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**THE UTILITY OF PROCESS EVALUATION:**  
**UNDERSTANDING HIV/AIDS PREVENTION PROGRAMMES**

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RDXJEN001

A minor dissertation submitted in partial fulfilment of the requirements for the award of the degree of MPHIL in HIV/AIDS and Society

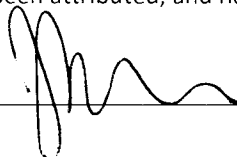
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## ABSTRACT

Many evaluations of HIV/AIDS intervention programmes continue to focus on impact and thus overlook the processes through which any given outcomes have been achieved; this has prompted a call for a more consistent focus on what happens *during* interventions. Therefore, this study endeavours to provide a detailed description and critical analysis of an HIV/AIDS intervention programme. Through adopting a case-based approach, the aim is to illustrate the types of understanding that stand to be gained through the application of process evaluation.

A conceptual framework is established which contextualises process evaluation by defining and situating it within the broader framework of programme evaluation; a summary of the main debates in the field of evaluation research is provided. The trends in how other HIV/AIDS intervention programmes have been conceptualised, developed and implemented are discussed, in order to locate the research and to establish criteria for comprehensive evaluation of HIV/AIDS intervention programmes.

It is asserted that collectively negotiated social identities shape responses and vulnerability to HIV/AIDS, due to a reciprocally determining relationship between identity, sexual behaviour, and HIV/AIDS. It is argued that an understanding of this complex relationship is essential for those who are evaluating HIV/AIDS intervention programmes. This discussion provides a set of tools for reviewing HIV/AIDS intervention programmes, and advocates that process evaluation should focus not only on the implementation and theoretical orientation of a programme, but also on its proposed pedagogy.

In the light of this discussion, a model of process evaluation is developed which is tailored to address the specific challenges posed by HIV/AIDS as a topic for education and which, it is argued, enables the systematic and comprehensive assessment of HIV/AIDS intervention programmes. The model proposes a multi-layered approach to evaluation and incorporates three main categories: processual, theoretical, and pedagogical.

The model dictated the guiding questions and data sources that were adopted. Three qualitative research methods were employed. First, using purposive sampling, ten semi-structured interviews were conducted with committee members and volunteers at various stages throughout the programme's first term. Second, participant observations were conducted during and after all committee meetings, general staff meetings and training sessions, and during each of the four lessons. Third, qualitative content analysis was employed to examine the programme's curriculum. The data was analysed largely inductively, but in the light of the theoretical and conceptual frameworks.

The findings reveal a number of factors which, it is argued, detract from the intervention's potential for empowerment and the collective renegotiation of social identities (identified as 'key preconditions for programme success' (Catherine Campbell and Catherine MacPhail, 2002:331)). These include a lack of structure

and theoretical grounding, the absence of a needs-based approach, a lack of ownership, the adoption of a didactic teaching style and the decontextualised nature of the intervention.

In addition to providing insight to the specific programme under evaluation, the study contributes to the body of understanding on evaluation research generally through demonstrating and discussing the types of insights that can be gained through the application of process evaluation. The findings demonstrate the way in which process evaluation first, allows for problems to be noticed as they occur and, second, provides the necessary foundation for an evaluation of outcome. It is argued that a process evaluation that takes account processual, theoretical and pedagogical factors has the capacity to respond to the complexity of the HIV/AIDS epidemic and thus can enable the development of more appropriate, comprehensive, and effective HIV/AIDS interventions.

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## **CHAPTER 1: INTRODUCTION AND BACKGROUND TO THE STUDY**

This thesis integrates three fields of study: HIV/AIDS, intervention programming, and evaluation research. The aim is to conduct a process evaluation of an HIV/AIDS intervention programme, with the view to understanding the insights that can be gained through the application of this analytical tool.

This introductory chapter begins to contextualise and substantiate the aforementioned research aim. A personal rationale for the choice of topic is outlined, before providing some background information on the need for, and nature of, HIV/AIDS intervention programming and evaluation in South Africa. The complexity of HIV as a topic for education is argued, in order to illuminate the challenges facing those who plan, implement and evaluate HIV/AIDS intervention programmes. The ensuing gaps and conflicts evident within dominant methods of assessment will then be touched upon, in an attempt to assert the need for a more comprehensive approach to evaluation research. Finally, the research questions are specified, and a brief synopsis of the subsequent chapters is provided.

### **1.1 PERSONAL RATIONALE**

In 2004, I worked for two months in a township in Mpumalanga, South Africa, teaching HIV/AIDS and sex education to primary school children. I left feeling that my work had had a minimal impact; the content of the programme seemed superfluous to the learners' needs. The vast majority of them could effortlessly recount the basic facts about the virus: what the acronyms 'HIV' and 'AIDS' stand for, how the virus can be transmitted and how an individual can protect his/herself from it. They had capable educators, adequate resources, and the material I was teaching was already in their curriculum. However, this province of South Africa has extremely high HIV prevalence; data derived from antenatal clinic attendees suggested prevalence in Mpumalanga to be 30.8% in 2004, compared to 15.4% in the Western Cape and 17.6% in the Northern Cape (Department of Health, 2005, cited in Naimak, 2006). This apparent contradiction sparked my interest in HIV/AIDS education. The information-based approach adopted by this particular project seemed overly-simplistic; my impression was that something fundamental was lacking.

### **1.2 ACADEMIC RATIONALE AND BACKGROUND TO THE STUDY**

Many prevention-based HIV/AIDS intervention programmes are premised on the understanding that education is key to impacting upon the spread of HIV/AIDS. With a national prevalence rate of

almost 30% (Department of Health, 2007b), there are more people living with HIV/AIDS in South Africa than any other country in the world (Abdool Karim, Abdool Karim, and Baxter, 2005:7). Thus, more than twenty years after its discovery, the virus continues to ravage communities and undo decades of development gains (Piot, Bartos, Ghys, Walker, and Schwartlander, 2001). Given the absence of a cure or vaccine, prevention through education remains the most widely promoted approach to impacting upon the pandemic.

Three main reasons are usually given for HIV/AIDS prevention programmes targeting youth. First, in order to educate people before they become sexually active, thus reducing the risk of transmission through sexual intercourse before it is too late. Second, because youth in South Africa, as in much of Sub-Saharan Africa, are disproportionately affected by HIV and AIDS (Kaaya, Mukoma, Flisher and Klepp, 2002); national statistics suggest that people in the 15-24 age group are the most vulnerable to HIV infection (Department of Health, 2007a). Third, because this age group is critical to the 'present and future economy' of a country, given that they constitute a large percentage of the work force (Department of Health, 2007a:79).

Given that so much weight is placed on education as a means of prevention, it is imperative to have a thorough understanding of HIV prevention programmes and of the factors that contribute to their success or failure. HIV/AIDS is a complex social problem, an epidemic shaped by numerous individual, community, and macro-level forces (Campbell, 2003; Eaton, Flisher and Aaro, 2003; Nattrass, 2004). Unlike factual subjects such as mathematics or languages, HIV/AIDS is an emotive topic concerning issues of life, death, sex, and sexuality; it is a symbolic bearer of meaning and identity (Weeks, 1986). HIV/AIDS prevention programmes bring aspects of our identity that are usually private into the public sphere. Many factors play into the way in which people interpret messages; they do not do so outside of a context or discursive space that mediates constructions and reproductions of individual and collective identities.

Initially I was interested to investigate whether current HIV/AIDS intervention programmes have been conceptualised and developed in a way that responds to these challenges. However, the development of such an understanding rests on the appropriate analytical tools, so the focus of my research changed slightly to a consideration of how evaluation techniques have responded to the complexity of the HIV/AIDS pandemic, and how different types of evaluation can contribute to our understanding of such programmes.

The majority of programme evaluations, summative<sup>1</sup> in nature, focus primarily on impact, and tend to compare outcome-level variables, such as reported condom use and HIV-related knowledge, before and after the intervention (see Campbell, 2003; Scott, 1992). Such evaluations produce 'descriptions of outcomes rather than explanations of why programmes work (or fail)' (Pawson and Tilley, 1997). So while outcome-focused evaluations have the potential to demonstrate the effectiveness of a programme, they neglect what happens during interventions and thus offer little insight as to how any given effects have been produced (Aggleton and Moody, 1992). For example, summative evaluations have revealed that information-based interventions (such as the one I participated in and briefly described in the above) have indeed been largely unsuccessful at effecting behaviour change (Campbell, 2003; Campbell and Mzaidume, 2002; James, Reddy, Taylor, Jinabhai 2004; Selicow, 2005; Varga, 2001), but do not offer explanations as to why they have been ineffective.

It would appear that evaluations, which focus purely on outcomes, are only addressing part of the problem. This gap in understanding points to the need for different kinds of questions to be asked, particularly given that the success or failure of an HIV/AIDS intervention programme can have implications for life or death. It is proposed here that the evaluation of HIV/AIDS prevention programmes requires a more holistic approach whereby more comprehensive, complex, questions are asked. While summative forms of evaluation undoubtedly have merit, this work rests on the premise that evaluations ought to go beyond outcome-driven processes only, to ones that consider the conceptualisation and implementation of programmes. In particular, it is based on the idea that people interpret the content of HIV/AIDS intervention programmes within highly contested spaces, where nothing can be assumed.

Through evaluating an HIV intervention programme as a case study, the aim of this thesis, therefore, is to examine the utility of process evaluation. This, with the view to assessing the gains, if any, that can be made through the application of this evaluation tool. The assumption made is that process evaluation, as an analytical tool, offers insight into aspects of a programme that other, more common, forms of evaluation are unable to provide. In this way its application may contribute to the development of more appropriate, comprehensive, and effective HIV/AIDS interventions.

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<sup>1</sup> This term is clarified in Chapter 2.

## **1.3 RESEARCH QUESTIONS**

### **1.3.1 MAIN RESEARCH QUESTION**

What contribution can process evaluation make to our understanding of HIV/AIDS intervention programmes?

### **1.3.2 SUPPORTING RESEARCH QUESTIONS**

- How can process evaluation be applied to assess HIV/AIDS intervention programmes?
- What factors does process evaluation illuminate that other types of evaluation do not?
- How does process evaluation respond to challenges posed by HIV/AIDS as a topic for education?

## **1.4 SYNOPSIS OF CHAPTERS**

The next three chapters present the theoretical and conceptual frameworks for the study.

Chapter 2 contextualises process evaluation by defining and situating it within the broader framework of programme evaluation. This chapter also sheds light on how other intervention programmes have been evaluated and provides a summary of the main debates in the field of evaluation research, in order to show the contribution this study will make.

Chapter 3 discusses components for programme success through considering the trends in how HIV/AIDS intervention programmes have been conceptualised, developed, and implemented. In this way, the chapter highlights aspects of an intervention which require attention in evaluations, and which can be illuminated through the utilisation of process evaluation.

Chapter 4 establishes the conceptual and theoretical tools necessary for thorough process evaluation through discussing the relationship between HIV/AIDS, social identity and sexuality. Following this, the discussion turns to pedagogy; peer-educational and Freirian pedagogical strategies are outlined, and the ways in which they respond to the social nature of HIV/AIDS are clarified. The chapter concludes by presenting a model for process evaluation designed specifically for the assessment of HIV/AIDS intervention programmes.

Chapter 5 presents the study's research design. After outlining the questions which guided the research process and clarifying the methodological orientation of the study, the research project and

site are outlined and the data collection methods and sampling techniques that were employed are discussed. This is followed by a summary of the way in which the data was analysed and an outline of the ethical considerations.

Chapter 6 provides a 'natural history' of the programme (Scott, 1992:66) through presenting a commentary on the research findings; this consists of the data generated from the interviews and classroom observations, and a summary of the programme's curriculum (generated through qualitative content analysis).

Chapter 7 interprets the findings in the light of the theoretical and conceptual frameworks. The first part of the chapter discusses aspects of the findings specific to the intervention under scrutiny and the second part of the chapter discusses the nature of the insights that have been gained in order to establish the contribution of this work to the field of HIV/AIDS intervention programming and evaluation generally.

Chapter 8 presents the study's conclusion. The key findings are recapped and recommendations for future research are provided.

## CHAPTER 2: EVALUATIONS: TYPES, DEFINITIONS, AND UTILITY

This chapter begins with a discussion on different types of evaluations, which serves to clarify the relevant conceptual tools and to contextualise process evaluation through situating it within the broader framework of programme evaluation. In order to establish a rationale for the use of process evaluation, this is followed by a detailed consideration of the strengths and weaknesses of the approach and an outline of the major debates in the field of evaluation research. The final part of the chapter encompasses a consideration of how other intervention programmes have been evaluated and reveals both the insights that have been gained, and the apparent deficits of these evaluations; in doing so, the worth of process evaluation as a tool begins to emerge. The fact that process evaluation is a relatively neglected area of programme evaluation is emphasised, which points to the contribution this study will make.

### 2.1 TYPES OF EVALUATIONS

Posavac and Carey (2007) identify four types of evaluation that can be applied to programmes: evaluation of need<sup>2</sup>, evaluation of process, evaluation of outcome (or summative evaluation) and evaluation of efficiency. A needs assessment is an essential starting point for any programme (Posavac and Carey, 2007). In order to avoid misguided interventions it is necessary to understand the specific needs of the target population (Babbie and Mouton, 2006). Not until the intended beneficiaries' needs have been established (ideally through consulting the individuals themselves) can a programme be effectively planned and implemented (Babbie and Mouton, 2006).

Process evaluation or 'programme monitoring'<sup>3</sup> is defined by the World Health Organisation (WHO) as 'the continuous oversight of an activity to assist in its supervision and to see that it proceeds according to plan' (WHO, 1998). Posavac and Carey (2007:7) describe process evaluation as 'the task of documenting the extent to which implementation has taken place, the nature of the people being served, and the degree to which the program operates as expected'. Parlett and Hamilton (1972:32) assert that the purpose of process evaluation is to 'provide a comprehensive understanding of the complex reality (or realities) surrounding the program: in short, to illuminate'; hence, they refer to it as 'illuminative evaluation'. Aggleton and Moody (1992:10) emphasise that process evaluation tends to concentrate

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<sup>2</sup> 'Need' is defined by Owen (1999:173) as 'the difference between the desired and the present situation or condition'.

<sup>3</sup> For the purposes of this study the terms 'process evaluation' and 'programme monitoring' will be used interchangeably but it should be noted that some make a distinction, for example, see Rossi, Lipsey and Freeman (2004).

on 'the communication that takes place between health educators and health promoters and those they are working with'. Process evaluations typically adopt a predominantly qualitative methodology (Aggleton and Moody, 1992; Williams, 1986) with the aim of generating rich, contextual descriptions of different players' interpretations of the interactions that occur throughout the course of the programme, as opposed to attempting to quantify outcomes (as in outcome evaluation) (Aggleton and Moody, 1992; Scott, 1992). Process evaluation 'produces a natural history of a project' (Scott, 1992:66); it does not necessarily only look at what goes on during the delivery of a programme but also gives attention to 'the implicit ideas behind a scheme' (Pawson and Tilley, 1997:19). Process evaluation has a wide scope and can take into consideration the entire process of an intervention, from its conceptualisation through to its development and implementation<sup>4</sup>.

Only when it has been established that a programme is being implemented as planned should an outcome evaluation be conducted (Babbie and Mouton, 2006; Posavac and Carey, 2007). Outcome or 'summative<sup>5</sup>' evaluations are used to assess the impact or effectiveness of a programme; they attempt to establish whether an intervention is making a difference or not (Babbie and Mouton, 2006; Coyle, Boruch, and Turner, 1991). As the primary aim of most HIV/AIDS education programmes is to effect behaviour change, outcome evaluations are typically applied. These normally seek to quantitatively measure the extent to which an intervention has influenced the participants' 'knowledge, beliefs, intentions or behaviours', using indicators such as reported condom use, for example (Coyle *et. al.*, 1991:4).

The fourth type of evaluation identified by Posavac and Carey (2007) concerns efficiency. Researchers conducting efficiency evaluations aim to deduce whether or not the programme outcomes were obtained cost-effectively (Babbie and Mouton, 2006).

Posavac and Carey (1992, cited in Babbie and Mouton, 2006) stress that the four types of evaluation outlined above are interdependent, and that for best effect they should be performed in a particular sequence. They argue that 'without measuring need, programmes cannot be planned rationally; without effective implementation, successful outcomes cannot result from the program; and without valued outcomes, there is no reason to worry about cost effectiveness' (Posavac and Carey,

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<sup>4</sup> The theoretical orientation of process evaluation is addressed in Chapter 5.

<sup>5</sup> A summative evaluation is one which is 'aimed at providing information to decision-makers who are wondering whether to fund, terminate, or invest in a social programme' (Babbie and Mouton, 2006:647). Outcome evaluations, which consider whether a programme is having the desired impact, are summative in nature and so the terms are often used interchangeably.

1992:341, cited in Babbie and Mouton, 2006). So in order to establish whether an HIV/AIDS intervention programme is effecting behaviour change, it is first necessary to find out whether it is being implemented as planned through conducting a process evaluation.

## **2.2 A RATIONALE FOR THE USE OF PROCESS EVALUATION**

An evaluation which overlooks the processes through which any given outcomes are achieved has aptly been described as representing a 'black box' approach to programme evaluation (McLaughlin, 1987; Patton, 1979; both cited in Harachi, Abbot, Catalano, Haggerty, and Fleming, 1999). Put simply, it does not seem logical to expend time and effort analysing the impact of an intervention without first gaining an in-depth understanding of its delivery, and of precisely how any positive outcomes can be reproduced (Plummer, Wight, Obasi, Wamoyi, Mshana, Todd, Mazige, Makokha, Hayes and Ross, 2007; Scott, 1992). As Aggleton and Moody (1992:10) explain '...without (process evaluation), health educators and health promoters run the risk of identifying the outcomes of particular health education or health promotion activities without knowing how and why they were achieved.'

Not only is process evaluation a vital pre-requisite for an evaluation of outcome; as a tool, it can generate data about the 'broader determinants of programme success' which is of great value in itself (Campbell, 2003:9). Process evaluations are essential for monitoring the progress of an intervention (Rossi, Lipsey and Freeman, 2004). The approach can produce valuable feedback and understanding on the running of a programme, allowing for any problems to be noticed as and when they occur; Posavac and Carey (2007:132) clarify the importance of this, emphasising that '...without a programme monitoring system, managers might be slow in noticing the problem until it is severe and difficult to correct.'

Adjudicating worth is a central defining feature of evaluation (Scriven, 1967 cited in Fetterman, 2001). While summative evaluations tend to determine the worth of an intervention by comparing quantitative data from before and after the intervention, process evaluation adopts a different approach. Parlett and Hamilton (1972:32-33), offer the following 'theatre analogy' to clarify process (or 'illuminative') evaluation's capacity to adjudicate worth: 'to know whether a play 'works' one has to look not only at the manuscript but also at the performance; that is, at the interpretation of the play by the director and actors.' They propose that illuminative evaluation can help adjudicate a

programme's value through focusing on key players' subjective interpretations which are formed in the context of a unique 'learning milieu'<sup>6</sup> (Parlett and Hamilton, 1972:13).

Like Parlett and Hamilton, Fetterman (2001) emphasises the importance of insider perspectives in the evaluation process. He promotes self-evaluation as an empowering process which allows the value of an intervention to be judged (Fetterman, 2001). For Fetterman (2001:3) '...the assessment of a programme's value and worth is not the endpoint of the evaluation ... but is part of an ongoing process of program improvement' (Fetterman, 2001:3). He argues that merit and worth are not 'static values' and advocates that 'program participants ... continually ... assess their progress toward self-determined goals and ... reshape their plans and strategies according to this assessment' (Fetterman, 2001:3-4).

Visser's (2005) process evaluation of a large-scale HIV/AIDS education programme in some secondary schools in South Africa provides an example of the type of issues that process evaluation can illuminate. The study revealed that the programme in question had not been implemented as planned; the reasons for this included 'organisational problems ... lack of commitment of the teachers and the principal, non-trusting relationships between teachers and learners, lack of resources and conflicting goals in the educational system (Visser, 2005:203). An outcome evaluation was also conducted which showed that the programme failed to impact upon high-risk behaviour patterns of participants (Visser, 2005). This study demonstrates how process evaluation, unlike outcome evaluation, allows for a distinction to be made between 'implementation failure' and 'program failure' (Harachi *et. al.*, 1999:712). Had the implementation of the programme not been investigated, the content of the programme may have been deemed ineffective when in fact the organisation and delivery of the service were of primary concern.

Scott (1992:63) is critical of the numerous health promotion evaluations that focus solely on outcomes stating that:

The demand for outcome-focused, goal-oriented evaluation is ideological and rooted in 'scientific' understandings of the nature of truth and proof ... The notion that what is needed in order to be able to assess effectiveness is quantifiable empirical evidence is so deeply rooted in our culture that it often appears to be simply common sense.

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<sup>6</sup> Parlett and Hamilton (1972:13) define the 'learning milieu' as 'the social-psychological and material environment in which students and teachers work together ... [which] represents a network or nexus of cultural, social, institutional, and psychological variables'.

HIV/AIDS education programmes seem particularly unsuited to outcome evaluations because the impact of such projects are not easily quantifiable. Outcomes such as changes in sexual behaviour or attitudes are likely to be subtle, gradual and/or considered private by the participants. Even if these barriers are overcome, in overlooking the processes through which any given outcomes are achieved, a valuable source of information is being discarded.

Summative evaluation's attempts to quantify HIV-related knowledge by way of assessing the impact of HIV/AIDS intervention programmes on behaviour are flawed in that they implicitly assume a direct link between knowledge and behaviour. As the next chapter explicates, much research points to a disparity between HIV-related knowledge and sexual behaviour (Campbell, 2003, 2004; Campbell and Mzaidume, 2002; Campbell and Williams, 1999; Eaton and Flisher, 2000; Govender, Bhana, Pillay, Panchia, Padayachee, and De Beer, 1992; James *et. al.*, 2004; Levine and Ross, 2002; Selicow, 2005; Varga, 2001), which demonstrates further the inadequacies of this approach to the evaluation of HIV/AIDS intervention programmes.

Ideally evaluators should consider both process and outcome when investigating intervention programmes (McDavid and Hawthorn, 2006; Oakley, Strange, Bonell, Allen and Stephenson, 2006; Posavac and Carey, 2007). However, if a programme has failed to establish explicit goals it may not be possible to assess impact because 'vaguely stated goals ... are not easily measurable and do not provide adequate criteria for determining whether a programme produced the expected outcomes' (Rutman, 1977:59-60). Babbie and Mouton (2006:343 and 366) assert the importance of goals being first, based on evidence of target population's needs; second, 'linked to a strong theoretical paradigm'; and, third, translated into 'concrete objectives that refer to measurable outcomes'. A process evaluation can help identify the presence or absence of such goals and can generate data which will assist in their development, thus making an intervention more evaluable (Rutman, 1977).

Through shedding light on a programme's conceptualisation, development, and implementation, process evaluation has the potential to unearth and/or refine a programme's ideological positioning. As Scott (1992:66) explains, process evaluation 'not only show[s] an understanding of the work in its own terms, but ... critically appraise[s] the way in which the work was originally conceived'. Such an understanding is particularly important when concerned with HIV/AIDS intervention programmes, whose outcomes directly impact lived experience and the future of many communities.

What follows below is a brief summary of how other evaluations of HIV/AIDS intervention programmes have been conducted.

### **2.3 PROCESS EVALUATION IN RESEARCH**

Scholars and researchers alike have long recognised the value of programme monitoring, which surfaced around the 1970s in line with the emergence of the constructivist approach to social science<sup>7</sup> (Pawson and Tilley, 1997). However, despite the numerous benefits associated with programme monitoring, the prevalence of the method has increased remarkably slowly (Harachi *et. al.* 1999).

Campbell and Williams (1998:57) assert that 'programme evaluators still rely overwhelmingly on individual behavioural and biomedical outcome measures, paying less attention to the processes underlying such outcomes.' Several reviews of evaluations of HIV/AIDS education programmes conducted around this period highlighted the relative absence of programme monitoring; for example, Kaaya *et. al.*'s (2002) review of 11 school-based AIDS prevention programmes in sub-Saharan Africa found that only 4 included a consideration of the way in which the programmes had been implemented. Up until very recently the majority of evaluations employed a quantitative approach to evaluation, attempting to measure impact through conducting randomised-control trials (RCT) and using methods such as questionnaires to generate outcome-level data. This resulted in many authors calling for more process evaluations to be conducted (Harachi *et. al.*, 1999; Campbell and MacPhail, 2002; MacPhail and Campbell, 1999; Scott, 1992).

