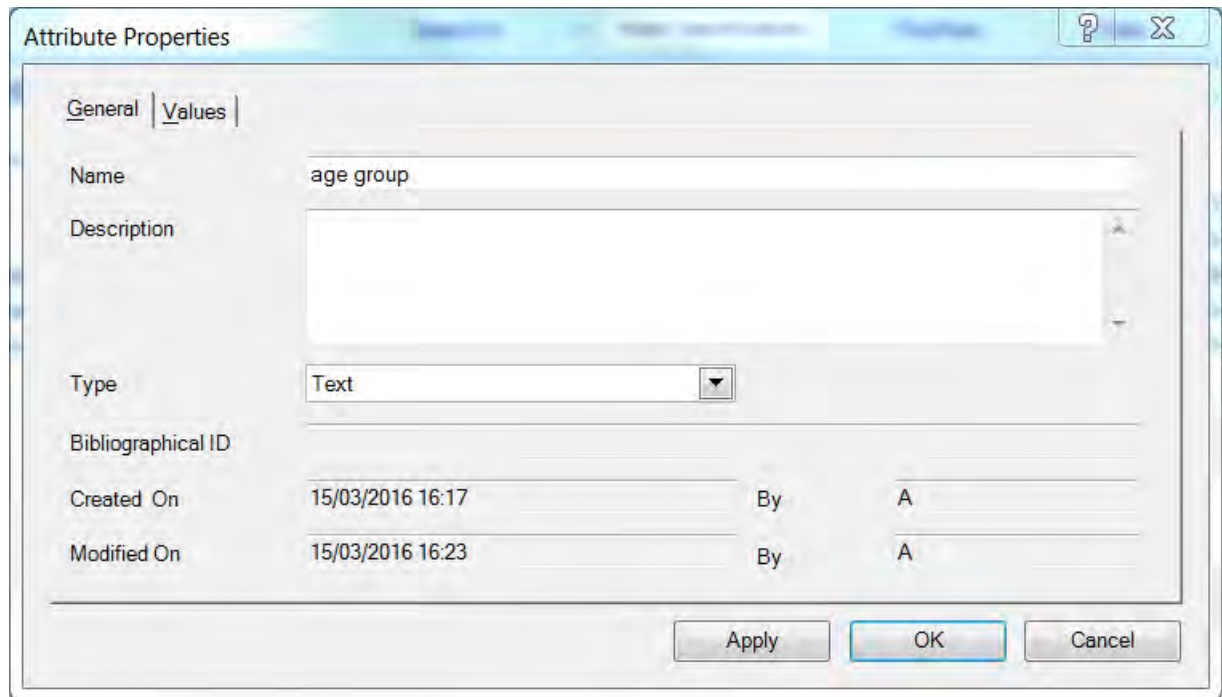
(Figure 23)

Attributes

Although Nvivo 10 has predefined attributes, they do not need to be modified and expanded for our project. We will need the demographic information at hand to complete the following task.

We will first modify the existing attributes:

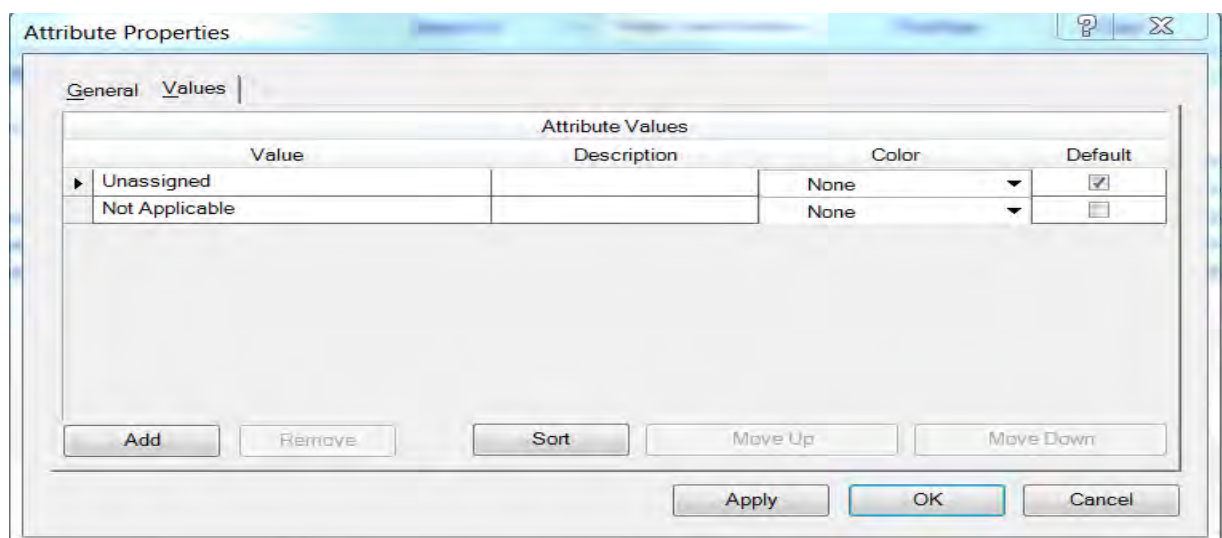
1. Double Click on the Attribute you want to modify. A box will appear (Figure 24).



The 'Attribute Properties' dialog box is shown with the 'General' tab selected. The 'Name' field contains 'age group'. The 'Description' field is empty. The 'Type' dropdown is set to 'Text'. The 'Bibliographical ID' field is empty. The 'Created On' field shows '15/03/2016 16:17' and the 'By' field shows 'A'. The 'Modified On' field shows '15/03/2016 16:23' and the 'By' field shows 'A'. At the bottom are 'Apply', 'OK', and 'Cancel' buttons.

(Figure 24)

2. Click on the Values Tab (Figure 25)



The 'Attribute Properties' dialog box is shown with the 'Values' tab selected. The 'Attribute Values' table is displayed with the following data:

Value	Description	Color	Default
Unassigned		None	<input checked="" type="checkbox"/>
Not Applicable		None	<input type="checkbox"/>

Below the table are buttons for 'Add', 'Remove', 'Sort', 'Move Up', and 'Move Down'. At the bottom are 'Apply', 'OK', and 'Cancel' buttons.

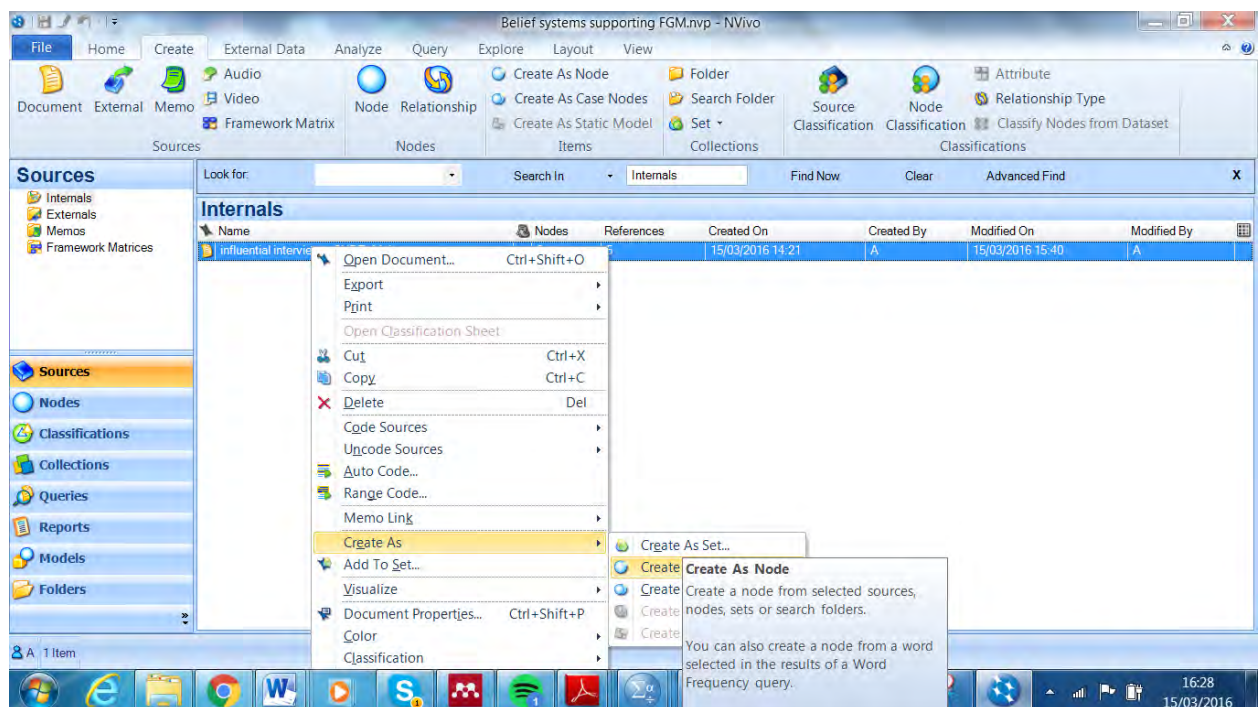
(Figure 25)

3. We want to include the Age Categories which appear on the demographics information. Click on Add Tab and a new Values box will appear. Enter the first age category in this box (18-24). Repeat this process until you have entered all of the categories then Click OK.

Linking Classifications with Sources

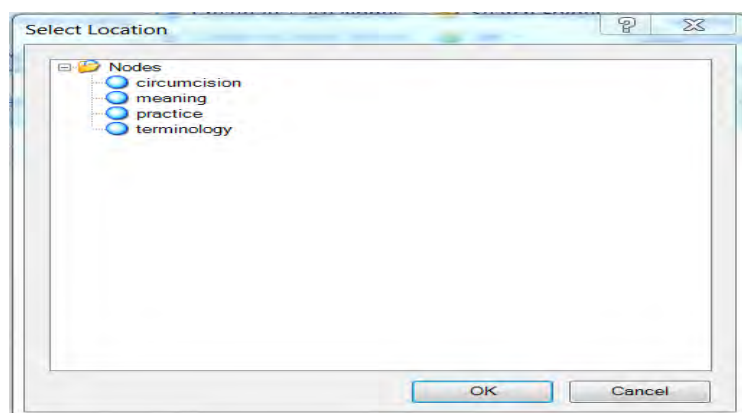
After all the attributes are entered, we can then start linking classifications with sources, i.e. transcripts. In order to do this:

1. Click on the Sources Tab on the left of the screen, go to the source document and **Right Click> Create As Node** (Figure 26)



(Figure 26)

A dialogue box will appear (Figure 27)



2. Click OK and this leads to another dialogue box (Figure 28)

New Node

General | Attribute Values

Name:

Description:

Nickname:

Hierarchical name: Nodes\\

☐ Aggregate coding from child nodes

Color: None

OK Cancel

(Figure 28)

3. **Name of the Node:** it is easier if you name the Node as the Participant (For example, David). Then Click the Attribute Values Tab and in the Classifications Menu select the Person (Figure 29)

New Node

General | Attribute Values

Classification: participant id code

Attribute	Value
name	Unassigned
sex	Unassigned
age group	Unassigned
occupation	Unassigned
country of birth	Unassigned

OK Cancel

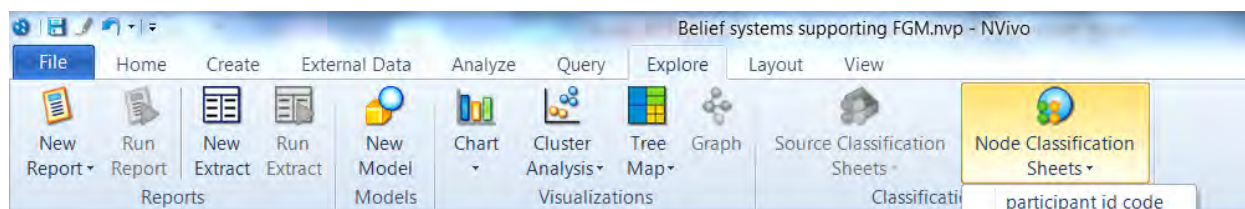
(Figure 28)

4. After choosing Person, the various attributes will appear, Select from the menus the appropriate attributes for the participant.

Classification Sheet

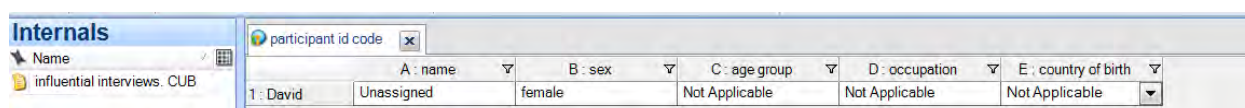
A Classification Sheet allows you to visualise the attributes associated with the nodes that represent participants.

