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**EVALUATING THE ROLE OF 'CRITICAL CONSCIOUSNESS' IN A RURAL
SOUTH AFRICAN DEVELOPMENT INTERVENTION: IMPLICATIONS FOR
STRUCTURAL APPROACHES TO HIV PREVENTION**

ABIGAIL M. HATCHER

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A minor dissertation submitted in partial fulfilment of the requirements for the award of
the degree of Master of Philosophy in Development Studies

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COMPULSORY DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any
degree. It is my own work. Each significant contribution and quotation in this
dissertation from the work of other people has been attributed, cited and referenced.

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Date: 15 FEB 2007

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ABSTRACT

Traditional, information-giving approaches to HIV prevention have failed to curb the rapidly expanding HIV/AIDS epidemic in South Africa. Scholars and practitioners have looked to new interventions for HIV which centre upon structural changes, or the broader societal forces which shape HIV vulnerability. In recent years, Paulo Freire's notion of 'critical consciousness' has been cited as a way to involve communities in critical analysis and social change for HIV prevention. However, increasing calls for critical consciousness within HIV literature fail to recognise the complexities of integrating the notion at the ground-level. The Intervention with Microfinance for AIDS and Gender Equity (IMAGE) is a South African structural intervention for HIV which has been guided by critical consciousness. IMAGE aims to impact on poverty and gender-based violence by partnering a participatory gender curriculum with group-based microfinance. This research examines how IMAGE has translated the notion of critical consciousness into distinct processes, and evaluates the implementation of these processes by drawing from qualitative research with programme planners, facilitators, and participants.

This research shows that critical consciousness within HIV prevention demands a process of change, which may require time and resources that are difficult to obtain within a traditional development paradigm. The findings demonstrate that ongoing, high-quality training and mentorship is central to facilitation of a conscientising intervention. The findings indicate that certain programme elements of IMAGE could serve as models for other HIV interventions which hope to raise critical consciousness: grounding conversation in broader issues; continually probing in order to stimulate critical discussion; and encouraging participants to share common struggles. Other programme elements may be more difficult to implement, such as allowing participants to generate their own knowledge and to take over leadership of discussions. Community mobilisation, an element that is often cited in HIV literature, can be particularly challenging to implement and monitor. This research suggests that a new definition of community mobilisation that incorporates both individual *and* collective action may be a better way to incorporate the concept into other HIV interventions. This evaluation of critical consciousness within IMAGE is an important step towards translating vague development rhetoric into practical lessons for HIV prevention.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CM	Community Mobilisation
HIV	Human Immunodeficiency Virus
HDI	Human Development Index
IMAGE	Intervention with Microfinance for AIDS and Gender Equity
MFI	Microfinance Initiative
NGO	Non-Governmental Organisation
PE	Process Evaluation
PAR	Participatory Action Research
PLA	Participatory Learning and Action
PLWHA	Person Living with HIV/AIDS
PWR	Participatory Wealth Ranking
RADAR	Rural AIDS and Development Action Research Programme
RCT	Randomised Controlled Trial
SEF	Small Enterprise Foundation
SFL	Sisters for Life

CHAPTER 1: INTRODUCTION

Over the past decades, the development field has embraced various buzzwords that describe best practice techniques for working with developing communities. Phrases such as ‘participatory development’, ‘gender empowerment’, and ‘social capital’ have often been overused and ill-defined (Becker et al., 1998). Concepts such as these are alluded to by non-governmental organisations (NGOs), but have varying applications depending on the specifics of a given project. There is often a ‘disconnect’ between the language that NGOs and scholars use and the process that occur within programmes at ground-level. There is significant need to translate vague concepts within development practice into concrete processes, mechanisms, and procedures in the field.

Paulo Freire’s notion of ‘critical consciousness’ is just such a concept. Critical consciousness has been increasingly mentioned in scholarly articles as a way to engage communities in prevention of HIV/AIDS. We now know that traditional approaches to HIV prevention which centre upon giving information to people have failed to curb the impact of the epidemic. With hopes of creating interventions that go beyond information-giving, critical consciousness is seen as a tool for encouraging critical dialogue and collective action around HIV/AIDS. Scholars often cite the notion of critical consciousness without actually describing how it works at the ground-level. This thesis research will evaluate a South African intervention for HIV which has used critical consciousness as a guiding theory.

The Intervention with Microfinance for AIDS and Gender Equity (IMAGE) is an HIV prevention project in Limpopo Province, South Africa. IMAGE is a structural intervention for HIV, which means that it aims to influence broader societal structures that influence HIV vulnerability: poverty and gender-based violence. IMAGE pairs a participatory curriculum, called Sisters for Life, with group-based microfinance, through which women receive loans to start small businesses. The Sisters for Life curriculum was based on Paulo Freire’s approach to transformative adult education and aimed to encourage dialogue and collective action around broader drivers of HIV.

IMAGE drew upon critical consciousness as one of several guiding theories for its intervention. This thesis research evaluates how IMAGE followed its own planning to incorporate critical consciousness into HIV prevention. With recent attention in the HIV prevention literature to Freire's approach, it is important to bring critical consciousness theory and practice to the foreground. The lessons learned from IMAGE can inform and guide other HIV interventions hoping to engage with broader, structural drivers of HIV/AIDS.

In order to evaluate how IMAGE translated critical consciousness into programme procedures, I situated my research within an ongoing qualitative Process Evaluation. A process evaluation examines how closely the implementation of a project matches programme planning. Process evaluations are essential to understanding how HIV interventions work, and are now seen as an integral component of randomised-control trials of public health interventions, such as the IMAGE Study (Victora et al., 2004). This thesis research fit within the IMAGE Process Evaluation in order to understand how closely one element of IMAGE, critical consciousness, matched programme planning. My central research question was: **How has the notion of critical consciousness framed the processes and procedures of IMAGE, a structural intervention for HIV in rural South Africa?**

The methodology for this thesis is firmly rooted in qualitative research, with particular attention to maintaining rigour throughout data collection and analysis. I used multiple methods of data collection: programme documentation, semi-structured interviews, focus group discussions, and ongoing monitoring data. Three distinct population groups were chosen in order to highlight a variety of perspectives on the programme: Planners, Facilitators, and Participants. Following transcription and cleaning, I imported the data into QSR N6 (2002), a qualitative software created for analysis of large amounts of data. I followed the Miles & Huberman (1994) approach to qualitative data analysis and used my conceptual framework to guide my research findings.

A number of key findings emerged from this research. IMAGE demonstrated that critical consciousness can be effectively translated into concrete processes within an HIV intervention. Certain components of IMAGE closely matched programme planning and seemed to generate initial signs of critical consciousness amongst participants. However,

other components of IMAGE were delivered less successfully and can highlight important lessons for other HIV interventions. Community Mobilisation, an approach that is often cited in the literature as central to structural HIV prevention, was particularly challenging to implement in a way that matched programme planning. IMAGE provides a new definition of community mobilisation as an approach that should include both collective and individual action. A key lesson that emerged is that high-quality and ongoing training of Facilitators is essential to delivery of conscientising programmes.

This thesis will first present a background for understanding the structural drivers of HIV/AIDS in South Africa. I will introduce the problems of a traditional, information-giving approach to HIV prevention, and highlight how critical consciousness may be an appropriate model for HIV interventions that seek to impact structural determinants of HIV/AIDS. In Chapter 3 I will unpack the notion of critical consciousness by drawing upon Freirian theory and broader literature. It is here that I will introduce my research questions and the way that I conceptualised my research problem. Chapter 4 examines the methodology of the research, with attention to study design, methods used for data collection, and procedures for data analysis. I present my findings in Chapter 5 in a manner that mirrors my conceptualisation of the research problem; I present findings on programme planning, facilitator training, programme delivery, participant uptake, and challenges of the intervention. In Chapter 6 key findings are examined in light of the broader literature with a focus on how my research can inform structural approaches to HIV prevention.

CHAPTER 2: BACKGROUND

Despite the expressed commitment to community participation in the development of culturally relevant, effective, and sustainable interventions, HIV prevention research and programs continue to focus on persons in virtual isolation from the political, economic, and cultural realities of their lives. –Carolyn Becker

This chapter will first examine flaws in ‘traditional’ HIV prevention discourse which centres upon a biomedical, information-giving model for HIV prevention. It will then introduce Parker et al.’s (2000) structural approach as a framework for understanding HIV vulnerability in South Africa. Parker et al. identify poverty, migration, and gender inequalities as key drivers of the HIV/AIDS epidemic (2000). Next, the chapter will examine the need for interventions that address structural factors and introduce the notion of critical consciousness in HIV prevention. The Intervention with Microfinance for AIDS and Gender Equity (IMAGE) is a ‘structural intervention’ for HIV that has been guided by the notion of critical consciousness. Following a description of IMAGE, the chapter will identify other HIV interventions which have incorporated critical consciousness.

2.1. Biomedical, information-giving approaches to HIV prevention

South Africa, like many countries in sub-Saharan Africa, is home to a rapidly expanding AIDS epidemic. HIV prevalence for South African adults in 2004 was estimated to at 21.5% [18.5%-24.9%] (UNAIDS, 2005). The total number of South Africans living with HIV/AIDS has grown to 5.6 million (UNAIDS, 2005).

There is an established tradition of a biomedical, individualist paradigm in the field of HIV/AIDS research. A biomedical approach to HIV focuses on individual risk factors and seeks solutions that target the agents of infection (Lee and Zwi, 1996; Zierler and Krieger, 1997). In a biomedical tradition, HIV prevention is envisaged as a problem which stems from a lack of knowledge. Therefore, HIV interventions have sought to promote education through information-giving, with the assumption that increased knowledge will lead to behaviour change (Tawil et al., 1995; Travers, 1997; Amaro and Raj, 2000).

Today, many prevention programmes continue to focus on the individual, though it has been shown repeatedly that individualistic, behavioural approaches are inadequate given

the constraints of most people's lives (Zierler and Krieger, 1997; Parker et al., 2000). Beeker et al. note that "HIV prevention research and programs continue to focus on persons in virtual isolation from the political, economic, and cultural realities of their lives," (1998: 839). It has become clear that individual, behavioural interventions have failed to curb the rapidly growing HIV epidemic in South Africa (Campbell and Williams, 1999; Walker and Gilbert, 2002).

On an individual level, it is true that 'everyone is at risk'. Yet, the risks of certain countries and societies are vastly unequal. HIV prevalence in South Africa in 2003, for example, varied from 6.8% in the Western Cape to 14.1% in Kwa-Zulu Natal among 15-24-year-olds (Pettifor et al., 2004). Likewise, HIV prevalence in sub-Saharan Africa is 7.2% whereas European prevalence rests at 0.3% (UNAIDS, 2005). A key reason for the global variation in HIV prevalence is that structural, macro-level factors influence HIV vulnerability. HIV risk has been shown to be intimately connected to the social, economic, and political 'structural factors' that surround communities.

2.2. Defining 'vulnerability'

In order to discuss the socio-economic factors which exacerbate HIV vulnerability, it is important to define the concept of 'vulnerability'. The concept of vulnerability is particularly important in the field of HIV/AIDS, because the disease can technically affect anyone, irrespective of age, race, gender, and class. Yet, patterns of HIV show that certain groups of people are simply more likely to be affected by the disease than others. Barnett and Whiteside (1999) explain that vulnerability describes the social and economic factors which make morbidity and mortality more harmful for certain groups.

My own understanding of vulnerability draws upon Kalipeni's (2000) tripartite definition of the word. Kalipeni defines vulnerability in terms of entitlement (such as access to food), empowerment, and political-economy (2000). Those persons who have limited powers of entitlement and empowerment within a specific political-economy are deemed 'more vulnerable'. Kalipeni observes that "in short, the vulnerability perspective deals with issues of differential access to resources." (2000: 966). Walker and Gilbert (2002) agree when they assert that vulnerability means differential access to resources, either on the global, national, community, or household level.

2.3. Structural Determinants of HIV vulnerability in South Africa

In South Africa, important 'structural' factors influence the spread of HIV. The concept of structural determinants of HIV vulnerability stems from the work of Parker et al. in a supplementary edition of *AIDS Journal* (2000). In a review of international literature, Parker *et al.* examine the political, economic, structural and environmental factors that shape the spread of HIV/AIDS. They map research into three "analytically distinct but interconnected categories": poverty and underdevelopment, migration and mobility, and gender inequalities (Parker et al., 2000: S23). These three categories are particularly useful in understanding HIV/AIDS in South Africa. In the following sections, I will unpack the literature

2.3.1. Poverty

In South Africa, as in most countries, poverty is associated with increased morbidity and mortality (Myer et al., 2004). Natrass (2004) presents a framework for examining the impact of poverty on HIV/AIDS in South Africa. She examines the interconnected issues of malnutrition, parasitic infections, inadequate health care, negotiation of safe sex by impoverished women, and migrant labour. Each of these issues impacts high rates of HIV transmission, as immune systems are less able to fight off infection and high risk sexual behaviour becomes the norm (Natrass, 2004).

Poverty drives malnutrition and chronic parasitic infections, which weaken the ability of immune systems to fight off HIV infection. Malnutrition and micronutrient deficiency weakens the immune system, and reduce the body's ability to protect itself from HIV (Farmer, 1999; Poku, 2002). HIV, like most other infectious diseases, is more likely to impact a person whose immune system is compromised by the effects of poverty (Stillwaggon, 2003).

An inadequate health care system exacerbates infections, resulting in high rates of untreated sexually-transmitted infections (STIs) (Oster, 2005). Numerous studies have shown that untreated STIs contribute exponentially to the rate of HIV infection (Decosas, 1996; Colvin et al., 1998; Stillwaggon, 2002; Williams et al., 2003). As health systems fail to meet basic medical needs, co-infections and malnutrition compromise the health of large numbers of people (Gisselquist et al., 2002).

For women, a situation of poverty can limit choices surrounding sexual behaviour. Research in South Africa shows that some women engage in sexual relationships in return for financial support (Eaton et al., 2002). Campbell and MacPhail (2000) show that money is a dominant reason that young women have sexual relationships.

HIV/AIDS has been shown to disproportionately impact the poor (Farmer et al., 1993; Sweat and Denison, 1995; Tawil et al., 1995; Shahmanesh, 2000; Walker and Gilbert, 2002). HIV/AIDS worsens the poverty experienced by the poorest households because it targets family members who are in the 'productive stage' of life, 25-35 years of age (Whiteside and Lee, 2006). Poverty also structures the outcome of disease once an individual is living with HIV. The poor are less likely to cope with the economic strain of buying medicines for opportunistic infections, travelling to the nearest health clinic, losing a productive member of the family to illness, etc. (Poku, 2002).

The connection between HIV and poverty is particularly precarious for South Africa. South Africa holds the dubious distinction of being the world's most unequal country according to the Gini coefficient, a measure of the difference between the richest and the poorest in a given country (Schwabe, 2004). As the South African HIV epidemic grows, the division between rich and poor will only increase. Nattrass predicts that the Gini coefficient in South Africa will continue to rise on account of HIV/AIDS (2004). HIV tends to have devastating effects on the human development index (HDI), resulting in lower life expectancy, worsened literacy and schooling, and reduced per capita production (Decosas, 1996).

2.3.2. Migration

In South Africa, poverty is intimately linked to the migrant labour system. South Africa's system of migrant labour encourages risky sexual behaviour because it alters familial and stable sexual relationships. Migrant labourers spend long periods of time away from their families, disrupting stable sexual relationships that they have with rural partners (Lurie, 2000).

Migrants tend to have a higher prevalence of casual partners (Gilgen and al., 2001).

Migrant labourers have been described by epidemiologists as the 'bridge' that links high-risk female sex workers to relatively low-risk women in rural communities (Myer et al.,

2004). A study in Carletonville, a gold mining complex near Johannesburg, showed that having more than one casual partner meant that men were 2.7 times more likely to be HIV seropositive (Lurie et al., 2003).

High concentration of male migrant workers living in single-sex hostels creates a fertile environment for commercial sex (Campbell, 1997; Lurie, 2000). Commercial sex is a prominent feature around many South African mines (Steen and al., 2000). Lack of opportunities for women in the formal sector makes selling sex in mining communities an attractive financial option (Campbell and Williams, 1999). HIV prevalence among sex workers is high, as HIV risk increases directly with more sexual contacts. In Carletonville, a study of sex workers showed 69% to be infected with HIV (Williams et al., 2003). Some miners look to commercial sex as a reprieve from a daily reality fraught with danger and stress (Campbell, 1997).

Migrant labourers are at greater risk of infection than their non-migrant counterparts (Williams et al., 2003). A study by Lurie in northern KwaZulu-Natal shows that migrant men are significantly more likely to be HIV positive [25.9%] when compared to non-migrant men [12.7%] (Lurie et al., 2003).

2.3.3. Gender Inequalities

The HIV/AIDS epidemic in South Africa disproportionately affects women. A 2005 study in South Africa showed that young women were significantly more likely to be infected with HIV than their male counterparts [15.5% vs. 4.8%] (Pettifor et al., 2005). The reasons for the heavy burden of HIV on women range from biological factors associated with surface area and ease of transmission (Farmer et al., 1993; Abdool Karim, 2005) to psychosocial and cultural factors (Campbell et al., 2001) to broader socio-economic structures (Zierler and Krieger, 1997; Walker and Gilbert, 2002).

The position of women in South Africa is intimately tied to poverty. Within a framework of poverty, women are highly affected. In South Africa, issues of low income, high unemployment, and poor education place women in a tenuous position. Unemployment rates for women are higher than unemployment rates for men, and South African women tend to earn 20% less than their male counterparts (Walker and Gilbert, 2002). Poverty and inequality can affect anyone, but women and young girls are often subject to a societal

position that leaves them extremely vulnerable. For some women, unequal access to healthcare within the household compromises their ability to fend off disease (Doyal, 2000). In the context of poverty, studies have examined the role of sexual networking as an economic strategy to gain access to resources (Heise and Elias, 1995). Economic dependency makes it more likely for women to exchange sex for money and less likely that they will leave a risky relationship (Cheston and Kuhn, 2002; Gupta, 2002; Walker and Gilbert, 2002).

Many approaches to gender inequality and HIV discuss the ability of women to control their sexual lives. It is asserted that women's social and economic dependency on men leaves them little leverage for bargaining issues like condom use (Heise and Elias, 1995; Jewkes et al., 2003). Gupta (2002) asserts that men's 'power over women' fuels the HIV epidemic by limiting their ability to control sexual interactions. Studies in South Africa have shown that males tend to control sexual activity and may coerce their girlfriends into having sex (Wood and Jewkes, 1997; Eaton et al., 2002).

The education level of women correlates with their tendency to discuss HIV and condom use. In a study of women in Mpumalanga and Limpopo, women were more likely to discuss HIV and suggest condom use if they were more educated and closer in age to their partner (Jewkes et al., 2003).

Social norms and myths about sexuality influence the way that women make behaviour choices. In a study in Kwa-Zulu Natal, young women in focus groups highlighted the pressure for women to 'play dumb' when talking about sex so that they are not perceived as loose (Harrison et al., 2001). They also discussed myths surrounding sex, such as the necessity for men to have sex every time they had an erection and the importance of men having sex at an early age for medical reasons (Harrison et al., 2001). While it is important not to generalise such norms and myths into 'African women' as a whole, very real social conditions do exist that shift the way that people are vulnerable to HIV.

In South Africa, high levels of intimate partner violence and rape increase women's vulnerability to HIV, both socially and physically (Zierler and Krieger, 1997). Violence and fear of violence impact choice of sexual behaviour, so that women may fear that asking their partner to use a condom could result in violence (Jewkes et al., 2003). However,

Jewkes et al. (2003) caution that the causal pathways between violence and condom use are complex; women in their study who were financially or physically abused were actually more likely to suggest condoms. Such a contradiction “suggests that the often repeated statements that gender inequalities reduce women’s ability to protect themselves against HIV are indeed over-reductionist,” (Jewkes et al., 2003: 131).

The links between gender inequalities and HIV vulnerability are complex, and often deeply rooted in cultural norms. It becomes, therefore, difficult to engage in changing gender inequalities in a respectful and constructive way. However, there are important aspects of women’s realities which increase the vulnerability of certain women to HIV/AIDS and which must be improved in the South African context.

2.4. Beyond information-giving: critical consciousness

Information-giving within HIV prevention assumes that acquiring new knowledge about HIV/AIDS results in reduced risk. However, structural factors like poverty, migration, and gender inequalities have been shown impact HIV vulnerability. Information-giving does little to shift the broader societal issues that influence the spread of HIV/AIDS. As Heise and Elias note, “change requires not only new knowledge but a new analysis of the problem and an empowered sense that action, on an individual or collective level, can make a difference,” (1995: 940). Kelly takes this notion further by explaining that HIV interventions “should also durably change the services, social structures, resources, capacities, and policies of a community in ways that can sustain risk reduction,” (1999: 300).

As scholars have begun to examine the structural determinants of HIV/AIDS, they have looked to new models that extend beyond a traditional, information-giving approach to health. Drawing on work by Paulo Freire, scholars have made calls for HIV interventions that work towards collective action and social change (Beeker et al., 1998; Campbell, 2004). Travers explains that Freire’s model of ‘education for social change’ has been increasingly used to improve health among disempowered and oppressed groups, as it encourages people to actively transform their own situation (1997). Central to Freire’s model is the notion of ‘critical consciousness’, or the critical perception of reality that causes a group to take action (Freire, 1973).

Critical consciousness is the ability to critically reflect on one's reality and take action towards social change. Critical consciousness is nurtured through a process called conscientisation. According to Freire, conscientisation is:

learning to perceive social, political, and economic contradictions--developing a critical awareness--so that individuals can take action against the oppressive elements of reality, (1973:19).

Critical consciousness helps a human being transform her reality (Travers, 1997). Through active dialogue, she begins to understand her world in a critical way. This understanding opens up new possibilities for action (Burton and Kagan, 2005).

Critical consciousness is a complex term that requires careful definition in the English language. Freire originally used the Portuguese term *conscientização*, for which there is no direct English translation (Burton & Kagan, 2005). Scholars use the terms 'conscientisation', 'consciousness raising', and 'critical consciousness' almost interchangeably. I will use conscientisation to mean "the process of acquiring a critical understanding of reality" and critical consciousness to mean "an understanding of reality that is analytical, constructive, and mobilising".

2.5. Critical consciousness and HIV/AIDS prevention

Critical consciousness can impact HIV prevention in a number of important ways. First, it improves personal awareness through analysis and group dialogue (Breton, 1994; Travers, 1997). Unlike an information-giving model, the critical consciousness encourages participants to analyse the everyday realities of their lives (Freire, 1973). Through group dialogue, participants can develop a new understanding of reality that links HIV risk to larger, societal characteristics (Campbell and Jovchelovitch, 2000). A cognitive understanding of HIV has been cited as an important first step towards personal and collective confidence to reduce real health risks (Campbell and MacPhail, 2002; Gregson et al., 2004).

Secondly, critical consciousness helps to build group consensus and a constructive understanding that change is possible (Campbell and MacPhail, 2002). As Heise and Elias explain, "especially among women and other oppressed groups, an on-going process of action and reflection can impart a new sense of entitlement and renewed faith in the possibility of change," (1995: 940). Conscientisation encourages communities to produce new knowledge about their living conditions (Ramirez-Valles, 2002) and develop strategies

for improving them (Guareschi and Jovchelovitch, 2004). People need a constructive understanding of alternate strategies in order to adopt less-risky behaviours (Campbell, 2004). New knowledge and strategies represent a creative, constructive way of responding to structural drivers of HIV vulnerability.

Thirdly, critical consciousness can lead to concrete, structural change through collective social action (Parker, 1996). Social mobilisation can lead to development of local leaders and changes in social norms that impact HIV vulnerability (Beeker et al., 1998; Amaro and Raj, 2000). Collective action can lead to changes in government policy (Friedman and Mottiar, 2005), shifts in the process of local resource management (Guareschi and Jovchelovitch, 2004), and the creation of healthy peer norms (Campbell and MacPhail, 2002; Ramirez-Valles, 2002). Through collective action, critical consciousness can serve as a bridge to structural changes, with the local community taking part in changing their own environment.

Central to critical consciousness is the notion that groups should be active participants in social change. This aligns with current literature which emphasises the importance of community partnership in HIV prevention (Ramirez-Valles, 2002). Participation by the local community is seen as a guiding principle for HIV interventions that seek to go beyond information-giving and engage in structural factors (Beeker et al., 1998; Sorenson et al., 1998; Kelly, 1999).

In HIV/AIDS prevention, there is a pressing need to create interventions that are sustainable and on-going. Scholars see critical consciousness as a way to ensure that important changes outlive the intervention itself (Travers, 1997).

2.6. IMAGE: a Structural Intervention in Limpopo Province

The Intervention with Microfinance for AIDS and Gender Equity (IMAGE) is the first intervention in sub-Saharan Africa to address key structural factors of HIV vulnerability: poverty, gender inequalities, and gender-based violence (Hargreaves et al., 2002). Based in a densely populated rural area in Sekhukhuneland, Limpopo Province, IMAGE combines gender training and HIV prevention with microfinance activities. It is led as a joint effort by Wits School of Public Health, London School of Hygiene and Tropical Medicine, and the South African Department of Health.