Noticeably, over the past five years, process evaluations have become more widely implemented in the field of Public Health generally (see, for example, Odendaal, Marais, Munro, and van Niekerk, 2008) and in the field of HIV prevention specifically (see, for example, Ahmed, Flischer, Mathews, Jansen, Mukoma and Schaalma, 2006; Mukoma and Flisher, 2004; Pettifor, MacPhail, Bertozzi, and Rees, 2007; Visser 2007). However, a consideration of process is still lacking from many evaluations. In focusing solely on outcomes, numerous recent studies have continued to adopt the 'black box' approach to programme evaluation (Gallant and Maticka-Tyndale, 2004; Harachi *et. al.*, 1999:711); (see, for example, Magnani, MacIntyre, Mehyrar Karim, Brown and Hutchinson, 2005; Pettifor, Kleinschmidt, Levin, Rees, MacPhail, Madikizela-Hlongwa, Vermaak, Napier, Stevens and Padian, 2005; Jewkes, Nduna, Levin, Jama, Dunkle, Khuzwayo, Koss, Puren, Wood, and Duvvury, 2006). Consequently, several authors over the past five years have continued to call for a more consistent

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<sup>7</sup> This is discussed in more detail in Chapter 4.

emphasis on process (Oakley *et. al.*, 2006), stressing the need for programme monitoring to be included in *all* evaluations of HIV prevention programmes (Campbell, 2003; Kim and Free, 2008; McCreary, Kaponda, Jere, Ngalande, Kachingwe Kafulafula, Norr, Crittenden and Norr, 2008; Visser, 2005).

Evidently, process evaluation is a comparatively new form of research; indeed, evaluation research itself is a relatively 'young discipline', and one which has grown rapidly in recent years (Pawson and Tilley, 1997:1). Therefore, my research has the potential to be of benefit not only to the specific project under evaluation (through shedding light on the processes underlying outcomes, highlighting areas for improvement, and constructively channelling insider knowledge), but also to the growing body of understanding on health promotion education and evaluation generally. In adopting a largely neglected but insightful approach to evaluation, I seek to contribute to a nuanced understanding of the contribution that process evaluation can make to HIV/AIDS intervention programmes.

In summary, this chapter has built an argument for the use of process evaluation in HIV/AIDS intervention programmes. Process evaluation has been presented as a relatively neglected area of evaluation which, as a method, has the potential to illuminate aspects of a programme otherwise unseen. The potential of process evaluation as a tool to highlight gaps in an intervention has been proposed; it has been asserted that without this insight it is not possible to develop a comprehensive understanding of what does and does not work in programmes.

As an approach, process evaluation has implications for the components that are illuminated, the questions that are asked, and the research methods that are employed in an evaluation. These aspects, methods, and questions, which are fundamentally different from those of summative evaluation, will be outlined and discussed throughout this work.

The next chapter discusses components for programme success through considering the trends in how HIV/AIDS intervention programmes have been conceptualised, developed, and implemented. In this way the chapter highlights aspects of an intervention which require attention in evaluations, and which can be illuminated through the utilisation of process evaluation.

## CHAPTER 3: THE EVOLUTION OF HIV/AIDS INTERVENTION PROGRAMMES

This chapter considers the trends in how HIV/AIDS intervention programmes have been conceptualised, developed and implemented, with a focus on two major approaches - information-focused frameworks and peer education. The content, pedagogy, and underlying theory of these approaches are specified and critiqued in order to develop an understanding of processes behind their impact. In doing so, three categories emerge which appear to be central to the success or failure of HIV/AIDS intervention programmes (structure, theoretical orientation and pedagogical strategy). It is proposed that a consideration of these categories constitutes an essential part of any comprehensive evaluation; process evaluation is promoted as an approach which, unlike summative evaluation, has the capacity to illuminate these components and thus to increase understanding of programme outcomes.

### 3.1 COMPONENTS FOR PROGRAMME SUCCESS: STRUCTURE AND THEORY

Research suggests that the most effective HIV-intervention programmes are both highly structured<sup>8</sup> and theory-based (Babbie and Mouton, 2006; Kirby, 2000, cited in Gallant and Maticka-Tyndale, 2004; Smith, Dane, Archer, Devereaux and Katner, 2004; Fossi *et. al.* (2004:44)) emphasise the need for programmes to be founded on an explicit 'program theory' in order to ensure that they are conceptualised in such a way that the social problem is appropriately addressed. A 'program theory' can be defined as '(the intervention's) plan of operation, the logic that connects its activities to the intended outcomes, and the rationale for doing what it does' (Fossi *et. al.*, 2004:44). The next part of the chapter critiques and makes explicit the underlying theory of two major approaches to HIV/AIDS intervention programmes: information-based interventions and peer education programmes.

### 3.2 APPROACHES TO HIV/AIDS INTERVENTION PROGRAMMING

#### 3.2.1 INFORMATION-FOCUSED FRAMEWORKS

Traditionally, HIV-prevention programmes, such as the widespread 'ABC' (Abstain, Be faithful, Condomise) campaign, tended to concentrate exclusively on providing information to the target audience (Campbell, 2004). Such interventions work under the assumption that the driving force behind the epidemic is ignorance and that if persons are provided with the relevant information, they will change their behaviour accordingly.

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<sup>8</sup> Structure, here, refers to the extent to which a programme is developed in a logical, organised, theoretically consistent way, whereby clear relationships exist between the different components of the intervention.

This approach to HIV/AIDS education tends to be based on socio-cognitive models of behaviour which 'posit that people consider positive and negative features of preventive behaviours and the balance will influence their behaviour' (Eaton *et. al.* 2003:158)<sup>9</sup>. An example is the Health Belief Model, one of the best known models of health behaviour, which was developed in the mid 1960s (Coulson, Goldstein, and Ntuli, 1998). When applied to HIV/AIDS, the Health Belief Model assumes that people contract HIV as a result of ill-informed decisions and that once an individual is informed about the disease, their perceptions of the illness will change and they will rationally and objectively weigh up the costs (using condoms, abstaining, remaining monogamous) with the benefits (remaining HIV negative, living a long and healthy life) and change their behaviour accordingly.

Basic knowledge about HIV and AIDS (what it is, how it is transmitted, how it can be prevented, etc.) is essential for people to be able to protect themselves from the virus and 'better knowledge of HIV transmission has been shown to have a positive relationship with both prevention behaviours and positive attitudes to people with HIV/AIDS' (Shisana and Simbayi, 2002:15). However, while information provision is a necessary component of any AIDS-education programme, it cannot not be assumed that this alone is enough to effect behaviour change. To the contrary, much research suggests a disparity between knowledge and behaviour, with many people continuing to engage in high-risk sexual practices despite having relatively high levels of AIDS awareness (Campbell, 2003, 2004; Campbell and Mzaidume, 2002; Campbell and Williams, 1999; Eaton and Flisher, 2000; Govender *et. al.*, 1992; James *et. al.*, 2004; Levine and Ross, 2002; Selicow, 2005; Varga, 2001). Studies suggest that straightforward information provision serves to alter the behaviour of, at most, 25% of people – usually those with the highest levels of education and wealth (Gillies, 1999, cited in Campbell and Mzaidume 2002). So while provision of information is an important pre-requisite for behaviour change, in isolation, it often fails to effect such changes (Kelly, Murphy, Sikkema and Kalichman, 1993; Hubley, 2000).

Information-based HIV/AIDS intervention programmes have been criticised for being founded on the assumption that an individual's behaviour is the result of rational decision-making (Skinner, 2001; Selicow, 2005). To the contrary, there is an overwhelming body of evidence to suggest that sexual behaviour is rarely determined purely by individual, rational, choices (see, for example, Aggleton and Campbell, 2000; Campbell, 2003; Eaton and Flisher, 2000). Selicow (2005:47) describes the emphasis on rationality as 'misguided', arguing that there is no 'one objective definition of what rational behaviour is.' Indeed, the very idea of applying scientific concepts of objectivity and rationality to

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<sup>9</sup> For an overview of this and other socio-cognitive models of behaviour see Conner and Norman (1996).

something as personal and emotionally-charged as sexual behaviour seems inherently inappropriate, as the forthcoming chapter on social identity explicates.

Campaigns focusing solely on information provision have been criticised for their focus on individual persuasion (Campbell, 2003; Aggleton and Campbell, 2000:289; Eaton *et. al.* 2003; Selicow, 2005; Skinner, 2001; Varga, 2001). Human beings do not live in a vacuum, but are influenced by a context to which they themselves contribute in shaping. Such information-driven models fail to take into account the numerous 'community and social processes' which influence an individual's sexual behaviour (Campbell and Williams, 1998:62; Coulson *et. al.* 1998; Furnham, 1988; Skinner, 2001). This decontextualised approach demonstrates a failure to account for the complex interrelationship between collectively negotiated social identities and sexual behaviour, as the next chapter illustrates. It is now widely acknowledged that, in order to be successful, intervention programmes must take account of, and respond accordingly to the many social processes which affect people's sexuality.

With regards to pedagogy, traditional, information-based education campaigns tend to adopt a didactic approach (Campbell, 2003). The method, sometimes referred to as the 'jug mug' approach, entails an 'expert' (educator) assuming a position of intellectual superiority and 'filling' the learner(s) with knowledge (Selicow, 2005:282). Freire (1972), an influential theorist of education, regards this traditional teaching style (which he coined the 'banking' approach to education) as an oppressive tool which detracts from the student's ability to develop a 'critical consciousness'<sup>10</sup>. The concept, which provided a theoretical foundation for many of today's HIV/AIDS intervention programmes, is discussed in more detail in the next chapter, together with some of the other strategies and principles advocated by Freire that make for effective interventions.

### 3.2.2 PEER EDUCATION

More recently, the most widely promoted approach to HIV prevention is peer education, which 'typically involves training and supporting members of a given group to effect change among members of the same group' (Horizons, 1999:i). There is much evidence to suggest that this approach has a greater impact on HIV incidence and risk behaviour than information-based interventions (Horizons, 1999).

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<sup>10</sup> 'Critical consciousness' refers to an empowered state whereby an individual is able to think and act autonomously.

Campbell (2003:48) provides the following description of a peer educational setting:

In peer discussions, individuals' inputs weave and clash through the process of dialogue and argument between peers, as they ask one another questions, exchange anecdotes and comment on one another's experiences and points of view. Ideally, peer educational settings provide a forum where peers can weigh up the pros and cons of a range of behavioural norms and options in their own terminology and in light of their own priorities.

Unlike the information-based method, peer education adopts a participatory<sup>11</sup> approach to education and places emphasis on context rather than content, with the aim of providing a space for participants to share ideas, rather than rigidly adhering to a pre-defined agenda. This focus on creating a safe space for participants to share ideas demonstrates sensitivity towards the personal nature of the topic in hand (an idea which is explored in more detail in the next chapter), which seems to be absent from the information-based approach.

The peer educational approach rests on social constructionist identity theory which, as the next chapter explicates, accounts for the disparity between knowledge and behaviour through accounting for social context and interaction (Campbell, 2003). The approach incorporates many of the pedagogical principles advocated by Freire (including dialogue, empowerment, and the development of critical thinking skills) which, Campbell and MacPhail (2002:331) argue, are 'key preconditions for programme success.' These theories will be discussed in detail in the next chapter, and the ways in which they complement HIV/AIDS as a topic for education will be clarified.

### **3.3. UNDERSTANDING INTERVENTIONS: IMPLICATIONS FOR EVALUATION**

To summarise, this chapter has identified three components that are central to the success of HIV/AIDS intervention programmes: a firm structure, a solid and relevant programme theory and an appropriate pedagogy. The failure of the information-based approach has been explained in terms of its decontextualised theoretical grounding and inappropriate pedagogical orientation. Along the same line, it has been argued that the success of the peer-educational approach results from the appropriateness of its program theory and teaching styles.

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<sup>11</sup> 'Participation' refers to some form joint action between intended beneficiaries and other stakeholders; however, the term is somewhat ambiguous and can refer to a variety of different processes occurring on different levels and at different stages of intervention programmes, from planning through to implementation and evaluation (Rifkin 1986, cited in Kelly and Van Vlaenderen 1995). For a discussion of the concept refer to Kelly and Van Vlaenderen (1995).

While summative evaluations (which, as Chapter 2 established, continue to dominate in evaluation research) have shown peer educational HIV/AIDS intervention programmes to be significantly more effective at impacting on HIV incidence and risk behaviour than information-based programmes (Horizons, 1999), they have not been helpful in highlighting why this is the case. In the light of this discussion, it is proposed here that a process evaluation which incorporates a theoretical and pedagogical analysis has the potential to overcome this omission through shedding light on the reasons behind an intervention's success or failure.

The next chapter discusses the relationship between HIV/AIDS, social identity and sexuality in order to demonstrate how program theory and pedagogy influence the outcome of programmes and to establish the conceptual and theoretical tools necessary for thorough process evaluation.

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## **CHAPTER 4: SOCIAL IDENTITY, SEXUAL BEHAVIOUR AND HIV/AIDS – CUSTOMISING PROCESS EVALUATION**

The previous chapter identified specific aspects of HIV/AIDS intervention programmes that require attention in evaluations. It was argued that a consideration of a programme's theoretical and pedagogical orientation constitutes an essential part of any comprehensive process evaluation.

In order to critically evaluate an HIV/AIDS intervention programme's theoretical and pedagogical stance, it is necessary to have a comprehensive, contextualised understanding of HIV/AIDS. With the intention of establishing such an understanding, this chapter discusses the relationship between HIV/AIDS, social identity and sexuality. Following this, the discussion turns to pedagogy; peer-educational and Freirian pedagogical strategies are outlined, and the ways in which they respond to the social nature of HIV/AIDS are clarified. In this way, the conceptual and theoretical tools necessary for thorough process evaluation are established. The chapter concludes by presenting a model for process evaluation designed specifically for assessment of HIV/AIDS intervention programmes; the model is tailored to the specific challenges posed by HIV/AIDS as a topic for education.

### **4.1 UNDERSTANDING THE SOCIAL NATURE OF HIV/AIDS**

It is argued here that there exists a strong, yet complex, relationship between HIV/AIDS, social identity and sexuality, and that an understanding of this relationship is essential for those who are evaluating HIV/AIDS intervention programmes. A social constructionist conceptualisation of HIV/AIDS is advocated, which posits that collectively negotiated social identities shape responses and vulnerability to HIV/AIDS, due to a reciprocally determining relationship between identity, sexual behaviour, and HIV/AIDS.

This section seeks to explore and substantiate the above argument. The relationship between sexuality and HIV/AIDS is discussed, before introducing the notion of social identity. Next, various models of social identity formation are outlined, followed by a detailed consideration of a social constructionist interpretation of the relationship between identity, sexual behaviour, and HIV/AIDS. The section concludes by clarifying how the social constructionist interpretation of HIV/AIDS has the potential to enrich process evaluation.

#### 4.1.1 SEXUALITY AND HIV/AIDS

Any sociological discussion of HIV/AIDS is incomplete without a consideration of sexual behaviour, or 'sexuality'<sup>12</sup>. Sexuality and HIV/AIDS are, by nature, intimately interconnected, particularly in South Africa where (as in much of sub-Saharan Africa) the primary mode of transmission of the HI-virus is through (hetero)sexual intercourse (UNAIDS, 2004). For this reason, sexual behaviour is the primary focus of most education-based HIV/AIDS intervention programmes; understanding what influences sexual behaviour is thus essential for competent programme planning and evaluation.

It is argued here that there exists a two-way relationship between sexual behaviour and HIV/AIDS (see Figure 1, section 4.1.3, below); while an individual's sexual behaviour directly influences their vulnerability to HIV, their HIV status - or perceived vulnerability to HIV - is likely to influence their sexual behaviour (i.e. choice of partner, whether to use a condom or not). There are numerous other forces which have the potential to influence sexual behaviour, some of these are outlined below.

Research has illuminated a myriad of factors that shape sexual behaviour and, therefore, vulnerability to HIV/AIDS (Campbell, 2003; Eaton *et al.*, 2003; Nattrass, 2004). These factors include, first, those at the individual level, such as attitudes, knowledge levels, and perceived self-efficacy<sup>13</sup> (Campbell, 2003; Eaton *et al.*, 2003); second, those at the 'interpersonal level', such as the difficulties that arise when trying to negotiate condom use and male-dominated sexual relationships (Eaton *et al.*, 2003:159); third, those at the 'community level', such as access to services and resources, and peer norms (Campbell, 2003:2; Eaton *et al.*, 2003); and fourth, those at 'macro level', encompassing cultural norms (such as widely-held perceptions of masculinity and femininity) and structural factors (such as poverty and the risks associated with urban versus rural conditions) (Campbell, 2003:2; Craddock, 2004; Eaton *et al.*, 2003; Schoepf, 2004; Nattrass, 2004).

It is not possible within the confines of this research to address all of the abovementioned influencing factors on any more than a superficial level; focusing on one (social identity) allows for a

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<sup>12</sup> Reber and Reber (2001:676) define sexuality as 'all those aspects of one's constitution and one's behaviour that are related to sex'. This work focuses on the 'behaviour' element of sexuality so, for the purposes of this research, the terms 'sexual behaviour' and 'sexuality' will be used interchangeably. 'Sexuality' is a complex and contested term; as Selicow (2005) explains: 'Common to all social constructionist models is ... the negation of universal, biological, transhistorical and transcultural definitions of sexuality'. For a comprehensive sociological and historical discussion of sexuality, and of the difficulties that arise when attempting to define the term, refer to Weeks (1986).

<sup>13</sup> 'Perceived self-efficacy' refers to '...people's judgements of their capabilities to organise and execute courses of action required to attain designated types of performances' (Bandura, 1986:391). A person's sense of their own self efficacy is thought to affect their ability to 'maintain safe behaviours' (Skinner, 2001:34).

deeper level of analysis. This study gives precedence to the role of social identity in shaping vulnerability to HIV/AIDS for four major reasons: first, because its relevance is widely acknowledged; many have drawn attention to the applicability of various aspects of social identity theory to the planning, implementation and/or evaluation of HIV/AIDS prevention programmes (including, among others, Campbell, 2003; Craddock, 2000; Gregson, Terceira, Mushati, Nyamukapa and Campbell, 2004; Campbell and Williams, 1998; Caron, Godin, Otis and Lambert, 2004; Campbell and MacPhail, 2002, and Mathews, Everett, Binedell and Steinberg, 1995). Second, because social identity is a phenomenon that permeates many of the aforementioned individual, interpersonal, community-level, and macro-level factors which shape sexual behaviour; it can be seen as representing the link between the individual and the social. Third, because, unlike many of the other factors outlined above, the relationship between social identity and sexual behaviour is reciprocally determining. Fourth, because accounting for social identity (at least to some extent) is within the scope of most HIV/AIDS intervention programmes, even those with a low budget such as the project under evaluation.

These ideas will be expanded upon and substantiated later on in this work, but before doing so it is necessary to define exactly what 'social identity' is, and how it is formed. There exist numerous different theoretical perspectives of identity formation, each with different implications for HIV/AIDS intervention programming and evaluation. The next section outlines some of these models of social identity in order to enable a comprehensible discussion of the relationship between social identity and HIV/AIDS, and to clarify the ideological stance of the forthcoming analysis.

#### 4.1.2 MODELS OF SOCIAL IDENTITY

Social identity is defined by Jenkins (1996:4) as 'our understanding of who we are and of who other people are, and, reciprocally, other people's understanding of themselves and of others (which includes us)'. Jenkins' emphasis on 'other people' points to the influence of the social in the formation of identity.

Social identity was described earlier on in this work as 'the link between the individual and the social.' Humans are fundamentally social beings, hence few social theorists will dispute the fact that identity is to a certain degree socially defined (the fact that terms 'identity' and 'social identity' are frequently used interchangeably is surely indicative of this (Jenkins, 1996)). However, some schools of thought stress the role of social structures in the formation of identity more than others; a point elaborated on later on in this chapter.

A distinction is commonly made between collective and individual identities. Wagner (2001:65) defines collective identity as a 'sense of belonging' to a community; the emphasis here being on *sameness*. Individual identity, on the other hand, emphasises the *differences* that exist between people, which serve to make them unique (Jenkins, 1996). So the notions of sameness and difference are central to identity; identities are dependent on the 'marking of difference', be it between individuals or collectives (Gilroy, 2002:303). These differing perspectives of social identity are related to the enduring sociological debate on structure and agency. While those that conceptualise identity in terms of sameness tend to give weight to the role of the external (structure<sup>14</sup>) in identity formation, those that understand the concept in terms of difference tend to stress the role of the internal (or human agency<sup>15</sup>). In order to illustrate the distinction between structure and agency, and to illuminate the shifts in thinking on social identity, some of the major sociological theories which correspond to this debate will now be discussed.

#### 4.1.2.1 DETERMINISTIC INTERPRETATIONS OF IDENTITY: IDENTITY AS A PREDETERMINED PRODUCT

Structural understandings of identity, which dominated up until the early twentieth century, saw identity as being socially determined; as Wagner (2001:65) explains: 'social life was then described in the language of structures and systems, and human beings were seen as determined by their roles and interests, which in turn could be derived from the position of those human beings within structures'.

Structural functionalism is an example of a theory that advocates this stance. Functionalists regard society as 'an organic whole', whereby the different institutions in society are interconnected and work to sustain each other, 'just as the parts of the body also work to maintain each other and the body as a whole' (Marshall, 1998:241). Under this paradigm social identity is regarded as the fixed, pre-determined product of societal integration (Giddens, 1991). Similarly, Marxist discourse conceives identity as being determined by the structures in society; Marx's claim that 'it is not the consciousness of men that determines their existence, but their social existence that determines their consciousness' provides clear evidence of this (Marx, 1975, cited in Jenkins, 1996). Deterministic understandings of identity such as these, which stress the role of social structure in

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<sup>14</sup> 'Structure' refers to 'the ordered interrelationships between the different elements of a social system, or society' (Marshall, 1998:648). The term can be used to refer to institutions based on kinship, religious or ethnic grounds (for example), or components such as norms and values (Marshall, 1998). Theories that advocate a structural stance regard human thought and behaviour as being determined by these social structures.

<sup>15</sup> 'Agency' refers to an individual's ability to *act* rather than *be acted on* by social structures (Marshall, 1998). Theories that emphasise this stance reject the notion that people are merely products of society and stress the role of individual choice and action.

identity formation, have been widely discredited in recent years for neglecting the existence of human agency and for failing to account for social change (Gilroy, 2002).

#### 4.1.2.2 A THIRD PATH: BOURDIEU AND GIDDENS

Bourdieu, an influential French sociologist in the 1970s and '80s, rejected the polarisation of structure and agency and proposed a 'third path' between structuralism and post-structuralism (Calhoun, 1993:62). Whilst his ideas stemmed from structuralism, he called for a social constructionist approach to social inquiry.<sup>16</sup> Bourdieu understood objective and subjective aspects of social life (structure and agency) as being inseparably interrelated, claiming that 'the classificatory schemes which underlie agents' practical relationship to their condition and the representation they have of it are themselves the product of that condition' (Bourdieu, 1984:483-4, cited in Calhoun, 1993:75).

Bourdieu (1977, cited in Peet, 1998) proposed that individuals internalised structures and practices through a process he coined 'habitus'. Habitus can be defined as 'the process of socialisation whereby the dominant modes of thought and experience inherent in the social and physical worlds (both of which are symbolically constructed) are internalised by social agents' (Bourdieu, 1977, cited in Peet, 1998:154).

Jenkins (1996:22) claims that habitus is 'both collective and individual'; it is shaped by social forces and, in turn, restricts the extent to which individuals exercise agency. As Calhoun (1993:75) explains, 'Bourdieu argued ... that agents did not generally adopt the theoretical attitude of seeing action as a choice among all objective possibilities; they usually only saw one of a few possibilities (Calhoun, 1993:74)'.

Thus, despite the fact that Bourdieu acknowledged the *existence* of agency, he conceptualised power as a force which bears down on individuals from the outside and one which governs their actions. Thus his theory appears to offer limited possibility for agency in the formation of identity and has been criticised for adopting an overly deterministic view.

In an attempt to address the structure versus agency debate, Giddens (1984) proposes 'structuration theory'. Described by Peet (1998:153) as 'a middle ground of social theory', the theory proposes that structure simultaneously produces and is produced by social action. Giddens begins to acknowledge

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<sup>16</sup> The notions of post-structuralism and social constructionism will be explored in the next section.

the role of human agency in the formation of identity whilst continuing to assert the significance of social structure. Therefore, the self, rather than being a 'passive entity', is at once shaped by, but also shapes institutions (Giddens, 1991:2)<sup>17</sup>.

Giddens (1991) regards identity as a product of modernity 'within which individuals can reflexively construct a personal narrative which allows themselves as in control of their lives and futures' (Jenkins, 1996:13). Such a perspective of identity recognises the existence of choice (agency); identity is regarded as changeable rather than fixed and pre-determined:

We are, not what we are, but what we make of ourselves. It would not be true to say that the self is regarded as entirely empty of content, for there are psychological processes of self-formation, and psychological needs, which provide the parameters for the reorganisation of the self (Giddens, 1991:75).

It is this observation that led Giddens (1991:5) to describe identity as a 'reflexively<sup>18</sup> organised endeavour.' In beginning to acknowledge the power of the individual to reflect on, and thus shape, his or her own identity, Giddens' interpretation marks a middle ground between structure and agency. Social constructionist interpretations of social identity formation place an even greater emphasis on human agency, as the discussion below explicates.