1. The Classification Sheet can be seen by Clicking on the Explore tab>Node Classification Sheet>Person (Figure 29)



(Figure 29)

2. The classification Sheet will appear in a window below (Figure 30).



(Figure 30)

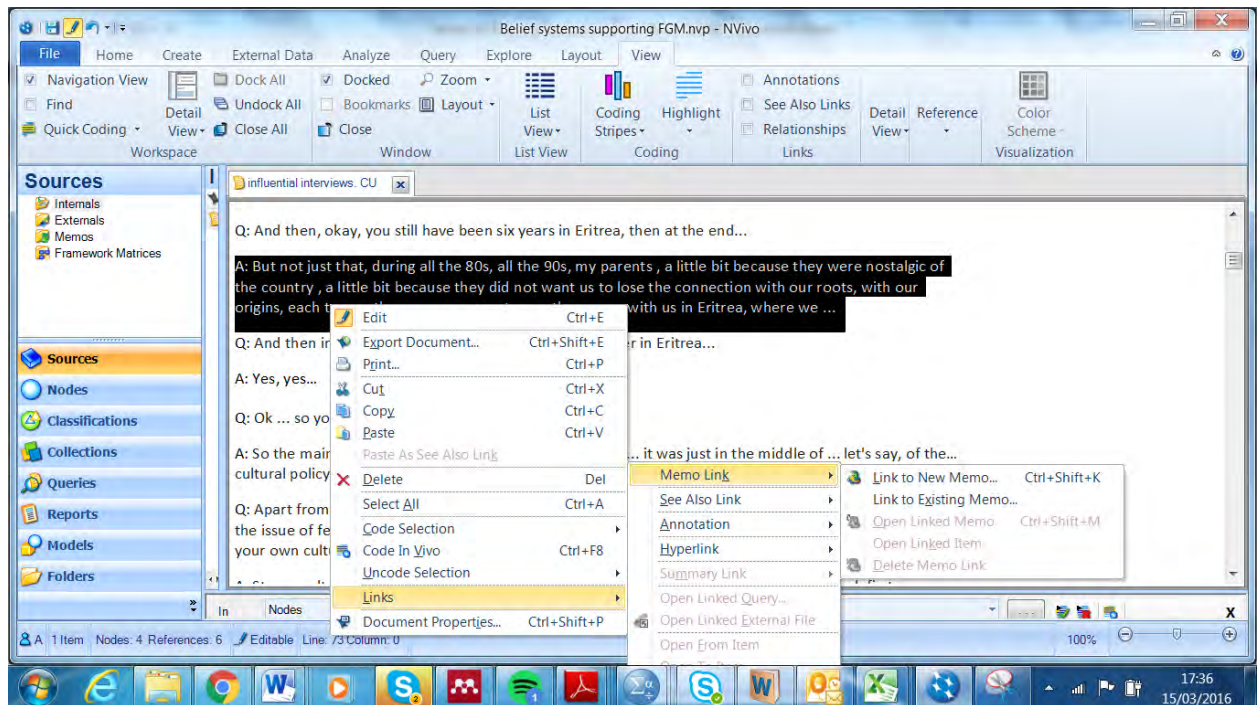
3. You can then see the attributes associated with each partner. You can choose to alter the values in the Sheet by Clicking on the Attribute you wish to update.

Making Links between Sources and Memos

When coding a transcript you may come across a section that you believe has a relationship to another section of text within a different transcript or external source. For instance, the participant might mention a particular poster/news article or campaign material in the interview/focus group. It is possible to create a link between the section of text and other source. You can also make links from a transcript to a memo.

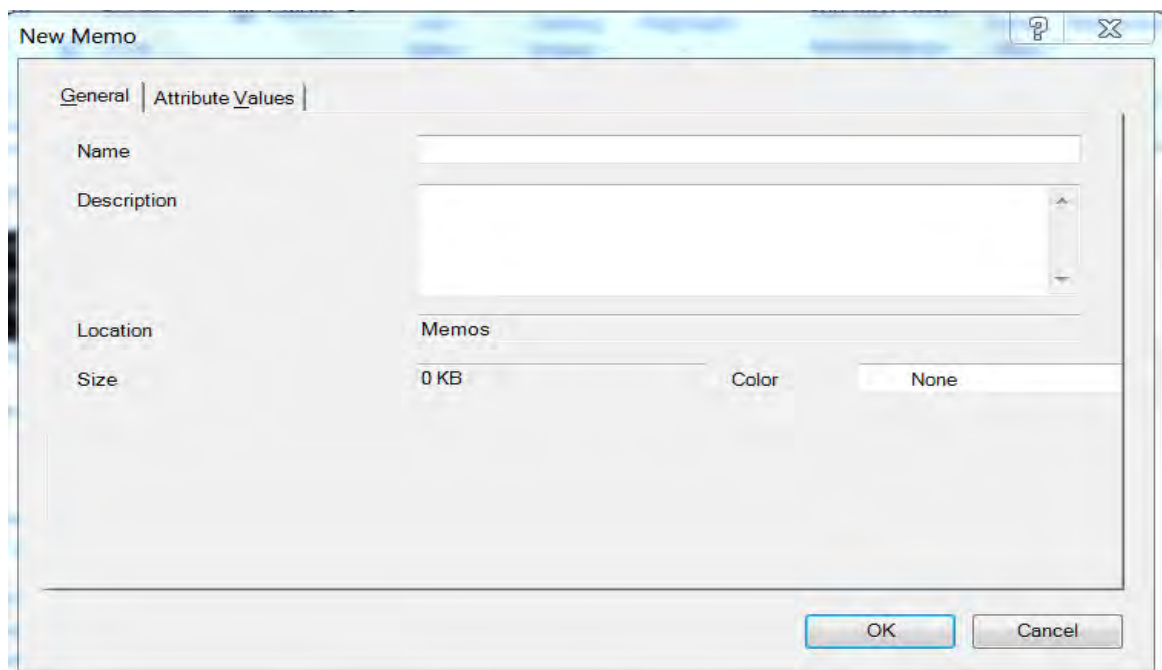
To create link from a piece of text to a memo:

Select the text that you want to make a link and the **Right Click>Memo Link>Like to New Memo** (Figure 31)



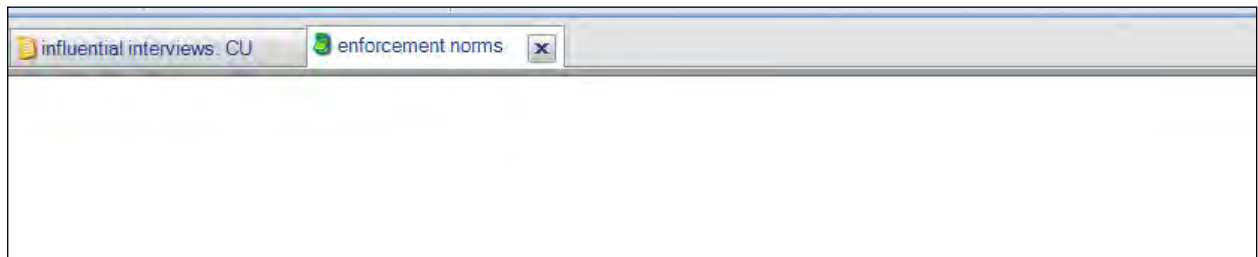
(Figure 31)

A dialogue box will appear (Figure 32). Enter the name of the memo and add a description if you wish.



(Figure 32)

1. A Memo Tab will appear in the right hand window (Figure 33). Memo Tab's are always green.

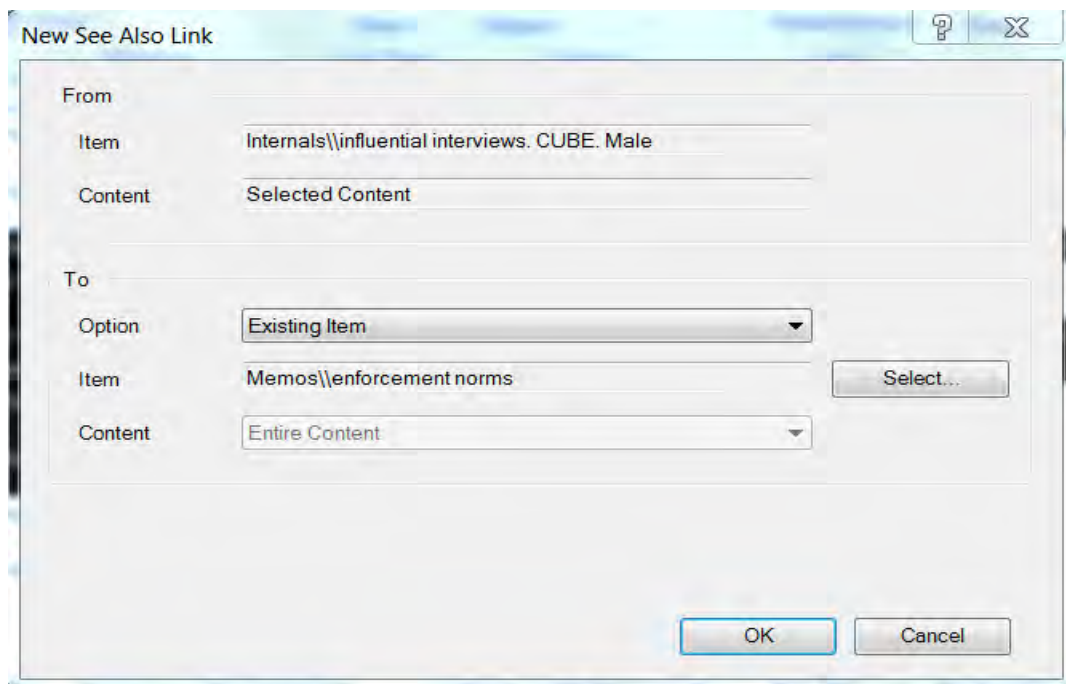


(Figure 33)

Memos allow you to explain your thought processes regarding a particular statement. This is helpful when coding as part of the team. Memos and Annotations can assist your coding partners to understand why you have coded a particular section of text to a Node. Alternatively, Memos can be a means of communicating difficulties relating to interpreting a section of text. Memos can act as a project journal.

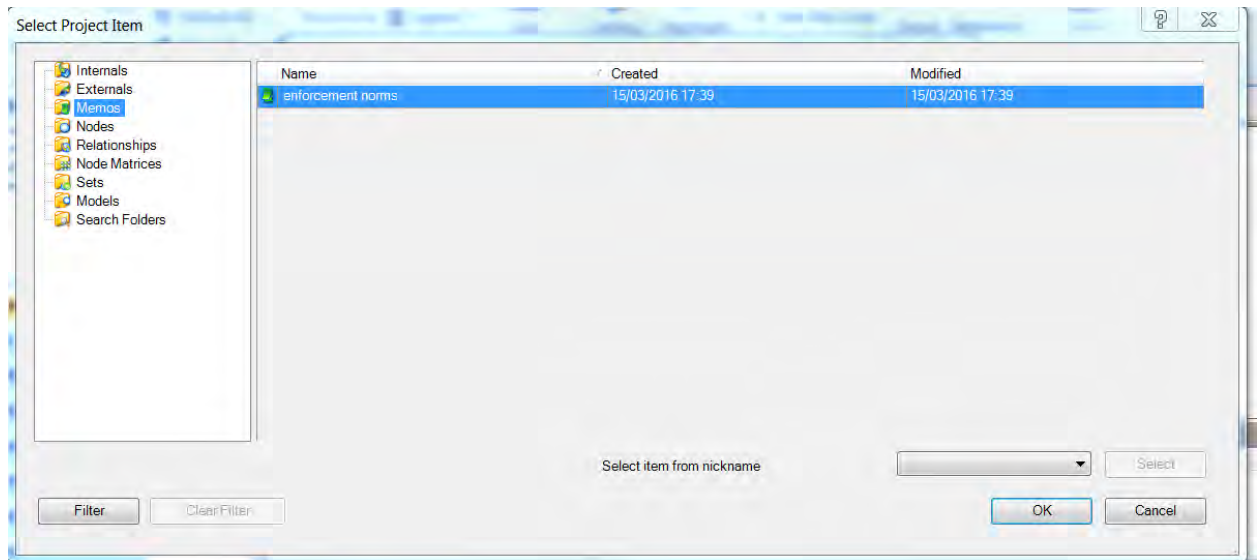
Making Links between Sources and other Internal Documents

1. To Link a piece of text to another interview transcript that you have already imported into Nvivo, **Select Text>Right Click>Links> See Also Links>New See Also Links**. A dialogue box will appear, Select Existing Item from the menu and then Click on Select Item (Figure 34).