IMAGE partners with Small Enterprise Foundation (SEF), a poverty-focused South African microfinance initiative. Through Participatory Wealth Ranking (PWR), SEF asks community members to rank the relative wealth of households. Then, according to this community-driven mapping, SEF invites the poorest women to participate in its loan programme (Simanowitz and Nkuna, 1998). In a traditional Grameen Bank model, five women form a trust group within which they apply for loans and share business advice. The participants themselves run twice-monthly Loan Centre repayment meetings and decide when to increase loans to the other trust groups (Mayoux, 1999).

Sister for Life, a gender training and HIV prevention curriculum, is incorporated within regular SEF loan repayment meetings. Sister for Life is based on 'participatory learning and action' principles which involve participants in communication, critical thinking, and leadership. The curriculum addresses key issues of gender roles, sexual norms, and domestic violence (for a full summary of Sisters for Life curriculum, see Appendix 4). While health education is included in the Sister for Life sessions, the primary aim of training is to encourage dialogue that cultivates a sense of critical consciousness amongst participants (Kim et al., 2002).

The second phase of IMAGE aims to stem community mobilisation as participants develop Action Plans according to the context of their community (Kim et al., 2002). Key leaders of Loan Centres are chosen by their peers to attend a week-long participatory Natural Leaders Training in leadership and community mobilisation. Upon returning to their loan centres, Natural Leaders lead fellow IMAGE participants in creating Action Plans. Action Plans by Sister for Life participants have taken many forms: couples counselling; a Rape Association that works with local police to combat domestic violence; a sit-in at a hospital notorious for its poor care of patients; a "Women against Crime" committee which successfully forced shebeens to comply with legal hours of operation (SEEP, 2004).

IMAGE aims to define the impact of microfinance and Sister for Life in a 3-year, Randomised Community Trial (RCT). Each of the four randomised intervention villages were matched with control villages, and each participant household was matched with a similar control household. IMAGE evaluates programme impact on three cohorts: female participants, adolescent household members, and adolescents in the community at-large.

The primary goals of IMAGE are to reduce HIV prevalence and intimate partner violence in participating communities. While these primary goals are important, it is likely that a 3-year period is not long enough to make adequate impact on these indicators. Therefore, IMAGE is also examining secondary indicators, or related changes that may occur along the 'causal pathway' to reduced HIV prevalence. Quantitative data is collected on markers of individual agency, household financial well-being, power relations, early signs of gender-based violence, communication, social cohesion, condom use, and sexual behaviour (Hargreaves et al., 2002).

The theory of IMAGE lies in the targeting of poverty and gender-based violence as drivers of HIV vulnerability. If women, as household leaders, have access to increased resources, it may be more likely that nutrition, education, and well-being of their household is improved. If groups of women take action to collectively counter gender-based violence, it may be more likely that risky relationships are reduced. If women can improve communication with their children on issues of violence, sexuality, and condom use, it may be more likely that a new generation of adolescents will support social norms that enable healthy decisions.

2.7. Examples of other conscientising HIV initiatives

Critical consciousness within HIV interventions has taken various forms. In Guadalupe Juarez, Mexico, an NGO called COMPANEROS used critical consciousness as a guiding theory for working with female partners of injecting drug users (Ferreira-Pinto & Ramos, 1995). The HIV intervention was based on Freirian pedagogy and strived to engage women in safer sexual behaviour through use of group dialogue and a support group system. The curriculum content centred upon group discussion of 'foto-novellas', drawings that depicted a situation and aimed to stimulate critical analysis. The discussions were supposed to be driven by participants, but the facilitator often initiated and maintained the conversations. Minimal behaviour changes were detected through quantitative indicators, yet qualitative methods indicated that participants had higher self-esteem and a greater awareness of the constraints that increased their HIV vulnerability (Ferreira-Pinto and Ramos, 1995).

In Venezuela, a training programme on sex and sexuality employed techniques such as dramatisation, debates, and group games to encourage self-awareness through dialogue

(Muñoz, 2001). The Venezuelan Association for Alternative Sex Education (AVESA) works with youth peer educators to encourage personal development and critical reflection. AVESA's educational model is built upon of Freire's pedagogy of group empowerment by treating learners as active participants. After a 20 weekly sessions, AVESA Youth created radio spots, videos and newsletters to educate their peers about sexuality, gender inequality, and sexually transmitted disease (Muñoz, 2001).

A project of Médecins Sans Frontières (MSF) in Cambodia conducted daily workshops to analyse the concerns of sex workers and develop greater solidarity among participants (Busza & Schunter, 2001). The project used a 'community mobilisation' model to encourage collective action for safer sex practices, specifically use of the female condom. Sex workers who participated in the project were 3.59 times more likely to use a female condom when compared with their non-participant counterparts ($p < 0.01$) (Busza & Baker, 2004). However, little change was made to important broader constraints such as restrictive practices imposed by brothel owners (Busza & Schunter, 2001).

Heise & Elias (1995) highlight another intervention with sex workers that took place in Calabar, Nigeria. During the period from 1988-1993, the project developed literacy training, peer health education, clinics for treatment of sexually transmitted infections (STIs), condom distribution through social marketing campaigns, and formal negotiations with brothel owners (Williams, 1994). Sex workers collaborated to raise prices so that they could afford to refuse clients who would not use condoms (Heise & Elias, 1995) and 60% of sex workers participating in the project reporting using condoms during every sex act (Williams, 1994). While the Calabar Project did not draw specifically from Freirian theory, it was guided by a community mobilisation model.

Amaro & Raj (2000) describe a Massachusetts Department of Health project that invited women to participate in groups discussions centred on how gender, race, and class impact their HIV risk. Based on personal communication with a programme manager, Amaro & Raj state that participants developed community-based action projects that were funded by the Department of Health (200). However, when I looked on the Massachusetts Department of Health website and searched EBSCO-host, I could find no further information on the intervention.

It is important to note that few conscientising HIV interventions have been examined in a rigorous academic manner. There is a significant gap in current HIV prevention literature concerning how critical consciousness can be implemented at a programme level. This thesis research strives to fill the gap by evaluating how IMAGE translated critical consciousness into distinct processes and procedures.

University of Cape Town

CHAPTER 3: CONCEPTUALISATION OF THE RESEARCH PROBLEM

Paulo Freire's notion of conscientização, or consciousness-raising, as a dialectical social process which aims to both build awareness through dialogue and take action together with others in order to redress social injustice, is perhaps the essence of empowerment and community mobilization as strategies in the fight against AIDS. –Richard Parker

This research aims to evaluate how critical consciousness framed the planning, delivery, and participant uptake of IMAGE. I wanted to understand how a subtle and oft-cited concept like critical consciousness functioned at the ground-level. This chapter will describe the way I conceptualised my research. It will introduce the way that broader literature and knowledge of IMAGE informed my central research question: **How has the notion of critical consciousness framed the processes and procedures of IMAGE, a structural intervention for HIV in rural South Africa?**

Critical consciousness was one of several guiding theories of IMAGE programme design. The IMAGE Monograph describes Sister for Life as based upon two theories: participatory learning and action (PLA) principles and Freire's approach to transformative adult education (Kim et al., 2002). Despite references to critical consciousness in programme descriptions, there was limited documentation of *how* this notion was actually incorporated into programme activities. Therefore, part of my task in conceptualising the research was to use critical consciousness theory as a way to understand IMAGE.

3.1. Scope of the research

In order to understand the influence of critical consciousness on an IMAGE, I designed a piece of research that fit into an ongoing qualitative process evaluation of the programme. A qualitative process evaluation provided perspectives on what occurred at various 'levels' of IMAGE: Planners, Facilitators, and Participants. Were certain components planned to cultivate critical consciousness amongst participants? How closely did the delivery of these components match programme design? How did participants respond to these components?

This research does not attempt to measure IMAGE against a theoretically ideal project. Rather, it aims to measure programme delivery and uptake against IMAGE planning. I use

IMAGE programme planning as a theoretical 'yardstick' in order to examine how closely field activities matched programme design.

Using a process evaluation model encourages researchers to answer questions at the programme-level (Scheirer, 1994). A process evaluation approach creates a framework for what kind of research questions I ask. I do not, for example, engage in an impact assessment of how conscientised IMAGE participants may be. Perhaps a natural extension of this research would be to measure levels of critical consciousness amongst participants. However, I would argue that measurement of conscientisation could only occur *after* completing a process evaluation, since reliable measurement of impact is contingent upon adequate delivery of an intervention (Rossi et al., 2004). Nor do I wish to engage in a theoretical critique of the way that Freirian theory was interpreted by IMAGE planners. The scope of this research lies between these two extremes, at the level of understanding how a complex notion, critical consciousness, was translated into discrete processes and procedures.

3.2. A conceptualisation of critical consciousness

My understanding of critical consciousness is influenced by Carr's work within empowerment-oriented, feminist social work (2003) and Campbell and MacPhail's work with participatory HIV prevention amongst South African youth (2002). Carr (2003) defines conscientisation as a process that is simultaneously analytical, constructive, and mobilising. Campbell and MacPhail present a similar understanding of critical consciousness as analytical and constructive; they envision a conscientising programme as working towards "formulating critical analysis, and generating scenarios of alternative ways of being," (2002: 334). Campbell and MacPhail (2002) emphasise the mobilising aspect of critical consciousness as a tool for collective action around issues that impact HIV vulnerability.

Conceptually, it is helpful to delineate conscientisation into three, separate concepts. However, it is important to note that conscientisation is a fluid process (Carr, 2003). Groups move through analysis to mobilisation in a cyclical, non-linear fashion. Conscientisation is an ongoing process rather than a finite endpoint to be reached (De Laurentis, 1986).

Conscientisation is *analytical* because it encourages reflection and awareness through dialogue. As Carr explains, “conscientization is inherently analytical in that it works to interpret the structures and discourses that frame people’s experiences” (2003: 15).

Analysis through dialogue helps groups reflect upon and interpret the social dimensions of their collective problems (Casagrande et al., 1998). Conscientisation is “the process whereby people become aware of the political, social, economic and cultural contradictions which shape their lives and who they are,” (Guareschi and Jovchelovitch, 2004). As groups move through analysis, they move from a naïve, mystic understanding of reality towards a critical awareness (Casagrande et al., 1998).

Conscientisation is *constructive* because it causes people to create alternative views of reality. Casagrande et al. (1998) explain that conscientisation helps participants identify situations as negotiable challenges rather than static, unchangeable realities. Once people begin to perceive situations in a critical way, they can then create alternative possibilities (Heise and Elias, 1995; Carr, 2003). Watts et al. explain that true change requires not only a critique of reality, but creativity to envision better options for the future (2003).

Lastly, conscientisation is *mobilising* because it encourages communities to take action for social change (Gutterez, 1995). Critical consciousness compels participants to take action, as they begin to uncover the roots of their social reality (Casagrande et al., 1998). In a sense, conscientisation implies that a group has moved beyond an intellectual, personal understanding of their environment towards a collective, active approach. Carr (2003) describes conscientisation as catalytic, compelling groups to move towards action.

It is only by engaging in social action that critical consciousness can occur. Watts et al. (2003) note that critical consciousness *must* combine a person’s knowledge with a capacity for action in political and social systems. Breton explains that conscientisation cannot be understood as merely a personal, cognitive process, but must be “a politicization process and a liberation process which create a demand for socio-political restructuring,” (1994: 31).

Social action should naturally ‘loop back’ to analysis and dialogue (Wallerstein 1994). The reflection that occurs throughout mobilisation becomes as important as the actual societal changes. As Cox explains, “critical analysis requires action and on-going analysis of

outcomes of that action to understand the environment more fully,” (1991: 79). Carr notes that even ‘failed’ attempts at mobilisation are important because they reveal knowledge about structures and methods to changing the environment (2003). The process of analysis becomes essential to cultivating appropriate social action.

3.3. Freirian principles

Critical consciousness, according to Freire, must be nurtured through a process of group dialogue and reflection. The process of conscientisation should incorporate a number of key characteristics. The following Freirian principles will guide the way that I examine the planning, implementation, and uptake of IMAGE: praxis, group dialogue, and collegiality.

Freire emphasises the importance of praxis, or the blend of reflection and social action (1970). Praxis is a constant movement from reflection to action back to reflection (Breton, 1994). Scholars note that both action and reflection are necessary to the conscientisation process:

Action without reflection is not autonomous and authentic action, but rather a reaction to others’ ideas, while reflection without action is, for the disempowered, mere teasing or provocation, akin to adding insult to injury, (Breton, 1994: 25).

It becomes imperative that as groups reflect on social realities, they work together to change those realities. This idea returns to the notion that conscientisation compels groups towards social action.

According to Freire, personal development depends on mutually influencing relationships with others (1973). For this reason, many scholars see conscientisation as necessarily a group process (Cox, 1991; Breton, 1994; Heise and Elias, 1995; Carr, 2003). Shor explains that dialogue is characterised by a group process of learning that is active and participatory (1993). Travers notes that dialogue allows participants to analyse experiences that had previously been regarded as trivial and uniquely personal (1997). The act of coming together as a group and sharing common experiences compels new analysis of problems.

Conscientising programmes should aim to create mutual learning and a reciprocal relationship between ‘student’ and ‘teacher’ (La Belle, 1986). In order to cultivate this reciprocal relationship, facilitators must abandon the role of an ‘expert’ who has superior knowledge to participants. Facilitators must recognise that the disempowered have relevant knowledge that professionals lack (Breton, 1994).

3.4. Situating critical consciousness within larger theory: Liberatory Praxis

HIV/AIDS has been shown to disproportionately affect certain groups. Scholars have related HIV vulnerability to various forms of oppression: gender oppression and gender-based violence (Jewkes et al., 2003); economic oppression and underdevelopment (Lee & Zwi, 1996; Hunt, 1989); class oppression (Amaro & Raj, 2000); race oppression (Zierler & Krieger, 1997). It is within the sphere of 'liberation from oppression' that Freire's work can be situated. According to Freire, the purpose of education is human liberation (1973). Freire's work with illiterate adults in Chile and Brazil developed into a field known as Critical Pedagogy. Critical Pedagogy aims to uncover the political roots of powerlessness and oppression (Carr, 2003). Freire's work falls within a larger theoretical movement that Burton & Kagan call 'Latin American Liberatory Praxis' (2005). Liberatory Praxis incorporates various disciplines with a lens aimed towards the oppressed and marginalised, including Economic Dependency Theory, Liberation Theology, and Participatory Action Research.

Freire's approach has informed and influenced a various bodies of work over the past four decades. Critical Pedagogy was influential to feminist thought (hooks, Carr) and theories of post-colonialism (Giroux, 1992). Critical Pedagogy has been a guiding theory in the field of social work, particularly in regards to empowerment through group processes (Cox, 1991; Breton, 1994; Travers, 1997). Freire's pedagogy has also been central to the field of Critical Psychology (Campbell, 2005). It informs discourse around community participation in health (Gregson et al., 2004; Guareschi and Jovchelovitch, 2004; Juliá and Kondrat, 2005) and empowerment in health education (Wallerstein and Bernstein, 1994; Travers, 1997). For this research, I will draw from the body of literature that connects Freire's approach to HIV prevention (Parker, 1996) as well as from other disciplines that have been guided by Critical Pedagogy.

3.5. Key research questions

My key theoretical research question is: **How has the notion of 'critical consciousness' framed the processes and procedures of IMAGE?** The key research question was divided into three sub-questions focussing on programme planning, delivery, and participant uptake. The conceptualisation of the research questions guided the creation of

interview schedules (see Appendix 5: Research Question Flow Diagram) as well as the initial stages of data analysis.

How has the notion of critical consciousness framed the processes and procedures of IMAGE, a structural intervention for HIV in rural South Africa?

- (1) How did critical consciousness shape programme planning?
 - (a) How was critical consciousness planned to enhance outcomes of the IMAGE study?
 - (b) How was critical consciousness selected as a guiding theory?
 - (c) Which components of IMAGE worked to promote critical consciousness?
 - (d) What are the challenges of designing a project that aims to conscientise participants?

- (2) How was programme delivery designed to encourage critical consciousness among participants?
 - (a) How closely did programme delivery matched programme design?
 - (b) How did training aim to prepare facilitators for cultivating critical consciousness?
 - (c) What are the challenges of facilitating a project that centres upon critical consciousness?

- (3) How successful was participant uptake of components designed to cultivate critical consciousness?
 - (a) How do participants respond to IMAGE components that were designed to cultivate critical consciousness?
 - (b) How does participant involvement in social change advance the intervention?

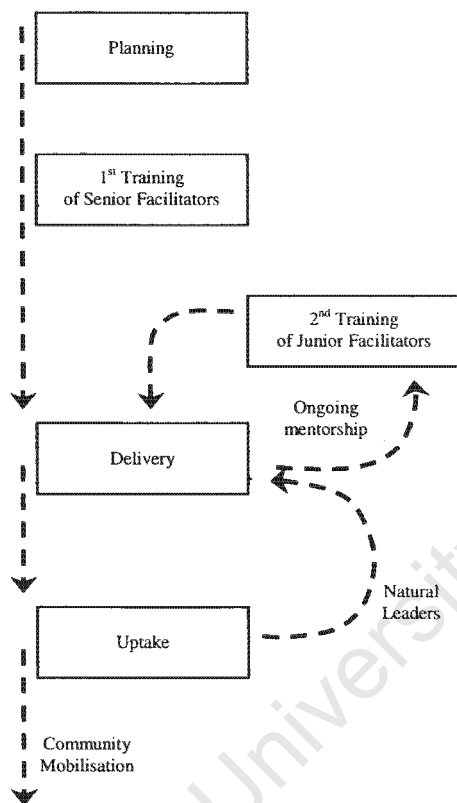
3.6. Conceptualising the Research Questions during analysis

The research questions and sub-questions align broadly with the way that IMAGE was implemented. However, my original conceptualisation of the research questions implied that the implementing IMAGE was a linear process. Over the course of the research, I discovered that programme implementation was more cyclical than I had originally anticipated.

After data collection, I reflected upon the picture that was emerging around programme planning, delivery, and uptake. I created a conceptual map that drew upon my implicit understanding of the data, which was formed through the initial reading of the transcripts and memo-taking. Though I was not emerged in the data during the creation of the conceptual map, I did tend to return to a few transcripts to help me flesh out key issues.

One important factor that my Key Research questions failed to take into account was the significance of training within the intervention. My research questions jumped directly from programme planning to delivery, but in my conceptual map I included a distinct ‘step’ for training. The voices of both Planners and Facilitators indicated that training was a crucial way that IMAGE incorporated critical consciousness into programme delivery. In essence, training set the tone for the way that the intervention was delivered on-the-ground.

FIGURE 1: CONCEPTUAL MAP



Another important factor that emerged from the data was that the delivery of IMAGE was not linear, but included a number of important ‘feedback loops.’ One important loop seemed to be participant involvement in programme delivery. An important part of IMAGE is the training of Natural Leaders (NLs). The NLs contributed towards community mobilisation efforts in the larger community, and were meant to serve as facilitators in their loan centre. In this way, NLs help to deliver the intervention in an on-going manner.

A second important feedback loop was the way that the Facilitators themselves began to run training of new staff. The data highlighted an important difference between the 1st Training (conducted by IMAGE Planners to train the Senior Facilitators) and the 2nd Training (conducted by IMAGE Senior Facilitators to train the Junior Facilitators).

This conceptual map was a helpful way to understand how my original research questions fit into the data that I had collected. The map served as a structure for data analysis and coding, (described further in Chapter 4) and created a template for the presentation of findings (Chapter 5).

CHAPTER 4: METHODOLOGY

Rigorously conducted and systematically documented qualitative process evaluations of concrete interventions could make a key contribution to our understanding of psycho-social, organisational and community level process—and as such could make a key contribution to not only the development of the science/art of programme evaluation, but also to the development of more successful HIV-prevention interventions.

-Catherine MacPhail and Catherine Campbell

4.1. Research Design: Process Evaluation

HIV/AIDS interventions have only recently begun to adjust to the understanding that vulnerability to HIV is firmly situated within broader cultural and societal structures. As discussed within the Background Chapter of this thesis, 'structural factors' such as poverty, gender inequalities, and migration are seen as important drivers for the HIV epidemic in South Africa. However, the 'paradigm drift' from bio-medical approaches towards structural interventions for HIV (Beeker et al., 1998) has not necessarily been accompanied by shifts in evaluation methodology (MacPhail and Campbell, 1999). Community-level interventions which aim to engage at the level of broader drivers must also adjust the way that they evaluate such projects.

Traditionally, large-scale public health interventions have turned to randomised control trials (RCTs) as the 'gold standard' of evaluation research (Victora et al., 2004). An RCT design means that one population receives an intervention (intervention group), while another population does not (control group). RCTs make arguments about the success of interventions according to the statistical probability associated with changes in the intervention group. IMAGE has an RCT evaluation design; it is a randomised control trial of delivering microfinance and gender training to an intervention group.

However, public health researchers stress the need to go 'beyond' RCTs towards alternative methods of evaluation. It has been noted that RCT results often fail to answer relevant qualitative questions surrounding complex HIV interventions (Elford et al., 2002; Victora et al., 2004). Recent literature suggests that it is important to combine outcome evaluation with research that is more explanatory in nature (Beeker et al., 1998; Wight and Obasi, 2003). Indeed, the *process* of implementing an intervention is as important to

understand as the impact of the programme itself (MacPhail and Campbell, 1999; Visser and Schoeman, 2004).

Process evaluations are particularly important for refining the implementation of HIV interventions that take place in complex community settings (Visser and Schoeman, 2004). They use qualitative methods in order to examine *how* programme outcomes are achieved (MacPhail and Campbell, 1999). MacPhail and Campbell (1999) argue that rigorous qualitative process evaluations are essential to the development of more successful HIV prevention interventions.

A process evaluation focuses on the internal dynamics of programmes in order to understand the strengths and weaknesses of an intervention (Patton, 1997). The gaps that occur between planning, delivery, and participant response can change the intended effect of a project (Scheirer, 1994; Rossi et al., 2004). A process evaluation documents these gaps in order to improve the programme and understand the reasons why it was successful or unsuccessful.

The research methodology for this study is firmly rooted within qualitative research. Qualitative methods help to foster a more egalitarian relationship between researcher and participant (Watts and Serrano-García, 2003) and are essential to the design of process evaluations (MacPhail and Campbell, 1999). The research design for a process evaluation draws from programme documentation, interviews with staff and participants, and non-participatory observation (Scheirer, 1994; Rossi et al., 2004).

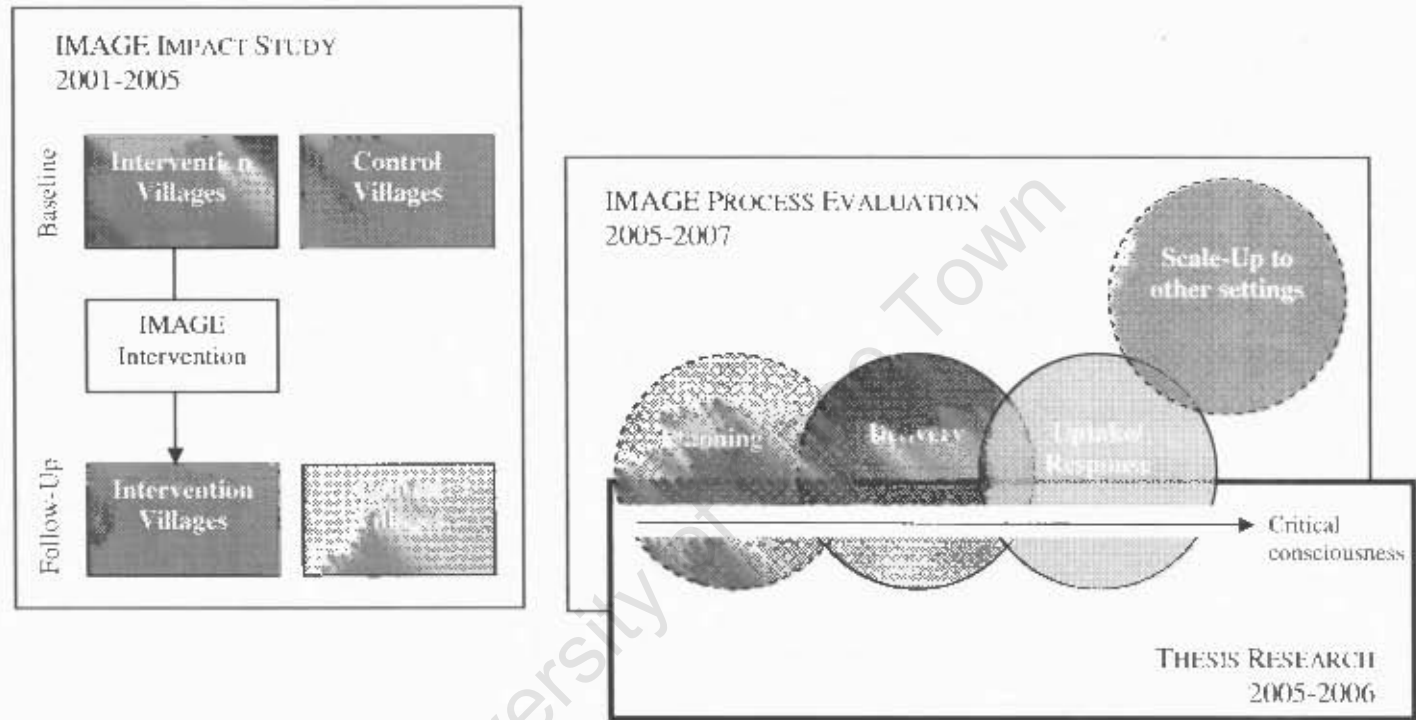
4.2. The IMAGE Process Evaluation

With an understanding of the calls within HIV/AIDS literature for better evaluation of interventions, researchers at the London School of Hygiene and Tropical Medicine launched a Process Evaluation of IMAGE. I was hired in September 2005 as a qualitative researcher in partnership with Godfrey Phetla, a medical anthropologist who has been involved with IMAGE since 2001. The IMAGE Process Evaluation complements the IMAGE outcome evaluation by exploring the feasibility and acceptability of the project. It facilitates a better understanding of IMAGE outcomes by mapping the process through which programme mechanisms work. It is important to note that the Process Evaluation research is separate from the IMAGE Study, which looked at the *impact* of the

intervention. The Process Evaluation maps out the *way that the intervention has been implemented*.