#### 4.1.2.3 SOCIAL CONSTRUCTIONIST INTERPRETATIONS OF IDENTITY: IDENTITY AS AN ONGOING PROCESS

Those that advocate a social constructionist stance reject the notion of society as a 'structural' phenomenon and instead promote the idea that identity is 'actively and creatively produced' by human beings (Jenkins, 1996; Marshall, 1998:609). As Jenkins (1996:20) explains, 'individuals are unique and variable, but selfhood is thoroughly socially constructed: in the process of primary and subsequent socialisation, and in the ongoing processes of social interaction within which individuals define and redefine themselves and others throughout their lives.' The emphasis here is on the ability of individuals to 'define and redefine themselves'; social identity comes to be regarded as a creation, a continual process rather than a pre-determined product.

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<sup>17</sup> It is not the intention of this review to provide any more than an outline of Giddens' theory of social identity formation; for a detailed account of his work refer to *Modernity and Self-Identity* (Giddens:1991).

<sup>18</sup> Reflexivity, here, can be understood as 'the mental monitoring of the flow of social life (i.e. watching and learning from actions)' (Peet, 1998:154).

Social constructionism represents a 'conceptual shift' towards an understanding of social identities as being collectively, rather than individually, formed (Campbell, 2003:48). Identities are deemed to be created through interaction and communication, and precedence is given to the formative role of social context.<sup>19</sup>

Despite the emphasis on the collective, the social constructionist conceptualisation of identity does not dismiss the role of choice in identity formation. Identities are seen as 'flexible, situational and negotiable' (Jenkins, 1996:102). In emphasising the ever-changing, malleable, nature of identity, a focus on agency emerges, which tends to be a central defining feature of post-structuralist notions of identity.

Post-structuralism is a radical branch of social constructionism, which questions the authority of the modern scientific paradigm and its assertion of 'truth' (Peet, 1998). Post-structuralists dispute the existence of universal realities, claims to which are interpreted as tools of oppression (Peet, 1998). For post-structuralists, all knowledge systems are equally valid, 'modern reason is reinterpreted critically as a mode of social control' and, accordingly, liberation is a central feature of the movement (Peet, 1998:195). Like structuralists, post-structuralists regards language as performing a 'deeply formative' role in the generation of identities, but emphasise its signifiatory (rather than representational) nature (Marshall, 1998:32, 45). What separates structuralists and post-structuralists is their conceptions of power, and the role of agency in identity formation; while structuralists understand structures as framing the actor, post-structuralists emphasise the role of social interaction in identity formation<sup>20</sup>.

One of the most prominent post-structural philosophers is Foucault, who was concerned primarily with power and discourse<sup>21</sup>. Foucault asserts that discourses act as covert power structures which guarantee the reproduction of the current social order by, for example, deeming certain forms of knowledge to be superior and more 'truthful' than others or restricting what can or cannot be said (Foucault, 1966, cited in Young, 1991; McLaren, 1991).

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<sup>19</sup> Social constructionists posit that sexuality, too, is 'mediated by historical, political, social and cultural factors, hence [and, therefore, that] sexual behaviour can only be understood by considering the social context of sexual practices' (Selicow, 2005:50).

<sup>20</sup> For a competent synopsis of post-structuralist philosophy refer to Peet's (1998) *Modern Geographical Thought*.

<sup>21</sup> A discourse can be understood as a belief system: a way of thinking or speaking about the world; it is a frame of reference, a lens through which social phenomena are interpreted (McLaren, 1991).

Foucault claims that 'discourse transmits and produces power'; for him, power and discourse are almost synonymous with one another (Foucault, 1966, cited in Young, 1991). The form of domination referred to here differs from structural theorists' understandings of power; 'not solid and global kinds of domination, one large group of people over others, but manifold forms of domination, exercised within society in multiple forms' (Peet, 1998:204). Foucault asserts that it is this power that *forms* identity. Subjects are said to internalise the terms imposed by power and discourse in a process Foucault (1966, cited in Butler, 1997) refers to as the 'discursive production' of the subject.

Foucault (1980, cited in Craddock, 2000) believes in the existence of multiple, interrelated, discourses. Thus, if identity is perceived as the product of discourse, it follows that multiple discourses will result in the existence of multiple identities:

The raw material for identity ... was formed within discourses, taken up and inhabited by an individual, shaping and forming a sense of identity in the process... We are, within this perspective, each addressed by a range of possible versions of ourselves... (Marshall, 1998: 294-5).

The notion of multiple identities implies the flexible, variable nature of the self and, again, points to the role of agency in identity formation (Craddock, 2000)<sup>22</sup>.

Butler (1997:2) develops Foucault's notion of identity formation and is critical of his interpretation for failing to note 'that "we" who accept [the terms imposed by power] ... are fundamentally dependent on those terms for "our" existence.' Like Foucault, her emphasis is on relations of domination, however, she moves away from an understanding of power as a force that 'presses on the subject from the outside' towards a conception of it resting *within* the subject:

If, following Foucault, we understand power as forming the subject, as well as providing the very condition of its existence and the trajectory of its desire, the power is not simply what we oppose but also, in a strong sense, what we depend on for our existence and what we harbour and preserve in the beings that we are (Butler, 1997:2).

Put simply, Butler asserts that we construct the self as we go along. In her book 'Gender Trouble' (1990), Butler analyses gender identity, which she sees as performative and constructed in nature

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<sup>22</sup> For a detailed account of Foucault's theorising on identity formation refer to *The Order of Things* (1966); also see Young's (1981) book *Untying the Text*, which provides an accessible overview of his philosophy.

(Elliot, 2001). This interpretation (though only touched upon here) suggests that she, like other post-structuralist thinkers, gives priority to the role of agency and social interaction in identity formation<sup>23</sup>.

This discussion has served to clarify and locate social constructionist identity theory. As Chapter 3 established, some of the most successful HIV/AIDS interventions are based on this conceptualisation of identity (Campbell, 2003). The next section outlines a social constructionist interpretation<sup>24</sup> of the relationship between social identity, sexuality, and HIV/AIDS - a discussion which begins to reveal the usefulness of social constructionism to those who are evaluating HIV/AIDS intervention programmes.

#### 4.1.3 SOCIAL IDENTITY, SEXUAL BEHAVIOUR AND HIV/AIDS: A SOCIAL CONSTRUCTIONIST INTERPRETATION

It was argued at the beginning of this chapter that social identity, sexual behaviour (sexuality) and HIV/AIDS are inseparably interrelated; this section seeks to substantiate this claim through outlining the ways in which they influence one another (see Figure 1, below). In doing so, the discussion strengthens the rationale for evaluations that give consideration to the assumptions that are made about the relationship between knowledge and behaviour in HIV/AIDS intervention programmes.

The relationship between sexual behaviour and HIV/AIDS has already been put forward (paragraph 4.1.1)

Working from the assumption that identity is socially constructed, the relationship between social identity and sexual behaviour is examined in what follows below. In order to demonstrate the reciprocally determining nature of these phenomena, the explicit ways in which social identity can

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<sup>23</sup> For an in-depth account of Butler's account of the formation of the self refer to *The Psychic Life of Power* (1997) and *Gender Trouble* (1990).

<sup>24</sup> It is important to note that this work advocates some of the fundamental principles of social constructionism (a focus on context and interactions, an understanding of 'truth' as relative), and utilises some of the principles and conceptual tools of post-structuralist thinkers such as Foucault (such as empowerment and discourse) without adopting a radical post-structuralist stance. Many are heavily critical of extreme post-structuralism for its total rejection of claims to 'truth' and for asserting that 'it is not possible to establish underpinnings of knowledge which are certain as there is no adequate means for representing 'reality,' and there is no assured way of knowing' (Selicow, 2005:51). Indeed if this were the case there would be little point in conducting evaluation research at all. Rather, the branch of social constructionism advocated here is what Selicow (2005:50) refers to as a 'middle-ground constructionism' or 'critical realist' approach, which is based on the premise that, through negotiation, patterns can be established. For more on critical realism see Selicow (2005).

influence sexual behaviour is outlined, followed by a consideration of the ways in which sexual behaviour influences social identity.

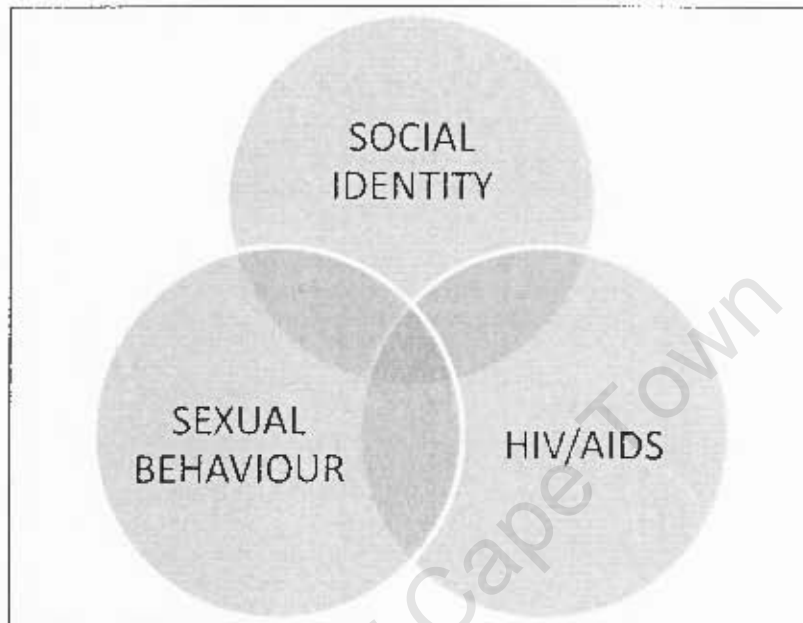


FIGURE 1: THE INTERRELATIONSHIP BETWEEN SOCIAL IDENTITY, SEXUAL BEHAVIOUR, AND HIV/AIDS

Collectively negotiated social identities shape sexual behaviour by determining people's frame of reference and thus influencing how their surroundings and interactions are perceived and acted upon. Campbell (2003:47) asserts that 'different identities or positionings are associated with different behavioural possibilities or constraints' or 'recipes for living'. She goes on to explain that our identities are 'constantly constructed and reconstructed...within social contexts that enable or constrain the degree of agency that people have to construct identities or to behave in ways that meet their needs or represent their interests'.

In arguing that 'discursive productions of meaning and identity' are as significant as structural factors in determining vulnerability to HIV, Craddock (2000:154) provides further support for this idea. Craddock applies Foucault's idea of the 'discursive production' of the subject to HIV transmission; collectively negotiated identities can have positive or negative implications for sexual health. For example, research has suggested that peer norms (discourses) influence two specific elements of sexual behaviour: condom use (Kirby, 2001 cited in Caron *et. al.*, 2004; Smith *et. al.*, 2000; St Lawrence, Eldridge, Reitman, Little, Shelby and Brasfield, 1998) and the process of sexual initiation (Carvajal, Parcel, Basen-Engquist, Banspach, Coyle, Kirby and Chan, 1999 cited in Caron *et. al.*, 2004). Studies such as these support Campbell and MacPhail's (2002:332) description of sexuality

as 'a socially negotiated phenomenon, strongly influenced by group-based social identities, and more particularly peer identities.'

Campbell's (1992) research with young, unemployed, South African men illustrates how social identity can shape sexual behaviour and, therefore, vulnerability to HIV. She found that many of the youth in her study attempted to compensate for their inability to succeed in the 'male breadwinner role' by 'adopting an overly macho and controlling attitude to women in sexual relationships' (Campbell, 1992, cited in Campbell and Macphail, 2002:334). The taking up of controlling, macho, sexual identities has negative implications for sexual health, as such identities serve to maintain unequal gender relations which, in turn, are believed to facilitate the transmission of HIV (Campbell and MacPhail, 2002; Gregson, *et. al.*, 2004).

Working from the social constructionist assumption that our identities are created through interaction and communication, it follows that our sexual interactions play a role in shaping our identity. Our sex (male or female) and our sexuality (sexual behaviour) are intricately bound up with our perceptions of ourselves. Foucault's claim that sex has become 'the truth of our being' points to the influence of sexuality on identity formation (1979, cited in Weeks, 1986:13), as does the following observation from Weeks (1986:12-13): 'through [sexuality], we experience ourselves as real people; it gives us our identities, our sense of self, as men and women, as heterosexual and homosexual, 'normal' or 'abnormal', 'natural' or 'unnatural.'" Sexual behaviour has long been associated with our sense of morality and has been regulated through religious and political discourses; as Weeks (1986:12) explains: 'sexuality has been seen as having a special relationship with the nature of virtue and truth since before the triumph of Christianity. Through our sex we are expected to find ourselves and our place in the world.' This connection points to the impact of people's sexual behaviour on their perceptions of themselves.

It is perhaps because of this connection between sexuality, morality, and self that sexual behaviour is such a private and personal issue for many people. Weeks (1986:11) emphasises that we experience sex 'very subjectively' describing sexuality as 'a transmission belt for a wide variety of needs and desires: for love and anger, tenderness and aggression, intimacy and adventure, romance and predatoriness, pleasure and pain, empathy and power'. So, due to a fundamental concern with sexuality, HIV/AIDS interventions bring aspects of our identity that are usually private into the public sphere. Altman (2003:186) asserts that, 'the particular nature of the transmission of HIV through intimate personal connections raises immediate questions about appropriate public health

responses....'; along the same line, the sensitivity of the topic has implications for appropriate evaluation techniques.

The above argument suggests that sexuality has come to be seen as a marker of identity. Given the close relationship between sexual behaviour and HIV/AIDS, it follows that HIV, too, is often taken as a marker of identity. There is much research to suggest that an individual's HIV status can affect their sense of self. Numerous writings draw attention to a sense of shame experienced by those diagnosed as HIV positive (Cameron, 2005; Deacon with Stephney, and Prosalendis, 2005; Parker and Aggleton, 2003). Anderson and Doyal's (2004) research with African women living with HIV in London revealed that many of the participants reported changes in identity after being diagnosed; feelings of having 'become a different person' and questions such as 'what am I?' or 'How do I place myself?' were common among the respondents (Anderson and Doyal, 2004:102). It is not the purpose of this framework to address these issues in any detail, but rather to argue the existence of a strong yet complex, cyclical, iteratively producing relationship between social identity, HIV/AIDS and sexual behaviour (see figure 1, above).<sup>25</sup>

The social constructionist account of the relationship between HIV/AIDS, social identity and sexuality provides an explanation for the disparity that exists between knowledge and behaviour (as outlined in Chapter 3) through acknowledging the complex interplay that occurs between structures and agents. It is important for interventions to have a theoretical and pedagogical framework, which recognises and accounts for this relationship.

This discussion has strengthened the rationale for an approach to evaluation which takes account of the theoretical and pedagogical orientation of HIV/AIDS intervention programmes whilst simultaneously providing the theoretical and conceptual tools necessary for a critique of these factors. The next section discusses pedagogical strategies that respond to the challenges posed by the complex, social nature of the HIV/AIDS pandemic.

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<sup>25</sup> At the start of this chapter it was asserted that social identity permeates many of the individual, interpersonal, community-level, and macro-level factors which shape sexual behaviour and, therefore, vulnerability to HIV; social identity cannot be pigeon-holed into one of these categories. A comprehensive understanding of social identity necessitates an acknowledgement of the complex interplay between the social and the individual. This discussion on the relationship between social identity, HIV/AIDS, and sexual behaviour has demonstrated how social identity at once shapes, and is shaped by, individual and interpersonal factors, whilst simultaneously being influenced by community and macro-level factors which enable or restrain people's ability to exercise agency in their sexual interactions (Campbell, 2003).

## 4.2 PEDAGOGICAL STRATEGIES

This overview is important in that it offers yet another set of tools for reviewing programmes. In order to critique the pedagogical orientation of an intervention, it is necessary to have an informed, theoretically-grounded, understanding of what constitutes a suitable approach. Working from a social-constructionist stance, it is argued that, in order to be successful, intervention programmes must adopt a pedagogical style which responds to the aforementioned relationship between HIV/AIDS, identity and sexuality, and that a failure to do so would constitute a major omission from an HIV/AIDS intervention programme.

### 4.2.1 PEER EDUCATION REVISITED

The peer educational approach (which, research suggests, has a greater impact on HIV incidence and risk behaviour than information-based interventions (Horizons, 1999)) acknowledges the influence of socially constructed identities on sexual behaviour, as outlined above. Peer education aims to promote a 'collective renegotiation' (Campbell, 2003:48) of identities and to 'create change at the group or societal level by modifying norms and stimulating collective action' (Horizons, 1999:i); as Campbell (2003:48) explains:

Ideally, peer educational settings should provide a context within which a group of people may come together to construct identities that challenge the ways in which traditional gender relationships place their sexual health at risk. In such a situation, social identities become potent tools for social change.

In the main, the implication is that prevention programmes should aim to promote a sense of "communal mindedness" (Hobfoll, Jackson, Lavin, Britton and Sheperd (1994) cited in Beeker, Guenther-Grey and Raj, 1998:836) which has positive repercussions for sexual health, as opposed to attempting to change the minds of individuals (Campbell, 2003; Campbell and MacPhail, 2002; Gregson *et. al.*, 2004). So peer education programmes strive to develop a social environment that cultivates norms, values and identities which encourage sexual health (Gregson *et. al.* 2004). In this way, the approach demonstrates an understanding of the role of context and social interaction on identity formation and of the interplay between structures and agents (defining features of social constructionist social identity theory). The approach prioritises empowerment and acknowledges the possibility, and importance, of increasing the amount of agency people have to construct identities which have positive repercussions for sexual health as opposed to negative ones.

Evidently, the shift in thinking from understanding identity as being individually to collectively formed has paralleled the move away from traditional didactic teaching methods towards more participatory approaches and as such has had an influence on peer educational approaches (Campbell, 2003). What follows is a brief overview of the principles of a Freirian approach to pedagogy, which form the cornerstones of the peer educational approach.

## 4.2.2 FREIRIAN PEDAGOGICAL STRATEGIES

### 4.2.2.1 CRITICAL CONSCIOUSNESS

Freire (1974: 39) emphasises the importance of education being an empowering experience. He argues that an individual must understand their given social situation before they can be expected to act on it; this conviction is evident in his claim that 'to every understanding, sooner or later an action corresponds. Once man perceives a challenge, understands it, and recognises the possibilities of response, he acts'. The *understanding* aspect entails the individual or group acknowledging how societal factors serve to subordinate them. This understanding constitutes the attainment of 'critical consciousness' which, according to Freire, is a pre-requisite for the *action* phase, whereby the oppressive social circumstances are confronted and challenged (Freire, 1972, 1974; Campbell, 2003:50). Critical consciousness, by definition, increases individuals' perceived self efficacy (outlined earlier as affecting peoples' ability to 'maintain safe behaviours' (Skinner, 2001:34)) and their potential for agency, through the development of critical thinking skills.

### 4.2.2.2 DIALOGUE AND CRITICAL THINKING

Freire (1972:65) promotes a 'problem-posing' approach to education centring on dialogue, whereby learners are encouraged to think critically; he argues that 'only dialogue, which requires critical thinking, is also capable of generating critical thinking. Without dialogue, there is no communication, and without communication there can be no true education.'

James *et. al.*, (2004) provide support for this approach, claiming that HIV/AIDS education campaigns must focus on creating an open forum for discussion; a process which empowers people by encouraging the exchange of ideas and the development of critical thinking skills. This focus on generating a safe space for discussion is particularly suited to HIV/AIDS intervention programmes as it responds to the sensitivity of the topic (as outlined above). Campbell (2002) and Selicow (2005) provide support for Freire by rejecting the 'banking' approach to HIV/AIDS education (outlined in the

previous chapter) and instead promote a learning environment founded on mutual trust and respect whereby the notion of 'educator' is brushed aside and the role of 'facilitator' is assumed<sup>26</sup>.

Kelly and Van Vlaenderen (1995) emphasise the connection between dialogue and participation. Within the context of health development projects, dialogue is described as 'the participatory activity of coming to joint understanding', a process through which 'a commonality of individual perceptions is facilitated ... [which] is used as a basis for social action ... [that] represents the common good' (Kelly and Van Vlaenderen, 1995:371, 372) as the following section highlights.

#### 4.2.2.3 PARTICIPATION, PARTNERSHIPS AND OWNERSHIP

Freire (1972:31) argues that 'educational projects ...should be carried out with the oppressed in the process of organising them.' Campbell and Williams (1999) and Mathews *et. al.*, (1995) advocate the Freirian approach to HIV/AIDS-education, claiming that target audiences should be involved in the design and implementation and of education programmes thus transforming their role from 'learner' to 'partner'<sup>27</sup>. Further support is provided by Caron *et. al.* (2004), whose research suggests that personal involvement in designing interventions appears to be effective in modifying the behaviour of peer educators. Regarding beneficiaries as partners in the education process serves to empower those involved, giving them 'ownership' of the ideas whilst simultaneously tapping into the 'hidden strengths' of insider knowledge (Campbell, 2003:493; Campbell and Foulis, 2002; Selicow, 2005).

In support of this, Uphoff, Esman and Krishna, (1998, cited in Chopra and Ford, 2005:3) warn against adopting a 'cookie cutter' approach to education whereby an intervention is designed beforehand by an outside 'expert' and applied mechanistically across a range of social settings with no regard for local conditions. Interventions must instead be flexible and tailored to suit the needs of the target audience (Campbell, 2003; Varga, 2001). Aggleton (1991) emphasises that AIDS-education programmes must have a sound understanding of the target audience's specific sexual health needs, and who better to define these needs than the target audience themselves? Needs and expectations will vary between and even within communities, therefore a personalised approach to AIDS-education is paramount (Campbell, 2003; Varga, 2001).<sup>28</sup>

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<sup>26</sup> It is important to note that facilitating is a demanding task which, in order to perform well, requires extensive training, considerable skill, and adequate experience (Ahmed *et. al.*, 2006).

<sup>27</sup> This stance is also promoted by the World Health Organisation (Mathews *et. al.*, 1995).

<sup>28</sup> For more on needs assessment see Babbie and Mouton (2006) and Bockting, Robinson and Rosser (1998).

This has section clarified how the pedagogical approaches that are utilised in the most successful intervention programmes incorporate and respond to social constructionist interpretations of HIV vulnerability. In this way the discussion provides another set of tools for reviewing HIV/AIDS intervention programmes, namely examining not only its theoretical orientation but also its proposed pedagogy.

### **4.3 TOWARDS A MODEL FOR PROCESS EVALUATION**

Figure 2 (below) depicts a model of process evaluation designed specifically for the systematic and comprehensive assessment of HIV/AIDS intervention programmes. The model is tailored to address the specific challenges posed by HIV/AIDS as a topic for education, as discussed throughout this work so far.

The model proposes a multi-layered approach to evaluation and prompts a focus on three main categories: processual, theoretical, and pedagogical. The preceding discussions suggest that a consideration of these factors is absent from many evaluations of HIV/AIDS intervention programmes.

The processual category encompasses an intervention's structure, development, implementation and delivery. It is proposed that, through considering the relationship between the different aspects of an intervention and considering the way in which they were developed, it is possible to forge an understanding of the processes underlying project outcomes.

The second category advocates a focus on an intervention's theoretical orientation, be it implicit or explicit. This entails taking the ideological stance and programme theory of the intervention into consideration and through investigating the way in which HIV/AIDS, as a topic for education, has been conceptualised. It is proposed in the following chapter that an analysis of the intervention's curriculum can shed light on these issues.

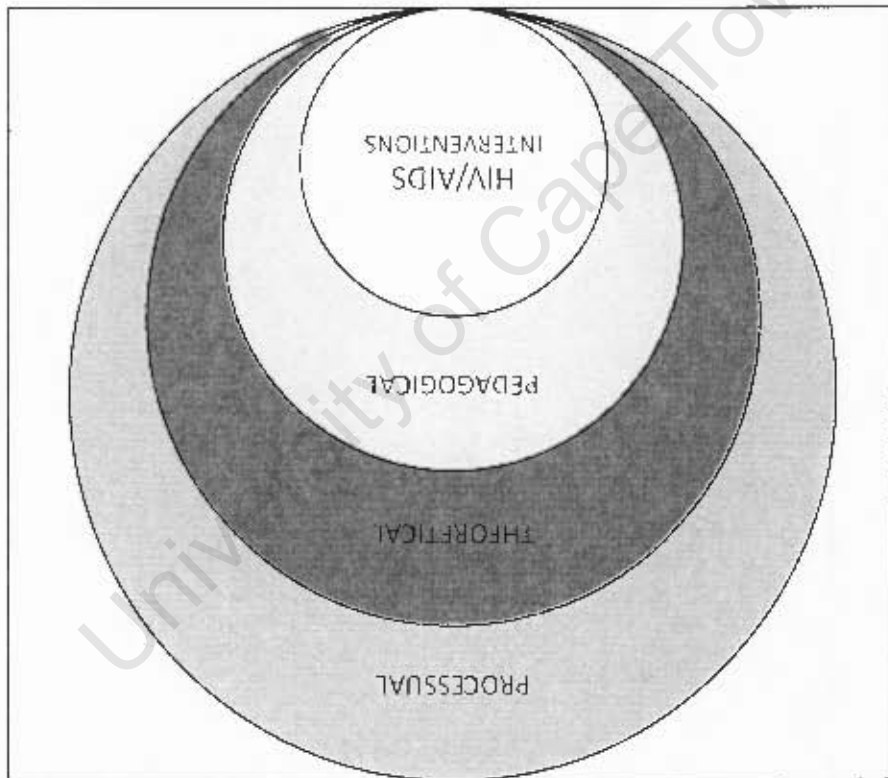
The third category promotes a focus on an intervention's proposed pedagogical orientation; as the next chapter suggests, this can be unearthed through analysing the intervention's curriculum.

