

## Adapting Focus Group Methodology in Sensitive Behavioural Contexts: Insights From Commercial Drivers' Psychoactive Substance Use

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### Abstract

The purpose of this methodological short communication is to provide practical insights for researchers conducting behavioural Focus Group Discussions (FGDs) on psychoactive substance use among commercial drivers. FGDs are widely used qualitative methods for exploring behavioural patterns, perceptions, and attitudes, particularly in sensitive research contexts. This report outlines the methodological process of conducting FGDs among Interstate Commercial Drivers (ISCDs) to explore psychoactive substance use. Guided by established procedural frameworks, three FGDs were conducted across selected motor parks with a total of 18 participants. A purposive sampling approach was initially adopted to recruit current substance users; however, field realities necessitated the inclusion of past users due to participants' reluctance to disclose ongoing use. Using an FGD guide, each session was facilitated by a skilled facilitator and lasted 45-60 minutes. This study shows how recruitment flexibility and the use of neutral settings can improve disclosure in FGDs on stigmatised behaviours within regulated occupational groups. Drivers were hesitant to admit current substance use due to stigma and fear of union repercussions, but spoke more openly about past use. Conducting discussions in a neutral, private setting, using gradual questioning, and building trust helped participants feel comfortable, encouraged participation, and improved the depth and quality of discussions. Overall, this study shows that recruitment adaptation, use of neutral venues, careful confidentiality management in unionised settings, and training of the facilitation team are critical and offer practical recommendations for the ethical and effective conduct of FGDs on psychoactive substance use among ISCDs.

**Key terms:** Behavioural research, commercial drivers, focus group discussion, psychoactive substance use, qualitative methods.

## INTRODUCTION

Understanding behavioural patterns linked to psychoactive substance use requires methods that capture attitudes, beliefs, and lived experiences. Focus group discussions (FGDs) are well suited to this because they enable interactive discussion and shared reflection. In behavioural science, FGDs help examine how social norms, peer influence, and shared experiences shape behaviour (Gandy, 2024).

Despite their strengths, conducting FGDs on sensitive topics such as substance use presents methodological challenges. Participants may be reluctant to disclose information due to stigma, fear of sanctions, or social desirability bias (Davis et al., 2019; Nyblade et al., 2019).

In past studies conducted among occupational groups, FGDs have been widely applied to explore behavioural patterns; however, attention on methodological adaptation, particularly in contexts where openness is influenced by fear of stigma and leadership oversight, remains limited (Krueger & Casey, 2015; Nyumba et al., 2018). This gap appears more pronounced in low- and middle-income settings, particularly in parts of Africa, where there is limited documentation of FGDs used with sensitive occupational populations such as commercial drivers (Scheelbeek et al., 2020). Among this group, there is little guidance on applying FGDs to examine psychoactive substance use, where social desirability bias and fear of occupational consequences may influence disclosure. Existing research has largely relied on surveys and individual interviews, with minimal use or reporting of group-based qualitative approaches in such contexts (Orvik et al., 2013).

This short communication presents methodological insights from FGDs conducted on psychoactive substance use among Interstate Commercial Drivers (ISCDs) in Ilorin, Nigeria, with the aim of highlighting practical adaptations for conducting qualitative research in sensitive occupational contexts.

The remainder of this paper outlines the methods, presents key methodological insights from the FGDs, and discusses their implications for conducting research on ISCDs.

## METHODOLOGY

A qualitative research design employing focus group discussions was adopted. This approach was selected due to its suitability for eliciting behavioural insights through group interaction and discussion.

A facilitation team comprising two members was constituted for each FGD. The principal researcher served as the main facilitator while the research assistant, a psychiatry resident doctor with at least two years of training experience, supported the process by taking detailed notes and managing audio recordings. The inclusion of a trained assistant contributed to the effective handling of sensitive disclosures and ensured that discussions remained respectful, empathetic, and ethically grounded. Prior to data collection, the team aligned on roles, discussion flow, and strategies for managing potential challenges such as participant dominance or withdrawal.

