

**EXPLORING THE LIVED EXPERIENCES OF COMMUNITY MEMBERS  
INVOLVED IN A COMMUNITY CONVERSATION PROGRAMME TO  
PROMOTE MENTAL HEALTH IN A COMMUNITY IN ETHEKWINI  
DISTRICT, KWAZULU-NATAL**

Submitted in partial fulfilment of the requirements for the Masters in Nursing  
(Mental Health), School of Nursing and Public Health, College of Health Sciences,  
of the University of KwaZulu-Natal.

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## DECLARATION

I, B.E. Awolesi, declare that this dissertation titled **“Exploring the lived experiences of community members involved in community conversations (CC) programme as a means to promote mental health in a community of eThekweni district, KwaZulu-Natal, South Africa”** is my original work. It has never been submitted before for any other degree or examination in any other University. I also declare that the sources of information used in this work have been acknowledged by means of reference.

This research project has been read and approved for submission by supervisor, Ms A.A.H. Smith.



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30 September 2016

Date



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Ms Amanda Smith

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30 September 2016

Date

## **ABSTRACT**

### **Aim**

The aim of the study was to explore the lived experiences of participants of a CC programme in a community within eThekweni district, KwaZulu-Natal (KZN), and to describe the positive and negative contributions of the CC programme towards community life and mental health among participants who attended the programme.

### **Methodology**

The researcher adopted a descriptive phenomenological approach, using eight focus group discussions and one individual interview with fifteen participants divided into three groups. The selection of the setting was based on the researcher's prior involvement in two community conversations in the community, and, ultimately, on the participants who were on the attendance list, met the inclusion criteria and were willing to participate. The focus group discussions and interview consisted of questions about participants' demographics, experiences and probes into the areas of feelings, relationships, change, personal decisions and group belonging. Data transcription was done manually. Data was gathered and analyzed using Colaizzi's method of data analysis.

### **Results**

Significant statements were extracted and grouped to form larger units or clusters. The clusters were then organised into six themes, with associated significant statements made by the community members:

Theme 1: Mixed feelings: hope, anger, fear and empathy. The participants express differing emotional impact during their participation in the CC programme.

Theme 2: The reality of the power differential. Evident throughout the interview and focus group discussions were issues of how community members perceived themselves as powerless in providing

solutions to the education and drug abuse problems in the community. This is due to the resultant tension between community members and other major stakeholders including their non-involvement.

Theme 3: Learning from others. Details emerged from the interview and focus group discussions about how community members have learned from the experiences of others particularly those that are directly affected. Community members become less judgemental and developed empathy.

Theme 4: Community resolve. This involves change that affects the community's living experience rather than individual behavioral change. The participants expressed thoughts related to change that was expected to have occurred as a result of the CC programme and the feeling of needing to be part of the change. Some believed they, as individuals, can make a change to affect the whole. However, others felt that the ability to effect change was dependent upon the willingness of other members in the community to participate as a collective, a group.

Theme 5: Theme 5: Community identity. Various implications emerged in the study such that there was a collective ownership and responsibility regarding issues affecting the community. Emphasis was placed on areas where they could make a difference without necessarily waiting on other stakeholders.

Theme 6: The reality of not being the only one. Emerging topic in this theme is the safe space that the CC provided. This safe space provides an opportunity to appreciate and identify with other people's stories. It allows the individual to meet with others going through the same situation. Also through the CC programme people who felt judged based on their circumstances were given the opportunity to clarify their situation.

## **Conclusion and Recommendations**

It was notable that participation and commitment, including power-sharing among all stakeholders, is essential for visible change to occur within the community. The recommendations focus around key factors for ensuring increased participation, commitment and collaboration among all stakeholders for sustained change in promoting community life and

mental health. These include clarifying the roles of each stakeholder, providing additional training for the programme facilitators to develop their capacity to deal with conflict, the use of multiple strategies when tackling prevalent issues in the community, good communication skills, extensive training in the community conversation process, and up-to-date documentation and evaluation.

**Keywords:** Collaboration, Commitment, Community Conversation, Community life, Empowerment, Marginalized, Mental health, Participation, Political leadership.

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## **DEDICATION**

This study is dedicated to my wonderful family: my great supporter and advocate husband, Dr Damilola Awolesi; Moyosoreoluwa my ever understanding daughter and my little princess Oluwatofunmi.

## **ABBREVIATIONS**

CC	Community Conversation
CCE	Community Capacity Enhancement
CEPD	Centre for Education Policy Development
DDP	Democracy Development Programme
GIZ	German Academy for International Cooperation
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
LAMIC	Low and Middle Income Countries
NPOs	Nonprofit Organizations
NSP	National Strategic Plan
SAMHSA	Substance Abuse and Mental Health Services Administration
TRC	Truth and Reconciliation Commission
WHO	World Health Organisation



## TABLE OF CONTENTS

Declaration.....	i
Abstract.....	ii
Acknowledgements.....	v
Dedication.....	vi
Abbreviations.....	vii
Table of Contents.....	viii
List of Tables.....	xi

## CHAPTER 1: INTRODUCTION

1.1 BACKGROUND.....	1
1.2 PROBLEM STATEMENT.....	6
1.3 PURPOSE OF THE STUDY.....	7
1.4 RESEARCH OBJECTIVES.....	7
1.5 OPERATIONAL DEFINITIONS OF TERMS.....	8
1.6 SIGNIFICANCE OF THE STUDY.....	9
1.7 SUMMARY OF THE CHAPTER.....	10

## CHAPTER 2: RESEARCH METHODOLOGY

2.1 INTRODUCTION.....	11
2.2 PHILOSOPHICAL FRAMEWORK.....	11
2.2.1 Descriptive Phenomenology .....	11
2.2.2 Interpretive Phenomenology.....	12
2.3 RESEARCH APPROACH.....	12
2.3.1 Bracketing.....	13
2.3.2 Intentionality.....	14
2.3.3 Description and Essence.....	14
2.4 RESEARCH SETTING.....	14
2.5 RESEARCH PARTICIPANTS.....	16
2.5.1 Inclusion and Exclusion Criteria.....	16
2.6 DATA COLLECTION.....	19

2.6.1. Preparation for Data Collection.....	20
2.6.2 Recruitment Strategy.....	20
2.6.3 Data Collection Process.....	21
2.7 TRUSTWORTHINESS.....	23
2.7.1 Credibility.....	23
2.7.2 Transferability .....	24
2.7.3 Dependability... ..	24
2.7.4 Confirmability .....	25
2.8 DATA MANAGEMENT.....	25
2.9 DATA ANALYSIS.....	25
2.10 ETHICAL CONSIDERATIONS.....	26
2.11 SUMMARY OF THE CHAPTER.....	29

### **CHAPTER 3: LITERATURE REVIEW**

3.1 INTRODUCTION.....	30
3.2 COMMUNITY.....	30
3.2.1 Communities and Mental Health Promotion.....	32
3.3 THE COMMUNITY CONVERSATION (CC) PROGRAMME.....	34
3.3.1 Principles of Community Conversation (CC).....	35
3.3.2 Goals and Objectives of the Community Conversation (CC) Programme.....	36
3.3.3 Methodology of the Community Conversation (CC) Process.....	36
3.4 IMPACT OF THE COMMUNITY CONVERSATION (CC) PROGRAMME ON AN INDIVIDUAL AND THE COMMUNITY.....	39
3.5 SUMMARY OF THE CHAPTER.....	40

### **CHAPTER 4: PRESENTATION OF THE RESULTS OF THE STUDY**

4.1 INTRODUCTION.....	41
4.1.1 Description of the participants within the study.....	41
4.2 COLAZZI METHOD OF DATA ANALYSIS AND DATA REPRESENTATION.....	43
4.2.1 Acquiring a general sense of the content.....	44
4.2.2 Extracting significant statements pertaining to the phenomenon.....	44

4.2.3 Formulating meanings.....	44
4.2.4 Organizing clusters of themes from the formulated meanings.....	45
Theme 1: Mixed feelings: hope, anger, fear and empathy.....	45
Theme 2: The reality of the power differential.....	47
Theme 3: Learning from others.....	52
Theme 4: Community resolve.....	53
Theme 5: Community identity.....	54
Theme 6: The reality of not being the only one.....	56
4.3 EXHAUSTIVE DESCRIPTION OF THE PHENOMENA.....	58
4.4 SUMMARY.....	60
4.5 CONCLUSION.....	60

## **CHAPTER 5: DISCUSSION, RECOMMENDATIONS AND SUMMARY**

5.1 INTRODUCTION.....	71
5.2 EXPERIENCES OF CC PROGRAMME.....	71
5.3 RESEARCHER REFLEXIVITY AND LIMITATIONS.....	78
5.4 RECOMMENDATIONS.....	79
5.4.1 Recommendations for future research.....	81
5.5 SUMMARY.....	82
5.6 CONCLUSION.....	82