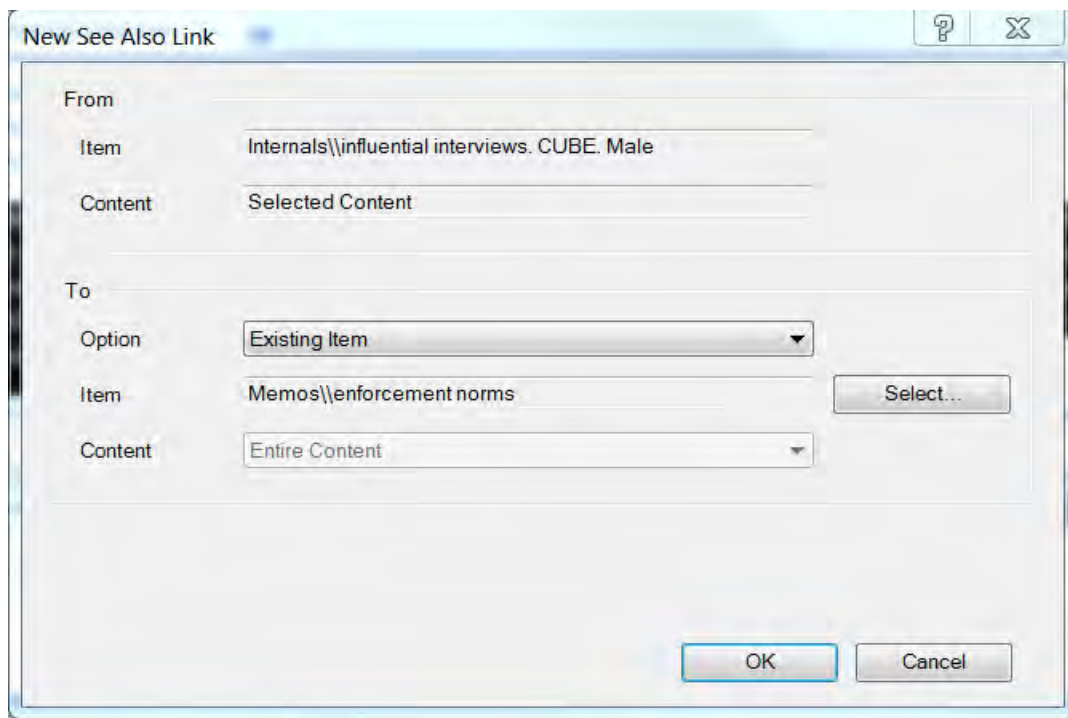
(Figure 34)

2. This will open another dialogue box with a list of the transcripts (Figure 35). Select the Transcript that you wish to open and then Click OK



(Figure 35)

3. This will take you back to the original dialogue box. Click OK (Figure 36)



(Figure 36)

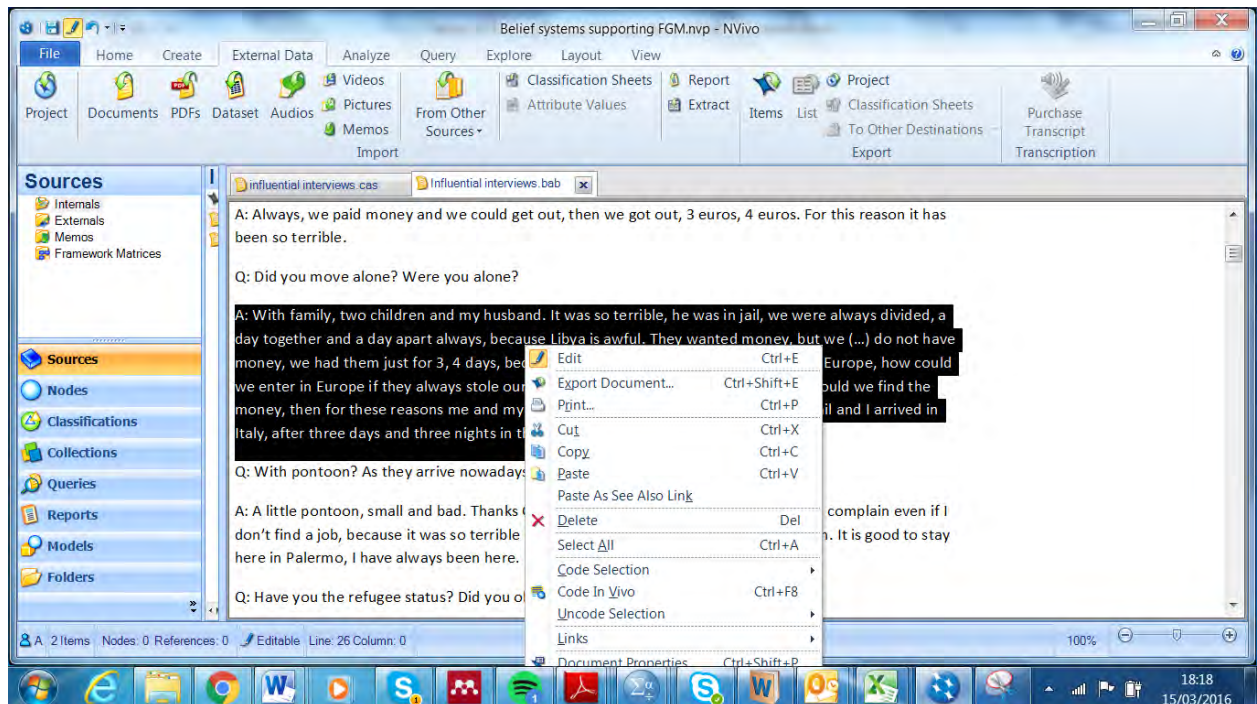
4. The Text that is linked to the document will be highlighted in Red.

Making a Link between two pieces of Text

If you come across a section of text in a transcript which closely resembles another section of text within another transcript, you can make a link between these two sections of text.

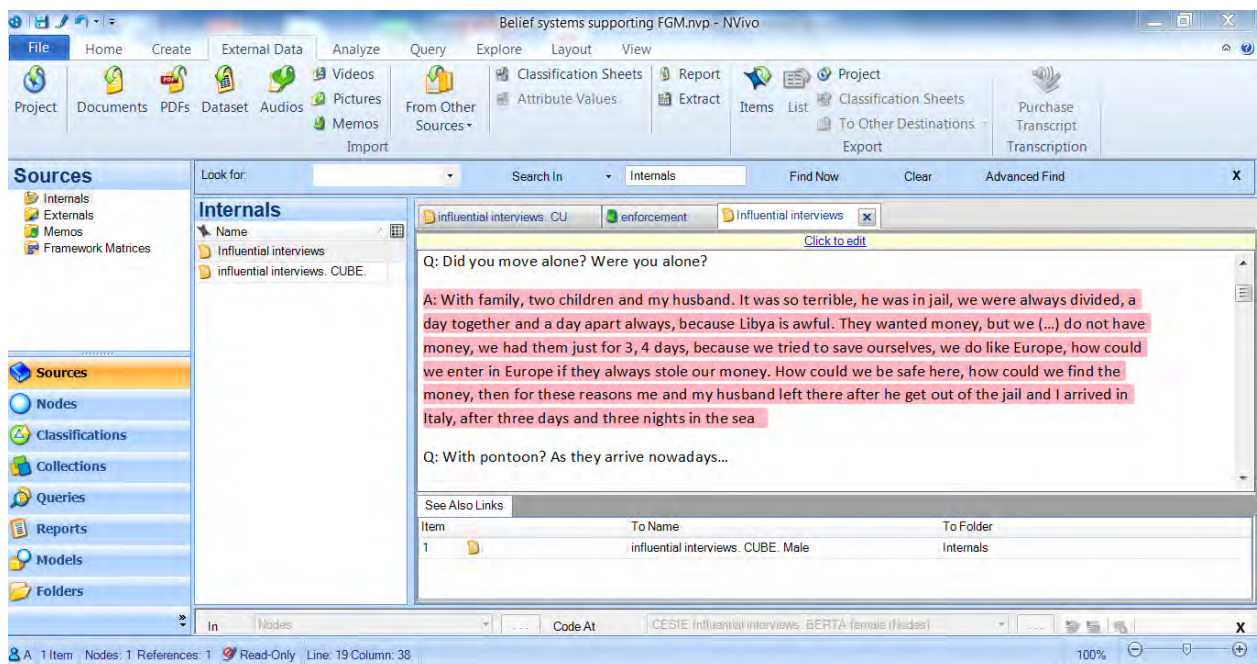
1. Select the piece of Text you want to be linked, **Right Click>Copy**

- Switch to the other document and select to text you want to link and **Right Click>Paste As See Also Link** (Figure 37)



(Figure 37)

The text selected will be highlighted red and you will be able to see a list of Links in the bar at the bottom of the screen (Figure 38). If you cannot see this, Click on View Tab and Check the box next to See Also Links



(Figure 38)

Browsing and Printing a Node

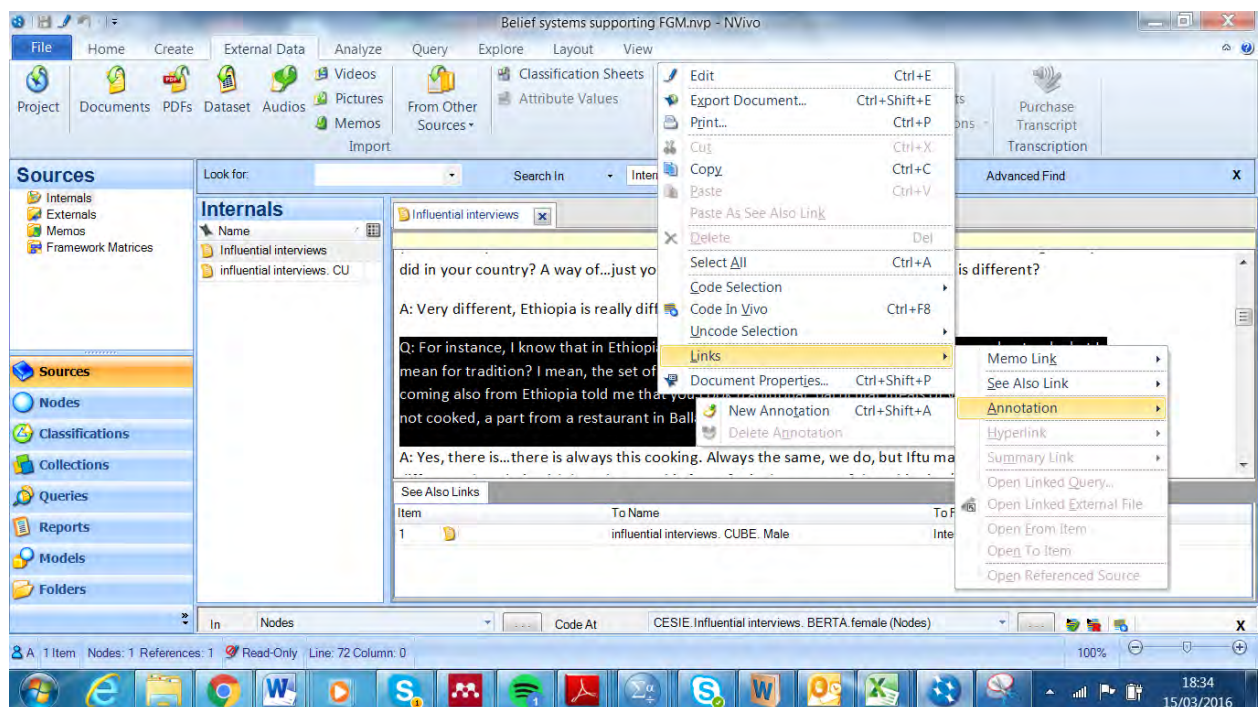
When reviewing your Nodes it might be useful to browse and print the nodes.

1. Double Click on node to view it
2. To use quotes, select from node and copy and paste into Word Document
3. To print a node, select File>Print (or Print Preview) and select the options to print (suggest name and description if used, annotations and see also links if used).
4. You can also use the Report tab.

