

DECLARATION

I, Janine Joy Simon-Meyer, hereby declare that this dissertation is my own original work, with guidance in the data analysis package Max QDA from my supervisor. It has not been submitted in part or substance for an award at any other university.

While the conceptual framework was developed jointly by myself and my colleague Patrick Cockayne for the purposes of our parallel research questions, and the data gathering process was conducted jointly, the analysis, findings and discussion were developed independently by myself subsequent to the joint processes.

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19 March 2012

DEDICATION

To Jeff, who has stood steadfast beside me, for his wit, wisdom and generosity, for his insatiable curiosity and unflagging love and encouragement, and for RRK845GP.

To Greg and Bevin, who are the future I could never have imagined and gifts I have been honoured to receive, for being unequivocally proud. May your paths be rich and long.

To my mother, Doreen, whose amputated life helped shaped my own.

To Hlokomela – the founders, staff, Nompilos, Gingirikani and farm workers – who have changed life among the Limpopo orchards. This is your work and it should be recognised as such.

ABSTRACT

Introduction: Migrant and mobile seasonal farm workers face multiple challenges in preventing sexual transmission of HIV. They also fall beyond direct reach of district health promotion services and national HIV prevention communication interventions. HIV prevalence rates in rural farming communities are significantly higher than provincial averages. An integrated health promotion intervention was initiated in 2005 on commercial farms in Hoedspruit, Limpopo province, through the International Organization for Migration. In terms of HIV prevention the Hlokomela project's key innovation was to employ a local process of participatory communication, with and within the farm worker community, in order to create a local context enabling of health promotion and within which efforts to prevent HIV could be more effective. The research sought to explore the social processes and actions related to the on-going process of dialogue at the core of the participatory communication process. The objective was to describe and analyse the role of dialogue during regular purposive face to face interactions with farm worker change agents, in promoting health and addressing vulnerability to HIV.

Method: The study population comprised Hlokomela coordinators, farm worker change agents (Nompilos and Gingirikani) and key farm stakeholders from the 59 partner farms. Research was conducted in Hoedspruit, at the Hlokomela Wellness Centre and on a partner farm. A grounded theory approach was used for sampling: participants were selected through purposive sampling for the initial study sample, and theoretical sampling for the balance. Data was gathered monthly, in three stages between August and November 2010, through: 10 semi-structured in-depth individual interviews; 5 focus group discussions, and observation of 2 monthly meetings and a special event organised by the change agents. Data was analysed using a grounded theory approach.

Findings: Farm workers perceive and experience the process of on-going dialogue in face to face interactions as being intertwined with other aspects of the intervention, in particular identification and action to enable access to health services. Hlokomela Coordinators guide and support the process as a means to empower a corps of primary farm worker Change Agents (Nompilos). Nompilos, in turn, apply the system to benefit and empower a wider

group of farm worker as second level change agents (Gingirikani). Through this system farm workers have found ways to negotiate HIV-related stigma and cultural taboos on speaking about sex, and to address interpersonal tensions and violence, often gender related, on farms. They have come to consider themselves leaders and role models. Individuals have been enabled to define for themselves appropriate HIV-protective behaviours, and new HIV protective social norms which enable protective behaviours, have gained local currency. These norms include placing value on the opportunity and ability to communicate, to learn from each other, to develop different views, and to attain or protect family, physical and spiritual wellness.

Discussion: The process of engagement and regular dialogue, nested in processes related to the other elements of the projects, has positively altered the material, experiential and symbolic context on partner farms. It constitutes effective communication for social change, and has enabled health promotion, as described by the Ottawa Charter, to be realised. This demonstrates that an on-going, participatory process of local communication can create an enabling environment for health promotion. A community of communication practice has been developed in the farming community; this constitutes a reservoir of social capital and capacity to communicate and addresses the need for innovative communication in rural settings. A discursive space and public of discourse around wellness and HIV has been created, and new leaders and alternative narratives, which constitute self and collectively defined “AIDS competency” in a marginalised setting, are becoming visible, suggesting pathways for future interventions to enable equivalent responses in similar settings.

Conclusion: An opportunity exists to make more effective use of the power of face to face communication in defined local settings, in order to enable disempowered individuals to claim their human and health rights, to protect themselves from HIV, and to help activate and realise synergies in health and development objectives such as the Millennium Development Goals.

ACKNOWLEDGEMENTS

Without my colleague and friend, indomitable Sibambene co-founder Patrick Cockayne, Sibambene's work with Hlokomela could not have been undertaken, and the full richness and potential of the processes of local communication would never have conceptualised or realised. This has been a shared journey of learning and I am indebted to him on innumerable counts, including for his keen sense of the power of the collective, of identity and identity making, and of practicable action.

Christine du Preez and every passionate individual who makes Hlokomela a reality are an inspiration and I have been privileged beyond measure to learn from them. Marié Tinka Uys and the Hoedpsruit Training Trust enabled and supported the research process and welcomed me again and again to Hoedpsruit. Zanele Antoinette Ngwenya was a faultlessly able research assistant, without whom this undertaking could not have come to fruition.

Julia Hill-Mlati and Barbara Rijks, of the IOM, whose vision and tenacious belief in doing what is necessary enabled Hlokomela and similar interventions to become a reality, and Sibambene to play a part. Dabea Gaboutloeloe and Maria Moreriane embraced and championed the ideas, leading the way across the region, supported by all in the IOM Pretoria office. Erin Tansey graciously facilitated the IOM's contribution to the research costs. The IOM's support for, and financial contribution to, this research is gratefully acknowledged.

Lenore Manderson opened the first door to academia, and gave astute assistance and warm encouragement. Lesley Cowling and Lynne Slominsky introduced me to the work of, respectively, Nancy Fraser and Etienne Wenger. AJ helped plant and feed the seed of possibility.

And, finally, Nicola Christofides created an SBCC home in Wits, proffered steady guidance and clear-sighted support, especially through the last stretch, and enthusiastically travelled north to "feel" the process. She believed a co-incidence might become a reality and made extraordinary efforts to help it to be so.

My sincere thanks and appreciation