My thesis research aims to evaluate how critical consciousness was incorporated into IMAGE planning, delivery, and uptake. The following diagram illustrates the relationship between my research, the IMAGE Process Evaluation, and the IMAGE Impact Study:

FIGURE 2: THESIS RESEARCH IN RELATION TO IMAGE RESEARCH



The Process Evaluation has two aims: 1) to evaluate the feasibility, accessibility and acceptability of IMAGE, and 2) to explore the potential for scale-up of IMAGE to other settings. My thesis research plans to contribute to the broader research questions of the PE. Because my qualitative research took place parallel to PE research, IMAGE colleagues were consulted throughout the research process. My previous experience with editing and piloting semi-structured interview schedules helped to ensure that my additional research questions fit into existing evaluation priorities and aligned with IMAGE programme goals.

4.3. Population and Sample

The population group targeted for this research includes three distinct groups of informants working on and participating in IMAGE: Planners, Facilitators, and Participants. The

population groups were chosen because they each have distinct perspectives on my central research question: How has the notion of critical consciousness framed the processes and procedures of IMAGE? By including three informant groups, the data represents a variety of opinions surrounding the planning, delivery, and uptake of the intervention.

IMAGE Planners

IMAGE Planners are two professionals who helped to theorise, design, and pilot Sisters for Life. One Planner is a Canadian physician who has been involved with IMAGE full-time since its inception. The other Planner is a South African gender activist who was hired as a consultant and was involved with IMAGE during 2001-2003.

IMAGE Senior Facilitators

IMAGE Senior Facilitators are four women from Burgersfort, Bushbuckridge, and Johannesburg who were hired in 2002 to implement Sisters for Life in loan centres. During the period of 2002-2005, they facilitated Sisters for Life sessions under the guidance of IMAGE Planners. From 2005 until today, three of four Senior Facilitators continue to work with IMAGE and have assumed senior positions of training and management of Junior Facilitators.

IMAGE Junior Facilitators

IMAGE Junior Facilitators are six women from Burgersfort and surrounding villages who were hired in 2005 to implement Sisters for Life in loan centres. There are currently six Junior Facilitators, who were hired according to their previous experience and a degree of matriculation.

IMAGE Participants

IMAGE Participants are nine women from villages in and around Burgersfort who are invited to join SEF as clients. Based on a process of Participatory Wealth Ranking (PWR), these women have been designated as being among the poorest one-third of households. Once they are invited to join SEF, IMAGE Participants self-select to receive SEF loans and Sisters for Life training.

4.4. Analysis of pre-existing data

Godfrey and I conducted an audit of existing data in order to inform my decision about the incorporation of pre-existing data. Based on this audit, I chose to incorporate four distinct sets of pre-existing data into my analysis.

Process Evaluation interviews with IMAGE Planners

I conducted semi-structured interviews with IMAGE Planners in September 2005. These interviews were guided by Process Evaluation interview schedules, but did not incorporate specific questions on critical consciousness. Themes addressed in these interviews included the aims and theory behind the intervention, planning, management and training of staff, participant uptake, and personal opinions about the project. Interviews were conducted in English, which is the working language for both Planners.

Process Evaluation interviews with IMAGE Senior Facilitators

I conducted semi-structured interviews with Senior Facilitators in September 2005 and November 2005. Themes addressed in these interviews included planning of the intervention, management and training of staff, programme delivery, participant uptake, and personal opinions about the project. The notion of critical consciousness was not examined explicitly, but data from these interviews lends insight into the way that critical consciousness framed the intervention. Interviews were conducted in English, according to research protocol of the Process Evaluation. Though there were rare cases of misunderstandings, the data collected was deemed adequate for answering Process Evaluation research questions.

Focus Groups with IMAGE participants

Godfrey conducted fifteen focus group discussions with loan groups who participated in IMAGE. Loan groups were purposively selected on the basis of dynamics that seemed to be of importance during the first observation phase: old vs. young members and successful vs. unsuccessful loan groups. Themes included the impact of SEF loans, the impact of health talks (Sisters for Life sessions), loan centre dynamics, community mobilisation, and personal opinions about the project. Focus groups were conducted in Sepedi.

Centre Profiles

In-depth qualitative monitoring occurred within IMAGE intervention communities during 2002-2004. Senior Facilitators completed a structured diary after each session of Sisters for Life. The diaries document the reflections of the trainers on delivering the intervention and the responses of the women in the loan centres to the community mobilisation phase. Senior Facilitators then compiled the diaries to create a Centre Profile for each loan centre.

4.5. New data collection

New data collection incorporated critical consciousness questions into existing Process Evaluation interview schedules.

Interviews with IMAGE Planners

I conducted semi-structured interviews with IMAGE Planners in March 2006. Interview questions around critical consciousness were incorporated into existing Process Evaluation interview schedules (see Appendix 6). Themes included the theory of IMAGE, specific components that were planned to encourage critical consciousness, challenges of planning a conscientising intervention, Facilitator training, and community mobilisation. Interviews were conducted in English, which is the working language for both Planners.

Interviews with IMAGE Facilitators

I conducted semi-structured interviews with Sisters for Life Facilitators in February 2006. Interview questions around critical consciousness were incorporated into existing Process Evaluation interview schedules (see Appendix 7). A limited number of interview questions explicitly examined 'critical consciousness' because pilot interviews showed that a number of related concepts surfaced during the 'standard' Process Evaluation interviews. Themes included Facilitator training, techniques used during Sisters for Life sessions, the relationship between Facilitators and Participants, participant uptake of IMAGE, the planning and implementation of community mobilisation, and personal opinions about the intervention. Interviews were conducted in English. Pilot interviews showed that English is an adequate way to document Facilitator voices. Though there were rare cases of misunderstandings, the data collected during Pilot interviews was deemed sufficient for drawing meaningful conclusions.

Interviews with IMAGE Participants

Semi-structured interviews were conducted with a random sampling of IMAGE participants (see Appendix 9 for detailed sampling methods). Because I did not personally conduct these interviews, there was less emphasis on critical consciousness in the interview guide (see Appendix 8). Themes addressed in the include reasons for joining or leaving the programme, responses to Sisters for Life topics, the relationship between SEF staff and Sisters for Life Facilitators, involvement in community mobilisation, and personal opinions about the intervention. Interviews were conducted in Sepedi by Godfrey Phetla.

Participant Observation Fieldnotes

Key events such as loan centre meetings, informal conversations with programme staff, and community mobilisation activities were recorded in the form of fieldnotes. I used my fieldnotes as a preliminary way of making sense of the project and a source of raw data.

4.6. Data collection techniques

Individual interviews and Focus Group discussions were recorded using a digital recorder. The interviews have been transcribed verbatim from digital recording. The IMAGE transcription protocol is to email or courier '.wav' files to Wits University transcribers in Johannesburg. Transcribers tend to finish transcriptions within 5-10 working days. Godfrey and I then reviewed the transcriptions word-for-word to check for mistakes due to poor sound quality or human error. This process also served as an opportunity to make initial notes about meaning and analysis.

Interviews conducted in Sepedi were first transcribed in Sepedi by an outside professional. Next, the Sepedi was translated into English and submitted to Godfrey Phetla. Godfrey read through the English transcription while listening to the original recording in order to check for errors in translation and transcription. In cases where an English translation seemed to inadequately invoke a Sepedi phrase, Godfrey included the Sepedi in the text in brackets.

Focus Group discussions conducted in Sepedi were transcribed directly from the recording into an English translation by Godfrey. This process of transcription was less time-consuming than the interviews, but may have resulted in a lower quality of data.

Fieldnotes were recorded throughout my involvement in IMAGE. The write-up of these fieldnotes was guided by Lofland & Lofland's understanding of data logging in observation (1995). Fieldnotes should be written promptly after an event and should draw from mental recollections and jotted notes (Lofland and Lofland, 1995).

Research occurred primarily at IMAGE sites in Limpopo Province. Existing data was accessed at the IMAGE office, Tintswalo Hospital, Acornhoek. New data was collected in and around Burgersfort, at the IMAGE field office and loan centre meetings. A limited number of interviews also occurred in Cape Town and Johannesburg.

4.7. Methods of Analysing Information

Rigorous qualitative research requires an analyst to make her decisions, reflections, and procedures transparent in research reports (De Wet and Erasmus, 2005). Within HIV/AIDS literature, there is often a failure on the part of qualitative researchers in providing a systematic account of data collection and analysis (MacPhail and Campbell, 1999). This thesis aims to engage in analysis that is systematic, reflective, and transparent. It draws upon recent literature in the field of rigorous qualitative research, particularly the Miles & Huberman approach to qualitative analysis (1994).

Interview transcriptions were analysed using QSR N6, a code-based qualitative analysis software (QSR, 2002). Miles and Huberman suggest that software such as N6 can be helpful in the analytical process of coding (1994). Coding is a way of assigning meaning and sorting descriptive data compiled throughout a study (Lofland and Lofland, 1995). Codes are labels that a researcher assigns to pieces of data in order to speed up and empower the analytical process (Miles and Huberman, 1994).

In order to prepare data for entry into the N6 database, I needed to carefully review each transcription to check for errors and gaps in the data. This review constituted a 'cleaning' of the data, and provided the opportunity for an initial reading of the transcripts. An initial reading of transcripts provides a sense of important issues arising from the data (OpenUniversity, 1993). Reading transcripts closely and repeatedly helps researchers understand the 'spirit of the text' and interact with the data as a whole (De Wet and Erasmus, 2005). I kept notes during this review process in order to document initial thoughts and preliminary analysis.

After an initial reading of transcripts, I developed first-level codes. First-level codes are descriptive and serve as a way to summarise segments of data (Miles & Huberman, 1994). I developed what Miles and Huberman call a 'start list' of codes (1995). I chose four transcripts that seemed very rich during initial reading. These four transcripts were representative of the various perspectives in my data set: Planner, Senior Facilitator, Junior Facilitator, Participant. Using an iterative process, I worked through these transcripts multiple times, creating N6 'free nodes' as new issues arose organically from the data. Free nodes are codes that are kept in a list, but do not fit into any certain hierarchy or ordering (QSR, 2002). My start-list of free nodes can be found in the Analysis Journal, Appendix 11.

I tried coding several transcripts using the start-list of free nodes, and realised that my research questions could be better answered if I fit nodes into my conceptual framework. This second stage of analysis is called pattern coding and helps the researcher identify emerging themes within the data (Miles & Huberman, 1994). Pattern coding allows for a deeper analysis of the relationships between different portions of data (De Wet and Erasmus, 2005). To create pattern codes, I placed my conceptual framework into the tree node feature of N6. The tree node feature allowed for ease of coding, and a simpler way to see how my data could speak to my research questions. I created code definitions for each of my first-level codes. This technique ensures that each segment of coded text fits with the intended definition of the code (De Wet and Erasmus, 2005). A full list of N6 Codes and definitions can be found in Appendix 11.

Using N6 afforded me the opportunity to create summary reports of first-level codes. I printed these summary reports as hard copies, with each code stratified into various perspectives. So, for example, a report on Participation/Role Plays would include text from Senior Facilitator interviews, Junior Facilitator interviews, Participant interviews, Participant Focus Groups, and Planner interviews. Printing a hard copy of the summary reports was a helpful way to move from broad first-level codes to finer analysis. In the margin of the summary reports, I hand coded according to finer codes that emerged from the data. So, for example, I coded a report on Feedback/Mentoring into three finer codes: 1st Training, 2nd Training, and process. These three codes created structure for the way that I wrote the Feedback/Mentoring section of the Findings chapter.

Throughout analysis, I used N6 to create an electronic journal of my thoughts and perceptions of the data. Journal entries help clarify the analytical procedures that a researcher follows and assist in writing the research report (De Wet and Erasmus, 2005). The electronic journal keeps track of spontaneous memos, or the theorising ideas that strike an analyst while coding (Lofland and Lofland, 1995). Memos are a conceptual way of tying together data and a method of revising the coding framework (Miles & Huberman, 1994). Memos within the electronic journal served as a powerful way to maintain the connection between coding and analysis.

Ideally, I would have had an opportunity to code a set of transcripts before returning to the field for further data collection. Coding should continually shape the way that the researcher approaches new interviews (Miles & Huberman, 1994). However, due to time constraints, I was unable to return to the field after the first set of data was coded.

4.8. Critique of methods

As mentioned in Section 5.3.3, interviews with management and field staff were conducted in English. The IMAGE Process Evaluation concluded through pilot interviews that English was an adequate method of communication. However, while English may produce adequate research results, it is quite likely that informants who speak Sepedi on a daily basis would be more comfortable using their mother-tongue. It is also likely that Sepedi would produce fuller, nuanced answers to interview questions which were answered briefly.

Two sources of pre-existing data stemmed from Sister for Life Monitoring techniques: Centre Profiles and Focus Group discussions with participants. Reflective conversations with Godfrey Phetla, IMAGE researcher, indicate that the former of these methods may have inherent flaws. Centre Profiles were compiled by Sister for Life Facilitators at the request of an IMAGE planner (their overall supervisor). It is possible that Facilitators had reason to 'sugar-coat' the reflections in an effort to impress the supervisor. I will therefore use these Centre Profiles as descriptive additions to the research, rather than conclusive data.

Semi-structured, intensive interviews were chosen as the primary research method for this thesis. While one-on-one interviews can often produce rich, meaningful data, there is also a risk of 'self-serving error' on the part of informants. This means that informants may shift responses according to what they perceive the researcher would like to hear (Lofland and Lofland, 1995). This notion is examined further in Section 5.5.2: Reaction and Reflexivity.

4.9. Using traditional vs. participatory research methods

The notion of critical consciousness is intimately tied to methods of Participatory Action Research (PAR). PAR is a method of inquiry that challenges the notions of 'traditional' research. It is a reflective process of collaborating with insiders of a community in order to take action (Herr and Anderson, 2005). Freire's work contributed to the conceptualisation of PAR as an emancipatory process that centres upon broader societal analysis (Herr and Anderson, 2005). PAR is a process where the community and researcher (together) prioritise the goals of research and take action aimed at social transformation.

I have chosen a research methodology that is closer linked to traditional qualitative research and evaluation. Throughout the process, it has been a challenge to note that this thesis research truly 'should' be done in a more participatory manner. Ideally, I might have invited Sisters for Life Facilitators to participate in a workshop to generate key questions surrounding critical consciousness before starting the research. In this way, the priorities of project staff would be included in the conceptualisation of the research. Because of the time constraints of an MPhil thesis, however, I limited my search for input to two Sisters for Life Planners. These Planners provided me with invaluable insight, but may have different priorities from the Facilitators who are working 'on the ground'.

Despite my hesitations of employing inherently non-participatory methods, the scope of an MPhil thesis required that I find a manageable piece of research. It was important to me that my research at least piggy-backed off a participatory process. IMAGE, by its very design, was planned to draw from local knowledge and use participatory group processes as the heart of the intervention (Kim et al., 2002). IMAGE is firmly rooted within the notion that local knowledge and critical reflection can produce changes within the social setting, ideas that are central to PAR (Herr and Anderson, 2005).

It will still be important that the dissemination of research findings draw from PAR literature. I plan to organise a workshop after the write-up of my thesis that presents findings of the research to IMAGE Facilitators. I will invite them to comment, discuss, and critique the research during the workshop. I also hope to invite the Facilitators to provide input on my next phase of research, which will examine the process of conscientisation amongst the participants themselves.

4.10. Reactivity and Reflexivity

As with all research, my own understanding of the research setting influenced the way I carried out research. Because I have a relationship to IMAGE and the research setting, I needed to find methods for distancing myself from the social setting. Qualitative research requires 'distance' to problematise social life and 'closeness' to understand and make sense of the research setting (Lofland and Lofland, 1995). In order to better understand the 'closeness' and 'distance' to the research, I kept fieldnotes of my personal experiences and reflections.

My nationality, race, and gender change the relationship that I have with informants. Experience in the research setting alerted me to the significance of being a young, white, American, female researcher. While I made an effort to distinguish myself from IMAGE management, informal conversations with Sisters for Life Facilitators showed that some staff associated 'whiteness' with management. It was difficult for some field staff to distinguish between researchers and supervisors. For example, during one interview, a Facilitator asked me whether I could lobby on her behalf for contract benefits. This inherently changes the way that Facilitators respond to interview questions, as they may have political reasons to respond in a way that protects their job. However, the fact that I am a woman provided a closeness with IMAGE staff that may have been difficult as a man. Also, because I am younger than most staff, it is likely that I was not perceived as a threat which may have added to the candidness of informant responses. Lastly, in my fieldnotes I repeatedly reflected upon being a white American as opposed to a white South African. My nationality was distanced from the experiences of apartheid, so that it felt like I had more access than a white South African may have had. Each of these reflections is only my interpretation of the research environment, but seemed to be important to the way I interacted with informants.

4.11. Verification of methodology

In order to verify my method of analysis I asked Godfrey to code two transcripts. This process ensured inter-coder agreement between myself and Godfrey. Inter-coder agreement is a way of verifying the coding process (Miles and Huberman, 1994) and improves the credibility of research findings (De Wet and Erasmus, 2005).

4.12. Ethics approval

Ethics approval for the IMAGE Process Evaluation has been approved by Ethics Committees at Wits School of Public Health and London School of Hygiene and Tropical Medicine. Participation in the research was sought on the basis of informed consent (See Appendix 2). Informants were given the option to participate and had an opportunity to read a Process Evaluation Information Sheet (See Appendix 3). Informants were in no way obligated to participate in research. However, it is important to note that IMAGE staff may have felt compelled to participate on account of the collaborative role between the IMAGE intervention and research team.

The anonymity of informants was protected in the research write-up. No quotes were assigned by name in research output. Wherever possible, the researchers will take every effort to maintain anonymity of respondents.

CHAPTER 5: RESEARCH FINDINGS

What I liked most was when we were talking about domestic matters that affected women. Many women talked about their problems and sought ways to solve them. We felt protected because we talked about matters that affected us and I have learnt from what other women shared with us. –IMAGE Participant

The Findings section of this thesis is guided by the Research Questions. It draws directly from the qualitative data and aims to answer my key research question: **How has the notion of ‘critical consciousness’ framed the processes and procedures of IMAGE?**

The structure of this chapter will draw from the conceptual map that I created at the primary stages of data analysis. I will first examine how critical consciousness was incorporated into the planning of IMAGE in Section 5.1. Next, Section 5.2 examines the training of IMAGE Facilitators. It highlights the aspects of training that helped Facilitators cultivate critical consciousness amongst Participants. The following portion of the chapter, Section 5.3, tracks eight components of IMAGE that were planned to cultivate critical consciousness. I follow these components through planning, delivery, and uptake in order to make an assessment about the success of each component. In Section 5.4, I address initial signs of conscientisation that arose from the data. While it was not my aim in this thesis to measure levels of critical consciousness amongst Participants, these early signs of conscientisation help make sense of how well IMAGE components were implemented. In the last section, Section 5.5, I examine the challenges of designing and implementing a project which centres upon critical consciousness. Throughout the chapter, capitalised words denote terms that served as codes during N6 analysis.

5.1. How critical consciousness shaped PROGRAMME PLANNING

Paulo Freire’s notion of critical consciousness was one of many theories that guided the planning of IMAGE. It was seen as an important mechanism for ensuring that women embraced the intervention and diffused it to the wider community. Critical consciousness was brought to the table as a guiding theory by two of the Planners of IMAGE, a physician from Canada and a gender activist from Johannesburg.

Critical consciousness was incorporated into program planning in a rather implicit way. Both Planners resonated with Freire's ideas but had never actually spoken to each other about explicitly designing a conscientising project.

We never discussed it openly, but I think she came from that background already. It was quite a natural fit. (Planner #1)

The other Planner brought up the notion of conscientisation naturally, without me naming the topic. She mentioned that Freire had impacted her own work:

I use quite a lot of Friere's lessons. (Planner #2)

Despite a lack of explicit conversation, Planners had similar views on how critical consciousness could further the goals of the intervention. They both saw critical consciousness as a tool for ensuring that the participants themselves defined their own problems and solutions. One of the Planners described that participant-centred solutions were critical to sustainability of the intervention:

It's really important for people to find their own solutions, cause that's the only way that solutions will be appropriate, first of all, and that they'll be implemented and sustainable in that framework. (Planner #1)

The idea of critical consciousness was particularly important to the core goals of IMAGE: reducing HIV vulnerability and gender-based violence. IMAGE strove to 'go beyond' the traditional HIV prevention model which centres upon giving information to people. One particular quote highlights the need for a different model for HIV prevention:

After doing a lot of training around HIV you realise that just the messages about behaviours and protection and condoms- people 'got it', they would hear it but it didn't make any impact. So we wanted to give people a social and political context in which to hook those messages later on. (Planner #1)

The Planners envisioned the intervention being deeply rooted in the social and political context of Participants' lives.

My analysis showed that IMAGE Planners expected critical consciousness to enhance IMAGE through three interrelated processes: active dialogue and participation, critical reflection, and community mobilisation. These three processes were not delineated by the Planners themselves, but may serve as a helpful way of understanding the planning of Sisters for Life.

5.1.1. Planned to create active dialogue and PARTICIPATION

The notion of actively involving Participants in IMAGE was a key to the project. The IMAGE Monograph explained that Sisters for Life "were designed to maximize group participation, utilising songs, dances, games and role plays to generate broader discussion," (Kim et al., 2002).

One Planner explained that the intervention aimed to utilise the skills and local knowledge of participants:

It is almost like unlocking the power and potential that each woman might have to say 'you too can make a difference.' That you are not an empty vessel; that whatever your life experience is your degree and that is what we need for the process. (Planner #2)

This comment resonates with Freirian theory surrounding the cultivation of critical consciousness. According to Freire, education should not envision people as empty vessels which need to be filled with information, but rather active participants who are capable of developing their own solutions.

In order to stimulate active dialogue and participation, Planners were deliberate about piloting Sisters for Life and adapting it to the local context. One Planner explains that the content of Sisters for Life was guided by the feedback received from local women during the eight-month piloting process:

So as we piloted the interventions, they gradually took on more of the South African context. As the stories came out, women changed the role plays in such a way that they were more meaningful for their own lives. As we started to write the questions into the facilitators manual about how you probe, how you get at those issues, they took on what we were hearing from the women. So that's how it sort of evolved, in that kind of iterative way. (Planner #1)

By placing emphasis on the process of piloting, Planners were able to create a curriculum that resonated with the lives of Participants.

