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TITLE

EXPLORING PERCEPTIONS ABOUT COMMUNITY DIALOGUES ON MULTIPLE AND CONCURRENT PARTNERSHIPS IN ZIMBABWE

By

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A Research Report submitted to the Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, in partial fulfillment of the requirements for the Degree of Master of Public Health – Social and Behaviour Change Communication

Submitted: June 2013

Declaration

I Caroline Ssanyu Majonga declare that this research report is my own work. It is being submitted for the degree of Master of Public Health – Social and Behaviour Change Communication with the University of the Witwatersrand in Johannesburg South Africa. It has not been submitted for any degree examination before this with any other university.

Signature:

26 June, 2013

Dedication

This work is dedicated to the people involved in HIV prevention work in various communities in Zimbabwe, working hard to make a difference in their communities' despite inadequate finances, but doing the best that they can to reduce new HIV infections through promoting positive social and behaviour change.

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- My Supervisors namely Mrs. Sara Nieuwoudt a truly great teacher who was both patient and firm when it was necessary, and Dr. Sue Goldstein for her invaluable contribution and wisdom of experience that she was able to contribute to this research.
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- Soul City who through their financial support I was able to be part of this programme
- My parents for always encouraging me to do what I believe in and teaching me that with hard work and conviction everything is possible
- My friends for their moral support

ABSTRACT

Since it was first discovered in the early 80s, HIV and AIDS has been a major cause of death the world over, most especially in Africa. Southern African, in particular, has the highest HIV prevalence rates in the world (UNAIDS, 2010) . The practice of multiple and concurrent partnerships (MCP) was identified as a key driver of HIV infection in this Region (SADC, 2006). It is against this backdrop that in 2009, a Zimbabwean organisation, Action Institute for Environment Health and Development Communication (Action), embarked on an HIV prevention campaign to encourage safer sexual behaviours by promoting the reduction in MCP. The social mobilisation component of the campaign was rolled out in partnership with five community-based organisations (CBOs), through which Action identified and trained community based peer educators on how to use its multimedia products as tools to facilitate dialogues around MCP. The dialogues were introduced in order to enable communities to discuss why they engage in MCPs and to determine for themselves the best ways to reduce their vulnerability to HIV.

This qualitative study sought to explore community and implementer impressions of the approach in rural and urban settings, with the following objectives:

1. To describe how the community dialogue approach has been implemented in the two settings from the perspective of direct implementers.
2. To explore how the community dialogue approach was experienced by the community members in the two settings.
3. To explore community members' perceptions about the value of the community dialogue approach implemented, by setting.
4. To compare men and women's experiences of the community dialogue approach

Two CBOs were selected to be part of the study, one in a rural area and the other in an urban area. Three focus group discussions were conducted in each site with community members and six individual in-depth interviews were conducted with programme implementers.

All study participants felt that the approach was appropriate. In fact, a number of community members that participated in the dialogues indicated that they had already observed benefits, including increased openness to discuss MCP issues. A few concerns about the approach also were raised. For example, urban peer educators noticed that women had challenges in expressing themselves when men were present during the dialogues. In rural areas, they faced some initial challenges in conducting the dialogues due to the taboos around men and women talking about sex. In the rural setting some of the younger men expressed that dividing groups according to age had value for them as they said they felt more at ease communicating among men in the same age group.

The dialogues created space to discuss what influences MCP. In the urban setting, one of the key motivations for young people engaging in MCP included the harsh financial challenges students face when they move to campus that leads to women engaging in multiple relationships for financial benefit. In the rural setting what came out strongly was the social acceptability for men to have more than one partner.

There was a general feeling from both the programme staff and the members of the community that the programme needs to continue, but that there also need to be parallel activities that assist one to address some of the societal challenges that exist outside themselves. For example, the urban participants expressed the need for parallel programmes to be carried out in their communities back home so that an enabling environment is created within which they can practice the new behaviours.

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CHAPTER 1

1.1 Introduction

HIV was first discovered in the early 1980s and over the past three decades the pandemic has grown significantly to become a key health priority. According to the UNAIDS Global Report of 2010, HIV prevention efforts are showing signs of working (UNAIDS, 2010). New HIV infections are declining in many countries most affected by the epidemic**.** In 33 countries, HIV prevalence has fallen by more than 25% between 2001 and 2009 (UNAIDS, 2010). Of these countries, 22 are in sub-Saharan Africa (UNAIDS, 2010). In some of the countries with the biggest epidemics in sub-Saharan Africa, namely South Africa, Zambia, and Zimbabwe, the HIV epidemic has either stabilized or shown evidence of decline (UNAIDS, 2009 , UNAIDS, 2010). There is evidence that social and behaviour change contributed to this decline (UNAIDS, 2010).

Despite this decline or stabilization of the pandemic, the countries in southern Africa are still the most severely affected (Halperin and Epstein, 2007). In fact, an estimated 11.3 million people were living with HIV in southern Africa in 2009, close to one third (31%) more than the 8.6 million people living with HIV in the region a decade earlier (UNAIDS, 2010). Globally, 34% of people living with HIV in 2009 were living in the 10 countries in southern Africa; 31% of new HIV infections in the same year occurred in these 10 countries, as did 34% of all AIDS-related deaths (UNAIDS, 2010).

In 2006 a Southern African Development Community (SADC) think tank meeting, which took place in Maseru, Lesotho, identified Multiple and Concurrent Partnerships (MCPs), in the context of low and inconsistent condom use as well as in the context of low levels of Male Circumcision, as a key driver of HIV infection in Southern Africa (SADC, 2006, Halperin and Epstein, 2007). In October of that same year, a SADC regional consultation on social and behaviour change communication (SBCC) was held in Swaziland where it was recommended that addressing the practice of MCPs be a key focus of HIV prevention in the region (Halperin and Epstein, 2007). Concurrency is defined as the practice whereby an individual enters into a new sexual relationship or partnership

before ending their previous sexual relationship or partnership (Halperin and Epstein, 2007). The precise UNAIDS definition is when sexual partnerships overlap whereby sexual intercourse with one partner occurs between two acts of intercourse with another partner (Halperin and Epstein, 2007). A sexual partnership is considered to be concurrent if a person reports having two or more sexual partners in a month (Epstein and Morris, 2011, Soul City, 2007).

In Zimbabwe, the HIV prevalence rate has been on a steady decline to 15% where it is currently (Zimbabwe National Statistics Agency Harare, 2012). The Zimbabwe National Behaviour Change Communication Strategy identified MCP as a major determinant of HIV infection (NAC, 2006). One percent of women and 11% of men had two or more sexual partners during the12 months preceding the Zimbabwe Demographic and Health Survey of 2011 (Zimbabwe National Statistics Agency Harare, 2012). Among respondents who had two or more partners in the past 12 months, only 48 % of women and 33% of men age 15-49 reported that they used a condom during their most recent sexual intercourse (Zimbabwe National Statistics Agency Harare, 2012). While the HIV prevalence rate in Zimbabwe has been on the decline, the Minister of Health and Child Welfare in Zimbabwe Dr Henry Madzorera stated at the 2010 World AIDS Day commemorations that more work still needs to be done towards scaling up HIV prevention, most particularly around promoting safer sexual behaviours (WHO, 2010). This is particularly important because ensuring the provision of HIV treatment in countries that are poorly resourced is becoming increasingly challenging (Wyk et al., 2006). As the HIV epidemic continues to evolve it is important to introduce new approaches to promoting HIV prevention. It is also vital for such approaches to be understood in terms of their acceptability to the intended target audience, so that it is clear whether or not such approaches are appropriate.

In Zimbabwe, and similarly in many countries that roll out HIV prevention programmes, the main focus is predominantly in promoting HIV and AIDS awareness through communication programmes, also known as Information Education Communication (IEC) campaigns. Information is generally delivered through mass media

channels such as national and local radio, TV, newspapers and billboards (Wyk et al., 2006). However, the distribution of information alone does not guarantee behaviour change (Wyk et al., 2006). In fact, the continued existence of the HIV pandemic in many parts of the world over the years is a testament to the fact that information alone does not necessarily result in social or behaviour change. Wyk et al (2006) goes on to propose that successful prevention of HIV infection requires interventions on several levels, as factors influencing risky sexual and other behaviours occur on personal, interpersonal and environmental levels. At the environmental level, various socio-economic, cultural and political factors are at play in influencing one's behaviour, at the interpersonal level issues around peer and social pressures play a role and at a personal level there issues around identity and financial circumstances may result in one engaging in risky sexual behaviour (Wyk et al., 2006). It is essential to note that in any context, various factors have to be taken into consideration to better understand an individual's motives or ability to be able to adopt a particular kind of behavioural practice.

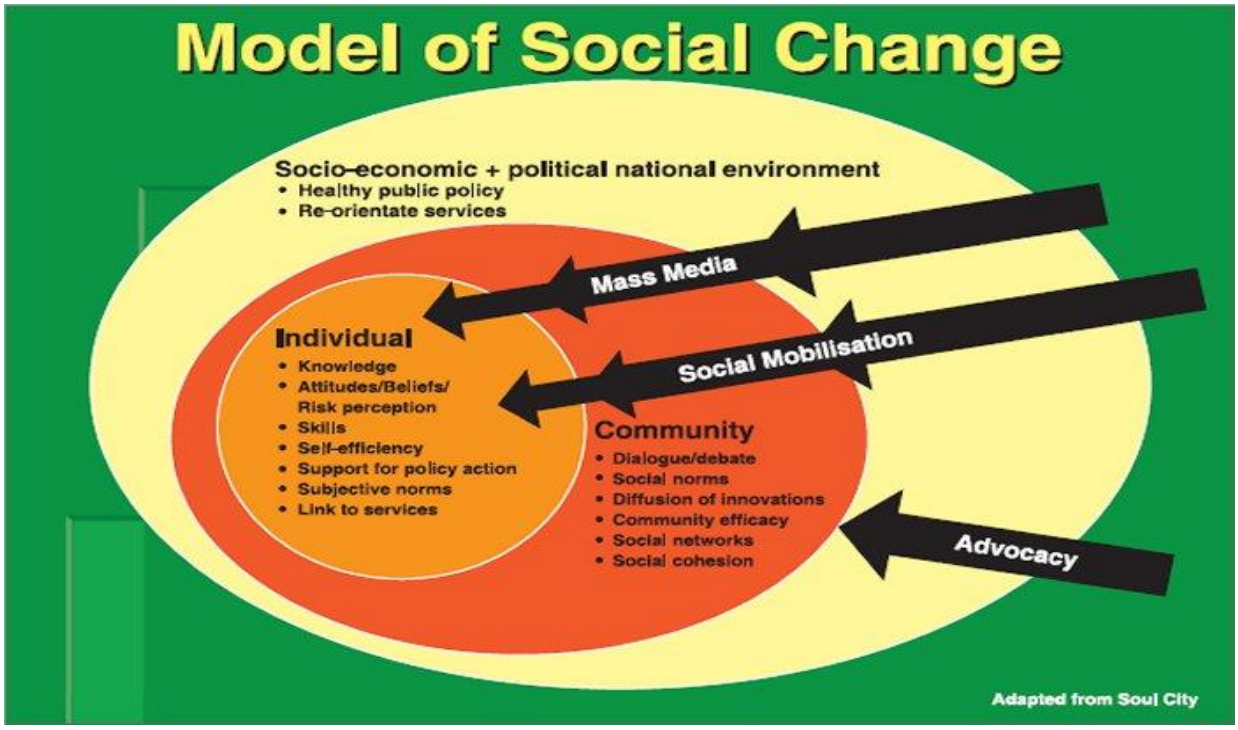
The current UNAIDS World AIDS Campaign theme is "Getting to Zero" – Zero New Infections (through intensifying prevention efforts that is either treatment or behaviour change promotion), Zero Deaths Due to HIV (through improving access to treatment) and Zero Stigma and discrimination against people living with HIV (UNAIDS, 2010) . Meeting the UNAIDS goal of zero new infections necessitates a real look at the societal structures, beliefs and value systems that may be a hindrance to effective HIV prevention efforts (UNAIDS, 2010). In order to do this, all stakeholders have to play their part in addressing social and cultural practices that promote or increase the likelihood of one contracting HIV. This is exactly the aim with which SBCC programmes approach communication interventions in order to contribute to a change. This research report will give an overview of the findings around research that was done to explore the acceptability of community dialogue as an approach to address MCP. A description of the methodology is provided and a discussion section which touches on various issues to do with the influence of gender, social norms and culture, recommendations based on the findings are also made.