<b>REFERENCES.....</b>	<b>84</b>
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<b>ANNEXURES .....</b>	<b>99</b>
ANNEXURE A: Focus Group Discussion Guide.....	99
ANNEXURE B: Gate-keeper Permission – Request for Approval by Mariannridge Coordinating Committee.....	100
ANNEXURE C: Gate-keeper Permission – Community Coordinating Committee Letter of Permission Pending UKZN Ethical Clearance.....	102
ANNEXURE D: University of KwaZulu-Natal Humanities and Social Science Ethics Committee Clearance for Study.....	103
ANNEXURE E: Request for Approval by Democracy Development Programme (DDP).....	104

ANNEXURE F: Mail from Democracy Development Programme Confirming Independent Partnership with Community Coordinating Committee.....	106
ANNEXURE G: Full Permission Letter from Community Coordinating Committee.....	107
ANNEXURE H: Approval Letter from Ward Council.....	108
ANNEXURE I: Approval Letter from KwaZulu-Natal Department of Education.....	109
ANNEXURE J: Participant Information Sheet and Informed Consent Form.....	110
ANNEXURE K: Invitational Poster.....	114
ANNEXURE L: Ethics Certificates Completed by B.E. Awolesi.....	116
ANNEXURE M: Sample of Focus Group Interview with Participants.....	119
ANNEXURE N: Excerpts from Researcher's Reflexive Journal.....	128
ANNEXURE O: Summary of researcher's field Notes.....	134
ANNEXURE P: Confirmation of Editing.....	143

## LIST OF TABLES

TABLE 2.1: Number of Participants at the Four CC Programmes.....	16
TABLE 2.2: Participant Inclusion/Exclusion Criteria.....	17
TABLE 2.3: Total Number of Participants Who Met the Inclusion and Exclusion Criteria.....	18
TABLE 4.1: Demographic Variables of Participants.....	42
TABLE 4.2: Significant statements and their location in the transcripts.....	61
TABLE 4.3 Themes/associated significant statements/location in the transcripts.....	65

## **CHAPTER 1**

### **INTRODUCTION**

This chapter presents the background, problem statement, purpose, and objectives of the thesis, including the significance of the study in mental health nursing.

#### **1.1 BACKGROUND**

Deinstitutionalization, a shift in the locus of mental health care from hospital to community settings, was implemented as a strategy directed at the improvement of mental health care services (Department of Health (DOH), Republic of South Africa (SA), 2013). Briefly, mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (World Health Organization (WHO), 2014a). Deinstitutionalization has been accompanied by a rapid increase in the number of primary health care nurses and community-based organizations (Hamden et al., 2011; Yoon, Bruckner and Brown, 2013). This paradigm shift incorporates a greater emphasis on community life, with community being viewed as a source of opportunities that can enhance people's lives (Happell, Hoey and Gaski, 2012). Inherent in this shift is the argument that mental health is the foundation for well-being and effective functioning for both the individual and the community (WHO, 2014b).

The concept of community goes well beyond geographical boundaries and encompasses group support and acceptance. Briefly, community is defined as a sense of membership and belonging, whether that be based on geographic location, kinship, friendship, common interests, or other connections and bonds (Scotch and Carey, 2011, p.249). Community settings have become a preferred primary setting for health service delivery and include a shift to preventative services. Many health policies and practices have been reoriented toward prevention, rather than being based solely on the treatment and ongoing management of illness and disease (Willis et al., 2012). Community-based mental health services represent an appropriate setting for the provision of preventive care to clients in a number of countries (Bartlem et al., 2013). Briefly, mental health promotion practices involve a careful study of a community's needs, resources,

priorities, history, structure and working in collaboration with the community (WHO, 2013). In order to accomplish this, mental health care practitioners need to liaise with other community agencies to facilitate the planning and implementation of collaborative services that meet community needs (Western Health and Social Care Trust, 2013). However, the adoption of a biomedical approach has seen mental health care practitioners acknowledging their own expertise, resulting in only a few collaborative initiatives – in essence, a government official's solution-focused approach that excludes those directly affected by the health care challenges and in opposition to mental health promotion practices (Block, 2009; WHO, 2013).

Critics assert that despite the dramatic growth of community mental health services, the inadequate involvement of service users in meaningful community relationships hinders the successful integration of the services (Sung et al., 2013). Most frequently, the excluded are vulnerable groups, based on economic standing, such as women and children (Block, 2009). The problem with current services is not that they are necessarily lacking, but that they function within a power differential, the authoritative approach resulting in a counter-desired outcome of isolation (Scotch and Carey, 2011). In addition, the opportunities for improving mental health in a community are not fully explored (WHO, 2013). Community participation is an essential aspect of participatory democracy, which seeks to address inequality, injustice, and exclusion based on race, class, gender, sexual orientation, and age (Hildreth, 2012). The adoption of democratic engagement has positive and possibly transformative effects on community members. Through the experience of participation, individuals may be transformed into active members, having a better understanding of their own interests, others' interests, and possibly the provision of public goods that are beneficial to everyone (Barber, 2004). However, despite these benefits, there is a gap that emerges between the promise of a higher level of democratic engagement by government officials and the decision-making power that is subsequently given to the citizens (Flinders and Dommett, 2013). This gap is particularly evident in rural and peri-urban communities.

Many rural and peri-urban communities face economic, social and health challenges such as poverty, poor education, unemployment, crime, substance abuse and a lack of health care services, including mental health promotion services (Chung et al., 2009; Centre for Education Policy Development (CEPD), 2008; Kelly et al., 2011a). The multiple interactions between these

socioeconomic and environmental factors determine mental health (WHO, 2014a). The greater vulnerability to mental illness of disadvantaged people in such communities may be explained by such factors as the experience of insecurity and hopelessness and the risks of violence and physical ill-health (WHO, 2013). In order to prevent or reduce the occurrences of mental illnesses in these communities, it is essential that preventive services, such as mental health promotion, are provided. These services should be targeted at improving underlying societal conditions. Without addressing some of the underlying societal conditions that exist in these communities and which place people at risk for poor health, specifically mental ill-health, a good quality of life will be difficult to achieve (WHO, 2014a). Mental health professionals, nonprofit organizations (NPOs), and universities in high-income countries have begun to increase health and mental health promotion activities in resource-poor environments and countries through their support of grassroots (local-level) capacity-building efforts (Yearwood, 2010). Attention is increasingly being focused on a community's mental health needs, underpinned by awareness that strengthening economic, political, religious, education and health systems within the community leads to improved mental health care outcomes of families and individuals (Yearwood, 2010). Core to these mental health promotion initiatives are collaboration and empowerment. Empowerment is defined as the ability of people to gain understanding and control over personal, social, economic, and political forces in order to take action to improve their life situations (Israel et al., 1994, p.152, cited in Wiggins et al., 2009). Being included in the community in which one lives is vital to the material, psychosocial, and political empowerment that underpins mental well-being (WHO, 2010). As a result, individuals and communities are enabled to change their social and political environment to improve their health-related life circumstances (WHO, 2010). Evidence suggests that empowerment leads to positive outcomes such as increased mental well-being, independence, self-efficacy, motivation to participate, more effective coping strategies, enhanced self-esteem and a greater sense of connectedness with other members of the community (Barry and Jenkins, 2007; Commission on Social Determinants of Health, 2007).

When considering collaboration and empowerment in ensuring community involvement in solving prevailing community issues, a community conversation (CC) programme is essential as a grassroots capacity-building effort (Collay, 2010). CC is an interactive process involving thoughtful dialogue. This dialogue is facilitated by a community member with the aim of

bringing together every member of the community. This CC is based on the premise that everybody shares equal status and has the knowledge, capability and resources that can bring about positive outcomes individually and collectively, once the community perceives ownership of the problem (Campbell et al., 2013; Collay, 2010; Swedeen et al., 2012). This results in the community members discovering their own ability and power to create change and improve their own lives as well as those of the community (Swedeen et al., 2012). A CC is generally a good starting point for work in the community aiming to promote a sense of cohesion and togetherness. This intervention is widely used in communities where social challenges such as poverty, HIV/AIDS, poor education, crime and substance abuse prevail (Campbell et al., 2013; Kohler-Evans, Webster-Smith and Albritton, 2013; Nelson Mandela Foundation, 2010; Storer et al., 2011). It is also used by community development facilitators using community empowerment and "literacy for social change", as understood by Paulo Freire (1973). A key to empowerment supported by CC techniques is the removal of formal or informal barriers and the transformation of power relations between individuals, communities, services and governments (WHO, 2010).