Annotating Documents

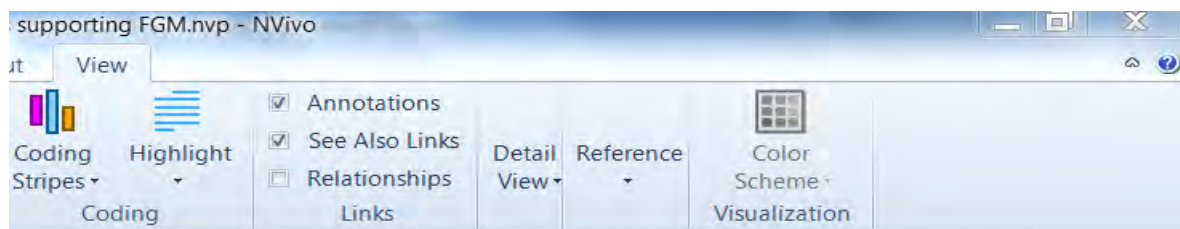
When coding, it can be useful to annotate selected passages if the context is unclear.

1. Annotations are link footnotes: Select a passage and **Right Click>Links>Annotation>New Annotation** (Figure 39)



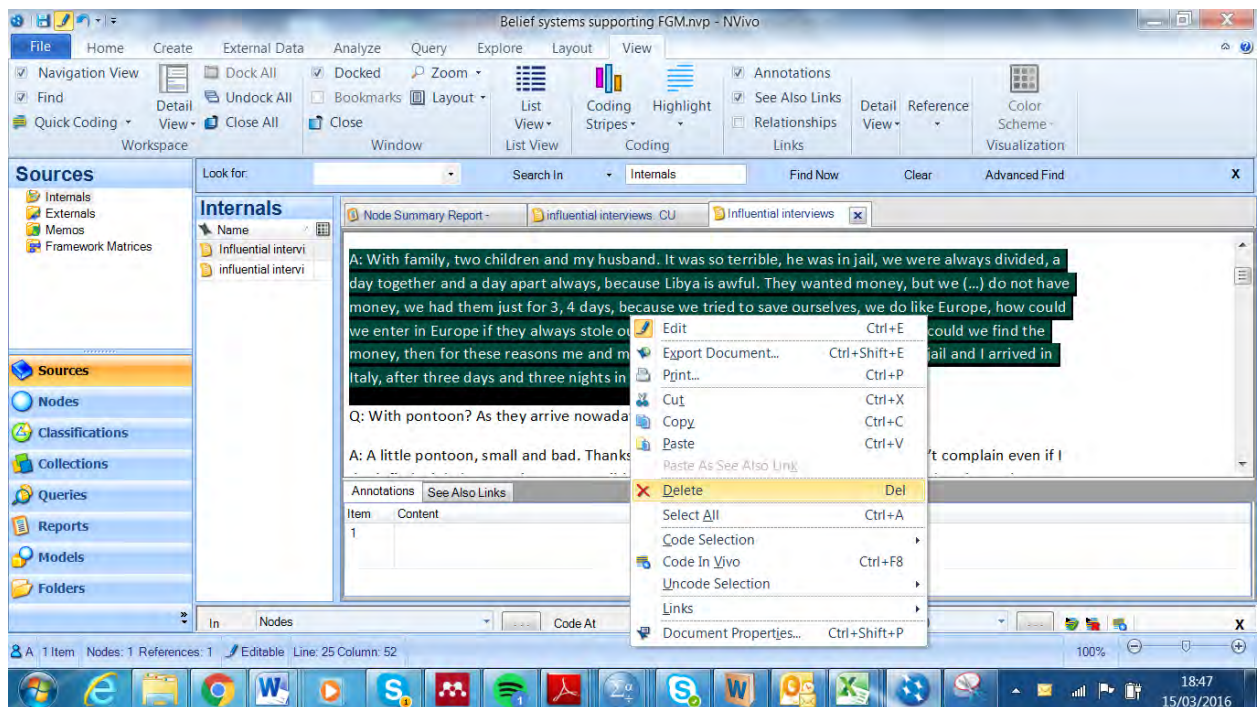
(Figure 39)

2. Annotated passages are displayed in blue.
3. Annotations can be turned off and on using the **View Annotations Tab>Check Annotations** (Figure 40)



(Figure 40)

4. Annotations can be deleted, **Right Click>Delete** (Figure 41)

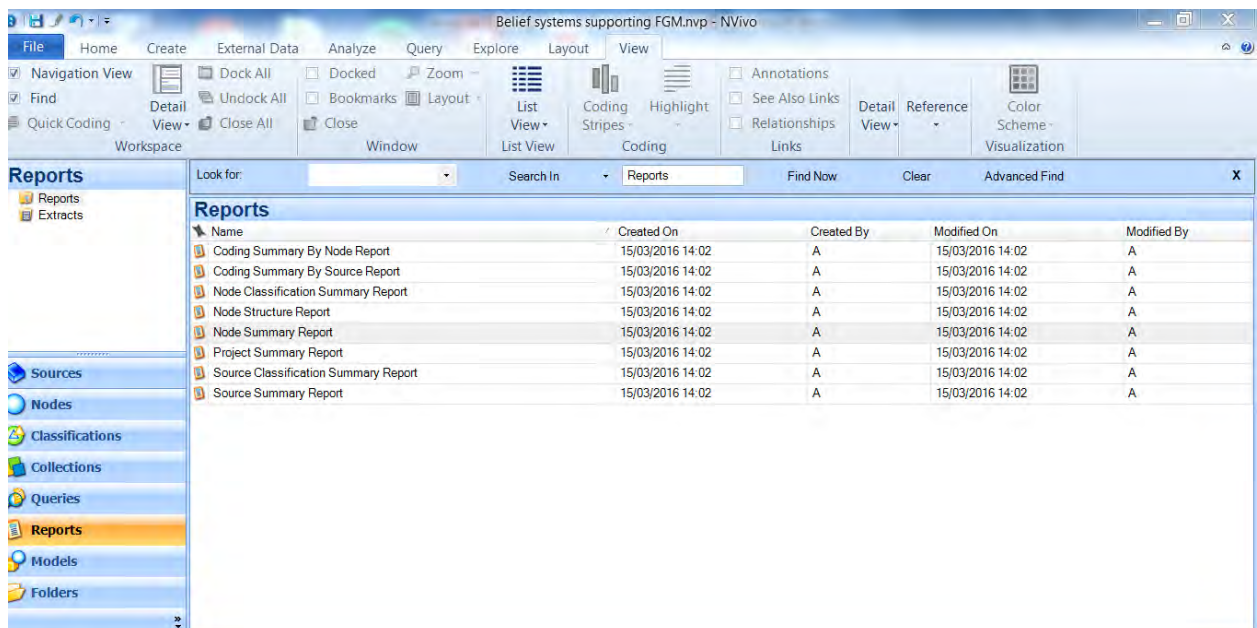


(Figure 41)

Reports

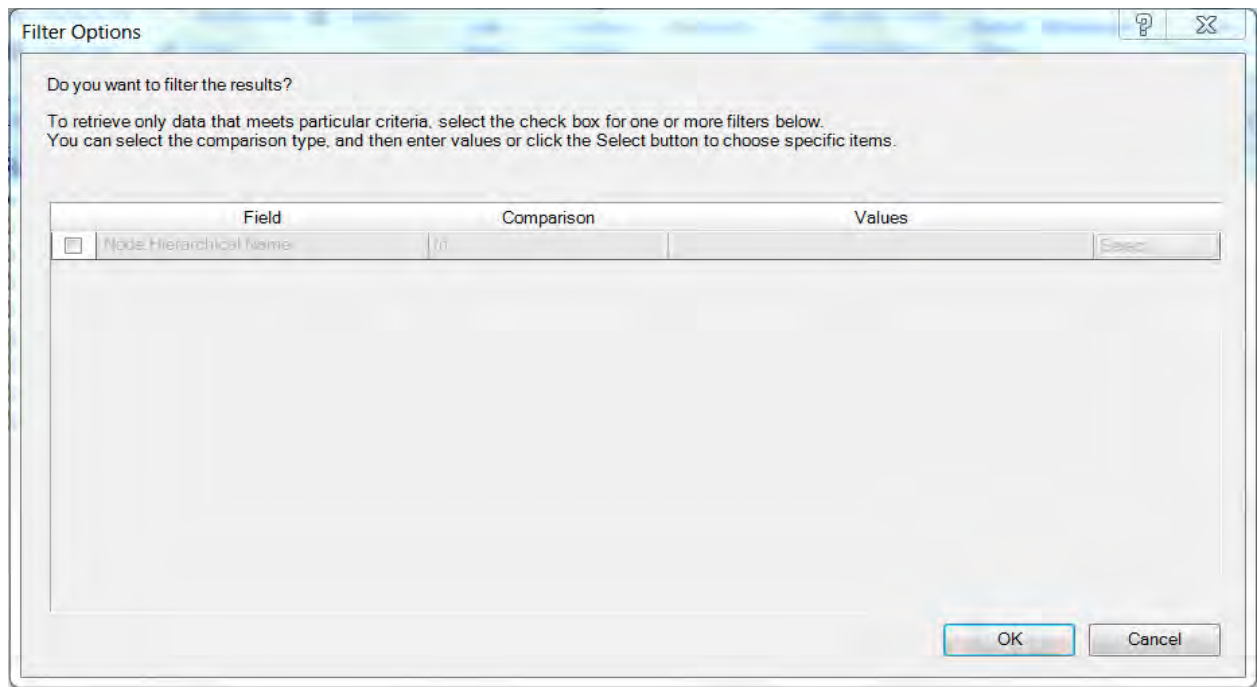
Reports are a good means of reviewing your project.

To create a summary of the nodes of the project, click on Report Tab and select the Node Summary Report (Figure 42)



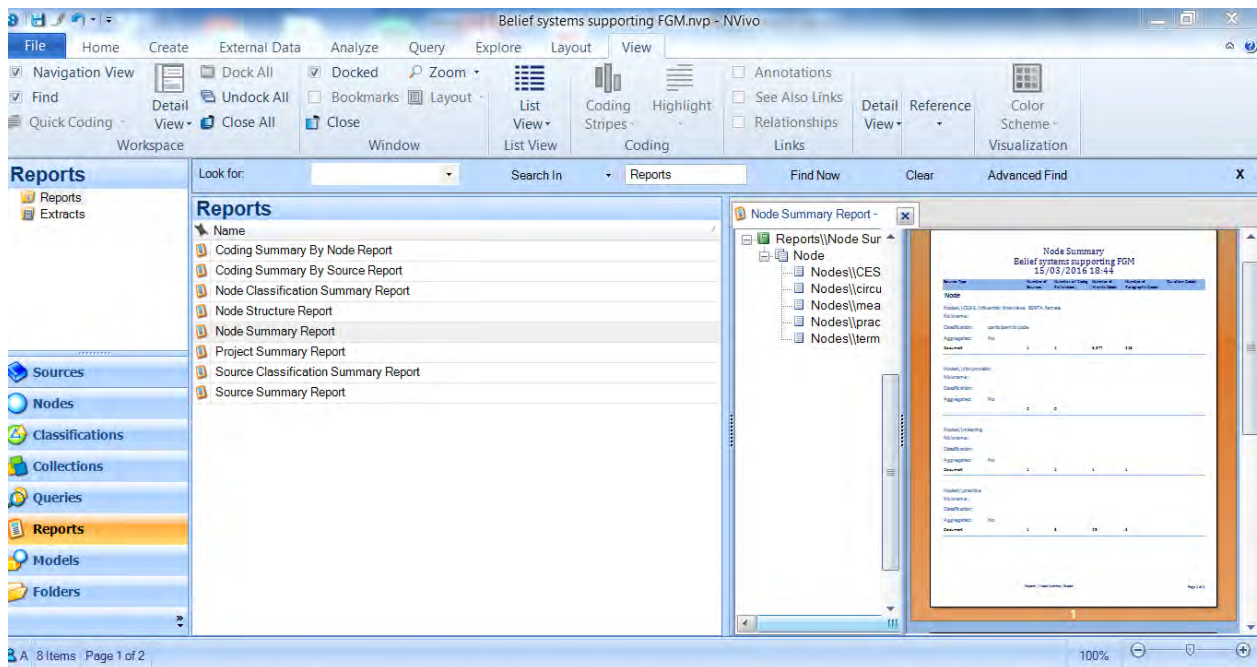
(Figure 42)

1. Right Click on the report and choose Run Report
2. A dialogue Box will appear (Figure 43). Make appropriate selections and the click OK.