1.2 Background

It is against this backdrop that Action Institute for Environment Health and Development Communication (herein Action) embarked on an HIV prevention campaign to address MCP. It used a community based dialogue approach to engage communities in discussion around issues to do with HIV prevention, most particularly around MCP.

Action is a Zimbabwean non-governmental organization (NGO) that promotes positive social and behaviour change in the areas of health, social development and environment through the use of multi-media materials, social mobilization activities and advocacy. In 2009, Action, through its partnership with Soul City Institute for Health and Development Communication (herein, SCI), a South African based NGO, embarked on an HIV prevention campaign within Zimbabwe branded OneLove, to promote the reduction in the practice of MCP. Some of the key messages of the OneLove campaign included promoting communication within relationships, promoting safe sexual practices and discouraging harmful cultural and social practices that fuel MCP.

The OneLove campaign applied SCI's Model for Social Change, which drew on Edutainment to drive individual and community-level changes. This Social Change Model (see Model 1) guided the way Action and SCI designed social and behaviour change programmes within the country, including the OneLove campaign. What the model diagram does not show is how SCI uses an education entertainment (or Edutainment) approach to develop its Mass Media, by embedding educational content within entertainment materials, e.g. radio dramas and short films. The SCI Edutainment Model is based on the principles of the Edutainment defined by Singhal and Rogers, who suggest that edutainment can be used to increase the audience's knowledge about a particular health issue, promote favourable positive attitudes and shift cultural and social norms around a particular issue and ultimately contribute to behaviour change (Singhal and Rogers, 1999, 2002).



Model 1. Soul City's Model of Social Change

That is why the Mass Media arrow cuts across different levels (Individual, Community, and Socio-Political). The Change model explains the rationale why, while Action applied multiple approaches to address behaviour change, a major focus was on the distribution of mass media edutainment materials.

Before rolling out the OneLove HIV prevention campaign focusing on MCP, Action carried out an in-depth qualitative research process to determine from the intended target population some of the motivations for engaging in this kind of behaviour (Action:IEHDC, 2008). This was done in order to ensure that the approach of the programme was appropriate (Action:IEHDC, 2008). The intended target audience for the campaign was the general Zimbabwean adult population from 15 to 49 years of age (Action:IEHDC, 2008). A number of key findings were outlined in the report that fed into the development of the messages for the campaign (Action:IEHDC, 2008).

The messages that were developed addressed the key reasons why people engaged in MCP, including lack of sexual satisfaction in the main relationship, cultural and social norms and notions of masculinity (Soul City, 2007). The qualitative study also found that age disparate sexual relationships increased the risk of women contracting HIV as women in these relationships often relied on men for their financial needs and had less power to negotiate safe sexual practices (Soul City, 2007), which was corroborated by another study published around the same time (Leclerc-Madlala, 2008). These messages addressing these issues were then integrated into a film, a radio drama series and a booklet for the OneLove campaign, which were distributed both en masse and through the Action Social Mobilization programme at community level. It was in the Action Social Mobilization programme that the community dialogue approach was applied.

Action identified five Community Based Organizations (CBOs) in five provinces to roll out the campaign. Peer educators from each area were identified and trained to use Action multi-media products as tools to promote dialogue around the issue of MCP. The peer educators were identified by the CBOs as individuals that had a keen interest in HIV and AIDS issues and had been involved in similar kinds of work. The peer educators also had to already be working in some way with the CBOs that Action had chosen to partner with. In fact, one of the most important criteria of the selection of the CBOs was that they had to have individuals based in the community who could be trained to be peer educators and to use the multimedia tools. Action, in identifying peers within communities, was trying to encourage communities, through their own members, to come up with their own way of addressing challenges concerning the issue of MCP.

The CBO peer educators were expected to conduct the dialogues at community level and provide feedback to Action in the form of reports outlining what was discussed as well as ensuring that they produced attendance registers. Community dialogue was introduced through the social mobilization programme to strengthen the work that Action was already doing and to create a platform through which communities could engage with the materials more closely. Action believed it to be essential to get communities together to discuss issues around

MCP because the practice itself is driven so strongly by social and cultural norms which play a fundamental role influencing sexual behaviours (Halperin and Epstein, 2007, Soul City, 2007). This is the view that guided the approach, encouraging communities themselves to be their own change agents and determine for themselves what would work best for them in terms of trying to address MCP in their community.

1.3 Literature Review

When looking to address practices like MCP it is important to understand and acknowledge that there are many societal and community level influences that impact on the acceptability of the practice as well as motivate one to engage in the behaviour. Some of the factors that are at play include gender relations, peer pressure and the socio economic environment, which all have an effect on the extent to which an individual engages in this kind of behaviour (Halperin and Epstein, 2007).

Study findings from the Action formative research report reinforce Glanz et al's proposition that various factors at different levels – namely the socio-economic, social, community, interpersonal and individual levels - impact on an individual's ability to change his or her own behaviour (Action:IEHDC, 2008 , Glanz et al., 2008). In other words, in order for sustained behaviour change to take place at an individual level, a supportive environment in which that behaviour ought to take place needs to be created (Wyk et al., 2006). This multi-level perspective has theoretical grounding in socio-ecological models, such as those promoted by Hunter and Zwi and Cabral would propose, that there has been insufficient engagement in HIV interventions with understanding the socio-cultural context of the intended target audiences (Hunter, 2005, Zwi and Cabral, 1991). There needs to be an understanding of the environmental factors in order for effective SBCC programmes to be designed and implemented. In the past decades there has been an heightened interest in, and application of, ecological models in research and practice, to guide in the development of comprehensive SBCC approaches to reduce serious and prevalent health problems (Glanz et al., 2008). The incorporation of these multi-level approaches is credited with the major reductions in tobacco use in the United States since the 1960s (Glanz et al., 2008). Change models,

such as the SCI Model for Social Change presented in the Background, are based on a socio-ecological perspective.

According to this report and the SCI regional OneLove report, some of the main reasons people stated for engaging in MCP included cultural and social norms, the need for money and material possessions, and a general lack of ability to communicate within relationships (Soul City, 2007) . This further emphasises the fact that socio-economic and cultural factors play a role in motivating an individual to engage in risky sexual behaviour (Soul City, 2007, Action:IEHDC, 2008). These broader structural issues need to be engaged with and understood by the target community in order to meaningfully develop suitable ways of addressing key issues (Kim-Ju et al., 2008).

One specific norm that was found to influence MCP in Zimbabwe is the "Small House" phenomenon, which is a practice carried out by men in long term relationships, engage in concurrent sexual relationships, by creating parallel relationships without terminating their main or original relationships (NAC, 2006). A particular challenge with this practice is that men who have multiple sexual partners are perceived as virile and men who have more partners are given a good social status amongst their male counterparts. Airhihenbuwa and Oberegon (2000) argue that to adequately address HIV and AIDS in health communication approaches there needs to be good understanding of the cultural context in which an individual and the community within which that individual lives (Airhihenbuwa and Obregon, 2000).

It is against this backdrop that community dialogue approaches become important, as they provide an opportunity for the individuals and the communities as a whole to engage with the social and cultural context, as well as determine how the context impacts on one's ability to respond to HIV through changing their behaviour. Methods that mobilise community members to address their own issues are becoming increasingly necessary in prevention and health promotion activities (Kim-Ju et al., 2008). According to Wyk et al (2006) it is important that community-based interventions target specific factors within communities to allow for the shifting or changing of

social values and norms in that particular community so as to promote protective behaviours that facilitate a decrease in risky sexual behaviours in this instance MCP.

It is important to note that edutainment approaches have been used in a number of settings outside of Zimbabwe with some good results. However, the edutainment approaches that have been used have had multiple effects with the impact varying in different countries. For example, in India in the 1980s an edutainment soap opera entitled *Hum Log* looked at addressing various health and social issues, including gender equality (Singhal et al., 1993). Even though many women identified with the positive role model in the soap opera, an unintended effect was that many older Indian women felt that they were able to relate to an older negative character in the soap opera that was not in support in of gender equality. Including multiple approaches, like adding the element of community dialogue, could have strengthened this programme and reduced the risk of unintended messages and increased the impact of the message as it gives the target audience an opportunity to self reflect and discuss how these issues impact their own lives and communities and how they can potentially change their behaviour (Papa et al., 2000)

A number of constructs from the Social Network theory assist in understanding some of the reasons why people engage in MCP and how people can be influenced to address their social environment in order to make changes. S*ocial network theory is* about the networks or social relationships that surround an individual (Glanz et al., 2008). Network members may include multiple social spheres of influence, such as friends, family, neighbours, and co-workers. Social network members are often the main sources of social environmental information received by individuals for monitoring their behaviours. Social network members have been found to have powerful influences on individuals' behaviours, while norms are difficult to change, once altered the new norms tend to be perpetuated. Therefore, approaches to modifying behaviour norms should be consistent with salient norms of the target group (Latkin and Knowlton, 2005). The provision of *social support* is one of the key constructs of this theory, particularly in its relation to the issue of social relationships. Community dialogues provide a space where

people assemble and can reveal their existing social networks in that community and form the basis for new networks to be established (Campbell and MacPhail, 2002, Glanz et al., 2008).

A network can be characterized in a number of ways including the extent to which network members are the same in terms of demographic characteristics for example their age, race, and socioeconomic status; also the proximity in which they live to one another as well as in relation to their focal person or peer educator and the extent to which network members know and interact with each other (density) (Glanz et al., 2008) The individuals one interacts with or encounters are influenced by and are all a part of a social network, including community leaders, family members, friends and peers. They help shape the way an individual views their world, emphasising the importance of one understanding their place within a broader socio-ecological framework (Glanz et al., 2008). Social networks give rise to various social functions: social influence, social control, social undermining, social comparison, companionship, and social support (Glanz et al., 2008). Our health related behaviours, such as using a condom or having more than one sexual partner, are shaped and constrained by collectively negotiated social identities and are not determined by individual decisions (Ragnarsson et al., 2009b, Campbell and MacPhail, 2002) Social identities, gender related power dynamics and sexual behaviour are interdependent concepts and are sustained through a permissive and supportive social environment (Ragnarsson et al., 2009a, Campbell and MacPhail, 2002).

The exposure to mass media or to media products alone does not result in behaviour change (Papa et al., 2000). Individuals have to begin to relate to the information that they are being exposed to and critically analyse their own realities and relate what they have seen and understood to their own context (Papa et al., 2000). This is the only way any media message can have a significant value to an individual and to a community (Papa et al., 2000). The rationale for using dialogue is linked to Freire's notion of "critical consciousness." According to Freire, the concept of critical consciousness is that once one's understanding of their environment and the issues that affect that environment exists, then that individual or community can begin to see how and where change is possible in

their own realities (Freire, 1985, Hatcher et al., 2010). This means that one must begin engaging with the world that is surrounding them in a critical way, following which one must receive an opportunity to express themselves concerning their issues (Freire, 1985) in order for the process of change to begin (Freire, 1985). Community dialogue is one of the key tools that is used in the social mobilisation approach that was adapted from SCI and used by Action to engage communities around key health and social factors that affect them (Model 1).