Freire (2007) highlighted the enablement of active participation such that the participants can be liberated from oppressive conditions. This author went on to describe dialogue as an "I-thou relationship between two subjects" in which both parties confront each other as knowledgeable equals in a situation of genuine two-way communication (Freire, 2007, p.45). His theory is emancipatory in nature, which is achieved by consciousness raising and praxis. Consciousness raising addresses both the rejection of false consciousness and the development of conscientization, or critical consciousness (Fontana, 2004). Praxis is defined as "reflection and action upon the world in order to transform it" (Trifonas, 2012, p.36). Action and reflection are creative processes, which use dialogue as an essential component. Critical dialogue uncovers hidden distortions that maintain oppression (Henderson, 1995). A form of critical dialogue is CC, one the main tools of community mobilization (The Open University, 2014). It gives a chance for community members to listen to each other attentively, and speak out with regard to what they think is best in, for example, responding to economic or social challenges (Swedeen et al., 2012). CC promotes a sense of community membership by recognizing the need for honouring all voices as valued members of the community in the decision-making process (Collay, 2010; The Open University, 2014). Further to this, the creation of trust and community cohesion is



facilitated, resulting in a reliable and sustainable community cooperation and action (Collay, 2010).

In every community there are health and social issues that could be helped by a CC programme (Campbell et al., 2013). Community-based practices recognise the profound interdependence of individual and community well-being (Lightburn and Sessions, 2006). CC could be a useful intervention for community mental health practice as it builds on the healing power of the collective or belongingness of the group, thus promoting individual and community mental health (Lightburn and Sessions, 2006).

In the South African context, CCs are known to be one of the traditional methods of governing in the old tribal practices, and are still practiced from grassroots problem-solving techniques of families, to the formal local and national governing bodies within the country (Mabelebele, 2006). The local leaders as well as national government meet with the communities to answer questions, hear concerns and take advice from the community about programmes and services. These meetings are called “imbizo” (summit) and are used by government as an attempt to deepen participatory democracy and public participation, especially for the poor (Hartslief, 2008; Mabelebele, 2006). Although the intent of these conversations is to solve problems at community level and the leaders expect community participation, participants in the process are not necessarily taking ownership of the process (Kondlo, 2010). Vulnerable groups such as women and children, who are affected directly by these social situations, are not consulted and often do not voice their opinions in these conversations (Kondlo, 2010). The responsibility and accountability of problem-solving and decision-making continues to lie with men, who are governing leaders (Holmes, 2011). This may have resulted in the term “power factor”, coined by Michelle Collay (2010), where information about problems and solutions in the community do not hold the same value for residents as they do with those who claim to consult them. The community participants might suspect that government officials harbour an agenda not transparent to them (Collay, 2010). Good information or ideas, and the power of this to influence possible action, are reduced by this factor (Collay, 2010). The result of this is that the person of higher office still carries the power and the participant’s or community member’s contribution disappears in the red tape of governing processes (Kondlo, 2010). In this context, the community members expect the public servant to resolve those problems and give solutions

without them taking ownership of the process themselves (Andani, 2012). In an attempt to counteract this somewhat dependent practice, formal CC programmes were initiated by the Nelson Mandela Foundation to ensure ownership and accountability by all members of the community (Nelson Mandela Foundation, 2013). These place dialogue at the centre of problem-solving, with community members working together to find common ground. These programmes were established in an attempt to bring people who disagree with each other into a safe space to discuss issues (Nelson Mandela Foundation, 2013). The nonprofit organization largely supporting CC within SA is the Democracy Development Programme (DDP). This organization was initiated in 1993 as a partner project of the Konrad Adenauer Foundation of Germany. This was done to support capacity-building on governance and civil society levels in order to ensure that both are empowered for meaningful participation in SA's social transformation. These conversations are based on Block's methodology of small units and questions that are capable of arousing deep emotions (DDP, 2010). The questions are used to engage the community members in six transforming conversations of invitation, possibility, ownership, dissent, commitment and gifts (Block, 2009).

## **1.2. PROBLEM STATEMENT**

Despite the rights and freedoms bestowed on its citizens after Apartheid in 1994, SA remains a country of great dichotomy, with the continued existence of marginalized communities (Modisaotsile, 2012). Most of these communities exist in rural settings of peri-urban townships, and residents are faced with various challenges such as poverty, unemployment and the scarcity of basic services (Kelly et al., 2011a; CEPD, 2008). One of the fundamental issues of community mental health care is that it relies on a wide network of interlocking components available in the community because these social and environmental challenges impinge strongly on mental health and mental illness (Thornicroft et al., 2011). Many South Africans, especially those in areas of previous disadvantage, found it difficult to make the transition from apartheid to liberal democracy (Andani, 2012). This difficulty was manifested in a decrease in the citizens' level of self-directed or community-directed activity, most looking no further than the newly formed government for solutions to problems they might have dealt with themselves (Andani, 2012). CC, although originating from an upper-income country, is an empowering process that can give voices to marginalized communities. This can be in the form of collectively identifying the areas

of major concern and electing active and accountable people to solve their problems. In so doing, these conversations are seen as paramount to generating inclusivity and a sense of belonging in creating a collective change (Kelly et al., 2011a; Griffin, 2010).

In a conversation on 27th August 2013 Jenny Boyce confirmed that the selected eThekwini community and some of its members have engaged in CCs with different themes for the past 18 months. Not only do these CCs facilitate a method to allow these residents to re-author their lives, but they may also contribute to the promotion of mental health. Participating individuals are encouraged to realize his or her own potential, causing them to develop positive self-esteem and resilience in order to cope with the normal stresses of life (Substance Abuse and Mental Health Services Administration (SAMHSA), 2013). Consequently, they may work productively and make a contribution to their community (WHO, 2013). However no research study has been carried out to explore the experiences of these community members in this eThekwini district as they relate to CC and the influence of these on their mental health as they relate to community life. It is also not known what was effective or less effective for the participants as well as the CC conveyers of these conversations within this specific community.

### **1.3. PURPOSE OF THE STUDY**

The purpose of this study was to explore the lived experiences of participants of a CC programme in a community within eThekwini district, KwaZulu-Natal (KZN).

### **1.4. RESEARCH OBJECTIVES**

The objectives of the study were twofold:

1.4.1 To describe the lived experiences of participants of a CC programme within a marginalized community within eThekwini district, KZN.

1.4.2 To describe the positive and negative contributions of a CC programme towards community life and mental health among participants who attended the programme within a marginalized community within eThekwini district, KZN.

## 1.5. OPERATIONAL DEFINITIONS OF TERMS

The undermentioned definitions explain the researcher's initial understanding of the terms and the way these terms are used in the research context:

- Community is defined as a sense of membership and belonging, whether that be based on geographic location, kinship, friendship, common interests, or other connections and bonds (Scotch and Carey, 2011, p.249).

*Operational definition: a locality where members live, express a shared sense of identity and engage in the common concerns of life (Theodori, 2005).*

- Community life is the life and activities of a community (Collins English Dictionary, 2014).

*Operational definition: the ability to work together to expand opportunities for all community members, to respond and adapt to life's challenges and build a common vision (The Constellation, 2012).*

- A Community Conversation (CC) programme is a planned, directive and purposeful gathering involving a diverse set of participants to address a challenge facing the community through questions and dialogue (Block, 2009, p.54). This is based on the premise that powerful questions are more transformative than answers (Block, 2009).

*Operational definition: a Community Conversation (CC) programme is conducted using Block's methodology of transforming questions of invitation, possibility, ownership, dissent, commitment, and gift (Block, 2009).*

- A marginalized community is most notably comprised of racial/ethnic minorities and individuals with low socioeconomic status (Yuval, Galea and Norris, 2009, p.277).

*Operational definition: an urban residential area beyond the town or city limits created for 'coloured' people (Statistics South Africa, 2004).*

- Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO, 2013). In this positive sense mental health is the foundation for well-being and effective functioning for an individual and for a community.

*Operational definition: the presence of positive affect (e.g., optimism, cheerfulness, and interest), absence of negative affect, and satisfaction with life (Center for Disease Control and Prevention, 2011).*

- Mental health promotion consists of interventions to enhance the ability to achieve developmentally appropriate tasks and a positive sense of self-esteem, mastery, well-being and social inclusion, and to strengthen the ability to cope with adversity. This ability to cope is referred to as resilience (SAMHSA, 2013).

*Operational definition: the process that fosters supportive environments and resilience to enhance the capacity of individuals and communities to take control over their lives and improve their mental health (Ontario Chronic Disease Prevention Alliance (OCDPA), 2010).*

- Participation is the process of enabling the populations targeted for development to regain some influence and power, to break their pattern of exclusion, and to have access to the resources they need (Maroun, 2008, p.109).

