CONTENTS

Nomenclature

Hoedspruit Training Trust (HTT): A non-profit organisation formed to address the training and development needs of associated local commercial agricultural businesses, in Hoedspruit, Limpopo province, South Africa.

Hlokomela *(SePedi: "care")*: A project which coordinates health and educational development initiatives for 59 local agricultural businesses associated with the Hoedspruit Training Trust, in Hoedspruit, Limpopo province, South Africa. The project functions as a developmental "hub" or centre of cohesion, through which funds are accessed, partnerships formed, and services, activities and communication managed and delivered.

Farm workers: The women and men who work as manual labourers to maintain the orchards and to pick and pack the seasonal harvest on the citrus and mango farms associated with the Hlokomela project. This includes manual workers and staff of associated game lodges and farms.

Nompilo *(pl. Nompilos. Zulu: "mothers of life")*: Female and male farm workers appointed or selected from each partner farm to be care givers and the individuals responsible for carrying out the Hlokomela health and development interventions on the farm. The name "Nompilo" was chosen by the farm workers. Nompilos provide home based care and referrals to the Hlokomela Wellness Centre and local/provincial health care services, reported monthly the Department of Health. A total of 38 Nompilos have been trained in the 69 day HBC course, and receive stipends for this function. The remaining Nompilos receive no stipend. Nompilos also accept an explicit mandate to act as voluntary *Change Agents* for HIV prevention and development.

Change Agents: Nompilos who accept an explicit mandate from farm workers and the project to be Hlokomela peer communicators and agents for development on partner farms. The term "Change Agent" was introduced by Sibambene, Hlokomela's technical partners for communication. Through this process Nompilos become active owners, who participate in determining and carrying out Hlokomela activities. Nompilo Change Agents are responsible for bringing the voice of all farm workers to the Hlokomela project staff, and for being the constant presence of Hlokomela on the farms. They identify and organise "healthy lifestyle" activities (sports, cultural games and dance), help plan communication themes and topics, and carry out and report on communication activities (purposive dialogue, dramas, billboards,

murals). They directly empower a corps of other farm workers, the *Gingirikani,* be a second level of active participants who help plan and carry out Hlokomela communication activities.

Gingirikani *(pl. Gingirikani; XiTsonga: "we get things done")*: Farm workers who have been selected or appointed to create a second level of farm workers who participate directly in the Hlokomela activities, and who are responsible for working with the Nompilos to extend the reach of the communication cycle of dialogue. The name "Gingirikani" was chosen by the farm worker groups together with the Nompilos. Gingirikani do not attend the monthly meeting with Coordinators, and do not receive stipends. They form on-site "focus groups" which meet with the farm Nompilo to discuss what has been learned from the monthly meeting and to plan how to communicate with other farm workers around this topic. The Gingirikani report to the Nompilos on their dialogue and interactions with other farm workers.

Social Change Communication: A participatory approach to communication for development which is defined by the Consortium for Communicating for Social Change (CSFC) as: *"A process of public and private dialogue through which people define who they are, what they want, what they need and how they can act collectively to meet those needs and improve their lives".*

Cycle of dialogue: A term developed by the technical support team to assist Hlokomela Coordinators to institutionalise a system of continuous and planned communication managed through the monthly Nompilo in-service training meeting.

Engagement: One of six core concepts identified as underpinning the Hlokomela process of implementation. Engagement is used as an organising principle by providing multiple opportunities for the defined community (farm workers) to interact with the project, and with each other. The central opportunity for engagement provided by the project is the opportunity to participate in dialogue during purposive, face to face interactions with Change Agents as part of a systematic cycle of dialogue.

Purposive face to face interactions: Interactions in which farm workers engage in dialogue around the planned monthly topic, guided by the prompts, in order to engage with the underlying drivers of vulnerability to HIV. Purposive face to face interactions generally take place in small groups initiated by a Nompilo or Gingirikani.

Chapter One: Introduction

1.1 Background

The HIV pandemic in Southern Africa forms the back drop to this study (1, 2). More particularly, the landscape against which the research was conducted was shaped by the growing rate and complexity of migration and mobility in the region, the vulnerability – at multiple levels – of mobile and migrant populations to HIV infection and the historical, political and social roots of public health challenges (3-7). High population mobility, coupled with poverty, gender inequality and cultural factors, are acknowledged as the social and structural drivers of the regional epidemic (8). National adult HIV prevalence rates exceed 15% in all eight countries in Southern Africa, based on figures from national antenatal survey statistics (1). Population- based surveys estimate national adult HIV prevalence in South Africa to be 10,9% in 2008, and 13,7% in Limpopo province, the area in which the study site is situated. Nationally, African women aged between 25 and 29 remain most at risk, with prevalence rates consistently above 32% in 2002, 2005 and 2008 (9). On the farms in the Hoedspruit study site 28,5 % of all employees are infected with HIV, with prevalence peaking at 40,9% among seasonal employees aged 30- 34 and generally higher among women employees, than men (32,5% vs 20,9%) (10). High rates of HIV infection among farm workers was confirmed in 2010, through a study in three commercial agriculture sites (Musina and Tzaneen in Limpopo and Malalane in Mpumelanga); this showed that 39,5% of farm workers who participated were HIV positive, and more than half (52,2%) of those aged between 30 and 39, were infected (11). The study confirmed that these rates are also more than twice the prevalence level recorded in a comparable section of the provincial populations by the 2008 National Human Sciences Research Council survey.

The Hoedspruit area is characterised by high levels of mobility and migration, primarily due to seasonal employment offered by export-oriented agribusiness on local mango and citrus farms. In Southern Africa, mobile workers on commercial farms generally face poor living and working conditions, have little labour protection and are accorded few rights (12, 13). Commercial farms are characterised by high prevalence of STIs and other common diseases, but access to health care services is limited, HIV/AIDS or STI programmes do not exist, and many diseases remain untreated, particularly because undocumented migrants often avoid

accessing health services, for fear of being deported (14). In Hoedspruit a "striking lack" of governmental and non-governmental interventions for farm workers and migrants was noted when farm workers were surveyed in a baseline risk assessment by the International Organization for Migration (IOM) in late 2003 (15). One out of 12 farms surveyed had a HIV and AIDS workplace policy; no farm displayed any HIV and AIDS information; one farm had a condom dispenser. One third of all workers reported having two or more concurrent sexual partners; 75% of women interviewed reported never using a condom with a spouse or steady partner, and 33% felt there were no available means to protect themselves. The interviews also painted a vivid picture of marginalisation, and how anonymity, loneliness and the stress and uncertainty of migration, together with the combined negative social, economic and labour conditions on the farms created vulnerability to HIV – while also relegating it to the status of distant threat, and one of many faced daily. The interviews gave the sense that many farm workers felt "disempowered … (believing) they had few choices and little possibility to improve, or alter the course of, their lives."(15)

South Africa's health system has not been able to respond adequately over the past five years: despite sound HIV policies being in place for 2007-2011, preventive and promotive health functions have been marginalised at district level and the entire system constrained, including by poor leadership and management and the burden of four concurrent epidemics, namely poverty-related illnesses, non-communicable diseases, HIV/AIDS, and violence and injuries. (7, 16). In Hoedspruit in 2005, state service provision on the farms was limited to monthly visits by mobile clinics. National level mass media AIDS communication programmes address a wide range of objectives, including HIV prevention, and have succeeded in increasing HIV prevention behaviour and improving life for those living with HIV and AIDS(17, 18). HIV prevention behaviour increases linearly by the number of communication programmes seen or heard, particularly in the 15-24 age group – but more than two million (2,200 000) adults are not reached by any of the 19 sub-components of nine national communication programmes (18). In Limpopo, people in the lowest socio-economic bracket and with the lowest education levels are among the eight percent of adults not reached – highlighting the need to invest in "different communication channels" (19).

Questions around how communication could more effectively help address the global HIV and AIDS pandemic have been raised since 1995 (20). These questions fed an international process of exploration and discussion that led to profound shifts in the field of health promotion and communication for HIV and AIDS. In particular these shifts relate to acknowledging the need to address the social and cultural contexts which create vulnerability and at the same time influence how individuals respond to health promotion and communication interventions (21) (22) (23). The principles of participation and dialogue in a process of communicating for social change have gained increasing prominence and acceptance as a necessary core element of communication interventions, and these principles are being applied in various ways in multiple settings – including in SA's powerful national multilevel communication campaigns (24-27). Tools to measure the process and outcome of participatory community dialogue and collective action have been developed (28), as well as a closer agreement on social change communication for AIDS as being a broad approach which is characterised by three adaptable elements, namely the level of focus of an intervention, tools selected and the role of participation (29). Interventions to enable community level dialogue to enhance capacity to respond to HIV are also gaining prominence (26, 30). Finally, the question of the degree to which participation enables shifts in relations of power and social control (empowerment) has been critically examined and a distinction made between "participative" and "participatory" approaches: "participative" being approaches through which dominant social groups use participation as a means to themselves gather, process and apply a fixed body of "local knowledge" from marginalised groups; and "participatory" being approaches which view power as being produced through the creation of norms, and social and cultural practice, and knowledge as being accumulated through these practices (31). "Participatory" approaches therefore are more likely to empower, as they enable marginalised groups to themselves create the norms and practices which generate power and knowledge.

The question of how communication might best be of use in addressing HIV and promoting health in a specific local setting, where people with fewest skills, resources and support face the most complex set of injuries to their health and wellbeing, has not been a focus of communication for health promotion and HIV prevention generally. Few initiatives have built communication capacity and expertise at community level, and the full potential of health and development communication often appears poorly understood (29). In additional to multilevel national campaigns, recent regional communication programmes have

substantially re-orientated their materials development processes to producing resources to inform and enable community-level participation and dialogue around drivers of infection (32). However, details of who is to facilitate this process in the settings where they are most needed, with what authority, and how, are not explored in any depth. The need to consider how to reinvigorate HIV prevention, through communication to enhance development processes and overcome the 'disconnects' between real lives and communication practice (33), remains.

The Hoedspruit site presented the opportunity to address a dual health promotion and communication need: to formulate an effective means of addressing, in a specific rural setting, the vulnerability to HIV infection of labour migrants and mobile populations, their families and the communities with whom they interacted, in line with the IOM's mandate and regional and international HIV and AIDS declarations, policies and plans (34); and, at the same time, to employ communication in a manner which made optimum use of communication practice, and addressed the "disconnects" that had been commonly experienced between communication practice and real lives.

1.2. Hlokomela – an integrated intervention to promote health and address vulnerability to HIV

In 2005, following the baseline risk assessment, the IOM initiated a partnership with the Hoedspruit Training Trust (HTT) to implement on 16 partner farms an 18-month prevention and care programme to address the vulnerability of farm workers and seasonal migrants to HIV and AIDS. The intervention was set up under the IOM's Partnership on HIV and AIDS and Mobility in Southern Africa (PHAMSA), which aims to address the incidence and impact of HIV and AIDS among labour migrants and mobile workers, their families and the communities with whom they interact. The project components were: advocacy to encourage farm owners to contract with Hlokomela and set up HIV and AIDS programmes and to adopt workplace HIV and AIDS policies on farms; training farm workers from partner farms as home-based care givers and peer educators who would provide home based care to co-workers living with HIV and AIDS, and a "behaviour change communication (BCC)" campaign on the 16 farms. The IOM determined that two key behaviour changes should be promoted: increased condom use and increased uptake of voluntary counselling and testing.

Project documents also stated that the farm worker care givers (called Nompilos – Zulu for "mothers of life") should be involved with the "BCC HIV and AIDS information campaign" by "distributing materials" and "putting up posters in local languages" and should be provided with psychological support and capacity building in a monthly debriefing session with the Nompilo coordinator. (35). Sibambene Development Communications was contracted to develop a BCC strategy, implementation plan and monitoring process, as well as to develop, field test and produce BCC material (36). Sibambene is a development communications consultancy co-founded in 2001 by myself and Patrick Cockayne, and we worked jointly to initiate and support implementation of the Hlokomela communication programme described in 1.3 Despite being termed "BCC" the communication programme initiated and supported by Sibambene in order to enable HIV prevention, was, from the outset, participatory and developmental in that it was linked to local involvement and action to meet an immediate need.

In 2007, based on the Hoedspruit experience, IOM PHAMSA entered into a second agreement with HTT to continue the implementation process on Hoedspruit farms, expanded the PHAMSA health service intervention into seven additional migrancy-affected sites in the region (Swaziland, Lesotho, Namibia, Zambia (2 locations), and Mozambique), and contracted Sibambene to build the capacity of local partners to implement what it then termed "social change communication" (SCC) in all of the sites. "SCC" was described, as proposed by Sibambene, by the definition developed by the Consortium for Social Change Communication:

"A process of public and private dialogue through which people define who they are, what they want, what they need and how they can act collectively to meet those needs and improve their lives. It supports processes of community –based decision making and collective action to make communities more effective and it builds more empowering communication environments." (37)

The IOM project documents (38) also reflected a more systematic engagement with the context within which HIV prevention was to be promoted, with the IOM defining the "drivers" of vulnerability in southern Africa as existing at the structural level, (poverty,

unemployment in rural areas, labour migration and gender inequality), at the environmental level (including conditions related to the migration process, lack of access to health services and HIV and AIDS prevention and care programmes, high levels of fatalism/low self-esteem living and working conditions) and at the individual level (high levels of multiple concurrent partnerships with inconsistent condom use, low levels of behaviour change). The IOM PHAMSA health promotion intervention itself was also formalised into the what was then termed the "PHAMSA HIV Prevention and Care Project Model", an ecological approach to health promotion which specified key components and activities to be implemented in each site. These included: addressing contextual barriers to social and behaviour change, creating an enabling policy environment, addressing gender dynamics in the context of migration, improving access to services, and strengthening the capacity of the implementing partner. Communication was seen as the "how" of implementation – a means to drive and unify each component. Significantly, Sonke Gender Justice Network was contracted to provide initial technical support and training to implementing partners on approaches to challenging and addressing gender inequity (eg One Man Can campaign and murals); this added considerable weight to work to address gender inequity. The gender and SBCC components were integrated in the programme, (ie all communication addressed gender inequity, all gender activities were part of the communication programme) as both were engaged with addressing issues of social change. In 2009, IOM PHAMSA entered into a third agreement with HTT which extended implementation to September 2011, as part of the USAID /Pepfar funded Ripfumelo project. Sibambene was contracted to provide technical support on social and behaviour change communication to HTT, and to three new implementing partners in commercial agricultural sites in Limpopo and Mpumalanga.

At the time of research Hlokomela held memoranda of understanding with 59 partner farms, and employed five coordinators to support a Nompilo corps of 60. It had engaged the support of an extensive network of local partnerships, including the local primary health care clinic, local and provincial government, local businesses and local media, and ran an integrated intervention. This included a state-accredited ARV treatment service through the Hlokomela Wellness Centre, on-site HCT services on request to partner farms, a vegetable garden to support patients with AIDS, a herb garden to generate income, and, through Nompilos on partner farms, home-based care and recreation events including soccer, traditional dance and games. Among the multiple events and activities organised were a motivational "Nompilo of

the Year" competition, annual Women's Golf days with Nompilos and farmer's wives, soccer tournaments, marches and campaigns, cross-country cycling races across partner farms, and children's outings to the local adventure camp. In addition to being the model on which the approach in all other PHAMSA sites was based, Hlokomela has been recognised nationally and internationally(39) (40).

1.3 Hlokomela's local communication programme for HIV prevention

The local communication process that unfolded from 2005 was intended to address the multiple factors influencing vulnerability to HIV on the farms by synthesising the IOM's requirements, individual behaviour change theories with the resources and actions of the local project, and – in particular – opportunities for effective communication on and around partner farms. The need to integrate gender dynamics to address the balance of power in sexual relationships, to identify and address barriers to adapting behaviour, at both the individual and environmental level, and to ensure that communication was delivered within a supporting, enabling environment so that farm workers could be linked and directed to where they might access further support, was made explicit in Sibambene's initial technical planning process (41). The communication set-up began with a participatory workshop held with Nompilos in late 2005, during which founding principles and components of the participatory communication process were established. The 18 Nompilos took up collective ownership of the local communication process by identifying the values they wished to be associated with Hlokomela, a project slogan – "Farm workers care for each other" – based on the nature of their day to day work, a logo, and agreeing on key messages for the first phase of the communication process. They also considered and accepted the vision that their role as communicators would entail not only providing care, referrals or information, but acting as "Change Agents" who listened to and represented the voice of farm workers to the project, and in response, the voice of the project to the farm workers. The first step of the face to face dialogue process was to engage Nompilos themselves in talks about how they helped people on the farms, what made this difficult and what they thought should be at the heart of future communications with farm workers. The monthly debriefing and capacity building session was established as the time when Nompilos would have the opportunity to present to the Coordinator feedback from farm workers, in addition to feedback on their own work.

The first "communication action" of the Nompilos with the farm worker and broader community was the process of developing a series of local communication tools for a local "launch", to affirm and raise the profile and credibility of both themselves, and the project, in the Hoedspruit environment. This established the principle that Nompilos – and therefore farm workers – were to be at the core of the participatory development of local materials to amplify the presence of the project and to communicate project actions to farm workers and the broader community. The process of development was emphasised above product, and affirmation of Nompilos and the "Farm workers care for each other" slogan above HIV messages – although these were included. At this early stage, dialogue between Nompilos and farm workers was relatively unstructured, and enabled through the use of handouts with key messages featuring local images of farm life, developed for the launch phase (42).

As the project expanded between 2005 and 2008, Sibambene provided technical support and capacity building to the Coordinators on site, through bi-annual site visits, and through on-going mentoring support. Other than in the start-up phase, Sibambene did not work directly with Nompilos. Technical support was designed to enable the Coordinators to institutionalise a system of continuous and planned communication managed through the monthly meeting; the system devised by Sibambene centred on dialogue in face to face purposive interactions, around monthly themes and quarterly topics identified in response to feedback from the previous month of farm worker dialogues. This system was termed the "Cycle of Dialogue" (Appendix 1).

A distinction was made between talking about bio-medical information related to HIV, and the underlying drivers of vulnerability, the factors which presented "barriers" to individual level attempts to protect themselves, including cultural factors, gender inequity, material conditions, and social and economic marginalisation. A communication planning template was developed, requiring Coordinators to identify the barriers to change being addressed and communication tools to be developed (Appendix 2). The process of interaction between Nompilos and farm workers was explained as being a "dialogue", and described in the words of Paulo Freire, namely as an "encounter among women and men who name the world" (43). The concept of "safe space" for talking was introduced, that is a time and place where the talking could take place and a process where people could trust that they would have a chance

to speak and be heard. A basic architecture for the dialogue described in order to enable Coordinators to support Nompilos to optimise the interaction in the time available. This entailed a developing a question or prompt to "open" or initiate the interaction, to "dig deeper" so as to give every participant the opportunity to voice their thoughts, and to "close" the interaction by identifying actions to resolve the issue at hand. (Appendix 3) A template for a basic "community dialogue tool" was developed so that the theme, topics and prompts for dialogue could be recorded in Xitsonga and Sepedi, and details captured of what transpired (how many attended, general feedback).

In late 2008, Sibambene supported the Coordinators to introduce a second tier of change agents, in order to extend the reach of Hlokomela's system of direct participation and dialogue. This tier comprised groups of between eight and ten farm workers on 38 of the larger farms, selected by their co-workers to take up the opportunity of being involved directly with Hlokomela. The groups determined their own name – Gingirikani, meaning "we get things done" in Xitsonga – and that their role would be to engage in dialogue with the Nompilo on their farms, and then, using what had been learned, to repeat the process with other farm workers on the farm and report back to Nompilos.

At the time of research Hlokomela had implemented the cycle of dialogue over approximately seven quarters, and developed through participation, numerous local communication tools to project its presence and work into the public space. These included drama, murals, a series of public billboards, Nompilo profiles, posters, hand outs, news articles and a "column" in the local newspaper, badges, uniforms, bags, a Facebook page, a website, banners, farm noticeboards, conference boards and a branded gazebo.

1.4 Problem statement: justification for project and study

The need for innovation in approaches to primary HIV prevention and health promotion in southern Africa is urgent and explicit from numerous perspectives, including the need to address: poverty, gender inequity and cultural attitudes and beliefs which create vulnerability to infection; the marginalisation and particular vulnerability of mobile workers, their families

and the communities with whom they interact to HIV; the limitations of SA's health services, and national mass communication strategies particularly in terms of their reach to marginalised and mobile populations; the implications of accepted sexual and social norms around multiple and concurrent sexual partnerships and, as in the Hoedspruit setting, workplace requirements for effective and efficient interventions particularly in the agricultural sector.

For marginalised individuals in a marginalised setting, these factors are not experienced in isolation, but rather "stack up" in constant combination, presenting a formidable set of barriers to action to respond to the risk of HIV infection. The IOM approach was to develop (and continue to evolve) an ecological model of health promotion, which specified areas of action in a defined local setting, so that vulnerability could be addressed simultaneously at the level of the individual, and at the environmental and structural level. Along with envisioning that this combination of local actions was required to enable health promotion, the IOM took the innovative step of envisioning also a role for communication in local implementation. This study does not examine the IOM PHAMSA health promotion model, but rather the function and impact of the participatory process of communication that has been articulated within and through the PHAMSA intervention since its inception in late 2005.

Justification

Social mobilisation, and enabling community dialogues to enable social and behaviour change are rapidly becoming a standard element of large scale HIV prevention communication interventions, in recognition of the fact that vulnerability to HIV exists not only physiologically, but in the cultural, social, economic contexts in which people live (44). Efforts to create "AIDS competent communities" and enabling contexts for health promotion are being explored in more recent development interventions (45). However the merit of developing a continuous local process of participatory communication to create an enabling environment and promote action for health and HIV prevention within a marginalised population – which is owned and led by identified "Change Agents" within that population – has not been fully examined. The processes of dialogue within these purposive interactions, and outcomes from them, have also not been described in detail. The exposure afforded

Hlokomela, the positive light in which farm workers view Nompilos (10), the sustained process of implementation, and, through IOM PHAMSA's continued replication of the participatory communication approach, the influence of Hlokomela and Nompilos in the field of health promotion and communication practice, justifies a more rigorous examination.

1.5 Conceptual framework

The conceptual framework proposed for this study is inductive, as it was developed by myself and Patrick Cockayne in June 2009, in order to broadly define and explain what had been observed through developing and implementing the participatory communication element within the IOM PHAMSA health promotion intervention in Hoedspruit, since 2005, and thereafter in the regional PHAMSA sites.

This conceptual framework proposes that a participatory local process of communication which is developed and implemented around a combination of six core concepts serves as an effective strategy to help build an enabling environment for health promotion in a defined, marginalised setting. The enabling environment is created at a material level, by informing and supporting local action for change; at an experiential level, by enabling the accumulation of positive social and developmental experiences through the communication process; and at the symbolic level, by creating, in the realm of representation and meaning, the possibility of cohesion and opportunities for it. Within this environment efforts to promote health and, specifically, to prevent HIV, can be more effective, and the actions described by the Ottawa Charter for Health Promotion, namely to increase control over and improve health[1] and to identify and realise aspirations, satisfy needs change or cope with environment[2] will be possible and evident (46).

The core concepts identified are: *Engagement*, *Identification*, *Affirmation*, *Action*, *Projection* and *Connectivity*. Each concept explains one aspect of intervention, the application of which allows all others to be more effectively achieved. By simultaneously and repeatedly applying all six concepts, the local participatory communication process acts as a catalyst to initiate and build the enabling environment in a manner which is iterative and cumulative rather than linear, hierarchical or sequential. Each concept therefore describes both one aspect of an intervention to build a more enabling local environment, and an outcome, a feature of an environment experienced as enabling. The process can be seen as allied to that described by

[1] Indicated by increased condom use, VCT and biomedical help seeking for other health concerns
[2] Indicated by accessing the project, biomedical rather than traditional health care, support or resources

Figueroa et al in the Integrated Model of Communication for Social Change (IMCSC), namely "a dynamic iterative process" where 'community dialogue' and 'collective action' work together to produce social change in a community that improves the health and welfare of all its members"(28). For example each concept described below provides multiple and repeated opportunities for individuals to cohere – that is, to experience specific social and cognitive dimensions of social cohesion that the IMCFSC model, drawing on a "broad literature" of development communication, maps as being one outcome of processes of participatory communication (community dialogue) and collective action, namely a sense of belonging, a feeling of morale, consensus around goals, trust, reciprocity, and a cohesive network.

Engagement is put into action as an organising principle by providing multiple opportunities for the defined community (farm workers) to interact with the project, and with each other. The central opportunity for engagement provided by the project is the opportunity to participate in dialogue during purposive, face to face interactions with Change Agents as part of a systematic cycle of dialogue. Other opportunities for engagement include: through ad hoc face-to-face interactions with Change Agents, project staff and each other at the work place and in the living space, through participating in developing media and communication tools; through participating in activities organised by the project (eg. gender-focused activities, sports and recreation, culture, communal gardening, special events) and through taking up services provided by the project. The engagements are an opportunity for multi-directional communication – for voices to be expressed and heard – among individuals and between individuals and the project. Engagement is also an intended outcome (people are engaged), and viewed as a necessary step to help-seeking and health-seeking. Engagement is enabled by identification and simultaneously informs identification and action; it is an affirming process, and enables connectivity.

Identification is put into action through a process of collective identity making in which the defined community is enabled to identify and positively express who they are, what they value and hope for, and how they would like themselves and the project be presented in the public space. In this process of identity making, the community develops through participation a set of "markers" or insignia – a name, logo, and slogan. These markers are attached to every activity that the project undertakes, including the participatory development of local media, and so forms an umbrella – a social brand – under which numerous different

experiences and activities cohere and become associated with the positive, affirming identity that farm workers have developed to represent them. Projection of the social brand through multiple communication channels enables engagement, connectivity to resources, partnership building and resource mobilisation.

Affirmation is put into action through all of the project's communication activities, and other actions, and aims to instil a sense of pride, self-worth, agency and possibility by presenting farm workers to each other and to the broader public as confident, assured, powerful "local heroes" who are assuming their rightful place in society. Being acknowledged as valuable – being seen and being able to see each other as valued – is considered a prerequisite to enhancing self and collective efficacy, especially in a marginalised community.

Action takes the form of communication actions (eg. to speak, to develop a communication tool) and practical actions to address immediate developmental needs (eg. access to services, opportunities for personal development, food security, personal security, the claiming of rights). As a concept action seeks to effect real change in the local environment, recognising that without action for change, individual and social change is less likely, and that without demonstrable benefit, people are less likely to identify with and engage in the project and its activities.

Projection as a concept seeks to establish the project as a credible, authoritative and trustworthy presence in the local area, by publicising (amplifying) the project's identity – the social brand – its activities and the benefits they bring. Establishing the reputation of the project and enabling engagement are necessary first steps to communicating health messaging in a context where there is potentially a disconnect between the messages and the local reality. Projecting the actions and successes of the project further strengthens among the client community the perception that success is possible. Projection is put into action through the use of multiple local communication channels (from face-to-face interactions to public mass media such as billboards, local press, radio) and a strategic advocacy campaign to key stakeholders and potential champions. Projection is an important means to extending reach and building critical mass.