Researchers gained access to ISCDs through the help of a gatekeeper who was an executive of the Kwara State branch of the National Union of Road Transport Workers (NURTW). The gatekeeper (who was not present during the discussions) assisted in the recruitment of participants from three selected motor parks (Maraba Motor Park, Offa Garage Motor Park, and Sawmill Motor Park), each park constituting focus groups A, B, and C, respectively. A purposive sampling strategy was initially intended to recruit current users of psychoactive substances. During recruitment, it became evident that many drivers were unwilling to disclose current substance use.

This reluctance appeared to stem from concerns about possible sanctions from NURTW, which was aware of the study and participant selection process. As a result, the sampling strategy was pragmatically adjusted to include both current and past users of psychoactive substances. This adaptation proved beneficial, as some participants were more comfortable discussing past behaviours than admitting ongoing use. Consequently, richer and more candid discussions were achieved. Each FGD consisted of six participants, resulting in a total sample size of 18 participants across the three groups.

The FGDs were conducted in a neutral and private environment to promote openness and confidentiality. A comfortable classroom at a Government Secondary School was selected as the venue. The location was chosen based on its accessibility, availability, and distance from the motor parks, which helped reduce the likelihood of interruptions and enhanced participants' sense of privacy. While ensuring no major disruptions to participants' work schedules, FGDs were booked and conducted over three Saturdays, between 27th May and 10th June, 2023. Each session lasted between 45 and 60 minutes. A semi-circular seating arrangement was adopted using classroom chairs to facilitate interaction and ensure that all participants were visible to one another.

A structured discussion guide was used to facilitate the sessions. The guide was adapted from established community-based FGD frameworks (United Nations Children's Fund [UNICEF] & International Federation of Red Cross and Red Crescent Societies [IFRC], 2020) and tailored to align with the objectives of the principal study. The guide covered major domains including: conceptual knowledge of drug abuse, occupational and medical consequences, perceived aetiology (attitude and beliefs about cause of addiction), patterns of use among drivers (including use while driving), help-seeking attitudes, and preventive recommendations (Erubu, 2026).

Also, questions in the FGD guide focused on key themes related to psychoactive substance use (Erubu, 2026). Open-ended questions were used to encourage detailed responses and interactive dialogue. To ensure confidentiality, participants were assigned coded

identifiers based on their initials, with additional numbering used to distinguish individuals with similar initials (e.g., AA1, AA2). All sessions were audio-recorded with participants' consent, and supplementary field notes were taken by the research assistant to capture non-verbal cues and group dynamics.

The implementation of the FGDs followed a structured yet flexible process. Each session commenced with rapport-building activities to create a comfortable and non-judgmental environment. This was done by the facilitator who introduced the sessions, outlined the purpose of the discussion, the agenda, and the ground rules. The facilitator also emphasised the need for mutual respect and the importance of allowing all participants to contribute. In addition, the ISCDs were informed about the voluntary nature of their participation, how their data would be used, and measures taken to ensure confidentiality.

Sensitive discussions were initiated using broad, open-ended questions before progressing to more specific probes. For example, participants were asked about their knowledge and experience regarding people taking substances before being asked if they currently take psychoactive substances. This approach helped participants ease into the topic and gradually engage with more sensitive issues. Also, the facilitator actively managed group dynamics by encouraging quieter participants to share their views and gently moderating individuals who tended to dominate the conversation. Table 1 shows key methodological adaptations and rationale.

**Table 1: Key Methodological Adaptations and Rationale**

Challenge	Adaptation	Rationale
Reluctance of current users	Inclusion criteria added past users	Improved participation and openness
Fear of surveillance	Neutral venue (to promote privacy)	Increased trust, comfort, and disclosure
Sensitivity of topic	Confidentiality procedures	Reduced social desirability bias
Group dynamics	Training of team of facilitators	Improved data quality

At the conclusion of each session, the facilitator summarised key points, provided an opportunity for participants to add any additional comments, and thanked them for their time. They were also given the opportunity to contact the facilitator/researcher in the event of further questions or feedback. The final debriefs (between the facilitator and notetaker) involved a brief review of audio recordings and field notes, which were securely stored for analysis.