*Operational definition: being present at the conversations and not necessarily talking as silence is seen as part of the conversation. People are rather encouraged to sit with their questions if answers are not forthcoming (Block, 2009).*

## **1.6. SIGNIFICANCE OF THE STUDY**

In 2008, CC programmes were initiated across SA in rural and peri-urban areas as a pilot intervention (Nelson Mandela Foundation, 2013). This programme, part of the Community Dialogue 2007-2013 initiative sponsored by German Academy for International Cooperation (GIZ), was in response to recommendations of the Truth and Reconciliation Commission (Truth and Reconciliation Commission, 1998). The dialogues were structured according to the Community Capacity Enhancement (CCE) methodology to promote community discourse about pertinent social issues such as HIV/AIDS, teenage pregnancy, substance abuse and gender-based violence, with a view to enhancing the communities' capacity to deal with the issues facing them (Nelson Mandela Foundation, 2013). To date, over 400 dialogues have been held and some 200 facilitators trained by GIZ with discussions made on how the impact of the CC process can be measured with indicators since it is not known what effect these processes had on the community (Nelson Mandela Foundation, 2013).

Although some of the literature (Jeffers and Wahl, 2000; National Conversation on Public Health and Chemical Exposures, 2011; Swedeen et al., 2012) has discussed the CC technique highlighting support for the general premise of the technique, there is still little research on the outcomes of these processes. The community's experience of CC as an empowering technique, especially for the vulnerable, has not been researched.

The researcher hopes to discover and describe outcomes for participating community, and in this way inform health service delivery, specifically nursing curriculum development, and knowledge and practice, especially mental health nursing, about the usefulness of CC programmes in promoting community life in relation to health-focused conversations.

Lastly, in relation to the body of research, little is known about the usefulness of CC programmes in marginalized communities in SA. The results may add to the available body of knowledge and provide specific data to the local context, especially in the role of a mental health specialist for the promotion of mental health in the community. It may also generate new questions and research fields.

## **1.7. SUMMARY OF THE CHAPTER**

This chapter discussed the background to the study and highlighted areas that will be explored. The research purpose, objectives, operational definitions and the significance of the study were also elaborated on.

Chapter two describes the methodology utilised in the study.

## **CHAPTER 2**

### **RESEARCH METHODOLOGY**

#### **2.1. INTRODUCTION**

This chapter outlines the approach taken during the research process, conducted to gain deeper understanding of the meaning of the lived experiences of community members during their participation in the CC programme in relation to mental health promotion and community life. The chapter describes the philosophical framework which informed the research approach, and the application in terms of the setting, data collection and analysis. In this study, the qualitative paradigm and phenomenological design was chosen to explore the lived experience of participants.

#### **2.2. PHILOSOPHICAL FRAMEWORK**

This study explores the lived experience of community members who participated in CC and is based on the philosophical approach of phenomenology. Phenomenology has its roots in both psychology and philosophy, and it can be said that the purpose of phenomenology is to describe experiences as they are lived and experienced by participants (Burns and Grove, 2009). Due to the subjective nature of qualitative research, there is a concern that an extensive literature review and the use of a conceptual framework have the potential to influence the researcher's openness and objectivity (Burns and Grove, 2009). Thus, an extensive literature review and conceptual framework were used only when analyzing data. This supports the need to look at the data without preconceived ideas or influence (Polit and Beck, 2013). Traditionally, two key philosophers used by nursing researchers adhering to phenomenology are Edmund Husserl and Martin Heidegger, for descriptive phenomenology and interpretive phenomenology respectively.

**2.2.1 Descriptive, Transcendental or Eidetic phenomenology** is based on the works of Husserl (1982). Husserl believed that phenomena make up the world of experience, and therefore these experiences cannot be explained by examining causal relations, but rather need to be studied when there is a person to experience that phenomenon (Grove, Burns and Gray, 2013, p.60). In other words, Husserl's phenomenology describes the experiences of the individual or group as

they are lived and the meaning that this experience has for them. In an attempt to ensure that the researcher maintains objectivity, Husserl believed that it is essential for the researcher to be open to the participants' world view by setting aside personal perspectives and allowing new meanings to emerge (Grove, Burns and Gray, 2013, p.60). This process of setting aside one's beliefs during the research process is called "bracketing". Thus, descriptive phenomenology asks "What do we know as persons?", with emphasis on the description of the human experience (Polit and Beck, 2008, p.228). This study proposes to explore the experiences of the participants of the CC programme, which is in accordance with the scope of Husserl's approach, by describing these experiences. The phenomenological approach was therefore considered appropriate.

**2.2.2 Interpretative, Hermeneutic phenomenology** is based on the works of Heidegger. Heidegger believed that people are shaped by the world in which they live, i.e. each person is qualitatively different because they are situated in a specific and unique context and time (Grove, Burns and Gray, 2013, p.61). He believed that "being already present in the world" gave the researcher prior understanding of the phenomena under study, and that this thus provides meaning (Fitzpatrick and Kazer, 2011, p.299). Although this approach fits well with the nature of mental health research, for the purpose of this study it is not considered appropriate. Interpretative phenomenology asks "What is being?", with the emphasis on interpreting and understanding, not just on describing the human experience, which is the main purpose of this research (Polit and Beck, 2008, p.229).

## **2.3. RESEARCH APPROACH**

The philosophy of Husserl, descriptive phenomenology, supports the objectives of the research, namely to describe the lived experiences of participants of a CC programme and, thus, this approach was adopted during the research process. Descriptive phenomenology involves direct exploration, analysis and description of particular phenomena, as free as possible from unexamined presuppositions, aiming at maximum intuitive presentation. It stimulates perception of lived experience while emphasizing the richness, breadth and depth of those experiences (Speziale, Streubert and Carpenter, 2011, p.81). Husserlian phenomenology takes an epistemological approach, asking the question "How do we know about man?". This approach



argues that phenomena make up the world of experience, and that a phenomenon can only be understood when there is a person who experiences it. Husserlian phenomenologists believe that although self and world are mutually shaping, it is possible to set aside one's beliefs to see the world firsthand in a naïve way (Grove, Burns and Gray, 2013, p.60). Taking into account the specific context of the community, the researcher had participated in two of the CCs during a Master of Nursing in Mental Health Nursing placement, but does not regard herself as a member of the community. Therefore, she chose to describe the experiences of the community members (descriptive phenomenology) rather than focus on the being-in-the-world of the community members (interpretive phenomenology) to give meaning based on the participants' world views (Walker and Read, 2010). As previously mentioned, unlike Heidegger, Husserl believes that the mutual shaping of self and world does not prevent the possibility of separating oneself from one's beliefs. This concept is referred to as bracketing, which, together with intentionality, description and essence, form the four fundamental processes of Husserl's phenomenology (Baker, Wuest and Stern, 1992). In keeping with Husserl's phenomenology, these principles were applied during data collection and are outlined below.

### **2.3.1 Bracketing**

The phenomenological reduction terms 'bracketing' and 'epoché' were used interchangeably. Fitzpatrick and Kazer (2011, p.399) interpret Husserl's term "phenomenological reduction" as the process of refraining from one's preconceived notions and judgments in order to confront data in its pure form. Polit and Beck (2008, p.228) acknowledge that bracketing can never be totally achieved, but demonstrate that bracketing is an iterative process. The process involves preparing, evaluating, and providing systematic, ongoing feedback about the effectiveness of the bracketing. In line with the above argument, the researcher maintained a reflexive journal to identify feelings, interests, bias, and personal values that may indicate a lack of neutrality. The reflexive journal was recorded in note form and the journal contents were discussed with the researcher's supervisor. During more intensive periods of the research process such as data collection, analysis and report writing, entries into the journal were on a daily basis. However, at less intensive periods of the research process, such as when making arrangements for the focus groups or waiting for approvals from necessary organizations, thoughts were recorded weekly (Lamb, 2013).

As stated earlier, the researcher began to conceptualize this study after having a learning encounter with the community during the process of two CCs. The researcher was firstly concerned about the different challenges encountered by previously disadvantaged communities such as unemployment, high school dropout rates, drug abuse and teenage pregnancies. Secondly, the researcher was inspired by the use of CC as a means to facilitate the development of active and responsible community members to work together for the common good of the community. However, due to the lack of evaluation of the CC programme in which the researcher participated, the researcher became curious about how the community members perceived its usefulness. The researcher identifies the undertaking of this research as a way of giving voices to the participants to verbalize their experiences of their participation in these CC programmes and what the conversations are doing for them or have done for them.