5.1.2. Planned to encourage REFLECTION AND PRAXIS

Freire's idea of praxis, or reflection with action, was an integral part of the way that IMAGE was planned to work. Reflection was described by both Planners as a central part of the IMAGE process. In this quote, one Planner notes that the role of the intervention is to hold a mirror for participants so that they can reflect on their own lives:

The idea that you don't go in as a doctor or a researcher to 'teach' them or to impart knowledge on people, but that you're really there to hold up a mirror and allow them to reflect. (Planner #1)

An important part of the reflection process was for Participants to examine 'normal' cultural practices in a new and critical light. One Planner describes how people use culture as a way to rationalise certain actions. She explains that it is crucial to reflect on actions even when they seem normal within one's culture:

We do things but we never ask why we do that. Just because the generation before us was doing it this way. And then we call it our culture. If you go deep into it, what do you mean it is your culture? Because my grandmothers and my grandfathers did it this way? Why did they do it this way? No one knows. (Planner #2)

IMAGE planned to tackle deeply-rooted issues like heterosexual transmission of HIV/AIDS and domestic violence. With these goals in mind, Planners placed an emphasis on examining culture in a critical way. Planners expected the intervention to bring participants to a place where they could critically reflect upon their lives:

Often you'll hear people say "it's natural, it's the way God intended." ... I think that one of the things that Freire would say is that it's important for people to have the perspective where they can even begin to question those things that seem really natural. (Planner #1)

Most Facilitators (7/10) noted the importance of critically reflecting upon cultural traditions. One Facilitator described how she would probe participants to reflect upon cultural sayings:

You know in our culture we have these things idioms- they say "a man is like a pumpkin plant growing outside" meaning that he can go and have affair with another lady. When we starting to teach them about that idiom and I ask them "do you agree? How do you feel when your husband is growing like a pumpkin?" (Junior Facilitator # 1)

Asking Participants to reflect upon their own culture was in no way a simple task. One Facilitator explained that certain Sisters for Life sessions were difficult because they forced Participants to reflect on their own culture:

There are some parts that are very difficult. When we talked about culture, we used have problems because these women are brought up in this culture and they believe in it. It is like when we bring new ideas we are being disrespectful. (Junior Facilitator #5)

However, some Participants were able to engage in critical reflection. In two Focus Group Discussions, Participants articulated the act of critically reflecting upon their own culture. One Participant explained that Sisters for Life helped her examine womens' roles in the tribal court. She shifted from seeing womens' silence in court as 'natural' to understanding it as a form of 'suppression':

I was not aware of my culture. For instance, in the tribal court women were not supposed to talk. We would go along with agreement even if we were not happy. We did not know that such things actually suppressed women. We took it as natural. But things are different now, women are doing things for themselves and they are having a say in the court. (Participation in FGD)

5.1.3. Planned to enhance COMMUNITY MOBILISATION

Critical consciousness was seen as particularly important to the Community Mobilisation aspect of IMAGE. Community Mobilisation was planned as a way for Participants to create their own solutions to community problems. One Planner explains that Paulo Freire's pedagogy influenced the design of Community Mobilisation:

I remember being quite influenced by Paulo Freire's ideas- the fact that people, though illiterate, have a lot of ideas about their own problems and how to solve them and that your role as facilitator is not to tell them what the solutions are but to help them to come up with solutions. So that was very much emphasised as part of the community mobilisation. (Planner #1)

During Community Mobilisation, participants themselves would take the messages from the intervention into the greater community. As one Planner described, conscientisation was meant to encourage women to:

It was a sense of conscientising women and giving them skills and then letting them bring that message up in the community. (Planner #1)

The Planners also expected that critical consciousness itself would be passed along during community mobilisation. One Planner anticipated that conscientisation of Participants would stimulate critical consciousness within the greater community:

Community mobilisation is like creating waves of conscientisation beyond your primary group. (Planner #2)

I would argue that this ideal for community mobilisation is exceptionally lofty; given the realities of the programme. In Section 5.3, I will touch upon the ways that Participants viewed community mobilisation as more about information-giving than about encouraging a heightened-level of consciousness.

It is important to note that both Planners made a strong link between conscientisation and community mobilisation. In the minds of the Planners, the other components of IMAGE were related to conscientisation, but in a less formal way.

5.2. How TRAINING aimed to prepare Facilitators for cultivating critical consciousness

The training of IMAGE Facilitators was a key way that Planners operationalised the concept of critical consciousness within the project. One Planner explained that Facilitators play a central role in Sisters for Life and must have a number of qualities in order to encourage openness and participation amongst Participants:

Obviously, though, the role of the facilitator is critical – how you talk to them, the manner of approach, understanding the language... knowing the fact that you are not necessarily the teacher, and how to humble yourself to their knowledge so that they are open and willing to share it with you. (Planner #2)

The IMAGE Monograph identifies four goals of Facilitator Training:

- Goal 1) Provide facilitators with the opportunities for experiential learning. This helps facilitators to develop skills such as how to engage participants in discussion, build consensus, and solve problems.
- Goal 2) Help facilitators become comfortable addressing gender/sexuality issues by exploring and discussing their own perceptions and attitudes.
- Goal 3) Provide direct feedback to participants regarding their development as facilitators.
- Goal 4) Provide ongoing follow-up and consultation. (RADAR, 2002b)

The 1st Training of Facilitators was implemented by both Planners and was conceptualised as a three-part process. First, one of the Planners (the gender activist) facilitated the Sisters

for Life sessions as if the Facilitators were participants. Then, Facilitators attended a training to learn the technical skills of facilitation. Lastly, as Facilitators delivered the sessions, Planners provided ongoing feedback and mentoring.

The 2nd Training was led by the Senior Facilitators, not the Planners. The Senior Facilitators shifted the 2nd training in order to address important gaps, namely the need for further training on technical skills. The following sections will examine each of the three stages of Facilitator Training in an attempt to measure how well implementation matched programme design.

5.2.1. Training to place FACILITATORS IN A PARTICIPANT ROLE

The Planners designed the 1st Training to compel Facilitators to internalise the messages of Sisters for Life and adapt them to their own lives. Goals 1) and 2) of the IMAGE Monograph emphasise the centrality of placing Facilitators in the role of being active participants. One Planner explained a participant-type role helped Facilitators to reflect upon the content of Sisters for Life in a more critical way:

It really puts the future facilitators in the seat of being active participants, and when they do that they're almost forced to reflect on what they're going to be teaching and how it impacts on their own lives. (Planner #1)

The other Planner felt that training had to be personal in order for Facilitators to eventually help the women they were working with:

The training had to be very very personal and that was critical.... You can't go into an area wanting to liberate people if that liberation is not tied to yours. (Planner #2)

Each of the four Senior Facilitators discussed the impact of the 1st Training on their own lives. They explained that the 1st Training had profound impact on the way they engaged with the project personally and professionally. One Senior Facilitator articulated how the 1st Training was intensely personal:

The training was so intense. It had everything to do with the sessions and everything to do with yourself, and everything to do with every faculty of your life. You had to be aware of yourself before you could actually educate somebody else. (Senior Facilitator #2)

Internalising messages about Sisters for Life meant that Facilitators personally experienced the challenges that the participants would likely face during the program. A Senior Facilitator explained that the purpose of facilitation was not to 'teach' the Participants, but to change their own lives at the same time:

We don't just go there and teach these women, we have to see it ourselves are changing with related to whatever we are doing in the work. (Senior Facilitator #3)

The notion of Facilitators internalising messages is particularly important to the topic of HIV/AIDS. When discussing HIV, it was essential for Facilitators to understand that they were as much at risk as Participants. One Senior Facilitator emphasised that facilitation of HIV requires an internal understanding of risk:

So you must first see that you as a woman, you as a human being, you as a people who are sexually active- you are at risk. Before you can judge others. So I am at risk too. (Senior Facilitator #4)

Another Senior Facilitator described how important it was to experience the same emotions as Participants. Only once she empathised with Participants' fears was she able to do a good job at facilitating Sisters for Life:

So, you reach the point where you feel 'I will not be good at my job, unless I test myself. I go through the process of testing, and test.' And when I talk about VCT, and the women will say 'we are scared,' you would encourage them, but you would understand what they are talking about, because you've been through it yourself. So that's where the whole thing changed. (Senior Facilitator #1)

In interviews with the Junior Facilitators, the idea of internalising Sisters for Life messages was remarkably less pronounced. There were certainly examples (3 of 6 Junior Facilitators) of training impacting the Junior Facilitators in personal ways:

This Sisters for Life helps me a lot because at the beginning I was shy to talk about sex and sexuality to other people. (Junior Facilitator #6)

However, there was not an explicit link made between internalisation of messages and the ability to facilitate Sisters for Life.

Senior Facilitators and Junior Facilitators clearly had differing views about how their own personal experience impacted the delivery of the intervention. Senior Facilitators saw that by internalising messages, they were better able to support and empathise with participants. Junior Facilitators, it seems, were less able to make that link.

The reason for this difference lies in the Training process. Whereas Training #1 was run by a Planner as a personal, reflective experience, Training #2 is run by Senior Facilitators and centres upon a more technical understanding of the materials. A Senior Facilitator explains that Training #2 was less about personal experience and more about teaching technical skills:

So for these trainers it is like teaching them how the manual works. We don't talk about their personal experiences when we talk about our bodies in Session 5, when we talk about menstruation. But when we were with (Planner) we talked about our own menstrual cycle. (Senior Facilitator #3)

The difference between the 1st Training and 2nd Training led to distinct differences in the ways that Junior Facilitators talked about Sisters for Life. It is clear that the 1st Training led by the gender activist Planner had direct implications for how Senior Facilitators

understood the project. It seems that the notion of internalising Sisters for Life messages into one's own life was not an idea that was fully passed on to the second generation of Facilitators.

5.2.2. Training to teach TECHNICAL SKILLS

A second activity of Facilitator Training was to teach technical skills related to facilitation. One Planner explains that technical skills were a prerequisite for some of the other, deeper skills associated with facilitation:

So it took a while before they could get comfortable with the technical side of it and build their own confidence and then at a later stage I think something would start to change and they would start bringing in their own stories. (Planner #1)

There was less emphasis placed on this component during the 1st Training, as evidenced by the fact that none of the Training goals (1-4) talks about technical skills.

The process of training for technical skills was more challenging than anticipated. For example, tasks such as creating schedules and typing up agendas were difficult since most Facilitators had never before used a computer. One Planner highlighted the difficulty of many technical skills for Facilitators who were hired from the local community:

As a whole we don't invest enough time in this part. So we offer people train the trainers and send them out and the stuff that came out early was some very technical stuff around facilitation skills, particularly for women who were from a local area. (Planner #1)

Senior Facilitators felt that the 1st Training failed to address the technical skills that were required for the project. Senior Facilitators felt frustrated that the Planners did not include technical training, such as presentation skills:

It is knowing that as a facilitator we have to present very well, we have to be presentable, you have to be at the side of the flip chart, you have to talk loudly, and everything. She (Planner) didn't tell us that...It was very very stressful because we didn't know what to do. You have learnt something personally yes. How to be a facilitator you don't know. (Senior Facilitator #3)

One Senior Facilitator explained that the 1st Training helped the Facilitators emotionally, but did not give them the technical facilitation skills necessary for the job:

We felt, 'ok, this is what we've learned from that week: we came out emotionally matured and educated in many other ways, but we are not facilitators. (Senior Facilitator #1)

Because the Senior Facilitators felt frustrated with the 1st Training, they adapted the 2nd Training to incorporate technical skills of facilitation. Two of four Senior Facilitators noted that the 2nd Training centred upon content and facilitation skills:

When we were training junior trainers we knew what we wanted. We knew that these guys have to know facilitation skills; have to know the content. That is the main thing that they have to know. (Senior Facilitator #3)

It is clear that Senior Facilitators envisioned the 2nd Training as being more focussed upon technical skills and less focussed upon emotional and personal responses to Sisters for Life messages.

Indeed, the Junior Facilitators seemed to draw more from the skills aspect of Training. Four of six Junior Facilitators talked about the skills that they learned during training. One Junior Facilitator listed technical skills that she had learned during training:

If you are a leader you must be the good example to the centre. You must not be late. You must prepare your work from home, you must prepare your things professionally. And when you are going to start your session you just take your prestik, take your flipchart and your marker in front for your clients. (Junior Facilitator #1)

Junior Facilitators also noted that new information was an important part of the skill set that they acquired during training:

What did they do for training? They gave me manual for me to study and articles- different kinds of articles. They were articles that talked about culture, talked about HIV and AIDS, STIs so that I can have more knowledge. (Junior Facilitator #5)

Junior Facilitators felt that having knowledge and technical facilitation skills was essential to doing a good job of facilitation.

5.2.3. Training to provide ONGOING FEEDBACK AND MENTORING

The third and most time-consuming part of the IMAGE training-of-trainers model was that Facilitators received ongoing support and mentorship.

And then in the process of supporting them once they started training, we would have feedback sessions and try to review with them. And always we would try and push them to go beyond the superficial- so not just do the training activities by rote, but reflect on what were the examples that you used? How did you make it meaningful? What were the stories that came out? (Planner #1)

The feedback process during the 1st Training involved three activities: rehearsing the session with a Planner, facilitating the session while a Planner observed and co-facilitated, and then a group review of how the session went.

(Planner) would spend the day with us in the office rehearsing the session and reviewing it again and again. And then the following day when she was there she would go the field with us and she would see us and co-facilitate. And then after that we came back to the office and they would let us self-review ourselves and then afterwards they would all review. (Senior Facilitator #4)

The two Planners served as mentors for the Senior Facilitators for nearly 18 months. Each of the four Senior Facilitators discussed the ways that Planners helped to mentor them throughout the training. One Senior Facilitator explained the relationship with Planners as maternal and guiding:

They were sort of our mothers and our guides, those people whom when you felt like you were not like doing, you are not sure about what you are doing they would be able to say why don't you try it this way, no you are doing it right. They were just there for that. (Senior Facilitator #2)

Importantly, the role of mentoring was gradually handed over to the Senior Facilitators themselves. The same Senior Facilitator continues,

And as time went on we were able to mature. They critiqued us, and we were able to critique ourselves, the four of us – this is what we are supposed to do. (Senior Facilitator #2)

As the Senior Facilitators took on the mentoring role, they provided the same sort of support and feedback to the Junior Facilitators during the 2nd Training. When describing her daily responsibilities, one Senior Facilitator explains that she supervises Junior Facilitators in order to help them grow professionally:

I am monitoring these guys. I am going out to the field. I have my own centres too, but they are not that many. I will just go with them and try to monitor them and supervise them to review them to help them to grow with related to sections and personal. (Senior Facilitator #3)

It is interesting to note the shift in language used by this Senior Facilitator; the words 'monitor' and 'supervise' are more hierarchical than the terms 'mentor' and 'support' which were used by the Planners.

The perspective of the Junior Facilitators reveals that feedback and review is implemented well. Each of the six Junior Facilitators discussed the importance of review in relation to their own professional growth. Like the 1st Training, the 2nd Training of Junior Facilitators incorporates three processes. Junior Facilitators rehearse the Sisters for Life sessions:

After reviewing and rectifying she is going to prepare it again and goes to another centre. (Junior Facilitator #1)

Next, a Senior Facilitator attends the session in order to observe and co-facilitate:

So the senior trainers were going with us, supporting us. If I get stuck she jumped in. (Junior Facilitator #4)

Lastly the group review process incorporates the critiques and suggestions from the entire group:

We review almost everybody- even our supervisors we sat down and we review them because we believe that a person learns more everyday. Sometimes you apply something else and you thoughts it was a good thing and when you throw it at us fellow trainers we find it not being good. So people will come with ideas as to why it can be done better. (Junior Facilitator #3)

The feedback process is gradually handed over to the Junior Facilitators. One Junior Facilitator describes the process of becoming more comfortable with reviews:

Like now we are having a new facilitator... I can realise, "ok this one, she should do this and this." In other words, if they said, "you must be a supervisor for someone," I can do it. Now I can see where someone can improve. I have opened up my eyes. (Junior Facilitator #6)

The role of feedback and mentoring has gradually been handed over from Planners to Senior Facilitators, and now to Junior Facilitators. This is a good indication that this

method of training is sustainable and seems to be working well. Moreover, it is a participative way of incorporating praxis (reflection and action) into the training process. Feedback and mentoring seems to be a successful method of training Facilitators to cultivate critical consciousness.

5.3. How components of programme DELIVERY aimed to cultivate critical consciousness

IMAGE worked towards conscientisation by incorporating distinct components into programme delivery. During my analysis, I found eight components of IMAGE that were planned to cultivate a sense of critical consciousness amongst participants. I identified these programme components during analysis, when I applied my own conceptualisation of critical consciousness to the data set. The components were identified using both a top-down approach (when I applied my own understanding to the way informants explained things) and a grounded approach (when informants would themselves describe a component as cultivating critical consciousness). Further discussion of how I coded the data using the components as nodes can be found within the Analysis Journal (Appendix 11).

The table on the following page summarises the results of Section 5.3. It assesses each of the IMAGE components that were planned to promote critical consciousness, and places the components within my conceptualisation of critical consciousness as analytical, constructive, and mobilising (Carr, 2003).

TABLE 1: IMAGE COMPONENTS SUMMARY

IMAGE components planned to promote critical consciousness		Summary of findings	How well did delivery match design?	Which aspect of crit con. is developed?
5.3.1	PARTICIPATION/ ROLE PLAYS	Role plays and other participatory group activities were seen by all informants as central to the content of Sisters for Life. These components were not implemented exactly as planned, but were still incorporated into delivery.	Moderately	ANALYTICAL
5.3.2	QUESTIONING/ PROBING	Probing, or asking questions of participants, was successfully delivered by facilitators and fostered critical analysis within Sisters for Life discussions.	Well	
5.3.3	ROOTED/ LINKING	Rooting Sisters for Life discussion in broader societal issues was successfully incorporated into the programme. Facilitators understood the rooted nature of Sisters for Life and expressed this to participants through a technique called 'linking'.	Well	
5.3.4	CLOSE TO HOME	Participants tended to accept Sisters for Life more when they saw the issues as being 'close to home', or as resonating with their daily realities. Facilitators did a good job of delivering this aspect of the intervention, likely because discussion topics were pre-defined in the Sisters for Life Manual.	Well	
5.3.5	SHARE COMMON PROBLEMS	Facilitators aimed to create a space where Participants would feel comfortable sharing their problems and struggles. Participants identified this as an important aspect of why Sisters for Life was meaningful to them. Facilitators seemed to deliver this component well.	Well	CONSTRUCTIVE
5.3.5	BEYOND NEW INFORMATION	Planners envisioned IMAGE as a project that was not about info-giving, but about encouraging critical reflection. However, Facilitators and Participants saw information-giving as a central part of Sisters for Life, showing that delivery of this component poorly matched programme design.	Poorly	
5.3.7	NATURAL LEADERS	Through Natural Leaders (NL) Training, a select group of Participants were supposed to lead Community Mobilisation activities. In reality, Facilitators did not hand over power to NLs as planned. This part of IMAGE poorly matched programme design.	Poorly	MOBILISING
5.3.8	COMMUNITY MOBILISATION	Community Mobilisation (CM) was designed as a way of diffusing the impact of IMAGE into the broader community. In reality, two types of CM occurred. Info-sharing was prioritised and well-implemented by Participants. However, collective action tended to be driven by Facilitators, rather than by Participants and community priorities.	Moderately	
	6.3.5.1 INDIVIDUAL INFORMATION-SHARING		Well	
	6.3.5.2 COLLECTIVE ACTION		Moderately	

Certain components of IMAGE closely matched programme design and were labelled 'well' in the table: Questioning/Probing, Rooted/Linking, Close to Home, Share Common Problems. Other components labelled 'moderately' or 'poorly' indicate that delivery failed to match programme design: Participation/Role Plays, Beyond Information-Giving, Natural Leaders, Community Mobilisation.

By fitting components of IMAGE delivery within my conceptualisation of critical consciousness, I am able to make a broad assessment of how well the intervention worked towards conscientisation. From this table, it is clear that the analytical components of IMAGE seemed to be delivered in a way that closely matched programme planning, whereas constructive and mobilising components tended to be delivered less successfully.

This section aims to address a number of research questions, namely:

- Which components of IMAGE were planned to promote critical consciousness?
- How closely has programme delivery matched programme design?
- How successful was participant uptake of components designed to cultivate critical consciousness?

I have synthesised these research questions into one section of the Findings chapter because it is important to be able to examine varying perspectives of each component of IMAGE. In the following sections, I track each of the components through planning, delivery, and uptake. The data is presented using perspectives of all informant groups: Planners, Senior Facilitators, Junior Facilitators, and Participants. The aim of this section is to track how closely programme delivery matched programme design. After presenting findings from various perspectives, I make an assessment of how well the component was implemented.

5.3.1. PARTICIPATION/ ROLE PLAYS

The notion of 'participation' was central to the way that Planners developed IMAGE. One way that Planners expected to encourage participation was through the use of role-plays, or small dramas enacted by Participants and Facilitators.

Role-plays served as an important tool for cultivating critical consciousness. One Planner explained that role-plays were envisaged as a way to encourage Participants to tell stories about difficult issues:

It seemed a natural fit to think about using role plays and that kind of participation as a tool for opening up critical consciousness... getting people to tell stories around issues that are quite difficult to talk about as a way to kind of open up that consciousness. (Planner #1)

Role-plays and other participatory activities were used as confidence-building tools. It was often difficult for Participants to stand in front of a group and share their views. So, Planners developed specific role-plays that drew from local traditions. One Planner explains that this helped instil self-confidence in Participants:

I thought that if you use something that they feel strongly about culturally, which is a very strong part of their identity and you let them perform it then you can use it as a confidence building tool. (Planner #2)

Facilitators described that role-plays were meant to be participatory and open-ended. One new Facilitator explained that she had learned specific skills around role-plays during Training:

You just make sure that they all participate. You are not supposed to tell them what to do. So they should come with suggestions. (Junior Facilitator #5)

I visited one loan centre meeting where role-plays seemed to have gone exceptionally well. Afterwards, the Facilitator described how active participation by women in role-plays was a good indicator of how well the Sisters for Life messages were being received:

It gives you courage. You can see that maybe the message I am delivering is accepted. When we do plays they are always willing to participate. (Junior Facilitator #4)

Participants seemed to have a very positive view of role-plays. Often, women talked about dramas as a memorable and exciting part of the programme. One Participant says:

It was really great. I remember dramas that we did about domestic violence and the end-of-year drama we did for the local community. (Participant #1)

As was anticipated, the activities of Sisters for Life instilled a sense of self-confidence in Participants. One Participant explains the confidence that her loan centre gained because of the intervention:

We were scared and shy to speak in public but now we have the confidence to stand up in front of the crowd and address them. (Participant in FGD)

Role-plays were sometimes seen as 'information-giving' rather than as an active way for Participants to share their own ideas. For example, one Participant talked about 'seeing' role-plays rather than enacting or participating in role-plays:

We saw many role-plays [di papadi] that showed us how to communicate with children. (Participant in FGD)

Another Participant explains that the role-plays were a way of teaching participants specific lessons about 'right' and 'wrong':

The first day when I came to the centre they were talking about domestic violence and there were plays that they did to explain their lessons... That is what I remember and we learnt a lot from that drama because it teaches things that we thought were normal in fact were wrong. (Participant # 2)

It is clear from this description that role-plays served a particular agenda set by Facilitators, and were not, in fact, driven by the views of Participants.

Yet, the same Participant goes on to note that everyone had a chance to speak about the role-play afterwards:

Many of these women never thought that we could talk about violence like this. It was nice because it was in our church but even nicer where everyone had a chance to have a say. (Participant # 2)

It seems that Sisters for Life role-plays were perhaps not as participatory as planned, but were still able to stimulate active dialogue around difficult issues. Participation and role plays represent a component of IMAGE that was not delivered exactly as planned, but was still rather successfully delivered.

5.3.2. QUESTIONING/ PROBING

Probing was an important tool that Facilitators used to encourage dialogue amongst Participants. The notion of 'probing' stemmed from the idea that Participants would be able to come up with solutions once they were able to ask appropriate questions. One Planner describes how asking good questions was central to Sisters for Life:

So the whole process of designing the Sisters for Life training was really about helping people to ask really good questions so that they could find their own answers. (Planner #1)

Probing was a skill that was taught to Facilitators during Training. One Planner describes that the purpose of probing was to foster meaningful discussion:

I remember asking them, why do we bother probing? Why is it important not to just stop at one question? And I think that's a Freirian principle as well: you ask a question, and the question behind the question, and the question behind the question behind the question, and you keep going until people realise that they're digging quite deep. (Planner #1)

Eight of the ten Facilitators talked about the importance of probing and asking questions during facilitation. In fact, one Facilitator used the term 'probing' so often that I asked her to give a definition of what this meant to her. She explained that probing involves asking questions of participants so that they share views about deeper issues:

Probing is like we used ask, "Why? Why are these things happening?"; "How?" You are probing- you need to get deep in their understanding. They have to speak up. We don't want let things hanging. (Junior Facilitator #4)

Participants never described 'probing' specifically, but did talk about the idea of questioning issues in their own communities. Two strong personalities in Focus Group Discussions highlighted how Sisters for Life helped them to question cultural traditions that

had previously seemed unchangeable. One Participant describes that during Sisters for Life she began to question her own understanding of domestic violence:

I have realised how easy it is for people to say 'it is our culture' that I should beat my wife... I did not pay attention to it before I joined SEF. I also thought it was natural that it happens that way. I thought men were strong and women were weak. After we did a session about culture and roles, I realised that men suppress women and we use culture to justify it. (Participant in FGD)

While views of this participant cannot be entirely attributed to the facilitation skill of probing, it does seem that her involvement in Sisters for Life resulted in an increased ability to question cultural issues that previously seemed natural and unchangeable.

The idea of probing seems to carry through successfully from planning, through delivery, and to participant uptake. It seems from the voices examined within this research that the component of probing and questioning was a successful way that IMAGE operationalised Freire's notion of critical consciousness.

5.3.3. ROOTED/LINKING

Another key component of the programme was to ground Sisters for Life topics in broader cultural and social discussions. Sisters for Life sessions covered a wide range of topics, including cultural beliefs, gender roles, relationships and communication, and domestic violence (for a Summary of Sisters for Life content, see Appendix ??). The IMAGE Monograph explained that "the training deliberately emphasised this broader exploration before turning to and linking with topics relating more directly to HIV/AIDS," (Kim et al., 2002).

One Planner explained that IMAGE did not intend to give information to participants in a didactic way, but rather to couch discussions of HIV in deeper issues:

We knew early on that we didn't want to just do the basic information giving- that HIV stands for this and AIDS for this. We wanted to be much more couched. (Planner #1)

It is important to note that this Planner viewed a 'rooted' intervention antithetical to an 'information-giving' model. In their view, couching discussion of HIV within broader socio-cultural issues would result in a more meaningful intervention.

The Sisters for Life sessions started out broadly, with the first mention of HIV occurring only during the seventh of ten structured sessions (See Appendix 4 for a summary of Sisters for Life sessions). One Planner described that it was important to create a foundation for Participants before starting to talk about HIV.