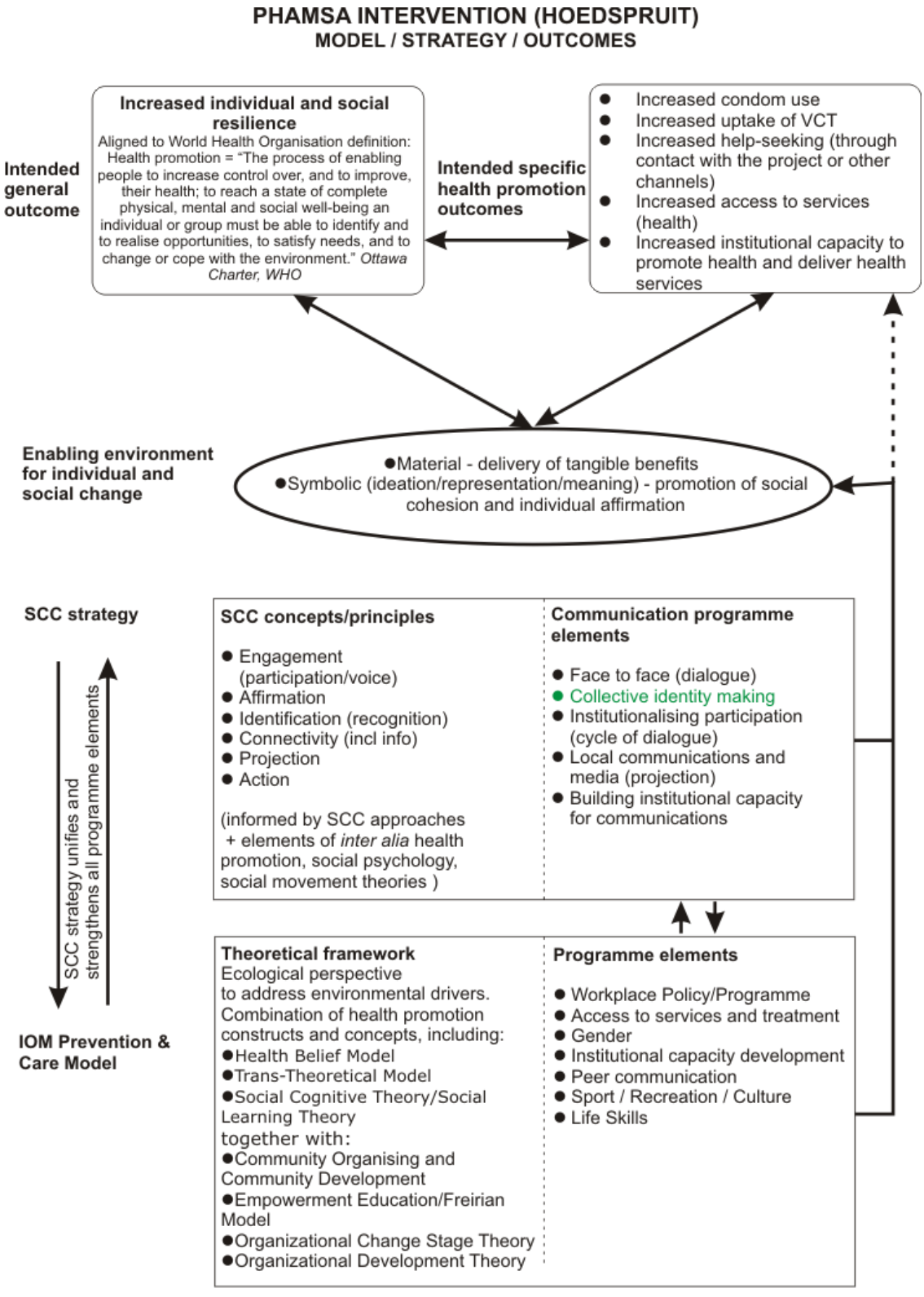
Connectivity along with engagement is a concept is a counter to marginalisation. Connectivity refers to enabling linkages – bridging and bonding – to the project, to services, to resources, to information, between the different work places, between employers and employees, between permanent and seasonal workers, between local and migrant

communities and to key stakeholders such as municipal and provincial government, faith bodies, and traditional leadership. (See Appendix B for graphic of process).

The mechanisms and outcomes of each of the six concepts proposed in this conceptual framework can be examined in detail from different theoretical approaches, across a range of academic disciplines, including health promotion, sociology and community development. This study examines only one concept, engagement, and within that only the key component, the role of dialogue with a Change Agent or Agents. It also seeks to locate what is described within the broader field of practice and research around implementing processes of community dialogue to address HIV, of creating social spaces for dialogue and social learning, and of efforts to address the social determinants of health by building a health-enabling environment at local and other levels.

Figure 1, below, illustrates key aspects of the conceptual framework and communication process, and locates this in relation to the PHAMSA intervention, and intended health promotion outcomes.

Figure One: Conceptual framework in relation to PHAMSA and health promotion outcomes



1.6 Literature review

Paulo Freire's concept of dialogue was used as the basis for initiating the system of face to face interactions, namely that as an "encounter among women and men who name the world", dialogue is a way by which people "achieve significance as human beings" and, through the act of naming – of reflecting on and choosing the word to speak – transform the world (43) (page 69). Dialogue of this nature was seen as having the potential for multiple impacts at the level of the individual farm worker and the collective body of farm workers, as well as the wider farming community.

By encouraging the act of speaking, dialogue is fundamentally *affirming* and inclusive of all individuals who participate. It is a step to overcoming marginalisation, and to addressing the "communication disconnect" between the immensity of HIV and AIDS problems on the one hand and the "thundering silence" in many local communities (33). By establishing a process of horizontal communication, where information is shared rather than transmitted, dialogue enables participants to educate (eg: the risk of concurrent sexual partnerships) *and* learn (eg why don't people use a condom with every partner), and to express and explore their perceptions, interpretations and understanding in words and actions (47, 48). By enabling a process of convergence, dialogue can achieve a plan for collective action, as described in the IMCSC (28).

The validity of what transpires in a dialogue can be evaluated by the degree to which it is, in the theory of communicative action, "ideal speech" that is true, appropriate, sincere and comprehensible (49). For individuals who participate, dialogue can lead to a range of potential outcomes, described in terms of concepts from individual level health promotion theory, and likely to result in improved health status. These include improving skills and confidence (self-efficacy) necessary to perform new behaviours(50), a shift in the ideation factors which influence behaviour, a change in intention to perform new behaviour or a changed behaviour. Shifts in ideation factors in particular, (feelings of solidarity and empathy, an increase in social support and influence from and to others) indicate experience of social cohesion. Individuals can also benefit directly from the actions taken for social

change. The expected social outcomes of dialogue and collective action are described by the IMCSC as an increased leadership, sense of ownership, social cohesion, social norms around participation and the issue at hand, and collective self-efficacy(28). Dialogue is thus established as a valid mechanism through which to develop responses or actions which are locally owned, locally appropriate, shaped by local culture and responsive to local opportunities and needs, as well as to develop collective capacity to act.

Dialogue and action within a community are seldom initiated spontaneously, but need a catalyst – either internal or external, and in one of a number of forms (change agent, innovation, policy etc.) Social spaces for dialogue also need to be created and maintained if a system which connects to existing social structures is to emerge; building social spaces for dialogue is being explored as a necessary strategy for facilitating efforts to build a health enabling social environment, at local and other levels (24, 25). The usefulness in AIDS prevention work of involving people who are similar to a client community, including involving people with HIV in workplace responses, has been illustrated (51-53). Conventional workplace peer educators in South Africa are acknowledged as an untapped resource who already make a considerable, unrecognised and unsupported, contribution to their communities and who will be more successful if they operate in broader programmes (54). By contrast Nompilos are peer communicators who maintain horizontal communication processes with the broader Hlokomela programme and their peers in the workplace (the farms): they participate in dialogue, and – as Change Agents, as innovators bringing care or access to new treatment, and as participants developing local communication and media – they also are a catalyst for dialogue. Nompilos need support in this role, in the same way as there is a need to better facilitate and support the involvement of community members who provide health care services to help manage HIV (55). A system (the communication "programme") which creates an iterative cycle of opportunity for face to face encounters – and thus dialogue for collective action – is therefore both appropriate and necessary (56). It is also more likely to achieve change, as the higher the degree of the level of leadership by people immediately affected, the scale of public debate and private dialogue on the issue, and the extent to which the issue is a local priority for action, the greater the probability of sustainable impact (57).

1.7 Research Aims and Objectives

This study aimed to describe and analyse the role of dialogue during regular purposive face to face interactions with farm worker Change Agents (Nompilos), in promoting health and addressing vulnerability to HIV among migrant and mobile populations on participating farms in the Hoedspruit area. The objectives were:

1. To describe and analyse the role of participants (Nompilos, project staff and Gingirikani/farm workers) in the system of on-going dialogue, and the nature and quality of the interactions.

2. To explore and analyse whether and how the interactions enabled participants to express themselves and what was learned in this process. As part of this objective, the study sought:
   - to describe and analyse whether and how local issues which impact on actions to promote health are named, explored and addressed in face to face interactions. These include sexual practices and attitudes, health, cultural and spiritual beliefs and economic concerns.
   - to explore and analyse whether and how the interactions facilitated any actions by participants to increase control over, or improve, their health and that of farm workers in the area.

3. To describe and analyse the value that participants attach to these interactions. As part of this objective, the study sought:
   - to explore and analyse what participants perceived to be the impact of the interactions on their own lives.
   - to describe and analyse whether a sense of shared values were expressed around any aspect of reducing vulnerability to HIV.

4. To describe and analyse the role of face to face interactions in relation to the balance of concepts in the conceptual framework proposed for this study, namely identification, action, projection, affirmation, connectivity.

Chapter Two: Materials and Methods

2.1 Study design

This is a descriptive and analytical qualitative study of the role played by regular purposive face to face interactions between Nompilos and Hlokomela Coordinators, amongst Nompilos, and between Nompilos and Gingirikani/farm workers, in promoting health and addressing vulnerability to HIV among migrant and mobile farm workers on participating Hoedspruit farms.

The qualitative data collected was analysed using a grounded theory approach. This approach seeks to create an analysis of social action and process, and is suited to the aim of the study, which is to describe, explore and analyse the actions and processes related to the regular, purposive face to face interactions with the farm worker change agents in the Hlokomela project and how these contribute to health promotion. The grounded theory approach entails systematically analysing the data by means of inductive codes (codes which the researcher creates from the data) as it is gathered. The initial codes are used as tools to define what is being described by the early data, to check whether the description is accurate and appropriate as more data is collected, and to refine the definition of what is being described as the data collection and analysis process unfolds (58).

2.2 Sibambene's role in the research process

Sibambene has been retained under contract to provide technical support to HTT/Hlokomela on communication since the programme's inception, and continued to provide technical support for implementation to Hlokomela during the research process, according to its contractual and professional obligations. As result my role in the research was both as participant observer, who works to build technical capacity of the Coordinators for communication, and researcher. This intersection of roles was explained to those participants who have contact with Sibambene in the implementation process, namely the Coordinators, Nompilos, and stakeholders. All procedures required by the University Human Research Ethics Committee with regard to confidentiality were strictly adhered to. A degree of immediate interaction between the research process and implementation process was

inevitable and did take place. For example, the farm worker recruited to attend the Heritage Day Gingirikani discussion group, which was constituted specifically for the research process, went on to join the Gingirikani, a step he might not otherwise have taken. Similarly the research assistant, who is also the Programme Manager, was able to learn about pathways farm workers take to seeking biomedical care from the discussions during the Heritage Day focus group, and feed these back to the programme planning process.

2.3 Study population and sample

The study population was the management staff of the Hlokomela project in Hoedspruit, Limpopo province, Nompilos and Gingirikani/farm workers on the 59 participating farms. The selection of participants for the initial study sample was conducted through a process of purposive sampling. Selection of participants for the balance of the sample was conducted by means of theoretical sampling, which is a strategy used in the grounded theory approach to check and deepen the ideas and meanings identified in the initial data and codes. Theoretical sampling is done by actively seeking data to check the initial codes, and therefore selecting respondents from whom this data is most likely to be captured (58). The study sample is described below and summarised in Table 1. A total of 10 interviews, five focus groups, and three observations were conducted.

Hlokomela staff: from the five coordinators working directly with Nompilos,

- a purposive sample of two original Hlokomela staff (Programme Manager and SBCC Coordinator), who had worked directly with the Nompilos for the longest period (in depth interviews)
- a theoretical sample of the SBCC (male) Coordinator, and two new (female) Coordinators on the team (focus group discussion)
- a theoretical sample of the two male Coordinators (SBCC and Gender) (in depth interviews).

Nompilos: from the 61 Nompilos in the project,

- a purposive, mixed age and gender sample of eight Nompilos from both original and more recently joined partner farms (focus group discussion)

- a theoretical sample of four mixed age and experience female Nompilos (focus group discussion)
- a theoretical sample of two male Nompilos (mixed age, experience) (in depth semi structured interviews).

Gingirikani: from the 320 Gingirikani working with Nompilos in the project,

- a purposive sample of six Gingirikani of mixed age and gender, from different partner farms, and one farm worker who was not a Gingirikani at that point, but who joined the Gingirikani immediately thereafter. (Focus group discussion) The group was facilitated by a Nompilo who had participated in the first Nompilo focus group discussion;
- a theoretical sample of two Gingirikani (male and female) on long-standing partner farm
- a theoretical sample of five Gingirikani, of mixed age and gender, and from different partner farms.

Farm workers: From the peak season population of 10 000 seasonal and migrant farm workers on Hlokomela partner farms,

- a theoretical sample of one farm worker, who had participated in the Heritage Day Gingirikani discussion group the previous month. It emerged in this interview that he had joined the Gingirikani in the intervening period. CHECK THIS – TABLE note

Farm stakeholders: From the farm managers and supervisors on 59 partner farms,

- a purposive sample of one farm manager on a long standing partner farm, one senior farm supervisor on a long standing partner farm, and one farm HR/skills development manager on a farm owned by a collective of local communities.

In addition, from the on-going project activities related to engagement and face to face interaction:

- a purposive sample of two monthly meetings, attended by the full complement of Nompilos and organised and managed by the five Coordinators (observation)
- a theoretical sample of one special event, organised by the Nompilos and enabling observation of a mixed gender soccer event, cultural dance, Nompilo-led drama, focus group discussion, and Coordinator-led dialogue with farm workers, as well as interaction between Nompilos and other farm workers at a public event (observation).

Table 1: Study population and sample

Study population	Study sample	Description	Data collection method
	Purposive sample		
Hlokomela staff	2	Original coordinators male and female	In-depth, semi structured interviews
Monthly meeting	2	Whole group	Observation: (x2)
Nompilos	8	Mixed age, gender, length of service	Focus group discussion
Gingirikani/Nompilo	7/1	Mixed age, gender; facilitated by Nompilo	Focus group discussion (Heritage Day)
Stakeholders	3	Farm manager; Farm HR manager; Farm senior supervisor	In depth, semi-structured interviews
	Theoretical sample		
Hlokomela staff	3*	Original male, new female coordinators	Focus group discussion
Hlokomela staff	2	Male coordinators	In depth; semi structured interviews
Nompilos	4*	Female; mixed length of service	Focus group discussion
Gingirikani	2	Female 52; Male 27	In depth, semi-structured interviews
Gingirikani	5*	Mixed age, gender	Focus group discussion
Farm worker/Gingirikani	1**	Male pack house worker; 37	In depth semi structured interview
Heritage Day HLAT event	1	Group dialogue, mixed gender soccer, Nompilo-led drama, traditional dance	Observation
Total interviews conducted: 10		**Total FGD conducted: 5 (28 participants)**	
Total events observed: 3			

Source: Research notes and data collected

Notes to Table 1

* Three of the five focus groups were smaller than 8-12 participants, the group size often considered appropriate for focus group discussions, to avoid spotlighting any individual participant. This was as a result primarily of the grounded theory approach to data collection and analysis. All three of the smaller groups fell within the Theoretical Sampling phase of the research, that is, participants were pre-selected in order to further explore ideas and meanings from the initial data and codes, rather than to establish a norm, and therefore smaller groups were considered acceptable. Ideally, the focus group size in this stage of sampling could have been better, but it was influenced also by specific local circumstances, and participant availability. For example, the Hlokomela staff focus group had to be constituted from the four Coordinators currently employed, both original (1) and new (3). As only two of the three new Coordinators were available on the day, the focus group was necessarily limited to three. The Nompilo focus group was similarly determined by the availability of female Nompilos of differing lengths of service and who were willing/able to remain for the discussion after the monthly meeting. Further, a group of approximately eight Gingirikani had agreed to attend the Gingirikani focus group discussion but several did not arrive as it was held on a Saturday morning at month end, when most were attending to personal affairs.

** This study never intended to explore relationships with and between farm workers who were not directly involved with project as Nompilos or as Gingirikani, and therefore a focus group discussion of farm workers alone was not set up. However, we did end up with one person in this category: a farm worker who only joined the Gingirikani a month prior to his individual interview, and immediately following his inclusion in the Heritage Day discussion group. The findings from this interview obviously are not generalisable to the wider farm worker population and research among this population should be considered as an area for further study.

2.4 Ethical considerations

Permission to conduct the research was obtained from Hlokomela (Appendix 4) The research protocol was submitted to the University of the Witwatersrand Human Research Ethics Committee (Medical) for approval, and a clearance certificate obtained: Reference No M091159 (Appendix 5). Participation in the study was voluntary, and could be withdrawn at any point without explanation. An individual's participation in, or ability to benefit from,

Hlokomela would not have been affected by a decision not to participate. All participants were provided with an information sheet in the language of their choice (English, XiTsonga, Sepedi) and the details were read to them and explained and discussed, before each data collection process began. Each participant was required to a sign consent form, in the language of their choice (English, XiTsonga, Sepedi). Copies of the English version of the Participants Information Sheet and Consent Form are attached (Appendices 6-7) and the translated versions are available on request. The consent forms are securely stored and access limited to the research team and academic staff at the University of the Witwatersrand. The consent forms cannot be linked to the individual answers to questions. Participants received R50 as reimbursement for transport and child care costs, and were provided with light refreshment.

All information gathered was kept strictly confidential, with access limited to the researcher, research assistant, and academic supervisors (Ms Nicola Christofides – internal, Prof Lenore Manderson – external), Patrick Cockayne, MSc (Med) student and fellow researcher, the research facilitator/interpreter during the data collection process, and the transcriber. Audio and audio visual material will be destroyed within two years of end of project.

2.6 Data collection

Data was collected monthly in three stages, from August to November 2010, through (A) observation, (B) focus group discussions, (C) in depth, semi structure interviews. The staged data collection process enabled observation of two consecutive Nompilo monthly meetings (August and September), and therefore of the monthly cycle of dialogue from feedback for July through to planning for October 2010. It also enabled observation of the Nompilo-led organisation of one special event, the Healthy Lifestyle Action Team (HLAT) event for Heritage Day; 24 September 2010.

The staged process enabled the researcher to reflect on data gathered from the initial purposive sample, to develop initial codes, and to constitute interviews and focus group discussions for each of the following two stages by a process of theoretical sampling.

- Data was collected through the *observation* process by means of written notes, photographs and video recordings, which were transcribed and analysed within a month of completion.
- *Interviews and focus group discussions* were supported by an interview guide and captured on an audio, and audio visual recording. The audio tape was transcribed within a month of completion and checked against the audio visual recording, where necessary, during the analysis process.
- No personal identifiers were recorded

The observation process concentrated on the nature of the interaction observed, (who speaks, for who long, about what, with what response) and its outcome (what was decided). For the event attended, observation was concentrated on who attended, and what happened, as well as and interactions between the Nompilo and/or Gingirikani and other farm workers,

In the *focus group discussion* process, the research process sought to elucidate how Coordinators, Nompilos and Gingirikani defined and valued their role and how this role has impacted on their life. It sought also to establish and analyse how Nompilos experienced and valued their face to face interactions with Hlokomela, provided the opportunity for participants to identify and elucidate whether and how local issues which impact on efforts to increase control over and improve health are named and explored.

In the in-depth interviews, the research process sought to ascertain and describe how:

- Hlokomela staff who interact directly with Nompilos prepare for, experience and value the interaction,
- Nompilos experience face to face interaction with Gingirikani and other farm workers
- Gingirikani and other farm workers experience face to face interactions with Nompilos and their peers

All interviews were used as an opportunity to ascertain and analyse how local issues which impact on efforts to increase control over and improve health are named and explored.

The Programme Manager was recruited and trained to play the role of research assistant as she is known and trusted in the local community, was able to easily organise access to the farms and farm workers, and was also able to act as translator and co-interviewer. Working

with the Programme Manager was also viewed as an opportunity to build local research capacity and enable the project to participate in the research. She was only fully briefed to take her role as interview assistant after being interviewed for the research in the first research visit in August 2010, in order to ensure as far as possible that her responses were not influenced by the research agenda. Prior to that point her role was limited to organising the first Nompilo focus group discussion. There was a risk that power relations between the Programme Manager and farm workers could have affected the responses of the participants. However the Programme Manager is a young woman from Acornhoek who is skilled at building rapport and trust. After reviewing initial interview transcripts it was evident that participants were open and willing to share without reservation.

The researchers conducted the direct observation, the Hlokomela staff interviews, the female Nompilo discussion group, the male Nompilo interviews and all stakeholder interviews. The research assistant provided support and immediate translation for the mixed gender Nompilo focus group, and data collection related to the Gingirikani. Data was collected at the Hlokomela Wellness Centre, on partner farms, or in a private setting at a local guesthouse.

2.6 Data analysis

Data comprising translated verbatim transcripts of the audio recordings was analysed using Max QDA and through a grounded theory approach, in order to analyse actions and processes related to the face to face interactions. Responses described in English in the simultaneous interpretation were compared with the verbatim transcripts of the original vernacular, in order to assure consistency. Due to logistical limitations, the full body of audio visual data collected was not analysed; this data was used only as a source against which to double check and confirm details in the transcriptions from the audio texts for example, the order or gender of speaker, or sections of speech that were unclear on the audio tapes.

The staged data collection process enabled data gathered through the initial purposive samples to be analysed immediately, so that theoretical samples could be constituted in the subsequent stages. Conducting subsequent interviews in the vernacular, with immediate translation by the research assistant, enabled the researcher to immediately probe for

evidence related to initial codes identified. The data analysis process concentrated on the key questions of the study. (Refer to 1.7 Research Aims and Objectives). The question guides for the data collection process were revised as the theoretical samples were constituted, in order that the inductive codes developed for what was described by the first set of data could be explored and/or confirmed in subsequent interviews, group discussions and observations. The question guides are attached as Appendix 8. Data analysis was therefore on-going, through the data collection process. The final data analysis on the full body of data gathered was undertaken in early 2011, in order to further refine and consolidate the inductive codes and themes identified during the collection process.

Chapter Three: Findings

3.1 The role of participants in the system of on-going dialogue

3.1.1 "Circles" within the Cycle

Coordinators and Nompilos frequently, and always in English, used the term "circle of dialogue", to refer to interactions related to the monthly communication "routine". This term differs from the use and meaning of the word "dialogue" and "cycle of dialogue" which the Coordinators had received from Sibambene, i.e. "dialogue" as the description of an abstract, namely the nature and quality of a particular type of interaction; and "cycle of dialogue" as a term to help Coordinators institutionalise the similarly abstract concept of a system of planned and continuous communication, managed through the monthly Nompilo meeting. As used by Coordinators and Nompilos, the term "circle of dialogue" describes the concrete: how a dialogue event appears to an observer (people sitting in a circle) and the process of the talking encounter (each one in the circle speaks). The act of replacing "cycle" with the similar sounding "circle", suggests that Coordinators and Nompilos have used their relatively limited English skills to take ownership of the English terminology they received from the technical support team, and make from it their own meaning. This making of meaning appears to help enable them to translate the abstract of system of dialogue into a practical process of implementation, and also to add to the abstract an evocative description of the practice. The term "circle of dialogue" was not used uniformly, and variations appear to relate to the role in which the speaker plays in the system.

Coordinators, who have overall responsibility for the communication work, used the term"circle of dialogue" interchangeably with "cycle of dialogue". For example on the monthly meeting agenda Coordinators stated "Cycle of Dialogue" as an item; at the allotted time Coordinators announced a "circle of dialogue" and Nompilos rearranged themselves from the traditional "speaker in front" format, to a circle reaching the edges of the room, with the Coordinator facilitating from various positions in the centre. Similarly, at the Heritage Day event, a Coordinator facilitated discussions on the September 'cycle of dialogue' topic, "*Healthy Lifestyle: Decide for yourself - what can do you do if your partner won't go for couple counselling?"* from within a circle of more than 70 farm workers.

Nompilos frequently used the term "circle of dialogue" to refer to the process for which they, as Change Agents, are directly responsible: creating opportunities on farms for people to

speak about realities which make them vulnerable to infection, and work out what to do. The term is so internalised that, in one group interview, a Nompilo corrected the interviewer who asked for details about the "cycle of dialogue". The group then described how such a 'circle of dialogue' would take place, demonstrating both what they believe to constitute a "circle of dialogue" and their capacity to conduct such a process. [The latter point is dealt with more fully in 3.1.3.A., as Nompilo capacity building.] The description relates to the dialogue conducted under the topic of "What makes a safe relationship?" and illustrates the steps and principles that Nompilos considered key to a "circle of dialogue". In summary these are: a means of initiating the dialogue, which Nompilos termed "open the dialogue', using a question, relating to daily life and vulnerability, in this case, what can be dangerous about having many boyfriends on a farm; a process which enables all to "talk" or "communicate", which Nompilos make possible by asking for input from each one – "everyone is going to come with the points"; a belief that they as Nompilos do not hold absolute "knowledge" or insight into the situation and that a circle in which people have a chance to speak is a means of accessing the knowledge and lived experiences of others – "so if I do a circle I will get some more knowledge"; and placing value on what can be learned from others – "so at the end we are going to get the points from that issue".

I: What is Cycle of dialogue?

Nompilo 1: Circle of dialogue.

I: mmm

Nompilo 2: "Is just if …I can just say 'haai if I have two boyfriends …what is the dangerous of if I have many boyfriends?' From there then all of us we are going to talk - "

Nompilo cross talk: "Communication"

Nompilo 2: "...talk about that, so I did open a dialogue, then it is going to be circle so each and everyone is going to come with the points from that …circle of a dialogue so at the end we are going to get the points from that issue that I come up with."

Nompilo 3: "Because the other people they have plenty knowledge… Maybe myself I have no knowledge, but I will gain something to the others."

Nompilo2: "So if I do a circle I will get some more knowledge from them than just to say I know …I know …I know, so I will get more knowledge from them - than the knowledge that I have." *(*Nompilo focus group discussion, all female*)*

Other instances in which Coordinators and Nompilos attach their own meanings and applications to existing terminology, both from the field of conventional health promotion

(e.g. words like "information", "education", "take the message") and to the terms introduced by SDC in the set-up process (e.g. "open" from "open the dialogue", "focus" from "focus group") are described in 3.1.2-3.1.4 below. As these sections will show, the shifts in meaning and application of language are only one indicator of how the system of purposive dialogue has been internalised and applied by those who participate.

3. 1.2 Coordinators guide and support the dialogue process:

Coordinators said that, through cultivating the interactions, they have changed the (A) **nature of their own interactions** with Nompilos and farm workers, (B) **deepened their understanding** of the local environment, (C) **oriented their planning and actions** to respond to farm worker concerns, and invested themselves in (D) **developing Nompilo's capacity** to initiate and sustain interactions with other farm workers.

A - Changed nature of interactions: Coordinators stated that the style and quality of interactions they have with Nompilos and farm workers have changed. Initially farm visits and Nompilo meetings were viewed as opportunities for Coordinators to "disseminate information" and tell farm workers that "HIV AIDS- its one, two, three, four". The SBCC Coordinator went so far as to state that today because "people know all about HIV and AIDS", interactions are perceived as opportunities to learn more about the lives and concerns of farm workers.