Various tools can be used to trigger dialogue at community level. For example, Scenarios from Africa is an organisation that produces African films, with storylines that focus on HIV written by young people from across the continent (Winskell and Enger, 2005). These films are used in various settings to trigger dialogue around various health and social development related issues (Hemer and Tufte, 2005, Winskell and Enger, 2005). The Scenarios from Africa programme seeks to get communities to engage in dialogue about HIV in order to create a social environment that allows for the positive behaviour change to happen (Scenarios from Africa, 2009 , Winskell and Enger, 2005). In an evaluation of the programme, the films on their own showed impact as it came through in the study findings that young people were receptive, even eager, to being inspired to positive personal behavior change and action in response to HIV after watching the films (Scenarios from Africa, 2009). However more significantly, the report outlined that the impact of the messages was enhanced by the facilitated dialogue sessions that took place following the showing of the films (Scenarios from Africa, 2009). Similarly, the Action programme used media products as a tool to trigger discussion and went further on to identifying individuals who could be capacitated with the skills to be able to use the tools to facilitate dialogue at community level.

With regards to the use of dialogue as an approach, issues of gender should also be considered. MCP, as already stated, is a practice that is strongly rooted in social and cultural norms and practices including gender (Halperin and Epstein, 2007). This is further emphasised through the findings from the Action formative research report where male participants stated that they felt having multiple partners was an important part of male identity (Action:IEHDC, 2008). According to the Theory of Gender and Power, there are three major social structures that characterize the gendered relationships between men and women namely "*the sexual division of labour, the*

sexual division of power, and the structure of cathexis" (Wingood and DiClemente, 2000). In the Zimbabwean context men culturally are supposed to be strong, dominant and virile. As part of their demonstration of strength they need "scars of war" or something to show for their being strong, there is a saying in Shona "bhuru rinoonekwa nemavanga" which means that "a bull is supposed to seen by its scars" whereby the "bull" means men, (Soul City, 2007, Action:IEHDC, 2008) and to the "scars" (in the context of sexual relationships "scars" mean sexually transmitted infections, this is significant of this with regards to HIV and AIDS as men expose themselves to HIV infection by engaging in unsafe sexual relations as a show of manhood .The same research found that power dynamics between men and women in their relationships tended to be very unequal in favour of men. Women expressed that they were often unable to share their issues within a relationship because of social and cultural expectations of women to not be as expressive (Action:IEHDC, 2008). This dynamic will also have a profound impact on women's ability to express themselves particularly within the community dialogue setting particularly if men are present. These kinds of male and female gender norms may create a situation whereby men in a mixed group dialogue may feel the need to emphasise their assertiveness and strength while women may not feel able to fully express their views in the presence of men. This may have a significant impact with regards conducting the dialogues in an effective way.

Peer education and peer-led interventions typically target peer groups and communities rather than individuals as the unit of change, with agents of change coming from within the group or community (i.e. peers) rather than being brought in from outside (Freire, 1985, Norr et al., 2004 , Campbell and MacPhail, 2002). Community engagement through the use of dialogue can be used as a tool to promote positive behaviour change (McLeroy et al., 2003).

1.4 Justification

The practice of MCP is a key driver of HIV infection in Zimbabwe (NAC, 2006 , Soul City, 2007). Action's main approach to addressing HIV was making use of the Edutainment Approach, which was exposing the population of Zimbabwe to informative and educational multi-media products that were distributed en masse.

Through the OneLove campaign, the community dialogue approach was added. However, the way in which the approach was viewed by the communities was unexplored prior to this study. Of particular interest was whether or not this kind of approach was found to be acceptable by the target audience as a way of trying to address MCP, which is influenced by so many social, cultural and economic factors. Understanding the way the approach is received at community level has implications for future programme planning, including the use of multi-media materials and peer educators to facilitate dialogues.

CHAPTER 2: METHODOLOGY

2.1. Study Aim

The Aim of the study was to explore community participant and programme implementer perceptions of the *Action* community dialogue approach to change MCP behaviour in urban and peri-urban settings, which was rolled out over the period of September 2010 – December 2011.

2.2 Study Objectives

The Study objectives were as follows:

1. To describe how the community dialogue approach has been implemented in the two settings from the perspective of direct implementers.
2. To explore how the community dialogue approach was experienced by the community members in the two settings.
3. To explore community members' perceptions about the value of the community dialogue approach implemented, by setting.
4. To compare men and women's experiences of the community dialogue approach.

2.3 Study Design

A qualitative study approach was used for this research, because this type of study would enable one to receive in-depth information as to the perspective of community based members and programme staff that participated in the programme at community level. According to Raya Fidel, qualitative research methods are the best methods that one can use to study and understand human behaviour, because qualitative research aims to understand people from their own point of view (Fidel, 1993). This insight may be through studying real life situations as they happen naturally through observation, or asking respondents to give their thoughts and opinions about a particular issue (Fidel, 1993). For this study a combination of six focus group discussions (FGDs) and six Individual in-depth interviews (IDIs) were used to collect data. In each of the two areas one all male, one all female and one

mixed focus group discussion was held to reflect the actual formats in which dialogues were held. In addition, three individual in-depth interviews with a male peer educator, a female peer educator and a project staff member from each CBO that implemented the Action Programme in the study sites.

2.4 Selection of Sites

The sites were selected because of their involvement in the programme. Another consideration was to compare the type of community, e.g. urban versus rural. The two sites selected for the study were located within a 200 km radius of Harare. In the original study plan a peri-urban area located in Mashonaland East and an urban area within the city of Harare were to be used. However due to concerns around safety in conducting the research the peri-urban site, one of the CBOs recommended the collection of data from a rural community based within the same province.

2.5 Setting Description

The urban group was located at Harare Institute of Technology, also known as HIT. This university is located within Harare in a suburb very close to the city centre. The urban group primarily consisted of young men and women who are students at HIT. The majority of students live on campus and the average student at this institute would be from a lower middle class to lower income earning family. There are significantly more male than female students because of the nature of the degree programmes offered, most of which are engineering.

Mutoko is a rural area based about 160km out of Harare located in Mashonaland East Province. The community is a very traditional Shona speaking community. Most people in the community are not formally employed and generally are considered a poor community. The average family does not own a television and there are sections within the community where there is no electricity or running water. The people that participated in the rural based CBO's programmes were generally of similar socio-economic status (based on the description above) and cultural influence, meaning they speak the same language, have similar religious beliefs (most are Christian), but

also subscribe to traditional Shona cultural practices and beliefs. The geographical location, in this case, defines a group of people with more similarity than just their physical location.

2.6 The Study Population

The first study objective was to describe how the community dialogue approach has been implemented in the two settings from the perspective of direct implementers. In this case the direct implementers are the programme officers from the CBOs that rolled out the programme as well as the peer educators that were trained to facilitate the discussions.

The study population for community members referred to in objectives 2-4 was all male and female adults aged 18 and older living within a 200km radius of Harare in the urban and rural settings noted above that were exposed to this particular community dialogue approach to change MCP behaviour. Inclusion criteria were that they should have lived in the area for at least six months and have participated in the programme. Participation is defined as having their name appear on the register that was taken by the CBOs that Action was working with and they needed to be individuals who had attended dialogue sessions within the previous 12 months prior to which the research was conducted. In the case of HIT, the students that participated in the discussion had to still be currently at HIT and either participated in the Action social mobilisation programme in their first or second year of study, meaning that the individuals that participated in the FGD were mostly in their second or third year of study. The CBO is not based at HIT; however they roll out programmes targeted at young people based at HIT and in other tertiary institutions within the country.

2.7 Study Sample

The main purpose of sampling in qualitative research is so that one gets a better understanding of the research issue. It is important to select participants who would best inform the research (Botma et al., 2010). As stated earlier, the first objective of the study was to describe how the community dialogue approach had been

implemented in the two settings from the perspective of direct implementers. With this objective in mind a purposive sampling method was applied to recruit Key Informants for the IDIs as it was essential that they be familiar with how the programme as implemented in that community. Identification of key informants was done in collaboration with the CBOs that rolled out the programmes at community level. In each setting one man and one woman peer educator was selected to participate in the study; the researcher made the final decision concerning who would participate in the study based on the above mentioned criteria.

The community members referred to in the other three study objectives were also sampled purposively, based on the format in which they were exposed to dialogues, e.g. single sex groups (only male and only female) or mixed-sex groups. The peer educators who conducted the dialogues assisted with the selection of the study participants, based on the inclusion criteria noted earlier. However, the researcher retained the right to make the final selection of who was recruited based on inclusion criteria and a desire to solicit a wide range of responses. Each FGD had to have a minimum of eight participants. All those recruited were willing and able to participate in the discussion. No one was coerced or forced to participate. The age ranges for those that participated in the study were between 18 – 27 years of age.

It is important to note that the young people from HIT come from various communities and socio economic groups to attend classes and as such they become a melting pot of varying views on issues to do with HIV and AIDS, gender and other issues. In both cases however the peer educators were selected from the identified communities through the CBOs programme staff using their own criteria on how they identify their own community volunteers.

2.8 Data Collection

A total of six IDIs were held, two with key programme officers as well as four with two peer educators from each CBO. One male and one female peer educator that received training directly from Action to roll out the programme were interviewed in each CBO. In the rural setting, the interviews with the Key Informants were

conducted at the CBO offices. For the urban setting, the interviews with all the Key Informants were conducted at Harare Institute of Technology, the tertiary institution where the urban peer educators are based.

In each setting three FGDs were conducted, based on the actual format in which the community dialogues were believed to have been carried out. In each area an all male, all female and mixed focus group discussion was carried out. A total of 64 people took part in all the discussions in both the urban and rural settings where the study took place. In the rural area a total of 13 men and 24 women took part in the FGDs. In the urban setting 15 men and 12 women took part in the FGDs. The details of which are illustrated in the table below:

Table 1 – Focus Group Descriptions

Sex	***Rural/urban***	***Total # of people***
Male	*Rural*	*9*
Male and Female (Mixed FGD)	*Rural*	*4 Males + 12 females*
Female	*Rural*	*12*
Male	*Urban*	*11*
Male and Female (Mixed FGD)	*Urban*	*4 males + 4 females*
Female	*Urban*	*8*
	GRAND TOTAL	**64**

The FGDs in the rural area were held in a neutral and quiet location at a shopping centre in the area. The shopping centre was central and a quiet and private area was provided for the FGD. At HIT the discussions took place in a quiet area near the lecture rooms during the weekend and on a public holiday when no classes were taking place.

All FGDs and IDIs were audio-recorded on average the focus group discussions took about an hour and the individual interviews took approximately 40 minutes. The assistant researchers were involved in conducting the

FGDs while the researcher conducted the IDIs and was present to take notes during the FGDs. An IDI guide for the key informants as well as a FGD guide for dialogue participants were used to guide data collection and are attached in Annexes 2 and 3 of this report.