Culture, our bodies and everything else, serves as a backdrop, a very critical backdrop. It is part of understanding who we are so that when we come to HIV we understand why as women, as poor women, why we are the ones who are the most afflicted by HIV. (Planner #2)

Eight of the ten Facilitators discussed the importance of rooting Sisters for Life sessions in broader topics before moving to HIV. One Facilitator described how the process of Sisters for Life sessions progresses from broader issues to a discussion of HIV:

When we are talking about HIV we don't just start straight into HIV. But we start by talking about introducing ourselves, our culture, twenty-four hours, our bodies ourselves, domestic violence and then onto HIV. (Junior Facilitator #4)

Another Facilitator told me how she worked hard to emphasise the deeper issues when facilitating:

They were not really aware of all the roots. And how the roots are vulnerable to those infections. So when I got to those sessions I really really do my best to work very hard to make sure that they understand these issues. (Junior Facilitator #3)

A new Facilitator explained that she felt frustrated at the beginning by how slowly the Sisters for Life sessions begin, but came to understand that they prepared women to understand HIV in a deeper way:

First I thought they were boring and I would say 'why don't they go straight to HIV?'. I didn't know that they were preparing these women step by step to understand their bodies before they can begin to know what is HIV. So now I enjoy it. (Junior Facilitator #5)

Participants also expressed early frustration in the purpose of the initial topics. In two of the Focus Group Discussions, Participants described being confused by the topics of the early culturally-centred sessions:

We did not know where does the whole thing come from and where was it going. I was confused because they would say the man is supposed to do tasks that are normally done by women. For instance a man is supposed to change child's diapers and so forth. It was confusing (Participant in FGD)

However, several Participants expressed that they began to understand the importance of Sisters for Life sessions as they proceeded:

As time went by we realised the importance of the topics. (Participant in FGD)

One Participant explained that she never considered that 'health education' would bring up broader discussions about culture and self-esteem:

I used think that when somebody mentions health education they are talking about diseases and ailments like flu and others. I did not know that health education also include people's lifestyles, culture and the way we see ourselves. I have learnt many things. (Participant #4)

It seems that the component of rooting Sisters for Life in deeper issues was successfully carried through planning, programme delivery, and participant uptake. There was sometimes confusion about how such deeper topics were relevant to health education. Yet,

overall, it seems that Participants expressed a connection between health and the broader cultural and social issues which affect it.

5.3.4. CLOSE TO HOME

Facilitators described important turning points in the way that Participants understood and took part in Sisters for Life. A key ingredient to Participant acceptance and participation in the programme was that Sisters for Life discussion 'hit home', or resonated with the realities of their daily lives. Sisters for Life was able to impact Participants in a way that extended beyond 'information-giving' when it drew upon issues that were 'close to home'.

Planners designed IMAGE to be influenced by the local context. Planners felt that Participants would respond to the intervention in a more meaningful way if discussions were 'close to home', or grounded in daily realities of womens' lives. One Planner explains that this idea guided IMAGE Planners during the pilot phase:

So as we piloted the interventions, they gradually took on more of the rural South African context. As the stories came out, women changed things in such a way that they were more meaningful for their own lives. (Planner #1)

Planners did not ever mention the idea of hitting 'close to home' explicitly, but talked more about how Sisters for Life was grounded in the local context.

It was important in the eyes of Facilitators that Sisters for Life resonated with the lives of participants. One Senior Facilitator talked about the point in Sisters for Life where Participants tend to accept the training. She explained that Session 6, which dealt with domestic violence, was an important turning point for Participants because it addressed issues that they were seeing every day:

It seems like it is more talking about them. Talking about their daughters, talking about their sons, talking about the abusive relationships that they are seeing almost everyday. (Senior Facilitator #3)

Another Facilitator described the same sort of turning point during Session 7, when a Person Living with HIV/AIDS (PWA) visits the loan centre to disclose to the group. This Facilitator explained that as a PWA describes how she became infected with HIV, Participants tend to resonate with experiences they have had in their own lives:

So I think some of them have been there. They started to understand and recall that those who are talking- it hits home. (Junior Facilitator #1)

Participants talked extensively about the importance of Sisters for Life discussions relating to the experiences they were having in their daily lives. Most in-depth interviews with Participants (7/9) touched upon the notion of the programme hitting 'close to home'. One

Participant explained that she got interested in the health talks once she discovered that the topics resonated with her own life:

I got very interested because these were the things that were happening in our homes. I thought wow we are going to talk about issues that trouble our homes. They do happen and they are everywhere and nobody talks about them. (Participant #2)

Focus Group Discussions also addressed the issue of Sisters for Life topics resonating with Participants' experiences. In one discussion, a Participant explained that health talks were relevant to her own life because they addressed issues that she observed every day:

We have learnt a lot about the relevance of health talks. There are a lot of things that I see every day that we have discussed in the health talk sessions. For instance, I have noticed how secretive we have become with domestic violence. (Participant in FGD)

In another Focus Group, one woman eloquently described how important it was for Participants to see HIV/AIDS as an issue that affected them personally:

The problem is not that people do not necessarily know about the virus. They know that there is a virus but many people do not want to take the AIDS issue seriously. They think it is the disease that affects people living far away from them. They do not know that it is right next to them. They are living with it. They are sleeping with it. They are breathing it. It is not far away. It is here with us. (Participant in FGD)

This Participant's voice resonates with the ideals behind critical consciousness within IMAGE. It was essential to stimulate thinking that extended beyond 'knowing information' and towards a deeper understanding that HIV/AIDS truly affects one's own life.

It seems that the idea of discussions hitting 'close to home' was well implemented by IMAGE. Facilitators seemed to understand and prioritise this characteristic of Sisters for Life. Moreover, this was a component that seemed to be very important to the way that Participants engaged with the intervention.

5.3.5. SHARE COMMON PROBLEMS

Another important factor of IMAGE was that Sisters for Life discussions provided an opportunity for sharing common problems amongst women. Planners aimed to set a tone for IMAGE that centred upon the common experience that women share. One Planner drew attention to the idea that women working on and participating in the intervention are all facing similar struggles:

But in the end, at core, we are women. And the forces that are against us globally are the same. It is only when you come to the specifics that the differences come in. (Planner #2)

Facilitators tried to cultivate an environment where women felt that they were able to share common problems. One Facilitator explained that it was important for Participants to understand that they were not alone in their problems:

These women will get to know that if we are abused, if we are in this situation, we need to talk in order to get support; we need to, in order to know that 'I am not alone.' (Junior Facilitator #4)

Facilitators were intentional about creating a relationship with Participants that highlighted the common experience that they shared as women. All four Senior Facilitators and three of six Junior Facilitators talked about the importance of being at the 'same level' as Participants. One Facilitator explained that Participants are able to open up when they see that Facilitators (trainers) share a common experience:

We share with the same problems, the same culture. When I go to the river to fetch water, the trainer also go to the river to fetch water. If we don't have the electricity, the trainer also don't have the electricity. If we are abused almost everyday, the trainer also is abused everyday. It is a good thing because it will make them open up all the time because we are sharing the same level. (Senior Facilitator #3)

In many in-depth interviews (5/9) and Focus Group Discussions (4/15), women emphasised how important it was to feel supported by fellow Participants who struggled with similar problems. One Participant articulated the kind of struggles that women in her community shared:

Women have more responsibilities than before. We are living in an era where husbands are either dead or retrenched. Women have become breadwinners by chance. We carry a lot of burdens on our shoulders. And along came SEF and says 'you are not alone, there are other women like you.' It brought us together under one roof. Women come together and share their problems and success stories. (Participant in FGD)

IMAGE created a space where women addressed issues that were important to them:

Centre meetings are not like tribal meetings. Centre meetings are women only meetings, where we run our own shows. At the centre meetings we set our own agenda. We talk about issues that affect women in general. (Participant in FGD)

Another Participant noted that her favorite part of the programme was discussing problems that were common to all the women in the loan centre. She described a setting that was safe and encouraged learning from other women:

What I liked most was when we were talking about domestic matters that affected women. Many women talked about their problems and sought ways to solve them. We felt protected because we talked about matters that affected us and I have learnt from what other women shared with us. (Participant #1)

Participants felt that sharing their problems with each other was an important way to find solutions. One Participant emphasised that the support of fellow Participants is essential to solving community problems:

Coming to SEF made me realise that it is not healthy to keep things bottled up inside me. We have to share our problems. We can only find solutions when we support one another. That is why I enjoy the company of SEF women, because I enjoy unconditional support. (Participant in FGD)

Another Participant described how important it was to discuss struggles with trusted friends, so that people could work together to solve problems:

I have learnt that domestic violence happens because family members keep them inside and so they give the man or the woman power to perpetrate it because it is kept as a family secret. The health education has taught that we should talk about it. We should let our trusted friends and relatives know about it so they can find ways to solve it (Participant #4)

It seems that the notion of 'sharing common problems' was an extremely successful component of IMAGE. Both Junior and Senior Facilitators seemed to deliberately nurture an environment that encouraged the sharing of common problems. Participant voices expressed satisfaction with this aspect of Sisters for Life, and were able to make links between sharing common problems and finding useful solutions.

5.3.6. BEYOND NEW INFORMATION

Despite efforts on the part of Planners to distinguish IMAGE from projects which simply 'give HIV information', voices of Facilitators and Participants characterised the intervention as centring upon information-giving.

One Planner explained that the approach of IMAGE was different from other interventions because it envisioned the communities as rich with knowledge, rather than as empty vessels that needed to be filled with outside information:

We should refrain from approaching Africa as if Africa has got nothing to offer to any culture. And that is why a lot of the campaigns are failing so badly because they approach Africa as if Africa is an empty kettle and it has got nothing to offer to its people. (Planner #2)

Both of the Planners (2/2) insisted that IMAGE was not designed as an intervention that would simply impart information on Participants:

So in a way it was not like we were teaching them something new, we were just holding a mirror for them. –Planner #2)

...you don't go in as a doctor or a researcher to "teach" them or to impart knowledge on people, but you're really there to hold up a mirror and allow them to reflect. (Planner #1)

Most Senior Facilitators (3/4) agreed that IMAGE was not trying to simply give information. One Senior Facilitator explained that Participants already had a wealth of knowledge, and that her role as a facilitator was to learn from the women:

And it helped me to realise it is not only education that makes you clever, but also there are things in the homestead that you can learn. Those women are very intelligent, very intelligent. And when you sit down and talk to them you realise that you don't know anything. You just realise that I need to sit down and listen to these people. They will teach me. (Senior Facilitator #2)

However, many Junior Facilitators (4/6) and one Senior Facilitator considered giving information to be a central part of their job. The Senior Facilitator described that her role was to share knowledge with women who were 'blank':

If you are empty there is no way you can you can facilitate or you can share your knowledge or the stuff that you know with these women, because those women are blank. They only know things in general but they don't know the facts. (Senior Facilitator #4)

Information was described as a key component of IMAGE. One Junior Facilitator expressed how new information was an important reason that Participants began to participate in the intervention:

Because they have information they wanted to talk and talk. They have got the information and they are happy. (Junior Facilitator #1)

Another Junior Facilitator explained how the information from Sisters for Life training had more resonance in Participants' lives as compared to other information they might get about HIV:

Many women do not have information. They just have information from radios, TVs, and newspapers but not from us, as we are trained. If we tell them that HIV is there they believe because it comes from us. (Junior Facilitator #6)

In ten of fifteen Focus Group Discussions, Participants highlighted the importance of obtaining new information through their involvement in the programme. New information was seen as an important perk of being a SEF client. Participants described learning information that many of their fellow community members did not have access to:

We are lucky indeed because we have learnt something that many parents do not know. (Participant in FGD)

Many Participants talked about information in relationship to sharing knowledge with their children. One Participant described that having more knowledge gave her confidence to talk to tell her children information about HIV/AIDS:

Today I am grateful to be fed with such knowledge because we can share it with our children. Such knowledge makes any parent to be brave in facing their children. If you as a parent have your children's best interest in your heart you will tell them to protect them from mistakes that our parents did because of lack of information. (Participant in FGD)

The notion of 'sharing information' will be addressed further in Section 6.5.2, when I examine the uptake of the intervention.

For the sake of this section, it is important to emphasise the end of the preceding comment: that 'mistakes' occur due to a lack of information. Several Participants described HIV as a problem of lack of information. For example, one Participant felt that if her community had only had more information, less people would have died of HIV:

But if the community had enough information about HIV they could have saved some of their loved ones. I believe that if people have enough information about the virus it gives them choices and those who decide to place their lives in danger will do so knowing the consequences. (Participant in FGD)

IMAGE was planned as a programme that would do more than give Participants information. Senior Facilitators generally adopted an ethos of working with local knowledge rather than imparting information on Participants. However, Junior Facilitators tended to see information-giving as a central part of programme delivery. Participants, in turn, identified 'information-giving' as the primary purpose of the programme. Perhaps Planners were able to transfer a sense of 'going beyond information-giving' to Senior Facilitators, but the ethos did not trickle down to the experience of Participants.

5.3.7. NATURAL LEADERS

After the ten structured Sisters for Life sessions, each loan centre would elect Natural Leaders. These Natural Leaders attended a week-long training that re-emphasised the messages of Sisters for Life and how they could be taken into the broader community. Then, the Natural Leaders were expected to take the place of Facilitators and lead their loan centres in community mobilisation.

The Planners saw the purpose of Natural Leaders as a way to pass along power and responsibility to Participants. One Planner explained that the purpose of Natural Leaders was to instil a sense of empowerment in Participants so that they could drive the process of change:

Any process needs a driver okay? The leaders do not have to be us – those who have qualification. So the Natural Leaders is saying we are all born with talent. We all have a purpose on earth and it is almost like unlocking the power and potential that each woman might have to say you too can make a difference. (Planner #2)

Natural Leaders were chosen by their loan centres with the help of Facilitators. The Facilitators would help loan centres choose Natural Leaders by listing characteristics of a leader. One Junior Facilitator explains the qualities of a leader:

We give them the points, how to choose a leader. So we ask them we want the person who is willing to know, who is asking questions, who is attending the meeting regularly, who is paying, and so on, who is listening to peoples' problems and then who is patient. So we say up to you guys here you are going to choose those on your own. Then we just guided them. (Junior Facilitator #1)

The Natural Leaders training is a five-day session that was designed by Planners and Senior Facilitators. Each loan centre sends four or five Natural Leaders to the

training, and each training hosts about 40 women. To date, there have been four Natural Leaders workshops. The idea behind the training is to cultivate specific skills that women can take back to their loan centres. One Planner explained that the Natural Leaders training was an intensive version of the Sisters for Life sessions:

That was a one week refresher for the women who were selected as natural leaders to kind of give them more intensive exposure to the intervention. (Planner #1)

One Participant said that the Natural Leaders training encouraged women to be leaders in all aspects of their lives:

During our Natural Leaders meeting in Acornhoek I learnt that SEF women should at all times show qualities of being natural leaders. Being a SEF member means women should be natural leaders at home, work and in the community. (Participant in FGD)

Further research would be able to reveal what kind of women were chosen as Natural Leaders and how they experienced the training. It is possible that women who were chosen as Natural Leaders tended to have particular qualities already, or that training highlighted these qualities by teaching specific skills.

Facilitators emphasised that after the Natural Leaders training, Natural Leaders were supposed to take over the role of facilitation. This was planned to happen about a year after a Facilitator had started working with a loan centre. Most Facilitators (6/10) described the importance of giving leadership over to the Natural Leaders. One Junior Facilitator explained how Natural Leaders were planned to become facilitators:

Now, when I go to the centres where I am doing stage two, I introduce them and give them a chance to introduce the session- to take part and show that as Natural Leaders they are facilitators. (Junior Facilitator #4)

However, as a non-participant observer, I felt that Facilitators continued to exercise power in loan centre meetings rather than handing leadership over to Natural Leaders. One particular example of this disconnect between planning and delivery occurred during a 'photo session'. During this session, Natural Leaders are supposed to lead the loan centre in a discussion about how various photographs might relate to problems Participants face in their communities. The Junior Facilitator of the loan centre explained to me prior to the session that Natural Leaders would run the activity:

I will only help to co-facilitate...I don't choose the photo on my own and present it. No. I explain to them and say "you as leaders, you are going to choose yours." (Junior Facilitator #1)

Yet, moments later when I observed the photo session, the Junior Facilitator ran the session without looking to the Natural Leaders as co-facilitators. She asked Participants to take part in the discussion as usual, but did not invite Natural Leaders to contribute to the

facilitation of the session at all. While this is only one particular example, I would imagine that such a pattern is typical of the way that some Facilitators work with Natural Leaders.

Participants had mixed views of how Natural Leaders were contributing to the loan centres. One Participant was pleased to note that Natural Leaders took over facilitation when Facilitators were not present:

We have wonderful natural leaders in our centre who take over in the absence of health facilitators. (Participant in FGD)

Other Participants wanted more support from Facilitators. Two Focus Group Discussions highlighted that Participants felt disappointed when Facilitators left the loan centres in the hands of Natural Leaders:

I remember when the health facilitators told us that they are leaving and that we should run the centre by ourselves. We were disappointed. We needed them. We noticed their importance and we wanted to keep them a little longer. (Participant in FGD)

It seems that Natural Leaders was a component of IMAGE that was not delivered in a way that closely matched programme design. Planners had intended for Natural Leaders to drive the programme after Facilitators left the loan centres. However, in reality Facilitators tended to maintain control of loan centre meetings even after the Natural Leaders training. Moreover, Participants seemed to be disappointed with the idea of Facilitators leaving the loan centres. There are several possibilities for why the Natural Leaders component of IMAGE failed to meet the expectations of programme design. I will explore these reasons further in the Discussion Chapter of the thesis.

5.3.8. COMMUNITY MOBILISATION

The community mobilisation (CM) component of IMAGE was seen as the key way of impacting the broader community. There were two types of CM that Participants took part in, individual acts of information-sharing and collective action.

The idea behind CM was that Participants would prioritise issues that they felt were important in their community, and then create Action Plans around those issues. The reason for community mobilisation was seen by Planners as two-fold. First, CM was envisioned as a way to reach people who were not directly involved in the intervention. This was especially important since SEF's target group tended to be older (25-45 –year-old) women. CM was seen as the link between SEF's client base and key unreached groups such as men and adolescents:

CM was a way of getting it out of the centre and out of the women-focus to reach men. And another reason was the age issue, that we were dealing a lot with women who were not at the highest risk group for HIV and we wanted to get young people involved. So the CM was a way to try and get women to speak with young people, especially their children. So sort of diffuse the intervention beyond the centres. (Planner #1)

Second, CM was a way of stimulating collective action amongst Participants around issues that were important to them. One Planner explains that community mobilisation was a way to return power back to Participants and let them decide upon solutions that were meaningful to them:

So that community mobilisation is also to take power away from the so called experts... It is almost like as a farmer you spread the seed, and let each kind of soil decide what it wants to do with the seed. (Planner #2)

For the purpose of this analysis, I will delineate between these two distinct purposes of CM. The first is the idea of diffusing the intervention to new groups in the form of individual acts of information-sharing. The second is the notion of collective action where Participants worked together towards social change.

5.3.8.1. CM: Individual information-sharing

Planners had originally envisioned CM as being collective, but gradually shifted their definition of CM to include individual acts of information-sharing. One Planner describes how their understanding of CM changed as the intervention progressed:

I think a lesson that came out was that community mobilisation doesn't have to be all big mass movements and marches and so on, that it can be everybody trying to speak to their child and giving each other support around that. (Planner #1)

Individual information sharing was seen by Facilitators as a key reason for CM. Nine of ten Facilitators emphasised the importance of giving information to new groups of people.

Facilitators explained how information was shared with family members:

The women in the centre would come home and talk to the household, the husband, the kid, to whoever in the household. (Senior Facilitator #4)

...as well as with people in the broader community:

They are going to share their knowledge with the whole community. (Junior Facilitator #1)

A majority of Participants described ways that they had individually shared information with family, friends, and members of their community. Examples of sharing information ranged from individual conversations with children:

I always talk to my children about the importance of using a condom with their partners [leba lekane ba bona]. (Participant in FGD)

...to grouping adolescents and talking with them about HIV:

We have organised our children in groups and ran workshops on AIDS. (Participant #3)

...to talking to friends and relatives:

I felt privileged to get educated on matters that were so important to me. We shared this information with our fellow neighbors and relatives. (Participant #4)

...to discussing sexuality more openly with partners:

I never used to talk to my boyfriend about it but I am now. I would tell him if I am not happy and about the importance of condom use. (Participant in FGD)

...to sharing information with colleagues:

I have shared health education I got from SEF to health care members, particularly issues on HIV/AIDS and gender-based violence. My colleagues say I am more enlightened and useful and I attribute most of it to SEF education. (Participant in FGD)

...and speaking to outside groups such as churches and stokvels (informal savings groups):

I do talk a lot about health issues in my stokvel. I do talks in my church about domestic violence. (Participant #9)

In addition to the sharing of information, interviews with Participants revealed a sense of empowerment and self-efficacy that came from individually assisting friends and family.

One Participant described a situation where she helped a neighbor with a family dispute:

I felt so proud that I managed to say something which made a change in someone's life. I thought I was winning the battle in my home but I did not think the knowledge I gained from SEF can help me to help other people. I was very happy that I have done it successfully. (Participant #4)

In summary, individual actions made up a large portion of what was considered to be Community Mobilisation. Planners, Facilitators, and Participants described individual information-sharing as an active component of the intervention. In the terms of those involved in IMAGE, it seems that individual actions constituted a successful aspect of programme delivery. However, I will argue in the Discussion section of this thesis that a focus on individual information-sharing weakened the ability of IMAGE to operationalise the notion of critical consciousness.

5.3.8.2. CM: Collective Action

Participants were supposed to lead the creation of CM Action Plans. First, the loan centre would decide upon the priority issues in a voting session. Next, Participants would come up with an idea for an Action Plan and implement it collectively. One Planner explained that the entire process was to be driven by Participants:

So what we tried to do is set the parameters around what would stimulate community mobilisation and how we would define it, but leave it up to the women to decide how they would make it happen, and with what support and for how long, and what issues they would take onboard. (Planner #1)

However, one Focus Group Discussion highlighted that it was not always up to Participants to dictate which priorities were chosen. Facilitators tended to influence loan centres towards prioritisation of HIV and gender issues over other concerns such as water, infrastructure, or government grants. One Participant wished that her loan centre had

addressed problems with the local police station, but noted that this was not an issue that they were supposed to prioritise:

It is an issue I think we should have dealt with from the centre but it was not included in on the priority issues we were supposed to deal with as a centre. (Participant in FGD)

The role of Facilitators was to support Participants in whatever CM activities they chose to implement. Five of ten Facilitators described their role during CM as being supportive rather than central. One Senior Facilitator described how she would take a back-seat during CM and allow the Participants to drive the activity:

So we would just go with them, to accompany them and they would do all the talking. So we would just sit back and they would say whatever they would want to say. (Senior Facilitator #4)

In actuality, however, CM activities were often driven more by Facilitators than by Participants. Two Facilitators said that they would sometimes actively plan activities on behalf of Participants. One Senior Facilitator highlighted that CM activities of certain loan centres were run by the Facilitators:

There are centres where we had to sit down and plan and do it strategically. So even though it's not our influence, teaching them, we will push them in a way that's not feasible. We're actually doing it. (Senior Facilitator #1)

My own non-participant observation showed that Facilitators were often the drivers of collective action activities, with the Participants following their lead. When I attended a march to a local hospital (see Appendix 12 for photographs), Participants seemed minimally involved in planning the activity. Facilitators painted placards in English inside the loan centre, while Participants sat outside, waiting to be told how to proceed.

Despite my own observations that CM seemed driven by Facilitators, Participants described feeling empowered and self-sufficient during the creation of Action Plans. One Participant explained that her loan centre brought together local stakeholders in a meeting to address crime:

SEF women have played an important role in the community. We have organised many meetings. We have organised the all women meeting, in which we told the chief, civic leader and the police about the crime in the area. It was the day in which the 'women against crime' initiative was formed. (Participant in FGD)

In another Focus Group Discussion, a Participant describes a march that her loan centre spear-headed:

We organised a march against women abuse in our area. Many women attended it. It was even published in our local newspaper and many people knew about us. To be a SEF member means to be active and say no to oppression of women. (Participant in FGD)

In order to gain an understanding of the types of collective action that occurred, I created the following table. The table compiles information from Centre Profiles collected by Senior Facilitators for twelve of the original loan centres.

TABLE 2: COMMUNITY MOBILISATION COLLECTIVE ACTION

Loan Centre name	New committee	Meeting with leader	Workshop/ Presentation	Partnership with local institution	March/ Rally	Other
Bothashoek 1	1	2	5	1	1	2
Bothashoek 2		2	1		1	
Bothashoek 3		2				
Driekop 1		3	5	1	1	
Driekop 2		2	4		1	2
Driekop 3			6		1	1
Driekop 4			6			
Driekop 5	1		1			
Gamatodi 1	1	4	5			
Gamatodi 2			2			
Gamatodi 3						
Makofane		1				

The table demonstrates that some loan centres were more active than others, and that certain activities, such as presentations, were more often implemented by Participants. It is important to note that certain activities, such as new committees and partnership with local institutions, were more likely to be long-lasting. Other examples of collective action, such as meetings, presentations, and marches were more likely to be once-off activities. Descriptions of four “successful” collective action activities can be found in Appendix 13.