This model extends the traditional approach to process evaluation through promoting a more consistent, prominent, focus on the theoretical orientation of HIV/AIDS intervention programmes and through advocating a theoretical analysis of the pedagogical strategies that are employed. While

The next chapter outlines the questions that are asked and the methods that are used in the application of this model of process evaluation

This model seeks to enrich current conceptualisations of process evaluation and to enable the comprehensive and systematic review of HIV/AIDS intervention programmes. It is proposed that, through examining and analysing a programme's theoretical and pedagogical orientation, in addition to giving consideration to processual elements, process evaluation can provide an indispensable insight to the processes underlying the outcomes of HIV/AIDS intervention programmes, thus shedding light on the 'black box' left by outcome evaluations (Harachi et. al. 1999)

FIGURE 2: A MODEL FOR THE PROCESS EVALUATION OF HIV/AIDS INTERVENTION PROGRAMMES



(as Chapter 2 established) some authors understand process evaluation as an approach which takes 'the implicit ideas behind a scheme' (Pawson and Tilley, 1997:19) into account and which 'critically appraise[s] the way in which the work was originally conceived' (Scott, 1992:66). The majority of process evaluations tend to give precedence to the programme's implementation and few incorporate a theoretical analysis of the curriculum.

## CHAPTER 5: RESEARCH DESIGN

So far the discussion has identified categories which require attention in the evaluation of HIV/AIDS intervention programmes and, through discussing the social nature of HIV/AIDS, has proposed a theoretical framework for the evaluation of these aspects. This led to the development of a model of process evaluation specifically for the review of HIV/AIDS intervention programmes.

This chapter begins by outlining the questions which guided the research process and proceeds to clarify the methodological orientation of the study. Following this, the research project and site are outlined and the data collection methods and sampling techniques that were employed are discussed. This is followed by a summary of the way in which the data was analysed and an outline of the ethical considerations.

### 5.1 AIM AND METHODOLOGICAL QUESTIONS

#### 5.1.1 AIM

This study sought to examine the utility of process evaluation. In particular, the research aimed to provide a detailed description and critical analysis of an HIV/AIDS intervention programme with the aim of assessing the gains, if any, that can be made through the application of a particular model of process evaluation developed from a critical review the literature review. The assumption made is that process evaluation can offer insight into aspects of the programme that other, more common, forms of evaluation are unable to provide and, as such, is useful in highlighting aspects for improvement.

#### 5.1.2 METHODOLOGICAL QUESTIONS

It has been emphasised in the preceding chapters that questions are needed which shed light on process, theory and pedagogy of HIV/AIDS interventions. The following methodological questions were developed as a key to satisfying the main research questions (outlined in Chapter 1). The questions constitute an organisational framework that guided<sup>29</sup> the research process, thus allowing different aspects to be focused on simultaneously and with clarity. They emerged from the model presented in the previous chapter which prompted me to ask different types of questions to those that are usually asked. Questions had to be posed that corresponded, and facilitated an insight, to

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<sup>29</sup> Important to emphasise that these questions served only as a guide, rather than being systematically adhered to. The research was predominantly inductive in nature, as is discussed in section 5.6.

the categories identified in the model. As is typical of process evaluation, there is an emphasis on people's perceptions of the project, and on the interactions that take place within the education setting.

While the theoretical and pedagogical categories concern aspects which precede a project's implementation, the processual category constitutes a more holistic consideration of the intervention under scrutiny, from its development through to its delivery. Investigating the processual element first thus enables researchers to ensure that there is an evaluable programme in place before proceeding to address the intervention's theoretical and pedagogical orientation; for this reason the questions have been presented in this order. However, the unstructured, inductive approach to inquiry advocated in this study means that in practice the elements may not be approached in order; most important is that all elements are addressed in order to ensure a comprehensive process evaluation.

#### 5.1.2.1 PROCESSUAL FACTORS

Through examining the structure, development, implementation and delivery of the intervention, these questions represent the conventional notion of process evaluation:

- How were the aims and objectives established?
- How was the curriculum developed?
- What influenced the training?
- To what extent is there continuity between the different aspects of the intervention?
  - Are the different aspects in line with one another?
  - Is there evidence of theoretical consistency?

*The above questions aim to generate information on the programme's structure and development.*

- Is the intervention delivered as planned?

*As is typical of process evaluation, particular attention will be given to the nature of the interactions that occur as well as to the classroom environment (which constitutes the immediate social context).*

- What are the factors shaping the running of the project?

*This question encompasses a consideration of factors outside the classroom which are perceived to shape the programme's progression, such as structural or systemic issues and interactions that occur within the wider social context.*

#### 5.1.2.2 THEORETICAL ORIENTATION

- Why was the project initiated? What is the rationale behind initiative as a whole?
- What does the project aim to achieve and why? (Aims, objectives, outcomes, and why)  
*Through looking at the initiation and conceptualisation of the programme and questioning the programme planners' interpretation of the problem, these questions aim to unearth the 'implicit ideas behind' the intervention (Pawson and Tilley, 1997:18) and thus exposing its ideological context and theoretical foundation or 'programme theory'<sup>30</sup>.*
- What is the proposed content?
- Why?
- What does content us about the way in which HIV was conceptualised?  
*Considering how HIV/AIDS as a topic has been conceptualized also provides insight to the implicit theoretical stance of the programme.*

#### 5.1.2.3 PEDAGOGICAL ORIENTATION

- What is proposed pedagogical approach?
- How suited is this to HIV/AIDS as a topic for education?  
*These questions aim to unearth and critique the programme's pedagogical orientation through interrogating the proposed teaching and learning processes.*

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<sup>30</sup> To recap, the term 'program theory' refers to '(the intervention's) plan of operation, the logic that connects its activities to the intended outcomes, and the rationale for doing what it does' (Rossi, Lipsey and Freeman, 2004:44).

## **5.2 METHODOLOGICAL ORIENTATIONS**

This section begins with a consideration of the theoretical orientation of process evaluation before establishing and justifying the study's methodological approach.

### **5.2.1 THE THEORETICAL ORIENTATION OF PROCESS EVALUATION**

Like intervention programmes, evaluations must be highly structured and theory-based; it is critical for evaluations to have a theoretical framework to guide them. Process evaluation, by implication, has a social constructionist theoretical orientation.

The fact that social constructionism and process evaluation emerged simultaneously in the 1970s is not coincidental. The paradigm shift from structuralism to social constructionism and post-structuralism prompted different aspects of an intervention to be taken into consideration. Process evaluation has its roots in social constructionist discourse, and thus shares many of the same underlying principles.

It has been established that social constructionists emphasise the role of social interaction in identity formation and that identities, both individual and collective, are regarded as being constructed and reproduced in the light of a particular context or 'discursive space'. This interpretation can also be applied to intervention programmes; as Pawson and Tilley (1997:17) explain, for social constructionists, 'all social programs are constituted in complex processes of human understanding and interaction' (Pawson and Tilley, 1997:17). Process evaluation's focus on the spaces in which people make meaning of the knowledge offered in programmes mirrors this stance. Rather than looking at structure as the cause of failure, or blaming agents for particular behaviours, both social constructionism and process evaluation acknowledge the complex, shifting, patterns of interaction which shape, and are shaped by, social phenomena. Unlike summative evaluation, which tends to assume a straightforward, linear, relationship between structures and agents, process evaluation accounts for the interplay between different factors. This parallel illustrates how the emergence of social constructionism prompted a 'transfer of gaze from outputs to processes' in evaluation research (Pawson and Tilley, 1997:17).

So process evaluation's roots in social constructionist discourse explain its focus on context, interaction and subjective interpretation; central qualities of qualitative research, discussed next.

<sup>32</sup> (Selicow, 2005:50) defines a 'postpositivistic paradigm' as one which regards the existence of 'universal, biological, transhistorical and transcultural' claims to truth.

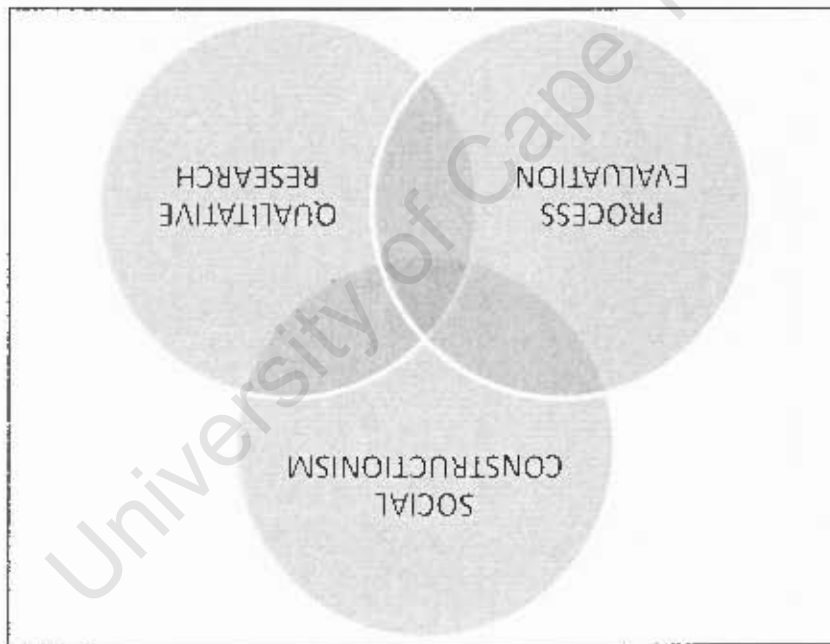
A qualitative methodology, which prioritises an in-depth, case-based, understanding of a given situation in its unique context, is widely regarded as being the most suitable methodological

context under investigation.

content of programmes, with a focus on the patterns of interaction which are particular to the social (2006:270). Likewise, process evaluation considers the spaces in which people make meaning of the context rather than attempting to generalise to some theoretical population' (Babbie and Mouton, in qualitative research, 'the main concern is to understand social action in terms of its specific

#### QUALITATIVE RESEARCH

FIGURE 3: THE INTERRELATEDNESS OF SOCIAL CONSTRUCTIONISM, PROCESS EVALUATION AND



below).

It has already been established that process evaluations tend to adopt a predominantly qualitative methodology (Aggleton and Moody, 1992; Williams, 1985) and that such evaluation has its roots in social constructionist discourse, both fall within a 'postpositivistic paradigm'. Qualitative research is the methodological orientation that corresponds to this epistemological stance (see Figure 3,

#### 5.2.2 QUALITATIVE RESEARCH

approach for process evaluation (Babbie and Mouton, 2006; Coyle *et. al.*, 1991; Mathews *et. al.*, 1995; Posavac and Carey, 2007; Williams, 1986; Williams, 2002).

Qualitative evaluation techniques are intended to generate rich, contextual descriptions of different players' interpretations of the interactions that occur throughout the course of a programme (Aggleton and Moody, 1992; Scott, 1992), the likes of which 'cannot be obtained from pre-defined checklists and surveys' (Posavac and Carey, 2007:166). The approach encourages subjectivity and so is ideal for investigating people's opinions and the meanings they attach to things (Maconis and Plummer, 1997; Williams, 1986). Qualitative techniques, such as observation (discussed in more detail later), have the capacity to 'reveal critical processes as they occur naturally' and allow 'interactions, relationships, strategies and skills' to be studied in their social context as they take place (Williams, 1986:87).

According to Posavac and Carey (2007:156) 'the single most distinctive aspect of qualitative research is the personal involvement of the evaluator in the gathering of the data'; the researcher becomes the primary measuring instrument and strives to gain an inside perspective through immersing his/herself in the research process and responding to the information as it is gathered (Babbie and Mouton, 2006; McDavid and Hawthorn, 2006; Posavac and Carey, 2007). So qualitative research sacrifices objectivity, reliability, and generalisability, in favour of subjectivity, flexibility, and insight (Bell, 1999; Posavac and Carey, 2007).

A qualitative approach was deemed appropriate because my primary concern was not generalisability. Rather, I was aiming to demonstrate the contribution that process evaluation can make to HIV/AIDS intervention programme evaluations, using one intervention as an example. The approach, as will be highlighted later on in this work, enabled 'thick, contextual, description' (Williams, 1986) to be generated and facilitated the illumination of the research participants<sup>32</sup> perspectives.

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<sup>32</sup> It is important to note that, in this work, the term 'participant' is used to refer to both the research participants and the target audience (or 'learners'). However, the context in which the term is used should unambiguously indicate its meaning.

### 5.2.3 A CASE-BASED APPROACH TO THE STUDY

The study adopted a case study research design. Babbie and Mouton (2006:640) define a case study as the 'intensive investigation of a single unit'<sup>33</sup>; in this study, the unit under investigation was a single HIV/AIDS intervention programme.

Case-based studies situate 'cases, not variables, centre stage' (Ragin, 1992a:5, cited in Laurence Neuman, 2006); they typically take into account the perspectives of a range of key players and attempt to produce detailed descriptions of their experiences (Babbie and Mouton, 2006).

Adopting a qualitative, case-based, methodology means that, while the findings will prove valuable to the specific project under evaluation, no generalisations can be made from the results. It is for this reason that, up until the late 1980s, case studies were not deemed to be 'scientifically respectable' (Babbie and Mouton, 2006:280). However, over recent years it has been widely acknowledged that what the case study may lack in generalisability is compensated for by its other strengths. As Scott (1992:73) asserts:

It is possible ... to move beyond description to analysis if we view the every day world as problematic, and see the individual case study not as an isolated instance but as a point of entry ... Evaluation will never simply solve problems, but by problematising 'what goes on' it can produce new understandings which give people useful knowledge rather than rendering them vulnerable' (Scott, 1992:73).

With case studies, 'rich detail and astute insight replace the sophisticated statistical analysis of precise measures across a huge number of cases found in quantitative research' (Laurence Neuman, 2006:158).

Measures can be taken to increase the credibility of the findings. Babbie and Mouton (2006) emphasise the importance of utilising multiple data sources when conducting case studies in order to enhance the depth and reliability of the findings:

The rationale for using multiple sources of evidence is based on the ideas of replication and convergence (Cook and Campbell, 1979; Cronbach and Meehl, 1955) ... thick description means using multiple perspectives on multiple systems, using multiple methods and sources of evidence (Geertz,

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<sup>33</sup> A 'unit' can range in size from an individual person or organisation to an entire country.

1973). Replication, as the number of occurrences of a phenomenon mounts, increases the confidence the researcher can have that a finding is reliable. (Babbie and Mouton, 2006:282).

The practice of using multiple data sources is sometimes referred to as 'triangulation'; an approach to the collection of data which is adopted in this work and discussed in section 5.4.

A case-based approach was most suited to this study because the aim was to generate a detailed understanding of a single intervention programme in order to provide an example of the types of insights that can be gained through process evaluation. Concentrating on a single case permitted me to conduct an intensive examination of the unit under investigation (as is required by process evaluation) to which I then engaged in conceptual, processual and theoretical analysis.

### **5.3 CONTEXTUALISING THE PROJECT AND SITE**

The project under evaluation is a small-scale, HIV/AIDS education programme. It is one of a number of projects established by the University of Cape Town's 'Students' Health and Welfare Centres Organisation' (SHAWCO), a student-run Non-Governmental Organisation (NGO). The NGO targets the 'best and the brightest' children, with the intention of assisting them to progress to higher education and to find employment.

The participants (or 'learners') in the specific project under evaluation were aged 12-13. This age group was chosen by the project organisers because it was assumed that the majority of them would not yet be sexually active and, therefore, that there was greater potential for preventing HIV/AIDS than there would be with older participants.

The project participants were recruited from three different schools within Kensington, a working class suburb in the Cape Metropolitan area. Kensington has a population of approximately 23,000 (Statistics South Africa, 2004). The most recent census revealed unemployment in this area to be 20.78%; 70% of the population leave school before grade 12 and just under 3% progress to higher education (Statistics South Africa, 2004). The HIV prevalence in this area is 13.7% (PAWC, 2005a, cited in Naimak, 2006)<sup>34</sup>.

The project is still in its infancy, having been running for only a year. Each year new volunteers, participants, and committee members are appointed. The programme is delivered weekly, after

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<sup>34</sup> Kensington falls within the Cape Town Central health district, the prevalence mentioned here (13.7%) refers to this district, as opposed to Kensington specifically.

school, in a community centre owned by the NGO. Children volunteer to participate in the programme and around fifteen are selected by the volunteers.

I chose to focus on this project primarily for access reasons. In 2007, the co-ordinators of the project approached a seminar group that I was participating in at the university to ask if anyone would be available to volunteer on the committee for 2008. At the time, I was searching for a project to evaluate for my research and it became apparent that this project would benefit from a systematic evaluation. Soon after, I was appointed as evaluator for the 2008 project with the research process taking place between 8 February 2008 and 30 May 2008.

#### **5.4 METHODS OF DATA COLLECTION**

A study that seeks to demonstrate the contribution that process evaluation can make to our understanding of HIV/AIDS intervention programmes requires methods of data collection that complement this analytical tool. The following data sources were seen as most suited to addressing the methodological questions which, in turn, emerged from the model.

The reasons for adopting a qualitative approach to research have already been outlined (see above); two primary research methods from within this paradigm were employed: semi-structured interviews and classroom observations. These data sources are widely recognised as being particularly suited to process evaluations as they give precedence to context, interaction and subjective interpretation (Rossi and Freeman, 1993; Morris and Fitz-Gibbon, 1978; Posavac and Carey, 1992; and Rutman, 1984, all cited in Babbie and Mouton, 2006; McDavid and Hawthorn, 2006).

One secondary research method was employed; qualitative content analysis<sup>35</sup> (discussed below in section 5.4.3).

The qualitative data generated by these methods, were critiqued in the light of the theoretical and conceptual frameworks outlined in the previous chapters. Combining research methods and analytical tools in this way is known as 'methodological triangulation'; it allows for data to be cross-checked and thus increases the credibility of the findings whilst simultaneously allowing for 'a more comprehensive and rounder picture' of the programme to be established (Taylor, Richardson, Yeo,

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<sup>35</sup> There is a degree of ambiguity surrounding content analysis as a research method; as Bryman (2001:177) explains, 'it is not a research method in that it is an approach to the analysis of documents and texts rather than a means of generating data. However, it is usually treated as a research method because of its distinctive approach to analysis' (Bryman, 2001:177).

Marsh, Trobe and Pilkington, 1999:633)<sup>36</sup>. As Denzin (1989:236, cited in Babbie & Mouton, 2006) explains: 'triangulation, or the use of multiple methods, is a plan of action that will raise sociologists ... above the personal biases that stem from single methodologies. By combining methods ... in the same study, observers can partially overcome the deficiencies that flow from one investigator or method'.

The primary research methods will now be discussed in more detail and their suitability for this study will be contended.

#### 5.4.1 INTERVIEWS

Semi-structured interviews<sup>37</sup> were conducted with committee members and volunteers, face to face, at various stages throughout the programme's first term. Each interview was between 30 – 90 minutes. In order to ensure accuracy of the results all the interviews were recorded and conducted in quiet, private spaces with minimal disturbances.

Interviews were chosen as a data source because the research focused largely on participants' understandings, and experiences, of the project. The methodological questions (see above) encompass 'how' and 'why' questions, which require potentially complex and detailed explanations to be provided and expanded upon; interviews are most suited to facilitating qualitative data of this nature and allow respondents the scope to explain the thinking behind different aspects of the intervention in their own terms.

Qualitative interviews give weight the interviewee's agenda rather than concentrating purely on the researcher's concerns (as in structured interviews); as Bryman (2001:313) explains, 'in qualitative research there is an emphasis on greater generality in the formation of initial research ideas and on interviewees' own perspectives'. One advantage of adopting a less structured approach to

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<sup>36</sup> The utilisation of multiple methods also constitutes 'methodological pluralism' which is akin to triangulation and can serve a similar function. As Taylor *et. al.* (1999:633) explain, 'its aim is not so much as a means of checking validity and reliability but rather to build up a fuller picture of social life by combining different research methods and different types of data'.

<sup>37</sup> Bryman (2001:110) provides a comprehensive definition of a semi-structured interview: 'It typically refers to a context in which the interviewer has a series of questions that are in the general form of an interview schedule but is able to vary the sequence of questions. The questions are frequently somewhat more general in their frame of reference from that typically found in a structured interview schedule. Also, the interviewer usually has some latitude to ask further questions in response to what are seen as significant replies'.

interviewing is that it allows for issues that the researcher may not have pre-empted to arise thus increasing the scope of (rather than restricting) the findings.

Semi-structured interviews<sup>38</sup> were deemed to be the most appropriate type of interview because the method provides interviews with a degree of structure whilst simultaneously allowing the participants to raise issues they see as being significant. Therefore, the method allowed for the aforementioned methodological questions to be addressed, whilst ensuring that the research participants' voices were prominent.

Semi-structured interviews entail the use of an interview guide comprising of a broad list of topics to be discussed<sup>39</sup>. The emphasis is on flexibility; unlike a structured interview schedule, it is not advantageous for an interview guide to be rigidly adhered to. Each interview schedule shaped the development of the next (although sometimes the same interview schedules were used for more than one interviewee); this technique is typical of inductive research (a concept that will be clarified in section 5.6).

Questions were mostly of an 'open'<sup>40</sup> nature because, as Bryman (2001:317) explains, 'what is crucial is that the questioning allows interviewers to glean the ways in which research participants view their social world'. Asking open questions, varying the order of questions, and asking new questions are practices which are encouraged, as they ensure that the world views of the interviewees are not constrained by a set of inflexible, pre-defined, criteria (Bryman, 2001).

#### 5.4.2 PARTICIPANT OBSERVATION

Another source of data was participant observation notes. I fulfilled what Gans (1968, cited in Bryman, 2001:300) terms a 'researcher-participant' role, whereby the researcher 'participates in a situation but is only semi-involved, so that he or she can function fully as a researcher in the course of the situation'.

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<sup>38</sup> As opposed to structured or unstructured interviews.

<sup>39</sup> In this case, the interview guides incorporated the aforementioned methodological research questions, see Appendix 3.

<sup>40</sup> An 'open question' is one where 'the respondent is asked to provide his or her own answer', as opposed to a 'closed question' which requires a 'yes' or 'no' answer (Babbie and Mouton, 2006:233). Closed questions 'provide a greater uniformity of responses' but risk influencing the participant's answer.

Participant observation was deemed to be an appropriate research method because it allowed me to directly observe the interactions of the project members and participants, which enhanced the credibility of the findings. The method is widely recognised as being suited to process evaluations.

Observations took two forms; firstly, detailed field notes were taken during and after all committee meetings, general staff meetings and training sessions and, secondly, classroom observations were conducted during each of the four lessons.

Observing the lessons directly and participating in the meetings allowed me to see clearly the extent to which the lesson was being implemented as planned and to scrutinize the interactions that took place between the project members and participants, both inside and outside the classroom. My position on the project's committee allowed me to gain a first hand account of the general organisation and running of the project through attending all committee meetings, training sessions and lessons.

Classroom observation notes included factors such as content of lessons, teaching styles, communication between project members, noise levels and levels of engagement of the participants. These factors emerged from the research process itself and were influenced by the aforementioned methodological questions (which, in turn, were framed part by the literature review and theoretical and conceptual frameworks).

For the first classroom observation I made extensive field notes on every issue that emerged which was of potential interest or relevance to the methodological questions (as advocated by Bryman, 2001). For subsequent observations I began to 'narrow down the focus of [my] research and to match observations to the emerging research focus' (Bryman, 2001:304). During each classroom observation thereafter an observation schedule<sup>41</sup> was loosely followed and a (see Appendix 2). In a similar way to the aforementioned interview guides, the schedules ensured a degree of structure whilst simultaneously allowing for the possibility of new, unforeseen issues to emerge. Following each session I returned home to write up detailed field notes.

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<sup>41</sup> 'A device ... that specifies the categories of behaviour that are to be observed...' (Bryman, 2001:505). Whilst observation schedules are generally understood as being a feature of structured, quantitative, observations, my observations were not of this kind; the criteria on the schedule were flexible and served as 'pointers' rather than fixed, pre-determined, categories. This allowed the observation notes to remain responsive to the events that occurred and ensured that the schedule did not restrict the findings in any way. In addition to this a 'session record sheet' was completed to monitor attendance and demographics (see Appendix 2)

Immersion in the social setting allowed a valuable insider perspective of the running of the project to be obtained, thus increasing the credibility of the findings (Babbie and Mouton, 2006; McDavid and Hawthorn, 2006; Posavac and Carey, 2007). However, this was not without cost; my personal involvement in the project meant that at times it was challenging to remain a detached observer. At some times I was an outsider, removed from the proceedings (when conducting classroom observations) and at other times I was an insider (when attending committee meetings, for example). Switching between roles in this way was demanding and at times frustrating; it also caused an element of confusion for some of the other project members who, despite my explanation, did not really understand why I was not contributing to the lessons. However, through maintaining an awareness of the boundaries of these contrasting positions I was able to prioritise my position as a researcher and thus minimise bias; it is my understanding that the richness of the data derived from the participant observation compensates for any lack of objectivity.

