"Every Newborn-INDEPTH" (EN-INDEPTH) study protocol for a randomized comparison of household survey modules for measuring pregnancy outcomes in five Health and Demographic Surveillance sites

Protocol for managing distress during focus group discussions with women respondents

Purpose/Objective

This protocol describes how to manage distress while administering the EN-INDEPTH Focus Group Discussion (FGD) Guide. It provides guidelines on how the moderator should respond if a participant / respondent gets upset during an FGD.

Responsibilities

All moderators administering the EN-INDEPTH FGD guide are responsible for reading and understanding this protocol before the FGD.

Overview

The time surrounding pregnancy and birth is an extremely sensitive and emotional time for a woman. The topics for discussion in this FGD may provoke strong feelings in respondents, leading to emotional or angry reactions. The discussion may cause a woman to remember painful and negative events such as a stillbirth, death of a newborn baby, an abortion, or other sad event. Additionally, moderators may carry their own attitudes, beliefs and biases around stillbirths, neonatal deaths, miscarriages and abortions that when expressed, even unconsciously, may upset the respondent(s).

Due to the sensitive nature of the topics of discussion, moderators need to be trained and made aware of the effects that the questions may have on respondents and how best to respond, according to how upset the woman may be. Therefore, it is important that moderators are sympathetic and can recognize and handle a respondent's distress during the FGD. See the box below for potential signs of distress during an FGD.

Potential signs of distress during an FGD

- Crying (not just uncontrolled crying)
- Shaking / trembling
- Silence / withdrawal
- Irritability
- Anger
- Walking away
- Appearing vague or confused speech
- Sweating excessively
- Aggressive body language
- Rushing round / pacing
- Sighing frequently
- Breathing difficulties
- Frequent negative statements about oneself and the future
- Being defensive or suspicious

If a woman does become distressed, the moderator will need to acknowledge and respond appropriately to her distress. However, during FGDs, it may be hard to pause or stop the discussion. Therefore, while the moderator may perform some of the actions in the protocol briefly, they can then allow the woman to take a break and walk away from the discussion. Another team member, if available, can then follow up further. Many women who become emotional during an FGD may choose to proceed, after being given a moment to compose themselves. However, sometimes a woman may not wish to continue any further with the FGD. If so, she should be thanked for her time and the FGD continues. Training of the moderators will be done by the person in charge of the qualitative work in the ENAP-INDEPTH project at the HDSS site. It will include discussions of the training manual and interview guides, as well as this distress protocol. The team will discuss the possible distress that may come up, and how to handle the situation.

The next section shows a simple diagram of procedures to follow during the FGD.

Protocol for response when a woman is distressed during an FGD

Start the FGD

- Build rapport with the respondents
- Do not rush the discussion

Distress

- A respondent indicates they are experiencing a high level of stress or emotional distress
- They exhibit behaviour like crying, shaking, anger, etc

Distress

Stage 1

Response

- Pause the FGD briefly (inform the other participants why you have stopped)
- •Go aside and speak directly to the upset woman: Respond appropriately to symptoms of distress
- Ask if the respondent is ok; if the discussion is becoming difficult; if they need a short break (5-10 minutes)
- •Be supportive towards the woman in a caring manner

•Respond positively to her emotional concerns (at this stage, another member of the team, if available, could continue talking to the woman, while the FGD continues)

- Listen compassionately
- Be patient
- •Do not blame or make the woman feel guilty for her feelings or her situation (i.e. stillbirth, neonatal death, abortion)
- Maintain your composure
- •Try to remain a professional moderator; Do not turn into a counselor by giving advice
- •Do not engage in in-depth conversations about the issue beyond the boundaries of the FGD

Review

• If respondent feels able to carry on, she can rejoin the FGD. If she is unable to carry on, go to stage 2

Stage 2 Resonse

- Thank the respondent for her time and accompany her from the FGD venue
- Notify your supervisor after the completion of the FGD

Follow Up

 Discuss with your supervisor on how to follow up e.g. by referral for counselling where possible / available

Potential hazards

• Limited privacy in an FGD