### **2.3.2 Intentionality**

The researcher embraced the core premise that one can only describe lived experience through paying attention to perceptions and meanings that awaken conscious awareness (Fitzpatrick and Kazer, 2011). In the context of this study, participants were asked questions to elicit a description of their experiences (questions described later in the chapter in point 2.7.2, p. 22).

### **2.3.3 Description and essence**

The description and essence process of understanding and defining phenomena began and was enhanced during both data collection and analysis (Polit and Beck, 2008, p.228).

## **2.4 RESEARCH SETTING**

The study was conducted in one of the communities on the outskirts of the eThekweni district which was established in 1976 as part of the implementation of the Apartheid Group Areas Act No. 41 of 1950. Initially only 600 housing units, flats and semi-detached houses were built for community accommodation; there was no infrastructure such as transport systems, access roads, schools or shops (Ndlovu, 2010). In a conversation on 30th July 2013 Jenny Boyce stated that this community was used, as were many others, to relocate families living in and around Durban

during the apartheid era. The specific community is of a coloured, or mixed race, origin. This brings specific and unique dynamics to the researcher's attention, specifically the stereotypical 'coloured identity. Overcrowding, poverty and gangsterism are suggested to have cemented stereotypical coloured behaviors, including alcohol and drug abuse, violence, domestic violence, sexual abuse, fragmented families, teenage pregnancies and HIV/AIDS (Norrian, 2009). Norrian (2009) reports that during the height of gang activity in the area, many families watched as their fathers and brothers lost their lives, were injured or incarcerated. These events left many people hurt physically and emotionally with unfinished business between families, as some cases were never solved and crimes went unpunished (Boyce, 2009).

Since 1976, specifically post-1994, Reconstruction and Development Programme (RDP) houses were built and people became home owners. There is now a swimming pool, a taxi rank, a health clinic, a crèche, a fire station, a library, a community hall, churches, a crisis centre, a mosque, and a primary and high school (Ndlovu, 2010). In an email on 30th July 2013 Boyce outlined the statistics from 2013 indicating that the area has a population of 4969 members, most of which are young people. Some of these young people have dropped out of school, while others have completed matric. Some are semi-skilled but unable to find full time work. In recent times, there has been a vision to transform the community to become a more positive, productive and self-sufficient place to live by breaking the cycle of childhood neglect, abuse, violence, substance abuse, poverty, hopelessness and crime (Boyce, 2009).

The selection of this setting was based on the researcher's prior involvement in two CCs about education and family life. At that time it was estimated that between 50 and 100 persons had been attending the CC. From February 2012 to date, there have been nine CCs whose themes included education, family life, women and drugs. Of these nine CCs, six were about education, with two involving all stakeholders in education, two with education management, one with parents and learners, and one with the local school governing body and community education forum. The remaining three conversations conducted were about young women, family life and drugs. Community members were invited by the programme coordinator to participate in the relevant conversation according to the topic to be facilitated.

## 2.5 RESEARCH PARTICIPANTS

The researcher approached the chairperson of the community's coordinating committee (who is also the CC programme coordinator) to discuss the possibility of the study. The intention was to involve all participants based on the description of the CCs as highlighted in the description of the research setting (point 2.4, p.14) in order to identify the voices of a broad spectrum of participants who would best describe their experiences in particular community life. These participants were divided into four categories, and they include facilitator and technical team members of the programme, educators, education management, members of the school governing bodies, education forum members, learners, parents, grandparents, other professionals and community members.

### 2.5.1 Inclusion and Exclusion Criteria

The researcher encountered some barriers in engaging and accessing research participants. It was difficult obtaining information about participants due to reported lack of cooperation between the school and the community coordinating committee and inadequate record-keeping. The researcher was thus required to go to the coordinating committee office to go through the books and get the names of potential participants. Firstly, attendance lists of only four conversations were found: one conversation about education, one on drugs, one about women and one on family life.

**Table 2.1 Number of participants at the four CC programmes**

Date	Title of conversation	Total number of attendants
13 April 2012	Stone soup conversation on family life	20
12 May 2012	CC for ladies	9
18 February 2013	CC about education	46
15 May 2014	CC on drugs	43

Secondly, some details such as addresses or cell phone numbers were missing. Lastly, it was difficult to identify learners between ages 18-20 as their ages were not included in the attendance list, and some names could not be placed into any of the four categories by the administrator. In addition some of the people who participated in the conversations about education, especially the educators, have left the school. We live in an increasingly transient world, where people move in and out of communities all the time (Alton, 2014). In view of the above difficulties encountered, the researcher and the CC programme team members worked with the four attendance lists available to identify participants (see table 2.1, p.16 - names may overlap). 22 participants met the inclusion criteria (see table 2.2, p.17) such as the availability of contact details and were placed into one of the three categories (see table 2.3, p.17). Learners who were supposed to be in the fourth category were excluded from the research as it was difficult to identify those in the age bracket (18-20 years) required for the research.

**Table 2.2: Participant Inclusion and Exclusion Criteria**

<b>Inclusion Criteria</b>	<b>Exclusion Criteria</b>
Community members living/working in the community	Non-community members
Have participated in at least one of the four documented CC programmes	Have not participated in any of the four documented CC programme
Participants whose contact details were available	Participants whose contact details were missing
Willingness to participate	Not willing to participate
	Learners
	Participants who could not be identified or placed in any of the categories

The researcher drafted a letter in a self-addressed envelope to those participants who met the inclusion criteria, requesting their participation in focus group discussions. The total number of the potential participants was 22 (see Table 2.3, p.17).

**Table 2.3: Total number of participants who met the inclusion and exclusion criteria**

Categories	Numbers
Category 1: CC programme coordinator (facilitator and other technical team members) and other professionals.	7
Category 2: Educators and education management, including members of the school governing bodies	5
Category 3: Parents, grandparents and other community members	10
Total:	22

The letter included the information sheet specifying the purpose of the study, the data collection process, a permission slip to audio record focus groups, and invitation posters indicating the date, time and venue of the focus group discussions (see Annexure K, p.114). The time slot was decided after having a conversation with the coordinator of the programme as to the suggested time when people are likely to be available. The different time slots were communicated to the participants through the invitation poster and a reminder SMS sent a day prior to the scheduled discussions. Due to the unreliability of postal services in this area and the postal strike that commenced during the recruitment process, letters were posted through Time Freight, Pietermaritzburg to the office of the community's coordinating committee whose members were conversant with the area. Letters were hand-delivered or scanned and emailed to 21 potential participants by the team members of the CC programme. One participant was unreachable through e-mail and lives far away from the office. However, based on the emerging dynamics, only fifteen people were interviewed while others declined the invitation. Others came only once or twice. Reasons given for declining include factors such as work schedules, looking after a sibling's child, taking care of a special needs grandchild, and attending to other commitments. The fifteen participants comprised of one pastor, one chairman of the education forum, one educator, one member of the community policing forum, one CC programme facilitator, one deputy chairperson of the community organization, one ex-chairperson of the school governing body, three CC programme technical team members, three parents and two grandparents.

## 2.6 DATA COLLECTION

In accordance with the phenomenological approach to data collection, the data analysis and literature review will be carried out simultaneously during data collection. This approach allows the researcher to direct and redirect the interview process in light of the emerging themes and patterns, and thus to explore the phenomena in a deeper and more meaningful way (Polit and Beck, 2013).

Although some nursing researchers have highlighted the incompatibility of focus groups and phenomenology, especially in studies underpinned by Husserlian phenomenology (Webb, 2003, cited in Bradbury-Jones, Sambrook and Irvine, 2009), the researcher selected this data collection method due to the potentially large number of participants and their existing experience participating within CCs. Antagonists to the use of a focus group method argue that the goal of phenomenological research is to seek the essential characteristics, or ‘essences’, of phenomena. Therefore, they believe that a phenomenological approach requires that an individual describe their experiences in an ‘uncontaminated’ way, and support the use of individual interviews. However, according to Giorgi (2000), it is not the participants who bracket but the researcher, which brings into question the need to separate participants at all for the purpose of data collection. Some recognized advantages are that they allow participants to hear the ideas of others, which helps them to formulate their own opinions (Bradbury-Jones et al., 2009; Willig, 2013). The aim of a focus group is not consensus-building but to encourage different views. As such, it encourages participants to elaborate on their views in response to support, or to defend them when challenged by other group members (Hennink, 2007).

Nine focus group discussions were planned with participants. This comprised of three focus group discussions with each category. However, one focus group discussion ended up as an individual interview because other members within the category did not show up. In total, eight focus group discussions and one individual interview (Laws et al., 2013; Marshall and Rossman, 2010). The idea of having different focus groups is to encourage multiple meanings and a range of responses, which may provide a greater understanding of the experiences of participants in the CC programme (Creswell and Plano Clark, 2010; Liamputtong, 2010). Furthermore, it is important to consider similar characteristics such as level of education and work relationships, so

that all participants feel comfortable in expressing their opinions on the subject (Creswell, 2012; Liamputtong, 2008).