Not all Participants played a role in CM collective action activities. Focus Group Discussions and individual interviews showed that some Participants were simply not involved in this part of the intervention. Two Participant interviews highlighted an important barrier to involvement in CM: the fact that Participants do not have time to invest in additional activities. One Participant explains that it is feasible to share information with her family, but that collective action takes too much time:

It takes us a lot of time and energy to do it. Health education is very good but it costs us a lot if we are expected to go out and teach other people. We can teach our children and friends but I find it difficult that I have to leave my business and run around. (Participant #7)

It would be interesting to conduct further research about which women did participate in collective action and why. Perhaps those women who were more ‘conscientised’ were more likely to participate or lead collective action efforts. While outside the scope of this

thesis, such questions are certainly a natural follow-up to my research. Another phase of research could unpack how and why some women were more conscientised than others.

5.4. Signs of critical consciousness amongst participants

A large amount of data indicates that participants were showing signs of conscientisation. It was not my intention to examine levels of critical consciousness amongst Participants. However, in order to answer my central research question, it is helpful to understand what changes were occurring in the Participants themselves. This section will perhaps corroborate with other Findings that show how the processes of IMAGE worked towards critical consciousness.

5.4.1. Participants experienced a sense of TRANSFORMATION

Participants described ways that involvement in IMAGE led to changes in their own lives. In nearly every Focus Group Discussions (13/15) and a majority of Participant interviews (6/9), Participants described their experience as a sort of transformation, shifting their understanding and response to issues that were important to them.

The transformation described by Participants was certainly linked to a feeling that they had been given new knowledge by the health talks. One conversation in a Focus Group explained that new knowledge had led to a heightened sense of awareness, like “coming out of a cocoon”:

*EM: I think SEF has given intelligence and knowledge particularly with regard to health issues. Now we are conscious and aware about what is going on around us on health issues. We enjoy them everytime.
ES: I think it is thanks to health facilitators because we finally have come out of the cocoon.
(Participants in FGD)*

A number of Participants (9) described their experience with IMAGE as helping them to “see the light” and “open their eyes”. Often, Participants envisioned the health talks as bringing education about things that they were unaware of previously:

We have seen the light at SEF. SEF health talks taught many things. For instance, we talk about domestic violence and others. (Participant in FGD)

Multiple Participants wished that health talks would bring “enlightenment” to other members of the community:

I wish SEF could spread health talks around all villages so that people could be enlightened. (Participant in FGD)

Many women described their transformation in terms of the ways that they were able to communicate with their children and partners:

They brought health talks to us and lives have been completely transformed. Many parents have difficulties in talking to their children about relationships and other intimate issues. But health talk made us challenge our fears. (Participant in FGD)

The ability to talk to children about sensitive issues was described by one Participant as an “opening of mouths”:

I think my feelings are different now. I am now able to speak to my children about sensitive issues like sexual diseases. I think it is because of health talks. They have opened our mouths in order for us to talk to our children about sexual matters. (Participant in FGD)

One particular activity that seemed to impact Participants was the Sisters for Life session when a Person Living with HIV/AIDS (PLA) talked about her experience. Participants described this session as a turning point, where they began to understand the importance of the health talks:

They also brought someone who was suffering from the disease to the centre to testify [tlofa bohlati] about her condition. It was then that we began to see the light and the need to take this education even more seriously. (Participant #3)

One Participant expressed that this session made her want to take responsibility for her own life:

They even told us that they got the virus from their partners. Of course it changed the way we see things. We learnt that we should take responsibility of our lives. (Participant #1)

It is important to note that Participants described their own transformation in terms of being recipients of knowledge, rather than as active participants in the generation of new knowledge. One particular quote highlights the sense of passively receiving new information from Facilitators. This Participant describes her experience as that of a school child, learning new things:

We were blind and they were here to make us see again. We were like children at school who needed to be taught so they can know things that will help them in the future. (Participant #4)

So, it seems that IMAGE was able to stimulate a sense of transformation, particularly around communication with children and an awareness of health issues. However, the experience of Participants was often one of learning new information. Further research would be required to examine the extent to which the transformation of Participants was truly linked to conscientisation as opposed to simply gaining new knowledge.

5.4.2. Participants felt COMPELLED TO SHARE their knowledge

An interesting experience of many Participants was that they felt compelled to share the knowledge they had acquired through IMAGE. There was a sense amongst some

Participants that their new knowledge simply had to be shared with other people. One Participant describes health talks as “good news” that was meant to be shared:

I used to tell my grandchildren about SEF health talks. These were good news. Good news cannot be kept to oneself. Such news is meant to be shared. I could not keep SEF health education to myself. (Participant in FGD)

Another Participant explains that the type of information that she learned through health talks compelled her to talk to people at home:

I am now able to talk to people at home. I am not saying it was easy but it is the information you cannot seat with it. It burns you to talk about it. (Participant #2)

Participants especially felt compelled to share knowledge with their children. In many Focus Group Discussions (6/15) and Participant interviews (3/9), women described a feeling of responsibility for talking to their children. One Participant explained that as SEF members, they have a responsibility to protect the wellbeing of children:

We have the responsibility on our hands to the well being of our children. We have to talk to them. (Participant in FGD)

One Participant articulated that knowledge of HIV raised her consciousness as a parent, so that she felt compelled to help her children in any way possible:

The disease has raised conscience [letsoalo] in our lives as parents to help them because we are going to feel guilty if our children die when we know that we should have done something to help them. This is what we learn from health talks. (Participant #1)

Another Participant acknowledged that talking to children was difficult, but was essential to their roles as mothers:

As parents we were not taught to talk about sexual matters with our children. But the scourge of the virus is challenging every parent to open up and talk. It is difficult but it is something we have to face head on. As women and mothers and grandmothers we have the responsibility to protect our children against the virus. (Participant in FGD)

Several Participants (3/9) also felt that knowledge from health talks needed to be shared with the wider community. One Participant describes health education as a way that SEF members help the rest of the community:

With health we help others. We go to the community and enlighten [ra tlisa lesedi] by showing them things that they do not know, which can lead into AIDS. (Participant #9)

Another Participant explains that health education needed to be shared with children and neighbours:

It was education we had to teach our children, our neighbours. You must teach every child and not say 'this is not my child.' (Participant #5)

This sense of sharing lessons with the larger community aligns with the programme goals of Community Mobilisation. It also serves as a signpost of critical consciousness; that some women felt compelled to share their understanding of HIV outside the context of the loan centre meeting. Perhaps Community Mobilisation would have been more successful if a majority of Participants had felt compelled to share their knowledge with others, rather than a select few.

5.5. CHALLENGES of an intervention that plans to conscientise participants

IMAGE faced a number of challenges in designing and implementing an intervention that worked towards critical consciousness. During analysis, three specific challenges emerged.

5.5.1. COMMUNITY MOBILISATION unfolds spontaneously

Critical consciousness, particularly in the community mobilisation phase, was seen as a fluid process rather than a definitive outcome. It was challenging for Planners to define exactly how this component of the intervention would take shape. One Planner noted that aspects of IMAGE like community mobilisation were difficult to plan because there was less outside literature to draw from:

There was much less literature on that, there weren't a lot of manuals, so I think that developed more organically. (Planner #1)

Without a model to work from, it was sometimes difficult for Planners to know exactly how certain components of IMAGE should work.

Both Planners describe taking an iterative, grounded approach to the design of the intervention. One Planner ascribes this approach to Freire's theories:

It developed as we went along, which is what I think Freire would say anyway- that you start with a concept and an idea and then you just walk with it and let it develop. (Planner #1)

The other Planner agreed that the planning of IMAGE allowed for things to progress in a spontaneous, unstructured way:

If you pilot something you give room for that thing to grow in whatever way. And often it grows in ways you never expected. So that is how it happened. (Planner #2)

However, it was challenging to fit the spontaneous approach within a research study that tracks pre-defined outcomes. One Planner noted the difficulty of allowing the community mobilisation component of IMAGE to remain unplanned:

That was probably the most unplanned planned part of it. And it was deliberately unplanned. And I think that was the hard part of it- as part of a research study you want to control everything and try and write down what you are going to do before-hand. And this was one area where we knew that in order for it to work, it had to be a bit freer. (Planner #1)

5.5.2. Discussions seemed VULGAR to Participants

One of the key components of operationalising critical consciousness in IMAGE was the notion of questioning things that had previously been undiscussed. This was particularly problematic in a context where discussion of issues like sexuality and domestic violence is seen as taboo.

Planners expected that some topics would be uncomfortable for Participants, but that the discomfort was a necessary way to push cultural boundaries:

It is almost that you are insulting them by talking about the kinds of things, naming things in the way that we did, almost like an insult. So we also crushed cultural barriers as well. That a young person cannot say this to an older person. But in the context of the pilot it had to be done. (Planner #2)

Three of six Junior Facilitators talked about the difficulty of facilitating certain sessions that address issues which Participants think are inappropriate. One Facilitator describes a session where women are asked to map out the different parts of a woman's body:

In the session about 'Our Bodies' when they supposed to name the different parts of the body, they to not want to tell you the names of the private parts. It becomes very difficult. (Junior Facilitator #5)

Yet, Facilitators tried to find ways to bring Participants into the conversation:

It is a very hard session and so usually I make a long introduction preparing them saying ...our bodies, our biological factors are some of the things that make us vulnerable as women. So please today I am going to ask you to talk about your bodies because as women when you get those viruses you don't get them with your clothes on; you go to the bedroom, you take them off and you get the virus. So that's why you need to talk about it, you need to take your woman's clothes off. (Junior Facilitator #3)

In many Focus Group Discussions (8/15) and most in-depth interviews (8/9), Participants described Sisters for Life as addressing issues that they felt were inappropriate and vulgar. Many Participants explained that the culture in their communities did not allow for certain issues, such as sex or menstruation, to be discussed openly:

I think you should understand that here in [ezilaleni] the rural areas, everything sexually-related that is discussed in public is considered as [inhlamba] vulgar and so some were really offended by the sessions. (Participant #7)

Another Participant felt so frustrated by inappropriate discussion topics that she pledged not to attend the next loan centre meeting:

We do not feel comfortable talking about such issues. In our culture it is not done that way... She [the Facilitator] is used to us and that is why she says whatever she wants to say. I am so fed up so much that I think I will not attend the next meeting. (Participant in FGD)

Over time, many participants expressed that they began to understand the importance of speaking candidly. One Participant talked about her loan centre gradually accepting the open conversation that Sisters for Life Facilitators stimulated:

Health talks have been the biggest thing that happened to us. It appeared vulgar but it made a lot of women open and talk about things. (Participant in FGD)

Another Participant emphasised that using vulgar language is an important, indeed necessary, way to confront HIV/AIDS:

I think since AIDS is cruel and it kills I thought we need to be vulgar towards it so it can leave us alone. It is disrespectful to us as people and we need to also be open and vulgar about it. We need to expose it by talking openly. (Participant #3)

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One Participant articulated how 'vulgar' language was a necessary part of Participants seeing things in a new way:

I think it is important to note that we did consider health education as vulgar, but in fact if you think of it, it was straight talk [polelo thwi]. I think it was out of that straight talk we begin to notice our weaknesses and we begin to see things differently. (Participant #4)

The topics of Sisters for Life have been one challenge of delivering the program. Yet, even though a majority of Participants considered topics vulgar, it seems that over time Participants tended to become more comfortable with the issues discussed. Moreover, Participants seemed to agree that discussing taboo issues was essential to the way that the program operated.

5.5.3. Critical consciousness demands a PROCESS of change

An idea that resonated throughout interviews with Planners and Facilitators is that change is a slow process.

The training of Facilitators alone was a process that took a good deal of time. A Planner envisaged this process as being essential to the way that Facilitators related to Participants.

And for sure it's a painful process. I think that's one of the messages I would say as well is you do have to have quite a lot of mentorship and support. It's often quite painful to make sense of your life ... And before people can do that with and for other people, they need to have done it for themselves, otherwise it will stay very superficial. (Planner #1)

One Senior Facilitator explains that the process of training took a long time:

Even for us, as a team then, our level of maturity in terms of training, it varied. People didn't get it the first week. They started to understand it 6 months down the line, they started to understand what (Planner) had meant. That's when they have their 'ah-ha' moment. (Senior Facilitator #1)

A Junior Facilitator agreed that a slow, personalised process of training is important to gaining facilitation skills:

The advice is that you should take your time. You can't do things perfect every single time. You will improve when time goes on. (Junior Facilitator #5)

Change amongst participants was also seen as a slow, and often painful process. IMAGE aimed to spark reflection on rooted and entrenched cultural practices, a task which certainly cannot happen 'overnight'. A Senior Facilitator explains that meaningful changes take time to come to fruition:

Even though we didn't realise it then, people were actually changing. Change is difficult. And it doesn't just come tomorrow, people have to battle with change, they have to fight, change is very difficult. Even for myself. (Senior Facilitator #2)

So while IMAGE seemed to stimulate positive changes, it was certainly a long process.

The Participants themselves were somewhat confused by the long process of Sisters for Life. For many women, the idea of spending an extra hour in loan centre meetings was frustrating and unrealistic. Even the Facilitators noted:

There was a bit of reluctance in terms of why are we taking so long, what is the importance of the this? People were talking behind trainers. 'You are wasting our time, we are not here for Tsamapen- health issues'. (Senior Facilitator #2)

The time required for the process of critical consciousness was a challenge for IMAGE. Challenges such as this have implications for incorporating critical consciousness into other HIV interventions. In the following chapter, lessons from IMAGE will be unpacked in light of the wider literature.

University of Cape Town

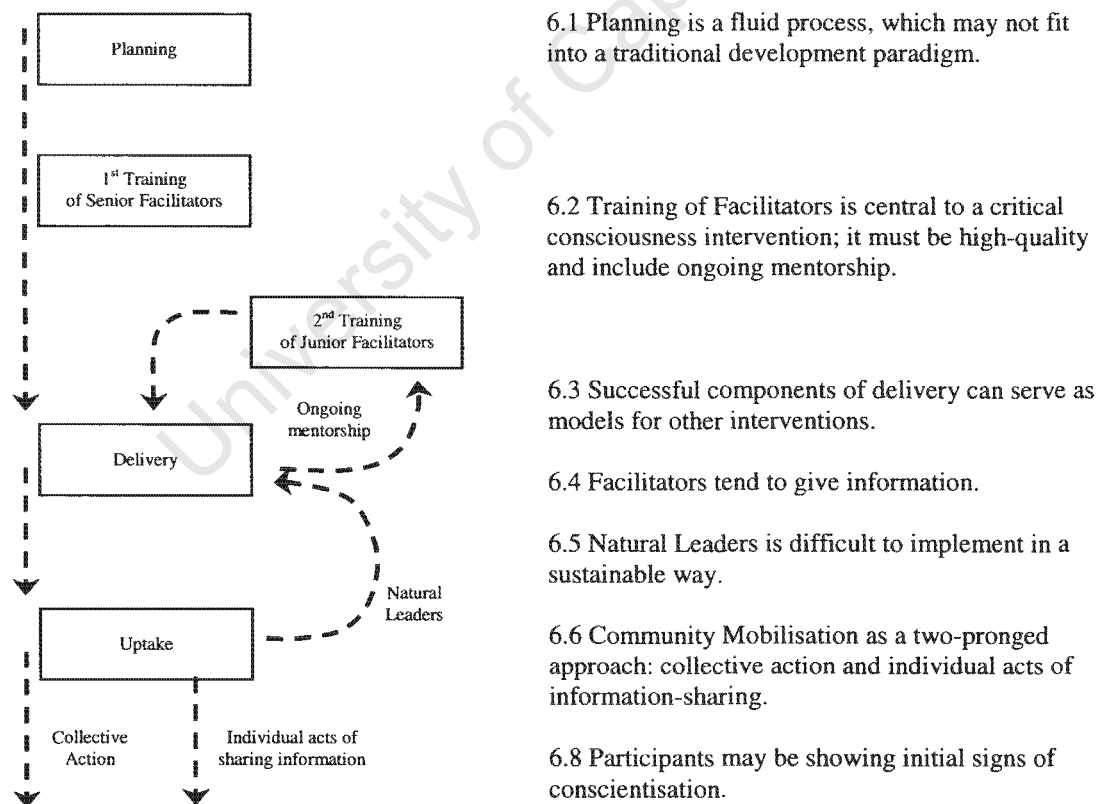
CHAPTER 6: DISCUSSION

LESSONS LEARNED AND IMPLICATIONS FOR HIV PREVENTION

I remember being quite influenced by Paulo Freire's ideas- the fact that people, though illiterate, have a lot of ideas about their own problems and how to solve them and that your role as facilitator is not to tell them what the solutions are but to help them to come up with solutions. So that was very much emphasised as part of the community mobilisation. –IMAGE Planner

IMAGE provides a model for using critical consciousness as a framing theory of a structural HIV intervention. This chapter will examine the way that critical consciousness framed IMAGE in order to a) highlight the lessons learned from IMAGE in light of broader literature, and b) discuss the implications of a critical consciousness model for HIV prevention more generally. In Figure 3, below, key findings addressed in this chapter are highlighted in relation to my conceptualisation of IMAGE planning, delivery, and uptake.

FIGURE 3: SUMMARY OF FINDINGS



6.1. Fluid process does not fit into traditional development paradigm

IMAGE Planners met with a challenge of fitting Community Mobilisation into the rigorous design of a randomised control study. While most goals of the project were measured in

terms of pre-defined outputs, Community Mobilisation required a more fluid approach to impact assessment. Planners explained that it was important to allow the process to unfold organically, rather than in a prescribed manner.

The IMAGE approach to Community Mobilisation aligns with much of the literature surrounding the *process* of critical consciousness. The primary goal of conscientisation is to achieve a process of transformation, not a finite end result. As de Lauretis explains, consciousness is “never fixed, never attained once and for all, because discursive boundaries change with historical conditions,” (1986: 116).

However, a process like critical consciousness may be too long-term for a traditional development paradigm. Lee and Zwi (1996) note that development tends to focus on measurable outcomes, short-term results, and replicable curriculum. Beeker et al (1998) cite the challenge of implementing community-level social changes when donor priorities are linked to categorical funding and scientific rigour. Even the measurement of conscientising programmes poses challenges. Wallerstein and Sanchez-Merki state that “research into Freirian programs poses special difficulties, because many of the objectives of change are not pre-set,” (1994:110). How can donors and practitioners engage with the fluidity and community-level approach that critical consciousness requires? I would argue that research on the practical implications of critical consciousness is necessary in order to shift development paradigms towards long-term, community-based processes.

6.2. Training of Facilitators is central to a conscientising intervention

Facilitator Training was a key component of implementing conscientisation within IMAGE. Freire (1970) saw facilitation as central to the development of problem-posing education and critical dialogue. Bartlett (2005), in her study of Brazilian educators, emphasises how Freirian pedagogy can only be implemented successfully if facilitators are well-trained and constantly engage in a social critique. Indeed, experience of other Freirian health programmes show that the role of facilitators is central to the critical consciousness process (Wallerstein, 1987; Cox, 1991; Wallerstein and Sanchez-Merki, 1994; Travers, 1997). The experience of IMAGE aligns with the literature, as high-quality training and ongoing mentorship of Facilitators emerged as essential to the successful implementation of Sisters for Life.

Four distinct lessons emerged from the data surrounding IMAGE Training. The first lesson is that training Facilitators to cultivate critical consciousness is a time-intensive process. The second is that interventions using the IMAGE Training model may be able to replicate certain aspects of the training, such as ongoing feedback and mentoring. Thirdly, the way that Facilitators are trained directly impacts the way they relate to participants. The fourth lesson is that hiring staff from intervention communities can lead to challenges around technical skills.

Training Facilitators to cultivate critical consciousness is time and labour intensive. Some training-of-training models are based solely on curriculum content. IMAGE training of Facilitators, however, incorporated longer processes such as placing the Facilitators in the role of being participants. This process took a great deal of time and was driven by the expertise of programme Planners. It involved an intensive one-week training that focussed on emotional aspects of Sisters for Life, rather than facilitation skills. Bartlett (2005) makes calls for intensive training within Freirian pedagogy, so that facilitators are forced to reflect on their own teaching process. Wallerstein and Sanchez-Merki (1994) suggest that a good deal of time is required for facilitators to build participation and critical reflection. It is possible that the time required for intensive training and participant-facilitator relationships may be outside the scope of other HIV interventions.

A second lesson of IMAGE is that some time-intensive processes can be replicated to a great extent by the Facilitators themselves. An example of this is the success of 'ongoing feedback and mentoring'. Planners first drove the process of feedback with Senior Facilitators, but soon Senior Facilitators were able to both critique themselves and lead the process of feedback for the Junior Facilitators. The findings indicate that Junior Facilitators are now adopting the process of feedback as well. This passing on of responsibilities suggests that the IMAGE training model may be a sustainable way to manage an HIV intervention that loan centres upon facilitation.

Yet, IMAGE also signifies that some parts of training may be difficult to replicate and can have a direct impact on how Facilitators relate to Participants. There was a distinguishable difference between the 1st training and 2nd training of IMAGE Facilitators. The 1st Training placed an emphasis on making Facilitators active participants, such that they were able to internalise lessons from the training in their own lives. Internalising messages is seen as a

necessary ingredient for facilitation that cultivates critical consciousness (Casagrande et al., 1998). The 2nd Training was less personal and placed emphasis upon technical skills. This difference in training methods resulted in pronounced differences between Senior Facilitators and Junior Facilitators in terms of how the groups understood their relationship to Participants. Senior Facilitators were more likely to prioritise their own personal growth through facilitation whereas Junior Facilitators conceived of their role as a teacher who would 'enlighten' Participants. The difference between Senior and Junior Facilitators suggests that training methods can, to a large extent, shape the way that facilitators work with programme participants. This finding emphasises the importance of high-quality training methods in an intervention that plans to cultivate critical consciousness.

A fourth lesson from IMAGE Training is that hiring staff from the intervention community can lead to challenges around technical facilitation skills. IMAGE was designed to foster discussions that were rooted in the local context, so that the hiring of local staff was essential. However, many Facilitators experienced frustration around the technical skills associated with the project. Tasks such as using a computer, however necessary to the delivery of the intervention, were beyond the expertise of most Facilitators. Ferreira-Pinto and Ramos (1995) insist that HIV interventions amongst oppressed women should hire facilitators who are part of the local community. Yet how can a project like IMAGE balance local participation with a need for skilled staff? This dichotomy poses a challenge for any intervention hoping to cultivate critical consciousness in a way that is grounded in the community context.

6.3. Successful IMAGE components can serve as a model

Distinct components of IMAGE that were well-implemented can serve as a model for other structural HIV interventions which aim to cultivate critical consciousness. Successful components of IMAGE included facilitation techniques, such as probing and rooting discussion in broader issues, and general principles of implementation, such as the sharing of common problems and discussion of topics that were important to Participants' daily lives.

One facilitation technique that was successfully incorporated into programme delivery was 'probing', when Facilitators asked questions of Participants in order to stimulate reflective discussions. This technique aligns with Freire's theory of problem-posing education, that

people can only identify viable solutions once they are able to critically reflect on the problems that they face (Freire, 1970; Casagrande et al., 1998). Probing was well-implemented by Facilitators because it seemed to be emphasised in training and in the Sisters for Life curriculum.

Campbell and MacPhail (2002) argue that a central component of cultivating critical consciousness is to ground group-based discussions in broader societal aspects of HIV risk. In their analysis of a peer education project near Johannesburg, they highlight the difficulty of spontaneous analytical discussions: “peer educators lacked both the critical thinking skills, as well as the social insights to promote critical discussions of the kind that Freire would argue form the basis of critical action,” (2002: 337). Campbell and MacPhail (2002) call for explicit guidelines within interventions that will help facilitators lead analytical discussions. IMAGE was quite successful at creating guidelines for analytical discussions. Sisters for Life was a structured ten-session curriculum that guided Facilitators towards discussions that would critically examine cultural and gender norms. Facilitators tended to understand the importance of rooting Sisters for Life into broader discussions about culture. Moreover, this idea seemed to be successfully passed on to Participants, who actively discussed the way that Sisters for Life was about broader issues in their own lives. Initially, Participants felt confused by the fact that ‘health talks’ discussed larger societal issues, but over time seemed to become more comfortable with the content of discussion. This finding again suggests that high-quality training and a curriculum like Sisters for Life is key to implementing conscientising elements of an intervention.

Rooting Sisters for Life in broader cultural discussions was a key way that IMAGE planned to do more than simply give HIV information to Participants. The notion of a rooted programme aligns with calls for structural interventions. Tawil et al. (1995) insist that structural interventions must extend beyond the bio-medical, traditional model of HIV prevention. Rather than trying to change behaviour through giving information, a rooted structural intervention acknowledges daily realities that constrain behaviour (Beeker et al., 1998). IMAGE may provide a useful model for structural interventions because Sisters for Life was successfully rooted in broader discussions around culture.