#### 5.4.3 QUALITATIVE CONTENT ANALYSIS

Qualitative content analysis was used to examine the programme's curriculum which, in turn, provided insight to the intervention's pedagogical and theoretical stance. The method is defined by Bryman (2001:506) as follows:

An approach to the analysis of documents that emphasises the role of the investigator in the construction of the meaning of and in texts. There is an emphasis on allowing the categories to emerge out of data and on recognising the significance for understanding the meaning of the context in which an item being analysed (and the categories from it) appeared.

Initially I had planned to conduct a detailed qualitative content analysis of the curriculum for the first term; however, the start date for the project was postponed and the final curriculum was completed behind schedule. This resulted in there being only two (rather than eight) short lesson plans for the project's first term. However, despite the extremely small amount of data, the way in which it was examined (see below) does not fail to constitute qualitative data analysis; valuable insights to the programme's theoretical and pedagogical orientation were gained through employing this 'research method'.

## 5.5 SAMPLING STRATEGY

This section outlines the sampling strategy that was employed for the interviews.

Purposive or 'judgemental' sampling<sup>42</sup> was used; I attempted to 'get all possible cases that fit particular criteria' (Lawrence Neuman, 2006), the 'criteria' being the participants' involvement in the project. All 22 project members, as well as several members of the project last year, were invited on a number of occasions to participate in an informal interview, both via e-mail and verbally during meetings. Purposive sampling was the most appropriate technique to employ because I was attempting to study a small population with specific attributes and the research questions were best addressed through selecting 'unique cases that ... (were) especially informative' (Lawrence Neuman, 2006:222). Purposive sampling is a type of non-probability sample<sup>43</sup>: the intention is not to select research participants that are representative of the population as a whole; this will be discussed in more detail below.

The project had 22 official members during the period under evaluation: eight committee members (including myself) and fourteen volunteers. The former were responsible for planning and coordinating the project and the latter were responsible for delivering the curriculum to the learners.

My appointment on the project's committee allowed access to the research participants. Weekly committee meetings were held throughout the year which meant that I had regular contact with the other committee members and I attended all training sessions and lessons which ensured frequent contact with the volunteers.

The response rate was low. All project members were invited to participate but less than a third agreed. None of the project members overtly refused to participate in the research but many did not respond to e-mails and only a relatively small number of people volunteered to be interviewed.

Seven project members (four volunteers and three committee members) were interviewed; of these, two participated in follow-up interviews. In addition to this, another individual who had

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<sup>42</sup> A judgemental sample is defined by Babbie and Mouton (2006:632) as 'a type of non-probability sample in which you select the units to be observed on the basis of your own judgement about which ones will be the most useful...'. Lawrence Neuman (2006:222) defines purposive sampling as 'a non-random sample in which the researcher uses a wide range of methods to locate all possible cases of a highly specific ... population'.

<sup>43</sup> A non-probability sample is defined by Babbie and Mouton (2006:644) as 'a sample selected in some fashion other than any suggested by probability theory'.

worked in conjunction with last year's committee at the time of the project's inception agreed to participate, making a total of eight respondents.

It is important to note that I had no control over who chose to participate in the research. The difficulty of conducting research within such a small population is that one cannot afford to be selective by, for example, omitting some respondents from the study in order to increase the representativeness of the findings. Those who agreed to be interviewed tended to be those who were most committed to the project<sup>44</sup>; with the exception of one committee member, my attempts to interview those who withdrew from the project proved unsuccessful.

The uneven response rate (between those with high attendance and those with low attendance, for example) meant that generalisations could not be made about the views of the project members as a whole. This non-representativeness was largely unavoidable; however, generalisability tends not to be the fundamental concern with qualitative research (Bell, 1999; Posavac and Carey, 2007). As McDavid and Hawthorn (2006:191) explain, 'qualitative methods focus on fewer cases, but the quality and the completeness of the information is viewed by proponents as outweighing any disadvantages due to lack of representativeness'. Concentrating on fewer cases allowed for a more in-depth consideration of each respondent's viewpoint; those who were interviewed succeeded in providing valuable insight to the project's implementation.

## **5.6 ANALYSIS OF DATA**

Qualitative research tends to adopt an inductive approach, whereby the researcher begins with few preconceptions about the results of the investigation and allows the findings of the study to guide any empirical generalisations that may be made (as opposed to starting out with a hypothesis which is then tested) (Babbie and Mouton, 2006; Marshall, 1998). The data is the starting point from which patterns are established and understandings are constructed (McDavid and Hawthorn, 2006). This has already been demonstrated above in the way that the interview guides and observation schedules were developed<sup>45</sup>. An inductive approach is necessary for evaluating a project with vaguely defined objectives, as it allows for issues to emerge throughout the study on an ongoing basis, as opposed to testing a set of pre-defined criteria (Posavac and Carey, 2007).

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<sup>44</sup> See Appendix 1 for a table showing the attendance of those who participated in the interviews.

<sup>45</sup> The way in which these guides were developed was predominantly inductive but not entirely, due to the fact that they were influenced by the methodological questions (which, in turn, were framed by model set out in previous chapter).

### 5.6.1 ANALYSIS OF PRIMARY DATA

After a close reading of the texts, the documents (interview transcripts and observation notes) were coded<sup>46</sup> into different categories (as advocated by Miles and Huberman, 1994, cited in de Wet and Erasmus, 2005). The categories that were developed responded to topics that occurred regularly in the documents and were to a certain extent guided by the methodological questions (above) which, in turn, emerged from the model for process evaluation presented in the previous chapter.

Analytic memos were recorded in order to maintain consistency on the boundaries of each category (Flick, 2007; Strauss, 1987). The qualitative software package 'Nvivo 8' was used to code the data, which facilitated the systematic organisation, retrieval and analysis of data (de Wet and Erasmus, 2005). The coding process was performed continually as the data was generated, thus allowing each interview or observation to shape the direction of the next. The interview guides and observation schedules were continually revised and refined as new issues arose throughout the research process (see appendices 2 and 3).

Next, clusters and hierarchies of information were identified, establishing relationships between the categories. Segmenting the data in this way provided structure and continuity to the results, and increased the credibility of the resulting synopsis.

Finally, the resulting descriptive information and the project's official curriculum were critiqued in the light of the criteria set out in Chapter 4 in order to establish what appeared to be missing from the programme.

### 5.6.2 ANALYSIS OF SECONDARY DATA

Each lesson plan was read through and summarised, with a particular focus on the content and pedagogical strategies that were proposed. Due to the small amount of data there was no need for coding (outlined below). The aspects that were drawn from the texts were framed by the previous three chapters but I was not following any specific, pre-defined criteria. For example, the theoretical and conceptual frameworks suggested that certain pedagogical strategies (such as dialogue and participatory techniques) demonstrate an acknowledgement of the role of identity in shaping sexual behaviour more than others and, therefore, are more likely to be successful in effecting behaviour

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<sup>46</sup> 'Coding is a way of indexing or categorizing the text in order to establish a framework of thematic ideas about it' (Flick, 2007).

change than others; so during my analysis of the lesson plans I was looking for evidence of dialogical or didactic teaching styles in order to enhance my understanding of the project under evaluation.

## **5.7 ETHICAL CONSIDERATIONS**

Every measure was taken to ensure the anonymity of both the project under evaluation and the research participants themselves. Throughout this write up, project members are referred to only by their position on the project (for example, 'volunteer' or 'project leader'). All those involved in the research have been offered a copy of the findings; the paper will not be circulated to other members of the NGO until the final draft is approved by the research participants.

All research participants were fully briefed about the evaluation prior to the interviews taking place; respondents were provided with information sheets about the research (see Appendix 4) and were asked to sign a consent form (see Appendix 5). It was made clear to all participants that they were under no obligation to take part in the research and that they were free to withdraw at any stage. Each participant was given the opportunity to ask questions and gave their formal written consent for the interviews to be recorded.

Observations were of an overt nature, meaning that all project members and participants were informed that I was observing the lessons and evaluating the programme in conjunction with my thesis. Permission for the classroom observations was gained (verbally) from the NGO's education sector coordinator, the centre manager, and the project leader.

The research is in line with the University of Cape Town's 'Code of Ethics Involving Human Subjects' and the British Sociological Association's Statement of Ethical Practice. The research was approved by the Western Cape Education Department and the relevant Ethics Committee of the Faculty of Humanities, University of Cape Town. Due to ethical restrictions on research with minors I was unable to conduct interviews with the participants, as I had originally hoped, because it was not feasible to obtain written consent from their parents / guardians within the timeframe of this study.

The next chapter presents the findings that were generated through the application of this research design.

## CHAPTER 6: FINDINGS

This chapter presents a commentary of the research findings generated from the interviews, observations and qualitative content analysis. The structure of this chapter mirrors the stages in the project's development. In addition to providing a 'natural history' of the programme (Scott, 1992:66), an outline of the programme's curriculum is provided, as prompted by the model in Chapter 4 and outlined in the research design.

### 6.1 BACKGROUND AND CONCEPTUALISATION OF PROJECT

#### 6.1.1 BACKGROUND: THE PROJECT'S INCEPTION IN 2007

The project under evaluation is still in its infancy; it was entering its second year when my evaluation began and a new committee had recently been appointed. Despite the fact that this study focuses specifically on the project's second year (in 2008), it was important to investigate the project's history so as to frame the study, contextualise the results, and shed light on the intervention's ideological stance. I begin with a consideration of the driving forces behind the project's inception in 2007.

##### 6.1.1.1 RATIONALE FOR THE PROJECT

Two significant issues arose as a result of my attempts to secure an understanding of the motivation for the project's initiation: a lack of clarity and the absence of a guiding policy.

An in-depth interview with the Project Leader of the project this year (2008) revealed some ambiguity over what prompted the establishment of the programme in 2007. When asked about the initial rationale behind the project, he responded as follows:

*"... if I look at the way (the project) started, it started because of a question a volunteer was asked in one of the lessons (from another project within the same NGO). They were doing an AIDS day, like all the projects should do, and one of the learners asked a volunteer 'do you always use a condom when you have sex?' and she couldn't answer the question, she gave a very bad answer and basically said 'I'm uncomfortable answering that question' which is not the type of answer I think we should be giving..."*

No further explanation of the reasons behind the project's inception was offered; whether this incident was seen to be illustrative of a more general social problem was not made clear.

My attempts to establish contact with the project leader from last year proved unsuccessful, however, I was able to interview a project leader from another similar project (from within the same NGO) who had worked in conjunction with last year's project committee in the planning stages of the programme. Together, they had searched (in vain) for uniform policy guidelines, set out by the NGO to structure what to teach. Despite regular meetings between the project leaders and other stakeholders, such a policy was never finalised. This suggests that the project was launched without a solid underlying set of guidelines framing the project either conceptually or pedagogically. There was also no conceptual structure for implementation. The next section concerns people's perceptions of the project's opening year in 2007.

#### 6.1.1.2 PERCEPTIONS OF THE PROJECT'S OPENING YEAR

My position on the project's committee enabled me to establish contact with numerous people who had been directly involved in the project during its first year (2007), as well as several people within the NGO generally (including the president of the project's steering committee); many of those I spoke to considered the project to have been 'a failure' in 2007.

During an interview conducted in the preliminary stages of the 2008 project, the (then) newly appointed project leader (who had worked as a volunteer for the project in 2007) highlighted problems with attendance; he explained that *"we usually had a large group of learners at the beginning but when the learners knew that [the project] was coming the following week the numbers dropped, and the numbers continued dropping...."* This, he saw as indicative of the fact that the project had failed to keep the target audience (or 'learners'<sup>47</sup>) 'motivated and involved'. Many volunteers also withdrew from the project. Other problems mentioned by the project leader included a lack of time spent with the learners (which, he argued, detracted from the volunteers' capacity to develop trusting relationships), a lack of communication between the committee and the volunteers, and poor general organisation of the project. This year was described by the project leader as the project's 'second chance'.

This feedback, while not representative, hints at the types of problems faced by the project last year. However, it is important to note that there was no systematic monitoring and evaluation of the project in 2007; as the project leader explained, *"...there wasn't a real focus on evaluation of the*

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<sup>47</sup> The project organisers referred to the project's intended beneficiaries as 'learners', therefore, this terminology will be used throughout the study.

*project, they just wanted the project to run, and when it started failing they wanted to continue running, they didn't want to ask questions ...."*

This brief examination of the programme's background, which points to number of fundamental weaknesses, is now followed by a more detailed consideration of how the project was conceptualised by the new team of project organisers. It is important to note that the remainder of this chapter focuses exclusively on the specific period under evaluation: the first semester of the project's second year in 2008.

## 6.1.2 CONCEPTUALISATION OF THE PROJECT

A consideration of the way in which the project had been conceptualised by the 2008 project organisers revealed a number of ambiguities that are discussed below.

### 6.1.2.1 SUBJECT MATTER AND INTENDED OUTCOMES

In a preliminary interview<sup>48</sup> I asked the project leader to outline the focus of the programme; he made reference to a number of social problems:

*"...the whole goal of (the NGO) is to get the learners through to matric' and on into university and then on into the big wide world, and it doesn't make sense for us to strive for that if the learners are all going to get sick with HIV at some point along the way, or get involved in drugs, or get into gangs so our hope is to do some sort of behavioural change intervention while they're still young enough and hopefully ... the learners will come out and be a better part of the community."*

This quote illustrates that the project's intended outcomes were wide-ranging and vaguely defined. During the same interview, the project leader expressed a desire to include 'issues around HIV/AIDS, sex and sexuality and any other social issues that (the learners) may be dealing with in their communities' within the scope of the project and went on to explain that the project aimed to influence 'the choices and decisions (the learners) are going to make about their future and their bodies, while they are still young enough'. In addition to this, the project leader and the curriculum planner emphasised the importance of improving the participants' reading and writing skills.

### 6.1.2.2 AIMS AND OBJECTIVES

The programme's aims and objectives were never finalised. During the planning stages of the project the project leader claimed that his ideas kept 'changing and evolving'.

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<sup>48</sup> This interview took place in February 2008, during the planning stages of the project)

The project leader explained that the project was intended to 'give (the learners) a wake up call', 'to provide accurate information of all the topics' and to encourage 'informed decisions'; he went on to assert the primary importance of 'providing a safe, non-judgemental space' for participants, claiming that the 'main aim is to get rid of that sort of awkwardness around sexuality and sex that the volunteers and the learners may have'. These ideas were never put in writing and appeared subject to continuous revision; when asked again about the project's aims and objectives mid-way through the first term, the project leader responded:

*"I think because of what's been happening, both in my personal life, and with the project, um, and, and the need to just go forward, I think I put that aside – actually trying to define why the project exists and what we're trying to do..."*

The above quote demonstrates that the aims and objectives were not finalised and, as such did not form the foundation for the development of the curriculum.

During the aforementioned preliminary interview, the project leader emphasised the importance of sharing the aims and objectives among project members:

*"I do sort of have in my head a general idea of what needs to be done and where we're going.... but its just a matter of sharing them when the time is right and getting them out to everyone who needs to have them so everyone has a sense of what the project is about rather than just me, on my own"*

Contrary to this, the aims and objectives were not communicated in any of the weekly committee meetings I attended as researcher.

The interviews with project members revealed conflictual understandings of the project's purpose (section 6.2 also provides evidence of this). For example, four of the interviewees (including the curriculum planner) saw information provision as being the fundamental goal and four saw it as being of secondary importance. The project leader declared that 'at this stage, information, I don't think is what they need ... HIV and AIDS is part of their school curriculum from a very, very, young age, um, so it's something they know, the info is there but I think the main problem is that they're not given a forum to talk about their own ideas about HIV and AIDS'. In contrast, Curriculum planner 1 proposed that "...it's supposed to be like an HIV education project that gives HIV knowledge to grade 7 learners...". Curriculum planner 2 was uncertain, saying "I'm not sure I had that much of a clear idea (of the project's goals). HIV education I guess and, probably the feeling I had was that they

*were trying to do something a little bit different instead of inundating kids with the information that they get so much of...".* On the same issue, Volunteer 2's claim that "it's like a theorem basically, you've got to keep reminding them..." suggests that she understood the project's main aim to be information provision.

These conflictual understandings indicate that the projects' rationale, aims, and objectives had not been communicated between the project members. The consequences of this non-communication are discussed in the next chapter. The next section concerns the volunteer training.

## **6.2 TRAINING<sup>49</sup>**

It is important to note that the training took place at the same time as, but independently of, the development of the curriculum. Interestingly those responsible for planning the curriculum did not attend, and were unaware of the content of, the training sessions. My attendance of the training sessions revealed that there was no reference to the project's goals.

There were four training sessions in total, each lasting for 1-2 hours. Attendance ranged from 7 to 11 volunteers. Training was provided by two external organisations. The first organisation provided basic, information-based, training on the science of HIV/AIDS (what it stands for, how it is transmitted etc.) and the other provided training participatory, teaching styles using drama.

Feedback on the training was mixed. Volunteer 4 thought the training was 'great' (volunteer 4), and believed that '*... using art and drama to teach about HIV/AIDS is a good way forward*'. Volunteer 5, however, said of the training:

*it was really cool and I really enjoyed it but I feel like a lot of stuff was missed from the training, it didn't really go into any detail, learning about HIV and, like, the biological aspects and, you know, how to deal with all these questions that come up from the kids and that sort of thing it was more kind of interactive and we learnt different ... you know we learnt how to do different activities and it was like a way for us to think about the way that we internalise HIV and like experience it, whatever ...*  
(Volunteer 5)

Others regarded the content of the drama workshops as being as being 'common sense', or as diverting attention from the more important issue of information provision. For example, Volunteer

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<sup>49</sup> It is not the purpose of this work to evaluate the training in any depth; therefore, this section offers no more than a brief overview of the training that was received.

6 said of these workshops: *'I don't think (the drama-based training) helped me phenomenally... in anything. What did help, the only thing that helped was the very first one, where they actually explained how the virus works. The other ones weren't that useful to me. I mean they were fun but that didn't help me to now go out and teach'.*

Three of the four volunteers who were interviewed said that they felt ill prepared to run the sessions. In addition to this, some volunteers reported that they would have benefited from some basic language training<sup>50</sup>. The next section describes how the curriculum was developed and outlines some challenges that arose during the curriculum planning process.

### **6.3 CURRICULUM DEVELOPMENT**

Two curriculum planners had been appointed to develop the lesson plans for the project, however, one of them ('curriculum planner 2') had a minimal input to the development of the curriculum, for reasons that will be explained later (see section 6.5.4.1.1). The project leader also contributed to the development of the curriculum.

#### **6.3.1 DISPARITY BETWEEN PROJECT AIMS AND CURRICULUM DEVELOPMENT.**

It has already been established that the aims and objectives of the project were not finalised or communicated among project members, thus it follows that they did not form the basis for the curriculum. My interview with the primary curriculum planner ('curriculum planner 1') suggests that she received very little guidance on how to develop the curriculum. With regards to this she said, *"... I was given the curriculum from last year and I was told, this is not what we wanna do, we want something different ... so, ja, I didn't have any aims and objectives. I kind of came up with my own."*

Curriculum planner 1 explained that the goals that she had devised (outlined later in section 6.4.1) were based on her 'knowledge of the children' (from working with them on other projects).

#### **6.3.2 CONTENT SOURCES**

During our preliminary interview the project leader made the following statement regarding the way in which the curriculum would be researched and developed: *"...we're going to go in together and look at their community ... we need to learn more about their community ... then I think that will give us a fairer idea of what their needs are so we can continue building the curriculum week by week,*

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<sup>50</sup> The majority of the volunteers were international students and so did not understand Afrikaans (the majority of the learners' first language).

*based on what the learners are saying.*” However, contradictory to this claim, the project leader did not attend the sessions for the first half of the semester and both of the curriculum planners did not attend at all. Both curriculum planners were unaware of a needs assessment that had been conducted by the previous year’s volunteers, which the project leader had previously informed me would form the basis for this year’s project.

Those responsible for developing the curriculum did not have any previous experience of planning HIV/AIDS intervention programmes. Curriculum planner 1 explained that she had initially developed a curriculum independently, based on her own research which entailed visiting websites<sup>51</sup>, studying her younger brother’s life orientation books (part of the South African National Curriculum), visiting her former primary and secondary schools to borrow resources and ask for advice from the life orientation teachers, and going to a clinic in Gauteng<sup>52</sup> to obtain literature on HIV/AIDS. The curriculum was developed independently of the training (as well independently of input from the rest of the team).

Extracts from this curriculum were used and added to a new, shorter, version which the project leader informed me was based on discussions between himself and curriculum planner 1, curriculum planner 1’s research (outlined above), and curriculum planner 1’s personal “knowledge of the children” (from working with them on other projects).

### 6.3.3 CONFLICT AND OWNERSHIP

My involvement on the committee along with the interviews conducted with the committee members revealed some tension between the project leader and Curriculum planner 1. It appeared that both committee members wished to have ownership of the curriculum (this will be discussed in the next chapter). For example, when speaking about the proposed content, Curriculum planner 1 said “...there’s a lot of (project leader’s) curriculum. Before I came this year I had kind of the basics of what I wanted to do; but then, he didn’t like some of the ideas and he wanted other things to be put in.” (Curriculum planner 1). Curriculum planner 1 became quite agitated when speaking on this issue, she went on to explain that

*“... he did say he really wanted to be the curriculum person, but because he’d been in the project before, he was made the Project Leader... it is nice to have someone doing most of your work, but you*

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<sup>51</sup> Curriculum planner 1 was unable to recall the specific websites she had visited during her research.

<sup>52</sup> Gauteng is a province in the North of South Africa.

*still took on the job because you wanted to do something so we kind of clash on that. I'm like 'just let me put in some of my stuff cos I didn't do this for nothing...I kind of decided that I'm just going to say 'this is the deadline, this is the curriculum, just let me do my job and ... as much as you really want to influence it, you're not putting out your stuff quick enough.'*

The project leader accepted that he had tried to maintain control of the content of the programme, but emphasised his intentions to change this; during our second interview midway through the first semester he said *"I'm letting go of the curriculum the way I've been holding onto it this semester; that should help things run a lot smoother."* This tension about what to include will be discussed in the next chapter.

## **6.4 CURRICULUM: PROPOSED CONTENT AND PEDAGOGY**

As was mentioned in the previous chapter, the start date for the project was postponed, leaving time in the first term for only four lessons. In addition to this, the final curriculum was completed behind schedule which resulted in the volunteers having to improvise for the first two sessions. In total, two short lesson plans were provided for the project's first term (Sessions 3 and 4). This section summarises the content and pedagogical strategies that were specified in the lesson plans and proceeds to summarise the project members' opinions on the curriculum.

### **6.4.1 PROPOSED CONTENT**

Here, the content (encompassing objectives and subject matter) of the lesson plans for the third and fourth sessions is outlined<sup>53</sup>. The lesson plans focused on the provision of information and gave direct instructions as to the issues that should be covered; including directions for how long should be spent on each activity.

For Sessions 3 and 4 the 'tutor manual' that the volunteers were provided with specified the following 'learner objectives':

- The learner will be able to make informed decisions regarding personal, community and environmental health.
- To give learners basic knowledge about the transmission process (Session 3)
- To give learners basic knowledge about the change in their bodies (Session 4)

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<sup>53</sup> The first and second sessions are omitted from this section because there was no lesson plan provided

Session 3 centred on providing information about the transmission of HIV. This included, first, information about the ways that the virus can be transmitted (cited as unprotected vaginal or anal sex, and transmission through blood), second, a description of what opportunistic infections are, and, third, scientific information about how the HI-virus invades a CD4 cell and reproduces. This was followed by a scientific explanation of why there is higher HIV prevalence among women than men<sup>54</sup>.

The lesson plan for Session 4 instructed volunteers to provide factual, scientific, information about puberty and the male and female sex organs. Diagrams were provided in the 'learner manuals' which labelled the different parts of the sex organs (penis, urethra, vagina, uterus, etc.) and an outline of the function of each part was provided. A brief explanation of menstruation and of reproduction was given in the manuals; this was followed by a worksheet detailing the changes that occur in people's bodies during puberty.

It would seem that the main purpose of these two lessons was to provide factual information; the next section outlines the pedagogical strategies that were advocated.

#### 6.4.2 PROPOSED PEDAGOGICAL STRATEGIES

The activities proposed in the curriculum centred on reading and writing. The participants were issued with 'learner manuals' (mentioned above) and instructed to fill in worksheets.