The different categories are:

- Category 1: CC programme coordinator (facilitator and other technical team members) and other professionals.
- Category 2: Educators and education management including members of the school governing body.
- Category 3: Parents, grandparents and other community members.

### **2.6.1. Preparation for data collection**

As described under ‘Research Participants’ (point 2.5, p.15), the researcher encountered difficulty in accessing key informants due to a reported lack of cooperation between the school and the community coordinating committee and inadequate record-keeping.

### **2.6.2 Recruitment strategy**

All potential participants were sent letters of invitation to participate in the research process. This was achieved through the assistance of the team members coordinating the CC programme. A minimum of five people and a maximum of ten people were invited (Willig, 2013). However, a total of fifteen participants divided into three categories were involved in the focus group discussions. Category one involved five participants, category two involved four participants and category three involved six participants (described earlier; see point 2.6, p.18). Three focus group discussions were conducted every week for three weeks with the exception of one category where only one participant show up. In total, eight focus group discussions and one individual interview.

On the 8<sup>th</sup> of October 2014 the intention was to do three focus group discussions. The first (focus group 1A) and the third focus group discussion (focus group 1C) had five participants each,



however only one person arrived for the second category (focus group 1B) and it became an individual interview.

On the 15<sup>th</sup> of October, the researcher returned and did another three discussions with the three categories of participants. Focus group 2A and focus group 2B had three participants each while focus group 2C had five participants.

The final focus group discussions were done on the 22<sup>nd</sup> of October. Two people participated in the focus group 3A, four people participated in focus group 3B and five people participated in focus group 3C.

### **2.6.3. Data Collection Process**

The data collection process was divided into the following steps:

Step 1: Following the delivery of letters requesting participation and providing information on the project described above (recruitment strategy), community members were given one week to decide whether they were willing to participate or not. Those who were willing to participate were asked to meet with the researcher on the 8<sup>th</sup>, 15<sup>th</sup> and 22<sup>nd</sup> of October 2014 at the library room and at their appropriate time slot. The non-threatening environment of the library room was used as the venue for data collection. The library setting facilitated the establishment of a good relationship with participants, to build trust and rapport. However, there were interruptions such as noise when the telephone rings or school children playing in the open space facing the library room after closing hours. Also, on one occasion, a section of the library was being renovated and the focus group discussion was disturbed by noise from drilling equipment.

Step 2: An SMS was also sent by the researcher to remind all participants a day prior to the focus group discussions. On that day follow-up calls were made to participants who were running late to ask if they will be able to make it or not. However, based on the emerging dynamics, some individuals declined the invitation and never arrived, while others came only once or twice. Reasons such as work schedules, looking after a sibling's child, taking care of a special needs grandchild and attending to other commitments were given.

Step 3: The total of eight focus group discussions and one individual interview were conducted weekly for three consecutive weeks with different time slots (See Annexure K, p.114). A week's

interval between the focus group discussions gives the researcher ample time for transcriptions and analysis.

Step 4: Prior to conducting the focus group discussions, the researcher did a brief summary of the research study and participants were given the opportunity to decide whether to participate or not.

Step 5: Those who were willing to participate signed the informed consent form before starting the focus group discussions (See Annexure J, p.110).

Step 6: The focus group discussion and individual interview took between 30-90 minutes and were audio-recorded. On the 8<sup>th</sup> of October 2014, focus group discussion 1A at 10:10am ran for 1 hour 13 minutes 47 seconds, individual interview 1B at 12:17pm for 32 minutes 30 seconds and focus group discussion 1C at 2pm for 1 hour 11 minutes 48 seconds. On the 15<sup>th</sup> of October 2014, focus group discussion 2A at 9:31am ran for 39 minutes 68 seconds, focus group discussion 2B at 11:41am for 56 minutes 54 seconds, and focus group discussion 2C at 1:33pm for 1 hour 20 minutes 64 seconds. On the 22<sup>nd</sup> of October 2014, focus group discussion 3A at 9:13am ran for 40 minutes 40 seconds, focus group discussion 3B at 11:15am for 59 minutes 7 seconds, and focus group discussion 3C at 1:30pm for 1 hour 23 minutes 49 seconds.

A focus group questionnaire consisting of two parts was used during the focus group discussion (See Annexure A, p.99). The initial questions were related to the demographic information required to provide meaning to the data. The participants were asked to fill in the demographic form and provide a brief introduction of themselves. The second part was unstructured, consisting of one broad question which probed according to the gaps they are leaving when answering the questions. There was no need for translations as all CCs were conducted in English, and those who participated were also proficient in English.

Step 7: Each category of participants engage in three focus group discussions with the exception of one instance where it turned out to be an individual interview, making a total of eight focus group discussions and one individual interview. The same questions were posed to all participants to ensure consistency. Three focus group discussions were conducted once a week on the Wednesday of each week. Each category of participants was allocated a different time slot on the date. The three focus group discussions were analyzed before the next week's three focus group discussions. The researcher developed follow-up questions for subsequent discussions to probe areas where deeper understanding is needed. Also, emerging themes were confirmed during focus group discussions with subsequent groups. The subsequent focus group discussions

were also analyzed. The third week was set for all participants of focus group discussions to clarify and confirm themes during data collection. However, during this period, participants also shared more information.

Step 8: All field notes, inclusive of a reflection journal, were dated and kept by the researcher during and after each focus group discussion relating to what she sees, hears, experiences or thinks about in the course of collecting data and reflecting on the research process.

Step 9: After the research has been completed, an informal debriefing will be held with all research participants and copies of the research report will be sent to the Department of Education, ward committee representatives, the community's coordinating committee, and UKZN (Emanuel et al., 2004).

## **2.7 TRUSTWORTHINESS**

In qualitative research, academic rigor is judged using the concept of trustworthiness. Lincoln and Guba's model (1985) as cited by Polit and Beck (2013) will be used for assessing the trustworthiness of the study. Four criteria are required to ensure trustworthiness, which include: credibility, transferability, dependability and confirmability.

### ***2.7.1 Credibility***

Prolonged engagement, triangulation, member checks and the supervisor's debriefing are proposed as indicators of the credibility of the study. The researcher was engaged with participants during two CCs as a learner-participant. This relationship continued during the data collection process and analysis which helped gain an in-depth understanding and description of the phenomena under study from the perspective of the experiences of the participants.

Triangulation of the data was accomplished by conducting multiple focus group discussions and one individual interview with different groups of participants who meet the inclusion criteria, using the same research questions until saturation is reached (Pitney and Parker, 2009). Saturation occurred after conducting the last set of three focus group discussions with the different categories. In addition, the researcher also obtained data from the literature during data analysis.

Member-checking was done during the focus group discussion and individual interview process. Themes that emerged during previous focus group discussions and interview were explored during subsequent focus group discussions to determine the group's responses. Upon identification of the final themes, participants were asked to review their interpretations of the findings to ensure that the information reflected their perspectives (Pitney and Parker, 2009). The researcher's supervisor, as an expert in qualitative research, reviewed the proposal, data collection process and analysis (Pitney and Parker, 2009). The researcher had a session with her supervisor who read through the raw data and reviewed the information to ensure that the emerging themes and sub-themes reflected the data obtained. To promote credibility, transcripts of the raw data were provided as an annexure for the examination process to facilitate the understanding of the emerging themes and sub-themes (Annexure Q, p.144).

### ***2.7.2 Transferability***

Transferability refers essentially to the extent to which findings can be transferred to other settings or groups (Polit and Beck, 2013). The transferability of this qualitative study lies with the reader who might want to implement the findings of the study to his or her own context. The aim of this study was not to generalize the findings, but to describe the specific themes as unfolded in the target community (Speziale et al., 2011). However, the researcher has provided rich descriptions of the research setting, identification of participants and the methodology that guided the research process to allow the reader to determine if the research study is in any way applicable to their context.

### ***2.7.3 Dependability***

Dependability refers to the stability of data over time and over varying conditions (Polit and Beck, 2013, p.323). Dependability was ensured through the following: the researcher conducted the focus group discussions herself, using the same opening questions to guide discussion; participation was voluntary; and to facilitate honesty and disclosure discussions were conducted in a private room. In addition, the credibility of the transcriptions (point 2.7.1, p.22) adds to the dependability of the data.