The switch in approach – from didactic information dissemination, "the old way of teaching them about HIV and AIDS", to listening to what farm workers say, and beyond that, to a system of purposive dialogue – is described by Coordinators as being almost seamless, suggesting ease of implementation:

> "What we are doing now, we are asking them, 'what is that you want to know, that you don't know and you want us to tell you'. They were telling us what they need to know and discussing that kind of issues *until now we have introduced* these kind of ehh this kind of this eehh method of talking about the themes and topics and everything. ..it helps a lot because now they are opening dialogue and now people are deciding to give out the response to the problems." (SBCC Coordinator, M;31)

(My emphasis)

He continued, saying "since we have started that thing of opening dialogues and everything" people had begun to talk about issues he had never thought of. The response "really opened our minds and our eyes to see farm workers in the other way that we are used to". Technical terms for implementation (themes, topics, dialogues) are twice followed with the words "and everything", suggesting that realities usually excluded from public discourse are now being raised as concerns which need to be resolved.

He immediately gave the example of how he had thought that only men sought multiple sexual partners, until "finally", by opening a dialogue with women during a site visit on a partner farm, he learned differently:

> "Most of women they say 'you know what, I can't have only one partner because I am working in the farms and I have low income and I have got children at home and I have to take care of them and I have to buy food for where I am staying, so this guy, if I have got this guy and maybe he's earning R1 000, what am I going to do with the less than R500 that he is going to give me? I am going to go and look for someone who is going to give me [more], another man so that I can provide at home'. So I said, 'how many of you are doing that?' And most of them they raised up their hands and said 'I am doing that'. " (SBCC Coordinator, M;31)

The value of an approach which enables farm workers to speak appears to have sold itself. The act of speaking is believed to have inherent power to resolve. Another Coordinator said she believed that speaking is the "first treatment", and that it can defuse tensions which might lead to domestic violence because it takes the emotion which drives intention for violence "out" of the person:

> "Saying it out is the first treatment that a person can get. Sometimes people saying 'I think I am feeling to shoot that wife', that is a relief, is something gone out of the person".

She continued, saying that by hearing the words, all listeners, including the speaker, started to "process" – to consider – what has been said:

> "Sing it out, and hearing it you start to process it. I know by myself. I start to process those words that you said and you say 'no, this is not good'."

She concluded by saying that staying silent meant thoughts and feelings remain internal, "in here", and their influence was not considered.

> "But if you don't say it out, is in here, it means like you are talking but you are not listening to yourself. I think like that." (Coordinator, F).

B - Deepened understanding: Coordinators reported that listening and understanding more about the "truth" of people's lives, helped them work out how to respond:

> "By talking ... they are taking out - they are speaking from the heart. Most of them they are telling the truth when they are discussing ...they are giving you a view." This view "will help us to plan for the next session because we will get an idea ...what are their main barriers ... so that we can address that". (Coordinator M;31)

Coordinators appear to view every interaction, structured through the cycle of dialogue and otherwise, as an opportunity to **deepen understanding** of the local environment, such as a problem supervisor, how little knowledge women have of their own anatomy and physiology, the dearth of ideas, opportunities and time for farm workers to generate additional income, and the concerns that people have as men, and as women, in their relationships. As indicated in the quote below, the question of how to respond, as Coordinators, is considered as a collective, a "uniform", and value is placed on reflecting on work, and interacting with each other in order to do so.

> "We are setting down this morning, as Coordinators trying to reflect back what is it that's left that we didn't do, and what is it that we can do better, how to improve it. This is a part, nobody forces us to do that, it's what we like to do." (SBCC Coordinator, M;31)

C - Re-orienting planning and actions: Coordinators see their role in **interactions** as **facilitators**, who enable Nompilos and farm workers to reflect on their lives, identify concerns and possible ways to address them. In the monthly meeting, the act of listening to Nompilos give feedback from Gingirikani and farm workers on the theme and "message" for the previous month is considered "good for us" because it indicates to Coordinators what they need to do in order to assist farm workers:

> "It will always give us the way of how to resolve other problems or how to help them to resolve the problems because we don't always have to ... feed them with the information or telling them what to do. They are the ones that must take the lead and come up with the solutions to their problems. So we are just facilitating the process

for them to achieve those goals that they want to achieve." (SBCC Coordinator, M;31)

In terms of **daily implementation** the response as reported by the Coordinators is to **provide practical support:** to plan the weekly schedule of visits to partner farms so that they can back up those Nompilos who request assistance, or intervention, such as developing a mural, on the farm; to be available for contact via sms or in the Wellness Centre; to intervene, e.g. with supervisors and farm managers, where required; and to search for information that can resolve the problem: "like we can read the books or we can go to the internet to check that there is something that can help" (SBCC Coordinator M;31). A need to **respond to broader, structural issues** is also identified by the leadership – "women empowerment in a broad, broad way" (Programme Manager). This broad empowerment includes identifying local partners to enable farm workers to access collective savings and investment programmes, to consider alternate views about sexual norms and to basic biomedical health education.

In terms of **managing a continuous process of dialogue** as a means of **resolving vulnerability to HIV**, the Coordinators respond by synthesising their knowledge and experience to identify issues of concern on the farms, and to draft quarterly **themes** and monthly **topics** and prompts for discussion, in order to bring these underlying concerns into the realm of open discourse on the farms. The **monthly meeting** is used as the nexus of the planning and implementation process; it marks the date and time at which Coordinators must be prepared to feed suggestions for fresh content into the communication system, to gather feedback on the previous month's dialogue and to build capacity of the Nompilos to enable dialogue around the issues identified for the month ahead.

A full analysis of the development of themes/topics and prompts since inception of the Gingirikani is beyond the scope of this study; however they show a continued focus on relationships, and increasingly, connect and embed "information" about HIV, into a process of reflecting on how the epidemic is experienced in the farms, and what might be pragmatic responses to lessen vulnerability. In late 2009, the topic chosen was a technical term, "Multiple Concurrent Partners", which refers to sexual networking. Towards the end of 2010 the Coordinators drafted the open-ended "Healthy Lifestyles" as the quarterly theme. The breakdown of the theme included monthly topics for dialogue which related directly to farm worker's experiences of key underlying drivers of the HIV/AIDS epidemic, namely gender

inequity, alcohol abuse and gender-based violence. The Soul City OneLove "Soul Sex" guide was distributed as supporting material, specifically the page on "What makes great relationships last?" The October topic "Decide for yourself" was developed in order to empower women in decision making and negotiation skills and had as one prompt for dialogue "What do you do if your partner refuses to go for couple counselling?" Similar prompts for action and reflection on how to address local realities which help create vulnerability to HIV were identified with the topic "Drink Responsibly" and a call to action: "What can you do as farm workers to address the drinking of alcohol on the farms?", and the following topic: "The impact of having sex for money and favours", with specific dialogue about "Why do men and women exchange sex for goods?".

D - Developing Nompilo capacity: Coordinators view **Nompilos** as the realisation of Hlokomela's work in general and of communication work in particular. Hlokomela without Nompilos would mean taking "a hundred steps backwards … a disaster to the farming community". Removing Nompilos would mean:

> "...we just remove the bridge so there's no any way you can jump to that side of the river, it's very much important. It values a lot to have Nompilos on board working with them hand to hand, because it's our bridge to go to them, to talk to them, it's our communicator from Hlokomela management and the farm workers". (SBCC Coordinator, M;31)

Value is placed on learning first-hand what Nompilos experience "on the ground" as implementers who assist farm workers:

> "So listening ... to the good stories that they have for me that's the most valuable time or ... how can I put it, you know, interaction that I have." (Programme Manager).

To enable Nompilos to implement continuous processes of communication, Coordinators said they kept a permanent slot for the "Cycle of Dialogue" on the monthly meeting agenda, and used it to prepare the Nompilos for the topic to be used in the coming month. The process of preparation that they used is one of experiential learning. This means enabling Nompilos to experience the act of thinking and speaking out about the monthly topic, and to observe and/or experience the act of facilitation. The experiential learning process therefore takes Nompilos through both content (the what) and method (the how) of interactions for the month ahead. Coordinators indicated that they made this a consistent process: "… each and every

Nompilo in the training (meeting) we are going to sit down in a circle of dialogue to discuss the topic coming".(SBCC Coordinator, M;31)

In preparation for the September monthly meeting in 2010, Coordinators enabled Nompilos to report back by allotting 70 minutes on the agenda to feedback from the dialogue on "What makes a safe relationship". During the meeting the speak-out was heated and the points made by Nompilos included: "People in this room are having multiple partners - work on yourselves"; "If you have things in common then you don't cheat - go to soccer together, drink together." In summary, the solutions offered involved "trust", "respect", "gender balance" and "communication" (between partners).

Then the question of the **content for dialogue** for the quarter ahead was put to the meeting, in a 30 min slot titled "Themes and topics for this last term of the year", for which "All" were responsible. The Coordinator reminded Nompilos of the communication themes of the past three quarters: "Couple Counselling, "Gender Equality" and "One Relationship is Enough". He asked for suggestions for a theme to encompass the year's work. Nompilos offered: "Communication" – indicating that Nompilos place value on communication skills and opportunities; "One Love" – indicating awareness of the slogan of the Soul City regional campaign to address sexual networking and multiple concurrent partners", "Empowerment" – indicating an understanding of the need to invest farm workers with capacity to respond to their vulnerability. Coordinators mooted their drafted theme: "Healthy Lifestyle". When discussions meandered – for instance accusations of "no man can be trusted" – the Coordinator took the lead, and suggested that "Healthy Lifestyle" should be declared the theme for the quarter. This was agreed and discussion moved to the topic for the month: "Decide for yourself", which is described further under Nompilos, below. The process was reported in the minutes, by the male Nompilo responsible for taking minutes in that meeting, as follows:

> "With all this themes what were we promoting? The discussions amongst Nompilos came up with one theme which is Healthy Lifestyle. These simply mean if you have followed all these themes from January you will have a healthy life style." (Minutes of the in-service meeting, recorded by a Nompilo: 23.09.2010)

Nompilos are also offered individual coaching, in order to build their facilitation skills and prepare them for the task of conducting a dialogue on the topic for the month ahead. The SBCC Coordinator described how he "always" challenged a Nompilo to facilitate a dialogue in the monthly meeting, and how they "always" rose to the challenge:

> "... I will take one of the Nompilos before the meeting starts, and I say 'you are going to facilitate on this, this is going to be the topic for the next month - can you do that?' And they always say, 'yes I can do that'." (SBCC Coordinator, M;31)

He explained how he briefed and prepared the Nompilo for the task:

> "So I gave them the information, and I always sit down with that Nompilo and explain exactly what is going to happen ... what is going on about the issues and what are the barriers about the issue and everything."

Use of the word "information" in this context means the topic, i.e. what is "going to happen" in the month ahead, and what is "going on" to make farm workers vulnerable, not information from a standard peer education manual. The brief also covers the difficulties farm workers might face in dealing with "what is going on", "the barriers about the issue". In this response, recorded two months after the initial interview, the Coordinator repeated his use of the words "and everything" – indicating again that Nompilos place issues which are not usually discussed into the realm of public discourse.

The Coordinator prefaced the entire description by saying that he acts in order to "... give (Nompilos) *the courage* to go and do this sort of job in the farms" (my emphasis). This suggests he perceives the job of Nompilos to be unusual and risky, and that he values their work sufficiently to feel responsible for fortifying them for a difficult task. He further specified that to be a facilitator in this context is to be a listener, and a conduit for the voices of farm workers, and not a preacher.

> "She or he (is) not going to stay in there in front of (farm workers) telling them like a priest … like a pastor…no, no they are going to talk, and hear from what they saying. … by doing that it can be easy to hear what farm workers are saying. So farm workers can raise their voice." (Coordinator M;31).

Affirming and motivating Nompilos, thanking them for "the hard work that they do", and expressing the value of their face to face work to the farming community and beyond, is integral to the process of building their communication skills, and building intention to implement. This Coordinator said he uses the meeting to describe to Nompilos "how important they are, and how many lives that they are touching." He did so by tracing a line of

communication and influence – from himself as one person reaching all Nompilos, who in turn talk with all the people on their farms, who in turn will "go back to their families and interact with other people", who in turn will speak with another 50 people each, etc, a process which "may go on to – let me just say, save the planet". (Coordinator M;25) In this way, Nompilos "see their potential as Nompilos", realise the impact of their presence on the farms, and regard themselves as valuable, and capable of doing what is required:

> "You make the change agent understand how important she is, how many people she is saving. And then that person thinks ok …" (Coordinator M;25).

3.1.3 Nompilos: empowered to be primary agents of change

Nompilos indicated that through the monthly meeting they are **A - Prepared to initiate and sustain purposive interactions**, **B - Enabled to assimilate and apply content,** and **C - Enabled to prepare Gingirikani to engage with farm workers**. Further, the system of interaction enables them to feel **D- Assured of Coordinator mentorship and support**, and **E - Encouraged to build collegial networks to improve implementation**.

A - Prepared to initiate and sustain purposive interactions (the how):

Nompilos indicated that their structured interactions with Coordinators and each other, at the monthly meeting, are their primary learning experience, and the means by which they are prepared to conduct purposive dialogue with fellow farm workers. The account below describes learning this "style" of communicating, and applying in on the farm. The Nompilo said "Hlokomela" helps them learn, because they have a regular monthly meeting ("workshop") – despite that the meeting, and the Nompilo programme, are led and managed by the Coordinators. Her naming of Hlokomela rather than the Coordinators suggests she feels contained and sustained by the full weight of Hlokomela's presence and actions, in the regular monthly meeting and beyond. The prompt she creates as an example – what to do if one of your three current boyfriends won't use a condom – relates to the previous month's topic "What makes a safe relationship?" The question is frank and pragmatic, seeking to enable farm workers to think and speak about how a woman in this situation can protect herself; in contrast to didactic health messaging and material, there is no instruction to remedy the situation by having one partner.

> "Hlokomela helps us because each and every month we have some workshop… so when we are here they (Hlokomela/Coordinators) just say we open a dialogue, err

> maybe I say, "I got three boyfriends what must I do with those three boyfriends? And two of them don't want to use a condom but one of them is using a condom." (Nompilo, F;33)

By devising a fresh and appropriate question, the Nompilo indicates that she fully understands how common sexual practice on the farms makes women vulnerable to HIV and is able to apply her understanding to enable others to come to terms with the issue. She described the dialogue that follows as a process in which "each and every one will come with their opinion". By "collecting" inputs from every participant, the Nompilos expand their understanding of reality in the farming community, and build their knowledge base. In this case the participants are other Nompilos in the monthly meeting.

> "Then we are going to collect some points, then we open our knowledge, so its where we learn, we are *opening* our knowledge about that, because we are teaching each other." (Nompilo, F;33) (My emphasis)

Applying the word "open" (an SDC term to describe the architecture of a purposive dialogue) to the process of learning, acquiring knowledge and expanding inner horizons is a further example of how Nompilos are ascribing their own meaning to the technical "language" of dialogue. Nompilos repeat what they learn in the meeting when they return to the farms. The Nompilo said that at the farms they firstly "do some research", that is, initiate a conversation around a common experience to learn whether or not farm workers are "living safely", and then open discussion. In this account the Nompilo described how she chose to emulate a woman who is eyeing a man of means ("nice car") because she knows this is common practice and that someone will know of a similar story, to find out if women in this situation have a sexual "style" that is safe, or not:

> "… I go there and say 'hey I did meet a nice guy, he is having a car or whatever', then someone is going to come with another issue, the same as that I talk about. So I am going to get the way they live …their style that they use of protecting themselves or if they live not safely." (Nompilo F; 33)

Nompilo responses indicated that they share a common understanding of the term "dialogue" as a process which they initiate and facilitate, but do not dominate. In the words of a lay preacher who has worked as a Nompilo for less than a year:

> "…it won't be a dialogue if I'm just talking alone. … we won't have a solution at the end, and it will seem as if I am just telling them what to do." (Nompilo, M; 48)

Nompilos said the approach is "easy", the only challenge being whether time is allowed by the farmer or whether the Nompilo needs use her own time. They said using questions to start a dialogue and talking is a "better" way to get a "solution" than telling people about condoms:

> "So it's better to get a solution when we start there. It's going to be hard when we just go to people and say, 'today we are talking about condoms' and you tell them but they won't listen to us". (Nompilo, F;35)

Nompilos said the concept of "dialogue" is conveyed in XiTsonga or SePedi by putting forward the topic and question as the "head" of the discussions, and then opening the floor for everyone to have their say. The issue is then summarised and a resolution proposed. Further, they place **value** on the power of speech and process of communication when people "meet a challenge". One Nompilo described how, when Nompilos hear of such challenges, they can "sit down and communicate", get someone to help them, or do something themselves, and also "keep on supporting that person". Taking action – to get someone (to help), to do something – is described as integral to resolving the challenge. So too is speaking out, because nothing happens if a need is not first verbalised:

> "…you must speak out, don't keep quiet you see, at least you can solve the problem …if you don't say that, nothing can happen, you didn't win and you must fail, but we are trying always". (Nompilo, F;33)

***B - Enabled to assimilate and apply content (the what)*:** As described above, Nompilos appear comfortable with the art of starting a conversation on the potentially awkward subject of relationships and HIV, and appear to easily generate apt questions to initiate an interaction around the monthly topic. ["I got three boyfriends …"; Hey I did meet a nice guy…"; etc]. The questions are all direct and open-ended, they all mirror the local experience [multiple partners, sex for the promise of gain, inability to secure safe sex], and they all invite a response, and so effectively create the opportunity for a farm worker to respond, and to verbalise her/his experience and thoughts for possible resolution to vulnerability to HIV in those local circumstances.

In addition, Nompilos indicated that they apply knowledge gained through dialogue in the monthly meeting, in order to inform and lead farm discussions to more informed resolutions. After learning at the meeting some ideas on "what makes a safe relationship", a Nompilo is able to facilitate a discussion among her fellow farm workers around how to have a safe relationship with their families, and guide the group to thinking about alternatives.

> "(the meeting) helps us because we get some points err when we discuss … er maybe I don't how to safe my relationship with my family, so I get those points from here."

If she had started the discussion on the farm without the benefit of knowledge and insight from the meeting she might not have known about the complexities of the situation:

> "But if I start here (the meeting) I will know because we talk, talk, and talk, and talk, and at the end we get solution by saying' haai this one is better than this one'."

With this collectively determined solution in hand, she goes back to the farm and "opens a dialogue" with farm workers:

> "If they just talk and talk I will take the points then at the end I can 'say what about this, if we can do it like this?' And I can say it can help or it won't help, then they will add (ideas) if they want to add and if they want to reduce they will reduce." (Nompilo, F; 41)

The repeated use of the word "talking" suggests a continuous process of intense verbal engagement, and is typical of the accounts of dialogue and interaction given by Nompilos.

Terminology related to dialogue (words like themes/topics) and the cyclical planning that gives rise to these themes and topics are used with varying degrees of accuracy. The Nompilo quoted above emerged from meeting with a clear understanding of the October 2010 theme/topic of "Healthy Lifestyle - Decide for yourself" and how it relates to HIV, and the oppressive experiences and limited choices available to women on farms.

> "… because lots of women on the farms they are just under their men, then the man become the head … a woman can't talk, she just listen. So decide for yourself - are you listening the wrong things when it happens in your family or are you going to stand up and talk and say this is not right? Or you just sit down and say 'this is my husband … the one who bring food inside the house'. And even if you know that 'hey you are dying' … It is your choice, what are you doing about it?" (Nompilo, F;41)

The lay preacher and relatively new Nompilo quoted in A appears to confuse the terminology around dialogue, despite having a clear understanding of the dialogue process. This does not affect his ability to use the theme/topic to create opportunity for the discussion.

> "Well as a Nompilo we normally have topics or theme, with Hlokomela, every month we have a theme which we are going to talk to the people. Then (snaps fingers) I start there." (Nompilo, M;48).

Where the technical language applies to a process which Nompilos must directly organise on the farms, as in the Gingirikani and other focus groups, there is evidence of new meanings being ascribed to words introduced through the cyclical communication process. This Nompilo demonstrates that she perceives the word "focus" in "focus group discussion" to mean an act of enabling people to concentrate on one thing, by using the word as a verb rather than noun.

> " Even when I get the group I want to get into the group so I can *focus* with them I would say 'aish yesterday I heard the radio talking about HIV AIDS' …" (Nompilo, F;35) (My emphasis)

C- Prepare Gingirikani for purposive interactions

Nompilos perceive Gingirikani as a valuable resource who enable them – and thus Hlokomela – to reach all farm workers on the farm and to overcome challenges, such as taboos (see 3.2.1) Nompilos indicated that they are engaging with Gingirikani in a cycle which lags behind that of the monthly meetings by less than a week. Nompilos said they schedule interactions with their Gingirikani focus groups after every monthly meeting, often in the first half of the week following the Thursday meeting. Nompilos described this interaction as a combination of "teaching" style information giving, and a process of "talking, with emphasis on the fact that the "information" comes from Hlokomela, and needs to reach all farm workers. This Nompilo distinguished between the time in the encounter when Gingirikani listen as he passes on information learnt from Hlokomela about the theme and topic:

> "As we meet with other workers, so we give them other lessons, so after that we told them this is a time … for you to listen. After this we will give you a time to ask questions."

and the time when - based on the kind of question he receives - he either provides an "answer" (information about the topic), or opens the floor:

> "So, when they ask question that depends… that question needs to be answered or they are going to be on discussion concerned about this question. So, we keep on talking, talking to other workers like the way (…) we meet with focus group so…we keep themselves talking."

He supports Gingirikani who approach him for help by using what he learnt from Hlokomela:

> "… I respond to them about the way I know from Hlokomela. So we keep on talking about … to the people about the way." (Nompilo, M;25)

Another Nompilo described a methodical process of preparation and follow up to ensure that Gingirikani on her farm are prepared for the dialogue. She meets with her focus group after prayers on the Monday following the Thursday meeting, to "educate" them about what she heard in the meeting and to guide them through the "heading" (topic and prompts) for dialogue:

> "… And the time I am educating them I ask them to write the heading while I educate them and that will be the heading that I come with from the meeting."

She then meets again with the Gingirikani to check levels of understanding:

> "… after we are finished again we meet so that they can show me what they wrote the time I was educating them."

If anyone "jumps" (does not write down) a heading, the Nompilo said she "will show that person what to do and then we are dismissed from our work." The following morning, before anyone reaches the fields, she does "the same thing" – except that to check levels of understanding she asks the Gingirikani to explain to her what they learned the previous day:

> "The same thing in the morning; when we meet it's for them to educate me before we educate other people then to show how far are you – if you make mistakes others will show you where your mistakes are. After that we go to where we work."

She then listens to what farm workers say about their interactions with the Gingirikani, to check that the communication was accurate: "I can hear those people … telling me that they learnt this and that today". Often workers ask her if what they learned "is right"; if it is, "then I will say 'yes'", but if not "I will say it is wrong and that means the person was telling this while they were in a hurry." When the Nompilo sees the Gingirikani concerned she informs her or him that a mistake has been made:

> "I will tell him or her 'you made a mistake. You were supposed to say this and that'".
>
> If the Gingirikani does not have the correct responses for a farm worker question,

"then I will give her the answer so that the next day she can tell them." (Nompilo F;46)

D – Assured of Coordinator support and mentorship

Nompilos perceive Coordinators as responsive to their needs because Coordinators deal with supervisors who obstruct efforts to meet with farm workers, visit farms where workers request on site testing or additional information, and deal directly with farm managers in instances where a Nompilo has been denied the opportunity to attend the monthly meeting or conduct activities.

The effectiveness of Coordinator support experienced during site visits is determined, at least in part, by the level of preparation; this, in turn, is shaped by the need originally articulated by the Nompilo. Coordinators estimate that 95% of outreach visits are called for by the Nompilo and might relate to any number of issues, including alcohol abuse, farm workers throwing condoms on the ground or a need for HCT on the farm. Nompilos typically said it is the physical appearance of the Coordinators on the farms, and presence of on-site testing services, that helps build their credibility in the eyes of the farm worker and management. A Nompilo who has four years of primary school education asked for, and received, Coordinator support when she found herself communicating with farm workers with tertiary education. As a result, she said, they take her "seriously".

"So the Coordinators come in order to explain on behalf of me so that next time when I talk to them they can take me seriously not to reject me." (Nompilo, F;39)

E – Encouraged to build collegial systems of support

Some Nompilos have initiated contact between themselves, during the weeks between the monthly meeting. They said this contact takes the form of visiting each other's farms to observe conditions and learn from each other's "strong points". Often the learning and exchange takes place through the process of conducting recreation and HLAT programme activities: e.g. this Nompilo challenges a Nompilo on another farm to bring workers to play netball on her farm and while the game is underway she asks the visiting Nompilo to assess living conditions and relationships in the compound:

"… she is going to stay there to listen to my workers how do they talk, how do they do, how do they live at the farm and then we taking, we stealing our styles …ideas". (Nompilo, F;41)

After the assessment, the Nompilo will make suggestions for improvement, eg to bring farm workers to check out the compound on her farm:

> "hey … you must do a plan at the camp because you can see it's very dirty and people they don't care about themselves. You must try something … or you must come with them at my place … they can see that it is very nice then they come back and do the same thing … where they stay." (Nompilo, F;41)

Sharing "styles", comparing conditions and responses on the farms, is how Nompilos improve and extend the scope of their work. The learning and improvement process is collegial in content, as it seeks to identify the best means to address the issue, and in quality, as the Nompilos involved compete with the purpose of improving life on farms, rather than defeating an opponent.

3.1.4 Gingirikani: beneficiaries and agents of change

Gingirikani described how their **A- Capacity building** has been through systematic face to face interactions with Nompilos, on which Hlokomela's reputation and authority confers additional authority. Gingirikani make little mention of technical planning terms, and consistently locate themselves as **B - Agents of Hlokomela**, connected to its full scope of work to promote wellness. Gingirikani give a mixed description of the "style" of their purposive interactions; in some cases these are described as "instructive", in others, a process of listening and discussion. Additional findings on the nature and application of Gingirikani level purposive interactions are described in 3.2 and 3.3 below. There are indications that, in just over a year, the Gingirikani have expanded Hlokomela's presence on the farms beyond what was envisaged and the Coordinators are now adapting to respond to that.

A - Capacity Building through talking: Gingirikani indicated that Nompilos schedule a time to meet with Gingirikani "so that we can talk" after every monthly meeting at Hlokomela. This initial interaction is to prepare them to engage other farm workers around the monthly topic, (although additional interactions may also be required during the month) and to meet workplan goals. Gingirikani made no mention of attending the Nompilo's monthly meeting at Hlokomela, nor of regularly meeting with Coordinators. The initial interactions with Nompilos are described as the time when Gingirikani "learn" or "get information" from Hlokomela, after which they set up meetings with other farm workers. This description of the routine communication process is typical:

" … we (the Gingirikani) have meetings after coming from Hlokomela, then during the week we will have time where we tell them that we were at Hlokomela clinic* and they gave us information like this and that. And in that way we will tell them how to live their life and then if there is someone who is coughing or not feeling well they will go to the clinic." (Gingirikani, M;33)

**Note: Some Nompilos meet the Gingirikani from their farm at the Wellness Centre*

Gingirikani are less "technical" when they describe how they initiate and manage active group interactions. There is infrequent use of words like "open the dialogue" or "topic" and they do not explicitly describe a process of eliciting responses to arrive at a joint solution, as the Nompilos do. The fact that Hlokomela confers authority and credibility on their work is repeated. In terms of communication skills, responses indicate that Gingirikani are able to adopt the same techniques as Nompilos in levering open a "space" for raising the topic of condom use, they cast themselves in a hypothetical, analogous situation related to HIV, and devise a "prompt" to which they know other farm workers will respond. This Gingirikani said he "will lie" to a group of farm workers, saying he was in another town and saw people dying of AIDS, or that he saw AIDS deaths on the television; then, to initiate interaction, he tells the group he heard one of the dead "is my man who doesn't want to use a condom" (Gingirikani M;30). His facilitation skills are evident from his description of how he listens and is alert to the participant's responses. If farm workers "looks like they don't like to use that thing (condom)", he knows he needs to slow the pace further, and be "kind":

"… if you go to them and be kind to them they will listen but the thing … they don't like to hurry them, but if they kind to them they will listen."