In Session 3, the learners were requested to read through a page showing a cartoon strip detailing with the transmission process and then 'attempt to relate the blocks in the cartoon strip without the diagram'. Next, the volunteers were instructed to encourage the participants to take turns to read through a page in the manual detailing facts about the transmission of the HI-virus. The second part of the lesson was to be spent 'creating a pamphlet / cartoon strip about the transmission of HIV'. The volunteers were instructed to instigate an 'ice-breaker' for 10 minutes mid-way through the lesson.

In Session 4 the tutor manual instructed volunteers to read through a worksheet with the learners. The volunteers were directed to 'ask the learners if they understand, then ask them to complete the

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<sup>54</sup> Reasons given included the fact that 'there is a higher concentration of HIV present in semen than vaginal fluids' and that 'younger women are more prone due to the fact that their genital tract isn't fully mature and vaginal excretions aren't copious and therefore prone to mucosa lacerations'.

diagrams'. Again, the volunteers were encouraged to instigate an 'ice-breaker' half way through the session before reading through and discussing a worksheet. Both lesson plans ended with the following suggestion: 'If there is still time feel free to 'chat' to the learners and allow them to colour in'.

#### 6.4.3 PROJECT MEMBERS' PERCEPTIONS OF CURRICULUM

The data presented here is derived from the semi-structured interviews.

The feedback on the curriculum was overwhelmingly negative. All four of the interviewees<sup>55</sup> who spoke about the curriculum during the course of the interview, did so in a predominantly critical light. Of the 17 segments of the data that were categorised as 'project members' opinions on content', fourteen were negative and only three were positive. The curriculum was criticised for being too conventional and not interactive enough. For example, curriculum planner 2 described it as *"a very traditional sort of run-of-the-mill curriculum"* which, she said, *"...is fine, there's nothing particularly wrong with it but .... it could be more inclusive"*. Volunteer four was critical of the proposed teaching style, claiming that *"... its always just 'read about these things and let's just go around', and I don't know if that was really helpful all the time, I think there could be really some other ways of dealing with these things"*. Volunteer five called for a 'more interactive' approach, she said *"these students are 7<sup>th</sup> graders, they don't wanna sit there, dead bored out of their minds, not understanding anything"*

Three out of the four volunteers who spoke about the curriculum regarded the vocabulary in the manuals as being too advanced for the learners. For example, Volunteer five said *"I feel like the curriculum is way over the kids' heads, like way more advanced than what it should be ... they don't understand anything, they don't even understand the wording. I mean, it's gonna take forever..."*. Volunteer six also claimed that some of the vocabulary was *"out of the kids' reach"*. The following quote from Volunteer four also points to this:

*"It felt like we were just doing, not really thinking... I had a feeling it was just 'OK next week we have this (name of project) thing and we have to go out so lets write a curriculum and then just go out and do that thing!' and so, nice, ja, but I think if it was a little bit more reflective, I would like that more... the kids didn't even understand half of the words we were using." (Volunteer 4)*

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<sup>55</sup> The other 4 interviewees were either directly involved in producing the curriculum or had not seen it at the time of interview.

My observations also pointed to problems with the vocabulary in the learner manuals; in Session 3 one group devoted a full thirty minutes (half of the allotted time) to explaining the meaning of the wording in one of the handouts, while the learners became increasingly restless and disinterested. Without exception, all of the volunteers who were interviewed on the topic of the curriculum expressed disappointment or frustration that the curriculum planner had failed to attend the sessions; this was generally perceived to be the reason behind the inappropriateness of the curriculum.

## **6.5 IMPLEMENTATION AND RUNNING OF THE PROJECT**

In this section, the 'actual' content and teaching styles that were employed during the sessions are outlined, in order to ascertain whether the programme was implemented as planned. This is followed by a consideration of the factors which influenced the implementation of the lesson plans and the running of the project as perceived by myself and the other project members that participated in interviews. The section ends by considering the attendance rates of the project.

### **6.5.1 ACTUAL CONTENT AND PEDAGOGY**

#### **6.5.1.1 CONTENT**

This section describes the implementation of the curriculum. The attendance and the 'actual' content and teaching styles that were employed during the sessions are outlined, in order to ascertain whether the programme was implemented as planned. This is followed by a consideration of the factors which influenced the implementation of the lesson plans.

The issues covered in Sessions 1 and 2 focused largely on the provision of information, covering issues such as condom use, the 'window period' and non-sexual transmission. In addition to this, the volunteers attempted to explore participants' feelings and opinions on HIV/AIDS and their attitudes towards people living with HIV through posing questions such as 'what would you do if someone you loved had AIDS?' An interesting observation during these two sessions was that discussions tended to jump from one issue to the next, with no real structure or continuity and many questions were left unanswered. This, it would seem, was due in part to there being no lesson plans to frame the sessions, leaving volunteers with difficulties in controlling the content and process of engagement.

While the proposed content for Sessions 3 and 4 (see paragraph 6.2.1.) was loosely followed, the suggested time plan was not adhered to and, without exception, the lesson plans were not completed. Unlike the previous two sessions, little or no time was spent discussing the participants'

opinions, feelings or attitudes, as this was not in the curriculum. The topics covered in these sessions strayed from the proposed content to some extent, because the volunteers encouraged the participants to raise questions of their own. A striking feature was the extent to which these sessions continued to centre on information provision.

There was also a marked difference between the teaching styles that were adopted in Sessions 1 and 2 (for which there was no lesson plan), and those employed in Sessions 3 and 4 as the next section illustrates.

#### 6.5.1.2 PEDAGOGICAL STRATEGIES

During Sessions 1 and 2, the chairs were arranged into a circular formation, with the project members interspersed between the learners. The volunteers and committee members from the project in question instinctively attempted to initiate discussions, while the volunteers from the other project remained, on the whole, passive observers (and did so throughout the subsequent sessions).

As has been mentioned above, a dialogical teaching style emerged in these opening sessions. A 'question and answer' approach was adopted whereby a volunteer would pose a question to the group as a whole and the participants would respond, either by raising their hands or just speaking out. For example, the volunteers would ask questions such as "what is status?" and "what does CD4 stand for?" As time progressed, some participants began raising questions of their own such as "is it better to use two condoms than just one?" In this way, they influenced the course of the discussions, but only to a limited extent as the main focus of the discussion continued to be dictated by the volunteers.

A more structured<sup>56</sup> approach was adopted in Sessions 3 and 4. Volunteers began with an 'ice-breaker' which involved the all the learners engaging together in some physical activity and interacting with one another. Next, the volunteers proceeded to initiate smaller groups (5 or 6 participants in each group, again, sitting in circles) which lasted for the duration of the lesson. I moved from group to group observing the interactions.

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<sup>56</sup> Structured here means a definite sequence of pedagogical events that framed the content and form of the lessons.

While the intended lesson plans proposed a traditional teaching style whereby the participants were to be prompted to take turns to read aloud and complete worksheets, this did not occur in practice. Despite the fact that the lesson plan gave only one instruction to initiate a discussion (towards the end of Session 4), in practice the sessions maintained the question and answer format, with significantly less time being devoted to reading aloud and little or no time being spent writing (depending on the group).

The volunteers frequently encouraged the participants to raise questions and to discuss certain issues in more depth, as opposed to adhering rigidly to the curriculum. However, as with the previous session, while the participants were given the opportunity to shape the course of the sessions to a certain extent, the volunteers remained very much in control of the agenda with regards to both form and content. For example, Session 3 focused on HIV transmission; all the questions posed by the learners responded to this topic. Questions included “can you get HIV from kissing?”, “is it safe to hold hands or hug HIV positive people?” and “can you get HIV from sharing a toothbrush?” This demonstrates how the learners had some influence over the content of the sessions but were confined to asking questions that related to the proposed topic. For the most part it was the project members who dictated the direction and duration of the activities.

The project members didn't address the participants directly and individually when posing questions; instead they presented questions to the group as a whole. For example, they asked “does anybody know what HIV stands for?” or “who would like to read?”. This resulted in uneven participation from the learners. Working in smaller groups resolved this issue to a degree by giving more people the opportunity to contribute and express their opinions in front of a smaller audience.

## 6.5.2 ATTENDANCE

This section addresses the session attendance of both learners and project members.

While the majority of the committee members remained dedicated to the project throughout the first semester and consistently attended the weekly committee meetings, relatively few attended the actual sessions, with an average number of two committee members (out of eight) per session; some (including the curriculum planners) did not attend at all<sup>57</sup>.

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<sup>57</sup> The reasons for this are discussed in section 6.5.4.1.1

The volunteer attendance was between five and eight (out of 14)<sup>58</sup>. Five of the volunteers did not attend any sessions and four attended every session. In addition to this between one and three volunteers from another project<sup>59</sup> attended each session.

Participant attendance was consistently high, with the same 12-15 learners attending each week. An attendance register was kept by the volunteers.

The volunteer to participant ratio varied dramatically. The minimum ratio was 8 volunteers to 15 learners and the maximum ratio (during one of the sessions where the group was split into smaller, sub-groups), was 6 volunteers to 2 learners.

### 6.5.3 FACTORS SHAPING IMPLEMENTATION

This section outlines issues that arose in the classroom which influenced the delivery of the programme, with a particular focus on the nature of the communication that took place between the learners and the volunteers.

#### 6.5.3.1 SETTING AND NOISE LEVELS

Three of the volunteers who were interviewed regarded the room to be too small and saw this as being detrimental to the implementation of the project, particularly during small group work:

*“What didn’t go well was the influence of the other group; like one group was really really noisy and... um... and they at one point got up and started running around, and all that; I mean we basically had to stop, because our kids, their attention just went out... and looking at the other group” (Volunteer 6).*

*“I thought it’s not the best venue. I mean not to have two big groups who are that close together and that loud; cos you can’t really make them keep quiet cos they obviously have questions and you can’t have our group talking whilst the other group are talking as well cos you can hear what they’re saying and its really hard to listen to one group and not listen to the other one...” (Volunteer 2).*

The acoustics in the room were particularly challenging; all of the volunteers who were interviewed highlighted the high noise levels to be a major obstacle to the delivery of the programme.

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<sup>58</sup> For a table of volunteer and committee member attendance see Appendix 1.

<sup>59</sup> These volunteers were from another project within the same NGO. They worked with the learners two or three times a week, running extra-curricular workshops on academic subjects such as maths and English.

#### 6.5.3.3 DISCIPLINE AND ENGAGEMENT

An apparent lack of engagement from the learners appeared to contribute to the high noise levels. The learners were very excitable; each session would start chaotically with learners running in and out of the room, at times even fighting outside and being chased by project members. This disordered start resulted in the sessions running as much as 20 minutes behind schedule.

Typically, once the sessions had started, the participants would be quiet and focused for a while and would then become increasingly loud, restless, excitable, and disengaged as the sessions progressed. Several male individuals were repeatedly asked to 'quieten down and listen'. Maintaining discipline proved to be a real struggle for the project workers. The 'ice-breakers', however, prompted the learners to become focused and engaged. The noise levels dropped and the attention levels appeared to increase as the participants ceased talking among themselves and began to show interest.

#### 6.5.3.4 UNEVEN LEVELS OF PARTICIPATION

The extent to which the learners engaged with the discussions and activities varied considerably. A small group of two or three boys in particular tended to dominate the discussions, being quite loud and disruptive and showing little respect for others' (particularly girls') opinions; others remained quiet and withdrawn. Generally speaking, the girls tended to be considerably more introverted than the boys.

#### 6.5.3.5 LACK OF LEADERSHIP AND ORGANISATION

Five of the project members who were interviewed maintained that leadership during the sessions was weak. There was little communication between the project members from the two projects. Confusion prevailed over whose responsibility it was to take charge of the sessions, which was accentuated by the fact that the project leaders from both projects were largely absent. Usually a volunteer or committee member would assume the role of leader and start the class by raising their voice to address the group. The progress of the sessions relied heavily on project members taking initiative and assuming (rather than being allocated) such roles.

### 6.5.4 FACTORS SHAPING THE RUNNING OF THE PROJECT

This section relates to the structure and the running of the project as an entity. Challenges and issues that emerged during the course of the research are presented alongside other factors which arose as affecting the dynamic of the project, such as the attributes of the project members themselves, outlined next.

#### 6.5.4.1 ATTRIBUTES OF PROJECT MEMBERS

All of the project members were full time students; this was significant for two reasons. Firstly, five of the interviewees implied that this affected their expectations of the project; for example:

*'I really don't want to complain too much to the committee cos I feel like they're students, they've got stuff to do and if I was running it I feel like it would probably be tough for me too and ... you know we've all got stuff going on and ... and I also think that, you know, this is a student organisation'*  
(Volunteer 6)

Being 'only' a student-run project was given as an explanation for many of the shortcomings of the programme this year, by committee members and volunteers alike.

Secondly, six of the interviewees mentioned that pressures from academic work affected their capacity to participate fully in the project. In particular, this was a major problem for the project leader and for Curriculum planner 2, who was unable to fulfil her role on the committee due to unforeseen pressure from academic obligations. Without exception, the five volunteers who withdrew from the project stated academic pressure as their primary motive.

70% of those who applied to join the project were international students who had come to South Africa on a 'study abroad programme'. This meant that the vast majority of the volunteers who were accepted were international students<sup>60</sup> and so were only in South Africa for the first semester of the academic year. This was problematic for two reasons. Firstly, because it meant that the project organisers faced recruiting and training new volunteers for the second semester of the project; and secondly, because it resulted in the majority of the volunteers running a total of only four sessions. Five of the interviewees expressed disappointment or frustration about the lack of time they had with the learners, emphasising that this detracted from their ability to develop a rapport with the learners.

The project had no permanent employees. The structure of the project (like all of the projects within SHAWCO) is such that a new team of volunteers are appointed at the start of each academic year,

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<sup>60</sup> 7 out of the 9 volunteers who attended the sessions at least once were international students.

and a new committee are appointed from the previous year's volunteers. This transformation brought with it a number of challenges, as one of the committee members explained:

*"people cycle through 6 months or every year and not much is retained; we sometimes get a president of SHAWCO who has worked his or her way up through the ranks but for each projects it's very, very, difficult, even from one semester to the next ... people don't much learn from their mistakes, there isn't much of a passing down of previous experience..."*

This suggests a systemic problem, and will be discussed in more detail in the next chapter.

#### 6.5.4.2 ORGANISATION, COMMUNICATION AND LEADERSHIP

A perceived lack of communication has already been highlighted as affecting various stages of the project (see sections 6.1.2.2 and 6.3.1); five of the seven project members who were interviewed reported a lack of communication as affecting the running of the project as a whole. Poor organisation was referred to in nine out of the ten interviews. Inadequate leadership also emerged as a central deficit of the programme; four of the seven project members who were interviewed highlighted this, including the project leader himself:

*"...the deadlines that we should have been working towards have all disappeared and all changed and I haven't been given dates and deadlines yet and maybe I should be rushing us and getting things done now rather than waiting for us to be told when things should be done by, umm, but that again is my own inefficiencies as a leader..."* (Project leader).

Volunteer two also made reference to a lack of organisation, she said *"I'm pretty frustrated by the lack of organisation. I think that that's like the general consensus with everybody."* Similarly, volunteer five said *"I feel like once the leadership and organisation is there, then the volunteers will be more ... devoted, and more dedicated to coming and, you know, making this really important to them."*

In support of this, my participation on the committee also revealed a lack of organisation, communication and leadership. For example, meetings were regularly rescheduled, messages between committee members often failed to get through, the curriculum was completed two weeks behind schedule, and the sessions didn't begin until mid-way through the first academic term<sup>61</sup>.

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<sup>61</sup> As previously mentioned, this resulted in a total of four sessions for the first semester instead of eight.

The general lack of organisation and communication appeared to trigger negative perceptions of the project among the project members. For example, one of the committee members reported feeling that *"...it didn't really matter whether [she] turned up or not"* which she claimed *"really demotivated"* her. Along the same line, Volunteer two said *"I don't feel that (the committee) are with me at all, it's sort of like they're at the top and I'm like dragging along ... I don't even think they know me."*

The fact that many project members lacked clarity on the responsibilities that their positions entailed also indicates a lack of organisation. For example, one committee member complained that *"...there aren't clear outlines of the time you will be having to spend, and of each person on the committee's role"*. Another suggested that:

*"... we need to have a clear outline of the role that each person on the committee is to play, what they're responsible for, you know, allocate specific jobs to them so that they are clear of their goals and they are clear ... I had no real idea of what was expected of me and it didn't seem like there was any expectations it was just sort of whatever you can do..."*

One project member reported feeling that she had been left with too much responsibility, she claimed that she had been burdened with tasks that she saw as being above and beyond the scope of her position on the committee.

## **6.6 PROJECT MEMBERS' FEELINGS ABOUT THE PROJECT**

Despite the challenging circumstances that the project members were faced with, three out of the four volunteers who were interviewed did offer some positive feedback about the project. In particular, the volunteers reported enjoying the discussions when they were flowing well. For example, Volunteer four said *"... it was really good, ja, we had the boys and (volunteer 3) was really into and, me I tried my part and this... I think it was quite a good atmosphere I really liked it."* Similarly, Volunteer two said *"The first session I thought was really good, I liked the way we had the big circle and we were all kind of in one group ... I think it's going well I think it's, it's a really good cause so I don't mind all the mess-ups and everything we have"*.

However, reports of feeling 'disappointed', 'frustrated', 'demotivated' or simply 'sad' at how the project had turned out were considerably more common among the respondents; the data coded under 'project members' feelings about the project' consisted of 4 positive and 21 negative

comments). Some project members reported feeling particularly confused over what exactly was expected of them, as illustrated below.

The next chapter discusses these findings in the light of the theoretical and conceptual frameworks.

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## CHAPTER 7: DISCUSSION

In this chapter, the findings are interpreted in the light of the theoretical and conceptual frameworks outlined in Chapters 2, 3, and 4. The first part of the chapter concerns aspects of the findings that are specific to the intervention under evaluation. Potentially problematic areas and key omissions from the programme are discussed, thus demonstrating the insights that have been gained through the application of process evaluation. The second part of the chapter discusses the nature of the insights that have been gained in order to establish the contribution of this work to the field of HIV/AIDS intervention programming and evaluation generally.

### 7.1 INSIGHTS GAINED THROUGH APPLICATION OF PROCESS EVALUATION

This part of the chapter critically analyses key aspects of the programme that were made visible through the application of the model of process evaluation outlined in Chapter 4, which shaped the questions and research methods that were employed. The findings are interpreted in the light of the theoretical and conceptual frameworks outlined in Chapters 2, 3 and 4. Key shortcomings, which it is argued are likely to undermine the intervention's progress, are identified and discussed; these include, first, a lack of structure and theoretical grounding; second, an absence of a needs-based approach; third, a failure to empower and, fourth, a lack of contextualisation in the development and implementation of the project. These criteria shape the first part of the discussion.

#### 7.1.1 LACK OF STRUCTURE AND THEORETICAL GROUNDING

Chapter 3 established that the most effective intervention programmes are both highly structured and theory-based (Babbie and Mouton, 2005; Kirby, 2000, cited in Gallant and Maticka-Tyndale, 2004; Smith *et. al.*, 2000). The findings suggest that the project under evaluation was lacking in both respects. This section discusses the discontinuities, inconsistencies, contradictions and ambiguities that arose during the course of the research, which signify the absence of a solid structural and theoretical framework.

##### 7.1.1.1 DISCONTINUITY BETWEEN DIFFERENT ASPECTS OF PROGRAMME

Figure 4 (below) depicts the way in which a well structured<sup>62</sup>, theory-based, intervention should be developed, as proposed by the literature reviewed in Chapters 2 and 3. The arrows indicate the relationship between the different elements of the programme. For example, the needs of the

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<sup>62</sup> To recap, within this context 'structure' is taken to refer to the extent to which a programme is developed in a logical, organised, theoretically consistent way, whereby clear relationships exist between the different components of the intervention.

target audience shape the aims, objectives, and intended outcomes and they, in turn, determine the content of the curriculum and the focus of the training (Babbie and Moutun, 2006); the theoretical framework has implications for the programme's aims, objectives and intended outcomes, but also has a direct influence on the content of the curriculum (by promoting particular pedagogical strategies, for example) (Rossi et. al., 2004). Ensuring that these relationships exist guarantees that the programme is highly structured and that the different elements of the programme are consistent and in line with one another.

The findings suggest that these relationships were not present within the project under evaluation; rather, the different elements of the programme were developed independently of one another.

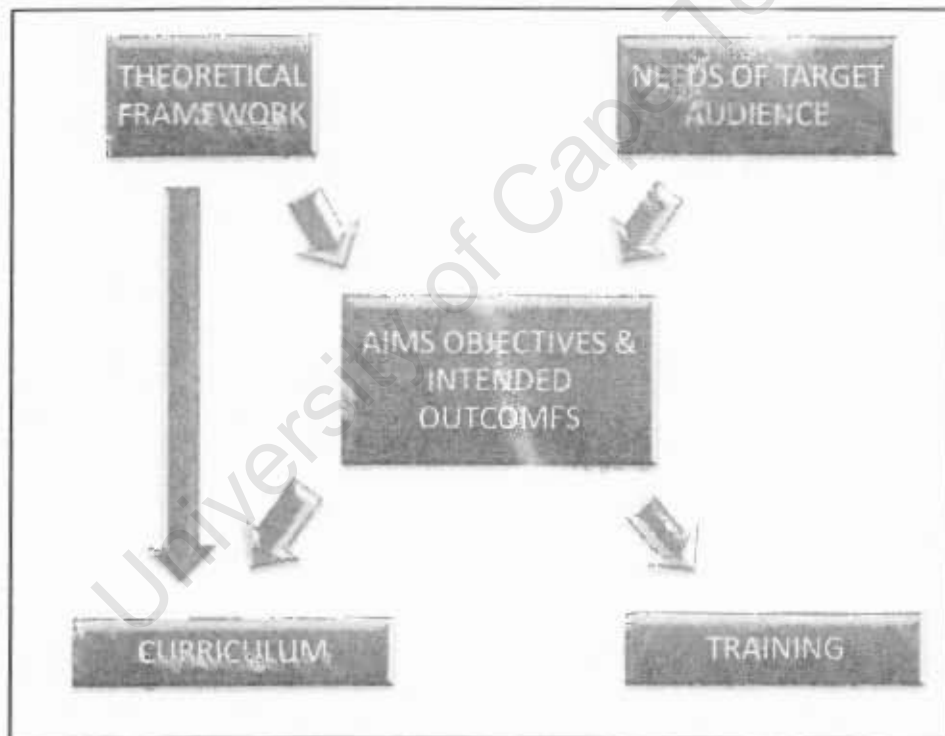


FIGURE 4: THE RELATIONSHIP BETWEEN THE DIFFERENT COMPONENTS OF A WELL-STRUCTURED PROGRAMME

An absence of structure resulted in a lack of consistency on many levels; for example, the needs of the learners did not influence the aims and objectives of the project (discussed in more detail below) and the training did not correspond directly to the material the volunteers were expected to teach (section 6.3). The interviews with the project leader suggest that, rather than forming the starting point for the development of the project, the aims and objectives were an afterthought, something

that had to be *fitted in* to the project once it had already been launched (see section 6.1.2.2). In addition to this, the results show that some components of the programme as depicted in Figure 4 (above) were absent, such as a set of finalised, clearly defined, aims and objectives (discussed next), and a theoretical framework, discussed later.

#### 7.1.1.2 LACK OF CLARITY AND FINALITY IN PROJECT AIMS AND INTENDED OUTCOMES

The ambiguity over the project's aims, objectives, and intended outcomes (apparent in comments such as "some sort of behavioural intervention" and in such 'vaguely stated goals' (Rutman, 1977:59-60) as preventing learners from "get[ting] sick with HIV" (section 6.1.2.1)), indicates a lack of clarity in the project's conceptualisation and detracts from the structure of the intervention. As has been established in the literature review, a lack of clearly defined, explicit, goals can have detrimental repercussions, both for the accomplishments of the project itself (in deeming it directionless) and for the evaluation of outcomes (as an evaluation of outcomes requires specific, pre-defined criteria to be measured, see section 7.2.1.2.3) (Babbie and Mouton, 2006; Rossi *et. al.*, 2004; Rutman, 1977). The absence of clearly defined aims and objectives also makes it difficult to assess the appropriateness of the volunteers' training.

It has been established that the aims and objectives remained as ideas and were never finalised (section 6.1.2.2); therefore, it was not possible to communicate to the committee members and volunteers a clear picture of what the project was trying to achieve or how it was trying to achieve it. This resulted in a lack of unity among the project members with regards to the project's purpose (section 6.1.2.2). The curriculum planner devised her own (individually-focused) aims and objectives independently (section 6.3.1), which explains why the final curriculum fails to reflect many of the initial ideas expressed at the programme's conception (discussed in more detail later). The lack of policy guiding the project's initiation (section 6.1.1.1.2) is likely to have exacerbated the problem.

The confusion surrounding the project's aims, objectives, and intended outcomes points to a lack of structure. The issues outlined here demonstrate the fundamental importance of developing and communicating a set of explicit aims and objectives, in order to enhance the project's organisation, focus, and continuity (Smith *et. al.*, 2000). The next section outlines apparent inconsistencies in the programme's conceptualisation, which suggest that the programme was lacking a firm theoretical grounding.

