

ANNEX 1: Interview Guidelines

Adapted from Action contre la Faim Food Security Module, 2004

Semi-directive interviews

This involves organized discussions with groups of people and/or individual 'resource people,' grandmothers/mothers.

The technique of **semi-directive interviews** consists of permitting the people to express their point of view while guiding the logic and the subject of discussion all the while without imposing a response (as opposed to 'quantitative' questionnaires where the questions are closed).

The semi-directive interview is a method of acquiring knowledge of the context and of specifying the hypotheses concerning the vulnerability of the populations. It involves organized discussions with a group of people and/or individuals. The subjects of discussion are predetermined: and the groups are organized according to the subject to be addressed. For example, themes of breastfeeding & infant feeding are preferentially addressed to a group of women. The group of women is composed of 5 to 7 people, preferably mothers with young children, but they can also include elderly women such as grandmothers, especially if they are the ones teaching and directing the young mothers.

The questions are asked during the interview which appears *informal* and *non-conventional* but which should be structured and guided. Using *a list or a guide*, the team asks *open ended questions* on the subjects to be addressed. The guide is established according to the objectives of the interview and the context of intervention.

Otherwise, new subjects are addressed little by little during the development of the analysis (the guides are not strict). The information collected can be either *quantitative or qualitative in form* (hypothesis, proposals).

A few key points for using semi-directive interviews

**** Use the 6 reference points***

- | | | |
|--|---------------|-------------------------------|
| - Who? | - What? | - Why? |
| - When? | - Where? | - How? |
| * <i>Estimate the response: will it be....</i> | - A fact? | - An opinion? - A rumor? |
| * <i>Estimate the responses:</i> | | |
| - Suppose that... | - But why?... | - Please develop your idea... |
| - Is there anything you want to add? ... | | |

The size of the group of people should not exceed 10 to 15 individuals; often, it is preferable to organize discussions with several groups during a short period (1 to 2 hours) rather than one group composed of numerous individuals in which the conversations could become long and difficult to maintain on the intended subjects.

The discussions allow the rapid identification of the people having an 'objective' knowledge of one of the addressed subjects or those who are dynamic and involved in the community. These people are qualified as 'resource people.' The pursuit of interviews or the deepening of the subject can be realized through these people. Even so, in certain contexts, cultural habits or even the political situation are such that only a few people will speak during the interviews. In this case, it is important, when possible, to develop semi-directive interviews with people individually.

The information obtained from group interviews is interesting to compare with that obtained from the (grand)mothers during the family visits. It is especially important at this level to plan discussions whenever possible with the wife, but in some situations also the husband, grandmother, sister,....

In certain cases, it can quickly and clearly seem that the discussion drifts off course, and that the interview will produce nothing in relation to the starting objectives. In this case it is preferable to bring it to a rapid close so as to not lose time. This should nevertheless be done in a 'diplomatic' fashion, without leaving the group feeling as though the discussion had been useless...

- **The art of asking questions:** to prevent the introduction of a bias, it is necessary to avoid:
 - Closed or directed questions: instead of 'Did you give your child milk this morning?' ask 'What did your child eat this morning?' In this way the response is not limited to yes or no, and a more complete explanation is solicited.
 - Implicit presumptions: 'What is the basic food for the child, rice or millet ?' If it is neither rice nor millet, the person will probably correct the interviewer in the majority of cases. But out of courtesy some people will respond with one or the two possibilities in error.
 - Vague questions: 'Is it difficult to go to the health centre?' If you are referring to the physical difficulty of this activity (distance), your interlocutors will perhaps refer to the difficulty of raising the money to pay for a consultation.
 - Unknown units of measure: 'How many liters of water does the child drink per day?' The liter is not a systematically known unit. It is preferential to identify the units of measures known and if necessary to later translate them into liters.