The group might argue about whether men or women objected to condoms, and why:

"… (some) said its… women who don't want partner to use condoms, other woman… say 'my partner said … he can't eat a sweet that is been wrap … so he need to take the paper off''.

Once he has listened to the views, the Gingirikani "resolves" the situation by asserting a biomedical fact, namely that HIV doesn't discriminate between people of different cultures or language groups:

"Then is where I will start talking to them and say 'no man you have to use a condom because why - (if) you don't use condoms you will see HIV with your eyes and it won't choose people and say this one is Shangani, Sotho, white and this one is coffee colour. So make sure you have to use some protection". (Gingirikani, M;30)

The farm worker participants are enabled to express their views around barriers to condom use, e.g. objecting to the sensation of sex with a condom, and the Gingirikani responded by entreating farm workers to protect themselves, and not imagine that HIV would discriminate between people of different backgrounds or colours. While he clearly enables the farm workers to voice their experiences, he does not describe how, or if, he enabled them to consider "solutions: to increase condom use or what the implications of that might be in their lives.

B - Acting as agents of Hlokomela

Gingirikani typically said the authority conferred on them through association with Hlokomela enabled them to talk about many contextual issues affecting vulnerability HIV, and to refer to a number of different aspects of Hlokomela's work.

In terms of social relationships – Gingirikani indicated that the fact that Hlokomela enabled them to be chosen by farm workers means that they are able to "sit down with (our fellow farm workers) and then discipline them", or to take the lead in establishing different ways of behaving, "we can say my people this is not the way you must do things". Gingirikani said they are similarly able to raise the issue of the health and wellness of the farm worker community for debate: "if we ask them to talk about our health, people do what we ask them to talk about and they will talk about their health". (Gingirikani, F;34). Talking about health covers multiple areas: nutrition, prevention, overcoming fear, adopting foreign "things of White people" and not being "ashamed" to go to the clinic. … when we meet we talk to people about health … like as there are many diseases … we make sure that we plant vegetables so we can live a healthy life …and we must try to use things of White people like condoms to protect ourselves from HIV". (Gingirikani, F;52)

Talking about health also covers motivating farm workers by laying out the benefits that will accrue to families if they take up these actions:

> "And by doing this it will stop us having problems like dying, leaving our children alone … we have many children who are suffering just because they don't have parents because of the diseases. (Gingirikani F;52)

In terms of help-seeking, Gingirikani explained that different treatments were appropriate for different symptoms. According to one respondent, farm workers must first decide what is causing the disease in order to determine what treatment to seek. For "sicknesses just like

HIV and TB", help should be sought from Hlokomela, "but there are other diseases that show that you have been bewitched like *xifulana"* (pain in the leg/foot – considered a form of witchcraft) for which help should be sought from a traditional healer. (Gingirikani,M; 37). Another Gingirikani said she prays in church and does not worship ancestors, and therefore responds to physical symptoms by alerting her fellow congregants and following their recommendations:

> "I will tell other people in church ... the bazalwana (born again Christians) that there is something in my stomach and then they will say 'OK, we can fast tomorrow for two days while we are praying'."(Gingirikani,F; 40)

Among this profusion of ideas and actions, Hlokomela enables Gingirikani to present a credible, biomedical option, which is understood to be the avenue for seeking treatment for certain symptoms. This Gingirikani said, when he explains to a group of farm workers that he was at Hlokomela learning about protection, the fact that the information comes from Hlokomela "makes everyone concentrate and listen to us, because they know that it is not us making up a story" – an indication of how Gingirikani are perceived to have authority through their association with Hlokomela. The association further enables a Gingirikani to connect farm workers to treatment and support made possible through Hlokomela's work. In the description below, the Gingirikani intertwines talking to connect farm workers to Hlokomela to address physical concerns, and talking to connect farm workers to himself, to address their emotional concerns. He explained that when farm workers ask what can protect them he tells them they must not "be scared" because help is available:

> "I will say that if one of them is sick they must not be scared to tell the foreman or your *induna* what your problem is so you can get treatment fast. …this will help to solve the problem" (referring to the workplace policy according to which farm workers are entitled to access treatment).

He continued, saying that farm workers "must not be scared because it is us who are supposed to help not to stand at the corner and laugh at you" (describing Gingirikani as carers who support farm workers who might be ill). Further, he said Gingirikani "talk to [Mozambican] migrants … because we work with them and you find other people throw stones at them." [Gingirikani, M;33). The repetition of the words "be scared" suggest farm workers regularly experience fear – of being ridiculed "laughed at", or attacked by stone throwers. In both instances the Gingirikani himself takes on the responsibility of offering protection, through helping and not laughing, and through speaking with migrants, and not

rejecting or attacking them. These actions which concur with Hlokomela's core value of "farm workers care for each other", not the themes or topics described for the quarter in which the research was conducted, or earlier in the year.

Gingirikani actions have established a wider presence for Hlokomela on the farms, which is becoming evident to Coordinators from other vantage points in the Hoedspruit community. A Coordinator said that twice, during chance conversations in the town, he heard reports of Hlokomela's work on the farms being carried out by people he did not know – and realized that they were Gingirikani.

3.1.5 Practical challenges of implementation

Difficulties related to both management and content of face to face work were identified. The Programme Manager, who was responsible for compiling monthly reports to funders and government, noted difficulties that other staff did not mention as being challenges.

The Programme Manager said difficulties were experienced in explaining to Nompilos, many of whom had low language and numeracy skills, the specific information to be provided to farm workers, particularly if materials could only be obtained in English. This was a "tricky" process, although stronger Nompilos coped. More significant challenges were experienced around written records of the regular face to face encounters. Nompilos needed repeated training – "constant explanation, again and again" – around what information was required in the reporting forms; if this was not done "you are reporting a wrong data to the funders". Nompilos with poor writing skills were able to report data by asking those colleagues that could write to assist with compiling the forms. However written reports of what was said in the face to face interactions – the content of the dialogue – were rudimentary, and required the Programme Manager to interpret these in combination with the verbal feedback during the meeting, and by going over the forms with each Nompilos on the day that they were collected.

> "For me I understand now the language that they are using and what they are trying to say and if I see that there is a problem then I will pick it up." (Programme Manager.)

It was noted that new Nompilos took time to develop sufficient confidence to approach farmers directly over a problem, and called on the Coordinators for support. Generally Hlokomela staff attempted to support Nompilos to engage face to face with farmers:

> " … what we are trying to promote (is) 'let's speak to them' … you know the more you speak to them instead of us writing letters to inform the farmer … a letter can be a support to whatever we have informed the Nompilo … the support of what he or she was saying." (Programme Manager).

However difficulties might also be experienced as the Nompilo gained knowledge, skill, confidence and status, and social networks on the farms adjusted to these new developments. A common problem was that supervisors might view a Nompilo as a threat to their own status and authority, and block a Nompilo from attending the monthly meeting, or misrepresent their concerns to a farmer. These events were conveyed at the monthly meeting, or in follow up phone calls, and Coordinators said they attempted to respond to each individual instance of such complaints.

Similarly, as the Gingirikani system became established, new dynamics around the Nompilo's standing in the system had to be negotiated. In one instance Coordinators said they were warned off meeting with Gingirikani on a farm without Nompilos being present, as the Nompilos felt the Gingirikani to be better informed and educated, and that such direct meetings might undermine their standing.

> "(Nompilos said) … we don't want you to come direct into our farms and talk to the focus group members without … us being around .. some of those focus group members they are more educated, they are more informed …they want to become a Nompilo." (Coordinator M;31).

As a workplace programme, the issue of time to meet with Nompilos or farm workers outside of the monthly meeting required constant strategising. As noted in 3.1.3, Nompilos also identified time for meeting with other farm workers as an issue, but said that this was a question of establishing whether they would be able to meet during working time, or in their own time, and was relatively easily managed.

In terms of content, Coordinators identified "culture" as the main challenge dealt with in face to face communication. They said they had realised from Nompilos that tension existed between respecting belief and culture, and considering any negative implications of strongly held cultural beliefs, specifically the fact that farm workers "strongly" believed in culture and

cultural norms around polygamy. "Community expectations" around sexual behaviour created significant barriers to behaviour adaptation, particularly through "peer pressure" on men to have multiple sexual partners. Farm workers were seen as being polarised on this issue:

> "Some of the farm workers still believe that as I man I have to go around and have many multiple partners … but most of them they say that it's not good … its either you one partner or you abstain." (Coordinator M;31)

Sections 3.2 and 3.3 present detailed findings on the problems identified by Nompilos and Gingirikani through purposive face to face interactions, and their responses.

3.2. What was learned through the system of on-going dialogue

Through the interactions, Nompilos and Gingirikani identified as "problems" a number of different issues and situations in the local setting which they understood to be related to HIV. These, typically, were described in terms of immediate experience or observations. The "solutions" identified comprised actions in the form of specific, pragmatic tactics or responses.

3.2.1 Broaching the subject of HIV one to one, one by one

Nompilos and Gingirikani said they are likely to be met with anger and resistance if they raise the topic of HIV with an individual farm worker who they think might be affected, e.g. someone who is ill, or who is being subjected to domestic violence. By learning from each other and the monthly meetings, Nompilos have developed a set of language and tactical skills, which they term the "approach", in order that they might initiate a purposive interaction, and investigate and help resolve these individual situations of vulnerability. These skills appear to be differentiated. Male Nompilos described an approach which emphasises bonding before any directed conversation. Gingirikani appeared to emulate the approach.

A group of female Nompilos described their tactics to resolve, through communication, an immediate and individual problem, in the same way that bait is used to entice a fish to

swallow a hook: "They say if you want to catch a fish you put something inside the water so that's why." (Nompilo, F; 33). If a Nompilo knows a woman is fighting with her husband, or has many boyfriends, and that this "problem" makes her vulnerable to HIV, she cannot bluntly raise the topic but must consider what to do or say, before deciding how to act:

> "Even if I can just think 'ai this one, maybe is having a problem' I mustn't go there and say 'you had a problem yesterday, I did hear you are shouting with your husband. What is the problem?' Or if I say 'ai you have lots of boyfriends', I mustn't do that.

Rather, she must work out how to approach the woman, before initiating the interaction:

> "I must just get the right way to get the information from her, then I will try to talk with her then at the end we will get a solution." (Nompilo, F; 42)

The "right way" to get the information is for the Nompilo to speak metaphorically, as if she was herself affected by a similar situation, and to reveal something about herself so that the individual feels as if she shares her problem with another. If a Nompilo wants to "get" a farm worker who she heard shouting with her husband', she starts by saying "Aish! you know me and my husband we did this and that". In this way:

> "… the person will tell you also if she has a problem with her husband. And that will make that person think that it's not her only who has got a problem. Only then will she be open with you." (Nompilo, F; 34)

Similarly, in cases of assault, Nompilos observed individual experience and responded by mirroring that experience, as they were themselves in those shoes. This Nompilo said that if she hears an assault:

> " … when I go to her I will say: 'Hey, yesterday I did fight with my boyfriend and he said this and that, and I didn't want that. And when I say 'ai I won't do that', then he start to beat me'."

By hearing the Nompilo's account, the farm worker feels her experience is not isolated, and is encouraged to speak.

> "Then (she) is going to tell me his problem about her and his boyfriend then I will get to the issue that I wanted to talk about and then we will focus on that issue." (Nompilo, F; 42)

Similarly this Nompilo said if she sees someone who is ill but does not want to go to the clinic, she role-plays a hypothetical and analogous situation and so leads the farm worker to access biomedical care:

> "…I am going to tell the other …that 'aish, today I am sick --- here and here --- I am lose my weight. I am not eating, I don't have appetite. I am going to the clinic, maybe they are going to help me."

When the farm worker responds - "…I am also going to the clinic with you because I got a problem," the Nompilo accompanies her, but tells the farm worker to "go first, then I will come second". In this way "I am going to help these people." (Nompilo, F; 35).

The Nompilos said they tried to learn – "make research", and not judge – "point", because they are Change Agents, working to help people live a "a better life":

> "Because we are changing agents you must have more knowledge … you must make research to find out how people live - it is a better life or it is not a better life. "So that's why you don't point him … but you come with ...a way how to approach him … then he will open up …then tell me the story."

Men described a similar approach, but identify the value of being present and trustworthy, as key to opening opportunities for men to engage. A male Nompilo described how, by just looking, he is unable to understand or help another farm worker – "you think he's feeling alright but he's paining in his heart so you will never know how to help him or her, because they don't talk about their problems." But by creating a bond of "friendship" – through greeting, asking where he comes from or talking about news – he can be available when needed:

> "... once I greet somebody and then he agree, then I start to talk … news, or say 'where do you come from?' then he will tell me (and) ... I tell him or her where I come from. Then I start talking ….I tell him ' well I'm a Nompilo, … that's why I'm talking about health '- then at the end of the day he is going to tell me, 'you know I've got a problem maybe you can help me'. Then I'm there. "

Similarly a male Gingirikani said a farm worker will become angry and aggressive by any suggestion that he is affected by HIV. The Gingirikani must therefore "find a nice way" to bring up the topic.

> "I say 'hey my brother I want you to go for HIV test' and then he can turn and say to me 'who told you that I am sick' then we start to fight. That's why you must find a nice way if you want to talk to someone …".

To avoid this response, he builds friendship and trust through a social invitation:

> "I will greet him and say 'my brother - can you see the way I am? That's why I would like to ask you …just to take me to this place.'

The Gingirikani knows he will be able to resolve the issue in conversation en route, that is to enable the farm worker to agree to go for an HIV test: "As long as he say 'alright I will come with you' and I know that he will join Hlokomela after that." (Gingirikani M;33)

3.2.2 Addressing cultural taboos on speaking about sex

As members of the local community, both Nompilos and Gingirikani recognise the potential for insult that resides in the act of speaking about sex in an age/gender mixed group, or a group where children and relatives are present. In their role as communicators/ change agents they have experienced the anger of insulted individuals:

> "… when I talk about HIV and sex you find that someone will say ''don't talk there is my daughter-in-law or there is a child'."(Nompilo F;41)

> "Yes, the older people when we talk … about HIV AIDS … they just go, saying they cannot stand thing that is *marukga* (taboo) and it is something for young people." (Nompilo, F;47)

However Nompilos and Gingirikani recognise that bowing to this pressure would mean that those who feel insulted may be deprived of the opportunity to address the reality of HIV in their lives. In response, Nompilos and Gingirikani have developed tactics to ensure that everyone in their farm has the opportunity to claim the power of speaking around HIV. This has meant either using the opportunities that Hlokomela has created for dialogue to take the lead and to redefine where and when it is acceptable to speak about sex, and/or strategising, individually or in a group, to consider who makes up the farm workers they need to engage with, and to identify and dispatch a 'culturally acceptable' individual to conduct the dialogue.

The decision on which approach to take, and when, is situation-dependent and rests with the individual Nompilo, or the Nompilo together with the Gingirikani group. In a group dialogue, a Nompilo might respond to an expression of insult by using the opportunity to redefine what constitutes acceptable situations for talking about sex, s/he directly acknowledges the objection, and justifies the setting aside of "normal" limitations on sex talk

by explaining that this is a situation of intense need, and a matter of life or death, in which children and parents need to know how to protect themselves. The Nompilo then "models" how this is possible – demonstrating that s/he is willing to take the responsibility of disrespecting a taboo, in order to save her/his own life and those of their families.

Using analogy, this Nompilo said he tells people that if he and his mother live separate lives then "when I die, I can die alone, and when my mother she can die alone". He explains that to "keep the lesson" of how to avoid a lonely death, "we must all of us go there". As a Nompilo, he would break the taboo and stand in front of his sisters and relatives to talk about sensitive issues.

> "Even me, they are my sisters, all of my relatives, but I can stand before you and talk to you how to use condoms and everything that is sensitive - I talk to you." (Nompilo, M;25)

Using self-example this Nompilo (F;42) said she tells dissenting older women that she is speaking about sex in front of her husband and child because: "…nowadays there is nothing to hide that's why we must talk straight even if my child is there." As farm workers "we must get used to that". Farm workers who did not would find themselves asking "an outsider in order to face your child's problem."

Alternatively a Nompilo might decide individuals need interaction in line with traditional norms. A Nompilo whose group comprises older men, boys and older women, says if the subject is "too heavy" she asks other older women to talk to the women, and has identified an older man, a water supervisor, to talk to older men. This enables older people to "talk with each other and explain whatever questions they need to ask each other". (Nompilo, F;42)

Nompilos and Gingirikani also plan together how to initiate engagements without insult, where there are people of different ages and genders. This Gingirikani says that:

> "as focus group firstly we sit and discuss about the issue before sending someone to talk to people. And we look good about the issue … and then we send one woman to go and talk with other women and a man who is going to talk with other men … about this topic."

3.2.3 Individually defining "HIV- protective" behaviour

Biomedical logic frames multiple concurrent partnerships as a high risk for HIV transmission, and health promotion communication interventions typically frame the solution as an instruction: reduce partners, have one partner, use a condom every time. Individual farm workers, through interaction, have been enabled to reflect on what it would mean to act on these "messages" in their daily lives, and in response have individually defined and adopted behaviours and actions will protect them from HIV infection.

This account is typical of Nompilos, showing how being part of Hlokomela "educated her" to the point of being able **to use condoms to protect herself.** "Educated" is used experientially describing how Hlokomela enabled her, over time, to begin to take HIV seriously, to accept her risk, and condoms as something useful in her life, and finally, to articulate this process, and to feel able to adopt a firm position: no condom no sex.

A long time farm worker she had thought HIV was a joke, "Like when I heard that a man raped a goat or a dog - I didn't take it seriously" and that people at the clinic just liked "talking and insulting people". After joining Hlokomela:

> "…they educated me and I started to know that it is something that it is true. And I started to know that the condoms that I see at the clinic is something that you can use. Since I joined Hlokomela I know the importance of a condom and to know that it is not good to sleep with a man without protection and it is not good not knowing your status. So that means before coming to Hlokomela I was just putting myself at risk or telling myself that if something wants to happen it can happen." Since joining Hlokomela: "I know how to save my life. I stop what I used to do and even the man that I stay with, we don't sleep without a condom." (Nompilo, F;47)

The "no condom no sex" stance holds with new and different sexual partners. In a separate interview, a Nompilo said: "....when I get a boyfriend I tell him to use a condom and if he don't want to use a condom just leave it." (Nompilo, F;35)

Gingirikanis typically described how the process of learning to respond to HIV through being part of Hlokomela, is, fundamentally, a process of being enabled to invest in living, and in "care" for themselves and their families. The HIV-protective behaviours defined through experiencing and learning about "care" are firstly, to adopt **the intention of living a long and**

full life, and thereafter **prevention practices**. [The question of care and identity in relation Hlokomela is being investigated in the parallel research.]

Hlokomela has given this Gingirikani "a chance" for a better life and this reminds him "that I must look where I go and …be careful with other people and then look after myself, look after my wife and my children." In practice this means "my children must be clean" [free of disease, but also of fear, secrecy and stigma]; "we are all faithful to each other", and "we must respect other people". This is "the way Hlokomela educates me" and it shows that "I can live a longer life with my children and my family if I just do what Hlokomela teaches me" (Gingirikani M;33). Similarly, Hlokomela means "I must look after myself wherever I am going …I can go up to forty-five years if I look after myself … I am learning or they are educating us about something (condom use) and after that I will know how to look after myself." (Gingirikani, M;27).

Unique resolutions are also identified, enabling others to also consider different possibilities. This Nompilo (F;35) agreed to re-unite with a husband who had left her because she refused to allow him to take a second wife, when he pledged that he would make her his first wife, and take only one other. "Two of you, I am not going outside", he told her. She agreed because, she said, she realised that fighting with a man who wanted a second wife would be fruitless:

> "Now I am the first wife. (He) have the other wife. Now at least when (he) come back home, the other day going to this one, the other come to me. At least now I see the life is better. … Even if they have a problem, him and his other wife they come to me and say they got a problem and then me I will try to talk to him… and one other thing I did HIV test I am still alright no problem, my husband go to test, they fine … all of us we are fine."

This account of resolution within traditional culture prompted other Nompilos to consider how building trust and communication within a polygamous marriage, might be a helpful approach to a "lot of other girls" facing a reality where "the man it's a man. They look outside, and then they go outside. If you don't want to take another woman they go far away, and they didn't come back." (Nompilo, F;30). Another Nompilo said the story "opened my mind" to the possibility of allowing a husband to get a second wife:

> "But we must go, both of us, to the clinic and do counselling and testing, so we will stay, three of us - we will be together…then if we can just sit down all of us, trusting each other and doing one thing… we can be two wives in one man; If they just communicate … they will work their relationship together. So, I did learn about that issue today." (Nompilo, F;41)

3.2.4 Making words meaningful - becoming a role model

Coordinators, Nompilos and Gingirikani have identified a need to embody the actions they speak about in dialogue, in terms of both HIV/health-related actions and other social interactions that impact on HIV vulnerability, because these actions run counter to common practice and are not easily observed in the local community. These actions as role models have not been instantly adopted, but arrived at through a process of involvement, experiential learning and self-reflection which was initiated through being appointed/ elected for the task, and supported through on-going involvement.

Through their behaviour and continued visibility on the farms **Coordinators** demonstrate that they are available for support, trustworthy, comfortable to be associated with HIV in the public space, and that they take HIV, and farm worker concerns and experiences, seriously. The four Coordinators work collaboratively, attempting to fashion between them more equitable gender relations. "The four of us is two girls and two boys and then we behave like we are same thing - there is no man and girl in between us. We don't have that thing of maybe I am girl you must pick this chair for me." (Coordinator F;26). Male Coordinators lead dialogues on gender norms with Nompilos and farm workers, and said they take on the mantle of role models demonstrating differing approaches to masculinity because of their experiences within Hlokomela over the past five years, especially the gender programme:

> "We understand it to an extent that we have to also be role models to other people – having to work there you first have to work on yourself". (See also 3.3)

Nompilos typically narrated a process of how Hlokomela helped them realise over time a need to commit to a personal change in order to earn credibility as Change Agents, and to do this work well. This realisation is often HIV specific: This Nompilo (F;46) says her decision not to have "too many partners anymore" came when "I just told myself that I need to change

my life because they told us that if we want to be care givers, change agents we need to change our behaviors in order for people to listen to us." Another (F;47), who is HIV negative, described herself as person who "did not understand about life … didn't understand what happens … didn't know what to do", and who had to arrive at the point where her role as a Nompilo overcame her deep fear of checking her HIV status: "It was a Sunday when I ask myself where do I stand because Hlokomela preaches change day and night so when am I going to change."

Further, Nompilos have identified that, to work effectively, they need "to be the examples" on the farms, rather than instruct their peers to change. One Nompilo said: "we are the role models." (Nompilo, F;41). Another explained that: "You can(t) just say to [farm workers] 'hey go and do the test there' and you staying out because they can ask me why I don't go first - you must be the first one (Nompilo F;30). A Nompilo is able to identify needs and demonstrate appropriate action in circumstances specific to a farm worker. A farm worker who might have been exposed to HIV by multiple partners, a Nompilo might see an opportunity for analogy and announce that she (the Nompilo) wants to get tested "because yesterday I did get two guys there … then (farm workers) will follow me" and "will realise everyday that I am telling them what I am doing".
Nompilos also apply the concept of being a role model to health seeking in general, eg. one Nompilo elected to undergo surgery for uterine fibroids because if she as a health worker was scared to have an operation "how am I going to encourage other people to go to hospital if they have chronic diseases or different diseases. That's why I had the operation, so that I can be healthy."

Gingirikani said they are aware that they are closely observed by farm workers, because they have been elected/appointed to the position, and because people express this view to them. Gingirikani similarly act as role models for HIV and wellness-related behaviours: "I do encourage people but I started with myself - I went to the Hoedspruit clinic for a HIV test to show them that I am not scared and to show that they don't kill you". (Gingirikani, M;33). He took his family with him, "but it was me who first went for the HIV test".Gingirikani also accepted that they model and enable social behaviours that are less likely to put individuals at risk of HIV:

> "I see myself as a leader as many people tell me that they like the way I behave - I don't like fighting, I don't like drinking alcohol and I don't insult other people". (Gingirikani, M;27).

Finally, Gingirikani are able to articulate and demonstrate to other farm workers how they can develop as individuals: -"I said to them it depends to you as a person if you want people to know you about good things or you want people to know you about bad things but it's up to you"; and in their relationships with each other :"in the compound you find other people are fighting - I can sit down with them and say 'no, no we mustn't do this is, it is better to sit down and talk so other people when they look at us they can respect us'." (Gingirikani F;52)

3.2.5 Working within multiple health belief systems

Coordinators and Nompilos have identified that farm workers can refuse, delay, undermine or interrupt, effective biomedical treatment for HIV or AIDS, by consulting with traditional healers, stopping treatment in favour of traditional remedies, or "mixing" treatments – using both simultaneously. Typically this occurs when a farm worker returns home at the end of a month, or working year, and consults a sangoma (traditional healer). He or she might then become ill when back at work, and be referred to the Wellness Centre by a Nompilo or Gingirikani. Coordinators and Nompilos speak of this challenge in the language of "observers ", those holding a predominantly biomedical set of beliefs around illness but who understand and respect that others have different beliefs and different views regarding treatment, including the power of healing by traditional healers, prophets and lay ministries.

The practical response that has been adopted by the "the whole Hlokomela team" [Coordinators, treatment adherence counsellors, Nompilos, Gingirikani] is to give farm workers the facts about the dangers of mixing ARVs from "this side" [Hlokomela/the farms] with traditional medications from the "other side [home, tribal land]. A farm worker is advised not to mix treatments, but to make a choice about which treatment path they wish to follow. As this Coordinator explained, a farm worker will be told that "missing those things" (interrupting treatment) might be a problem, and will be advised to choose which treatment to use, and to take one treatment at a time:

> "So that if you believe in a sangoma go to sangoma. Don't mix the ARV drugs for example with the strong medicine from Sangoma -it's going to give bad results. So

that person at the end of the day … he is the one who must choose which is good for him. [Coordinator, M;31]

The emphasis is on explaining the facts and the side effects of "consulting in two different places at the same time", because farm workers can "end up being confused", and in order that "the person at the end should decide". Nompilos confirmed this approach of enabling individual choice:

> "Okay, (on that question), each and every person has their own opinion - you must go where you like. …Some other people have beliefs to Sangomas, they believe from prophesy, you know have beliefs to somewhere, but we don't take a decision because each and every one has their own opinions." (Nompilos, F;33).