Sisters for Life was also successful in stimulating discussion on issues that were ‘close to home’ for Participants. Issues that resonate with the daily realities of participants are

essential for any project hoping to cultivate critical consciousness (Freire, 1970). The fact that IMAGE was successful at delivering the 'close to home' component could also impact the empowerment of Participants. IMAGE qualitative research has shown that Participants define empowerment on the basis issues that are 'close to home', such as improved confidence to speak in public, ability to share new knowledge with others, and increased power to make decisions affecting the household (Ndlovu, 2005). In other words, the implementation of discussion which is 'close to home' could impact not only critical consciousness, but on other aspects of participant empowerment and confidence.

Facilitators were quite successful in creating a space where Participants were able to share and discuss common problems. Participants reflected that it was important to feel like they were surrounded by others who shared common struggles. Hart calls this component of conscientisation a process of 'mutual self-reflection' (Hart, 1990). In her work with women's consciousness-raising groups, she explains that "problems, sufferings, and difficulties were no longer seen as individual or personal failures and shortcomings but as being rooted in structures affecting the life of every woman alike," (Hart, 1990: 49). For IMAGE Participants, the feeling that loan centres provided a safe space for expressing problems was central to their acceptance of the intervention.

6.4. Facilitators tended to 'give information'

It was difficult for Sisters for Life Facilitators to 'go beyond' information-giving, and to help Participants generate their own knowledge. Senior Facilitators emphasised the importance of 'learning from' Participants rather than 'teaching to' Participants. But Junior Facilitators and a majority of informants conceived of Sisters for Life as giving new information to an ignorant group.

Deeply rooted traditions can influence the way that facilitators work with participants. As Campbell and MacPhail (2002) describe, an equal partnership between students and teachers tends to oppose the didactic-style education that is the norm in South Africa. Indeed, evaluations of other HIV interventions show that relationships between facilitators and participants are often more hierarchal than anticipated, changing the intended affect of the programme (Campbell and MacPhail, 2002; Visser and Schoeman, 2004). Delivery of IMAGE in the field seemed more didactic than the way it was described in programme plans. Facilitators tended to stand in front of loan centres while Participants sat in rows,

listening and participating when called upon. This approach may have been more comfortable for Facilitators, but certainly had a negative impact on the ability of Sisters for Life to generate constructive, participant-driven knowledge.

I would argue that the tendency to give information resulted from a weakness in the development of collegiality between Facilitators and Participants. Freire defined the notion of collegiality in terms of humility: “How can I enter into a dialogue if I always project ignorance onto others and never perceive my own?” (1970: 78). Collegiality is central to the constructive aspect of critical consciousness because it ensures that new knowledge is generated *by participants*, rather than being handed to them by teachers (Freire, 1973). An equal partnership between facilitators and participants allows the creation of meaningful solutions, rather than the imposition of ideas by an outsider (Travers, 1997).

The creation of a collegial, equal partnership between participants and professionals, however, can be difficult and time-consuming (Cox, 1991). The experience of IMAGE shows that even with a concerted effort to create an atmosphere of collegiality, it is difficult for Facilitators to refrain from an information-giving approach to working with Participants. The literature points out that facilitators may use their knowledge as a way to quietly undermine participants. As Katz explains: “Those who have more power can easily become oppressors, or in gentler terms, ‘experts’,” (1984: 205). Critics argue that Freirian teachers cannot help but impose their particular view of society on the students that they are hoping to empower (Mejia, 2004).

In the opposing extreme, facilitators may accept a relativist interpretation of participants’ reality (Bartlett, 2005). Facilitators may adopt an uncritical approach and accept naïve, magical explanations of reality. For example, in IMAGE villages, women often highlight the belief that eating fresh fruits and vegetables makes a person highly-sexualised. In this line of thinking, rape and sexual abuse is explained away by the notion that young men are “simply eating too many fresh foods.” Clearly, this understanding is neither scientific nor helpful in understanding the root causes of sexual violence. Yet, at what point can a Facilitator intervene without wrongfully imposing her knowledge on Participants? Breton (2004) explains that abandoning the expert role should *not* mean denying the knowledge that a professional has acquired. There is an important balance to be reached between

imposing a schooled knowledge, on the one hand, and uncritically accepting local knowledge, on the other.

This debate has important implications for HIV prevention that aims to 'go beyond information-giving'. IMAGE Planners wanted to design an intervention that did not give information, yet would an HIV intervention that refrained from giving information even be helpful? The voices of Participants in related research demonstrate that women valued new knowledge as an important aspect of empowerment (Ndhlovu, 2006). It seems that Freirian experts who call for participant-driven knowledge underestimate the ways that new information can add to confidence and power experienced by participants. This thesis research shows that information-giving continues to be a central part of HIV prevention, but that it needs to be packaged in a collegial and participatory approach. This finding suggests that giving information within a conscientising intervention may be an acceptable, even necessary, part of HIV prevention.

6.5. Natural Leaders was poorly implemented

The Natural Leaders component of IMAGE seemed to poorly match the way it was originally designed. There are several possibilities as to why this component was delivered poorly. Natural Leaders was envisioned as a way to pass programme leadership onto the Participants themselves. Yet, women participating in IMAGE must be relatively impoverished to join the programme and may not have the time or resources necessary for taking over leadership of the intervention. Indeed, IMAGE Participants reported that it was difficult to contribute extra time to 'running around helping the community'. This aligns with findings of other conscientising health programmes, which have shown that participants often face competing priorities for their time and energy (Travers, 1997).

Secondly, despite a concerted effort to work towards a sense of collegiality between Facilitators and Participants, it is still likely that there were marked differences in power relations between the two groups. Perhaps Facilitators simply would not allow for full participant ownership of this part of the intervention. Literature on participatory health interventions shows that involving poor communities in social action is difficult because those with more power tend to dominate decision-making (Campbell, 2004; Guareschi and Jovchelovitch, 2004). It is likely that IMAGE Facilitators maintained a high degree of power compared to their Participant counterparts because they were literate, employed, and

of a higher social standing in the community. Wallerstein and Sanchez-Merki (1994) identify power relations between facilitators and participants as one of the challenges of conscientising interventions. Further research would be required in order to analyse how power relations between Facilitators and Participants impacted the delivery of IMAGE.

Lastly, it is possible that Natural Leaders Training fails to equip Participants with the skills necessary for taking on programme leadership. Experiences of other conscientising interventions indicates that participants may not have the technical skills required to implement the types of activities required for social change (Travers, 1997). IMAGE Natural Leaders may have lacked skills required for leading loan centres through the process of prioritising problems and creating collective solutions. As demonstrated by IMAGE Facilitator Training, equipping people to facilitate in a collegial, dialogical manner requires time and ongoing mentorship. It seems that IMAGE failed to provide the support that would be needed to train the Natural Leaders to take over leadership of the programme. This finding is of particular importance for HIV interventions that plan to conscientise participants in a sustainable model. It is likely that passing along leadership to participants might pose a formidable challenge when working with marginalised groups.

6.6. Did structural changes occur through Community Mobilisation?

The purpose of Community Mobilisation shifted as IMAGE moved from planning to delivery of the intervention. Originally conceived as a way of bringing about collective action for social change, the purpose of Community Mobilisation moved towards individual acts of information-giving by participants. I would argue that this shift had important ramifications for the way that IMAGE strived to engage in structural change. By equating information-sharing with Community Mobilisation, the intervention failed to meet the potential that critical consciousness offers for broader societal change.

It is difficult to place the experience of IMAGE within wider literature, simply because there are such varying views on the role of community mobilisation in HIV prevention. Some scholars equate community mobilisation with behaviour change at a collective, rather than individual, level. Busza and Baker (2004) talk of a 'community mobilization' model for HIV interventions, where an individual's ability to shift behaviour is heightened by a supportive environment. Gregson et al. (2004) speak of community mobilisation in terms of collectively negotiating norms that lead to safer behaviour. Ramirez-Valles (2002)

envisions that collective action will impact HIV prevention because people are more likely to adopt protective behaviours if they learn about HIV in an action-oriented way. Within this conception of community mobilisation, IMAGE was rather successful. Individual acts of sharing information were widespread amongst IMAGE Participants, and many women felt like they had made changes in their own lives.

Other literature sees community mobilisation as a tool for creating real, structural changes in HIV vulnerability. Parker et al. envision that community mobilisation interventions will work to “guarantee diverse forms of structural change,” (1996:S29). Heise and Elias (1995) highlight collective action as a key component to reducing women’s vulnerability to HIV because it ensures real shifts in environmental risks. It is within this definition of community mobilisation that a project like IMAGE has the potential to truly impact HIV vulnerability. IMAGE aimed to change the structural realities of intervention communities, but delivery of ‘mobilising’ components was not as successful as planned. Natural Leaders and Community Mobilisation were planned to stimulate collective action that was led by the Participants themselves. Yet, in reality, Natural Leaders tended to have limited roles as group leaders and Community Mobilisation efforts were often led by Facilitators rather than Participants.

The fact that IMAGE was rather unsuccessful in delivering mobilising components could have negative impacts for Participants. As Breton notes, asking people to reflect on the state of their oppression, if not accompanied by real change, becomes a “mere teasing or provocation,” (1994: 25).

Critics debate the extent to which conscientising programmes actually achieve social change. Scholars note that conscientisation does not necessarily bring about concrete results in living conditions because of restrictive structural conditions (La Belle, 1986). Freire defines conscientisation as a process of the practice of freedom, encouraging participants to “become critical, enter reality, with an increased...capacity to make choices,” (1973: 20). Yet, a capacity to make choices may certainly be shaped by forces that are outside the reach of an HIV intervention, such as government policies or community infrastructure, for example. There is a potential for community mobilisation to make real changes in the broader structure of a society. In the case of IMAGE, there were

only select examples of this occurring in a meaningful way (see Appendix 13 for several examples of successful collective action).

A very real possibility is that the synthesis of individual *and* collective action through IMAGE added up to real societal change. The table of collective action activities (Table 2 in Ch. 5 Findings) shows that individual loan centres took only occasional action, but that the aggregate of all loan centre activities may have been quite significant. Altogether, the 66 reported activities of collective action by IMAGE Participants would have the potential to make quite an impact in the greater community. In the end, it is difficult to gauge whether real structural changes occurred, but my research shows that the implementation of community mobilisation is certainly not as straightforward as the literature might imply.

6.7. Towards a realistic understanding of Community Mobilisation

Perhaps scholars who advocate for community mobilisation approaches to HIV prevention are setting the bar too high. The experience of an HIV intervention near Johannesburg demonstrates that marginalised communities are unlikely to succeed in social change when more powerful groups, such as business and government, oppose the changes (Campbell, 2003). Beeker et al. (1998) explain that mobilisation around health issues may be difficult for communities that lack mature community-based organisations and identified leaders. Mobilisation might first require an investment in community development that strengthens existing institutions, builds consensus, and trains community members (Beeker, 1998). This understanding of mobilisation certainly aligns with the experience in IMAGE communities. Despite sincere interest on the part of IMAGE Participants to mobilise for real change, there seemed to be many barriers to successful collective action.

HIV prevention literature highlights community mobilisation through critical consciousness as a key way to change structural drivers of HIV vulnerability. Tawil et al. (1995) insist that in order to succeed, participatory HIV programmes *must* be accompanied by real social changes. Sorenson et al. (1998) say that community mobilisation should address imbalances in power between disadvantaged groups and the larger society. Yet, goals of social change and shifting the societal balance of power may simply be too lofty for the scope of a donor-funded development intervention.

It is essential to be realistic when conceptualising new models for HIV prevention. I would argue that a two-pronged approach to community mobilisation is more likely to be feasible and measurable. This two-pronged approach should incorporate both collective action and individual acts of information-sharing. IMAGE showed that individual action may be more achievable in the short-term, but that collective action can be implemented with help from outside Facilitators. Both individual and collective acts of community mobilisation seemed to enhance the way that IMAGE worked in the broader community, though further research would be required in order to understand how these changes occurred. This finding emphasises the importance of defining concepts in a way that is useful at the ground-level. Community mobilisation, as a central component of critical consciousness, can best be defined as participant action that occurs at both the collective and individual level.

6.8. Initial signposts of conscientisation amongst Participants

Though certain elements of programme delivery failed to match programme planning, it is quite possible that IMAGE was working towards critical consciousness of Participants. This concept was not the central focus of my research questions, but has important ramifications for understanding how well IMAGE worked. Initial signs of conscientisation can help corroborate findings, and may indicate that IMAGE *did* meet its critical consciousness goals, albeit imperfectly.

It seems that the analytical aspects of critical consciousness may have been successful, both in delivery and uptake. My findings suggest that many Participants viewed their involvement with IMAGE as a sort of transformation, rather than simply learning information. Indeed, quantitative data from the IMAGE Study indicate that participants were more likely to challenge gender norms [aRR 1.57; 95% CI 0.87-2.81]¹ (Pronyk et al., 2006) which could suggest that Sisters for Life discussions influenced critical analysis.

The qualitative data indicates that Participants felt compelled to share their new knowledge and were taking part in individual acts of sharing information with family and friends. The

¹ In quantitative reporting, aRR means adjusted Risk Ratio, or the likelihood that woman in the intervention would communicate with household members compared to a matched counterpart in a control village, after adjusting for baseline characteristics. Notice that the 95% CI (confidence interval) is very high. This is because the IMAGE study randomized at the village-level, effectively comparing four villages to four villages (n=8). The low number of comparisons means that statistical power for outcomes is weak, such that CI is wide for most indicators.

IMAGE Study shows that participants were significantly more likely to communicate with household members about sex than their counterparts in control villages [aRR 1.58, 95% CI 1.21-2.07] (Pronyk et al., 2006). Further research would be necessary to delineate how conscientisation occurred and which participants tended to experience critical consciousness.

6.9. New methods are needed for evaluating conscientising interventions

MacPhail and Campbell explain that as approaches to HIV interventions change, so too must the tools for measuring projects evolve and shift (2002). It is clear that critical consciousness within HIV prevention demands new approaches to measuring and understanding interventions. Traditional tools such as questionnaires and pre-defined outcomes cannot do justice to a fluid and evolving pattern of change. I would argue that qualitative methods, such as those used in my research, are essential to understanding the nuances of a conscientising process.

It is important here to address the quantitative findings of IMAGE, if only to highlight the difficulty of drawing meaning from quantitative data alone. The IMAGE Study was a four-year randomised-control trial (RCT) that paired households in intervention communities with matching households in control communities in order to track changes on a breadth of indicators. Several IMAGE Study indicators could potentially serve as proxy indicators for critical consciousness and community mobilisation amongst Participants. Arguably, it is imprecise to identify proxy indicators after a study has been completed. Yet, for argument's sake, it is interesting to mention that Participants were twice likely participate in collective action around HIV/AIDS [aRR 2.06; 95% CI 0.92-4.49] (Kim et al., 2006). This quantitative indicator alone would demonstrate, perhaps, that community mobilisation aspects of IMAGE were implemented successfully. It is only through qualitative data that one can unpack how community mobilisation actually occurred, and to what extent it matched the original design of IMAGE.

6.10. Critical consciousness may offer sustainable, bottom-up model

An intervention that incorporates critical consciousness may be a good model for sustainable, bottom-up HIV prevention. IMAGE demonstrates that certain facilitation techniques, such as rooting discussion in broader societal issues and encouraging the sharing of common problems, help make an intervention more meaningful in the local

context. IMAGE also shows that training responsibilities, particularly mentoring and feedback, can be sustainable because they are passed on from Planners to Senior Facilitators.

Critical consciousness within health education has the potential to create lasting changes in the broader community environment (Travers, 1997). In this way, an intervention that centres upon critical consciousness may be a sustainable, long-lasting model for HIV prevention. In the case of IMAGE, however, it is questionable whether broader community changes occurred in a sustainable way. It would be important to conduct further research upon the outcomes of Community Mobilisation in order to examine how sustainable the changes actually were.

In recent years, there has been a shift from top-down approaches to HIV prevention towards community-driven, bottom-up interventions. A top-down approach to development fails to recognise the realities of local contexts and tends to result in an undermining of local knowledge in favour of imposing an outside 'learned' knowledge upon communities (Campbell and Jovchelovitch, 2000). Beeker et al. (1998) note that increasingly HIV prevention is seen as a bottom-up, community-based process rather than something imposed by outside actors. Parker explains that "intervention has increasingly been reconceived as a collective, dialectic process, driven as much from the bottom up as from the top down, and guided not only by models of psychological process but by theories of cultural dissemination and social transformation," (1996: S29-30). IMAGE is a health intervention that takes a bottom-up approach to development. Bottom-up initiatives like IMAGE have the potential to be more sustainable because they recognise concrete conditions that surround a community, rather than imposing external solutions (Agrawal, 1995).

6.11. No blueprint model for intervention

Freire was careful not to present a 'blueprint model' for the conscientisation process. He understood the difficulty of applying a model when the concrete realities of situations are quite varied (Burton and Kagan, 2005). Lee (2003) warns of the temptation to convert Freire's ideas into "a series of overly simplistic techniques". It would be easy to lose the richness of Freire's pedagogy within the immediacy of technical implementation (Lee, 2003). It is important to note that IMAGE, while insightful for other HIV intervention

settings, cannot represent a technical blueprint for conscientisation. Critical consciousness demands a complex process that will unfold differently in every situation.

This concept of eschewing a blueprint for programme design poses an important issue in HIV prevention. It is often noted that HIV prevention projects must be tailored to meet the needs of individual communities (Beeker et al., 1998; Sorenson et al., 1998). Yet, with a need to develop and scale-up appropriate interventions amidst a rapidly-growing epidemic, policy makers and practitioners need models that are replicable. Interventions with a focus on critical consciousness adapt well to the particularities of individual communities.

IMAGE shows that a critical consciousness intervention can address issues that are 'close to home' and encourage the sharing of common problems amongst Participants. However, the time it takes to develop and implement a model such as IMAGE may limit its ability to be replicated in other settings. It is indeed a resource and time-intensive model that, even with its potential for significant impact, may be outside the scope of current funding and development priorities.

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CHAPTER 7: CONCLUSION

Within HIV prevention literature, Freire's notion of critical consciousness has become a sort of development buzzword. Critical consciousness is cited as a way to engage communities in dialogue and structural change. Yet, inadequate attention has been placed on mapping the ways that critical consciousness can be translated into programmes at the ground-level. This research expects to fill a gap in current literature by evaluating how IMAGE used critical consciousness as a guiding theory for its programme processes and procedures.

In order to answer my central research question, I designed a piece of research that fit within the IMAGE Process Evaluation. My research drew upon a breadth of qualitative data in the form of programme documentation, focus group discussions, semi-structured interviews, and monitoring reports. My informant groups provided various perspectives on IMAGE planning, delivery, and uptake in order to understand how well the implementation of critical consciousness matched programme design.

This evaluation of IMAGE shows that planning a critical consciousness HIV intervention demands a process of change that often falls outside the funding and timeframe parameters of traditional development discourse. This research also shows that ongoing, high-quality training and mentorship is central to facilitation of a conscientising intervention. There is potential for critical consciousness to be a sustainable model for facilitator training because training responsibilities seem to be successfully passed from programme planners to staff.

Certain programme components could serve as models for other HIV interventions which are designed to raise critical consciousness: grounding conversation in broader societal issues that resonate with the local context, continually probing participant answers in order to stimulate critical discussion, and encouraging participants to share common struggles. Other programme components may be more difficult to implement, such as allowing participants to generate their own knowledge and to take over leadership of discussions. Community mobilisation, an element that is often cited in HIV literature, can be particularly challenging to implement and monitor. A two-pronged approach that

incorporates both collective and individual action may be a useful way of defining community mobilisation in future interventions.

Further research is necessary in order to understand the facilitators and barriers community mobilisation within HIV interventions. It will also be important that further research examine the level of conscientisation amongst participants, and the mechanisms through which a curriculum like Sisters for Life may be able to cultivate critical consciousness.

As HIV interventions seek to go beyond information-giving towards the structural drivers of the epidemic, new models for HIV prevention need to be tried and evaluated. Like many concepts in development, Freire's notion of critical consciousness tends to reside largely within the realm of theory. It is important that critical consciousness within HIV prevention be unpacked in a way that is useful and meaningful at the ground-level. By examining the concrete processes of IMAGE, I have taken a first step towards translating critical consciousness into practical lessons for structural HIV interventions.

University of Cape Town

APPENDICES

APPENDIX I

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APPENDIX 2
INFORMED CONSENT SHEET

Title of Project	
Learning about structural interventions for HIV prevention in developing countries: A process evaluation of the Intervention with Microfinance for AIDS and Gender Equity	
Name of Principal Investigator (PI) at LSHTM	James Hargreaves John Porter Paul Pronyk
Contact Details	James Hargreaves (james.hargreaves@lshtm.ac.uk) Room 409 Infectious Disease Epidemiology Unit, LSHTM Keppel Street, London WC1E 7HT Tel : +44 20 7927 2955

Name :

I have read / had read to me * the information sheet concerning the **IMAGE Process Evaluation** and I understand what will be required of me and what will happen to me if I take part in it. (* **Delete as applicable**)

My questions concerning this study have been answered by

.....

I understand that participation is entirely voluntary and that at any time I may withdraw from the study without giving a reason.

I agree to take part in this study

Signed Date

In cases where literacy is an issue, the researcher should use the following:

I the undersigned have read the information sheet to the subject who has given full informed consent to participate in the interview. All questions of the subject have been answered and they are aware that they may withdraw from the process at any time.

Signed Date

APPENDIX 3
PROCESS EVALUATION INFORMATION SHEET

Title of Project: Learning about structural interventions for HIV prevention in developing countries: A process evaluation of the Intervention with Microfinance for AIDS and Gender Equity	
Name of Principal Investigator (PI) at LSHTM	James Hargreaves, John Porter, Paul Pronyk
Contact Details	James Hargreaves (james.hargreaves@lshtm.ac.uk) Infectious Disease Epidemiology Unit, LSHTM Keppel Street, London WC1E 7HT. Tel : +44 20 7927 2955

We are approaching you to take part in the **IMAGE Process Evaluation**. This research project follows on from The IMAGE Study conducted between 2001 and 2005 in Sekhukhuneland, South Africa. This sheet will explain the previous research and the goals of the new research. It gives some information on the interview we would like you to take part in. You will be asked to read this form and sign that you have understood it before participating in the **IMAGE Process Evaluation**.

The IMAGE Study

IMAGE stands for 'Intervention with Microfinance for AIDS and Gender Equity'. The aim of IMAGE is to prevent people getting HIV infected. It also aims to reduce gender-based violence. It has three parts:

- o A programme that provides loans to women in poor communities
- o 10 training sessions called "Sisters for Life"
- o Community mobilisation activities

We have already conducted research to evaluate the impact of IMAGE on HIV infections and gender-based violence. The results of this research will be available in early 2006. This form relates to a new research project.

The IMAGE Process Evaluation

If an intervention is going to be successful and help lots of people, it is not only important if it has an impact. For example, the people who deliver and those who take part in an intervention must enjoy it. Organisations need to know about logistical issues that affect whether the intervention reaches people, like whether they will need to have transport available and how much training their staff need. These organisations also need to know if the intervention will be successful where they work.

In order to address these questions, the **IMAGE Process Evaluation** will review data collected during the IMAGE Study. We will also collect new data through a series of interviews with stakeholders. Stakeholders will include participants from the intervention target group, those who deliver the intervention, those who designed and planned the intervention, those who fund such interventions and those who make policy that affects such interventions. You have been identified as a stakeholder.

The Interview

We would like to conduct with you,

- a *semi-structured interview*, [] (Interviewer: tick as appropriate prior
- a *series of semi-structured interviews* [] to asking for consent)

Interview(s) will be conducted by a researcher from the **IMAGE Process Evaluation** team. Interviews will be conducted at a time and place suitable for you. Your responses will be confidential. This means that only members of the process evaluation team will see the content of your interview(s), and that every effort will be made to ensure your identity will be concealed in any research outputs that use information provided by you.

After you have read this form, please feel free to ask any questions at all that will help you decide whether to take part. Participation is voluntary, and refusal to participate will involve no penalty or loss of benefits to you. If you agree, you may discontinue participation at any time without penalty or loss of benefits. Finally, if you agree to be involved in the research you will be asked to sign an *Informed Consent* statement. Many thanks for your time.