2.9 Data Management and Analysis

While the qualitative analysis process is systematic and comprehensive, it is not rigid, or linear in the way that data analysis follows the data collection, but the analysis and collection process are cyclic and mutually dependent (Schadewitz and Jachna, 2007). A combination of inductive and deductive analysis was used. This means that while the analysis of the data was guided by constructs from the theoretical framework that guided the research development process - the deductive approach – left room for theoretical concepts to be derived from the data itself, inductively, which will ultimately guided the final theoretical framework. This was to ensure that information that is brought up that is not anticipated is also addressed (Schadewitz and Jachna, 2007). This concept guided the analysis process for this study as well, as analysis was conducted continuously throughout the data collection process. Following each set of interviews there was an opportunity to reflect and determine what themes were beginning to emerge. This analysis process also continued throughout the transcribing. Following the data collection activities, all of the audio recordings were transcribed verbatim and those interviews that were conducted in local language were translated simultaneously into English while being transcribed. The transcripts were then coded and similar codes were grouped, until a clear theme was derived.

All of the analysis was carried out by the researcher. A combination of inductive and deductive approaches were used to understand the data. Some of the key themes, including gender, were key issues that the study was looking to explore, using a deductive approach. However, the data also provided information inductively that was not necessarily being sought from the study but that was useful in gaining insight into behaviours of participants.

The audio data was saved by the researcher on a PC and will be copied on audio CDs once the research report is completed. These will be stored in a safe lockable cupboard for the duration of two years, after which it will be destroyed. Except for the researcher and her supervisors no one will have access to the audio information on the CDs.

2.10 Ethics

The research protocol was approved by the Human Research Ethics Committee (HREC) at the University of the Witwatersrand (Certificate number M110950; See Appendix 1). Clearance letters were also written by the CBOs that participated in the study granting permission to programme officers and peer educators that were eligible to participate in the study.

All participants who took part in the study, if they agreed to be part of the study, filled out and signed a consent form giving permission for the information that they shared to be used in the report writing process. All audio data that was collected and is saved in files on a PC and will be copied onto CDs that will be saved in a locked cupboard for two years, after which they will be destroyed. The participants who took part in the IDIs were assured the utmost levels of confidentiality. The FGD participants were encouraged to keep all information shared within the group confidential and were assured that all information that was shared with the researcher will be treated with confidentiality and that no comment made in the discussions will be linked back to any particular individual in this report or any other publications emerging from this study.

CHAPTER 3: RESULTS

3.1 Introduction

The purpose of the study was to explore the acceptability of the use of community dialogue as a way of trying to address complex social issues to address the practice of multiple and concurrent partnerships in Zimbabwe. The Results of the study will be presented in relation to each objective.

3.2 Results Addressing Study Objective 1

This first objective is addressed through exploring how the implementation of the community dialogue approach was rolled out from the perspective of the programme staff, including how the peer educators were selected and trained and how the social mobilisation programme was integrated into other programmes that were being rolled out at community level.

3.2.1 Selection of Peer Educators

The selection of peer educators to run the dialogues was based on pragmatic considerations, as described by CBO staff. Specifically, peer educators were already involved with the CBOs and had some background knowledge related to the topic of MCPs.

> *"We selected students that had a background on sexual and reproductive health and students that we are […] working with and um, these students that we selected are already part of the peer education network in their colleges. So, somehow they had quite some, um, knowledge on sexual and reproductive health so that it would be easier for them" (Urban Female Key informant)*

3.2.2 Training and Material Inputs

Once peer educators were recruited by the CBOs, Action provided training and tools that would enable them to be able to facilitate dialogues at community level.

Both rural and urban project officers and peer educators described participating in the training, which took place in Harare.

> *"[Action] trained our staff, myself and the field officers. They trained us how to implement the projects, how we should go about the discussions, the group discussions and how we should… how to make the community understand what they hear on the radio or what they see on the TV" (Rural Female Key Informant)*

> *"We were called for training in Harare. That's where we were taught how to conduct the Focus Group Discussions, how to… and the equipment had already been sent to all the organizations […] So we were taught how to use the TV, Radio and print material and they had those things (the materials the DVDs, CDs and booklets) so we were taught how to mobilize the people, how to conduct the discussions" (Rural Male Key Informant)*

One of the urban key informants described the training approach as participatory in nature; those that were being trained were involved in discussions and were able to make use to the tools themselves that they would use following the training.

> *"It was mostly ah, a participatory kind of training whereby we […] learnt about the social mobilization model, then um, we would watch documentaries and we would listen to documentaries, audio documentaries, and then have discussions afterwards being trained on facilitation, how do you engage the crowd, how do you present yourself as a facilitator and how do you also pick on issues that are coming out from the audience. So we took turns as the people who were being trained to lead a discussion using such equipment."(Urban Female Key Informant)*

Dialogues were consistently referred to as "discussions" or "Focus Group Discussions" by the key informants. According to the key informants, in addition to the training of the peer educators, Action provided the CBOs with

Television sets, DVD players, and radios as well as the DVDs with the films and CDs on which the radio drama was and other multi-media materials, such as booklets, as well as the discussion guides for the dialogues. The quality or value of the training was not discussed explicitly by the study participants.

3.2.3 Integration of Community Dialogue into other CBO programmes

As described in the background, the community dialogues were designed to be implemented through partner CBOs. During the data collection process it became evident that the community dialogue was rolled out as part of other programmes that the CBOs were doing and that the community dialogues were not a standalone programme. This particular method of rolling out the programme was described as a practical consideration for the CBOs in terms of cost savings and being able to take the materials without having to initiate or introduce a whole new programme.

> *"Um the Action project was meant to compliment all the other projects we are implementing here…, so we tried our best to mend it into our projects. Maybe to start with it was because of the finances they were very restrictive, we couldn't…. well… we couldn't implement it on its own so we had to push it in into our projects." (Rural Male Key Informant)*

The same key informant went on to describe what was meant by integration or "mending it in" as follows:

> *"First of all we would implement […] a project or home based care training. Usually it's five, it takes five days and six nights […] during the, the training we look at… we select a DVD which are, which is appropriate to the ehm, topic of discussion of that HBC training… so we mend it in" (Rural Male Key Informant)*

In the urban setting the situation was a little bit different. Time was allocated specifically for the showing of the films and for conducting dialogues for Action. Conducting dialogues was an activity that had always been carried out but the new materials, that is the TV dramas and Onelove magazines, raised a new interest amongst the students as they were considered appealing to the student community in participating in the dialogues .

"So people really came not because they wanted to know what we were going to discuss after but because of the video because they wanted some form of entertainment but then we also then leveraged on that to then start discussions after that." (Urban Male key Informant)

3.2.4 Mobilising communities to join dialogues on MCP

As a result of integrating the Action materials into existing programmes, the CBOs rolled out the dialogues in different ways. These were based on community contexts as well as pragmatic considerations. One rural key informant described how a dialogue session would be organised, as follows:

"We would get to an organization or company. We ask for a few minutes an hour or so then maybe lunch time, we usually did it on lunch time, they come together. We watch the video, we discuss. […] a couple of occasions we mobilize the people who sell in the market place, the flea markets and the like. They gather together, watch the video. We going to use the OneLove book. They read, we go through it together, the lessons learnt, what you like about it and then and we discuss. I think that's how we… we did it." (Rural Female Key Informant)

Another key informant from the rural site described a similar strategy of drawing on existing resources and organisational structures:

"*Ok, what we did was, we, we would organize people. […] We would work together with or through other organisations also. Like, if they were having a meeting, their own meeting that they are having, we would ask for time for us to be able to meet with those people." (Rural Male Key Informant)*

In the urban setting the groups were mainly mixed the reason being that the peer educators in the HIT set up felt that there was no value with separating the men and women as the campus is small and they felt that it was manageable to conduct the discussions together.

"When we were trained […] the way they wanted us to implement the programme ah, was that girls do it on their own and then guys do it on their own, but when we came here we then realized that 1 – we are I think we are the smallest university in Zimbabwe we have a population of around 1000 people and 400 in Res so splitting people would not have done us any good so we decided to do the the focus group discussions together" (Urban Male Key Informant)

3.2.5 The Implementation of Community Dialogues

Each CBO integrated the dialogues into their own programmes. They described how the sessions themselves were formatted. The way the community dialogues were executed was slightly different in each setting. With the urban group from HIT, the dialogues would be conducted in a spontaneous way, with the peer educator not necessarily directing the discussion but leaving issues to emerge on their own.

"Immediately after exposing, after showing them I would ask them to comment, yes. Basically I would give them the floor. I would just guide them […]. you will be surprised they, they will, they will say out a lot of things, a lot of things from, from how they are seeing how they are understanding the film and so on that's how we are doing it" (Rural Male Key Informant)

The programme was integrated in several ways. In the case of HIT the young people had opportunities created for them to watch films over the weekend, instead of watching non educational programmes, and then have dialogues after watching the films. As described in the earlier quote, the key informants described a facilitation process by which the participants were able to contextualise the media through guided discussion.

"we then now after the documentary get into a discussion and discuss issues that were coming out of the documentary and also the peer educator now would try and then make the students put whatever was coming out of the documentary into their own context so that they can relate, the challenges that were coming out on the documentary to their own challenges…" (Urban Female Key Informant)

> *"Maybe, like the, after showing the documentary there would the peer educator would ask for reactions from the crowd just to, ask maybe students what they have learnt what they have observed and then people would now begin to get into a discussion," (Urban Female Key Informant)*

Some of the discussions would happen quite spontaneously with members of the community responding immediately to what they had watched, listened to or read.

> *"You know, after the video obviously people will you know start passing comments random comments without, not in that format of the facilitated group discussion and you just leave people to do as they please at that moment then after they have calmed down then we begin to discuss …." (Urban Male Key Informant)*

> *"Well, at first someone would like introduce what what's going to be happening like they'd say um we're going to be showing a film and afterwards we are going to discuss feel free and stuff like that and so we we we showed the films and then (coughs) people would then watch and afterwards people would discuss and you would find that um through just one film you may end up talking about more than five topics from from drug abuse maybe to relationships to to even the issues of AIDS those issues that people would be wanting to run away from but then it it one thing led to another and it quite was helping." (Urban Female Key Informant)*

One of the approaches described by the CBOs was separating groups not only according to gender but also according to age which made the discussion easier, as people were able to use language that they could easily understand. For example, some of the younger men in the rural group felt more comfortable using slang words and phrases during their discussions which would not have necessarily been understood by the older men.

> *"Most of the time the thing that happened for us to benefit from these programmes was that when we were there doing the programmes we used to be given the opportunity to conduct group*

discussions and the mode of grouping people was that people of similar age would be put together so in those similar age groups you were able to use the language you were comfortable with so that you could understand each other well"(Rural Male Key Informant)

3.2.6 Use of Action Materials

Some of the materials that were used by the peer educators were preferred over others. The Radio drama series which was entitled "Yellow Dust" seemed to be the least liked product because it was 26 episodes long and the setting was not relevant to the audience. It was felt that the fact that it was not visual made the story difficult to follow and understand. People being targeted were not able to engage with the story and thus the issues emanating from it. One key informant explained the challenge as follows:

"You need to visualize to make a scene from your mind. It needs a person who is very attentive trying to connect this character and that one and that one try to visualize on a mine. Whereby, this community, you know it was not really typical of our community because most of them they don't even know what a mine set up is like. They are just used to a rural setting." (Rural Male Key Informant)

The peer educators preferred the use of visual media, such as books and television, versus the radio drama series. They indicated that there was more entertainment value with these products and that is what they preferred. In the rural community, where there is very little entertainment and most homes do not have television, these films became a source of entertainment as well.

"The reason why I used to use TV is because in, in our homes in our communities, it's not every home that has a TV. Some people feel then feel entertained when they are watching those films, the TV films that we will be showing them. So it…it, arouse a lot of interest [...] people used to really concentrate unlike using a radio, radio I used it only two or three times or so, but the concentration needed for a person to be able to sit and listen, you would see some people

beginning to doze off and things like [...]. But on the TV they could follow the whole story..." (Rural Male Key Informant)

However, the theme of people being hungry for entertainment was also raised by two urban key informants, with the format of the media drawing people in.