(Figure 43)

3. Reports will be shown in the window (Figure 44). Reports can be printed or be printed or exported to Word.



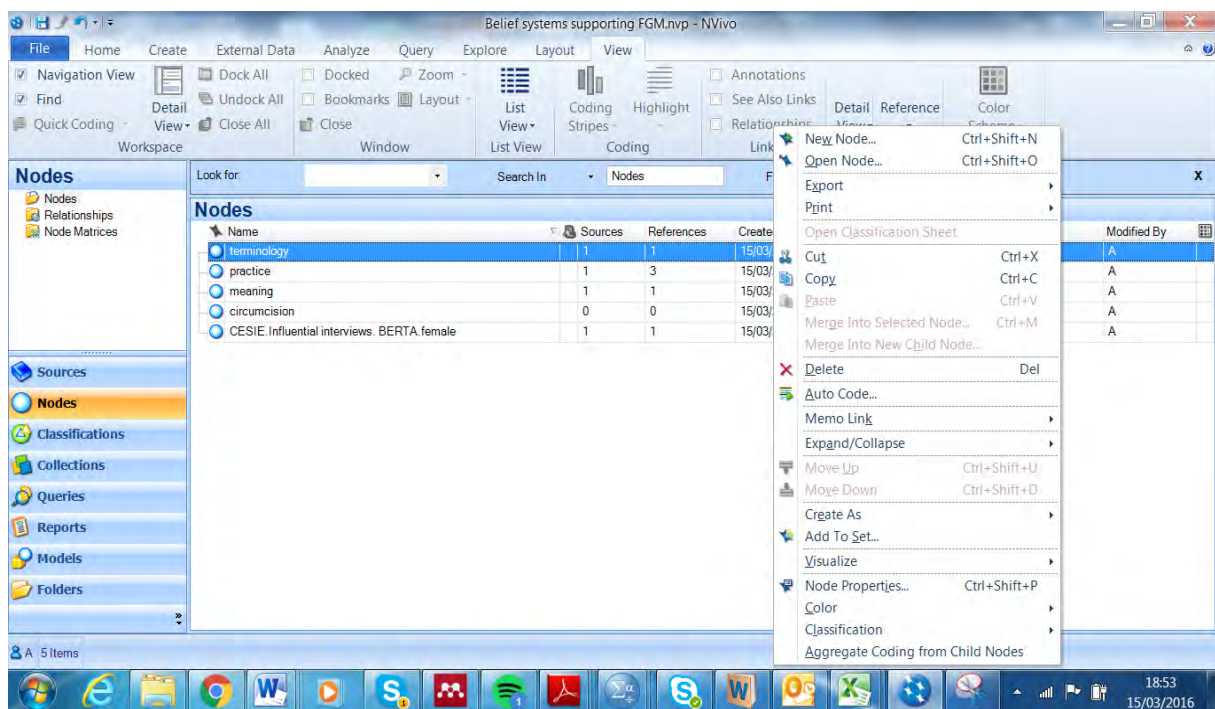
(Figure 44)

Code Book

Code books are a good way to review the categories of the operational description of the Nodes that you have developed. At the beginning of a project it is difficult to provide a substantial description for each node. Node descriptions will change and become more clarified as your project progresses. Before we construct a codebook, you need to make sure that you have provided a description for each of the Nodes.

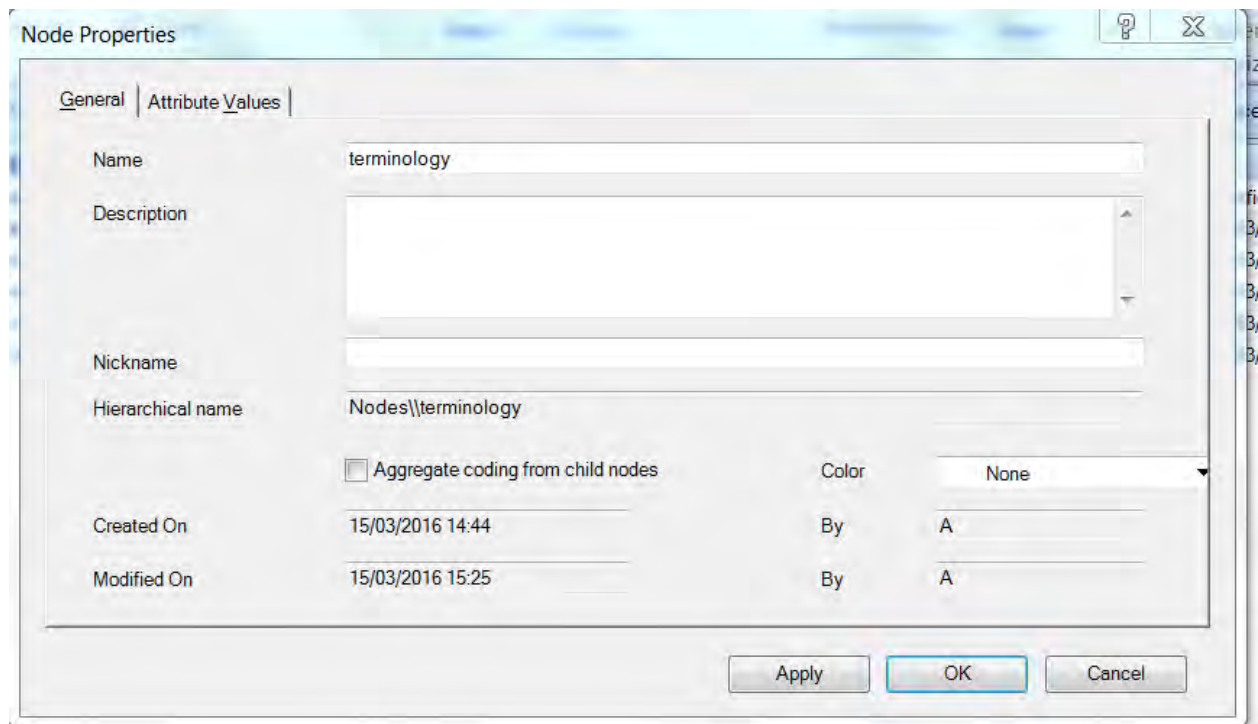
This can be done by:

1. Clicking on the Nodes Tab on the left of the screen
2. Select the node that you want to check, **Right Click>Node Properties** (Figure 45)



(Figure 45)

1. A dialogue box will appear (Figure 46). Enter description in the **Description Box** and then **Click OK**



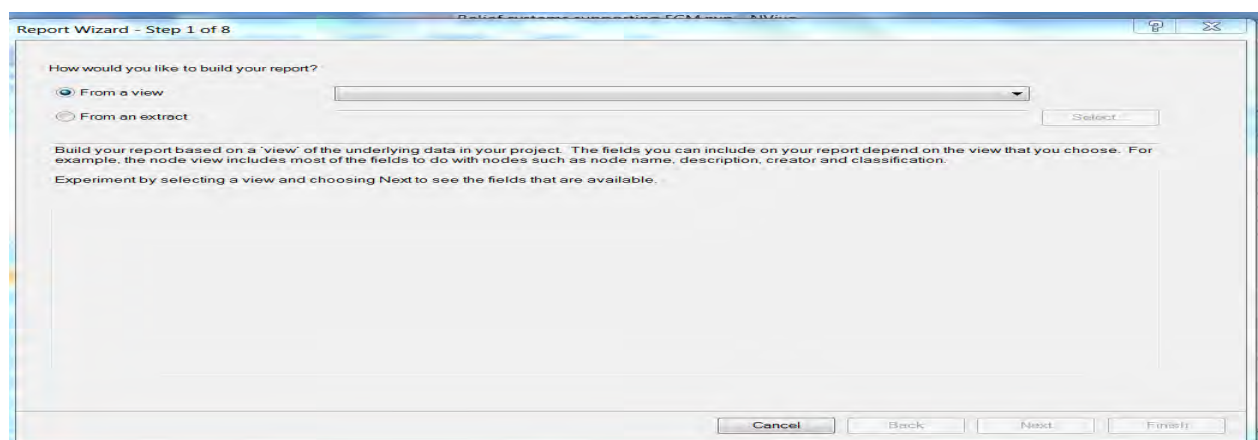
(Figure 46)

2. After checking all the node descriptions, Click on the Explore Tab (Figure 47) and at the far left there is the New Report Tab. Click on this and Run the Report Wizard.



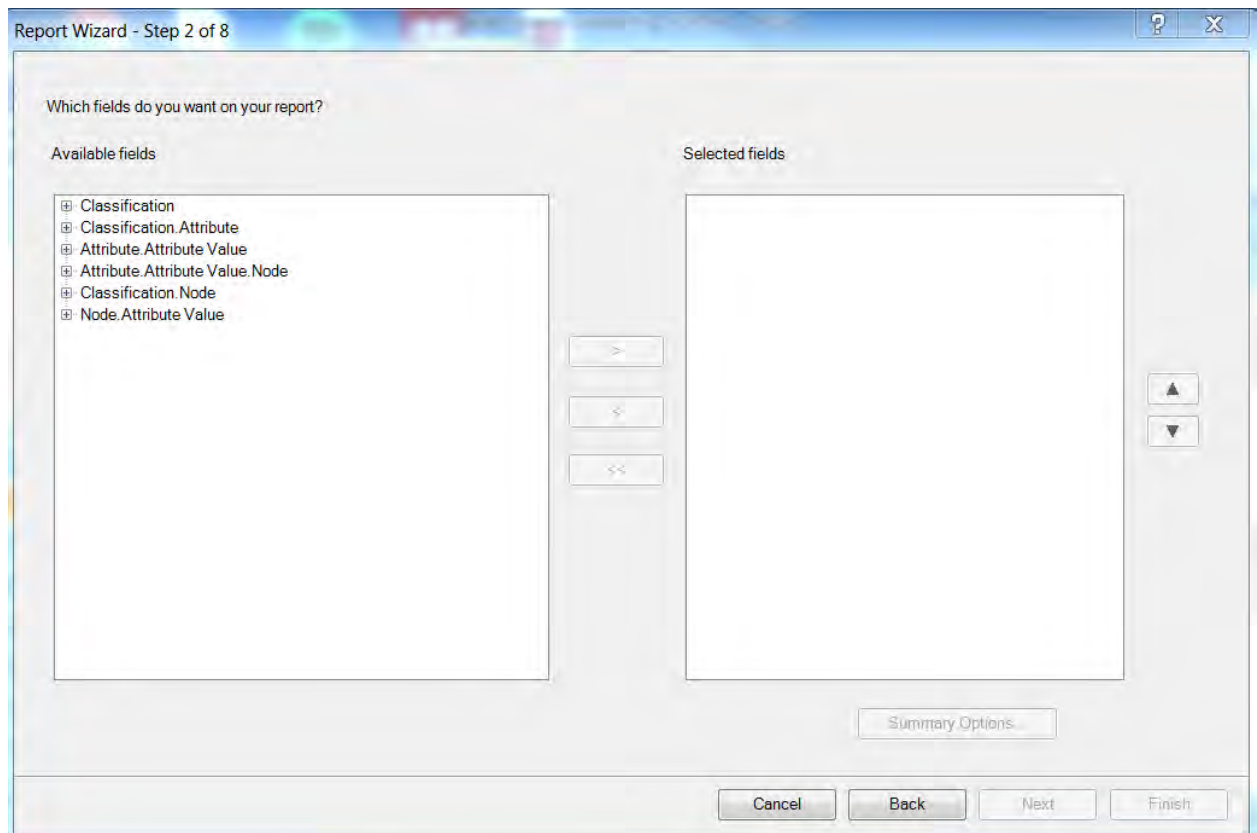
(Figure 47)

A dialogue box appears (Figure 48). Check the From a View Tab and select from the drop down menu Node and then Click Next.



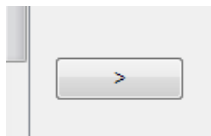
(Figure 48)

3. Another dialogue box appears (Figure 49). Choose the properties that will be in your Codebook. Fox example, if I want to include the name and description of the node I would select Name and Description (Two can be selected at once by holding the shift key).