APPENDIX 4
SUMMARY OF SISTERS FOR LIFE CURRICULUM

	Session	Goals	Activities
1	Introductions	<ol style="list-style-type: none"> 1) Help participants and facilitators to get to know one another and to feel comfortable 2) Overview of program 	<ul style="list-style-type: none"> ▪ Introductions ▪ Overall goals and program ▪ Expectations and concerns ▪ Ground Rules
2	Reflecting on Culture	<ol style="list-style-type: none"> 1) Consider traditional wedding songs, names, and proverbs about women, and explore their content and meaning 2) Understand how gender roles and conditioning are reinforced from an early age 	<ul style="list-style-type: none"> ▪ Wedding songs, names and proverbs ▪ Girls do's and don'ts
3	Gender Roles	<ol style="list-style-type: none"> 1) Consider the differential work loads and responsibilities of women and men 2) Analyze how much of women's time is devoted to others and how much to themselves 	<ul style="list-style-type: none"> ▪ 24 Hours in a Woman's Day: map out hourly activities for a typical day
4	Women's Work	<ol style="list-style-type: none"> 1) Explore the implications of women's heavy workloads on their health and well being 2) Understand the difference between "sex" and "gender" 3) Explore and challenge the notion of "culture" and how it reinforces gender roles and stereotypes 	<ul style="list-style-type: none"> ▪ Continued group discussions: 24 hours in a Woman's Day
5	Our Bodies, Our Selves	<ol style="list-style-type: none"> 1) Become more comfortable speaking about the body, sexuality, and women's feelings in relation to these. 2) Explore women's understandings of their bodies, particularly in relation to menstruation and sexual intercourse 	<ul style="list-style-type: none"> ▪ Group discussion: defining "womanhood" and what it means to be a woman ▪ Body mapping: menstruation, sexual intercourse
6	Domestic Violence	<ol style="list-style-type: none"> 1) Explore a range of experiences which constitute domestic violence 2) Explore attitudes, beliefs, and experiences of such violence 3) Understand how it is perpetuated, and link this to prior sessions on gender roles and culture 	<ul style="list-style-type: none"> ▪ Group discussion: forms of violence experienced or witnessed ▪ Role play: Mother-in-law speaking to daughter-in-law who has been beaten by her husband
7	Gender and HIV	<ol style="list-style-type: none"> 1) Cover basic understanding of HIV/AIDS, including prevention, transmission, and myths 2) Explore reasons why women (especially young women) are at high risk 3) Link social context of women's risk to previous sessions on gender roles, culture, domestic violence 	<ul style="list-style-type: none"> ▪ Group discussion: HIV basic information ▪ Trends and statistics: women and HIV ▪ Who is at risk? Discussion of 2 stories
8	Knowledge is Power	<ol style="list-style-type: none"> 1) Introduce VCT and where it is available 2) Prepare women for thinking about VCT, reasons for testing, and fears and concerns 3) Bring home the reality of HIV by speaking to a PWA 	<ul style="list-style-type: none"> ▪ VCT demonstration ▪ Visualization exercise: finding out HIV status of yourself or someone you love ▪ Disclosure session: PWA tells her story
9	Empowering Change	<ol style="list-style-type: none"> 1) Explore why negotiating safer sex with a partner is difficult 2) Explore why speaking to youth about sex and HIV is difficult 3) Practice communication skills, and exchange strategies/personal experience 	<ul style="list-style-type: none"> ▪ Role play 1: Speaking to your partner about safer sex ▪ Role play 2: Speaking to a young person about sex
10	Way Forward	<ol style="list-style-type: none"> 1) Summarize and link all previous sessions 2) Explore obstacles and opportunities for greater involvement of youth and men 3) Link Phase 1 to upcoming leadership training and Phase 2 	<ul style="list-style-type: none"> ▪ Review of previous sessions and appreciation of progress ▪ Group discussions: what can we change? What can't we change? ▪ Next steps and closure

APPENDIX 6 INTERVIEW GUIDE FOR IMAGE PLANNERS

(ROLE)

What was your role/job during the period of the IMAGE study?
Did your role/job remain the same over the whole period of the study?
What was your involvement in the pilot phase of IMAGE?

(THEORY AND AIMS)

Did you think IMAGE should happen, Why?
What were the overall aims of IMAGE?
How was IMAGE intended to achieve these aims?
Did you contribute to the theory behind the IMAGE intervention? In what way?
What (academic) theories informed IMAGE?
Why did you choose 'critical consciousness' as a guiding theory of Sisters for Life?
What aspects of local knowledge were used?
Why were these target groups chosen?

(PLANNING)

What are the different components of the intervention?
(throughout remainder of interview, use terminology referred to by interviewee)
How were the [different components] of the IMAGE intervention planned?
Which specific components were designed to encourage critical consciousness?
How did the different agencies involved in IMAGE come to be involved?
Were there aspects of the intervention that were not planned?
Why does Sisters for Life begin with general topics before moving to discussion of HIV?
Describe how CM is supposed to occur within loan centres.
What is the purpose of Action Plans?
What involvement did participants have in designing and planning the interventions?
Did all stakeholders agree on what should be done and what was important?
Were options were considered and discarded, Why?

(IMPLEMENTATION/DELIVERY)

How was the programme managed?
How were staff recruited and/ trained for their involvement in IMAGE?
How did training encourage Facilitators to work with participants?
When and where were the [different components] implemented, Why?
Describe your day to day activities in the delivery of IMAGE? Did this change in different phases?
What issues created the biggest problems in delivering IMAGE? Did this change in different phases?

- Problems with planning?
- Problems with implementation/delivery?
- Problems with transport/logistics/staffing?
- Problems with uptake/reception?

Were there any ways in which the actual delivery of the [different components of] the intervention was different from the way it was planned?
What differences were there between the different organizations that were involved?
Describe the different levels of management?
Describe modes of communication/meetings relating to the programme

(UPTAKE)

How did women get involved in [different components] and what were the barriers to their involvement? Did some women refuse to be involved?
Which components were well attended and which not? Why?
Which women became Natural Leaders and how?

How were Community Mobilisation activities planned?

Where their differences in those women who attended and those who did not?
Did this change over time?

(RESPONSES)

Did women participate as intended in IMAGE?

How did participation/discussion change during different phases?

What was the level of satisfaction of participants [different components]?

What was the level of satisfaction of those who delivered the intervention?

What did participants and delivers like/dislike about the Sisters for Life sessions, particular activities and those delivering them? And other [different components]?

What factors affected these views?

Did particular groups participate differently?

Did particular groups like the sessions different amounts?

(OPINIONS)

What do you think were the best things about the programme? Why?

What were the worst things or the things that didn't work? Why?

What things would you change?

(FINAL QUESTION)

Is there anything else you think it would be useful for me to know, for example anything we haven't already discussed?

What about working with the research programme?

(SNOWBALL QUESTION)

Is there anyone else who you think I should speak with to learn more about IMAGE?

University of Cape Town

APPENDIX 7
INTERVIEW GUIDE FOR IMAGE FACILITATORS

(KNOWLEDGE APPRAISAL)

What do you already know about IMAGE?

(ROLE)

What was your role/job during the period of the IMAGE study?

Did your role/job remain the same over the whole period of the study?

What was your involvement in the pilot phase of IMAGE?

(THEORY AND AIMS)

Did you think IMAGE should happen, Why?

What were the overall aims of IMAGE?

How was IMAGE intended to achieve these aims?

Did you contribute to the theory behind the IMAGE intervention? In what way?

What (academic) theories informed IMAGE?

What aspects of local knowledge were used?

Why were these target groups chosen?

(PLANNING)

What are the different components of the intervention?

(throughout remainder of interview, use terminology referred to by interviewee)

How were the [different components] of the IMAGE intervention planned?

How did the different agencies involved in IMAGE come to be involved?

Were there aspects of the intervention that were not planned?

What involvement did participants have in designing and planning the interventions?

Did all stakeholders agree on what should be done and what was important?

Were options considered and discarded, Why?

(IMPLEMENTATION/DELIVERY)

How was the programme managed?

How were staff recruited and trained for their involvement in IMAGE?

What did you learn about facilitation during the training?

If I were a new facilitator, what advice would you give me?

When and where were the [different components] implemented, Why?

Describe your day to day activities in the delivery of IMAGE? Did this change in different phases?

What issues created the biggest problems in delivering IMAGE? Did this change in different phases?

- Problems with planning?
- Problems with implementation/delivery?
- Problems with transport/logistics/staffing?
- Problems with uptake/reception?

What differences were there between the different organizations that were involved?

Describe the different levels of management?

(UPTAKE)

How did women get involved in [different components] and what were the barriers to their involvement? Did some women refuse to be involved?

Which components were well attended and which not? Why?

How were women chosen to be Natural Leaders? Why?

What is the reason for Community Mobilisation?

Where their differences in those women who attended and those who did not?

Did this change over time?

(RESPONSES)

How good was participation? Better or worse than expected?

Did participation/discussion change over time? How?

What changed? Why do you think that change happened?

Did women participate in IMAGE differently after they were involved in CM? How?

How satisfied were women with Sisters for Life? ...with CM?
How satisfied were those who delivered the intervention?

What was an example of a Community Mobilisation activity that you were proud of?
How was that Community Mobilisation activity planned?
How did you assist/encourage the planning process?
What was an example of Community Mobilisation that ran into a lot of problems?

What did participants like/dislike about the Sisters for Life sessions, particular activities and those delivering them? And other [*different components*]?
What factors affected these views?
Why did particular groups participate differently?
Did particular groups like the sessions different amounts?

(OPINIONS)

What do you think were the best things about the programme? Why?
What were the worst things or the things that didn't work? Why?
As a facilitator, you have taught a lot to participants. In the same way, what have you learned from the participants?
If you could change something about IMAGE to make it work better, what would you change?

(FINAL QUESTION)

Is there anything else you think it would be useful for me to know, for example anything we haven't already discussed?
What about working with the research programme?

(SNOWBALL QUESTION)

Is there anyone else who you think I should speak with to learn more about IMAGE?

APPENDIX 8
INTERVIEW GUIDE FOR IMAGE PARTICIPANTS

(KNOWLEDGE APPRAISAL)

What do you know of the word IMAGE?

(IMPLEMENTATION/DELIVERY)

Who are your SEF officials and your health talks ladies?

Do they do the same job? How similar are they?

Between those who are doing money and those responsible for health matters, who would you talk to should you encounter personal problems?

(UPTAKE)

Why did you join SEF?

What are the reasons for those who leave SEF?

(RESPONSES)

What did you think of health talks when they began?

How do you feel about health talks now?

Did certain people react differently? Like older vs. younger women?

Were there certain topics that you found interesting?

Was your loan centre supportive?

Did your centre work together to address local problems?

Were you involved personally in these activities?

How has SEF impacted your life?

Has SEF changed the ways you talk to your children?

(OPINIONS)

SEF is expanding to reach out to other villages. Do you think is a good idea?

What do you think about bringing health education and money together?

What are the best things about SEF?

What are the worst things about SEF?

(FINAL QUESTION)

Is there anything else you think it would be useful for me to know, for example anything we haven't already discussed?

What is your view about working with the research organization?

APPENDIX 9

SAMPLING METHOD FOR INTERVIEWS WITH PARTICIPANTS

Sampling of participants has been completed using random sampling techniques. 12 participants were chosen at random from Sisters for Life rosters, and then checked to ensure the following characteristics:

- Participated during the Pilot Phase of Sisters for Life (2001-2004)
- Still participating as a SEF client (i.e. not a Drop Out)
- Not interviewed as a Key Informant during Pilot Phase
- Not chosen as a Natural Leader

In cases where the client did not meet each of these requirements, a new client was chosen at random to replace her. It is important to note that these characteristics were chosen to ensure that new voices were represented in the data. The IMAGE qualitative database has already collected large amounts of data on Drop Outs, Key Informants and Natural Leaders. However, this sampling method does lead to important biases. It will only represent women who have been SEF clients for a long period of time (since 2001) and who are not chosen as Natural Leaders by their peers.

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All in all, my interview questions worked rather well. As I was hoping, they blended quite nicely into the interview guides I used for the Process Evaluation. I've listed the questions, along with an assessment of how well they solicited appropriate answers. I also came up with a couple of new approaches on-the-fly, which seemed to trigger some interesting responses. I think I'll incorporate these additional probes into my final interview guide.

1. How did training influence the way that you facilitate centres?

This question is too vague. It is better to ask: **What did you learn about facilitation during the training?**

Once they start talking about facilitation, I ask probing questions using their language. For example, one facilitator said, "Facilitation is different from teaching," so I asked "How is facilitation different from teaching?" I don't want to include this question in all the interviews, however, because another facilitator understood her job to be very similar to that of a school teacher.

2. What issues created the biggest problems in delivering IMAGE? Did this change in different phases?

• **Problems with implementation/delivery?**

Facilitators tend to shy away from talking about problems- probably because problems may imply that they are doing their job poorly. This question was originally written for the Process Evaluation, and actually doesn't lend much to my research on 'critical consciousness'. I will take it off my interview guide.

3. What is the purpose of Action Plans?

Great question: lends a lot of insight into their perspective of the intervention and social action. Better to say: **What is the reason for Community Mobilisation?**

4. How were Community Mobilisation activities planned?

Good question. It's easier to ask this later, however, after #7. It's better to ask about how a specific activity was planned, rather than ask about planning overall. I will move it in the Interview Guide.

5. How did you assist/encourage the planning process?

Good question. Again, better to ask about one specific activity, after #7. I will move it in the Interview Guide.

6. How did participation/discussion change during different phases?

Great question. Better to phrase it: **Did participation/discussion change over time? How?**

Also, all three facilitators mentioned that women started talking more after Session 7. So, I probed: **What changed? Why do you think that change happened?**

7. Describe the Action Plans that loan centres created.

Difficult to start a question with the word 'Describe'. Also, they do not use the vocabulary 'Action Plan' but stick to 'community mobilisation.'

I found it better to ask, **What was an example of a Community Mobilisation activity that you were proud of?**

This implies that the facilitator will tell me a particularly good example of community mobilisation. This way, I can probe them further about the planning and their involvement. The only problem may be that this skews responses towards the positive, successful examples. So, see NEW 3.

8. Did women respond to IMAGE differently after they were involved in CM? How?

Good question. Easier to ask “participate in IMAGE differently”.

NEW 1. If I were a new facilitator, what advice would you give me?

Great question. Probing helps them expand upon the skills that they feel are necessary for good facilitation.

NEW 2. As a facilitator, you have taught a lot to participants. In the same way, what have you learned from the participants?

I added this question right before piloting, because the literature I was reading indicated that an equal, democratic relationship is important in cultivating ‘critical consciousness’. Overall this paints a good picture of how facilitators view power relations and their role with participants. One time it worked well. Yet, another time the facilitator clearly didn’t feel as though she had learned anything from the women. This serves as an important ‘silence’ on the part of the respondent.

NEW 3. What was an example of Community Mobilisation that ran into a lot of problems?

Haven’t yet tried this question, but it might be a good way to balance out positive stories.

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Initial reading of transcripts

In order to input transcripts into N6, I first needed to clean the data to fill in holes or mistakes that occurred during transcription. This process took much longer than anticipated, but provided an excellent opportunity for an initial reading of the data. Because the cleaning relied on going back to the original recordings, I was often able to pick up on nuances that occurred during the interviews but could not be captured by typed text.

As I listened and cleaned the transcriptions, I kept spontaneous notes about the content of the interview and how this fit into my thoughts on analysis. I saved these notes first as word documents, and later as memos attached to each transcription. The memos highlight my gut reaction to the way that informants responded to questions. I took notes in an unstructured way, leaving room for my own interpretation and 'on-the-spot' analysis. Reading through all of the transcriptions before working on a coding framework allowed me to view the data set as a whole. Afterwards, I was aware of certain distinct hunches and important directions for analysis, but would not have been able to articulate these thoughts in a systematic manner. The memos ensured that I had a running tally of such thoughts, and served as a documentation that I could return to at later stages of analysis.

Creating a 'Start list' of Codes

Upon completion of a conceptual map that fit my initial understanding of the data, I developed what Miles and Huberman call a 'start list' of codes (1995). I chose four transcripts that seemed very rich during initial reading. These four transcripts were representative of the various perspectives in my data set: Planner, Senior Facilitator, Junior Facilitator, Participant. Using an iterative process, I 'worked through' these transcripts multiple times, creating free nodes as new issues arose organically from the data. I settled upon the following free-nodes:

frierian theory
role plays
questioning/probing
natural leaders
community mobilisation
Sisters for Life starts from 'roots'
internalise msg
facilitator relationship to participants
feedback/mentorship
local knowledge
process
is info-giving

I tried coding several transcripts using the start-list of free nodes, and realised that my research questions could be better answered if I was able to fit my free nodes into my conceptual framework. Placing my conceptual framework into the tree node feature of N6 allowed for ease of coding, and a simpler way to see how my data could speak to my research questions. This process led to the following tree nodes:

Background	
<p>Role</p> <p>Participant Junior Facilitator Senior Facilitator Planner</p> <p>Type of data collection</p> <p>Centre Profiles Field Notes Focus Group Discussions In-depth interviews</p>	<p>Summary of activities happening within loan centre meetings.</p> <p>AH notes</p> <p>FGD data from the 8 selected loan groups</p> <p>One on one interviews with semi-structured interview guide</p>
Planning	
<p>Freirian Theory</p> <p>Local knowledge</p> <p>Reflection/Praxis</p> <p>Process</p> <p>Info-giving</p>	<p>How have Freire's ideas been brought into the planning of IMAGE?</p> <p>How did information from the local context and the local community shape the way that IMAGE was planned?</p> <p>How did Freire's notion of praxis, or critical reflection and action, shape IMAGE?</p> <p>In what ways is Sisters for Life/IMAGE a process (rather than a once-off outcome)? How do informants describe this process? How is this a challenge?</p> <p>During the planning process, what was seen as the purpose/goals of Sisters for Life/Community Mobilisation?</p>
Training- Facilitator Skills	
<p>Relationship to Participants</p> <p>Internalise messages</p> <p>Feedback/Mentoring</p> <p>Technical skills</p>	<p>How do Facilitators envision their relationship to participants? How does this impact delivery of the intervention?</p> <p>How do Facilitators respond to the intervention and internalise the messages for their own lives? How do they develop personally? Why is this important?</p> <p>How is mentoring an important part of the training process? What feedback is given to Facilitators during the training? Who takes part in the feedback sharing?</p> <p>What technical skills were learned during training? How were these skills seen as important to facilitating Sisters for Life?</p>
Delivery Components	
<p>Participation/role plays</p> <p>Questioning/probing</p> <p>Rooted/linking</p> <p>Close to home</p>	<p>How were role plays incorporated into Sisters for Life? Why were they important? How was this component planned? How does it occur in the field?</p> <p>Why does Sisters for Life incorporate continued questioning/probing of issues? How do facilitators engage with this technique? How do participants understand/respond to the idea of questioning/probing?</p> <p>Why does Sisters for Life begin with broad sessions around culture? What is the importance of this approach? How do facilitators implement Sisters for Life in a 'rooted' way?</p> <p>How does Sisters for Life incorporate topics/approaches that are rooted in the local culture? how do women perceive the kind of topics in Sisters for Life- are they 'close to home' or 'distant/obscure'?</p>

New info	How was new information incorporated into Sisters for Life sessions? Was it seen as important by staff and participants?
Vulgar/against culture	In what ways did Sisters for Life challenge/offend local culture? How did facilitators and participants react to this?
Share common problems	How was the notion of sharing common problems important to Sisters for Life?
Natural leaders	What is the importance of Natural Leaders? How was this component planned? How does it occur in the field?
Community mobilisation	What is the importance of Community Mobilisation? How was this component planned? How does it occur in the field?
Uptake	
Non-consciousness	What examples demonstrate non-consciousness, or a 'primitive' understanding of HIV and culture?
Transformation	How do people describe the changes that occurred on account of Sisters for Life? What sort of transformations occurred?
Compelled to Share	How did participants and facilitators describe the need to share their new understanding with other people?
Reason for IMAGE	What was seen as the reason for a project like IMAGE?

Coding

Once I had a start-list of codes created and defined, I began the process of coding. My approach to coding involved examining pieces of data and fitting it into appropriate nodes. I preferred working through a transcript in a linear fashion, reading paragraphs in same order as the conversation. I found that this allowed me to read for depth and meaning, rather than coding in a mechanical way. There were often sections of the transcripts which applied to several codes. I re-read paragraphs to be sure I captured the important data, and gave the appropriate section multiple codes.

I approached coding as a subjective process that drew from my unique understanding of the IMAGE intervention. Even with a subjective, iterative approach to analysis, however, it was still important to ensure that my codes had internal validity. In order to ensure the validity of my coding, I coded the 3 key transcripts on two separate occasions.

The report faculty of N6 allowed me to print out these transcripts with coding stripes along the side. I then read through the coding line-by-line and compared my analysis from the first and second round. It was interesting to note that in all three occasions, the second round coding tended to interpret more codes out of the same data. It seems that as I became more familiar with the meaning of the codes, I was able to read seemingly 'neutral' data in a richer way. It was important throughout this internal validity check that I edited the definitions of my codes. N6 allows the definition of codes to be available throughout the coding process, in order to ensure consistent coding.



Women march to the local clinic carrying a sign that reads "Drickop Women Against HIV/AIDS".



Standing in front of the clinic, women sing songs and chants. The purpose of the march was to convince clinic staff to encourage condom use amongst patients.

Appendix 13

Description of Community Mobilisation collective action plans

The following descriptions of community mobilisation action plans were included in the Sisters for Life manual. I was asked to compile them from the Centre Profiles that Facilitators wrote during ongoing Sisters for Life monitoring activities. This task served as a small portion of my internship with IMAGE during my POL525X Internship course, a prerequisite for Mphil Development Studies students.

Meeting with Local Hospital

Women in two loan centres joined together to meet with management at a local hospital notorious for its poor care of patients.

1) Identify the Issue

Women were concerned about patient treatment at a local hospital. They generated a list of problems: harsh treatment of pregnant women, discrimination, high infant mortality, long wait-times, and patients being turned away without receiving care.

2) Find a Starting Point

Women started by seeking out the local councillor. Though they did not meet with him, the councillor heard of their intentions and set up a meeting with the chief executive of the hospital.

3) Choose Strong Leaders

The centres chose 10 women to address the local councillor and hospital management.

4) Build Confidence

They asked advice from their SEF field worker who was very helpful, and suggested that rather than sending only the 10 representatives, it would be better for the whole loan centre to go to the meeting so that they could support each other and build each other's confidence

5) Take Responsibility

The chief executive promised to talk with health workers about their behaviour. Yet, after 3 months the women noticed that there was little change in behaviour; patients continued to be turned away and treated badly. The women decided not to wait for an appointment, and instead marched to go to the hospital immediately after a loan centre meeting to talk with management

6) Be Resourceful

The hospital management admitted to the various problems, but said that staff

shortages made it difficult to improve the situation. The women decided to volunteer at the hospital to improve patient care.

Women Against Crime Committee

Several crimes in the local community encouraged women in one loan centre to form a committee called "Women Against Crime."

1) Identify the Issue

The loan centre recognised that crime was a problem in their community. Several teenagers were fighting in a local shebeen and a bakery was robbed by a group of young boys.

2) Find a Starting Point

The women started by creating networks to the local police. They realised that in order to reduce crime and fighting, they must have the support of the police.

3) Choose Strong Leaders

The women asked the chief to call a community meeting where they could talk about crime. In that meeting a lot of women whose children were involved in petty crimes spoke out for the first time. The chief was their main supporter, a member of a policing forum was also present to help guide the women on plan of action.

4) Build Confidence

It took some time for the loan centre to decide to focus on crime, as women were not sure which issue they wanted to tackle. While initial mobilisation efforts did not create much change in the community, they helped participants consolidate their energy and goals. Often, the act of working together can help build confidence regardless of the outcome.

5) Take Responsibility

When a bakery was robbed, the loan centre decided to create a community-wide organisation concerning crime. Because women were tired of men dominating such

meetings, they asked the chief to organise the meeting, but specified that only women should be allowed to attend. The group then named themselves "Women Against Crime".

6) Be Resourceful

The loan centre recognised that alcohol abuse at shebeens encourage crime amongst young people in the village. They worked with local police and shebeen owners to uphold the law that teenagers must be 18 years in order to enter.

Men's Workshop

One loan centre realised the importance of involving men in community mobilisation. They organised a workshop for men in their village. It was such a success that women soon asked for their own workshop. A second workshop was created for women and their daughters.

1) Identify the Issue

After Sisters for Life, many women in the loan centre felt comfortable talking to their children and other women. However, they acknowledged that it was still difficult to discuss issues such as sexuality and gender with their husbands and partners.

2) Find a Starting Point

The loan centre decided to create a workshop for men.

3) Choose Strong Leaders

The women organised for outside leadership to facilitate the workshop. Men facilitators from Hope Worldwide were better trained to work with men from the community.

4) Build Confidence

The workshop was a success, with 42 men from the village in attendance. Women from the loan centre received positive feedback from the community, and felt encouraged by the success of the event.

5) Take Responsibility

The women organised the venue and refreshments for the training. They were responsible for encouraging men to attend.

6) Be Resourceful

Because this loan centre was still learning,

they asked NL's from a sister loan centre to help them organise. The outside NL's helped to bring the men together and organise logistics such as refreshments while the home NL took care of all other arrangements.

Rape Committee

1) Identify the Issue

The loan centre identified rape as an important issue. There were many stories of rape in their village. For example, a "pastor" used his position to sexually abuse women as a "cure" for ailments.

2) Find a Starting Point

Women in the loan centre formed a Rape Committee. Its duties were to give advice to rape survivors and to accompany them when reporting the incident. The committee started by creating a relationship with the local police, who were quite supportive.

3) Choose Strong Leaders

The loan centre elected 2 women from each group to join the Rape Committee. This gave the project strong support from the entire loan centre.

4) Build Confidence

The response from the community and police was very positive and gave women confidence to continue the Rape Committee.

5) Take Responsibility

The Rape Committee created meetings with many groups in the village. They held two meetings with teachers at the local school. They encouraged the teachers to be aware of how young victims might change their behaviour after abuse. Women from the Committee joined a meeting of parents to talk about child abuse. A meeting with the local water committee resulted in much support from the CBO. They also created a workshop for youth that was led by Sisters for Life facilitators.

6) Be Resourceful

When introducing the rape committee to the chief, women asked a woman elder and a pastor's wife to accompany them. This gave the project respect in the eyes of local leadership.