> *"I think it's uh a really good thing that we have to start these discussions being led from uh uh watching a movie or watching a movie or a short film. So [...], the discussions actually are powered by the fact that there is a short film first so it makes it, it makes it a starting place…starting these group discussions by short films should actually remain [...], the main well starting point". (Urban Female Key Informant)*

> *"Since people are entertainment starved here and talking about books and um usually print material might not have really hit the point or might not really have mobilized people to come so what we did we started with um, video screenings." (Urban Male Key Informant)*

The theme of participants being able to follow the stories of videos better than print media was repeated in both rural and urban contexts.

> *"When people see a video it sticks in their memory more than when they read. […] To see the kind of ah behaviour that people would see in themselves being projected on video and that way you know you can capture the attention of a person [...] They then get into a process of self interrogation on their own."(Urban Male Key Informant)*

3.2.7 Perceived Effectiveness of Community Dialogue

The Programme staff and the Peer educators felt strongly that the community dialogue approach that was used by Action in the social mobilisation programme was an effective tool to get people to talk about issues like HIV and AIDS and sex, which have historically been issues that are difficult to talk about or have even been considered a taboo in some communities.

"…But it was very effective, because you could hear them when they were discussing you even when you are not there, as you walk past you will find that they start to talk about it, meaning that it had an impact. And when, the moment they talk about this in the bar it means they are actually telling a new person who was not there and we always encourage them to do that. Whoever has learned must tell the next person, the next person, the next person, like that, that's one area" (Rural Male Key Informant)

"...The whole process wasn't necessarily problem centred but also looked at how a community can find solutions to the challenges that they are facing. cos in such sessions you would find students even challenging themselves to, not to engage in risky sexual behaviours." (Urban Female Key Informant)

The project staff from the CBOs felt strongly that the community dialogue approach was a good method of promoting positive behaviour change.

"Ok, I think it's a good approach, especially for the communities that are not that open or who doesn't talk much about HIV. [...] and they are exposed to STIs simply because they don't discuss. So you won't get ideas if you don't discuss you won't get information (Rural female Key Informant)

"What is good about it is that, um… is that it make people open up, so that they are able to…. Talk to each other and it encourages people within their households to not have fights and arguments at the end of the day, that is what is good about it, and it also brings out things in the open so that people say, no what we thought were things that were taboo to talk about are changing with time …." (Rural Male Key Informant)

Some also felt that because community dialogue sessions were conducted with peers they were less threatening in allowing for people to freely speak about issues and ask questions. As a result these environments enable people to get the necessary information to make the necessary decisions.

> *"I think it's a good formula it's a good method to use because sometimes um well in these groups things are not tense, right? In a lighter atmosphere people are likely to to to want to hear more about something unlike if you are going to address people like seriously and tell them well this is not right. This is not, I mean in in a discussion there is no right or wrong answer right, [...] People come up with their own um conclusion but hopefully it will be in the right direction right so um, they learn more rather than being told"(Urban Female Key Informant)*

3.2.8 The Peer Education Approach and Use of Multimedia Materials

The use of peer educators to facilitate the discussion was an approach that was well liked by the key informants. The CBOs had used peer educators to some extent before the Action programme began, but there was appreciation expressed about the approach.

> *"I, I felt that, um what was, , good about this whole process was that sense of ownership created within the students because it was more like peer to peer discussions where there's no older person that maybe students wouldn't feel very comfortable to share about their experiences and stuff like that..." (Urban Female Key Informant)*

The peer educators also felt that there was value in the approach. They liked that people own the programme and decide for themselves what their challenges are and how they can address them.

> *"I think when you want to effect behaviour change and you are using peer education as […], a means or as a mode of that I think […] this is or might be one of if, for me if not the most […] result producing method. Why, because you know at my age […] even at a lot of young people's age the youth they don't really want one of their own coming and trying to pose as an expert and*

[..] trying to saying they know it all, but you know when you have something packaged in a film or in an IEC material and then what you are just doing is discussing it's[…] not really different from what we do when we are in our groups in classrooms and all when we are in the hostels so for us it is it is quite easy to interact with the people and it […] has proven to work … " (Rural Male Key Informant)

"And then me becoming a peer educator. Well, it is after I discovered how much of a benefit these discussions were to me that I found myself a a powerful tool to making um a difference here at the institute." (Urban Female Key Informant)

3.2.9 The Programme Allowed People to Talk About Difficult Issues

In terms of addressing taboos around talking about sex some Key Informants felt that this approach was effective in getting people to talk about difficult issues, breaking the silence. However the urban key informant in particular emphasised the importance for the programme to be complemented by other activities for more effectiveness.

"Um, the programme worked in the sense of breaking the silence around, maybe sexual and reproductive health issues…., but I feel the programme only managed to break the silence. But you break the silence then what? People begin to change they or think about changing their behaviours. Then what? So it needs to be complimented by other things." (Urban Female Key Informant)

"I am so for it because it it helps you find that um personally. I'm I'm a person who really bottles things up that when things are not going um right so with such a platform it's not like I'm going to to air out my dirty laundry there but I may find someone who has a same situation as mine and maybe they may actually say how they dealt with it or someone will suggest how to deal with it and I learn something from that and with time um probably if I am going to meet someone who has that situation as well. I am going to be able to help. So, personally I benefitted a lot from

these community dialogue, um discussions because um it's quite it's it's safe because you are not going to be really being addressed I mean face to face by someone when you are shy and but your problems are being solved so it's quite effective" (Urban Female Key Informant)

3.2.10 Smaller groups more conducive for open discussion

One of the methods of conducting the community dialogues that was used but the rural CBO was separating members of the community into smaller groups to encourage more open discussion. This was done because larger groups were sometimes perceived to inhibit the proper flow of discussion, because some people do not feel free to discuss such sensitive issues in large groups of people.

*"This improved the way people would open up, because when we are talking about issues like HIV and AIDS we say it like it is, [...], without trying to find words that are "appropriate" to make it sound nice, you see, so those things would eventually come out [...]whether it is that people are not talking to each other or getting satisfied in the bedroom, those things were very difficult (heavy) to talk about with people that are vanyarikani (*people that it is not appropriate to discuss sexual or personal private issues in front of*) but if you separate them you then see people opening up, [...]things would come out when we did the mini separations when we would say ah, those that are too embarrassed to talk openly in front of each other move away so that we can talk [...] or, when we bring people to meet together we can bring men only or women only..." (Rural Male Key Informant)*

3.2.12 Summary of Objective One Findings

The key informants described how the dialogues were rolled out by integrating the "discussions" into their own contexts and programmes after receiving training and materials from Action. They described the value they found in the approach of using peer educators and visual media to facilitate discussions, while highlighting the shortcomings of some materials, e.g. the Yellow Dust radio series, as well as formats. They described how the

discussions assisted people to own the issues and to find local solutions to their problems, although some questioned whether discussions alone would bring about behaviour change.

3.3 Results Addressing Study Objectives 2 And 3

Study objectives number two and three were to explore community members' experiences of perceptions about the value of the community dialogue approach implemented in their community. In all the discussion groups in the rural and urban settings there was agreement that there was value in discussion, because there was acknowledgement of the role that the social environment plays on influencing this particular set of behaviours. There was a general agreement that talking about issues helps to provide a platform where people can come up with solutions to the challenges they face.

3.3.1 The Dialogues were Empowering and Helpful

In both the urban and rural communities, the respondents felt that it was beneficial and empowering to participate in the dialogues and get an opportunity to freely express themselves and get ideas and help from various other individuals.

Urban respondents' views

Some urban respondents expressed that they enjoyed the dialogues because they provided an opportunity for people to get together and discuss, empower and help each other address issues. Providing a platform where people can freely express themselves was seen to be helpful.

> *"Like, I was talking to this other girl. She was telling me that she had to tell a guy off like ok fine he was once, you know. friends with benefits, but after attending such, you know, such dialogues she told me that she could she was kind of like empowered how to cut off the like the multiple concurrent partnerships and stick to one faithful partner."(Urban Male)*

"The discussions we, I attended were quite helpful […]the environment was conducive and I could see people would open up and really express themselves. Eh, people give their views and know like maybe help each other on one, two three things." (Urban Male)

Rural respondents' views

Another key issue that came out in both rural male-only and female-only FGDs was that it is important to talk about sex with young people and to talk openly about sex in a community, so that people are empowered with information, even if it is difficult at first.

"My daughter is a young lady now. She is 17/18 years old I shouldn't be ashamed to talk to her about issues. I tell her… "my child your life won't go well, you might enjoy being a young lady (humhandara) but after one year or two years it's finished it's a flower that if you don't give it water it will shrivel up" I tell her that if she now wants to get into a relationship she must have only one boyfriend and then they must go and get their blood tested so that they can see whether or not they are safe then you do whatever activities it is you want to do. Even with a boy child the same thing should be done, because boys can get excited about the fact that they are receiving a lot of attention from girls. You end up jeopardizing your own life. You won't even get to 24 years you would have destroyed your life and died." (Rural Male)

"Me, I was embarrassed if I heard a programme even being talking about this on television or radio while I'm with my family in the house. I would get up and leave or even turn it off because it was taboo to me. But now even my child I am telling them the proper information as it is, because we now are full of information." (Rural Female)

3.3.2 Insights Gained from Dialogues

Rural respondents' views

In the rural setting there were a number of things that the rural respondents in particular pointed out in relation to what they learned. One of the key issues that came out from the rural male respondents in the all male FGD was that it was not good to have multiple partners.

> *"Yeah, I benefitted a lot because of it, some of it I may not be able to talk about openly, but I saw that it is not good (it is not morally right) for me to have five or six wives (or women). It is not a mark of being rich to take a child (a woman who is from another family) from their home then I use her like a bucket which is used to collect water and bring them (i.e. the buckets) to one place." (Rural Male)*

> *"On that same issue also, we also learned a lot about the fact that if you have a lot of girlfriends, basically if you say have a girlfriend here, and then have another one there and another: firstly, you will end up with the disease; too you will end up being unable to take care of your children, you will not be able to send them to school and you will not be able to buy them school uniforms, or even to pay their school fees. So we learned that you are not supposed to do that (i.e. have multiple partners) in this community." (Rural Male)*

3.3.3 Reluctance to Participate

Rural Respondents views

In the rural setting a number of participants, particularly the women, stated that at first they felt hesitant to be involved in the dialogues given the focus on sex. The reason for being reluctant to talk about sex is because culturally sex is something that is considered private and taboo to talk about. Talking about sex still makes people feel ashamed particularly in more traditional contexts like the rural community that participated in this study.

"*The things that we saw as useless, that we used to look down on at the beginning when this programme came, was it was the talking openly [about sex]. In the days of old it was never allowed for a man and a woman to have sex, so when it started coming out that a man and a woman actually have sex and that if they do such and such a thing it could result in them getting HIV, that is what we were ashamed of." (Rural Female,)*

"We used to really not like it thinking that I should go and talk about such things when my daughter is sitting next to me and my daughter in law is sitting there and my father in law is seated over there and my mother is here and my father is there and talk about sex. I will not go and waste my time and listen to things like that." (Rural Female)

In both of these cases, the same women described how this reluctance changed. With time they started to feel better about openly talking about sex. Following the community dialogue sessions they described feeling empowered by the fact that they were able to talk openly about sex:

"*When we started being open about [sex] we realized that it is not shameful, it is something that can be talked about anywhere." (Rural Female)*

"Now, because we know, we go running and even if my child is sitting there and my daughter in law is sitting there we are now talking about [sex] a lot. We are thankful for that." (Rural Female)

3.3.4 The Community Dialogues Promote Freedom of Expression

In both the urban and the rural areas a number of respondents commented that the community dialogue sessions were well facilitated. They created an environment where the participants felt free and able to express themselves in discussions, as everyone was encouraged to allow each person to express their views.