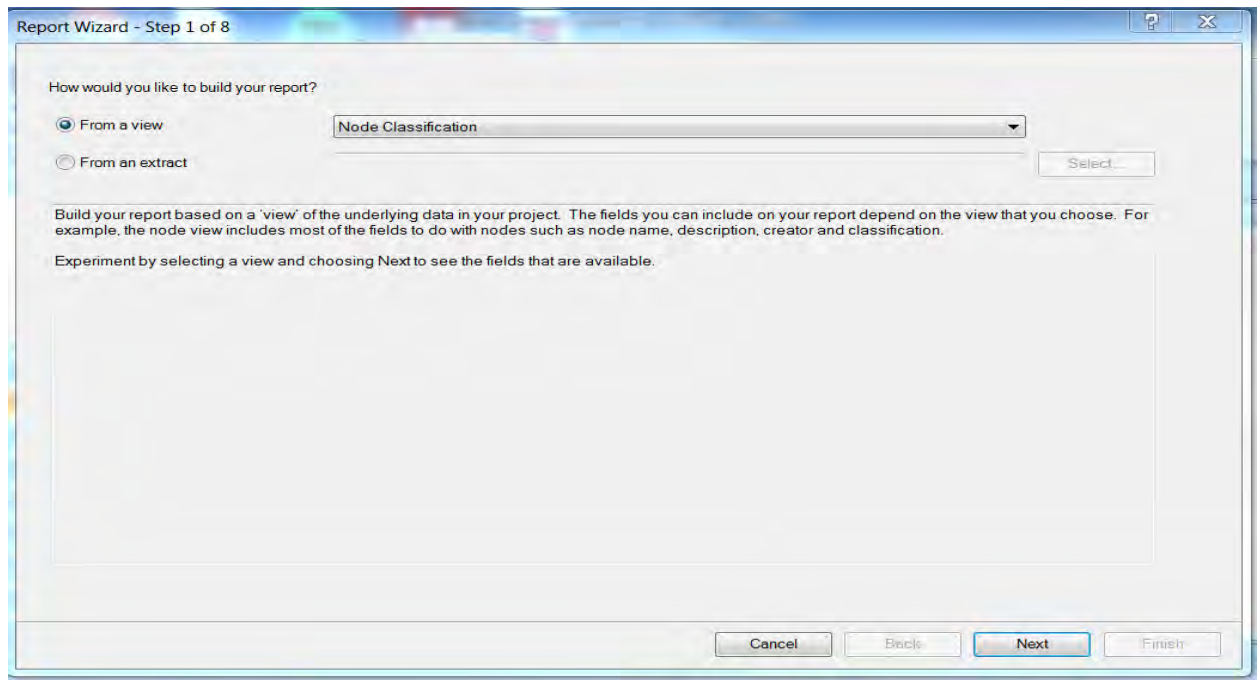
(Figure 49)

4. Then Click the Right Arrow (Figure 50) to move into the Selected Fields box. Then **Click Next.**



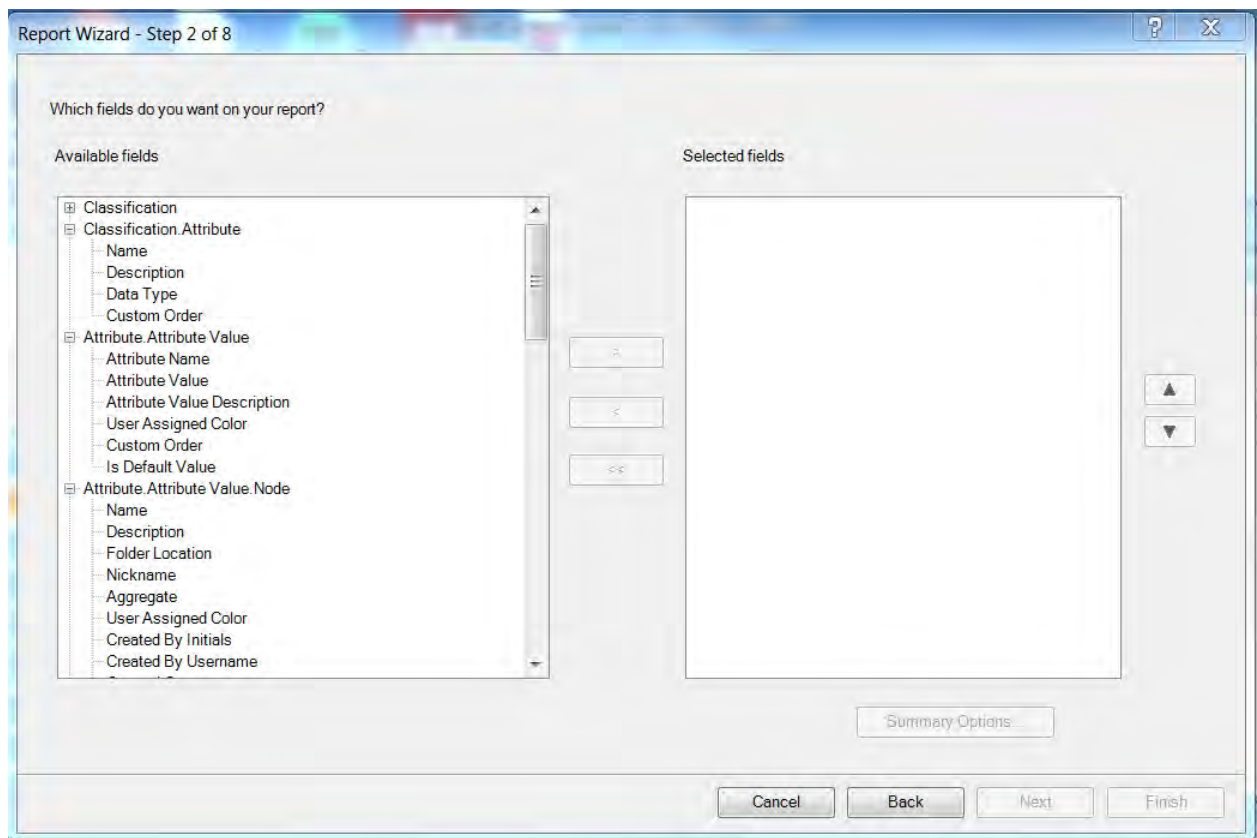
(Figure 50)

5. Another dialogue box appears (Figure 51). This allows you to filter the fields in your report. For this example, we don't want to filter so **Click Next.**



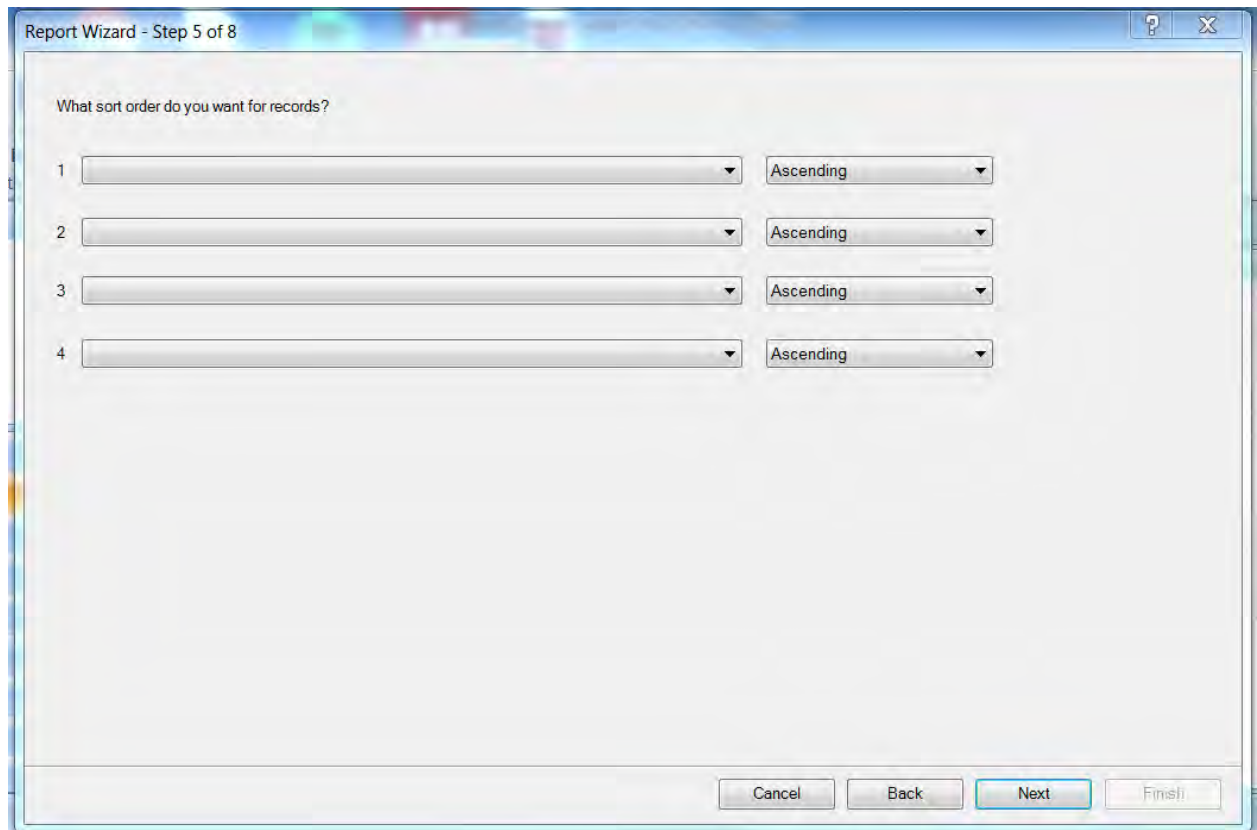
(Figure 51)

6. Another dialogue box appears (Figure 52) asking whether you would like to include grouping levels. Click Next



(Figure 52)

- Another Dialogue box appears (Figure 53). This allows you to order items in your report. Select the order via the drop down menus. In this example, the node name is first. Click Next to continue.



Report Wizard - Step 5 of 8

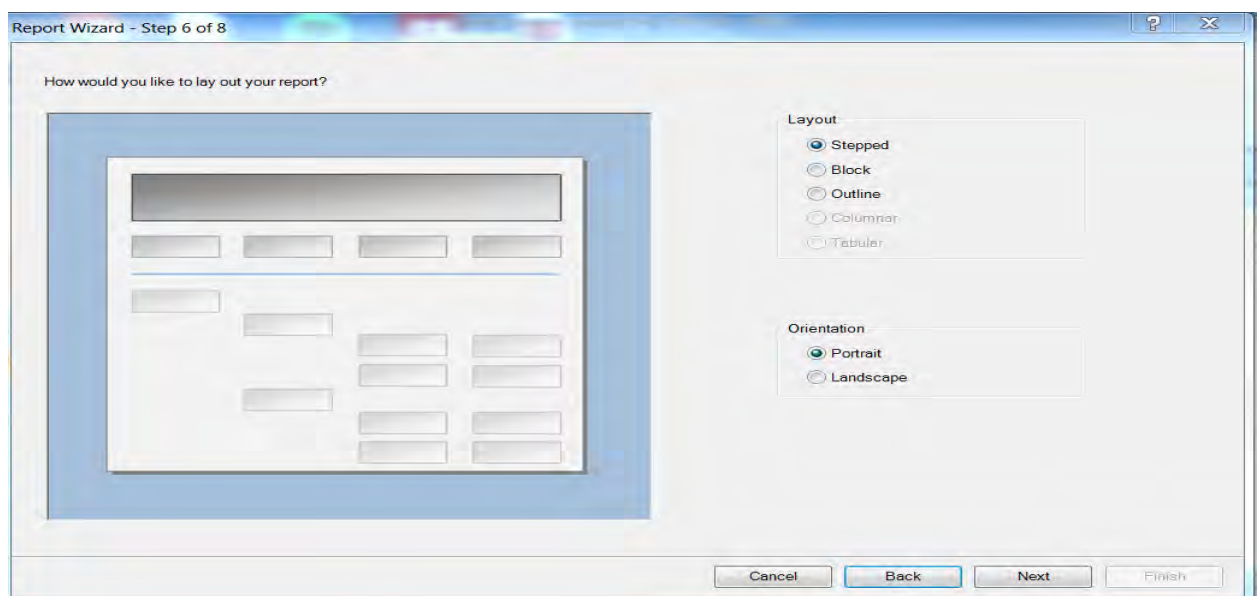
What sort order do you want for records?