Participants indicated that farm workers develop positive opinions about medical treatment, primarily through a positive experience of its efficacy and affordability. When people try the ARV treatment, "they see it's working" so there is no "competition" from other forms of treatment. This is the case even for the proponents of different treatment approaches, as among the farm workers known to be on treatment are a lay pastor and at least two sangomas. Nompilos said they "guide" farm workers to first access medical care, but stress free choice. This Nompilo said she might tell a farm worker that she is free to consult a Sangoma but she should know that a Sangoma will give her something to make her vomit, and this might be fatal, whereas if she "first" allowed herself to go to a clinic, she would get well "very fast", and could then go to the Sangoma, if she chose. This approach appears successful:

> "She will just come back (from the clinic) and say 'ha I won't go back to the Sangoma' because she is going to pay R1000 at the Sangoma, but at hospital maybe she paid R20. And she get some treatment and she is feeling well and better now - she won't go back to the Sangoma." Nompilos (F;41)

Gingirikani who have had positive experiences with medical treatment expressed similar sentiments. A Gingirikani will refer a farm worker with *bandi (shingles)* to Hlokomela:

> "because at the clinic they give you medication that can clean the wounds. And they give you medication to heal the wound inside your stomach and kill the wounds that are outside. It's better to go to the clinic than to go to the *inyanga* where you pay money. " (Gingirikani, F;40)

Other Gingirikani statements indicate that many – if not the majority – of farm workers will first consult a traditional healer for what would appear to be a small ailment. Hlokomela is at the early stages of dealing with this initial treatment seeking decision, but the principle of

non-judgement, and learning about the reality of farm workers, remains paramount. The Nompilo facilitating the Heritage Day FGD heard that the group is making a distinction between treatment sought for injury, as opposed to *xifulana* or *sirhunya* (watery wound) and then asked the group to discuss why these decisions are made:

> "So as a focus group I want to know, why you decide to go to a sangoma if you see water comes out your wound? And what makes you think that this doesn't require a doctor, it only requires a sangoma? Just tell me a little bit about this." (Nompilo, F;39).

It is worth noting that the Nompilo engaged with the group in this open manner while standing at one side of a circle of seated farm workers, and not seated among them.

3.2.6 Addressing interpersonal tensions and violence

Nompilos and Gingirikani have identified a lack of moderating influence on interpersonal relationships on farms. Through the process of interaction they challenge perceptions that insults, fighting and violence are acceptable, or inevitable, and propose that farm workers are intended to live in without harming each other, or being harmed.

The prevalence of interpersonal tensions, fighting and violence on farms was indicated by Nompilos, Gingirikani, supervisors, managers and farm workers. A senior supervisor recalled how on Monday mornings human resource managers were typically faced with high levels of absenteeism, due to farm workers being hospitalised or jailed as a result of violence:

> "I saw it even myself. Fighting, men and women, over drunk, and drugs, eh don't look, care for; HR - each and every Monday... the committee have to send a message to the office that we have this problem of someone else is absent, is in the hospital or is in jail because he hit his wife or … madness ".

Nompilos confirmed that levels of violence and alcohol abuse on farms were high at the start of the intervention: "From the beginning when we started at the farms there was a lots of fighting, drinking at the farms and …if we were looking for a job you must sleep with someone to get the job in some exchange like that." (Nompilo, F;30). Although there are now indications that levels of violence have been reduced male Nompilos and farm workers said men often respond violently if a woman asks them to use a condom.

> "Most of the times it is men who start violence on the compound like sometimes a woman will ask him to use a condom then you find that a man doesn't want to use a condom. .. they are just partners for a short time and the man doesn't want to use a condom so it's where a fight starts. (Farm worker; M, 37)

As described in 2. 3. Nompilos said they used role modelling in one on one interactions to directly address the issue of violence with a farm worker who they suspect may be victim of violence. Nompilos also indicated that they use other opportunities for interaction which are created by the communication programme, namely drama and painting murals, to mirror the reality of gender-based violence on the farms, and to challenge perceptions that this is acceptable or "right". This Nompilo described how she starts a drama around a question, "What can I do about the supervisors that abuse people who come to look for a job".

> "Then you just do as a joke and at the end it is going to be a drama or the violence abuse, at homes, like a man fighting with his wife or whatever. That will make men think about ... start looking at the things that they were doing, ... at the end and this will help those people that will see you." (Nompilo, F;42)

Murals, similarly, "guide" farm workers to reflect on domestic abuse: "The murals it guide women who are abused, and men's who beat their wife is not right." (Nompilo, F:30).

Gingirikani actively address interpersonal tensions and violence by intervening when conflict arises, and by asserting the existence of a world in which farm workers look after their families, treat each other with respect, and live harmoniously. There is a sense of pride and responsibility associated with being a Gingirikani, and carrying out this role, across age and gender. Gingirikani said they feel "happy" because being a Gingirikani "teaches us how to encourage other people". "Teach" in this sense relates to social relationships rather than biomedical information. Gingirikani apply what they learn both in the compound and in the fields:

> " … in the compound you find other people are fighting, I can sit down with them and say 'no, no we mustn't do this is, it is better to sit down and talk so other people when they look at us they can respect us'. " (Gingirikani, F: 52)

> "…when I am at work I can remind other people that when we work together we mustn't fight or insult each other, And we must do these things by knowing that we must look after our families not to run around or to run here and there …." (Gingirikani, F;34)

Similarly a male Gingirikani said he feels "good" to be part of Gingirikani, because Gingirikani "meet each other" and "have gained many things that teach us about our health". Gingirikani "tell each other how to live our lives" and if someone is doing something wrong, they have a responsibility to act: " I must tell that person to do things correctly so we can all live nicely as people on this earth." (Gingirikani, M; 27) His actions include being a role model for moderation in behavior and relationships:

> "I have many friends so if we are sitting together they drink alcohol and I don't drink alcohol but I do tell them that they must look after themselves even though they drink alcohol. And they must know to say that's enough drinking and when they are drunk they mustn't fight with people."

The farm worker went on to say that the violent behavior of men toward women is a regular topic in group discussions and that Gingirikani will approach people to speak about violence when it occurs. As a result, the violence had lessened.

> "We don't have too much violence on the farm and it's because we always talk about it or members of Gingirikani will go to the people to talk to them".

A solution had been made possible through talking together and realising that violence was neither inevitable nor desirable.

> "I think sitting together and educating each other ... if (our Nompilo) gives us time at twelve o'clock all of us, we sit together then educate ourselves. In that way it is how we stop violence because other people will understand that this is not the way they were supposed to live."

Closing the sentence on "not the way they were supposed to live" emphasises that by talking together, under the aegis of Hlokomela, farm workers are enabled to access a world in which they are respected, and intended to live well. A senior farm supervisor interviewed indicated that Hlokomela also created a well-intentioned world for farm workers, by "teaching" supervisors how to respect farm workers who are ill or who need to regularly access treatment. Supervisors who he sent to Hlokomela meetings learned how to communicate without using "strong" words, even if they "didn't like" the fact that the farm worker might have AIDS.

> "Every time (supervisors) go there... they get what it is they can say to other people – they can control it, its so soft. Something can stop you. Its not good to talk like that to

this guy ...so you have to respect him and talk to him softly, like when you talk to a normal person."

A farm manager believed that since the discussions started "people are sort of mellowing in the sense that they start to listen to other people and they found that other people can actually make a difference in their opinion …so I think that's what's making a big difference".

The other, most influential component, of the well-intentioned world created by Hlokomela is the respect and care farm workers experience when they interact with the Hlokomela Wellness Centre's medical and other personnel. The views of this Gingirikani (F;40) are typical: Hlokomela is well known because "it treats people well", and "nurses do not talk …badly" to farm workers. A farm worker can tell a staff member that she has a problem and "they will listen to me or understand me. They don't look down at a person."

3.3. The values attached to interactions - "HIV protective social norms" have gained local currency

Participants indicated that specific actions or behaviours are associated with, or adopted through, the process of purposive engagement. A strong theme emerging through the data is that these actions, described below, are seen as enabling of a "better life" in and of themselves because they are experienced as affirming and enabling of growth and development. These actions are also related to changing and improving practical aspects of life, because they are part of, and made possible by, the integrated Hlokomela intervention and are therefore either raised or responded to through the actions of the programme. As a result, each action or behaviour has accrued value for the collective reached under the Hlokomela banner, namely individual farm worker in the process, and Hlokomela Coordinators, Nompilos and Gingirikani. By investing value in these actions/behaviours, rather than no action, or other actions common in farming communities, participants indicated that they are defining principles through which they improve their lives. On analysis the principles identified in these actions/behaviours incorporate elements which, in practice, will also reduce vulnerability to HIV. I therefore term them "HIV protective social norms".

3.3.1 Learning from each other

As noted in 1. Coordinators and Nompilos associate purposive interaction with a process of listening and learning from each other and from farm workers, and acknowledge its value in guiding their responses and work plans. They indicated also that they apply the concept and practice of learning from others in interactions beyond the regular "cycle of dialogue". "Every day we are learning" said one Nompilo (F; 40), adding that she uses casual encounters to ask her friends for their ideas:

> "To get more knowledge I must just ask someone …while we are talking. I can say "you know my friend what about this and this", then she will come with that solution, but if you are selfish you didn't learn anything."

The process described here is valuable in and of itself because it affirms both the Nompilo (who gains insight, knowledge and greater understanding of the world which she is tasked with changing) and the friend (who experiences her voice and opinion being of value to Nompilos). The Nompilo said a fundamental requirement for this process of mutual benefit to work is humility, as those who are "selfish" - who believe that they own all knowledge - will not be able to learn and develop.

The process of learning similarly enables farm workers to engage directly with the material conditions in their lives, and optimise how they respond. A Gingirikani can find out from other farm workers how sick leave is managed by different farmers, and – therefore – how he needs to manage his own sick leave in order to minimise loss of income due to illness, and maximise the support he can access should he require hospital care for an injury, or a long convalescence such as from malaria. Further, learning from each other "helps" farm workers gather insight and resources around managing fundamental human relationship issues, such as dealing with interpersonal violence (described in 3.2.6), or keeping families safe in a time of AIDS, as this farm worker described:

> "I think (it helps) it's because we all share our problems like to remind each other … how to take care of our families and so its all about family issues. (Farm worker M;37)

3.3.2 Communicating: expressing truth

For all respondents (Coordinators, Nompilos, Gingirikani, farm worker and farm supervisor, and also Farm Managers/stakeholders), the words "communicate" and "talking" are associated with problem solving, especially with regards to social and sexual relationships, breaking through stigma, fear and silence, and defusing tension and violence. Communication and talking is also associated by participants with a sense of expressing the "truth" - describing the world as it is experienced, and being nurtured and growing through the process. The positive experience and outcomes associated with the process of talking and communicating indicate that value is being placed on the act of speaking, and also on having the intention and the opportunity to verbalise. This is directly expressed by a farm worker, who told the Programme Manager:

> "You know this is like food to us when we talk about these issues, when we are working we discuss about these issues."

The Programme Manager observed that, now that farm workers talk about the issues affecting them, the words of the songs they sing have changed from "very sarcastic" insults of each other, to praise songs of Hlokomela and key staff – indicating an easing of social tension. A farm manager said he believed the discussion format – '… all right, there's it, what's your opinion, and let's all discuss it" – is unusual, and gives people self-worth because people feel they are making a contribution, again suggestive of a nurturing experience.

In terms of problem solving an HR manager indicated the value he places on communication by supporting Nompilos who are shy to begin their work, including by saying: "….. this is the reality, you have to talk about this thing. It's just like that, there's no way we can do it without talking about it". A senior supervisor associated observing a decline in the incidence of domestic violence in the compound with "talking", and said that because of this it is "very important" to "always keep on talking" about "transmission, and how is the relationship and what is the behaviour during the weekends." A Coordinator said he believed dialogue about gender relations becomes a "platform" for partners to start a communicating about their relationship at home, indicating how systematic interactions on the farms become a means of raising issues of gender inequity within homes in the broader community. A farm worker (M;47) said one reason why he might end a short relationship with a girlfriend in the compound is because "we don't talk to each other nicely or we don't know how to

communicate if there is a problem", indicating that he values communication and considers its lack a reason for not being able to retain longer sexual relationships. Another said he believed talking is "a good thing" as a farm worker might find he is "in pain but … scared to talk", fearing others will break his confidentiality. By talking, the individual learns through experience that his fears are unfounded – "meanwhile is not like that". (Gingirikani, M;33). The multiple ways in which Nompilos use communication to problem solve and to enable farm workers to speak are described in 3; the fact that a Nompilo suggested "communication" as the quarterly theme for dialogue in 2010, indicates that principle of "talking" is perceived as having multiple applications and benefits in the farm setting. Finally, providing that trust is established (as addressed in 3.2.1), there appear to be no negative perceptions of the outcomes of the systematic continuous process of talking.

> "I think to be part of a focus group it's a good thing because it's where we talk about things and I don't see anything bad about it." (Farm worker, M; 37)

The Programme Manager said she believed that challenges of the system lie with unsupportive farmers or managers, who limit time available for talking, and with reporting requirements, both of which are dealt with by the Coordinators.

3.3.3 Developing different views

Participants associated the process of interaction with understanding, developing and expressing a different view of self and of the world. [This is also explored in 3.2.4, enabling individuals to become role models.] A farm manager said the groups create a "forum at more than one place" for people to find out that perceptions may be incorrect. He recounted and applied metaphor:

> " if the only way that you have to solve a problem is a hammer, then all your problems will look like nails ...with these discussions and talking to one another you find out that there's things …that are not nails, that you cannot do with the hammer, that you must maybe put the hammer away".

The Programme Manager said she believed that the more Hlokomela engages with farm workers – "the more we talk" – the more likely it is that farm workers will see the consequences of HIV, and change their world view – "will choose to take the information to himself and use it to try and change their behaviour". This view is given weight by the

opinion of a long-time farm worker chosen as a Gingirikani, who said she believes the incidence of disease means being a woman farm worker today is different from previous years, and requires different choices:

> "…for nowadays it means that you need to choose your life just because of the diseases we have now and that life that you choose you must make sure that you don't go here and there and you must use a condom. And when you use the condoms you must not run around just because you are using condoms. And now there is no life my sister - eh-eh this time we are in the time of problems …" (Gingirikani, F;52)

Another farm worker said Gingirikani work is a "safety net", through which he is able to view the world as a place in which he feels protected, has purpose and is able to develop:

> " The thing that makes me want to be in Gingirikani is because I feel safe and every day when I wake up it makes me know my goals and why I am going to work, so for me it is a safety net to be with Gingirikani because what I learn here it makes me feel good about myself. " (Gingirikani, M;27)

Coordinators confirmed this experience, saying farm workers "see a light" – the existence of a different world – when they observe how their colleagues change after joining a focus group:

> 'This person … he is no longer drinking alcohol the way we use to drink with him. This person now is … reading … and *talking, talking* to the Nompilo." (Coordinator; F) (my emphasis).

She said farm workers jostle to join the focus groups because they want to "live the same way", and also feel "appreciated", "worthy" and "that you belong somewhere".

Nompilos said farm communities attach meaning to the word change because through Nompilo Change Agents "they did start to know about their self", and also to know about different "styles" of living, of recreation and playing games, rather than drinking and having sex "the whole day", about illness and to look out for themselves," and about their rights, especially a woman's right not to be forced to have sex with a supervisor to get a job. Nompilos themselves are able to assess a farm worker's "style" of living, or learn a "style" of initiating engagement, through the process of interaction. [see also 3.2.3 for accounts of Nompilos changing their world view.] A Coordinator similarly said his view of the world has been radically "changed" by engaging with people through, in particular, Hlokomela's gender programme:

> "I wasn't … like the way I behave now. My mind was limited to some of the things – by working, interacting with people and going out and getting more information that's what changed me to be, to know what is a real man."

He now defines being a "real man" "not about wearing the pants" but about being "someone who knows where he is and knows his aims in life ... who is respecting himself,", a "responsible person" . Talking about "issues of violence between men and women" gave a fellow Coordinator deeper understanding of how men and boys are "socialised", and how women feel about male violence towards them. This enabled him to imagine what it might be like to be a woman, and decide to define himself differently to his "brothers and fathers":

> "I don't think I can take the stress that men are giving to women. So having understood this stress that our sisters and our mothers are going through from our brothers and fathers, I - I don't want to be one of my brothers and fathers who are doing that to our mothers and sisters."

These self-defined views of masculinity are at deeply odds with prevailing views in the farming community, where "real men" are expected to have multiple sexual partners, take care of the family, and be "a boss" not an "ordinary farm worker". A man who does not have a girlfriend or sexual relationships on the farm, in addition to a wife "at home", is derided as socially inept – "stupid" – and sexually incompetent – "lost your sexual senses" – or, along with homosexual men, he is dehumanised: "He is not a man. Is it a gay?" Lesbian farm workers face similar pressure; however through interacting with Coordinators during an open communication session on a farm site visit, at least one farm worker was able to perceive the existence of a different world view, and take the opportunity to express her long-hidden sexual identity:

> "She said ... she 'doesn't feel for men she feel for women … this thing I was keeping it for long time'… and (she said) 'I think you are the right person for me to tell you'". (Coordinator : F;29).

The girl revealed herself to them because they "just listen", and said she could not do so at home "because they think she is abnormal - she don't want men".

3.3.4 Attaining or protecting family, physical and spiritual wellness

The process of interacting is associated with an experience of shared understanding and acceptance, which enables talk around the protection of family, physical and spiritual wellness. The moment of interaction when shared understanding is articulated is perceived as a "spiritual connection" by this Coordinator. He described "non-verbal communication" where participants "will be just nodding, they say ja, ja that's true." In this situation "You develop a sense that we do understand each other and we know what we are talking about". Similarly, at a point in an interaction, when participants are enabled overcome any objections (age, gender, topic), "then somehow you find that the whole group is buying in and saying 'no, reality is a reality, lets just talk. No more barriers'." (Coordinator,M;25). This farm worker similarly said men and women in Gingirikani groups talk openly because they are there to educate each other about a healthy life and how to look after their families – "so we don't need to hide things from each other in order to have a healthy life" (Farm worker, M;37). For this Gingirikani, being in a focus group makes her happy because she perceives it as an opportunity to remind people how to behave, "knowing that we must look after our families", "because our families are important to us", and that by using a condom "it will stop spreading the disease in the family". (Gingirikani, F;34).

Through participating in group talks, participants are also able to experience support, and be enabled to consider how to stay healthy and live longer. By a Gingirikani getting "busy", having meetings and "talking about HIV" , farm workers have the opportunity to "tell each other" that they should not feel that having HIV is a problem, or be afraid to tell someone, because if they keep it a secret "they will make you work while you are not well", while "if you tell (the farmer/supervisor) they will give you time off so you can start taking your treatment because taking treatment it will make you live longer." Similarly, a Gingirikani is able to receive care and support on his farm because he can tell his focus group about his situation:

> "So I will ask, because they help people how can they help me then if they can help me they will tell me to go (to the clinic)." (Gingirikani, M;26)

The sense of a spiritual dimension to wellness and prevention is evident: Some Nompilos are pastors and giving "spiritual talks" on the farms. At Coordinator level there is acceptance that some farm workers believe "that with God they can be cured", in response to which they "refer the person to the pastor so she can get the health that she want" (at the same time as accessing treatment). (See 3.2.5 for responses to traditional beliefs.). Similarly at Gingirikani level there is acceptance of the value of spiritual dimensions to health: "And I also encourage

people to go to church because it is something nice for your spirit and this can also stop people from doing rape and to condomize with their partners". (Gingirikani, M; 48).

An HR manager described how he can "feel" that some farmers who bring their Nompilos to the monthly meeting "want to spend some minutes sitting listening what are these people doing". This shows commitment, and also "that in Hoedspruit with Hlokomela we are now as the truly Rainbow Nation that is helping each other about these things" – suggesting that through Hlokomela a broader collective – a "family" – has been created. This Nompilo echoed the sense of the collective protecting physical health saying that if a Nompilo is away on training and someone is ill, a farm worker working with her can call her and find out what to do – "… so they helping each other and they know that we working together". Perceptions of this sense of collective vary, with a newer Nompilo saying he believed "50 percent yes they do care each other but another 50 percent doesn't care each other", (Nompilo, M;48).

3.4. The role of the system of ongoing dialogue in relation to the conceptual framework.

As in 3.1.3 (A) above, participants typically intertwine the experience of interacting with other experiences or actions made possible through Hlokomela and give long and detailed accounts of having contact with Hlokomela, generally over a period of time. In the description below, the Gingirikani, when asked what makes farm workers want a Hlokomela billboard in their village, immediately answered "and the thing about the focus group". This suggests that billboard and focus group are perceived as the same thing, and that she experiences an element, or elements, of these two different experiences (seeing a Hlokomela billboard and being part of a Hlokomela focus group) in the same way. She then goes on to describe 10 positive experiences ***(in bold italic***) which suggest that being well received, educated, connected to support, helped, cared for, enabled to reflect on sexuality, and to access services, brought her to the point of always using a condom – "you will know that first it will be a condom". The linking of these further ten positive experiences to the billboard and focus group suggests that this Gingirikani perceives all of these different elements to be the same, or similar, in some influential way. She presents all of these experiences to other women in her home settlement, who say that they want to "look like me" (be healthy) as the reasons why they must follow her example and come to Hlokomela:

> "… and the thing about the focus group …there were other …women who I used to accompany to the clinic in Acornhoek, and when they see me they want to look like me but they don't know what to do."

She advises that when they need care they "need to come to Hoedspruit" and "pass by …a ***clinic that is called Hlokomela***" ***(1)***. At the clinic they will "***educate (2)*** them about the disease that they have", and "by listening they will ***get help from the nurses***" ***(3)***. Then, "if you ***have the phone number*** (4) of someone who works at Hlokomela" (suggesting that this number can be obtained) you can "***phone the person (5)***" if you have a problem and you will receive advice: "***she will tell you if you feel alright in your body you must take your pills".*** ***(6)*** By considering and accepting your sexuality you can decide how to act to stay alive. ***"And if you are a woman like me who loves men you must use a condom so you can continue with your life***" ***(7***). People in villages don't know about condoms but ***when you arrive at Hlokomela*** – suggesting a positive reception by Hlokomela as an entity on the farms ***(8),*** there are "***two guys who show you how to use a condom" (9)***. In the villages people say talking condoms "its taboo" and become "shy" if you show them how to use a condom, which is "supposed to help save their lives". "***But at Hlokomela***" – suggesting she experiences Hlokomela as a "place" in which taboo is overcome and to save lives ***(10)***– women are shown how to use a condom so that when they have sex, they will first use a condom " ***so when you go where you must use a condom you will know that first it will be a condom".)***

In short, the billboard prompts a response in which a string of different experiences of Hlokomela are recalled with equal emphasis, starting with the focus group, and the interaction it enables, and ending in a commitment to consistent condom use. It is significant that there is no detailed account of events in the focus group, and that at least five of the positive experiences relate to medical treatment, that is, the wellness clinic and nurses. Importantly, she associates arriving "at" Hlokomela, with "two guys who show you how to use a condom". This could be read as arriving at the Hlokomela wellness service, but condoms demonstrations are primarily carried out by Nompilos on the farms, or Coordinators, if required, therefore this sentence is taken to imply that she considers Hlokomela as existing, in some tangible way, on the farm.

Chapter Four: Discussion

4.1 The role of face to face interactions in the conceptual framework: intertwining

The conceptual framework proposed for this study was devised through a process of induction, to describe and explain what had been observed from implementation in multiple PHAMSA sites. It identifies six concepts that were observed to be at play in the development of the communication processes, and broadly describes how they function and interact as a strategy to create an enabling environment for health promotion in a defined setting.

The discussion will now go on to consider the findings in relation to the proposed conceptual framework. It notes, firstly, the broad parallel between the findings and the original inductive conceptual framework, secondly, additional aspects of significance, and, thirdly, aspects which were not explored in the original conceptual framework, or which require further research, and/or elucidation of the theoretical implications.

Firstly, as the framework proposes, farm workers experienced dialogue as one of multiple ways of engaging with Hlokomela, and as intertwined with the five other concepts at play in the communication process. Participants typically gave long descriptions in which they intertwined their experience of interacting in situations of dialogue (including at the monthly meeting, or in the focus groups) with experiencing other aspects of Hlokomela's work. This indicated that they do perceive and experience purposive interactions as one facet of Hlokomela, inextricably linked with others, and runs parallel with the thesis of the conceptual framework, namely that all concepts are applied simultaneously, and repeatedly. Hlokomela itself is experienced as having created a coherent presence in the local environment. Nompilos and Gingirikani perceived and experienced Hlokomela as existing in multiple dimensions simultaneously: at the material level (a health service, recreation activities, Nompilo or focus group that they can access), at the level of experience (through being enabled to speak and be listened to, being responded to, being treated with care and respect) and at the level of meaning (through acting in order to secure a long life, to protect families, enable care and change). Their role in the communication process is also in these multiple dimensions.

The experience of intertwining can be observed in the account described in 3.4, of a female Gingirikani who attended the Heritage Day focus group discussion, in which she narrated a string of positive experiences associated with Hlokomeka. This narrative provides the opportunity to illustrate how the six concepts proposed in the conceptual framework operate simultaneously to underpin what she experiences. Often more than one concept is at play in one experience. Together they iterate the existence of a well-intentioned world.

Whether this 40 year Limpopo farm worker would have defined herself as "a woman who loves men" and committed to using a condom, to access and continue treatment, and to encourage others to do the same, in the absence of any one of these numerous experiences is moot. The question of how much contact is enough – although the subject of considerable attention and technical support for implementation in sites, including Hoedspruit, after the research – was not addressed in the research process, but is discussed further below.

What is clear from this narrative is that the farm worker consistently sees Hlokomela as acting in her interests, that she perceives Hlokomela to exist in a tangible dimension ("at" – "place"), that the six concepts can be repeatedly identified as underpinning the string of experiences that she recounts, that an aspect of engagement is evident in almost every experience, and that – because of these factors, as no others are mentioned – she has reconsidered her situation, acted to secure her own health, and taken the lead to help others to do the same.

The tone of her narrative, and the knowledge and actions it describes – in particular her conclusion that when she goes where she must, she knows that "first it will be a condom" – are positive and unequivocal. She is absolutely confident of who she is and what she must do to continue with her life. As such, this Gingirikani illustrates how Hlokomela has enabled her to demonstrate one of the most important concepts in the field of individual level health promotion, namely self-efficacy. Self-efficacy is the "confidence a person feels about performing a particular behaviour, including confidence in overcoming the barriers to performing that behaviour"; it is often considered the most important prerequisite to individual level behaviour change. (59) (page169). By demonstrating self-efficacy, the Gingirikani is at the same time demonstrating that individual-level actions to increase control over and improve health and to identify and realise aspirations, satisfy needs change or cope with environment, are both possible and evident.

As is also clear, no single aspect of Hlokomela has enabled this state of being. Rather it is the combination of programme elements and, more particularly, the principles which underpin them that is enabling. It appears from this narrative, therefore, that the conceptual framework can be seen, broadly, to be achieving its objective.

However, a number of additional aspects of significance also emerge.

The fact that engagement and purposive interactions/dialogue (in her case, the focus group) nests within the iterative combination of principles means that the role dialogue plays in enabling this environment is necessarily always influenced by, and an influence on, other elements of the intervention. In other words, in order to create an enabling health environment, engagement and purposive interactions require the other concepts to be present. The degrees of influence of each element were not elucidated in the framework, and were also not the objective of this study. At the outset, identification and engagement were considered to be key concepts in the framework and the key innovations in the implementation process, and therefore the subject of parallel research processes. A simple count of events in this single narrative shows that the engagement and identity are the principles most frequently noted (8 and 6 counts respectively) and suggests that the inter-relationship between engagement and identification is indeed significant – a point addressed to some degree in the discussion under 4.3. Far more rich and nuanced insights and explanations of the interrelationship will emerge from the parallel research study.

The only other principle to feature as an influence almost as frequently as engagement and identity in this single narrative is action, with five mentions. In all cases, action is mentioned in relation to the health and care services, namely by Hlokomela, to provide services, support, and information, and by the Gingirikani, to secure her own health. The relative importance, in a local setting, of the link between communication at a local level and practical action to provide tangible benefit, and vice versa, therefore also appears particularly significant, and should be an area for further research.