"I see that the groups we were told to be part of were able to allow each person to express their different thoughts (views). That's what made it possible for each person to catch what was being spoken about, because if you say your point someone else is also able to speak their point so that things come out clearly so that we understand exactly what it is (the issue) that we are talking about, I'm finished." (Rural Male)

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"Well the discussions got better with time because at first personally I was lured by just by the idea of watching a film and we just went there we watched. And they were discussing, but some of us were spectators we and we were just listening. But then with time (Coughs) I mean, after knowing that it's it's quite benefitting and it's quite interesting we, I got involved I mean contributing in my […]points here and there so so with time it got better and even the the crowds got larger, yah." (Urban Female)

3.3.5 Community Viewed Dialogue as Effective

Many respondents felt strongly that the community dialogue approach that was used was an effective tool to get people to talk about issues like HIV and AIDS and sex, which are issues that continue to be difficult to talk about.

Urban respondents' views

Some of the participants from the community who took part in the community dialogue sessions described the dialogues as being effective in that they are helpful for those that may be needing information or help on a particular issue but are unable to seek help on their own. Some of the urban females said that they (the dialogues) were also helpful in providing an opportunity to talk about difficult issues.

"Um the dialogues um these sessions they are quite effective in that you find that there are some people who will be in situations right but then they they just can't come out to talk to someone or get help from someone." (Urban Female)

Others who attended the sessions said that they were beneficial not only to themselves but to others, because following the meetings they were able to go out into their community and share the information they had received with others who had not attended the dialogue sessions.

"it actually spreads out to people because probably after people have come from that session when we get to our rooms probably there would have been people who wouldn't have come (to the discussion) in a way the information is is is transferred to those people maybe through just talking while people are relaxed in their rooms. So it does help this community dialogue." (Urban Female)

For others it helped them to realise that their situation is not necessarily unique, and hearing how other people think about the issue and feel helps one to find a solution to their own situation.

"I think [this community dialogue] helps me a lot when I am in a problem, isn't it. Maybe I will be thinking it's a unique situation then we discuss as a group like we are right now. It helps me to understand what other people are thinking about my situation and then I will evaluate using the thoughts that will be shared by everyone and their ideas. It enables me to come up with a solution that is better than the one I would if I was by myself" (Urban Female)

Some urban female respondents also mentioned the important benefit the dialogues had, not just on the individuals who were in the discussions, but on the community as well. They felt that being empowered to address a problem makes one a better person and being a better individual affects the community in a positive way.

"It helps us to come up with ideas and to help to solve problems and also I think it helps the community because if I am helped to solve my problem I think I'll be a better person in my community that I would have been if I still had my problem in the first place. So, so somehow the community is helped by these community dialogues." (Urban Female)

Urban respondents felt that the approach worked well and that the programme had a positive even outside of the setting where the dialogues took place. The members of the community felt that they were equipped after the dialogues to also talk to others about some of the issues that were discussed in the dialogues and share information with others who had not necessarily attended.

Some felt that having the films helped create real life scenarios that through discussion one would be able to address in their own circumstances and perhaps shift their thinking a little bit.

"*Me I think the discussions benefitted, especially the part of to me, especially the part where we had movies, because you get, you are able to see a situation from the outside. You are not seeing the situation from inside like you are the one who is being treated like that. So, sometimes, in the movies they would touch on real situations that affect us, that maybe you can see them from both sides you can make rational decisions. And then afterwards, after watching the films we would also sit in discussions then we would (ask) what the guys think and what do the girls think then it really helps" (Urban Female)*

"Yes it (community dialogue) was beneficial to lots of people because what happens is no one person knows everything so at times you, your mind is opened up to what other people are experiencing the way of thinking of other people, then you might even understand that what you thought was right sometimes it's not right…." (Urban Male)

Some felt that the community dialogues were good because they helped one to share their experiences and sharing an experience can in some instances benefit others.

"As human beings we are different in things we do and in our actions and so we [...] in all our uniqueness we have different experiences it's good that you got to share experiences. Maybe my my my experience will help the other person or maybe his experience will benefit me." (Urban Male)

Some respondents felt that while the discussions were good they were only the first and most important step, on order for change to begin to take place.

"I think a discussion is just a step. I mean the first and crucial step; cos there is no way you can tell someone to do something without discussing it." (Urban Male)

Rural respondents' views

Rural respondents also expressed that they generally liked the experience. They added that they also appreciated the separation of groups into males and females and different age categories as it made people feel more free to talk.

" ... The mode of grouping people was that people of similar age would be put together so in those similar age groups you were able to use the language you were comfortable with so that you could understand each other well" (Rural Male)

This was further reinforced by some participants who described feeling uncomfortable with the mixed group approach, particularly when explicit pictures were shown in the presence of the opposite sex. It created a situation amongst participants which made them feel exposed and ashamed.

"We didn't really like it (the community dialogues) because the when this programme was brought by those who were going around doing the programme they would come with pictures that would make us exposed in front of lots of people (public) […] Us, the owners of the things, would feel naked." (Rural Male)

3.3.6 Section Summary – Objectives Two and Three

For the objective that looked at exploring community members' experience of the community dialogue approach, it is important to note that the rural community was more traditional and as a result initially felt like the issue of sex was too difficult to talk about. Some respondents said they were ashamed at first, especially regarding the use of explicit pictures in the magazines and on the TV programmes that were shown in the presence of the opposite sex. However, as the community dialogue programme continued to be rolled out, many of those perceptions changed. In urban setting, talking openly about sex was less of a challenge. Some members of the urban community also felt that the way the discussions were conducted encouraged an atmosphere of openness where everyone felt free to express themselves.

In this section the general sentiment from the community respondents in both settings was that the programme worked well. In fact, a number of respondents mentioned that the programme even had an impact outside of the setting in which the community dialogues were conducted. However some of the respondents felt that while the dialogues were important they were just the first step towards change, because one cannot just be made to do something without their cooperation and buy-in. The dialogues offered an opportunity for critical engagement with the issues first as a way of trying to solicit in buy-in from the community.

3.4 Results Addressing Study Objective 4

Objective 4 of this study was to compare men and women's experiences of the community dialogue approach.

3.4.1 Mixed Groups a Challenge for Women

One of the challenges in conducting the discussions was, in the case of mixing men and women, that women were more reserved, particularly in the urban setting. Some of these observations were made by a key informant who was involved in both mixed group dialogues and single sex dialogues.

"*... maybe the, the most common challenge is that whenever the groups are mixed the guys tend to be more outspoken than the females[...] it's just a general challenge that is there when females meet with males... there's they tend to be a bit shy and reserved, but they would participate and air their opinions." (Urban Female Key Informant)*

Not all men were as accepting of the dialogue approach, especially when men and women were brought together into similar groups to discuss. In fact, according to a rural male key informant, some people felt strongly that this issue was still taboo and the mixing of men and women as well as young and old people make it even more challenging to properly address the issue.

"It then became difficult for people to talk real talk, about real issues as they really are in the presence of a daughter in law, in the presence of a father in law, in the presence of a mother in law and so on. Those are, are the loop holes that are there in [the dialogues]…" (Rural Male Key Informant)

3.4.2 Men Less Ready to Receive the Programme

One of the urban men felt that the dialogues worked better for women than for the men because he felt that women are more readily able to receive these kinds of interventions.

"I think the impact is better of females than it is on males, cos I think it's our genetic makeup, you know. We we are genetically made in different ways, and I think girls […] have a way of trying to control their emotions. But with guys it's kind of different you know. So I think it's working more for ladies but there must be devised there must be a way that needs to be devised for you have the same impact with guys…" (Urban Male)

3.4.3 Presence of Women at Dialogue Sessions Attracted Men

Some of the men expressed that including women in the discussion sessions was a big draw card for them, because they said that they were more likely to attend meetings if women were present, and that they were less

ready and interested in the programme if women were not there. This resulted in mixed groups being a pull factor, as it made more men want to participate in the discussions.

> *"What would we be doing on our own (laughs, then whole group laughs). I think ah I've realized if we just do things where we say men on their own, a lot of the time the guys don't come. Even in churches where we come from, (us) boys (the church meetings) do not get full (are not well attended) when there are youth meetings where males and females are separated." (Urban Male)*

3.4.4 Tradition and Culture

One of the issues that came out related to gender was the issue of culture and tradition. Sexual issues are considered taboo to talk about especially across genders but some respondents indicated that over time people became open to discussing sex and said that they even liked it.

> "*I felt embarrassed when I would hear people talking about HIV I would feel very embarrassed and traumatized thinking that my father in law is sitting just over there and this one is my great aunt and this one is my child I used to feel very embarrassed. By now these days I don't feel embarrassed" (Rural Female)*

In the urban setting some of the young females felt empowered. They however felt that the approach needs to be taken to their communities where they are from, outside of university, so that their feeling of being empowered can be applied.

> *"Me I just wanted to add on that yeah we are benefitting as university students but you would find that when I go home you will see that our mothers maybe other people in your community they are still backward. So uh, so we are asking for you to reach our workplaces and other communities educating them that as women we have a say as well in the community, not that the man is supposed to do everything on his own." (Urban Female)*

3.4.5 Summary of Objective Number 4

In relation to this objective, the fact that in mixed settings females participated less and males tended to dominate the discussions is important to note. When females and males were separated into different discussion groups, females were more outspoken.

With regards to male participation, in the urban setting in particular, males only wanted to participate in discussions when the females were present.

It was, however, not all the young females who felt unhappy with having the mixed group. In fact some of the young females felt empowered after the community dialogues. They felt that they deserved to be heard just like their male counterparts the urban females felt that while the community dialogues were beneficial. The environment outside of the university was not necessarily enabling in order to allow for the new behaviour to take place. Some said that once they leave campus and go to their families there is need for a parallel programme to be running in order to benefit families.

CHAPTER 4: DISCUSSION

4.1 Introduction

This section addresses how key findings from the study results relate to the key theoretical frameworks that guided the research process. Overall the participants who participated in the study were able to share their views concerning how they felt about the community dialogue approach that was used by Action to address MCP. They indicated that the approach was appropriate; however the execution of the programme was not without its challenges, which will be discussed in this section.

4.1.1 Implementation of the Community Dialogues

The purpose of the first objective of the study was to describe how the community dialogue approach has been implemented in the two settings from the perspective of direct implementers. In both settings the discussions were conducted through the use of Peer Educators who were trained by Action to be able to use multi-media materials to facilitate dialogues. In the rural community a combination mixed groups consisting of males and females as well as male only and female only group dialogues were conducted. Within the urban setting the programme was conducted in the same way. However, the mobilisation of male groups was a challenge as the males from the HIT community felt very little motivation to attend dialogues if there were no females present.

The use of the peer educator approach appeared to be well liked particularly in the urban setting where the young people from HIT made particular mention about the fact that they liked the approach because it did not make them feel like they were being told what to do by those that "know it all". According to Norr et al, peer led or peer group interventions continue to be among the most successful, in both developed and developing countries in terms of influencing change in risky sexual behavior (Norr et al., 2004). The acceptability of the interventions is increased as communities feel that they are not being imposed on by outsiders (Norr et al., 2004). Peer groups promote an environment that enables behavioral change in many ways, including through providing social support, information sharing, creating a platform to allow for the development of new norms and values that

support HIV prevention, specific safer sex skills, and increased self-efficacy (Norr et al., 2004 , Campbell and MacPhail, 2002). This was reflected in statements by urban females who felt empowered following the dialogues to be able to go out and make better decisions, as well as to share information with others.