## DISCUSSION

This methodological account highlights a number of important considerations for conducting FGDs in sensitive research contexts. First, flexibility in participant recruitment is essential. The initial focus on current substance users proved impractical due to reluctance to disclose ongoing use, reflecting the influence of stigma and perceived risk. Including past users reduced this pressure and enabled more open discussion, suggesting that in stigmatised contexts, who participants are willing to be (for instance, former vs current users) can be as important as who they actually are. This aligns with Ellard Grey et al. (2015), suggesting that researchers of FGDs should adapt recruitment strategies when studying difficult to reach or vulnerable populations in order to promote ethical and effective engagement.

Second, this study demonstrates that the motor park setting is not neutral and significantly shapes disclosure. Conducting FGDs within motor parks likely reinforced perceived surveillance and prevented openness. In contrast, the use of a neutral and private venue may have reduced social risk and facilitated more candid engagement. This supports the argument that, in sensitive research, physical and social environments are integral to methodological design rather than only logistical considerations (Sim & Waterfield, 2019). Similarly, the use of confidentiality measures, including participant coding and clear communication about privacy and data use, could have contributed to building trust among the participants of this study.

Third, the role of the facilitator is critical in managing group dynamics and fostering inclusive participation. The combination of a skilled facilitator and a trained assistant contributed to ensuring that both verbal and

non-verbal data were effectively captured. One notable challenge encountered during the sessions was initial hesitation among participants to openly discuss substance use. With skilled facilitation, this challenge was mitigated by frequently reassuring participants, using unbiased and non-stigmatising language, and sometimes allowing participants who were more confident discussing their use experiences to open the discussion. This suggests that facilitation is not merely procedural but relational, requiring active management of trust, power, and participation to produce meaningful data (Alam et al., 2025).

Finally, the findings highlight the dual role of gatekeepers and organisational structures. While collaboration with the National Union of Road Transport Workers (NURTW) enabled access, it also introduced perceived oversight that constrained openness. This underscores a key methodological challenge in field-based research, suggesting that even elements that enable access can simultaneously inhibit disclosure. Navigating this requires deliberate strategies to separate access from influence, including engagement with leadership and clear communication of participant protections (Brodeur et al., 2025).

## CONCLUSION AND RECOMMENDATIONS

**Conclusion:** These findings highlight four transferable principles for conducting FGDs among ISCDs: flexible recruitment, neutral and private settings, skilled facilitation, and careful management of gatekeeper influence to protect participant autonomy. Applying these principles can improve data quality and support more ethical and effective research in stigmatised settings and regulated populations.

**Recommendations:** Future studies among interstate commercial drivers and similar populations should anticipate potential barriers to disclosure and be prepared to modify their approaches, utilising insights from this study. Additionally, the adaptation of FGDs methodology in sensitive contexts should be more clearly documented and justified. Integrating FGDs with other qualitative methods, such as in-depth interviews, may help address disclosure limitations when exploring topics on psychoactive substance use and other easily stigmatised topics.

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## Ethical Considerations

Approval to carry out this study was obtained from the Health Research Ethics Committee (HREC) of the University of Ilorin Teaching Hospital, UITH ERC Approval number: ERC PAN/2023/03/0351.

Permission was also obtained from the Kwara state chapter of NURTW, and written informed consent was obtained from the study participants. Additionally, the

identities of participants were protected using alphanumeric codes (e.g., Mr A.A1).

## Conflict Of Interest

The authors declare no conflict of interest.

## Funding

This study was mainly self-sponsored with additional support from the University of Ilorin Teaching Hospital.

## Data Availability

A detailed focus group discussion guide adapted from a community-based framework is available on an online repository (Erubu, 2026).

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