As already noted, a remaining moot point is the total mass of interventions: for example, how many encounters with the project, of what nature and quality, and how frequently, are required to create in a particular local setting, an environment which is enabling of health promotion, and within which communities and individuals can begin defining and taking actions to protect their health. This points to the need for the conceptual framework to include

a consideration of the minimum intensity and scale of intervention, which, again, might be well informed by further research.

One factor which is invisible in the farm worker's narrative, and also in the conceptual framework, is a sense of who or what makes Hlokomela possible, and therefore the string of positive experiences that she associates with Hlokomela. The willingness of the Coordinators, Nompilos and Gingirikai to become leaders and role models in the communication process can be considered key, as this resulted in, inter alia, the focus group and billboard being in place. Another element, which is invisible to the farm worker but without which the project itself would never have been established, is the lead taken by the IOM, HTT and Sibambene, to catalyse, initiate and support all elements of the intervention, but particularly of participatory communication and access to quality health services. As has been described, both participatory processes and respectful and caring health services are uncommon in the area. While the antecedent actions and intentions to her experiences might be of little concern to the farm worker, as she had no part in this process, they are critical to funders, implementers, researchers and practitioners who might wish to initiate similar interventions. The concept of funder/institutional intention, and leadership, in defining the nature of the project could therefore be a useful addition to the six concepts proposed.

The conceptual framework therefore could be strengthened by a closer examination of the relative influence and importance of identity, action, and the mass of the intervention on the dialogue process, and the inclusion of intention and leadership as both a requirement and outcome. These aspects have been identified and discussed by co-researcher Patrick Cockayne and myself during Sibambene technical support processes after completion of the research, but, as research questions, fell beyond the scope of this study. The balance of the discussion, therefore, takes as given that in order to create an enabling health environment, purposive interactions and engagement require, at least, processes of identification, action, affirmation, connectivity, and projection to be present.

Finally, it must be noted that the "model" of dialogue at the heart of the conceptual framework was a process of face to face purposive interaction implemented through the systematic "cycle of dialogue" and according to the basic outline or "architecture" for each encounter that had been devised for the project by Sibambene, based on the Freireian approach. The Discussion will now consider the findings around the dialogue process at the level of the system, the quality of engagement and the outcomes in relation to health promotion.

Figure Two: "... and the thing about the focus group ..." : the conceptual framework at work

4.2 The role played by participants in the system of on-going dialogue

The discussion now addresses the system level aspects of the communication process on the farms. It reflects on the fact that Coordinators and farm workers, A – have been empowered to act as catalysts of on-going face to face interactions and dialogue on farms, B – have been able to establish and develop a communication and communicating presence on the farms, and C – the implications of these system-level achievements in terms of social change and health promotion.

A Catalysts for on-going face to face interaction and dialogue

Community dialogue and collective action can work together to produce social change, and improve health, but this process must be triggered by a "catalyst/stimulus" according to Figueroa et al (2002) (28). They go on to note that the need for a catalyst is a "missing piece" in most literature about development communication, citing Bordenave (60), who describes initiating a community problem with "identification of the problem", – begging the question of how a problem is identified in contexts where the issue is seen as normal (28) (page 6). They also describe a number of factors which can lead a community to initiate dialogue, including an event that spontaneously leads the community to initiate dialogue, or an external change agent who visits the community in order to do so. (28) In Hlokomela the local communication process was initiated with the help of external catalysts (Sibambene). But, by continuing to apply the concept of engagement and participation as an organising principle, Hlokomela has institutionalised an effective *on-going* process of social change communication on farms, in which farm workers are enabled to be the constantly-present catalysts and mediators of face to face interactions and dialogue in the farm community.

The catalysing process begins at the level of Coordinators, who view the cycle of dialogue as a means to empower all who participate, and believe their role is to guide and support, or facilitate, and not impose. This approach leads them to empower and guide the Nompilos in every cycle, through – primarily – the monthly meeting. The fact that Coordinators have sustained the shift in approach, from telling to listening and learning, and the fact that that they place value on reflecting as a collective on how to respond, demonstrates that they conduct an on-going process of participatory research and formative evaluation. This improves their ability to respond to immediate need. As Servaes (2001)(61) notes, participatory research inherently involves formative evaluation, and the purpose of both is to

benefit participants themselves. It is people's involvement which assures the validity of the inquiry, and their own validity.

The cycle of formative research, action and reflection has enabled Coordinators to sustain the process of managing the cycle of face to face dialogue. They have been able to identify "barriers" to action for health, and frame these as quarterly themes, topics and prompts for dialogue, as a guide for Nompilos. That the barriers identified include issues like abuse, gender inequity, and sexual and social norms, particularly around the transactional elements of sexual relationships, confirms that regionally identified key determinants of the epidemic are operating at the local level (8). It also confirms that – given the mandate to frame their own content and prompts for monthly dialogue to address vulnerability – Coordinators and Nompilos have sustained engagement around underlying structural and cultural drivers of vulnerability and the intended focus of the communication, namely primary HIV prevention.

Thus by adopting an approach of listening and learning, Coordinators are applying, organically, to the process of enabling on-going participation and dialogue within a vulnerable community in a defined local setting, the broad steps now identified as key to implementing effective processes of social change communication across the region. These steps are: understanding the situation (listening and learning), focusing and designing a strategy (the quarterly theme), creating and intervention and materials (monthly topics and prompts for dialogue), implementing and monitoring (at the monthly meeting), and evaluating and re-planning (through feedback at the monthly meeting and preparing for the next cycle) (62).

The role of Nompilos as catalysts for on-going dialogue begins and is supported through the monthly meeting; it is here that they participate directly in communication planning, at the level of feedback and development of the themes and topics, and are enabled to prepare themselves for initiating the following round of "talks". As discussed in B, below, they have developed through this process into an extraordinary cadre of individuals – farm worker Change Agents who collectively have established a communication and communicating presence for catalysing dialogue on commercial agricultural farms, which until now have fallen outside the reach of communication and development interventions.

Gingirikani were notably less articulate about the details of the communication system – words like themes or topics, and of the dynamics of "finding solutions". This is likely due to the fact that they are further from the core of the communication learning process and relatively new in the system. They do not attend main monthly meeting, have not received additional "training" from Coordinators on issues like "gender equity", and do not report directly to Coordinators. For the same reasons it likely that the Gingirikani, when the research was conducted, were less adept at encouraging other farm workers to identify possible solutions to situations they discussed, and, in terms of world view, "closer" to the broader community of farm workers than the cadre of Nompilo communicators. However, as discussed in B, they are enabled by Nompilos to take up an active role as *in-situ* catalysts for purposive interaction and dialogue within the farm communities.

B An established communicating presence on farms – community of communication practice

The process by which Nompilos and Gingirikani are enabled to become catalysts for dialogue is one of on-going learning and development through the cycle of dialogue. This process accords with the social theory of learning put forward by Wenger (1998) (63). Wenger describes learning as a process of social participation, and, collectively, learning a "way of talking" about particular aspects of their interactions. These aspects are: the social entity in which the enterprise is defined (community and belonging), how learning changes who the participants are and creates personal histories of becoming (identity and becoming); the changing ability of the participants (meaning and learning as experience); and, the shared historical and social resources that help participants to learn the 'how' of what they do (practice and learning as doing) (pg 5). Through this process of social learning, Nompilos have also constituted themselves as a "community of practice" – which Wenger describes as a "group of people who share a concern or passion for something they do, and learn how to do it better as they interact regularly" (64).

More specifically, Nompilos have formed what I term a "community of communication practice" as they display, in relation to their work as Change Agents and communicators, all three of the characteristics Wenger regards as crucial to a community of practice. These

characteristics are: the domain, the community, and the practice. As Nompilos they share a commitment to the "domain" of being Change Agents who participate in and value the regular learning process of the monthly meetings and who enable similar dialogue and learning interactions on the farms. They pursue their interest in this domain by interacting together as a "community" – that is by engaging in joint discussions, helping each other, and developing collegial relationships to improve their communication skills. In terms of practice, Nompilos not only have a common understanding of the dialogue process, they describe a "shared repertoire" of "routines, words … ways of doing things" that they have produced in the course of their existence and which have become part of their practice. It is the "social energy of their learning" in the monthly meeting and in self-organised groups that has enabled Nompilos to develop into resourceful communicators and activists, and to expand the farm worker "community of communication practice" through their collaborations with the Gingirikani. The similarities in Nompilo and Gingirikani accounts of face to face communication like using activities such as role play in order to initiate discussion, planning collectively how to reach farm workers on all sections and how to deal with cultural taboos, confirm that there has been expression and development of Gingirikani capacity to communicate. This has similarities with Wenger's description of "legitimate peripheral participation" – the process by which newcomers become full members of the community (65).

The level of micro-level skill around communication and face to face dialogue that has been developed through this community of communication practice on farms is notable. Their shared repertoire of ways of doing dialogue, the "themes" and specific prompts for dialogue do not appear to be a constraint, and Nompilos appear to initiate discussions where, when and how they are most comfortable, or feel that they are needed, and with an intuitive sense of what language and phrases will be effective. This ability organically creates the possibility of multiple opportunities for catalysing purposive dialogue. Also, from the perspective of conventional SBCC planning (66), the fact that Nompilos and Gingirikani identify who might be best to initiate an interaction and dialogue with the specific members of their "audience" demonstrates a micro-level communication planning process to understand a situation, and to develop a communication strategy that addresses audience segmentation, and identifies the best suited channels of communication (e.g. a Nompilo has identified an older man, a water supervisor, to act as the communicator with older farm workers).

The fact that people within the community most directly affected are enabled to act as catalysts for dialogue creates a constant communicating, and communication presence on Hlokomela farms. This approach to communication appears uncommon in the region. There are growing numbers of development interventions working to catalyse community dialogue to address the HIV epidemic (26) and more specifically gender based violence and HIV prevention (67), and the intersection between culture, gender based violence, women's rights and HIV (68). However, none appear to institutionalise a local system of dialogue which is continuous and which enables people most directly affected to themselves catalyse dialogue interactions, with people in their immediate local environment.

Further, the value of establishing an on-going means of self-expression through face to face dialogue and communication in a defined local setting has also not been explored. However the potential benefits of this approach appear obvious, both from the site – as is being discussed – and from experiences with long term communication interventions through more conventional channels, like media. The value of a long term and recurring communication opportunity in creating a gradual process of engagement was stressed in recent analysis of youth letter writing to magazines run by the Tanzanian NGO Femina HIP (69). The researchers note a pattern of growing involvement and social activism among youths who take up the "unique" opportunity provided by being able to express themselves in letters to the FEMINA HIP magazines, which have been continually present more almost a decade. They note that the challenge for communication for social change is for media to work with community mobilisation – in this case, to set up local clubs and groups as these constitute a "dynamic forum" for learning, interpreting and taking action as a collective (pg 167).

C Implications in terms of social change and health promotion

From the perspective of communication for social change, the social learning processes which have built farm worker capacity to communicate are, at the same time, participatory processes of communicating for change, the outcomes of which can be observed and measured in a number of dimensions. When changes are achieved in these dimensions, through processes of dialogue and collective action, improvements in health can be expected (28) (page 11). It is self-evident from the above that in the community of communication practice, there are greater levels of participation, and awareness and knowledge about

communication, both of which are identified dimensions of social change achieved through communication.

In addition, the level of participation achieved through the communication process shows that in this particular project activity, Hlokomela is fully participatory. Taken as a whole, however, Hlokomela is arguably more accurately described as participative: it was instituted by external agents, is formally constituted under a training organisation owned by participating farms and not the farm workers, and co-ordinates a number of activities in which farm workers are not directly involved as implementers and owners, even though they directly benefit. These include the processes to establish partnerships with farm owners and provincial and local officials, to provide professional medical services, and to lead and manage the funding and administrative processes. It must be acknowledged that in the early stages of an intervention farm workers would be unlikely to successfully initiate partnerships or fund raising activities at this level, and actions by other stakeholders in the project are essential and supportive. Therefore in an integrated local intervention actions that might be seen as participative and less empowering(31) , can be, in fact, enabling of those which are more directly participatory and empowering.

Social cohesion

The IMCFSC further identifies social cohesion as a dimension in which social change might occur, and offers some means of identifying where and how levels of cohesion might have shifted through processes of dialogue and collective action. Later work, including by Chan et al (70) suggests that definitions for social cohesion are often loose, and define ways to clarify the content, causes and effects of social cohesion. For the purposes of this study, which examines the role of communication and dialogue in purposive face to face interactions, the IMCFSC framework is helpful. It describes social cohesion as "the forces that act on members of a group, or community to remain in and actively contribute to, the group," and cohesiveness as having both social and cognitive dimensions (28) (page 33).

At the cognitive level, social cohesion can be identified as a sense of belonging as the extent to which individuals feel they are an important part of the group, feelings of morale as the extent to which they are happy and proud to be a member, and goal consensus, the degree to

which members agree on issues and objectives. These dimensions closely parallel the "domain" and "community" characteristics of the farm worker community of communication practice. Similarly, the social dimensions of cohesion – social trust as the confidence in the integrity of others, and social reciprocity as the mutual interchange of favours and benefits in a relationship, parallel the domain of practice, and the support and learning relationships cultivated in the practice of communication.

In short, one dimension of the role of regular face to face interaction with the Nompilos has been social change through establishing a highly cohesive farm worker community of communication practice of some 380 farm workers (59 Nompilos, 320 Gingirikani) – which effectively serves as a constant communication and communicating presence on partner farms. One of the significant aspects of this presence is not only that it has been created, but that, as will be discussed below, it has been created around securing wellness and addressing vulnerability to HIV in the face of numerous barriers to doing so.

The IMCFSC describes a further dimension of cohesion as "network boundedness", or the degree to which pairs of individuals (dyads) are linked by social relationships or information exchange. Such social relationships and links, or social networks, are often considered the main structure which enables social capital, and are discussed as such below.

Social networks and social capital

Debates about how best to define and research social capital and its impact on health in specific settings are on-going (71), but broadly social capital is considered to be the value that can be gained by individuals and groups through informal social relationships – or social networks – with each other and with the broader community. Putnam (1993) defines social capital as the "features of social organisation such as networks, norms and trust that facilitate coordination and cooperation for mutual benefit."(72). Lin (1999) defines the concept as "investment in social relations" through which individuals are able gain access to embedded resources, and so enhance returns on their actions (73). Campbell and Cornish (2010) note that that unequal distribution of social capital – that is, of access to socially advantageous networks – is a key driver of poverty and gender inequalities that drive ill health(74, 75) .

Social networks and social capital are not automatically beneficial to health, especially in southern African settings. Thornton (2009) argues that in southern Africa sexual networks function as a type of social structure with their own characteristic form and dynamics. Many people in the region, especially those who are marginal, develop a web of sexual relations as part of their overall social networking. Because sexual liaisons with multiple partners serve to increase the size and diversity of an individual's sexual/social networks, they also serve to increase their social capital, the "direct value in cash, kind, reputation, distinction or other tangibles and intangibles" that can be derived from these networks (76) (page 417). Extending social networks through sexual liaisons therefore maximises social capital but also risk of infection.

On partner farms, as the findings of this study indicate, many people do choose to have multiple sexual partners, for reasons related to, inter alia, material value and social status or reputation, and therefore the forms of sexual/social networks and social capital proposed by Thornton may well be in place. Against this background, the communication community of practice offers evidence that a different and accessible source of social capital has been created through the intervention. The characteristics of this community of practice fit forms of social capital described by Szreter and Woolcock (77). These are: "bonding" social capital, namely the trusting relationships between Nompilos and Gingirikani who as part of Hlokomela have a similar social identity; "bridging" social capital, namely the connections between Nompilos, Gingirikani and other farm workers who are not part of Hlokomela, and – critically – "linking" social capital provided by the identity and organisational structures of Hlokomela, which enables Nompilos, Gingirikani and other farms workers to interact across what are termed "gradients of authority and power" with supervisors, farm owners, and health care providers. Each cycle of dialogue reiterates and strengthens these forms of capital, and the weight of the fully participatory elements of the project.

In their discussion of social capital as related to the IMCFSC, Figueroa et al note that the social capital of a group can only qualify as such if it is capable of being "increased by some type of investment in resources and work". The social capital in the dialogue and collective action process, is the "learning process" which enables individual participants to increase their capacity for cooperative action with one another and to form social structures which increase the community's overall capacity for collective action (28) (page 12). The development of a "community of communication practice" therefore suggests that the regular

process of face to face interaction has developed a significant reservoir of local social capital in that the Nompilos and Gingirikani have been enabled to develop different forms of social networks and relationships, and that these have increased their overall capacity to communicate, to secure access to learning, and to secure health. This reservoir of social capital related to addressing HIV vulnerability and securing health is another dimension of social change achieved.

This study did not measure characteristics of the networks formed by Nompilos and Gingirikani, such as size, density or boundedness. It also did not measure the reach or number of interactions conducted through their system of communication. However, in the community of communication practice, all Coordinators and Nompilos are linked to each other through both a social relationship and information exchange at the monthly meeting, and all Gingirikani are similarly linked to a Nompilo, and to each other. Further, project figures obtained by Sibambene during site visits in October 2010 indicate that between them Nompilos, Gingirikani and the Coordinator outreach reported more than 2540 "contacts" in face to face interactions per month, 800 one-to-one dialogue; 2460 people in small group dialogue; 80 through Coordinator-led group dialogue during outreach work. The total of 2 540 in group dialogue per month, or 7620 in the third quarter of 2010 – is more than 70% of the estimated 10 000 farm workers employed on Hlokomela partner farms in the citrus picking season (78). These figures are not verified and do not indicate whether the contacts were the same individuals or different. However they do point to the considerable potential for reach and influence that can be created through enabling local communities of communication practice, and the potential value of this reservoir of social capital for other local development interventions.

4.3. The role of face to face interactions in enabling expression and dialogue

The discussion now considers the significance of the opportunities for expression that are catalysed by the Nompilos and Gingirikani, the role of identification in this process, and the nature and quality of the interactions.

A The significance of a "space" for expression and dialogue

In terms of whether and how the purposive interactions enabled participants to express themselves the findings indicate that the system created previously unimagined opportunities for such expression, limiting it only to the broad subject of why vulnerability existed and how it might be addressed.

Each opportunity for interaction created with or by Nompilos and Gingirikani is, in effect, an "autonomous space of debate"(79) created on the farm under the aegis of Hlokomela, which has implications for HIV prevention and health promotion on the level of both the collective, the "public", and the individual. Elsewhere in South Africa, increasing attention is being given to strengthening the capacity of rural residents to respond more effectively to HIV/AIDS. Campbell et al (2007) described a need to develop contexts that support effective community responses, and identified strategies to enable "AIDS competent" communities (80); these strategies include social spaces for dialogue, local ownership of the problem, mobilising local networks and building partnerships between marginalised communities and powerful outside actors. She suggests in subsequent work that supportive contexts would provide opportunities for "transformative social spaces" (81). The concept of spaces of debate is also one of the critical points of intersection between the interests and approaches of participatory communication for social change and development, and new social movements – the growth of public pressure groups to address specific structural inequities (82).

Until conceived of and made possible through Hlokomela in 2005, a "space" for starting such a movement did not exist either in the communities in and around Hoedspruit, or, as is being discussed here, on individual farms: there was no opportunity for farm workers of both genders and all ages to collectively and face to face voice their views of, and difficulties with, protecting themselves from HIV, and to work out what to do. The qualities of such a "space" or opportunity could not be imagined. The process through which farm workers might be enabled to speak about these underlying realities was unclear. The content of what was to be addressed was hidden and its outcome undefined. The creation of such a space was precluded by precisely the combination of multiple factors which created and maintained the vulnerability: marginalisation, entrenched gender inequity, cultural, sexual and social norms.

In the findings, Nompilos and Gingirikani demonstrate that the process through which such a space can become a reality is by talking – by carrying out their role as Hlokomela

communicators and members of the community of communication practice. On Hlokomela partner farms discourse begins simply with the idea of there being "opportunity" for talking about sex, relationships, HIV – and, more broadly – a world in which farm workers are intended to live without harm or harming each other. This is etched into the common experience through language, through practice, and through experience. Nompilos "name" where such opportunities can exist on a commercial farm: when people talk in circles as equals, concentrating on a subject and opening themselves to learning and finding solutions. By the act of speech, they project and amplify this "outline" into the public space – enabling other farm workers to hear that it exists. Because Nompilos and Gingirikani identify themselves with Hlokomela, and are identified with Hlokomela by others, when they speak about "talking" it is Hlokomela etching into common experience on the farms the possibility of talking about the unspoken – the "and everything" to which Coordinators refer. And, because farm workers "own" Hlokomela, and care for each other, through the antecedent and on-going process of collective identity making and identification, it is farm workers telling themselves that this is both possible and acceptable; farm workers giving themselves "permission" to speak and claiming the "space" to do so. When farm workers see the "circles of dialogue", and then participate in the "talking", they experience possibility as reality.

In the same way that the Hlokomela billboard establishes in the public space and therefore in public understanding, the fact that farm workers are heroic and valuable members of the local society, words describing dialogue, "bring into being" (83) farm workers on farms as people of both genders and different ages who talk together about wellness, how it is threatened and how it can be secured – in addition to everything else that they are and do, as farm workers. In this sense farm workers on Hlokomela partner farms might be described as constituting on a micro level a " public of discourse, which is self-creating and self-organised", and which, as Warner (2002) describes, can produce "a sense of belonging and activity" precisely because it is self-organised, rather than being organised through an external framework (83). This "public" exists in parallel to any other forums of discussion, both on the farms, in supervisor learning groups, church groups, or informally, on busses and in bars, or in the community,in church groups or meetings called by a traditional chief. It also directly enables women to speak about their lack of power in sexual relationships, both between themselves, and within mixed gender groups. Further, this public finds ways to extend and shape itself to accommodate discussions among people of varying ages, where they might otherwise have

been excluded. In effect what farm workers have created is an alternative "public". American feminist writer Nancy Fraser argues that throughout history, members of subordinated social groups – women, workers, peoples of colour, and gays and lesbians – have repeatedly found it advantageous to constitute alternative publics. She proposes that these alternative publics be termed "subaltern counterpublics", so as to signal that they are "parallel discursive arenas", in which members can invent and consider other interpretations of who they are, and what they need. (84) (page 67).

The power of such a "parallel public", visible to the public at large is that it "models an alternative – it demonstrates that the traditional and public sphere is not the only option" (85). These insights, although from an American and vastly different social setting, have some bearing on the new social movement for health that is being conceptualised through the communication approaches used (42) because it shows the potential influence in other social dimensions of any response to HIV that might be arrived at through organic, micro-level instances of parallel public discourse.

B How identification enables and helps to define the space

It is clear that the explicit process of identification with Hlokomela by Nompilos and Gingirikani fundamentally influences their ability to open spaces for dialogue, and the quality and function of those interactions. The parallel research underway will explore in more detail the role of identity making and identification with Hlokomela in the process of health promotion in Hoedspruit.

In terms of identification as related to the role of face to face interactions with the Nompilos, Wenger, quoted in Merriam 2003, (65), speaks of a "profound connection between identity and practice" (page 149)(63). He describes learning in a group as being about negotiating meaning, in a group practice, and building identity as being about negotiating the meaning of the experience of being a member of a group of practice. The Hlokomela social brand and system of learning communication/learning gives a significant degree of organisation and authority to the "community of communication practice": they do not initially come together purely of their own accord, around a subject and purpose entirely of their own making, although they do later form the community of practice. Learning and making meaning about communication skills and the communication process is, at the same time, learning and

making meaning about how to enact the values of Hlokomela through the communication process, and going on to enact them. Coordinators believe that Nompilos are Hlokomela, and Nompilos identify themselves and their communication work with Hlokomela. Nompilos believe it is Hlokomela, as opposed to Coordinators, which has empowered them in their own lives, and which further sets the practice of talking as a routine and cyclical, which helps defines the areas for discussion, and which holds workshops to help prepare them to hold the discussions (empowers them to engage with others). A striking feature of the Gingirikani responses was their indication that they meet and talk around what Hlokomela is teaching, and that they are taken seriously by other farm workers because of this association. Notwithstanding their on-going interactions with the Nompilos, it was, in all likelihood, the Gingirikani's association with Hlokomela which carried weight when the project initiated the second tier of the communication system, and the Gingirikani were in the early phases of building their individual and collective understanding and capacity for purposive dialogue around vulnerability to HIV.

In summary, Coordinators, Nompilos and Gingirikani convey the sense that Hlokomela's influence on the communication process itself (as distinct from a health action, or any other action) exists across multiple dimensions. Hlokomela confers authority on the purposive interactions (the level of meaning), provides and develops skills for the interaction (the level of experience), and also enables tangible individual communicators to speak face to face (the level of material service delivery). These associations with Hlokomela are also powerful illustrations of dimensions of social cohesion, namely a sense of belonging and feelings of morale(28).

C The nature and quality of the interactions

In terms of what might be "modelled" in these spaces, this study did not measure the quality or quantity of all purposive interactions or encounters, but rather sought to describe and analyse, from the participant's accounts, the processes within the interactions that Hlokomela enabled. In this regard there is, from both Coordinators and Nompilos, a sense of "ease" around interacting. The Coordinators express the belief that the "truth" emerges, and that moments are reached during interactions where all "barriers" fall and people "talk". One Coordinator talks about moments of "spiritual" connection. Farm workers tell the Programme

Manager the talking "is like food". Nompilos describe resourceful approaches to opening dialogue, and extensive engagement – "talking and talking". Gingirikani speak of "sitting down", or speaking to "my people" and addressing the difficult spread of issues relating to HIV. Learning from each other is a repeated theme, as is the sense that there is no single "solution" which is being sought, but rather a pathway to reaching a "better" life, or even the next step on that pathway. Equally there is no sense that Nompilos or Gingirikani judge or exclude any participants. Much is made of the fact that dialogue is not preaching, the didactic 'teacher in front' form of biomedical health education, and that being willing to learn implies not being "selfish" and imagining being the sole proprietor of knowledge – the "humility" to which Freire refers (43) page 72. There are undoubtedly wide variations in the quality of interactions that take place on farms, given the variations in skill, experience, and personality of the 60 Nompilos and more than 320 Gingirikani. But overall the participants demonstrate that, in the context created by Hlokomela, there can be found, beneath the weight of "thundering silence", a hunger to speak.

It may be inferred then that the "space" created for interaction by the Nompilos and Gingirikani, to at least some degree was enabling of, as Freire proposed, "an act of creation" and not "a situation where some name on behalf of others" (43) (pg 70). In terms of Freire's concept of dialogue, interactions on partner farms are "an encounter between women and men who name the world", in this case, who name their experiences and concerns around, broadly, farm life and interpersonal relationships, and also particular prompts articulated in the theme and topic which they have helped identify. In Freire's concept of dialogue, "the word", when it is "true", is not only an instrument which makes the dialogue possible but a form of authentic action and reflection, and a praxis which transforms the world. By displaying a hunger to speak farm workers indicate that they experienced a space enabling of creativity and naming, in which they are "reclaiming their primordial right to speak their word" (page 69).

The description of the dialogue process resonates also with approaches described in the field of narrative psychology, itself a movement against individualised approaches to heath behaviour and towards social constructionist approaches which deal specifically with the issue of power relations and immediate contexts in the meaning that people make of their lives. Gibbs (2010) describes the narrative psychology approach as one of "developing an understanding of meaning in human action"(86), stating that it is based on the assumption

that narratives are "socially constructed in the sense that they are produced collectively and adapted or appropriated by individuals, and are liable to change." The parallels between the descriptions Nompilos give of their interactions with individuals and groups, and this account by Besley (2002) of an interaction between a narrative therapist and an individual seeking care are striking. The therapeutic conversation is described as a process which "opens up spaces for possible change", based on the shared contributions of narrative therapist and individual, as the therapist "respects that the person has personal or local knowledge, skills and ability that they can tap to solve their problems." (87) The interaction is likened to a conversation based on shared contributions, where the individual is invited to name a problem and negotiate the naming with the therapist, who then challenges how this problem has been dominating their life.