4.1.2 Tradition and Culture

Objectives two and three explored the communities' experiences of the approach as well as the value it had for them. As noted in the literature review, tradition and culture can have a significant influence on the behaviour of an individual and a community (Glanz et al., 2008). Traditionally sex is considered a taboo subject (NAC, 2006). But the community members who were respondents in this study from both settings expressed people have begun to speak more openly about sex. The reluctance to discuss sex was also highlighted by the key informants in both settings, however, they also described how, through the dialogue process, some people seemed to develop openness to discussing sex. According to Jewekes et.al, communication and information programmes on their own do not necessarily result in behaviour change. For behaviour change around HIV prevention programming to succeed one has to address the structural systems and elements that surround the individual and influence their behaviour, as evidenced by the poor evidence of behaviour change following the implementation of the Stepping Stones Programme (Jewkes et al., 2010). In the stepping stones approach there was very little focus on addressing the structural factors surrounding the individuals that took place in the study. There is need to ensure that an enabling environment exists in order for positive social and behavior change to take place. Zimbabwe is not really a country which has the practice of talking openly about things like sex, but these dialogues provided a platform for open discussion to take place. The addition of community dialogue approaches much like the one that Action made use of is a step towards ensuring that there is an acknowledgement of the influence of the structural issues and a need to engage very closely with them, in order for an enabling environment within which the behaviour change needs to take place has to exist. That is the strength of adding this element to the communication programme.

Freire suggests that in order for people to become conscientised about their situation they need to understand that as human beings we are both in and with the world – we are in it physically but we also interact with it socially, culturally and politically (Freire, 1985). Unless we "remove" ourselves from the world and analyse and dialogue about our situations taking into consideration our contexts, we cannot then begin to truly engage with the realities of our environment and we cannot begin any real change (Freire, 1985). Dialogue is the beginning of the change, because with dialogue comes understanding (Freire, 1985). With this understanding of the role of dialogue in mind, it becomes clear that the process should be ongoing until there is full understanding about the factors that affect one's behaviour and ultimately that will enable communities and individuals to take the necessary steps needed to make a change. One of the urban male respondents expressed that this community dialogue is the first crucial step towards change taking place. Others particularly the urban females expressed that they were aware that some socio-economic factors drove them to engage in this kind of behaviour, so for example some of the female students engage in sexual relationships with older men for monetary gain.

The community having a dialogue about a particular issue can create an environment where people can begin to explore how to address issues like MCP at a community level. The use of peer educators and conducting dialogues within groups can encourage behavioural change in many ways, including through the provision of social support, access to detailed information, development of new norms and values that support HIV prevention in that particular community. For there to be a maximum effect, peer group interventions must be closely tied to the specific cultural and social environment of the target group (Norr et al., 2004).

A number of respondents expressed how these platforms gave them the opportunity to engage with issues concerning HIV and AIDS and MCP as well as relationships. In the urban setting in particular respondents said that they felt that the platform enabled them to interrogate themselves and help each other come up with solutions to their issues concerning MCPs. The male peer educator also mentioned this observation stating that the use of a peer educator was a really appropriate way of getting people together to talk about various appropriate issues.

4.1.3 Gender

The fourth objective of the study was to compare men and women's experiences of the community dialogue approach. In exploring some of the dynamics around gender that played a major role in the experiences of the males and females it is important to understand first of all that gender plays a large role in sexual relationships. Males are often more influential and as such more outwardly expressive than women, particularly with regards to their sexual prowess and drive (Glanz et al., 2008, Wingood and DiClemente, 2000). In the theory of gender and power women the structure of cathexis plays a role in terms of how men and women view themselves and determines how society expects each gender to behave (Wingood and DiClemente, 2000). This has an impact on the extent to which the different genders can fully express themselves (Wingood and DiClemente, 2000).

Women may feel less to fully express themselves because of the fear of judgement by men and the other women if they appear to be interested in talking about issues particularly to do with sex. This behaviour was illustrated quite clearly in the feedback from the respondents. Some stated that in the mixed groups women were often more reserved and not as expressive during the dialogues as the men tended to dominate. Once the women were on their own, they felt more at ease in discussing their issues. With regards to MCP a challenge that men and women faced and continue to face is the inability to be able to talk to each other about their relationships. This issue came out quite clearly in the urban setting where fewer all male dialogues were held as the key informants found that the young males lacked interest in attending dialogues where there were no females present. However, according to the key informants, this mixing of males and females also had its own challenges, particularly with regards the female students, as they did not always feel like they were free to express themselves in front of males, definitely would have an impact on the extent to which they would be able to participate in a dialogue.

One key issue that arose from the interviews with the key informants is that while there was an encouragement of freedom of expression, there appeared to be an impression that there was a "correct" way of understanding the messages in the materials. This is illustrated below in an excerpt spoken by one of the key informants.

"This is not, I mean in in a discussion there is no right or wrong answer right, [...] People come up with their own um conclusion but hopefully it will be in the right direction right so um, they learn more rather than being told" (Urban Female Key Informant)

This kind of view could have created an environment whereby one did not feel completely free and open to express their real opinion.

Another issue that came through was some men felt that could not necessarily change their behaviour because they were programmed genetically to engage in risky sexual behaviour. Whereas the women were a lot shyer to discuss issues openly in front of their male counterparts whereas the men did not necessarily feel this same pressure perhaps because the behaviour is more "acceptable" among men as compared to its acceptability among women.

4.1.4 Section Summary

Social dynamics played a role in the extent to which the programme was acceptable. Participation in the dialogues, in this case, was a characteristic that linked individuals to a broader social network. Social networks structures link the characteristics of specific relationships between the focal individual and other people in the network and in terms of characteristics of the community as a whole (Glanz et al., 2008). Participants described interacting in the dialogues according to norms in their social networks. For instance, some mentioned the challenges that they faced talking about HIV and sex in front of people who would consider it rude or inappropriate to talk about such things. For example in the rural community, there was a strong aversion to discussing such sensitive issues in front of people that they would consider their daughters or daughters in law, their mothers or fathers This made people feel, particularly in the beginning, that that conducting these discussions was inappropriate.

However with the passage of time this issue became more acceptable among community members. In the urban setting where the students were relatively close in age it appears that issues such as language and the kind of slang that they use was not a hindrance to the discussion, whereas in the rural set up some younger men actually mentioned that they preferred the discussion when it was the young men alone and there seemed to be a positive response to the programme when groups were separated.

Following the discussions that took place within the HIT community, they seemed to be very aware of the reasons why they engaged in Multiple and Concurrent Partnerships. They get involved in these relationships as a result of a number of reasons that are environment related this to some extent is a reflection of their level of "critical consciousness", because once an individual begins to understand their environment one can take steps or begin to take steps to make changes that will impact on their behaviour. The socio-economic status of the students at HIT was a major reason why they engaged in MCP. Students from HIT often come from outside of Harare and arrive in the city with only money for school fees and in some cases no money for accommodation and other related living expenses, these kinds of circumstances could push students into MCP.

4.2 Limitations of the Study

One of the challenges of the data collection process was that the way dialogues were integrated into the CBO programmes made it difficult to separate out the Action component of the programme when conducting the discussions with the research participants.

Both a male and a female assistant researcher were employed. However, the female assistant researcher was an older lady of 57 years and, while well experienced, her age may have had an impact on the way the younger women and men responded to the questions as the issues that were raised. The young males and females may have felt it more difficult to open up and talk about their experience of dialogues because of the nature of the

issues discussed in the dialogues and the age difference with the research assistant. While none of the young people expressed this, it could have been a factor in the data collection.

One of the other limitations of the study was that, at the time, the researcher was employed by Action and the project officers were aware of this. The fact that she was collecting the data may have had an impact on the kind of information that was shared and they may have felt the need to present the programme in a positive light in order to impress her.

4.3 Overall Conclusions

With regards the approach of using peer educators to facilitate dialogues concerning MCP, what is clear is that, socio-economic and cultural issues such as poverty, gender inequalities, as well as internal community dynamics need to be engaged with and understood at community level in order to create an enabling environment for the peer educators to operate within (Wyk et al., 2006). This is done through promoting buy-in within the community to have peer educators that were considered "acceptable" to conduct the discussions. Secondly the peer educators have to be equipped with the skills and the tools in order to facilitate these kinds of activities. This is true particularly in relation to the issues mentioned in the urban interviews young women at the institute enter into relationships with older men for economic gain, but then also have relationships with men their own age on campus because they want a more fulfilling relationship. This touches also on the theory of gender and power, these young women get into sexual relationships with older men for financial benefit and already the power dynamic in that relationship is challenged, the one with the financial means determines how the relationship will move forward for the young woman to negotiate safe sex or getting information about her partners sexual behaviour is a challenge and so she becomes vulnerable (Wingood and DiClemente, 2000, Glanz et al., 2008).

The urban key informant spoke about how it would be important to lobby with the government to ensure that students receive grants to supplement their welfare so that they are not forced into relationships for the wrong reasons.

Overall the findings suggest that the community dialogues were rolled out in an appropriate way and that that the community dialogues are an acceptable approach that can be used to address MCP. The programme helped to break the silence around sex, and community members were happy to receive information in the form of the films and also comfortable with having a peer educator to facilitate the discussions. There was also a feeling of ownership of the programme because the young people did not feel like they were receiving advice from an outsider, but they felt that they were solving their own problems. The use of the community dialogue approach can thus be a tool to promote social change with regards to issues to do with MCP and HIV prevention.

4.4 Recommendations

These programmes should continue to be expanded through increasing the numbers of dialogues and the numbers of partner organisations based at community level and to hold dialogues with different audiences, such as parents. As the radio programmes were not well received their use should be reconsidered.

Flexibility in terms of age and gender of groups should be maintained as there are pros and cons to each separating and not separating the groups. Some of the pros include the fact that in the rural areas the younger men felt that the conversations were more beneficial when they were separated from their older male counterparts; in the urban setting the inclusion of women improved the participation of men in the dialogues. However one of the key cons of mixed gender groups in the urban setting was the observation that the women were often less open and free to express their views.

There is value in rolling out a programme of this nature to communities as a way of trying to address MCPs. However, it is clear that the dialogues are not sufficient to deal with MCP as a stand-alone and that other structural issues such as poverty also need to be addressed.

The research findings might be used may be as a way of documenting how communities can engage with issues that affect them in a way that is empowering.

One of the methods of conducting the community dialogues that was used but the rural CBO was separating members of the community into smaller groups to encourage more open discussion. This was done because larger groups were sometimes perceived to inhibit the proper flow of discussion, because some people do not feel free to discuss such sensitive issues in large groups of people. A recommendation would be that smaller groups would be more conducive for group discussions as well.

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

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Miss Caroline Majonga

CLEARANCE CERTIFICATE	M110950
PROJECT	Exploring Perceptions of Comunity Members aout Dialogue on Multiple and Concurrent Partnerships in Zimbabwe
INVESTIGATORS	Miss Caroline Majonga.
DEPARTMENT	School of Public Health
DATE CONSIDERED	30/09/2011
M1109500DECISION OF THE COMMITTEE*	Approved unconditionally

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

DATE 16/01/2012 **CHAIRPERSON** .....
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable
cc: Supervisor : Sara Nieuwoudt

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...