1	<input type="text"/>	Ascending
2	<input type="text"/>	Ascending
3	<input type="text"/>	Ascending
4	<input type="text"/>	Ascending

Buttons: Cancel, Back, Next, Finish

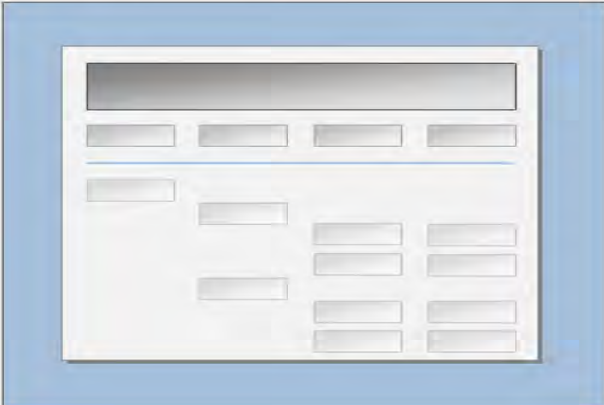
(Figure 53)

- You can then decide how the report is going to be laid out (Figure 54). Choose the layout that you prefer. i.e. portrait or landscape etc. Then Click Next.



Report Wizard - Step 6 of 8

How would you like to lay out your report?



Layout

☒ Stepped
☐ Block
☐ Outline
☐ Columnar
☐ Tabular

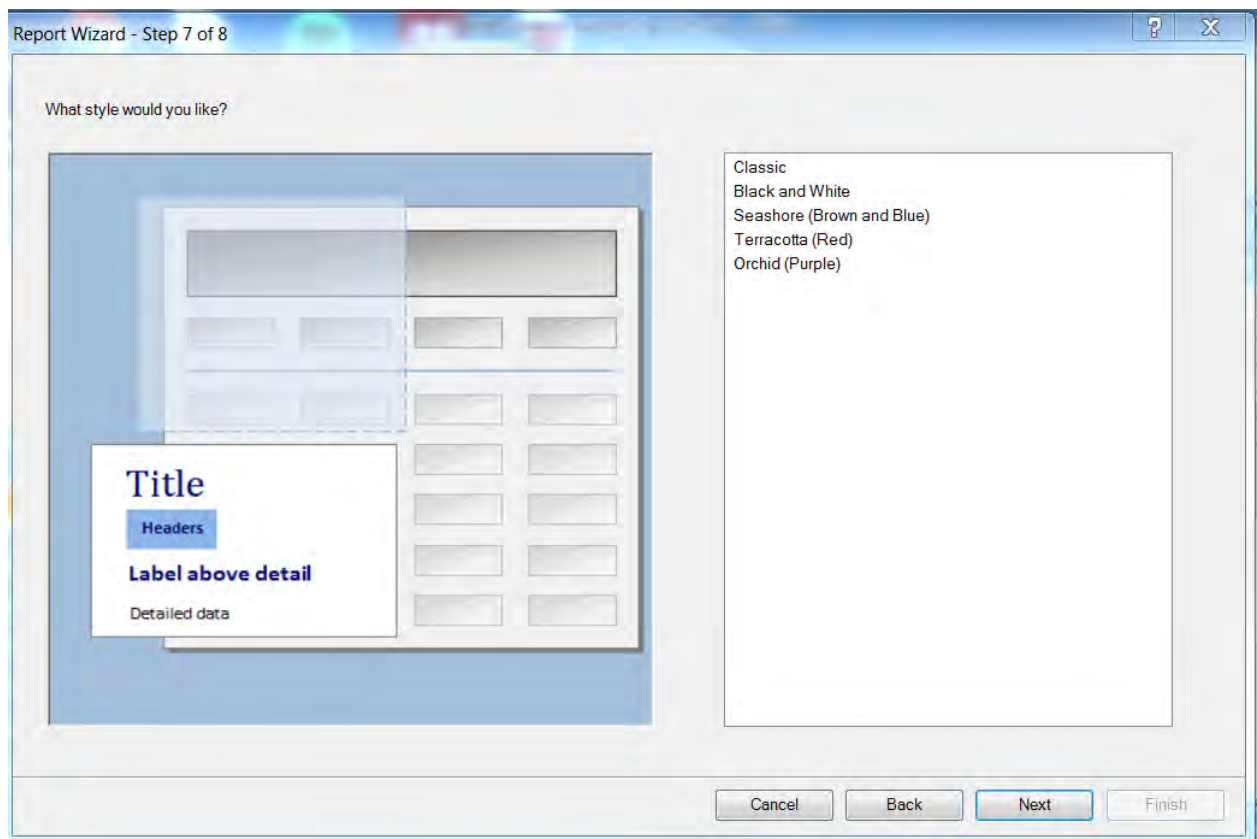
Orientation

☒ Portrait
☐ Landscape

Buttons: Cancel, Back, Next, Finish

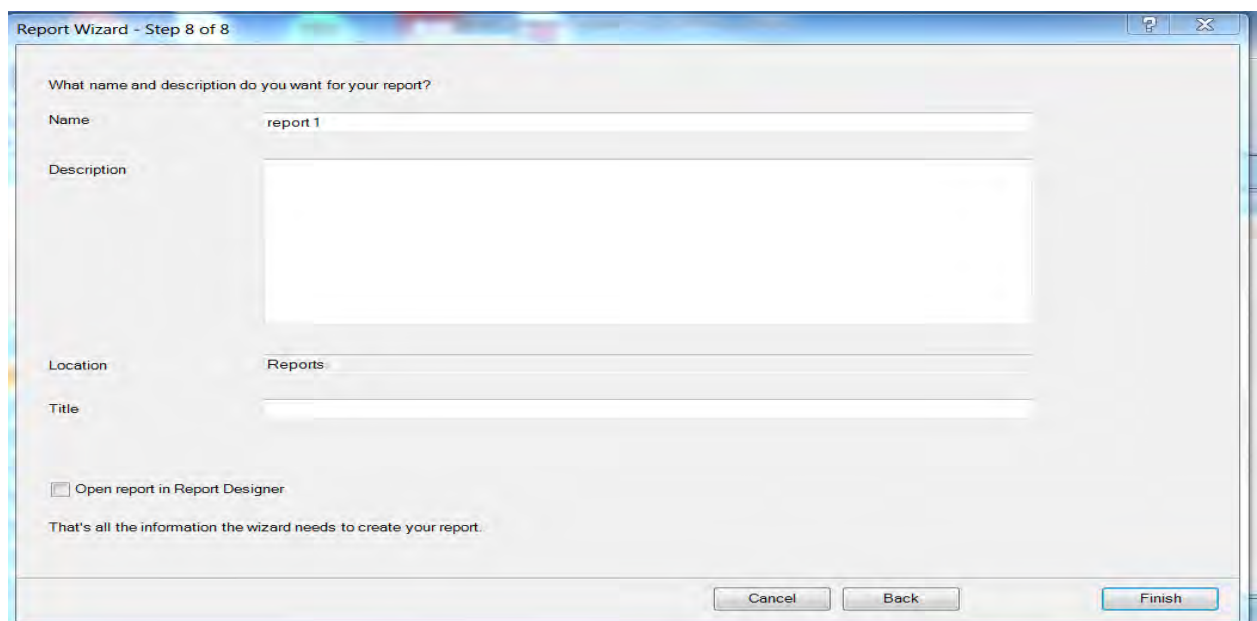
(Figure 54)

9. You can then choose the style of the report (Figure 55). Choose your style and then Click Next.



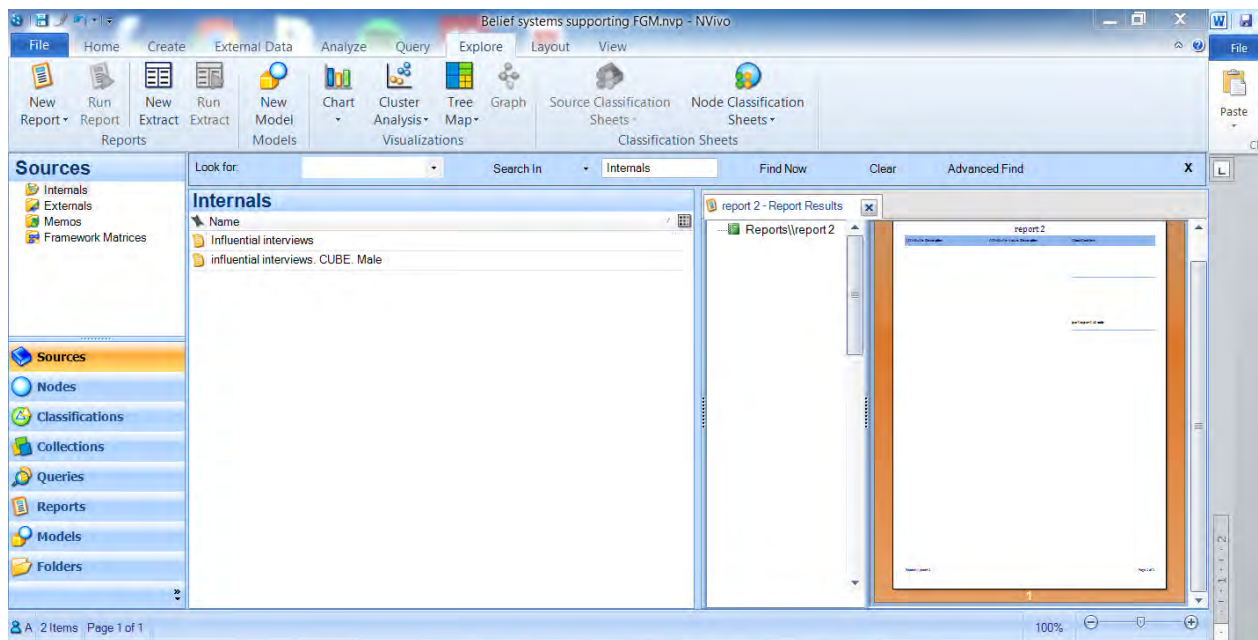
(Figure 55)

10. You will then be asked to give your report a Name (Figure 56). Enter a name and description and then Click Finish



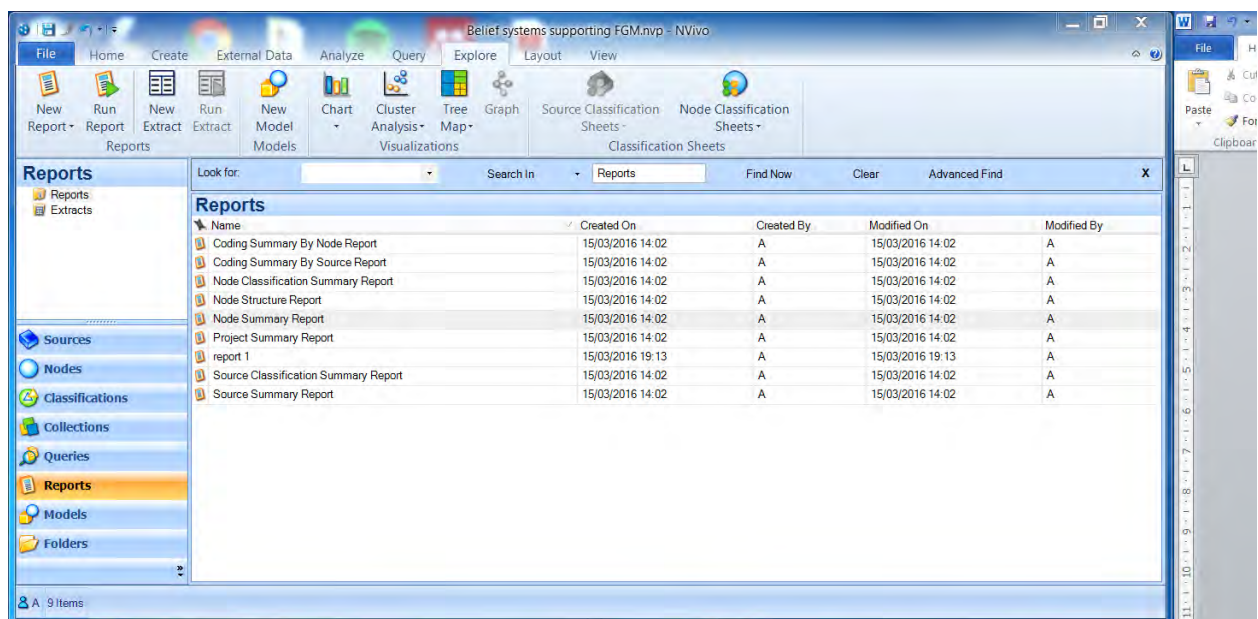
(Figure 56)

11. The Code book will appear in the main screen (Figure 57)



(Figure 57)

12. The Report then can be printed out and/ or saved and then shared with colleagues. However, if you wish to located it again, it will be under the **Reports Tab** (Figure 58)



(Figure 58)

References

WELSH, E. 2002. Dealing with data: using Nvivo in the qualitative data analysis process. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research* [Online], 3. Available: <http://www.qualitative-research.net/index.php/fqs/article/view/865/1881> [Accessed Accessed 13/09/09].