WHAT YOU SHOULD DO	WHAT YOU SHOULD NOT DO
* Prepare a list of subjects to address. Write them up as a guide for use during the interview	* Accept the first response as evidence
* Remember that the interview is structured by the team	* Ask closed questions (yes/no responses)
* Relaxed conversation – be concise in the questions (one idea per question)	* Interrupt the 'resource' people
* Present the team members and clearly explain the objectives	* Question a 'resource person' showing hesitation
* Allow all the team members to ask questions	* Question a busy person too long
* Develop the subjects using keys of semi-directive interviews	* Show agreement or disagreement with the responses
* Take on a neutral attitude, listen attentively and note what is 'not said'	* Ask questions composed of more than one idea
* Take notes during and after	* Let it be known to a person that a verification is necessary
* Choose the people in such a way as to obtain diverse points of view (cf map of 'resource people')	* Ask delicate questions in front of several people
* Take the names of the 'resource people'	* Make value judgments on the conditions of life or the food proposed
* Have an open mind and be polite	* Act in a manner inappropriate to the situation (attitude)
* Recognize the dynamic groups and organize 'brainstorming' sessions	

All the PRA tools can therefore be used to lead the discussion and facilitate the conversations: maps and diagrams, seasonal calendars, *proportional piling* (pie charts), and matrices are especially useful for the solicitation of all the members of a group and to establish a climate of confidence.

RECOMMENDED PROCEDURES FOR CONDUCTING AN INTERVIEW

Adapted from Interview guidelines for interviews in TFC

What is important during an **interview** is to meet each other and to build up the relationship: the interviewed person possibly has been through a traumatic experience and they need to understand who you are and why you are there. On your side, you need to get some basic information regarding breastfeeding and infant feeding, and their general situation...and to observe the relationship between the child and the caregiver and between the child-caregiver couple and the other members of the family. Take your time for the interview, without imposing on the interviewed persons.

The interview is the first contact with you and with ACF: it's very important that the person feels comfortable with you and has enough time to express herself.

Beginning the interview

1. Greeting the person verbally with a clear Hello, good morning...
2. Self introduction
 - a) Introduce yourself by name
 - b) Introduce ACF, and briefly what you have come to do and why
3. Ask if the person has time to be interviewed
4. Seating
 - a) Propose to sit down in a quiet, private environment
 - b) Then sit down yourself, adopting a relaxing but attentive posture
 - c) Make sure that you can see the persons face and the child when seated

Discussing how you plan to proceed with the interviewed

5. Explain the purpose of the interview in more detail
6. Explain that you would like to take a few notes and that both the written notes and the interview will be confidential
7. Inquire whether what you propose is acceptable e.g. "do you feel happy about that?" "Is it alright?"
8. Give the beneficiary adequate time to respond to your inquiry of acceptability
9. Inquire if the beneficiary has any anxiety about the physical aspects of the interview situation; e.g. fear of interruption, being overheard, lack of privacy...It's possible for instance that the interviewed person prefers to be alone with the interviewer to talk freely. In this case, you have to find a place where you can discuss in confidentiality.

Obtaining basic information about the patient

10. Explain that you would first of all like to find out some details about the person so that you can get a clear picture , e.g. "to start with I would like to get a few details about you and your child"
11. Ask appropriate questions to obtain information about the person e.g. "What is your name? Where do you live? Where do you come from? How old is your child? What is his name?"

Use these opening questions to establish an exchange with the patient and a settling-down period to put you both at ease.

Obtaining the information on breastfeeding/infant feeding

12. Explain that you would now like to turn to the feeding habits and obtain some information.
13. Use appropriate opening questions to help the person to outline key problems.
14. Encourage the person to tell his/her story concerning the breastfeeding/infant feeding problems in his/her own words by:
 - a) Verbal facilitation e.g. "tell me more about it", "what happened then?» "go on", "you said you felt..."
 - b) Non verbal facilitation, e.g. nodding, looking, attentive posture.
 - c) Listening: giving the beneficiary time to talk and avoiding coming too quickly with a question.
15. Encourage the caregiver to be relevant by clarifying the exact nature of the information you want from him. For example, in the case of the mother's milk deficiency, obtain clearer information about the amount of milk she has, when the problem started....
16. Avoid confusion in the story you obtain by:
 - a) Clarifying any uncertainties that arise during the interview e.g. "I'm a bit confused about....could we try and get that clear?"
 - b) Cross-checking key-points, e.g. "Can I just get this straight, you say it all began...."

Concluding the interview

17. Make sure you leave 2 to 3 minutes for a recap
18. Explain to the patient that you would like to recap what you have decided together, e.g. she will come back tomorrow with her baby, or the home visitor will visit her tomorrow...
19. Inquire if there is anything she would like to add before you finish
20. End the interview with a clear concluding statement; e.g. "Thank you very much".