#### **2.7.4 Confirmability**

Confirmability refers to objectivity or neutrality; that is, the potential for congruence between two or more independent parties about the data's accuracy, relevance or meaning (Polit and Beck, 2013, p.323). As mentioned earlier, descriptive phenomenology, which originates from Husserl's work, identifies the concept of bracketing as important in maintaining objectivity in phenomenological research (Balls, 2009). During the research process, a reflexive journal was kept to set aside preconceptions as well as the perceptions of and responses to the focus groups. To ensure objectivity, the journal was shared with the supervisor in order to identify any research difficulties or problems from the researcher's perspective (Lamb, 2013). The journal was used to provide ongoing feedback about the effectiveness of the bracketing. The researcher's supervisor, as an experienced researcher, reviewed the methodology and data generated. The researcher ensured neutrality by confirming the data with the participants through paraphrasing, reflection and summarizing during the process of the focus group discussions.

### **2.8 DATA MANAGEMENT**

All discussions with focus groups were recorded using a digital voice recorder and field notes (see Annexures M and O, p.119 & p.134). The recordings are then transcribed verbatim by the researcher. All recordings, transcriptions and scanned field notes were downloaded onto a password-protected computer and labeled using the participant's/group's pseudonym and the date and time of the focus group discussions. The voice recordings, transcripts and field notes were provided for review to the research participants. Once the recordings, transcripts and field notes were checked for accuracy, analyzed, and the research study completed, they will be scanned, saved on a CD, and the hard copies destroyed. The CD will be kept in a locked cabinet by the researcher's supervisor for five years and destroyed accordingly as per UKZN research policy.

### **2.9 DATA ANALYSIS**

In accordance with a descriptive phenomenological approach, data was gathered and analyzed concurrently. Data from focus group discussions and field notes were analyzed immediately

before the next discussion. This approach allows the researcher to direct and redirect the discussion process in light of the emerging themes and patterns, and thus to explore the phenomena in a deeper and more meaningful way. Transcription was done manually.

The three frequently used methods for data analysis based on Husserl's philosophy are the methods of Colaizzi (1978), Giorgi (1985), and Van Kaam (1966). This study used Colaizzi's method of data analysis (Shosha, 2012). The following steps were implemented and represent Colaizzi's process for phenomenological data analysis (Speziale and Carpenter, 2007). First, each transcript was read and re-read a total of five times in order to obtain a general sense of the content. Next, within each transcript, significant statements that pertained to the phenomenon under study were extracted. These statements were recorded on a separate sheet, noting their page and line numbers. Thirdly, the researcher then began to look for possible meaning, and, formulating meanings from these significant statements, sorted these formulated meanings into categories, clusters of themes, and individual themes before findings were integrated into an exhaustive description of the phenomenon under study. Fourth, the researcher produced a written description of the fundamental structure of the phenomenon before seeking validation of findings from participants. The researcher sought validation from the research participants to compare the researcher's descriptive results with their experiences. Changes based on participants' feedback were incorporated into the findings and are noted in the results.

During the analysis process the researcher applied 'phenomenological reduction' in order to confront data in its pure form. Fitzpatrick and Kazer (2011, p.399) describe the process as the process of refraining from one's preconceived notions and judgments. This process was achieved through the use of a reflexive journal (see point 2.3.1, p. 13).

## **2.10. ETHICAL CONSIDERATIONS**

The principles and framework guiding ethical practice were adhered to in order to minimize exploitation by ensuring collaborative partnership, social value, scientific validity, fair subject selection, favourable risk-benefit ratio, independent review, informed consent, and respect for recruited participants and the community (Emanuel et al., 2004).

***Collaborative partnership*** was facilitated throughout the study. The facilitator of the CCs, who is also the representative of the community's coordinating committee, agreed formally to the study. The researcher had a number of informal meetings with the representatives, and as a result, both recognized the importance of the research problem in the community and the value of the research study. Additionally, during the preparation for data collection, the researcher engaged with the local authority (the ward councillor and his personal assistant) through emails and phone calls to discuss the research study and the process. Upon receipt of all necessary permissions, a meeting was held and several phone calls and emails were exchanged between the researcher and the representative of the community's coordinating committee to discuss the logistics of data collection. The logistics involved the selection of participants and allocating a suitable time and venue. Once data collection began, the community members were involved with the data collection process, with data analysis and with the dissemination of research findings.

The ***social value*** of the study is promoted by the inclusion of community members, organizations and dissemination of the findings. The information obtained from the research study may be beneficial to community members from the research setting, practitioners, policy-makers, educators and researchers. The knowledge generated provided an understanding of the contribution of a CC programme to the promotion of the individual's and the community's mental health. An article detailing the results will be published in a South African Post-Secondary Education (SAPSE) accredited peer-reviewed journal. In addition, it is argued that ***scientific validity*** was ensured during the study through the aforementioned criteria for maintaining trustworthiness (point 2.7, p.22).

The researcher, through consultation with key community role players, ensured ***fair subject selection***. The principle of justice was also adhered to. The researcher discussed with members of the CC organization and the research supervisor how to select potential key informants to reflect the community's demographics and the CC programme participants (point 2.5, p.15). All participants were invited individually with a detailed explanation regarding the purpose of the study, the data collection process and permission to audiotape focus groups before signing the consent form (Burns and Grove, 2009). This affords each participant the opportunity to benefit from and contribute to the study.

Within the invitation to participate and the proposed data collection process were strategies to reduce perceived risk resulting in a *favourable risk-benefit ratio*. In accordance with the principle of non-maleficence, both the researcher and research supervisor have completed the UKZN Research Ethics online course (see Annexure L, p.116-118). In addition, *informed consent* was used to minimize risk. In line with the principle of autonomy, participants were required to sign two copies of informed consent forms (see Annexure J, p.110), (one copy for the participant and the other for the researcher). This was preceded by the provision of an information sheet (see Annexure J, p.110) that explains the study in detail, specifically the use of audio recordings and the rights of participants. The researcher recognized that anonymity was compromised due to the focus group approach. The researcher, at the beginning of each focus group, briefly presented the importance of confidentiality and asked participants to honor this.

Lastly, it was recognized that the effect of personal disclosure may result in emotional distress. In order to identify and minimize any participant's emotional distress the researcher was sensitive to emotional disturbances that arose from questions to participants, and on completion of the focus group discussions the researcher continued to "chat" with the participants to detect any continued adverse effects that may be suffered from the data collection process. One participant was identified as distressed and an arrangement was made for the use of the existing referral system used for counseling in the community at no extra cost. The NGO for counseling that was accessed was the Jes Foord foundation.

In addition, risk was minimized by *independent review* by various research ethics committees to ensure participant safety. The representative of the community's coordinating committee provided verbal permission and the research proposal was submitted to the University of KwaZulu-Natal, School of Nursing for approval. It was subsequently submitted to the university Humanities and Social Science (HSS) Ethics Committee for ethical clearance. Thereafter, written permission was requested from the committee as required by the UKZN HSS Ethics Committee (see Annexure B, p.100), and the community coordinating committee provided a conditional permission letter (see Annexure C, p.102). An ethical clearance letter, with protocol reference number HSS/0344/014M, was received from the University of KwaZulu-Natal (see Annexure D, p.103). Upon receipt of ethical clearance, approval to conduct the study was sought from a responsible nonprofit organization (NPO) (see Annexure E, p.104), the Department of Education



(see Annexure I, p.109), the community's coordinating committee (see Annexure G, p.107) and the ward committee representatives (see Annexure H, p.108) to gain entry into the community. The written request to these various organizations contained the following: the research proposal; the information and consent sheets inclusive of the time, venue and duration of the data collection; the ethics approval number obtained from UKZN Ethics Committee; and the contact details of the researcher, the researcher's supervisor and the UKZN Ethics Committee contact person. However, the manager for the NPO responded by confirming an independent partnership between the organization and the community's coordinating committee (see Annexure F, p.106). In response to this, a full approval letter was written by the committee to carry out the study (see Annexure G, p.107). Upon receipt of the remaining approval letters from the ward councillor (see Annexure H, p.108) and the Department of Education (see Annexure I, p.109), the data collection process began.

Lastly, *respect for recruited participants and the community* was of utmost importance to the researcher's approach. To compensate for the inconveniencing of participants' time, refreshments were provided during the focus group discussions. In addition, a small gift was given to all participants to compensate for the effort devoted to the research study. This gift is a non-monetary incentive which was given during the informal debriefing of the research findings. Participants were not made aware of this gift at the beginning of the study as this may influence their decision to participate in the research study.

## **2.11 SUMMARY OF THE CHAPTER**

This chapter described the philosophical framework used in the study and outlined the research methodology employed to explore the lived experiences of community members who participated in the CC programme. The research approach was described with reference to the setting of the study, the participants, the data collection process, data management, data analysis and ethical issues. The following chapter reviews the literature exploring relevant information regarding CC programmes in relation to mental health promotion and community life.