### 7.1.1.3 THEORETICAL INCONSISTENCIES IN THE PROGRAMME'S CONCEPTUALISATION

My interviews with the project leader and the curriculum planner revealed that the programme had no explicit theoretical foundation. However, the project leader's account of the programme's aims and objectives (see section 6.1.2.2) provides a valuable insight to the 'implicit ideas' (Pawson and Tilley, 1997:19) behind the intervention. An analysis of his account revealed some conflicts in the underlying logic; the intervention's conceptualisation cannot be regarded as being representative of a particular theoretical stance. This is problematic because, as Babbie and Mouton (2006:343) assert, it is important for goals to be 'linked to a strong theoretical paradigm' and research suggests that the most effective interventions are theory-based. These inconsistencies will now be discussed.

While some of the project leader's comments about the programme's aims and objectives are indicative of an individualistic frame of reference (outlined in Chapter 3 as being characteristic of social-cognitive models of behaviour), others are demonstrative of a more contextualised understanding of HIV/AIDS (and seem to encompass key principles of social constructionism). Some examples of these contradictory underlying ideas will now be provided.

Some of the project leader's comments appeared to favour an information-based approach to effecting behaviour change. For example, he expressed a desire to 'give (the learners) a wake up call', 'to provide accurate information of all the topics' and to encourage 'informed decisions'; this points to an underlying assumption that participants lack knowledge about HIV/AIDS and thus implies that information provision is a key focus of the project. The frequent references to 'choices' and 'decisions' were unaccompanied by any acknowledgement of the significance of the environments in which such choices are made which shape the way that messages are interpreted and acted upon (Campbell and Williams, 1998:62; Coulson *et. al.* 1998; Furnham, 1988; Skinner, 2001). This signifies an individualistic frame of reference and thus suggests that the role of the social (and, therefore, the influence of social identity) has been overlooked. Likewise, the project leader's allusion to 'good' or 'bad' decisions appears to oversimplify the complex nature of sexual interaction; this use of language appears to indicate an underlying assumption that sexual behaviour is determined by conscious, rational action, an idea that is central to socio-cognitive models of behaviour, which have been widely discredited in recent literature (Aggleton and Campbell, 2000; Campbell, 2003; Eaton and Flisher, 2000). The emphasis on 'informed decisions' does not demonstrate awareness of the interrelationship between social identity, sexuality, and HIV/AIDS (as outlined in Chapter 4), or of factors such as gender inequality and other power imbalances which, research suggests, influence an individual's vulnerability to HIV (Campbell and MacPhail, 2002; Gregson, *et. al.*, 2004).

In contrast, both the project leader's reference to HIV/AIDS as a 'social issue', and his explicit rejection of the idea that information-provision is of primary importance, represent a move away from an individualistic frame of reference, towards a more contextualised stance. The project leader's emphasis on the importance of establishing 'a safe, non-judgemental space' for discussion is reminiscent of the peer educational model (outlined in Chapter 3) which incorporates social constructionist identity theory and Freirian pedagogical principles (as was established in Chapter 4). In practice, however, there appears to be no connection between the conceptualisation of the project as presented here and the content and pedagogical processes advocated in the final lesson plans (see sections 7.1.3.2.1 and 7.1.4).

This section has discussed the theoretical inconsistencies that became apparent from a consideration of the programme's conceptualisation<sup>63</sup>. The next section outlines another fundamental omission from the intervention: a consideration of the intended beneficiaries' needs.

#### 7.1.2 ABSENCE OF A NEEDS-BASED APPROACH

The theoretical framework outlined the fundamental importance of involving participants, as partners, in every stage of an intervention, from planning through to delivery (Campbell, 2003; Campbell and Williams, 1999; Caron *et al.*, 2004; Freire, 1972; Mathews *et al.*, 1995) as opposed to adopting a 'one size fits all' approach to HIV/AIDS intervention programming (Aggleton, 1991; Campbell, 2003; Uphoff *et al.*, 1998, cited in Chopra and Ford, 2005; Varga, 2001). Chapter 2 established that an assessment of need<sup>64</sup> constitutes the essential first step in the development of appropriate, effective interventions, which helps tailor the intervention to the specific needs of the intended beneficiaries (Posavac and Carey, 1992:341, cited in Babbie and Mouton, 2006). There was little evidence of the intervention doing this. What follows is a consideration of how different aspects of the intervention were developed without accounting for need, and a discussion of the consequences this had.

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<sup>63</sup> The implicit theoretical stance that emerged from an analysis of the programme's curriculum, and which transpired during the programme's implementation, will be discussed later in the chapter (section 7.1.4.1).

<sup>64</sup> To recap, 'need' is defined by Owen (1999:173) as 'the difference between the desired and the present situation or condition'.

#### 7.1.2.1 RATIONALE

The project leader's account of the rationale behind the project suggests that it was founded in response to a single interaction between a student volunteer and a participant from another project within the same NGO (see section 6.1.1.1.1). This presumably was understood to be typical of a more widespread issue, namely the lack of opportunities young people have to talk openly about sex and HIV/AIDS. While this specific incident may indeed be characteristic of a more general problem, there is no evidence to suggest that any research was conducted to discover whether or not this was the case for the particular community in which the intervention took place. This suggests that the project may have been initiated on the basis of over-generalisations about the participants' needs.

#### 7.1.2.2 AIMS AND OBJECTIVES

There is no evidence to suggest that the aims and objectives of the project under evaluation respond to the specific requirements of the target population. The programme appears to have been conceptualised on the basis of presumptions about the participant's needs rather than on evidence, which implies that it is not addressing the specific requirements of the intended beneficiaries (as advocated by Babbie and Mouton, 2006). While reference was made to a needs assessment (see section 6.3.2), it is important to note first, that this assessment is outdated and was not conducted with the project's target population, but with a group of young people from within the same community, and, second, that there is no evidence to suggest that this needs assessment influenced the development of the programme's aims, objectives or curriculum, discussed next.

#### 7.1.2.3 CURRICULUM DEVELOPMENT

Curriculum planner 1 claimed that she developed the curriculum based on her own research and her personal "knowledge of the children"; however, no formal needs assessment was conducted (section 6.3.2). Despite the project leader's intention to "go in together and look at (the) community" in order to develop an understanding of the participants' needs, in practice those responsible for developing the curriculum remained largely absent from the sessions, with the curriculum planner failing to attend at all (sections 6.3.2 and 6.5.2). The curriculum planner devised her own aims and objectives independently (section 6.3.1), which explains why the final curriculum fails to reflect some of the ideas expressed at the programme's conception (discussed in more detail below).

It is proposed here that the absence of a needs assessment, and the failure to involve the intended beneficiaries in the development of the programme, resulted in the final curriculum being unsuited

to the needs of the participants, particularly in terms of the language that was used. The unsettled atmosphere that prevailed during the sessions, combined with the high noise levels and uneven contributions from participants (section 6.5.3), suggests that many of the participants failed to engage with the material that was covered.

The fact that one volunteer reported spending half of one of the sessions explaining the meaning of the vocabulary on one of the worksheets (section 6.4.3) suggests that the 'learner manuals' failed to convey information to the participants 'in their own terminology' as advocated by Campbell (2003:48). The volunteer feedback also suggests that this was the case (section 6.4.3).

This section has discussed various aspects of the programme which failed to respond to the specific requirements of the target audience. In neglecting to conduct a needs-assessment, or to include participants in the generation of the aims and objectives, and in the development of the curriculum itself, the value of insider knowledge was overlooked (Aggleton, 1991; Campbell, 2000, 2003; Campbell and Foulis, 2002; Selicow, 2005). The next section addresses how the absence of a needs-based approach (alongside other factors) may serve to undermine the programme's potential for empowerment.

### 7.1.3 TO EMPOWER OR NOT TO EMPOWER?

The theoretical framework argued that critical thinking and empowerment are 'key preconditions for programme success' (Campbell and MacPhail, 2002: 331). This section identifies elements of the programme which, when interpreted in the light of the theoretical framework, appear to detract from the programme's capacity to empower participants.

#### 7.1.3.1 OWNERSHIP

Ownership was highlighted in Chapter 4 as an 'empowering' process that contributes to the development of 'critical consciousness' which, it was argued, facilitates empowerment through increasing participants' perceived self-efficacy and potential for agency (Campbell, 2003; Campbell and Foulis, 2002; Freire, 1972, 1974; Selicow, 2005). Two aspects of the programmes emerged as undermining the participants' opportunity to gain ownership of the intervention, these will now be outlined.

Section 7.1.2 established that the target audience were not involved as partners in the development of the intervention. Therefore, they were denied the opportunity to establish ownership of the project (Freire, 1972; Campbell and Williams, 1999; Mathews *et. al.*, 1995).

The conflict between the project leader and Curriculum planner 1 (see section 6.3.3) suggests that they were preoccupied with asserting their own claim over the curriculum as opposed to encouraging participant ownership; this is evident from their use of phrases such as “my stuff” and “your stuff” and references to “(project leader)’s curriculum”.

Arguably, the fact that the volunteers were left to improvise for the first two sessions had some positive repercussions; the lack of guidelines was beneficial in that it gave the participants the opportunity to define the agenda to a certain extent. However, the question and answer format of the discussions that prevailed (with project members remaining largely in control of the agenda, see section 6.5.1.2) meant that the learners were, for the most part, denied the opportunity to influence the direction of the sessions, which is likely to have detracted from their sense of ownership.

The lesson plans gave direct instructions as to the topics that should be covered, including directions for how long should be spent on each activity; this left little room for the participants to shape the content of the sessions. In failing to propose a space for the participants to any raise issues *they* saw as being important, those responsible for developing the curriculum neglected an opportunity to empower the participants through engaging them as equals in the education process (as proposed by Campbell, 2003; Freire, 1972; James *et. al.*, 2004).

The next section discusses how the intervention’s proposed pedagogical approach detracted from its capacity to empower participants.

#### 7.1.3.2 DIDACTIC TEACHING: A BANKING APPROACH TO EDUCATION

The curriculum recommends traditional teaching methods, placing a great emphasis on reading aloud and writing (section 6.4.2). Whilst not strictly didactic, these proposed pedagogic strategies do not diverge far from the underlying principles of this approach; namely, that the participant is a passive recipient of information rather than a contributor or partner in the education process. This is

demonstrative of a 'banking' approach to education (as was hinted at in the 'learner objectives', outlined earlier) which, according to Freire (1972), is an oppressive tool which detracts from the student's ability to develop a 'critical consciousness'.

The fact that the project's intended beneficiaries are referred to as 'learners' has implications for the power dynamic between the volunteers and the participants. 'Learner' is a term used in schools in South Africa which corresponds to the term 'educator'. Employing the terminology exercised in the schools suggests that the sessions are intended to bear resemblance to the school classroom environment; the connotation is that the participants are there to learn from the volunteers rather than to share ideas and discuss experiences, as advocated by Freire (1972; 1974). This discourse implies traditional teaching style whereby the 'educator' assumes a position of intellectual superiority and is thus suggestive of Freire's (1972) notion of the 'banking' approach to education.

The literature suggests that a dialogue-based approach to education is preferable to a didactic approach; creating an open forum for discussion was promoted in Chapter 4 as a process which empowers people by encouraging the exchange of ideas and the development of critical thinking skills and critical consciousness (Freire, 1972; Campbell, 2002, 2003; James *et. al.*, 2004; Selicow, 2005).

As was outlined above, while some dialogue did occur (Section 6.5.1.2), the discussions were largely controlled by the volunteers; the nature of the interaction (with volunteers posing questions and learners raising their hands to answer) did not constitute an open forum for discussion. This demonstrates the need for experienced facilitators with skills in mediating interaction (as advocated by Ahmed *et. al.*, 2006).

The instruction to the volunteers to 'chat to the learners' if there is still time *after* all the proposed material has been completed (section 6.4.2), suggests that dialogue was seen as separate from, rather than integral to, the 'real' learning process, or at least that it was of secondary importance. The 'ice-breakers' were also presented as being separate in this way (section 6.4.2); again, this indicates the intervention's preference for traditional teaching methods over more innovative, interactive styles.

As well as serving to empower, dialogical 'teaching' was advocated in the literature review as having the potential to facilitate the collective renegotiation of social norms (Campbell, 2003; Campbell and MacPhail, 2002; Gregson *et. al.*, 2004); this will be discussed in the next section.

#### 7.1.4 A DECONTEXTUALISED STANCE

Chapter 3 emphasised the importance of accounting for the numerous 'community and social processes' which influence an individual's sexual behaviour in order to avoid developing ineffective, decontextualised, over-simplistic, interventions (Campbell and Williams, 1998:62; Coulson *et. al.* 1998; Furnham, 1988; Skinner, 2001). It has been emphasised throughout this work that many factors play into the way in which people interpret messages, and that they do not do so outside of a context or discursive space that mediates constructions and reproductions of individual and collective identities. This section outlines features of the intervention which demonstrate a failure to account for these contextual factors.

##### 7.1.4.1 FOCUS ON INFORMATION PROVISION

Unlike the theoretical inconsistencies evident in the project leader's account of the intervention's aims and objectives, the curriculum exhibits a uniform theoretical stance. An individually-focused, information-based approach to HIV/AIDS education is promoted, with the emphasis very much on content rather than context; this will now be discussed.

The 'learner objectives' place an obvious emphasis on knowledge provision. For example, the first 'learner objectives' for Sessions 3 and 4 (section 6.4.1) state that the intervention aims to enable participants to make 'informed decisions' about their health; as was discussed in section 7.1.1.3, this implies that people contract HIV as a result of being misinformed and making the wrong decisions. A focus on knowledge provision is even more explicit in the latter objectives for each session, which propose to 'give learners basic knowledge' about either 'the transmission process' (Session 3) or 'the change in their bodies' (Session 4). In line with this, the vast majority of the proposed content is information-based<sup>65</sup> (see 6.4.1).

As mentioned above (section 7.1.1.3), a focus on knowledge provision indicates an underlying assumption that a lack of information about HIV/AIDS is at the root of high-risk sexual behaviour. However, as Chapter 3 established, much research suggests that this is not the case (Campbell, 2003,

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<sup>65</sup> It has already been argued above that while dialogue was promoted, it formed only a minor part of the curriculum and was seen as separate from the 'real' learning process (section 7.1.3.2.3).

2004; Campbell and Mzaidume, 2002; Campbell and Williams, 1999; Eaton and Flisher, 2000; Govender *et. al.*, 1992; James *et. al.*, 2004; Selicow, 2005; Varga, 2001). The information-based approach (which is based on socio-cognitive models of behaviour) was highlighted in the literature review as being largely unsuccessful at effecting behaviour change (Kelly *et. al.*, 1993; Hubley, 2000). In failing to respond to the fact that the 'decisions' people make about their sexual behaviour are made within a particular social context, which is complex and potentially conflictual, the information-based approach overlooks the role of social factors in determining vulnerability to HIV (Campbell and Williams, 1998:62; Coulson *et. al.* 1998; Furnham, 1988; Skinner, 2001). The weight that this approach gives to agency in negotiating sexual encounters is thus idealistic and indicates a decontextualised, and thus unrealistic, understanding of the nature of 'decision' making.

The curriculum shows no evidence of encouraging the development of a 'safe, non-judgemental space' for discussion, as endorsed by the project leader in the planning stages of the project. The importance of providing a space for participants to share ideas and develop critical thinking skills was emphasised in the literature review as an important precondition, not only for empowerment (as outlined above), but for the renegotiation of social identities (Campbell, 2003; James *et. al.*, 2004). The dialogue that did occur was between volunteer and participants rather than between peers, which meant that the participants were denied the opportunity to 'weigh up the pros and cons of a range of behavioural norms' or to 'exchange anecdotes and comment on one another's experiences and points of view' - processes advocated by Campbell (2003:48) as central to the collective renegotiation of identities.

The intervention's failure to account for the influence of the collectively constructed nature of identities in shaping how information is received and acted upon constitutes a major omission from the project. It would appear that the intervention is overlooking social factors through attempting to influence behaviour directly without accounting for the idea that 'different identities or positionings are associated with different behavioural possibilities or constraints' Campbell (2003:47), or for the complexity of the interrelationship between sexual behaviour, identity and HIV/AIDS (as discussed in Chapter 4).

In defence of the project, it has been asserted in Chapter 3 that information provision *is* a necessary component of any HIV-education programme. It should be noted that this evaluation focuses only on the project's first semester; therefore, it is possible that the two lesson plans being critiqued in this study are not characteristic of the approach that will be adopted in the second half of the

project. However, my interviews with Curriculum planner 1 suggest otherwise; her description of the intervention as 'an HIV education project that gives HIV knowledge to grade 7 learners' (6.1.2.2) suggests that an information-based approach is very likely to be promoted throughout the duration of the project.

#### 7.1.4.2 LACK OF A SOCIOLOGICAL EXPLANATION FOR HIGHER PREVALENCE OF HIV AMONG WOMEN

The curriculum provided a purely scientific explanation of why there is higher HIV prevalence among women than men (see section 6.4.1). This account constitutes a decontextualised stance in that it overlooks social factors such as gender inequalities which, research suggests, contribute to higher HIV prevalence among females (Campbell and MacPhail, 2002; Gregson, *et. al.*, 2004). This demonstrates how the information itself, as well as nature of the programme (information-based), and the pedagogical strategies (didactic) are decontextualised and thus overlook the 'community and social processes' which shape sexuality and vulnerability to HIV (Selicow, 2005; Campbell and Williams, 1998:62).

#### 7.1.4.3 NEGLECTING THE SENSITIVITY OF THE TOPIC

Chapter 4 emphasised the sensitive nature of HIV/AIDS as a topic for education which, it was argued, results from the connection between HIV/AIDS, sexuality, morality, and self (Weeks, 1986). The classroom observations revealed that the way in which the material was covered did not appear to respond to the sensitivity of the topic in hand. For example, at times there was an extremely high volunteer to participant ratio (section 6.5.2), which caused many of the learners to become quiet and insular. It is proposed here that the participants being outnumbered in this way did not contribute to their feeling comfortable with discussing intimate issues. Also, during the first and second sessions the volunteers posed questions to the group as a whole about their personal feelings on, and attitudes towards, HIV/AIDS; this indicates insensitivity to the fact that intervention programmes bring aspects of people's identities which are usually private into the public sphere (Altman 2003; Weeks, 1986).

Thus far, aspects of the findings specific to the intervention under evaluation have been discussed in relation to the theoretical framework in an attempt to demonstrate the insights that have been gained through the application of process evaluation. These findings have the potential to enrich the programme under evaluation through pinpointing aspects which require improvement. The results suggest that the intervention would benefit from being founded on a more solid structure and from establishing an explicit theoretical stance. Taking into account and responding to the needs of the target audience would arguably result in a more appropriate and empowering intervention,

and the adoption of a pedagogical strategy (such as peer-education) that is responsive to the relationship between sexuality, social identity and HIV/AIDS would also prove beneficial. The chapter now moves to a more generalised discussion of the contribution that process evaluation can make to HIV/AIDS intervention programmes.

## **7.2 THE CONTRIBUTION OF PROCESS EVALUATION TO HIV/AIDS INTERVENTION PROGRAMMES**

Through applying the model outlined in Chapter 4, the key question in this study (What contribution can process evaluation make to our understanding of HIV/AIDS intervention programmes?) has been addressed. This study has demonstrated how process evaluation, as a tool, can generate data which can then be subjected to a theoretical, processual and pedagogical analysis. Part one of this chapter demonstrated the insights that can be gained through the application of this particular model of process evaluation. This part of the chapter discusses the nature of these insights that in order to establish the contribution of this work to the field of HIV/AIDS intervention programming and evaluation generally.

### **7.2.1 FACTORS ILLUMINATED THROUGH PROCESS EVALUATION**

The findings demonstrate how process evaluation makes visible aspects of an intervention that other types of evaluation do not.

Figure 5 (below) depicts the elements of a programme that are overlooked in evaluations which focus solely on outcomes. The black boxes<sup>66</sup> represent the aspects of a programme remain which remain hidden in outcome-only evaluations and the grey boxes represent those which are taken into account. The red arrow in the diagram represents the fact that summative evaluation adopts a linear approach, and skips to a consideration of impact, without considering the processes through which any given outcomes are achieved.

Figure 6 (below) depicts the components of an intervention that are illuminated through applying the model of process evaluation promoted in Chapter 4 (section 4.3). A comparison between this and Figure 5 (below) reveals that process evaluation unearths significantly more features of an intervention than outcome evaluation alone.

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<sup>66</sup> This corresponds to Harachi *et. al.*'s (1999) aforementioned analogy of 'opening the black box' (outlined in Chapter 2).

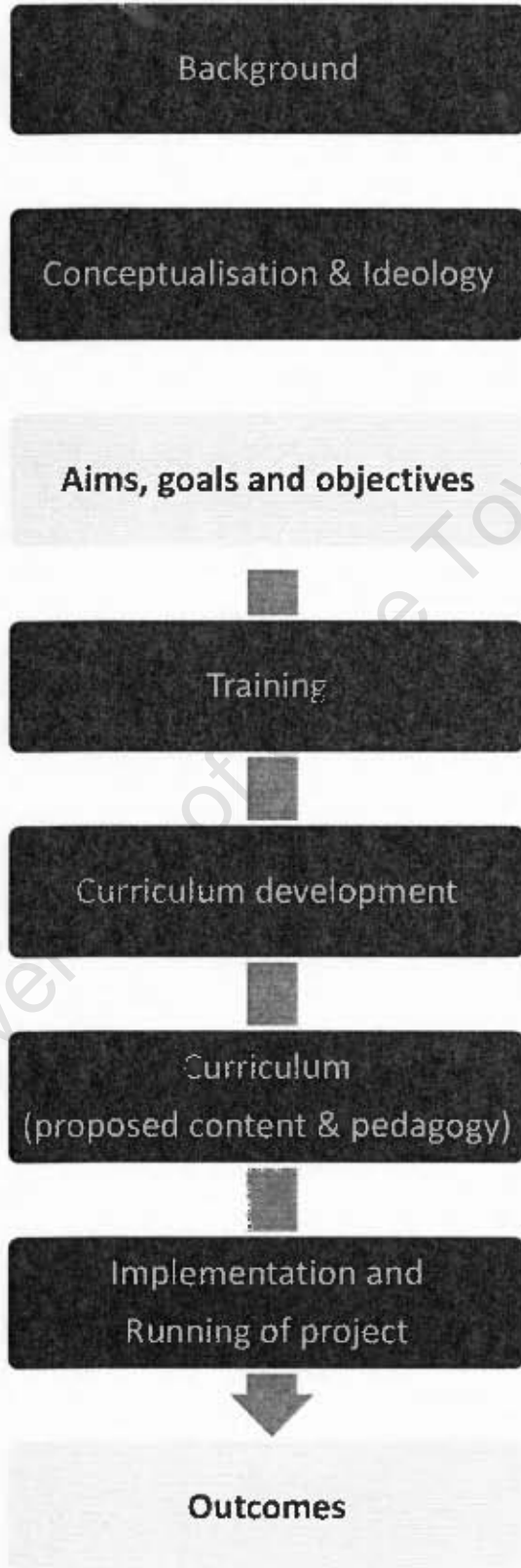


FIGURE 5: THE 'BLACK BOXES' OF OUTCOME EVALUATION

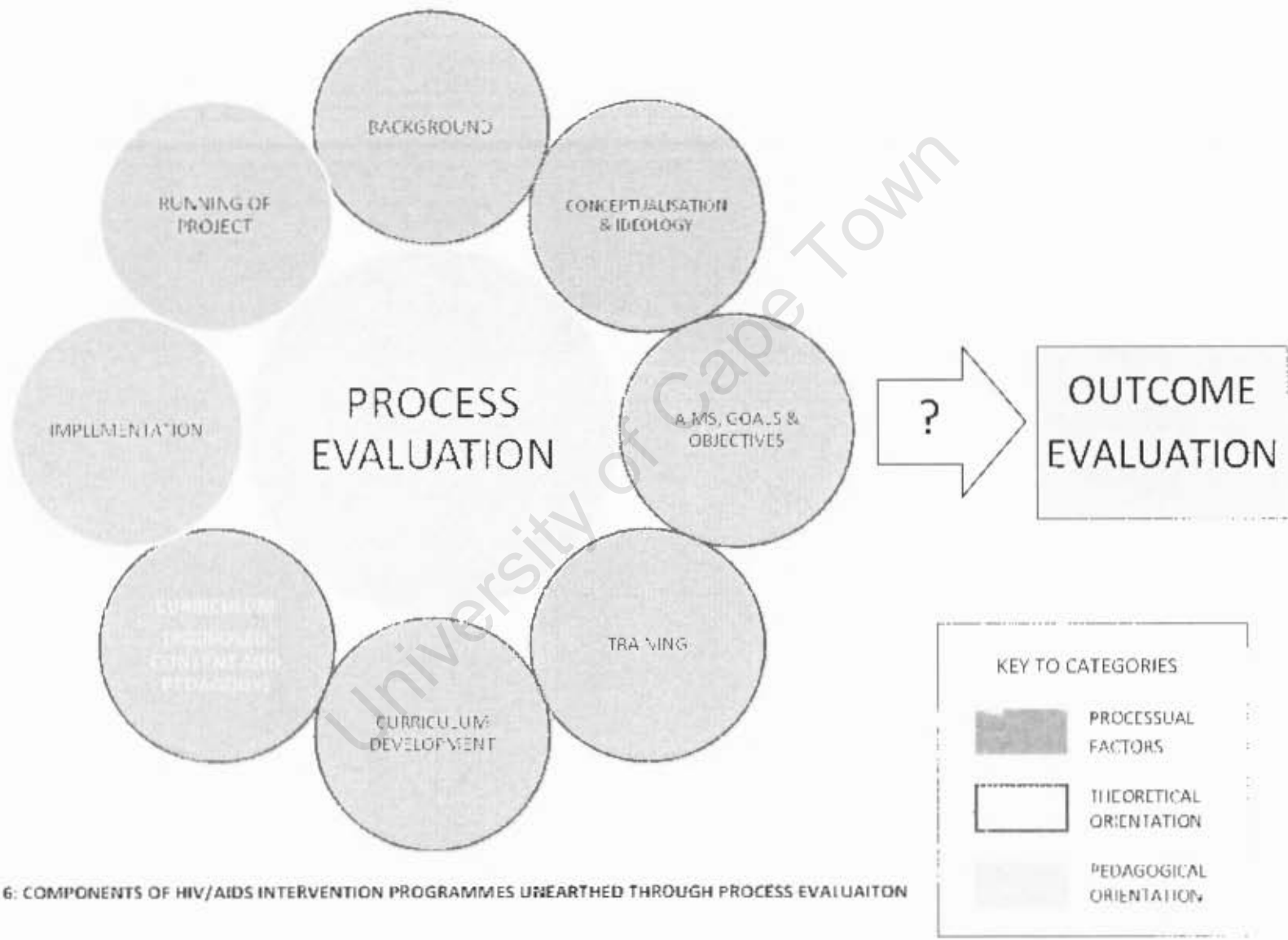


FIGURE 6: COMPONENTS OF HIV/AIDS INTERVENTION PROGRAMMES UNEARTHED THROUGH PROCESS EVALUATION

The aspects that emerged throughout this research are incorporated in the diagram and the category<sup>67</sup> (or categories<sup>68</sup>) they correspond to, are identified. The white arrow with the question mark indicates the fact that, logically, outcomes should only be considered once it has been established whether or not the programme under evaluation is 'evaluable' and whether it is being implemented as planned (Babbie and Mouton, 2006; Posavac and Carey, 2007).