ANNEX5: FOCUS GROUP DISCUSSION GUIDE

Please use the following schedule as a guide to facilitate focus group discussions concerning the social norm and underpinning belief systems that perpetuate FGM in the **community and the community enforcement mechanisms and sanctions that reinforce the practice. In addition, explore the barriers to abandoning FGM by the community and the perceived consequences for individuals and families.**

Focus Group Number:

Focus Group Date:

Number of people present:

Other relevant information about demographics of group:

Language in which focus group was conducted:

Name	Gender	Ethnicity /Nationality	Age

Ensure the following before or after the interview [tick as appropriate]

- Informed Consent given by all participants (Purpose of focus group discussion and need for confidentiality explained. Participant information sheets handed out. Informed consent forms signed and collected) []
- Consent given by all participants to audio record the focus group discussion []
- Debrief sheet given out at the end of the focus group discussion []

Terminology:

[NOTE: The preferred terminology may give some indication of the belief systems underpinning the continuation of FGM within the community]

1. Let's talk about FGM. Which term do you prefer to use: Female Genital Mutilation/Female Genital Cutting/Circumcision/Sunna or any other term used in the community?
 - a. Why do you prefer the term that you have chosen?
 - b. Who uses this term?
 - c. What type of FGM does this term describe?
 - d. If the term FGM is not used by the participants, ask them what they think about the term FGM? What do they associate with the term FGM?

[NOTE: You may decide with the permission of the participants to use their preferred term for FGM for the remainder of the focus group discussion.]

The social norm and belief systems supporting the continuation of FGM in the community:

[NOTE: This section should provide information concerning the 'reference population' of the social norm. The 'reference population' is that group of people that the community wishes to be part of and which it identifies with. This could be local, national or international.]

2. Why do people in your community practise FGM?
 - a. Probe especially why FGM is practiced in communities living in Europe
 - b. If marriage, religion, and social pressure are mentioned, probe what beliefs underpin each of these and whether they are still relevant in Europe.
 - c. Who holds these beliefs? Men / women/ young/ old?
 - d. Who do families go to in the community for advice on issues associated with FGM? And why these people/groups?
3. Do people in your community talk about FGM?
 - a. How easy/ hard is it to discuss/ start a conversation about FGM within your community?
 - b. Can you / do you discuss FGM with people in your community?
 - c. What are the challenges involved in discussing FGM with people in your community?
4. Are there any beliefs used to support the practice of FGM that community members are beginning to question or challenge?
 - a. What are these and how are they being challenged?
 - b. Who/which community groups are questioning these beliefs and why?
5. Are there any members or groups within your community that have abandoned FGM?
 - a. If so who are they?
 - b. Why do you think they have abandoned the practice?
 - c. What does the community think about them abandoning FGM?

The community enforcement mechanisms and social sanctions used to perpetuate FGM in the community:

[NOTE: This section should provide in-depth information on the sanctions used by the 'reference population' to support the continuation of FGM. Namely identify the community mechanisms used as sanctions to ensure the adherence to the social norm that perpetuates FGM in the community.]

6. Are there people in the community that support or are against FGM?
 - a. Why do they support/are against it?
 - b. What do they do to show that they support /are against the practice?
 - c. What do they do to express they support/are against FGM?
7. What would happen to a member/family within your community that decided to abandon FGM?
 - a. What would happen to an individual/family if they fail to practice FGM or submit their daughter for FGM (e.g what social pressures are they put under such as fear of witchcraft and other spiritual punishments; being ostracised; not able to marry within the community etc)
 - b. What sanctions would be applied to them and by whom or what group?
 - c. What would be the community's reaction to a family deciding to abandon FGM?
 - d. How would that family react to such sanctions?
8. Are you aware of programmes in the community that are working against FGM?
 - a. Are people in this community aware of the programmes against FGM?
 - b. How do you think the community feels about the campaign and programmes against FGM?

The barriers to ending FGM in the community:

[NOTE: This section should give some information to assist in intervention development on the barriers to ending FGM in the community as well as factors that could be used to shift attitudes and behaviour concerning FGM.]

9. Have you experienced or noticed a shift or changes in belief or practices relating to FGM in the community?
 - a. People talking out about being against it / refusing for daughter to have FGM?
 - b. Disputing the reasons/ justification for FGM?
 - c. Change in the type of FGM performed? Why?
 - d. Where FGM is being performed? In home country, in medicalised setting, etc
10. Do you think the community is ready to accept change and work towards ending FGM?
 - a. Why/why not?
 - b. How can this be approached/facilitated?
 - c. Who are the key figure / decision makers?
 - d. Are there any groups or associations in the community that we could work with to end FGM?
11. Are there any activities/interventions that you think could be used to shift attitudes and practices of the community towards FGM?
 - a. A general discussion including knowledge of existing interventions.
12. Do you have any comments you would like to add?

Reflections of facilitator on the focus group discussions:

- Facilitators to write brief notes on the dynamics of the focus group discussion, comments on body language etc and any observations of the discussions that might not be caught on the audio recording.
- Facilitators to write a brief summary of the focus group discussion.
- Facilitators to make any other relevant comments on the focus group discussion

ANNEX6 NARRATIVE INTERVIEW GUIDE

Please use this guide to facilitate narrative interviews with community members. The narrative interview should build upon and elaborate the findings of the focus group discussions which concentrated on community social norms and sanctions concerning FGM. The narrative interview will elicit information concerning **personal/individual** knowledge, attitudes and practices concerning FGM. The information collected should be backed up by the participants' personal experience/evidence. Narrative interviews should also explore community sanctions and issues associated with abandoning FGM as experienced by individuals living in the FGM affected community.

Narrative interview number:

Narrative Interview date:

Narrative Interviewer's name:

Ethnicity/national origin/heritage of the participant:

Gender of the participant:

Age of participant:

Marital status of participant:

Number and age of children (boys/girls) of the participant:

Number of years lived in Europe:

Other relevant demographic information of participant:

Language in which narrative interview was undertaken

Ensure the following before or after the interview [tick as appropriate]

- Informed Consent given by participant (Purpose of narrative interview and confidentiality explained. Participant Information Sheet Handed out. Informed Consent forms signed and collected []
- Consent given by participant to audio record the narrative interview []
- Debrief Sheet given out at the end of the narrative interview []

Introduction:

1. Please tell us a little bit about yourself and your role/position/status in the community?

Knowledge of FGM:

[NOTE: This section should provide information concerning the participant's knowledge of FGM, both in country of origin and host country.]

2. Let's talk about FGM. Which term do you prefer to use: Female Genital Mutilation/Female Genital Cutting/Circumcision/Sunna or any other term used in your community?
- e. Why do you prefer the term that you have chosen?
 - f. Who uses this term?
 - g. What type of FGM does this word describe?
 - h. If the term FGM is not the preferred term by the participant, ask them why they do not use it, what do they think about this term? What do they associate with the term female genital mutilation?

[NOTE: You may decide with the permission of the participants to use their preferred term for FGM for the remainder of the narrative interview]

3. To your knowledge is FGM common in your community? (Explore issues as appropriate without placing participant in a situation where they feel uncomfortable or may make a disclosure that would require you to report them to the authorities).
- a. What is the principal type of FGM experienced in your community? Why is this? Probe especially why FGM is practiced in Europe.
 - b. What is the justification for FGM in your community? If marriage, religion, and social pressure are mentioned, probe what beliefs underpin each of these and whether they think they are still relevant in Europe?
 - c. Are any groups within the community pressing for the continuation of FGM? e.g. what social pressures are they put under to continue FGM, such as fear of witchcraft and other spiritual punishments. Who holds these beliefs? Men / women/ young/ old?
 - d. Are there pressures to continue FGM from outside the community, such as relatives back in the country of origin? If so explore this further eg what are the reasons given, who is putting on the pressure and how (such as phone calls, social media, threats, etc).
 - e. Are there any differences between your country of origin and where you currently live concerning the type of FGM performed and reasons for performing FGM? Get them to describe any differences. You might need to probe a little to get draw out what is similar and what is different. Tease out why there are any differences and why.
4. Are you aware of any health impacts of FGM? Explore these in a sensitive manner.
- a. Where would you go to get help and advice if you had any health issues associated with FGM.
5. Are you aware of any services to support FGM survivors?
- a. Have you used any of these services? If so what was your experience of the services?
 - b. Have you any suggestions as to how these services could be improved?
 - c. Are people in your community aware of the services?
 - d. How do you think your community feels about these services?
 - e. Are there any services that you or your community would like concerning FGM, which are at the moment unavailable or difficult to access?
6. What do you think about the criminalisation of FGM?
- f. Are you and the community aware of the illegality of FGM in this country?
 - g. Are you and the community aware of the fact that it is illegal to take a girl out of the country to have FGM performed?
 - h. What do you think about the law on FGM? Is this in line with the views of other community members?

Personal attitudes concerning FGM:

[NOTE: This section should provide information about how the attitude of the participant is in line with/differs from their perception of community social norms.]

7. What is your attitude towards FGM? Needs to be handled sensitively.
 - a. Do you agree with continuing FGM/abandoning FGM? What are their reasons for their views.
 - b. Are your attitudes and views concerning FGM in line with that of your community? Explore this especially if they state that their attitude and views are at odds with those of the community.
8. Do you talk about FGM with your spouse, wider family, friends, others in the community?
 - d. How easy/ hard is it to discuss/ start a conversation about FGM?
 - e. Can you / do you discuss FGM with people in the community?
 - f. What are the challenges you face in discussing FGM with your spouse, wider family, friends, others in the community? Tease out the reasons for these challenges.
9. Are there people in your community that support/are against FGM?
 - d. Why do they support/are against FGM?
 - e. What do they do to show that they are for or against the practice?
 - f. What do they do to express their support or opposition to FGM?
 - g. What is your view of community members that support or oppose FGM? Explore the reasons for their views.

Personal practices concerning FGM:

[NOTE: This section should provide information on the participant's practices concerning FGM and make links and comparisons to their perception of community social norms]

10. Have you experienced or noticed a shift or change in beliefs or practices relating to FGM in your community?
 - e. Are people talking out about being against FGM / refusing to have their daughters submitted to FGM?
 - f. Are people disputing the reasons/ justifications for the continuation of FGM?
 - g. Have the reasons that families give for performing FGM changed?
 - h. What is your personal view?
11. Do you think that the practice of FGM can be abandoned by your community? Explore their answer. If they say no, discuss with them why they think this and what is preventing the ending of FGM. If they say yes, discuss with them why they believe this, the timescale, the reasons for their optimism and how they think this will be achieved. In other words what are the key drivers for their answers, eg the barriers to ending FGM and the facilitators that might be used to end FGM.

The individual's experiences of social sanction and community enforcement of FGM:

[NOTE: This section is intended to assess the strength of the social sanctions supporting the continuation of FGM as perceived by individuals.]

12. Are there any people in your community speaking out against FGM? If so who are they, what are they saying, what are their arguments against FGM, what is the community attitude towards them. Have any social sanctions been applied to them? If so what.

13. Do you know of any person or family in your community that have refused to have their daughters subjected to FGM? If so what happened? Where there any repercussions?
14. What do you think would happen if a group within the community decided to abandon FGM? Or if that has already happened what were the repercussions, if any?

Personal views and experiences of interventions designed to end FGM:

[NOTE: This section is designed to collect information on what programmes/interventions are working with communities to end FGM and individual and community attitudes towards them.]

15. Are you aware of any programmes/interventions in the community that are working to end FGM?
- c. Are you aware of any programmes/interventions working to ending FGM? If so ask them to describe them and their views of the programme/intervention.
 - d. Are people in your community aware of any programmes/interventions against FGM?
 - e. Are you involved in any programme/intervention working to end FGM? If so explore their involvement and motivations. If not ask if they would become involved in such a programme/intervention if asked? Explore the reasons for their answer whether positive or negative.
 - f. How do you and the community feel about programmes/interventions against FGM?
16. Do you think the community is ready to accept change and work towards ending FGM?
- e. Why/why not?
 - f. How can this be approached?
 - g. Who are the key figure / decision makers?
17. Are there any groups or associations in the community that we could work with to end FGM?
18. Do you have any comments you would like to add?

Reflections of facilitator on the narrative interview:

- Facilitators to write brief notes on the narrative interview, comments on body language etc and any observations of the discussions that might not be caught on the audio recording.
- Facilitators to write a brief summary of the narrative interview.
- Facilitators to make any other relevant comments on the narrative interview.