> "The narrative therapist asks creative, curious, persistent questions, yet this is nothing like an interrogation but is part of a dialogue. The questions aim to learn about the meanings of the person's world, to examine socio-politico-cultural assumptions in that world and to find sub-plots that are richer and closer to actual experience, and to facilitate co-authoring the person's unique story." (87) page 128.

While Nompilos are clearly not professional therapists, it is possible to see that by eliciting conversations about individuals in contexts, and giving credence to the communication process, the "circles of dialogue" enable farm workers to construct a collective and individual alternative narrative around being and being safe in a world defined by AIDS.

What is noteworthy is the lack of evidence in the data of "burn out" or "AIDS fatigue" and the presence of evidence suggesting passion and investment in the process. The response from farm workers is not uniformly positive – at least one Nompilo indicated that only half the farm workers he spoke to appeared to "care", indicating that at least half were disinterested at best, or oppositional, at worst.

However the participants do not raise difficulties as their primary concerns, and a number of Nompilos say dialogue is "easy". Despite dialogue requiring courage and preparation, despite no direct compensation being received for the communication work (the 38 Nompilos who receive stipends do so for providing home based care) and despite that the fundamental drivers of infection – gender inequity and social/sexual norms – are seen to continue, participants appear to experience sufficient benefit emerging through the process to sustain

the approach. Further, in contrast to the Programme Manager's experience, Nompilos did not identify written reporting as a challenge.

It is also worth noting, from the perspective of provider of technical support and participant observer, that difficulties with implementing this approach have been observed at managerial and funder level, and relate to the paradigm shift associated with moving from "top down" to "bottom up" approaches to health promotion, including accepting that such approaches might be possible, allocating time for communication planning in workplanning, and developing appropriate indicators for monitoring and evaluation. These questions fell outside the scope of this study, and funders and project managers did not form part of the study population. The observations were made by co-researcher Patrick Cockayne and myself in the process of implementation support, and were documented by Sibambene in site visit and programme reports, which were not analysed for this study.

4.4 What was learned – addressing local issues, formulating actions to increase control over, and improve health.

By applying engagement as an organising principle, Hlokomela has developed a system of health communication within the local context and culture of the farm worker community. In this sense it is an application of a "culture centred" rather than "culture sensitive" approach to health communication as conceptualised by Dutta (2007) (88). In a culture-centred approach, the "community lies at the core of the definition of the problem and at the development of solutions to the problem", (page 311) and the role of the cultural community – the participants who co-construct meaning in the local context – are central and active in developing the application. In this intervention, farm workers own the discursive space on the farms – there is a dialogue not only *with* what Dutta describes as a "subaltern sector" (the funders/project/farm owners with farm workers), but *within it* (farm workers with each other). To the degree possible, farm workers own what is spoken about – the development of themes and topics – and the actions that emerge, which are discussed below. It was predetermined that the intervention sought to address vulnerability to HIV (rather than any locally identified health or development issue), and set action to address gender inequity as a key component. As such it had also the elements of a "culturally sensitive" approach in which external

communication experts seek to understand local culture merely to better craft health messages and communication, not to enable on-going participation. The ramifications of this combination were many, throughout the life of the intervention, but are outside the scope of this study. However the findings do illustrate how actions to prevent HIV emerge through such a culture-centred system of communication, and what culture-centred approaches might look like in this setting.

The problems Nompilos and Gingirikani identified, and for which they devised immediate individual-level responses, are due to factors which have been identified as driving HIV infection and/or complicating HIV prevention and treatment across the region. It is very likely that the fear of being associated with HIV, and therefore stigmatised, lies behind the aggressive and defensive responses from farm workers that Nompilos and Gingikani know they will encounter if they do not carefully measure what they say. Health-related stigma is conceptualised as a social process of "othering, blaming and shaming" through which people attempt to distance, and so protect, themselves from a source of infection or ill health (89). The tactical responses that Nompilos and Gingirikani have developed together in their "community of communication practice" [through finding the "right" way to speak, or a "nice" way; using metaphor or casting themselves in analogous positions; building trust and friendship before broaching the subject] shows us the pathways empowered farm workers can create to effectively navigate through stigma and fear where its impact is most paralysing – when individuals are isolated, and disempowered. By implication, the farm workers who are approached in these fashions are more able to take a step towards securing their health, going to the clinic, or considering how to deal with a violent partner etc. The yield or outcome from the communication process and spaces for interaction created on farms (in addition to the changes and capacity built within the Nompilo/Gingirikani corps) is a positive individual-level health promotion outcome; an insight into *how* the face to face interaction specifically helped enable this outcome; a growing number of people who have navigated, to some degree, a path through stigma; and, therefore, a growing body of active citizens on the farms, who are connected to Hlokomela, and – more broadly – the approaches to prevention that it enables.

Similarly, we can see how Nompilos and Gingirikani, through communication "look good about the issue", and find a way to navigate and challenge the fact that some farm workers object to hearing them speak about sex, a response borne of a deep respect for cultural beliefs

which dictate that sex should not be spoken about except in particular circumstances. This helps them ensure that farm workers of all ages and both genders have the opportunity to grapple with what HIV means for them and their families. In the same way Nompilos and Gingirikani defuse interpersonal violence, which is often gender-based and therefore associated with a heightened risk of HIV transmission (90), not by challenging male dominance but by asserting – etching in words – the need for harmony and the belief that it is possible ["live nicely as people on this earth"]. The fact that Nompilos and Gingirikani articulate a need for harmony resonates with the conception, common across southern Africa, that that life or health – "bophelo" – need to be fully experienced across multiple dimensions: the person, the family and homestead, the village, the nation, the religious realm and the earth (91). According to Germond and Cochrane, who developed from this the concept of a "healthworld", "individual healthworlds are shaped by and simultaneously affect the socially shared healthworld constituted by the collective search for health and well-being" (page 309). It is not inconceivable then, that the "collective search for health and well-being" that is enabled by Hlokomela is being enacted by the Nompilos and Gingirikani under the broadest understanding of "bophelo".

The study touched only briefly on the issue of multiple health belief systems, but the approach by Nompilos here, too, is to find a way to negotiate and integrate biomedical and spiritually based systems of healing. A collective standpoint on how to manage the intersection between ARV and traditional treatment has been defined. A similar collective position on treatment pathways for apparently minor symptoms, such as shingles, is not yet evident. The potential to negotiate such a position through the system of dialogue, and additional discussions with the medical services, is clear. The significance of this potential means of enabling individuals in a rural area to more rapidly access appropriate biomedical care was underlined by Moshabela et al (2010) (92); researching in an area adjacent to Hoedspruit and in which many farm workers live he described how establishing an HIV diagnosis after onset of HIV-related symptoms is delayed by an average of two years, during which "shopping" practices are common as people seek "care or cure for their opportunistic infections from various providers, depending on their health beliefs and suspected health conditions." (page 6).

What emerges unequivocally from the findings are the voices of farm workers explaining their choices and actions to protect themselves from HIV. The stories of self-efficacy come

from both women and men, and are intertwined with their multiple experiences of Hlokomela. Nompilos, who are closer to the core of the communication system, are specific and detailed about their actions they take. Gingirikani express the influence of Hlokomela more generally, again indicative of their distance from the core of the communication process, and their shorter period of involvement. In both cases, the evidence is that the process of interaction within the intervention over time, builds intention to consider and adapt to the presence of HIV. This resonates with later versions of the Stages of Change Theory which describes behaviour change as comprising various components of a cyclical process. (93). Significantly, the findings suggest that adaptations are made within relationships which are culturally scripted, and within the particular circumstances of the seasonal farm workers. For example the story of the Nompilo who described why she settled into a polygamous marriage, and how she secured within that her role as first wife, who "talks" to the other parties when they have a problem, and who ensures that all test for HIV, resonates again with the sense that what is being sought through communication is harmony across multiple dimensions (the person, the family and the homestead) rather than any single "behaviour change."

The story demonstrates that Nompilo/Gingirikani-initiated interactions are successful in the sense that they use their skills gained through collective learning to enable farm workers, many of whom are living at some distance from their familial or original homes, to speak about, consider and respond to their individual vulnerability in the settings in which they now live and work. The farm level dialogues, at the point at which the research was conducted, did not directly engage the traditional "custodians of culture" (68) outside of the farms, nor those individuals in the immediate vicinity who, informally, might promote negative cultural practices, for example male supervisors. Although not explored by this study, and not mentioned by participants, Hlokomela project management does build ties with traditional leaders in the nearby settlements and in the rural communities further afield from which farm workers are drawn, and the farm level dialogues are linked through the monthly cycle to these processes. More specifically, through the MOU with farmers and supervisor study groups, Hlokomela also seeks to address abuse and the expression of male dominance as it occurs on the farms, namely the "sex for jobs" culture of farm supervisors. On their own, participatory farm-level dialogues are unlikely to effect a broad cultural transformation, although they do swell the numbers of people who are able to experience this as being possible.

4.5 Perceived impact on the lives of participants

In terms of perceived impact on their lives, it is significant that Nompilos and Gingirikani perceive themselves to be role models and leaders. This indicates the achievement of yet another dimension of social change suggested by the IMFCSC, namely the extent, equity and diversity of the local leadership that is developed through a communication intervention, as well as the competence of leaders in enabling dialogue. Nompilos and Gingirikani are in effect modelling in the local environment both alternate forms of leadership, and an alternative narrative which allows mediation around sexual relationships and patterns of behaviour within systems of male dominance which are entrenched across the sub region. Accounts from regional interventions to mitigate the HIV crisis from a cultural and gender perspective conclude that cultural transformation "requires a long-term strategy, ingenuity and a commitment to continue even in the face of possible resistance"(30). Support for this experience can be found in Campbell's description of how the authoritarian leadership style and "traditional" attitudes of the local Chief towards, inter alia, women and polygamy, contributed towards his often contradictory and undermining approach to a local AIDS programme which sought to build AIDS competence through empowerment via participation" (81). The fact that alternative narratives are emerging through an open-ended process of communication among farm workers – and not, as researchers expect, through media accessed by working class readers such as the Daily Sun – signposts the potential and value of an approach to enable regular purposive dialogue as a "different way" of creating community level narratives which overcome the "limitations and constraints of hegemonic masculinity" and enable the construction of prevention-enabling social identities. (86).

4.6 Shared values around reducing vulnerability

Figueroa et al describe the development of collectively valued social norms an expected outcome of a process of communicating for social change. Such norms are described as "people's beliefs about the attitudes and behaviours that are normal, acceptable or even expected in a particular context" (28). The fact that specific actions and behaviours have accrued value, that is have become accepted and expected, through the process of face to face purposive dialogue with Nompilos indicates again that a measure of social change has been achieved. The nature and extent of these particular behaviours are also instructive. Because

Nompilos, and through them, farm workers, have been able to articulate what is valuable to them when considering how to respond to the reality of life, health and cultural beliefs and sexuality in the presence of HIV, future interventions might better consider how to support HIV prevention interventions which make possible opportunities to access these experiences.

In terms of enabling action to address vulnerability to HIV, the experiences which appear most valuable and acceptable to participants are all process-driven: learning from each other, being enabled to develop different views of self and of the world, being able to attain and protect wellness across multiple dimensions and having the ability and opportunity to communicate. Future interventions, for example those seeking to respond to the call for a "fourth generation" of approaches in the theory and practice of HIV/AIDS prevention, to support the creation of "heath enabling social environments."(45), might therefore ensure that the intervention provides opportunities for collective learning, for individual development, for protecting wellness across all dimensions in society, and for enabling opportunity and ability to communicate.

The first three processes have been covered in the discussion. In terms of communication, interpersonal communication around relationships and sexuality, and the lack of it, is recognised at regional level as a factor related to multiple concurrent partnership and has been included as a key message in the OneLove campaign run by Soul City's Regional Programme since October 2008 (8) (44). The interim evaluation of the campaign indicates that the intervention has been associated by individuals in the campaign audience with learning about open communication in a relationship and respect for self and partner as an important aspect of maintain a satisfying sexual relationship. The Hlokomela experience indicates a similar view from individual farm workers [.."we don't know how to communicate if there is a problem"]. It further indicates that, when used as a collective participatory process, communication achieves an additional dimension of value, namely as a mechanism to address social issues such as stigma, gender-based violence and tensions in the immediate environment.

4.7 Limitations

4.7.1 Data gathering

The fact that, as the researcher, I also co-conceptualised the programme, and through Sibambene, supported on-going implementation of the programme and the communication model meant that I was obviously not neutral. This added complexity to the data gathering process. The primary bias, as evidenced in the conceptualisation, was towards enabling a dialogic approach between individuals most directly affected, rather than between an external facilitator and an affected community; the research was undertaken in part to interrogate the value of that approach. A positive aspect of being embedded in the process from inception was that as a researcher I was sensitised to the nuances in the environment. More negative concerns are that questions or probes might have been formulated to cast an overly positive light on the communication process, and the proposed conceptual framework, and that in the data analysis phase, I might have avoided examining any negative responses to either the process, or the conceptual framework proposed. It is also possible that participants could self-censor their answers, to avoid casting any negative light on their work as implementers or on the workings and impacts of the programme. They might equally have given answers which played to the scripts they imagined that I, in the role of technical partner for implementation, might have wished to hear. Finally, the fact that the research was conducted in the midst of an on-going process of implementation meant that insights related to the research but not covered in the research questions, often emerged. These complexities were the subject of constant reflection, throughout the duration of the research, with co-researcher and colleague Patrick Cockayne, as well as in other spaces, including with my supervisor, and in relation to IOM specific work. Where appropriate insights or complexities observed by both researchers in implementation and with bearing on the research, have been noted.

In terms of potential bias in participant's responses, it is important to note that neither myself nor Patrick Cockayne were known by the Gingirikani or other farm workers, as Sibambene had had no contact with these groups in our professional work with Hlokomela. Further, most of the 60 Nompilos also did not know either researcher, as the only implementation work done directly by Sibambene with Nompilos were the start-up activities conducted with the original group of 16 in late 2005. By contrast we were extremely well known to the Coordinators and the Programme Manager. Despite the potential for self-censorship and bias,

the style and content of the responses of these participants remained consistent across the data, which was gathered over three months, in three separate visits. The familiarity of these participants with the researchers as providers of technical support also appeared to have a positive influence on the data gathering process, as trust was already well established and they appeared to be relaxed and open in their responses.

A further limitation of the qualitative data gathering process was the language difference between the researcher, a white woman whose first language is English, and the participants, for whom English is spoken as a third or subsequent language, or not at all. In order to overcome this limitation, interviews with participants who spoke no English were conducted through the vernacular with the research assistant (the Programme Manager) acting as the interpreter. This enabled the researcher to immediately probe for evidence suggested in the initial codes. Analysis was conducted on the verbatim transcripts of the recorded interviews. Responses described in English in the simultaneous interpretation were compared with the verbatim transcripts of the original vernacular, in order to assure consistency. However the possibility remains that the research did not fully capture the intention of the speakers.

The fact that the Programme Manager was employed as the research assistant and simultaneous translator was also a potential limitation of the study, both in terms of her own responses, and that her presence could have influenced the responses of other participants. This potential influence was addressed at multiple levels and stages. The Programme Manager was only briefed on the research objectives and coached on procedure after her own interview, to ensure that her responses as a participant were not influenced by prior knowledge of the research objectives. Also, while she organised the logistics of all of the interviews (time, place, information sheets) every interview and or group discussion was conducted by myself and co-researcher Patrick Cockayne. The research assistant was not present in those interviews/focus groups where participants had adequate English skills, including those involving the Coordinators, who were the participants who worked most closely with Programme Manager and would have been most likely to have been influenced by her presence. Where participants did not have adequate English skills (i.e. the first Nompilo discussion group, the Gingirikani semi-structured interviews and focus group discussion, and the interview with the farm worker), the researchers asked the questions and the research assistant provided simultaneous translation of these questions and the replies. The researchers observed the responses, and based on the simultaneous translation, probed

for further details. Any potential bias introduced by the research assistant's interpretation could be identified in analysis, when the text of the simultaneous translation was compared with the verbatim transcripts of the original answers in the vernacular. Finally, the research assistant was present to observe and support the Nompilo at the Heritage Day focus group discussion, but the group was conducted solely by the Nompilo and no simultaneous translation was provided. My supervisor, Nicola Christofides was present as an observer at this discussion group, and she noted that participants spoke openly and appeared unaffected by the presence of the research assistant/programme manager.

Finally, as all data gathered was by qualitative methods, the findings need to be verified by a quantitative study/ies, including of the 10 000 strong farm worker population which fell outside the objectives of the study. A quantitative and/or mixed methods investigation is needed to establish the consistency of the dialogue process across farms, its reach and the number of times an individual farm worker might have been involved in discussions. The dimensions of social change found to be the outcomes of the processes of communication were described, not measured; quantitative research is necessary to confirm the extent and spread of, for example, increased self and collective efficacy, social norms, as well as the characteristics of the social networks developed.

4.7.2 Data analysis

Conceptual framework

The study focused on assessing from the data whether or not the concepts proposed as key in the inductive conceptual framework were, in fact, effective in creating an enabling environment for health promotion, and reflecting on any potential gaps. Comparison was made with a number of the elements of the IMSCC, a model developed by drawing on a combination of theories in the field of communication for development, including both those which offered inclusive, people-centred approaches to using communication in development settings, and those which examined communication processes more closely, such as theories of group dynamics and network convergence theory. Ideally, the inductive conceptual framework developed for this research also should have been systematically compared to other theoretical models in related fields, for example of models of social change, and of

ecological approaches to health promotion. Parallels and gaps between the proposed inductive model and various theoretical models could have been identified and their implications for project design and participatory approaches, analysed. A refined version of the framework – a theoretical model of the combination of actions needed to initiate and support the process of creating an enabling environment for health promotion – might then have been developed and presented. This refinement and presentation of new knowledge was beyond the scope of this study, because it would have to articulate not only what elements are necessary to enable engagement and dialogue, but also what theories inform them, how each of those elements interact with the dialogue process, and how dialogue itself simultaneously envisages and enacts each of the other elements. It will, however, be an area for further research and publication, particularly once the findings of the parallel research around identity and identity making are presented and can be integrated.

Dialogue

A limitation of the findings could be considered to be the lack of a single model or conceptual approach against which to consider the Sibambene "model" of purposive dialogue, the outcomes of its implementation and the interrelationship between the functioning of this model and other elements in conceptual framework. Rather, the discussion makes reference to a range of conceptual approaches and theoretical frameworks to explain different aspects of the findings which emerged from implementing Sibambene's dialogic approach and system, including from the fields of education, sociology, psychology and media and communication.

It would have been beneficial to also compare the Sibambene model with other theoretical models of interpersonal communication – e.g. peer education, narrative therapeutic conversations, particularly with regard to community work, appreciative facilitation, or the IMSCC 10-step plan of Community Dialogue. This would have meant that the relative strength and effectiveness of the features distinctive to Sibambene's proposed model of a cycle of dialogue and basic architecture of purposive dialogic interactions could have been assessed, and elements from other theories which might be integrated to improve this approach, identified.

However this was beyond the scope of this study and research report. As a result an opportunity exists to develop from the findings and existing theory, a detailed, inductive model which describes the elements necessary to prepare for, implement and support a participatory peer to peer dialogic process. Such a model would need to describe the interrelated areas of work necessary to enable dialogue – the refined version of the conceptual framework discussed above – and to unpack the methodology and stages of purposive peer to peer dialogic engagement, as well as the theoretical foundations of each. It would need to also describe multiple dimensions of the dialogue – the multiple, intersecting processes which take place in the dialogic space, the multiple, intersecting outcomes of these processes, and the creation, function and significance of new dialogic space in the social landscape. Such a model might add to the body of knowledge around dialogic interactions in the development setting, and also be a helpful addition to field work, and to efforts to build local capacity for such engagements.

Chapter Five: Conclusion and Recommendations

Conclusion

Local health promotion and HIV prevention services do not ordinarily set up local systems of participatory communication with the people they are seeking to serve or benefit, but rely rather on the materials and activities of the large-scale regional or national communication/development interventions. Hlokomela, enabled by Sibambene, placed the principle of engagement and an on-going process of participatory communication with and between farm workers at the centre of its intervention. Five other key principles were simultaneously enacted through the communication and intervention process: identification, projection, affirmation, action and connectivity. The conceptual framework developed from this experience proposed that a local process of communication developed around these six principles is an effective strategy to create health enabling local environments. The findings suggest that Hlokomela has substantially altered the local environment – materially, experientially, and at the level of the meaning people make of their lives. The regular face to face interactions have played a significant role in this process of alteration, and have led to the full range of outcomes indicative of successful processes of communication for social change. Additionally, a community of communication practice has been established on the

farms, and a significant reservoir of social capital and capacity to communicate has been developed through these interactions. New discursive spaces, and an alternative public of discourse around wellness and HIV, have been created. Through the process of face to face interaction, alternative narratives, which constitute self and collectively defined "AIDS competency" in a marginalised setting, are becoming visible, suggesting pathways for future interventions to enable competency. Finally, individual-level actions to improve or control health, and to change or cope with the environment, have emerged from within the cultural context on the farms. Examining the role of face to face interaction has illuminated an opportunity to make more effective use of the power of communication at local level, and, through this, to enable disempowered individuals to claim their human rights and to help realise synergies in health and development objectives such as the Millenium Development Goals.

Recommendations

At the level of policy and funders:

- to integrate into HIV prevention, health promotion and development interventions in marginalised settings the development of locally owned and led systems of participatory communication built around the six concepts proposed
- to ensure that an explicit focus on gender inequity and cultural beliefs and practices are included into the communication process, supported through information and capacity building around dialogue-based approaches to identify and create mutually agreed responses;
- to integrate the initiation of economic enterprise into the intervention, and the participatory process of communication
- to support the ability of local organisations to implement, manage, monitor and report on such interventions;
- to promote the value of the participatory communication process in enabling synergy between different local developmental interventions, and improving their collective impact on a defined group of people.

At the level of health services:

- to focus on improving the quality of interpersonal engagement between health service provider and patient, as well as on improving the logistics of providing effective health care such as drug availability, and queuing times;
- to encourage and support local community-based and led systems of dialogue and communication-based health promotion responses, as a means to enable individual agency, the development of health-protective social norms, and improved uptake of health services;
- to actively collaborate in setting local, practical goals of health action based on incidence (e.g. no of people that should be tested/ be receiving TB prophylaxis), in order to enable community partners to promote a response equal to the scale of need.

At the level of the project:

- to continue to affirm and engage the farm worker community in the on-going process
- to actively identify and engage influential local "custodians of culture' in continuing dialogue so that they might experience, contribute or ally themselves to emerging, and alternative narratives of gender and culture, and support the farm level processes
- to map reach and intensity of activities in order to achieve a critical mass of HIV prevention activities
- to engage with Nompilos, Gingirikani and funders to develop mutually workable reporting tools so that the dialogue can be adequately reported
- to consider securing other forms of "social investment" into the social capital that has been generated through the communication process.

At the level of the IOM:

- to make explicit and promote the role of communication and empowerment in the IOM PHAMSA model for health promotion in "spaces of vulnerability"
- to make the core communication activities explicit in the programme design, funding, monitoring, evaluation and reporting (change agents, project identity, systematic engagement, cycle of dialogue, and discussion groups)
- to actively promote and support such interventions
- to include economic enterprise as a core action to enable health promotion

At the level of research:

- to conduct quantitative research to verify the findings
- to conduct mixed methods research to review the role of the balance of the concepts in the conceptual framework
- to further investigate the gender inequity dimensions and outcomes indicated in the research, in particular the creation of new discursive spaces and publics of discourse, and of alternative narratives of masculinity, femininity and expressions of wellbeing, and the extent of their influence
- to further investigate how biomedical and traditional views of health and wellness can be/are being integrated through the identity, values and activities of Hlokomela and its cycle of dialogue
- to develop an inductive model of the Sibambene system and process of peer dialogue, and the creation of opportunities – "safe space"– for empowering dialogic interactions, informed by research, and existing theory and practice in disciplines including education, psychology, sociology, communication
- to develop a refined theoretical model of actions needed to create an enabling environment for participatory systems of communication, and health promotion.

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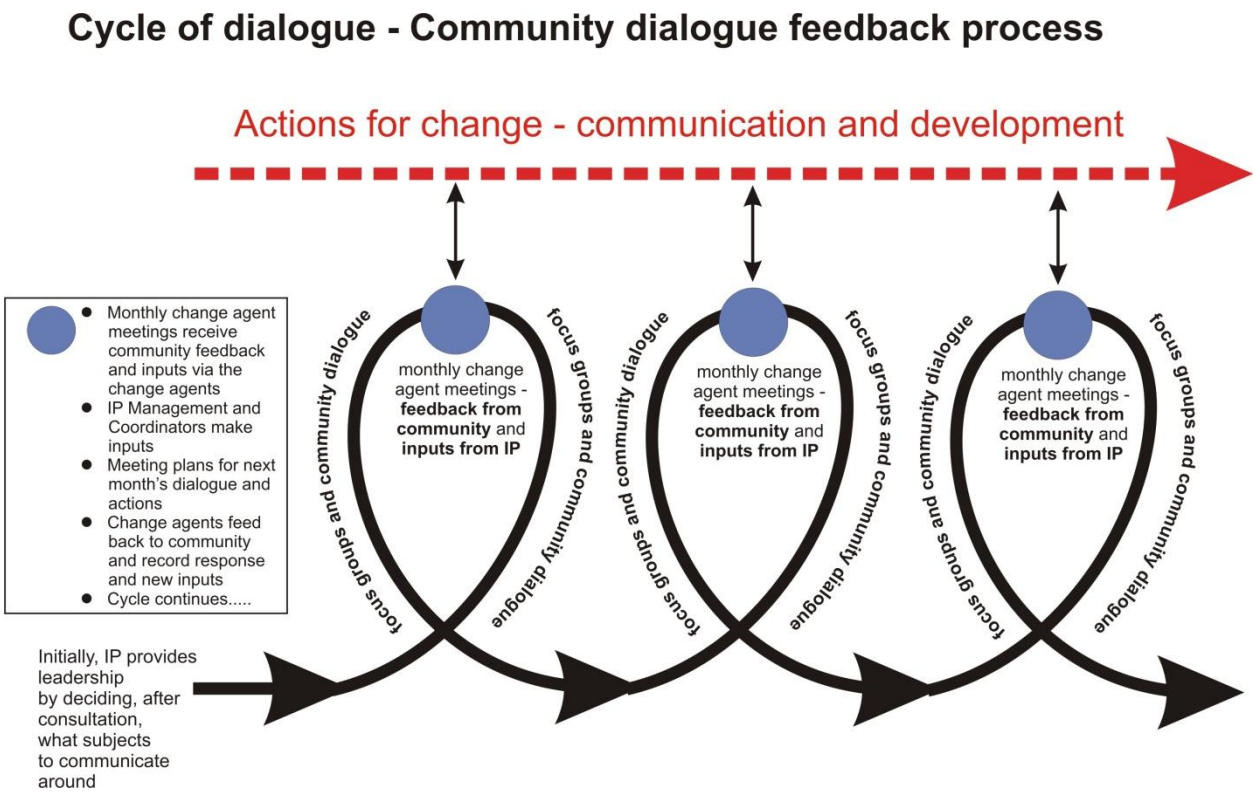
Appendices

Appendix 1: Cycle of dialogue

Poster developed as teaching tool by Sibambene to guide Coordinators to establish on site continuous process of communication action, feedback and reflection between themselves (the project) and the Nompilo Change Agents.