In making visible these aspects, and posing different types of questions to those that are usually asked, process evaluation has allowed for problems to be noticed as they occur and have paved the way for an evaluation of outcome; these insights will now be discussed.

#### 7.2.1.1 NOTICING PROBLEMS AS THEY OCCUR: IDENTIFYING AREAS FOR IMPROVEMENT

It was asserted in Chapter 2 that, aside from providing the foundation for an evaluation of outcome, process evaluation has the potential to produce valuable feedback and understanding on the running of a programme, thus allowing for any problems to be noticed as and when they occur (Posavac and Carey, 2007).

First, this research has demonstrated process evaluation's potential for highlighting factors which shape both the delivery of the curriculum (section 6.5.3) and the running of the project as a whole (section 6.5.4). Factors such as high noise levels (section 6.5.3.1), organisational and communicational problems (section 6.5.3.5 and 6.5.4.2), and uneven participation from the participants (section 6.5.3.4) were identified as hindering the progress of the intervention. In this way, the evaluation revealed issues which require immediate and direct attention and which would have been overlooked if the intervention had been evaluated summatively.

Second, the findings brought attention to the fact that a number of obstacles which arose in the project last year appear (section 6.1.1.2) to have reoccurred this year. These include, a lack of time spent with the learners (which is considered to detract from the volunteers' ability to forge a trusting relationship with them), poor communication between the project's committee and

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<sup>67</sup> The categories in Figure 6 correspond to the categories identified in section 4.3 as depicted in Figure 2 (section 4.3 above). The features of the diagram with the red borders correspond to elements which give insight to an intervention's theoretical orientation. The yellow text signals aspects of the intervention which give insight to an intervention's proposed pedagogical orientation. The blue refers to processual elements; all of the components are in blue because this category encompasses an intervention's structure, development, implementation and delivery, giving attention to the *relationship between* the different aspects of an intervention as well considering certain components individually.

<sup>68</sup> The diagram shows that there is overlap between categories, with some components corresponding to more than one of the categories.

volunteers (section 6.5.4.2), and high numbers of volunteers withdrawing from the project (section 6.5.2). This reoccurrence points to systemic problems, as opposed to specific ones, particularly given that new personnel are appointed each year (section 6.5.4.1.3). The fact that a different set of project members faced many of the same setbacks points to more general, structural, challenges.

Third, through shedding light on a programme's conceptualisation, development, and implementation, process evaluation generates data which allows for a programme's conceptualisation to be critically appraised and enables goals to be refined and developed (Scott, 1992) (see section 7.2.1.2.3 and 7.2.2).

As well as drawing attention to different levels of the project, which require attention and improvement, the findings are of value in that they provide the foundation for an evaluation, and interpretation, of outcomes; the focus of the next section.

#### 7.2.1.2 PAVING THE WAY FOR AN EVALUATION OF OUTCOME

Process evaluation provides the necessary foundation for an evaluation of outcome in three ways; through revealing whether or not the intervention has been implemented as planned, through documenting how any outcomes can be reproduced, and through establishing whether or not a programme is evaluable. The following sections discuss these criteria in relation to the findings of this study.

Chapter 2 asserted that an outcome evaluation should only be conducted when it has been established that a programme is being implemented as planned (Babbie and Mouton, 2006; Posavac and Carey, 2007).

The findings demonstrate the hazard of assuming that programmes are always implemented as according to plan. The focus on the programme's implementation has highlighted factors which hindered the delivery of the programme (as outlined in previous section). The research revealed that the programme's official curriculum was not rigidly adhered to; both the content and the teaching styles that were employed differ from what was proposed (section 6.5.1). Had a process evaluation not been conducted, any conclusions that were drawn from a summative evaluation impact would have been based on a possible misinterpretation of the content of the programme (through assuming 'programme failure' rather than 'implementation failure' (Harachi *et. al.*, 1999:712).

Along the same line, in establishing which aspects of the programme *did* go as planned, the process evaluation can add credibility to future outcome evaluations. For example, monitoring of attendance contributes to an understanding of the extent to which a programme has been implemented according to plan. A knowledge of the number of learners present helps to determine whether or not the programme has been received by the target audience. The high attendance rates of the learners (see section 6.5.2) rules this out as a variable distorting outcome-level data.

In documenting the programme's conceptualisation, development, and implementation, the process evaluation has produced a 'natural history' (Scott, 1992:66) of the intervention, and thus generated an in-depth understanding of its delivery, and of how any positive outcomes can be produced (as advocated by Plummer *et. al.*, 2007 and Scott, 1992).

The findings offer numerous examples of contradictions between intention and action. For example, the project leader acknowledged the value of some processes (such as consulting with the learners over their needs and 'creating a safe space for discussion') but failed to translate these intentions into action. This demonstrates the importance of having an in-depth, first-hand account of a programme's delivery.

The ambiguity of the intervention's goals has been discussed already in section 7.1.1.2; this section covers in more detail how this affects the programme's potential for summative evaluation.

Chapter 2 asserted that if a programme has failed to establish explicit goals it may not be possible to assess impact because 'vaguely stated goals ... are not easily measurable and do not provide adequate criteria for determining whether a programme produced the expected outcomes' (Rutman, 1977:59-60). The process evaluation revealed that the intervention's aims were ambiguous and shifting (section 6.1.2.2), and that they had not been translated into 'concrete objectives that refer to measurable outcomes' (Babbie and Mouton, 2006:343). Thus the project is not yet sufficiently structured for an outcome evaluation to be conducted. In breaking down the different aspects of an intervention, process evaluation can expose elements of the programme which require clarification before an outcome evaluation can be conducted, and can assist in the development of needs-based, theoretically grounded, measurable goals (Babbie and Mouton, 2006).

## 7.2.2 THE BENEFITS OF THEORETICAL ANALYSIS

### 7.2.2.1 CRITIQUING AN INTERVENTION'S THEORETICAL AND PEDAGOGICAL ORIENTATION

Process evaluation allows a programme's theoretical<sup>69</sup> and pedagogical orientation to be unearthed and critiqued. This was demonstrated in the first part of this chapter, where the data generated by interviews, observations and qualitative content analysis were analysed in the light of a particular theoretical framework in an attempt to understand and critique the intervention's implicit theoretical and pedagogical orientation.

Section 7.1.1.3, for example, critiqued the implicit theoretical implications of the project's aims and objectives, interpreting the findings through a social constructionist and Freirian lens. The analysis (which highlighted theoretical inconsistencies in the programme's conceptualisation) allowed for a deeper understanding of the programme's conceptualisation to be obtained and highlighted key omissions and areas for improvement.

### 7.2.2.2 APPLYING ESTABLISHED BODIES OF UNDERSTANDING

Using qualitative content analysis, the curriculum was interpreted through a social-constructionist and 'Freirian' theoretical framework (see sections 7.1.3.1.2, 7.1.3.2 and 7.1.4.1). This allowed key omissions to be identified and highlighted potentially problematic areas. This demonstrates how a structured theoretical analysis can provide insight to a programme's theoretical and pedagogical ideology through applying widely-established bodies of knowledge, as opposed to 're-inventing the wheel' (Campbell, 2003:10).

### 7.2.2.3 ENHANCING THE VALUE OF CASE STUDIES

Theoretical analysis gives credibility and value to case studies; it ensures that the findings that are generated, and the insights that are gained, can be of use to the wider population. I refer again to Scott's (1992:73) claim that:

'It is possible ... to move beyond description to analysis if we view the every day world as problematic, and see the individual case study not as an isolated instance but as a point of entry ... by problematising 'what goes on' it can produce new understandings which give people useful knowledge ....'

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<sup>69</sup> A firm theoretical base was outlined in Chapter 3 as essential for the development of effective HIV/AIDS intervention programmes (Babbie and Mouton, 2006; Kirby, 2000, cited in Gallant and Maticka-Tyndale, 2004; Rossi *et. al.*, 2004; Smith *et. al.*, 2000).

Through conducting a theoretical analysis, this study has succeeded in generating insights that are not only of benefit to the specific intervention under evaluation, but to the field of evaluation generally. The work has demonstrated the propensity of a process evaluation to adopt a holistic and contextualised approach to evaluation which can contribute to a nuanced understanding of what does and does not work in programmes.

This chapter has demonstrated the value of process evaluation to both the specific intervention under evaluation and to the field of evaluation research generally. Through interpreting the findings in relation to the theoretical and conceptual frameworks, the study has highlighted key omissions from the project, drawn attention to the project's inherent contradictions, ambiguities and conceptual problems, and identified issues which detract from its evaluability. In this way, the study has illuminated elements of a programme that often get overlooked in summative evaluations. Through demonstrating and discussing the types of insights that can be gained through the utilisation of process evaluation, the contribution that this approach to evaluation can make to our understanding of HIV/AIDS intervention programmes has been established.

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## CHAPTER 8: CONCLUSION

This study sought to examine the utility of process evaluation. In particular, the aim was to provide a detailed description and critical analysis of an HIV/AIDS intervention programme with the intention of assessing the gains, if any, that can be made through the application of this type of evaluation. The assumption made was that process evaluation can offer insight into aspects of the HIV/AIDS intervention programmes that other, more common, forms of evaluation are unable to provide.

Process evaluation, as an approach, has implications for the questions that are asked, the aspects that are illuminated, and the research methods that are employed in evaluations. This study has demonstrated the value of process evaluation, both to the specific intervention under scrutiny and to the assessment of HIV/AIDS intervention programmes generally, through demonstrating and discussing the types of insights that can be gained through the utilisation of this under-represented approach to evaluation.

It has been argued that HIV/AIDS is a complex topic which poses unique challenges for intervention programming and evaluation, first, because of its connection with deeply private issues such as sex, sexuality, morality and self (which influences the way in which information is received and acted upon) and, second, because of the numerous individual, interpersonal, community-level, and macro-level factors which shape people's vulnerability to the virus.

This work posits that process evaluation is particularly suited to the assessment of HIV/AIDS intervention programmes because, as an approach, it encourages different types of questions to be asked – questions which are responsive to the complex, social, nature of HIV/AIDS and to the indirect relationship that exists between HIV-related knowledge and sexual behaviour.

The model of process evaluation presented in this work promotes a multi-layered approach which prompts questions to be asked about processual, theoretical, and pedagogical elements of a programme (all of which, research suggests, are central to the success or failure of HIV/AIDS intervention programmes) and encourages systematic and comprehensive process evaluation.

Through focusing on context, interaction and understanding, this research has highlighted key omissions from the project under evaluation, drawn attention to its inherent contradictions, ambiguities and conceptual problems, and identified issues which detract from the programme's evaluability as well as its efficacy. In doing so it has paved the way for an evaluation of outcome and

demonstrated the detrimental effects of developing an HIV/AIDS intervention programme without a solid structure and a firm, appropriate, theoretical grounding.

The application of the model revealed that an individualistic, information-based, approach was promoted in the project's curriculum. This pedagogical approach, which assumes a direct relationship between knowledge and behaviour, fails to account for the complex interrelationship between social identity, sexuality, and HIV/AIDS and has been shown to be ineffective at effecting behaviour change (Kelly *et. al.*, 1993; Hubley, 2000). It has been argued that the pedagogical strategies that were promoted undermined the intervention's capacity to promote empowerment; a decontextualised stance was adopted which failed to acknowledge the influence of the social factors, or to promote the collective renegotiation of identities (Campbell, 2003). This example shows how process evaluation allows a theoretical analysis to be carried out, which provides an understanding of the 'broader determinants of programme success' (Campbell, 2003:9).

The study has demonstrated the propensity of process evaluation to adopt a holistic, contextualised, and theoretically-grounded approach to evaluation, which can contribute to a nuanced understanding of what does and does not work in programmes. It has been demonstrated that process evaluation, as an analytical tool, can offer insight into aspects of a programme that other, more common, forms of evaluation are unable to provide.

It has been argued that summative evaluations are less suited to assessing HIV/AIDS intervention programmes because the effects of such programmes are not easily quantifiable. Outcome evaluations which use HIV-related knowledge in as an indicator of the impact of HIV/AIDS intervention programmes on sexual behaviour are problematic, as they implicitly assume a direct link between knowledge and behaviour.

The importance of accounting for the complexity of the HIV/AIDS epidemic in both intervention evaluation and programming has been emphasised throughout. This work has shown that accounting for the reciprocally determining relationship between identity, sexual behaviour, and HIV/AIDS (in terms of the content and pedagogical strategies that are promoted) is within the scope of most HIV/AIDS intervention programmes, even those with a low budget such as the project under evaluation.

The study has demonstrated that process evaluation allows human action to be understood whilst simultaneously revealing why programmes do or do not succeed. In this way its application may contribute to the development of more appropriate, comprehensive, and effective HIV/AIDS interventions.

With regards to this particular intervention, further research is needed to assess its impact. However, this will not be possible, or desirable, until the project's aims and objectives have been clarified and translated into measurable outcomes. The intervention programmers would benefit from conducting a needs-assessment with the learners, in order to ensure it is addressing the specific requirements of the intended beneficiaries; it would also be beneficial to involve them in future evaluations and programme planning.

On a more general level, it is imperative for process evaluation to become an integral, routine, part of all evaluations of social interventions, particularly HIV/AIDS intervention programmes. Without considering processual, theoretical and pedagogical elements of a programme it is not possible to develop a nuanced understanding of what does and does not work in programmes either generally, or specifically. Process evaluation is one, under-represented, form of evaluation which should be conducted alongside other forms of evaluation.

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## APPENDICES

### APPENDIX 1: ATTENDANCE AND SAMPLING OF PROJECT MEMBERS

Position	Session 1	Session 2	Session 3	Session 4	Total
<u>Project Leader</u>			x	x	2
Human Resources	x	x			2
(Curriculum Planner 1)					0
(Curriculum Planner 2)					0
Events Officer	x				1
<b>Evaluator 1</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>X</b>	<b>4</b>
Evaluator 2	x				1
(Finance Officer)					0
<b>Volunteer 1</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>X</b>	<b>4</b>
<b>Volunteer 2</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>X</b>	<b>4</b>
<b>Volunteer 3</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>X</b>	<b>4</b>
<b>Volunteer 4</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>X</b>	<b>4</b>
<u>Volunteer 5</u>	x	x	x		3
<u>Volunteer 6</u>	x		x	X	3
Volunteer 7	x	x			2
Volunteer 8	x				1
Volunteer 9			x		1
(Volunteer 10)					0
(Volunteer 11)					0
(Volunteer 12)					0
(Volunteer 13)					0
(Volunteer 14)					0
<b>TOTAL</b>	8 Vol.	6 Vol.	7 Vol.	5 Vol.	
	4 Com.	2 Com.	2 Com.	2 Com.	
	<b>12</b>	<b>8</b>	<b>9</b>	<b>7</b>	

'X' indicates attendance. The project members that have been underlined are those who have been interviewed (double underline indicates that a follow-up interview was conducted). The project members in bold are those who attended 100% of the sessions. Project members in brackets are those that did not attend any of the sessions. (Abbreviations: Vol. = volunteer; Com. = committee member). 'Evaluator 1' refers to my role on the committee.

## **APPENDIX 2: OBSERVATION SCHEDULES AND SESSION RECORD SHEET**

OBSERVATION SCHEDULE SESSION 2:

### **Content**

- Is everything being covered in the allotted time?
- Is anything being omitted? If so, why?

### **Process**

- Are the volunteers adhering to the proposed pedagogic strategies?
- How are the participants responding to / engaging with the material?
- Which activities (if any) are particularly successful?
- Which activities (if any) are particularly unsuccessful?
- Are there any apparent obstacles to the programme's delivery?

### **Who is being reached?**

- Are some participants participating / contributing more than others?
- What are the attendance rates?
- Are any participants withdrawing from the programme? If so, why?

### **Physical location**

- Layout / Formation of groups

### **Language behaviour**

### **Time duration**

REFINED OBSERVATION SCHEDULE FOR OBSERVATION 3

9 of these sheets were printed out and completed at 10 minute intervals.

**TIME:**

<p><b><u>Content</u></b></p> <p><i>Following curriculum? Y / N</i></p> <p><i>Activity:</i></p>          <p><i>Participants' opinions:</i></p>	<p><b><u>Teaching style:</u></b></p> <p><b><i>Use of space:</i></b> <i>description of the layout of the room</i></p> <p><b><i>Nature of interaction:</i></b> <i>hands up? Discussions? Didactic?</i></p>
<p><b><u>Atmosphere:</u></b></p> <p><i>Noise / concentration levels; Laughing / talking? etc.</i></p>	<p><b><u>Other ....</u></b></p> <p><i>Gender?</i></p> <p><i>Practical Problems?</i></p> <p><i>My opinions / suggestions / thoughts:</i></p>

REFINED OBSERVATION SCHEDULE FOR OBSERVATION 4

9 of these sheets were printed out and completed at 10 minute intervals.

**TIME:**

<p><b><u>Content</u></b></p> <p><i>Following curriculum? Y / N</i></p>	<p><b><u>Teaching style:</u></b></p> <p><b><i>Nature of interaction:</i></b> <i>hands up? Discussions? Didactic?</i></p> <p><i>Discipline/power dynamic: Authoritative? Equal?</i></p> <p><b>Responses</b></p> <p><i>Who is being reached? Who is responding?</i></p>
<p><b><u>Atmosphere:</u></b></p> <p><i>Noise / concentration levels / mood of group</i></p>	<p><b><u>Other</u></b></p>
<p><b><u>Problems / Successes / Improvements</u></b></p>	

Session Record Sheet

**Date:**

**Com members:**

- 
- 
- 
- 

**Volunteers:**

- 
- 
- 
- 
- 
- 
- 
- 
- 
- 

(Male: Female: )

**Volunteers (from other project):**

**Male:**

**Female:**

**Participants.**

**Male:**

**Female:**

**Register taken? Y / N**

**By who?**

## APPENDIX 3: INTERVIEW GUIDES

### INTERVIEW GUIDE 1: PROJECT LEADER AND CURRICULUM PLANNER - PRIOR TO START OF PROJECT

- Tell me about the project.
- What is your role in the project?
- Why was the project initiated?
- What are the project's aims?
- What informed these aims?
  - How and why were these aims established?
  - Was a needs assessment conducted?
  - What was the thinking behind the aims?
- How does project propose to meet these aims?
  - What is the content of the curriculum, and why?
  - What are the proposed teaching styles, and why?
  - How was last year's project evaluated? Did the evaluation of last year's project inform the development of this year's project?
  - What are the proposed activities?
- Who is being targeted, and why?

## INTERVIEW GUIDE 2: VOLUNTEER - PRIOR TO FIRST OFFICIAL SESSION

- Why did you get involved in the project?
  - Thus far, have your expectations been met?
  - Describe your experience of the project so far
    - Positive / negative?
    - Organisation?
    - Communication?
  - Has it been made clear what is expected of you?
  - Have you been advised on teaching styles?
  - What did you think of the training?
  - Do you feel adequately prepared for today's session?
  - What are your predictions for the way this project will run? Do you anticipate any problems?
  - Anything else you'd like to say about the project?
  - Would you be prepared to participate in a follow up interview?
- 

## INTERVIEW GUIDE 3: COMMITTEE MEMBERS - AFTER PROJECT HAS BEEN RUNNING FOR A TERM

- What was your overall impression of the project's first term?
- How do you think the learners responded to the sessions?
- Describe any challenges that surfaced in the delivery of the programme.
- Can you suggest any improvements to the delivery/content of the programme?
- Will you be introducing any changes to the project next term?
- Did any volunteers / participants withdraw from the programme? If so...
  - How many?
  - Do you know why?

Interview Guide 4: Volunteers - after project has been running for a term

- What was your overall impression of the project's first term?
- How do you think the learners responded to the sessions?
  - Did some participants participating / contribute more than others?
- Which activities (if any) were particularly successful?
- Which activities (if any) were particularly unsuccessful?
- How suitable did you find the allocated time-slot?
- Describe any challenges you faced in the delivery of the programme.
- Can you suggest any improvements to the delivery/content of the programme?
- Would you continue to participate next semester (if you were here)?
- What did you get from this experience?

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## APPENDIX 4: INFORMATION SHEET

# INFORMATION SHEET: VOLUNTEER AND COMMITTEE MEMBER INTERVIEWS

### **Nature of research:**

I am conducting research into the delivery of the project. I aim to establish whether or not the project is being implemented as planned, and to gain an understanding of any challenges that arise during the delivery of the programme. I will be investigating the content of the sessions, the way in which the material is covered, and the interactions which occur during the sessions. The volunteers' and committee members' perceptions of the programme are of great value to my research.

### **Participant's Involvement:**

#### *What is involved:*

I hope to conduct an informal interview with you to discuss your experience of the programme. The interview will last no longer than an hour and will be tape-recorded. Your identity, and the identity of the project will not be disclosed. You are under no obligation to participate in this research and, should you agree to participate, you are free to withdraw at any time. You will be entitled to a copy of the final report.

#### *Risks:*

This research will pose no risks to the individuals involved in the project. Any criticism of the lessons or the project in general will be of a *constructive* nature. As this is an improvement-oriented evaluation, there are no concerns about whether the project will discontinue after the research has taken place.

#### *Benefits:*

The beneficiaries are the participants of this, and future year's, programmes. The evaluation will potentially benefit those on the receiving end of the project by providing feedback that has the potential to improve the way in which the programme is run. The findings, I hope, will provide a valuable insight to the nature of HIV-education and will be of benefit both to the project specifically and the body of understanding on health promotion education more generally.

#### *Costs:*

There are no costs involved in this research; all that is asked for is a little of your time.

#### *Payment:*

Unfortunately, there will be no payment offered for participation in this research.

**APPENDIX 5: CONSENT FORM**

**CONSENT FORM**

**Working title of research project:**

A process evaluation of a student-run, after-school, HIV/AIDS education programme.

**Name of principal researcher:**

Jenny Reed

**Department address:**

Department of Sociology, Leslie Social Sciences Building, University Avenue, University of Cape Town, Rondebosch, 7701.

Email: soc-sociology@uct.ac.za

**Telephone:**

*(My telephone number)*

**Email:**

*(My e-mail address)*

**Name of participant:** \_\_\_\_\_

- I agree to participate in this research project.
- I have read this consent form and the information sheet and had the opportunity to ask questions about them.
- I agree to my responses being used for education and research on condition my privacy is respected, subject to the following:
  - I understand that my personal details will be used in aggregate form only, so that I will not be personally identifiable.
- I understand that I am under no obligation to take part in this project.
- I understand that I have the right to withdraw from this project at any stage.

Signature of participant .....

Name of participant.....

Signature of person who sought consent .....

Name of person who sought consent .....