Annexure 2

Key Informant Discussion guide

Open the discussion by asking the participants what they like and or don't like about being part of the community they are part of.

a. Tell me about how you came to participate in this (Community Dialogue or) *Action* social mobilization programme?
b. Could you explain to me how the community dialogue sessions (Or *Action* social mobilisation programme) were conducted? (Take me through a typical experience of how a community dialogue session would go?)
    i. What process did you undergo in identifying people to participate in the community dialogue/social mobilisation programme?
    ii. How did you feel about the way the discussions were conducted?
c. What has been your experience with the (Community Dialogue or) *Action* social mobilization programme?
    i. How do you feel that the programme could be improved?
d. What did you think of community dialogue as a method of communicating around MCP?
e. What other information would you like to share before we end this interview?

Thank you for your participation in this discussion.

Annexure 3

Focus Group Discussion Questions

[Start the FGD by asking each participant to go around and share some information, such as their age, how many dialogues they've participated in, their favourite food, and then to give themselves a nickname that they would like to be called for the discussion]

1. Could you walk me through how the discussion sessions (Community dialogue sessions) you attended were conducted?
2. Please explain to me how the recruitment process took place and how one came to take part/participate in the (Community Dialogue or) *Action* social mobilization programme?
    a.
    b. What was your experience of the (Commu*nity D*ialogue sessions or) *Action* social mobilization programme?
        i. The way they were conducted?
        ii. The materials used?
        iii. The topics discussed?
    c. Is there anything that you feel could be improved?
    d. What did you think about the method (i.e. Community Dialogue)?
    e. Is there anything else that you would like to add?

Thank you for your participation in this discussion.

Annexure 4

Community dialogue study

Information sheet and Consent Form to Participate in Individual In – depth Interview as a key informant

Good Day,

My name is Caroline Majonga, from the School of Public Health at the University of the Witwatersrand. I am conducting a study to learn about your experience of community dialogues. Also working with me on this study are two assistant researchers, Researcher X and Researcher Y. We would be most grateful if you would consider participating in this study.

Why are we doing this? Community dialogues run by community based peer educators is a new approach that *Action* began implementing in 2010, focusing primarily on Multiple and Concurrent Partners. This is really a new method *Action* is using to promote social and behaviour change. This study is trying to explore how the approach has been used so far and how it is viewed. We would appreciate it you could participate in the study to share your experiences.

What do we expect from the participants in the study? You have been identified to participate in an individual in-depth interview (IDI) because of your experience with the programme. A discussion style interview will be conducted by either me or one of the assistant researchers. Also present during the discussions will be a second individual, who will be taking notes. With your consent, the interviews will be recorded on an audio voice recorder to ensure that no information is misrepresented. The Key Informant Interviews (KIIs) are being conducted with those individuals that were involved in the implementation of the programme namely the peer educators and the programme officers within the community based organisations.

Are there benefits to the participants? There is no immediate benefit to participating in the study. However in the long term, the findings from this study could help inform and improve the types of activities conducted in this community. Given the nature of the content of interest some of the information shared may be of a personal nature, this is a potential risk, however all information obtained in this individual in-depth interview will be treated as confidential and even where direct quotations are used, no direct reference will ever be made to you.

May I withdraw from the study? You may withdraw at any time without having to give a reason. Remember that the study is completely voluntary and not taking part in it, or withdrawing from it, carries no penalty of any sort.

What about confidentiality? No reference to individuals will be made and no names will be used at any time in the analysis or reporting of this study. All data that are collected from this discussion will be treated with the utmost confidentiality. Only the three researchers will have a list of names.

All discussions will be recorded on a digital voice recording system; the audio recorded information will be kept in a safe lockable place and destroyed after two years. The purpose of the carrying out the audio recordings is to ensure that the information is accurately represented.

If you have any queries, more information may be obtained from Miss. Caroline Majonga at telephone number 0779 762 333 698.

If you are happy to take part in the study, please read and sign the attached consent form.

Thank you

Miss. Caroline Majonga

Consent form

I agree to participate in the study A .....@ outlined in the information sheet:

Participant Name..... Signature.....

Date.....

Annexure 5

Community dialogue study

Information sheet and Consent Form to Participate in Focus Group Discussion (FGD)

Good Day,

My name is Caroline Majonga, from the School of Public Health at the University of the Witwatersrand. I am conducting a research to find out your experiences of community dialogue. Also working with me on this project or study are two assistant researchers, Researcher X and Researcher Y. We would be most grateful if you would consider participating in this study.

Why are we doing this? Community dialogues run by community based peer educators is a new approach that *Action* began implementing in 2010 focusing primarily on Multiple and Concurrent Partners. This is really a new method *Action* is using to promote social and behaviour change. This study is trying to explore how the approach has been used so far and how it is viewed. We would appreciate it you could participate in the study to share your experiences.

What do we expect from the participants in the study? You have been identified to take part in the study and participate in a focused group discussion with between seven and eleven other members of your community who participated in the dialogues. The discussion will be led by either me or one of the assistant researchers. Also present during the discussions will be a second individual taking notes. However, the main idea of a group discussion is that you and the other participants will do most of the talking. With your consent, the discussion will be recorded on audio voice recorders to ensure that no information is misrepresented.

Are there benefits to the participants? There is no immediate benefit to participating in the study. However in the long term, the findings from this study could help inform and improve the types of activities conducted in this community.

May I withdraw from the study? You may withdraw at any time without having to give a reason. Remember that the study is completely voluntary and not taking part in it, or withdrawing from it, carries no penalty of any sort.

What about confidentiality? No reference to individuals will be made and no names will be used at any time in the analysis or reporting of this study. However, we cannot assure confidentiality within a focus group setting because we cannot control what other participants may share. However, all data that is collected from the

discussion will be treated with the utmost confidentiality. Only the three researchers will have a list of names. The audio recorded information will be kept in a safe lockable place and destroyed after two years.

All discussions will be recorded on a digital voice recording system; the audio recorded information will be kept in a safe lockable place and destroyed after two years. The purpose of the carrying out the audio recordings is to ensure that the information is accurately represented.

Further assistance concerning any of the issues raised in the discussion can be received through Connect Counseling Centre based in Harare 98 Central Ave you can also call + 263 4 732640 or 734002 , or you can visit a New Start Centre near you where you can receive all your counseling needs. If you have any queries, more information may be obtained from Miss. Caroline Majonga at telephone number 0779 762 333.

If you are happy to take part in the study, please read and sign the attached consent form.

Thank you

Miss. Caroline Majonga

Consent form

I agree to participate in the study A .....@ outlined in the information sheet:

Participant Name..... Signature.....

Date.....

Annexure 6

Community dialogue study

Information sheet and Consent Form to audio tape/record Individual In-Depth Interviews with Key Informants

Good Day,

My name is Caroline Majonga, from the School of Public Health at the University of the Witwatersrand. I am conducting a study to learn about your experience of community dialogues. Also working with me on this study are two assistant researchers, Researcher X and Researcher Y. We would be most grateful if you would consider participating in this study.

Why are we doing this? Community dialogues run by community based peer educators is a new approach that *Action* began implementing in 2010, focusing primarily on Multiple and Concurrent Partners. This is really a new method *Action* is using to promote social and behaviour change. This study is trying to explore how the approach has been used so far and how it is viewed. We would appreciate it you could participate in the study to share your experiences.

What do we expect from the participants in the study? You have been identified to participate in an individual in-depth interview (IDI) because of your experience with the programme. A discussion style interview will be conducted by either me or one of the assistant researchers. Also present during the discussions will be a second individual, who will be taking notes. With your consent, the interviews will be recorded on an audio voice recorder to ensure that no information is misrepresented. The Key Informant Interviews (KIIs) are being conducted with those individuals that were involved in the implementation of the programme namely the peer educators and the programme officers within the community based organisations.

Are there benefits to the participants? There is no immediate benefit to participating in the study. However in the long term, the findings from this study could help inform and improve the types of activities conducted in this community. Given the nature of the content of interest some of the information shared may be of a personal nature, this is a potential risk, however all information obtained in this individual in-depth interview will be treated as confidential and even where direct quotations are used, no direct reference will ever be made to you.

May I withdraw from the study? You may withdraw at any time without having to give a reason. Remember that the study is completely voluntary and not taking part in it, or withdrawing from it, carries no penalty of any sort.

What about confidentiality? No reference to individuals will be made and no names will be used at any time in the analysis or reporting of this study. All data that are collected from this discussion will be treated with the utmost confidentiality. Only the three researchers will have a list of names.

All discussions will be recorded on a digital voice recording system; the audio recorded information will be kept in a safe lockable place and destroyed after two years. The purpose of the carrying out the audio recordings is to ensure that the information is accurately represented. All of the audio data will be transcribed verbatim. That information will be saved both on CDs and as word documents on a computer and will be used for reference during the data analysis and report writing process.

Further assistance concerning any of the issues raised in the discussion can be received through Connect Counseling Centre based in Harare 98 Central Ave you can also call + 263 4 732640 or 734002 , or you can visit a New Start Centre near you where you can receive all your counseling needs. If you have any queries concerning the audio taping of the interview, more information may be obtained from Miss. Caroline Majonga at telephone number 0773 612 698.

If you are happy to take part in the study, please read and sign the attached consent form.

Thank you

Miss. Caroline Majonga

Consent form

I agree to participate in the study A .....@ outlined in the information sheet:

Participant Name..... Signature.....

Date.....

Annexure 7

Community dialogue study

Information sheet and Consent Form to audio tape/record Focus Group Discussion (FGD)

Good Day,

My name is Caroline Majonga, from the School of Public Health at the University of the Witwatersrand. I am conducting a research to find out your experiences of community dialogue. Also working with me on this project or study are two assistant researchers, Researcher X and Researcher Y. We would be most grateful if you would consider participating in this study.

Why are we doing this? Community dialogues run by community based peer educators is a new approach that *Action* began implementing in 2010 focusing primarily on Multiple and Concurrent Partners. This is really a new method *Action* is using to promote social and behaviour change. This study is trying to explore how the approach has been used so far and how it is viewed. We would appreciate it you could participate in the study to share your experiences.

What do we expect from the participants in the study? You have been identified to take part in the study and participate in a focused group discussion with between seven and eleven other members of your community who participated in the dialogues. The discussion will be led by either me or one of the assistant researchers. Also present during the discussions will be a second individual taking notes. However, the main idea of a group discussion is that you and the other participants will do most of the talking. With your consent, the discussion will be recorded on audio voice recorders to ensure that no information is misrepresented.

Are there benefits to the participants? There is no immediate benefit to participating in the study. However in the long term, the findings from this study could help inform and improve the types of activities conducted in this community.

May I withdraw from the study? You may withdraw at any time without having to give a reason. Remember that the study is completely voluntary and not taking part in it, or withdrawing from it, carries no penalty of any sort.

What about confidentiality? No reference to individuals will be made and no names will be used at any time in the analysis or reporting of this study. However, we cannot assure confidentiality within a focus group setting because we cannot control what other participants may share. However, all data that is collected from the

discussion will be treated with the utmost confidentiality. Only the three researchers will have a list of names. The audio recorded information will be kept in a safe lockable place and destroyed after two years.

All discussions will be recorded on a digital voice recording system; the audio recorded information will be kept in a safe lockable place and destroyed after two years. The purpose of the carrying out the audio recordings is to ensure that the information is accurately represented. All of the audio data will be transcribed verbatim. That information will be saved both on CDs and as word documents on a computer and will be used for reference during the data analysis and report writing process. .

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If you are happy to take part in the study, please read and sign the attached consent form.

Thank you

Miss. Caroline Majonga

Consent form

I agree to participate in the study A .....@ outlined in the information sheet:

Participant Name..... Signature.....

Date:……