Appendix 2: Communication planning template

Template developed by Sibambene and HTT to support the process of planning for quarterly cycles of dialogue around barriers to adapting behaviour in order to protect and secure wellness.

JULY-SEPT 2010 COMMUNICATION PLAN

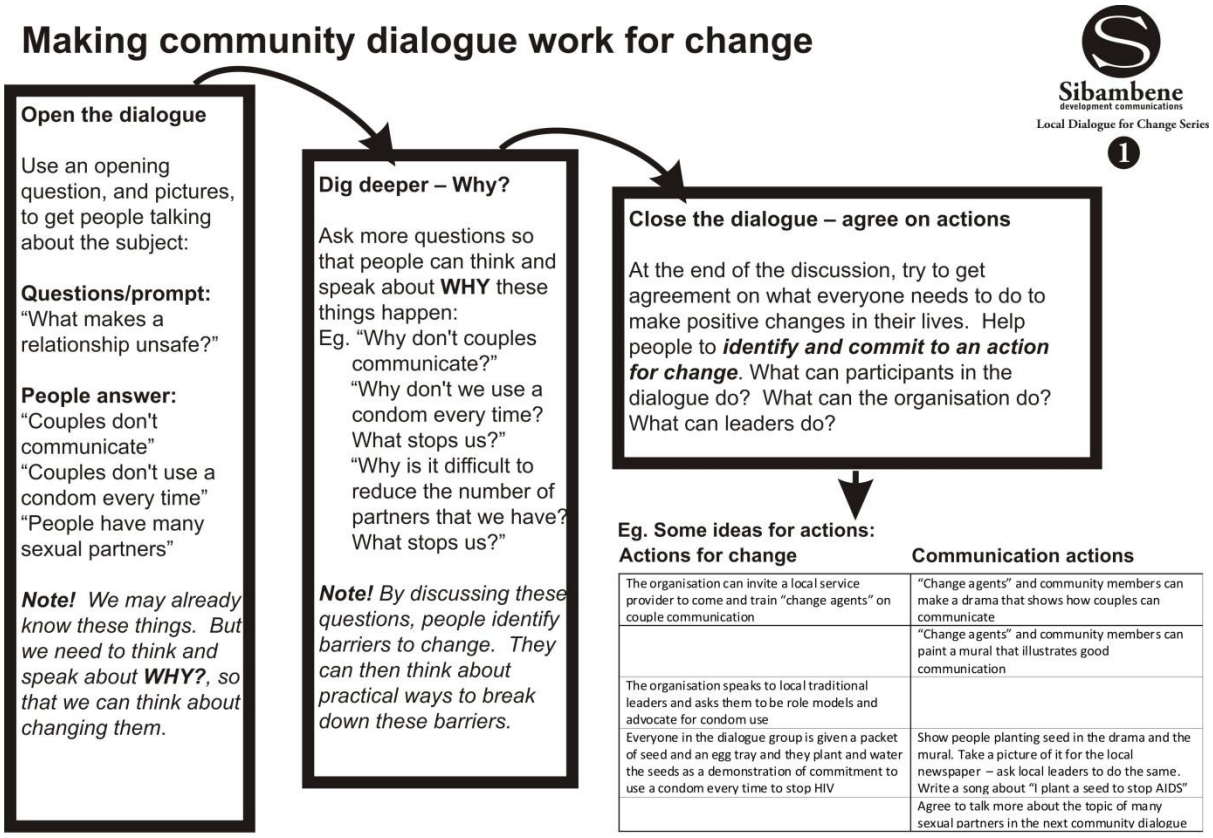
QUARTERLY THEME:

WHY THIS THEME WAS CHOSEN:

NO:	MONTHS	TOPIC	Communication Tool/s	QUESTIONS TO START THE DIALOGUE	BARRIERS BEING ADDRESSED	ACTIONS/ACTIVITIES
1.	July		*Include Community Dialogue tool* *Explain objectives of other tools*		*(This is where you explain the underlying issues)*	*(What are farm workers/project doing to address barriers)* *Include other communication actions (murals, drama etc)*
2.	August					
3.	Sept					

Appendix 3: Architecture of community dialogue for change

Poster developed by Sibambene to guide Coordinators to support Nompilo Change Agents to facilitate community dialogues around underlying barriers to adapting behaviour and changing local conditions, and to agree on an action, including a communication action.



Appendix 4: Permission from HTT/Hlokomela

Hoedspruit Training Trust
P.O. Box 1265
Hoedspruit
1380
Christine Du Preez – Project Director
Cell: 083 300 2933
Office No: 082 560 0248
E-mail: dupreezjc@worldonline.co.za
Website: www.htt.org.za

HLOKOMELA

HOEDSPRUIT TRAINING TRUST

19 August 2009

Att: Patrick Cockayne and Janine Simon-Meyer

Re: Permission to conduct research at Hlokomela

Dear Janine and Patrick

The Hoedspruit Training Trust has studied your request, dated 10.08.2009, to conduct research into aspects of the PHAMSA social change communication programme at the Hlokomela project in Hoedspruit.

We hereby grant permission for you to conduct the proposed research, noting that all participants will be properly compensated in accordance with standard academic research practice and that you will adhere to standard academic research ethics. We note further that you will endeavour to conduct the research in such a manner as to avoid disrupting the programme or adding an additional burden to our already extremely busy staff.

Further, we note that the research findings will be made available to the project and its stakeholders and participants in an appropriate format and at an appropriate level. We trust that you will at all times communicate with project management to ensure that we remain fully appraised of the progress of the research and that you will at all times act in a manner that enhances the standing and reputation of the project and the Hoedspruit Training Trust.

Yours faithfully

Christine du Preez

(for the Hoedspruit Training Trust)

Appendix 5: Clearance Certificate from the Medical Ethics Committee

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG
Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Ms Janine Simon-Meyer

CLEARANCE CERTIFICATE	**M091159**
PROJECT	Making the local count: Social Change Communication and Participation in HIV Prevention. The Role of Face to Face Interaction with a Local Change Agent in an Integrated Intervention to Promote health and Address.....
INVESTIGATORS	Ms Janine Simon-Meyer.
DEPARTMENT	School of Public Health
DATE CONSIDERED	2009/11/27
DECISION OF THE COMMITTEE*	Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 2009/11/30 **CHAIRPERSON** .....
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor : N Christofides

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University.
I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.**

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES...

Appendix 6: Participants Information Sheet – 2010

Participant Information Sheet – 2010

Study of the role of:

- Collective making of identity in health promotion, and
- Face to face interactions with a Nompilo

In the Hlokomela project to promote health in Hoedspruit, Limpopo, South Africa

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Introduction

Hello, welcome and thank you for giving us your time. Our names are Patrick Cockayne and Janine Simon-Meyer. We are working with the Hoedspruit Training Trust and the International Organization for Migration on the Hlokomela project to promote health on Hoedspruit farms. We are registered with the University of the Witwatersrand to conduct research on Hoedspruit farms to get a better understanding of challenges faced by farm workers and to improve the work of the project.

You are invited to volunteer to participate in this research study; you should not agree unless you fully understand what is asked of you and are completely happy with all the procedures involved. If you do not understand or if you have any other questions, feel free to ask the researchers or research assistant.

Purpose of this study

The purpose of this study is to collect information so we can understand what farm workers, Nompilos, Hlokomela staff and other stakeholders think and feel about the Hlokomela project. Part of the research is to observe (watch) the different ways in which Hlokomela carries out its work, so that we can learn how Hlokomela's work in Hoedpsruit helps to promote health on farms and in the community.

We ask you to:

- Take part in an **individual interview** or a **focus group discussion**. In this interview or discussion we will ask some information about you. We will also ask you to tell us what experiences you have had with Hlokomela and what you think about Hlokomela.
- Allow us to **observe (watch)** a Nompilos meeting, Hlokomela event or Gingirikani discussion.
- Allow us to **take notes** during the interview/discussion, or event, and make an **audio recording** and/or an **audio visual tape** of the discussion/event to help us understand what people say and what happens.

You have been invited to participate because you are a valued

- **Farm worker on a partner farm**
- **Nompilo**
- **Key stakeholder**

- **Member of staff,** and your views about Hlokomela will help us to understand the project better.

The interviews will take about 1 – 2 hours, and the discussion about 2 – 3 hours.

What procedures are involved?

You are being asked to take part in an interview or a group discussion, or to allow us to observe a particular event.

With your consent, we or our research assistant will be watching what happens and/or asking you some questions about your life and about Hlokomela. There are no right or wrong answers – we want to learn about you, your opinions and experiences. There is also no right or wrong way to behave in front of the video camera – we only want to see how Hlokomela does its work every day.

With your permission will will be using this:

- Digital voice recorder to record what you say
- Video camera to video tape the interview/discussion or event.

No-one will hear the audio tapes or see the video tapes except for the research team – the researchers, the research assistant, the transcribe and our supervisors, Nicola Christofides and Lenore Manderson. The audio and video tapes will be destroyed after two years.

After the interview/focus group discussion, the recordings will be written down word for word and then translated into English. We will be using these written documents to write our research reports. Your name will not be written in the documents – only a unique identification numbers that you will be given, so no-one outside of the interview/focus group discussion will be able to tell, from the written documents, what you have said.

We may want to ask you more questions at a later stage. If this is the case, we will again ask for your written consent to take part in additional interviews, and/or discussions. Your participation will again be entirely voluntary.

Are there any risks or discomforts from participating in this study?

We will conduct the interview in a private and safe place for both you and the researcher/interviewer. The only potential risks from participating in this study are:

- You may feel uncomfortable answering some of the questions that may deal with some sensitive issues

- In a group discussion other participants willhear what you say. We cannot guarantee they will not speak to others about what you have said.
- You may feel uncomfortable that an outsider is watching a Hlokomela activity.
- If the interview is video-taped the research team will be able to see and hear what you are saying.

Remember, though, that you are free not to answer any questions that makes you feel uncomfortable and you do not have to take part in this study.

Possible benefits of this study

There are no direct benefits that you may get from participating in this study. However the information collected from this study may be helpful in improving the lives of farms workers and other workers in South Africa and other places in southern Africa where PHAMSA is running projects. Your answers will help us make sure that the views and experiences of stakeholders like you are taken into account in improving the existing projects and in designing future community programmes.

What are your rights as a participant?

Your participation in this study is entirely voluntary. You can refuse to participate or stop at any time without giving any reason. Some of the questions might be very personal. Please remember that you are free to not answer a question if it makes you feel uncomfortable. Also you are free to leave the interview, discussion or activity at any stage and for any reason.

Confidentiality

All the information that you give in this study will be kept strictly confidential. We give you our assurance that neither we nor the research team will give your personal information to anyone outside the team.

The consent forms that you will be asked to sight will be securely stored and access will be limited to the research team, and our supervisors at the University. The consent forms cannot be linked to the answers you give to the questions.

Should the focus group discussion or event be video-taped, only the research team will see the video recordings. The audio and video recordings will be destroyed after two years.

The results of this study will be presented in a respectful manner and no information which could enable anyone to identify you personally will be reported. We will work with the Hlokomela staff to make sure you are kept informed about the progress of our research project and to share with you any reports or publications we produce.

Costs

There is no cost to you for participating in the study.

Compensation

If you participate in an interview or focus group discussion, you will be given R50 to compensate you for the time spent at the interview and for transport and child-minding costs.

Has this study received ethical approval?

Yes, the Ethics Committee of the University of the Witwatersrand has given written approval for these studies. The reference numbers for these studies are: Janine Simon-Meyer – M09115949; Patrick Cockayne: M091161. The Ethics Committee make sure that all research undertaken by Wits students respects the rights and dignity of participants.

If you want any information regarding your rights as a research participant, or if you wish to make a complaint regarding this research study, you may contact **Professor Cleaton-Jones, the Chairperson of the University of the Witwatersrand Human Research Ethics Committee** (HSEC), which is an independent committee established to help protect the rights of research participants. **Prof Cleaton-Jones's phone number is (011) 717-2301.**

You may also contact the Secretary of the Human Research Ethics Committee (HSEC), Ms Anisa Keshav at (011) 717-1234.

Information and Contact persons

Janine Simon-Meyer: Cell: 082 893 0051; Fax: 011 614 2952

Email: janine@sibambenedev.co.za

Patrick Cockayne: Cell: 082 659 0952; Fax: 011 6142952

email: patrick@sibambenedev.co.za

Appendix 7: Participants Informed Consent Form

I hereby confirm that the people seeking my informed consent to participate in this study have given me information to my satisfaction. They have explained to me the purpose, procedures involved, risks and benefits, and my rights as a participant in the study.

I have received the information leaflet for the study and have had enough time to read it on my own and ask questions. I feel that my questions regarding participation in the study have been answered to my satisfaction.

I am aware and understand that:

- A recording will be made of my voice
- A video recording may be made of my interview/group discussion/event that I help organise or attend. The video recording will have my voice and my face on it, together with the voices and faces of other people who attend
- Only the research team will hear or see the audio and video recordings, and these will be destroyed after two years.

I have been told that the information I give to the study, together with the information gathered from other people and from events that the researchers observe, will be anonymously processed into a research report and scientific publications.

I am aware that this report, and any publications from it, will be shared with Hlokomela and other farm workers, and that Hlokomela will keep me informed about the progress of the research. I am aware that it is my right to withdraw my consent in this study without it affecting my work or my taking part in future events.

I hereby, freely and voluntarily give my consent to participate in the study and to:

- Be audio taped in the interview/discussion
- Be video-taped in the interview/discussion
- Allow the researchers to observe and video tape an event that I attend or have helped to organise.

Participant's name …… Participants signature……

Researcher's name …… Researcher's name ……

Researcher's signature ……Researcher's signature …….

Witness's name…….. Witness's signature ……

Appendix 8: Question Guides

Coordinator Interview 001 – 27.08.2010

1. What are all the different ways you interact with the Nompilos?

2. What is the purpose of Hlokomela staff interactions with Nompilos? *Probes: What is the reason for face to face interaction/s? How does this help you in your work as Hlokomela, if at all?*
3. What is most useful about the interaction? *Possible probes: What have you learned from the interactions? Why is this important? What value do you think there is in Nompilos meeting each other regularly?*
4. What is the most challenging thing about meeting and interacting with Nompilos?
5. How do you respond to the challenges that Nompilos raise? *Probe: what are all the ways in which you can help them address these challenges?*
6. How does Hlokomela prepare for these meetings?
7. *Possible probes: What do you do before a monthly meeting? What do you do if you are to meet a Nompilo on site?*
8. What happens during an interaction/meeting?
9. *Possible probes:* Who starts the interaction? What language is used? How do you encourage Nompilos to express themselves? What do you do when Nompilos speak? What do you think/feel when this happens? What do you do if a Nompilo raises a problem? (How do you discuss this? What happens if you don't know what to do?)
10. Can you give us an example of how you have helped a Nompilo who has a challenge – for example if the Gingirikani do not want to support him or her?
11. How do Nompilos bring the voice of farm workers to Hlokomela?
12. What do you hear about the barriers that farm workers face if they try to change? What do the Nompilos tell you about this?
13. Is the main form of dialogue that Nompilos hold on the farms with the Gingirikani, or do they hold other dialogue interactions?
14. What changes have there been in the way that people interact and speak about things with Hlokomela and with Nompilos, from when the first billboard was launched, to now?
15. What would have happened if there were no Nompilos in Hlokomela, and no meetings or interactions with them?

Co-ordinator Interview 002 – 22.9.2010

1. Who owns Hlokomela?
2. The word "care" is in the Hlokomela slogan, and the Nompilos are described as "care givers". What does this word "care" mean?
3. Nompilos are called "change agents". What change does this mean? How "change"? Who "changes"?
4. How does Hlokomela enable people to speak? And how does Hlokomela listen to what they say and respond?
5. What is the value of "speaking" – you say "A re Bololeng" – why is "let's talk" important?
6. Do you think Hlokomela provides only Western health care or can you also help provide care for all the other parts of wellbeing? How?
7. What are all the different ways in which you interact with Nompilos?

Coordinator Interview 003 (M only) – 3.11. 2010

1. For Hlokomela, what is an "ideal" man? What values does he have, how does he behave?
2. How do you, as project coordinators, project or communicate this male identity? How do Nompilos communicate this? And Gingirikani? *Probe: for dialogue, leadership and role modelling*

3. Among the client community (farm workers), what aspects of male behaviour need to change? Why? What aspects of female identity and behaviour need to change? Why?
4. How does Hlokomela help men to change? (How do you address "isoka"?) What do you do to help men change? *Probe: for role of dialogue in joint male/female problem solving.*
5. How do you prepare Nompilos to work with Gingirikani?
6. In what way is dialogue different to normal "conversation" between people? How does Hlokomela make this possible?
7. (Show poster of praying hands) Why did Hlokomela develop this poster? Tell us about the thinking behind it. How did you decide onthis picture and this message?
8. What role does Christianity play in Hlokomela? How does this work with people's traditional beliefs and culture? *Probe: around MCP – what is the "message"? what are the responses?*

Nompilos Int 001 – 28.8.2010

1. What do you think is the most important thing that Hlokomela staff have learned from Nompilos?

2. Tell me about your work as Nompilos. What are all the different things you must do?
   - What do you think is the most important and why?
   - What do you find to be the most challenging?

3. Tell me about when and how you meet and speak with people on the farms?
   - Who do you speak with?
   - What do you speak about?
   - Do you think speaking is important? Why?

4. How do you help other farm workers to speak about all the different things that affect our well being – what traditional healers and prophets say, the quality of our sexual relationships, problems at work etc?

5. By listening to other farm workers, what is the most important thing that you have learned?

6. How do you learn what to say and do on the farms?
   - From Hlokomela staff?
   - From other Nompilos?
   - From other farm workers?
   - From other people?

7. What are all the different ways that you can meet and learn or get support from Hlokomela staff?

8. What do you think is the most important thing that Hlokomela staff have learned from Nompilos?

9. Since becoming a Nompilo, have you changed how you think or act about your own life and wellbeing? In what way?

10. What makes you want to carry on being a Nompilo? Would anything make you want to stop?

Nompilo Int 002 – 23.9.2010

1. Nompilos are called "change agents". What change does this mean? How "change"? Who "changes"?
2. Since becoming a Nompilo, have you changed how you think or actin your own life? In what way?
3. Do you think Nompilos are role models? In what way?
4. Do you think the slogan "Farm workers care for each other" is true? Explain.
5. What kind of "care" do you as Nompilos give? Is it the care like a clinic? a church? A traditional healer or family member? What helps Hlokomela to do this?
6. What was good and useful for you about the Nompilo meeting this morning?
7. Can you tell me about the feedback on the topic and dialogue for the month ie" what makes a safe relationship?" What did people say?
8. We heard of this "cycle of dialogue" – or group discussions. What do you actually do in this "cycle of dialogue"?
9. Tell us exactly what you will do this month. What is the topic for dialogue this month?
10. How do you start a dialogue, or one on one discussion? *Probe: understanding and process of dialogue, role play for dialogue*
11. Tell us about the Gingirkani. Who are they? How do they work?
12. How will you hold a dialogue, or speak with farm workers, on the farm? *Probe: How do you allow their voices to be heard? How do you enable farm workers to say what they think or feel?*
13. Are people able to discuss sex and relationships between men and women in any other place, other than in the Hlokomela focus groups or with a Nompilo? *Probe: How come Hlokomela manages to get people to talk about sex – what makes this possible?*
14. How do men and women solve problems together?(*use a condom, go for counselling)*

Nompilo Int 003 (M only) – 3.11.2010

1. As male Nompilos, what for you is Hlokomela's "ideal" man? What values does he have? How does he behave?
2. How do you as Nompilos communicate this male identity to farm workers? *Probe: for dialogue process*
3. Among the client community (farm workers), what aspects of male behaviour need to change? Why? What aspects of female identity and behaviour need to change? Why?
4. How does Hlokomela help men to change? (How do you address "isoka"?) What do you do to help men change?
5. Does it work to have men and women together in a group discussing sex? How does this help solve problems? *Probe: for understanding and process around dialogue*
6. As men, do you think women are comfortable and will talk openly?
7. As men, how do you feel when you encourage women to use a condom? *Probe: is this experienced as difficult?*
8. As a male Nompilo, how do you "care" for female farm workers? Is this different than for male farm workers?

Gingirikani 001 – 5.11.2010

1. When you see this logo, what do you think or feel? What does it mean to you?
2. When you hear the name Hlokomela, what do you think or feel? What does it mean to you?
3. How did you first hear about Hlokomela?

4. Who owns Hlokomela?
5. What is HTT?
6. How does Hlokomela care for farm workers?
7. For you, what does the name Gingirikani mean? Why did you want to be Gingirikani member?
8. How do Nompilos work with Gingirikani?
9. How do Gingirikani work with other farm workers?
10. What do you do as a Gingirikani member? *Probe roles, duties, responsibilities*
11. How do you work with your Nompilo?
12. How do you work with other farm workers *Probe: how often, one on one, small groups*
13. Do you think Gingirikani are leaders and role models? How?
14. How does what you do as a Gingirikani help other people?
15. What do you like most about being a Gingirikani member? What don't you like?
16. How do you start a discussion with someone if you think she or he has a problem?
17. Before you got involved with Hlokomela, did you ever talk about sex and relationships? How? When?
18. What is different about how you talk about these things now?
19. In these times what do you think it means to be a man? What does it mean to be a woman? Is this different from olden times?

Gingirikani 002 – 6.11.2010

1. When you see this logo, what do you think or feel? What does it mean to you?
2. When you hear the name Hlokomela, what do you think or feel? What does it mean to you?
3. How did you first hear about Hlokomela?
4. Who owns Hlokomela?
5. What is HTT?
6. For you, what does the name Gingirikani mean? Why did you want to be Gingirikani member?
7. How do Nompilos work with Gingirikani?
8. How do Gingirikani work with other farm workers?
9. What do you do as a Gingirikani member? *Probe roles, duties, responsibilities*
10. How do you work with your Nompilo?
11. How do you work with other farm workers *Probe: how often, one on one, small groups*
12. Do you think Gingirikani are leaders and role models? How?
13. How does what you do as a Gingirikani help other people?
14. What do you like most about being a Gingirikani member? What don't you like?
15. How do you start a discussion with someone if you think she or he has a problem?
16. Before you got involved with Hlokomela, did you ever talk about sex and relationships? How? When?
17. What is different about how you talk about these things now?
18. In these times what do you think it means to be a man? What does it mean to be a woman? Is this different from olden times?
19. How do Nompilos work with Gingirikani?
20. How do Gingirikani work with other farm workers?
21. What do you do as a Gingirikani member? *Probe roles, duties, responsibilities*

Farm worker – 6.11.2011

1. What is your work and how long have you been doing this work?
2. What does Hlokomela do for farmworkers?
3. What does Hlokomela do for you?
4. What do you think about the Nompilo on your farm?
5. Do you think farm workers trust Nompilos? Why/why not?
6. What Hlokomela activities have you been involved with?

Farm senior supervisor – 5.11.2010

1. Who owns Hlokomela?
2. What do supervisors think of Hlokomela?
3. How do you work with Nompilos and Gingirikani?
4. What does Hlokomela do in the Supervisor Study Group? *Probe: what have you learnt from that study group? Do you take part in any other study group with Hlokomela?*
5. Do you think Hlokomela has changed relationships between women and men in any way? How?
6. Has Hlokomela made it easier in any way for men and women to get HCT and treatment when they are sick?
7. Do you think more people want to know their status?
8. Do you think more people talk about sex and HIV than they used to? *Probe: Why do you say this? What do they speak about?*

Farm HR Manager – 26.8.2010

1. Can you tell us a bit about yourself and the farm where you work?
2. What is being farmed on your farm?
3. How many farm workers are employed at the height of the season?
4. When you walk around your farm, how do you know that Hlokomela is there?
5. What are the qualities of the Nompilos on your farms?
6. How long have you had Nompilos on your farm?
7. What is the main difference between having a farm worker hand out pamphlets in TsiVenda, and having a Nompilo on the farm who meets with farm workers?
8. What are the biggest challenges in health promotion on your farm?
9. What are the biggest barriers that I can face as a farm worker, if I want to change my behaviour in any way to protect myself and my family?
10. How do Nompilos help motivate people to want to change?
11. Why does talking about it help? What is it about talking that helps?
12. Who are the leaders in society that can be role models? What role are they playing?
13. What has happened to the authority of traditional leaders and healers, and church leaders?

Farm Manager 5.11.2011

1. Who owns Hlokomela?
2. How do you market Hlokomela?

3. What feedback do you get from other farmers about Hlokomela?
4. What is the "brand reputation" of Hlokomela on the farms? And in the Hoedspruit community?
5. Does Hlokomela live up to its "brand promise"?
6. Hlokomela "talks" a lot – "health talks", "talks" in groups. Do you think there is any value in this? Why do you say this?
7. What can you tell us about the Nompilo on your farm? *Probe: What have you learned from the Nompilo and talks?*
8. Has there been any change regarding the issue of supervisors demanding sex for jobs is not?

Gingirikani Heritage Day FGD

Understanding our World of Wellness – Hlokomela Heritage Day 2010

Welcome/Introduction

Today we as farm workers are celebrating many different aspects of our rich local heritage – in song, dance and games.

Hlokomela wants to use this Heritage Day to get a proper understanding of other parts of our heritage, most especially all the different ways in which people in the Hoedspruit farming community think about wellness.

Hlokomela wants to learn about how people think and act about wellness in the area, so that we can develop partnerships with everybody who is involved in helping to build wellness.

These partnerships are growing in many other places in southern Africa – in Mozambique, in KwaZulu Natal, and in Gauteng. We want to speak together here today, so that we can begin to understand more, and begin to build these relationships here in Hoedspruit as well.

Questions/prompts

A: What words do farm workers and people in our community use for being "well"

- In our bodies?
- In our families and homes?
- In our villages?
- As a nation?
- In the spiritual realm, the realm of the ancestors?
- In the earth?

(Note: if you think it will be helpful, ask the participants to give examples of how these words are used)

B: What are all the different kinds of places or people we go to when we need support or help, or want to stay well, healthy and prosperous?

(Note: try to identify which places/people are spoken about the most. Focus on those people/places in the next question.)

C: How do we choose which place to go to? How does that person help?

(Note: give as examples the main places/people that were spoken about in the previous question, eg the chemist, the neighbour, the Sangoma, the Nompilo, Hlokomela, the prophet, the herbalist, the pastor, a family member etc)

D: In our area, which places or people who help us with wellness are most popular and trusted? Why do you think this is?

Note:

We are trying to identify which individual people might be most influential and where they are(eg which pharmacy? Which Sangoma, on what farm? Which pastor, or which church, which prophet, etc)

We also want to see whether Nompilos and Hlokomela are mentioned as being popular and trusted. If no one mentions Hlokomela or Nompilos, please ask the group what they think farms workers and people in the area think and feel about Nompilos and Hlokomela. *NB Please don't ask this straight away, lets rather see what the group comes up with first.*

Notice for observation

NOTICE

This event is being video taped as part of research to understand:

- How Hlokomela works
- The challenges farm workers face

No-one will see the video tapes except for the research team and the academic staff at the University of the Witwatersrand. The video tapes will be destroyed at the end of the project.

The information we learn will be written into a report to help Hlokomela improve its work, and to help other community projects for workers in South Africa and southern Africa. No one will be able to tell, from the report, that you were at this event, or what you did here.

Speak to your Nompilo or the organiser if you have any concerns or if you want to learn more about the research.