## **CHAPTER 3**

### **LITERATURE REVIEW**

#### **3.1 INTRODUCTION**

Due to the subjective nature of qualitative research, there exists concern that an extensive literature review has the potential to influence the researcher's openness and objectivity (Burns and Grove, 2009). This supports the need to look at the data without preconceived ideas or influence (Polit and Beck, 2013).

The researcher made a conscious effort to conduct a limited review to gain some insight and understanding about what is already known about this topic in order to guide the research process. The literature review focused on studies relating specifically to CC methodology, mental health promotion, community life and the impact of CC programmes on an individual and a community. The literature review was carried out simultaneous to the data collection and analysis phase of the research in order to assist in the identification and clarification of emerging themes and to guide the analysis process.

#### **3.2 COMMUNITY**

According to Scotch and Carey (2011, p.249) community is defined as a sense of membership and belonging, whether that be based on geographic location, kinship, friendship, common interests, or other connections and bonds. In other words, this group of people needs to share common values and views about the world. Being part of a community involves interconnectedness in caring and supporting each other to achieve a higher quality of life (Born, 2012).

In the twentieth century, societies have seen technological advancement with the aim of connecting people, yet, despite this, even those who live closely together seem farther apart with no sense of belonging (Block, 2009). There has been little or no connection between people who live closely together. Although communities, specifically in low and middle income countries (LAMIC), face various problems such as poverty, poor education, drug abuse, HIV and AIDS,

the lack of a sense of ownership or responsibility exacerbates the situation. Individuals attempt to solve their own problems without being involved in issues affecting the community as a whole, resulting in fragmented solutions (Wolff, 2010). Another factor is the expectation of communities that it is the sole responsibility of government institutions to provide a good life in terms of health, safety, economy, environment, food (Community Tool Box, 2014). This has been very disappointing, failing in providing solutions for communities, and has resulted in communities' loss of trust in government and its policies (Assefa, 2008). In order to solve prevailing issues in the community, it is important to understand that these social issues are complex, requiring a multidimensional approach (Openo, 2010).

The transformation of communities through the improvement of poverty, of economic conditions and through reducing crime can only be achieved by engaging people from all sectors to work together as equals to improve their quality of life (Born, 2012). According to the life progress path of the Human Venture Framework, the goal of progress is to decrease the level of unmanaged threats and bungled opportunities by increasing one's capacity, caring and responsibility levels. A core idea within the Human Venture Framework is that "A threat is not a threat if one knows how to avoid it, and an opportunity is not an opportunity if one does not know how to take advantage of it." This usually led the community to consider currently perceived threats and opportunities included (Openo, 2010).

Community members need to work together towards the possibility of making their lives better by recognizing three basic assets: the gifts, capacities and skills of local residents (McKnight and Block, 2010). Although sometimes diversity can lead to conflict, it should be the intention of the community that everyone plays their role in creating places of caring, trust, belonging, and vibrancy; they need to be involved in the change they want to see (Brnjac, 2014; Cheuy, 2014). This involves the connection of resources and contributions of all segments of the community to develop strategies for improving success and health. It is in support of the movement that marginalized communities should be seen as having a wealth of resources rather than being embedded solely in problematic issues (McKnight and Block, 2010).

### **3.2.1. Communities and mental health promotion**

Mental health promotion consists of interventions to enhance the ability to achieve developmentally appropriate tasks and a positive sense of self-esteem, mastery, well-being and social inclusion, and to strengthen the ability to cope with adversity (SAMHSA, 2013). This ability to cope is referred to as resilience (Ruddick, 2013). Mental health includes emotional, psychological, and social well-being affecting how we think, feel and act, respond to stress, relate to others, and make choices (Mental Health Channel, 2015). Mental health plays an important role in overall well-being (SAMHSA, 2013).

Promoting mental health is argued to help people improve their health and well-being, have positive self-esteem, and to be valued and contributing members of their communities (McDougall, 2011). Mental health promotion also helps build resiliency in people, helping them cope better during life's challenges (SAMHSA, 2013). However, mental health promotion programmes may have limited impact if individuals are facing fundamental challenges such as poverty, violence, child maltreatment, drug or alcohol misuse, and poor education in their social and physical environment (Petersen, Bhana and Swartz, 2012). These community factors are some of the determinants of mental health which may influence the overall mental health status of the individual. It is likely that over time, the stress of perceiving one's community as unhealthy may also influence an individual's health (McCulloch and Goldie, 2010; Severance and Zinnah, 2009). Simple acts like knowing one's neighbour often seem like a lost value and people are becoming lonelier than ever before, with the result of a higher rate of mental illness (Brnjas, 2014). One of the important ways of promoting mental health is to increase protective factors that address the needs of individuals and families in the community (Taggart and Cousins, 2014).

Protective factors include good communication skills, reliable support and discipline from parents and caregivers, support for early learning, quality health care, healthy peer groups, social connectedness, and succeeding schools (SAMHSA, 2013). Supportive relationships, such as family, long-term friendships, and meaningful connections can be important to building resilience and well-being (McDougall, 2011; SAMHSA, 2013). Engaging community members where they live creates a better understanding of community and health issues. Not only does

listening provide the basis for trust relationships in the community, but it encourages participation and problem-solving at the lowest level. This approach strengthens relationships among community members, and between community members and external stakeholders (Kotzé et al., 2013). Although community participation is driven by ideological and political commitments to participation, it can also be framed as a pathway to empowerment (Baatiema et al., 2013). The poor and marginalized often lack a sense of control over their health and well-being, leading to a sense of fatalism and a tendency to wait for outside actors and agencies to take control of local health problems (Andani, 2012). Through community participation, communities can be empowered to exercise greater agency over their health (Hildreth, 2012). Within the context of this prevailing ideology, community participation is increasingly seen as a pre-requisite for successful health service uptake such as the promotion of mental health. Carter et al. (2012) report that participation can be sustained through the recognition and use of community resources, integration with pre-existing community structures, and alignment of health care services with community interests. In order to promote healthy communities through increased rural access to health care services, it is essential that local communities are empowered to take greater responsibility and control over their health (Baatiema et al., 2013).

In advocating for participation to offer community empowerment, programs should take place in a social space where all participants, including community members, are seen as possessing expert knowledge and are accorded equal respect (Storer et al., 2011). Freire (1973) suggests participation is most likely to empower marginalized communities to exercise greater control of their lives and, more specifically, their health, if it is framed within a dialogical and facilitative approach through knowledge negotiation and power transfer from government institution service providers, such as health professionals, to communities. Such an approach is said to build a sense of community ownership of local problems (as opposed to a sense that such problems can only be solved by outside professionals), and to encourage communities to contribute to the development of concrete strategies through which they can improve their health (Baatiema et al., 2013). The character of a neighborhood is strongly expressed by how much people help and trust each other. This may influence its collective health and economic survival even more than such obvious indicators as income levels (Cheuy, 2014; Openo, 2010; Ruddick, 2013).

### **3.3 THE COMMUNITY CONVERSATION (CC) PROGRAMME**

In many African countries, the combination of hierarchical culture, patronage, and a system that discourages questioning has resulted in a reluctance to openly oppose, disagree with or even to question those who have power (Storer et al., 2011). These effects work against efforts to promote community participation in development activities. Dictatorial governments of the past and the present have made communities fearful, suspicious, and express a lack of trust in government and its policies (Kotzé et al., 2013; Pearson, 2011). A CC programme provides a safe platform for marginalized people, communities and other stakeholders who are classified as possessing differing positions of power to meet and engage in thoughtful, respectful and meaningful discussion without tension and conflict (Brnjac, 2014). It is a method to open up dialogue and provoke discussion on issues and concerns about sensitive topics which individuals, families and communities are not usually at ease to speak about because of the culture of silence and fear, as well as the stigma and discrimination attached to them (IRIN humanitarian news and analysis, 2014). This conversation is facilitated by an experienced member of the community with the aim of giving people a chance to openly discuss and debate a local concern in a positive and safe environment. Although there is an opportunity for different views, unspoken feelings and experiences to be safely shared, a space is created to draw out hopes and dreams that people within the community have in common (Kotzé et al., 2013). This space encourages mutual learning resulting in new perspectives and creativity. Conversation is part of life and an integral aspect of community-building and community capacity enhancement (Gueye et al., 2005). Community can be built through community participation for mobilization, leading to increased civic engagement, building trust, accountability, individual and collective responsibility and tolerance (Cheuy, 2014; Davies and Simon, 2012). It is recognised that identifying the capacities, knowledge and resources available in communities has the potential to promote empowerment, effect social change and build healthy community (Prilleltensky, 2014). The process is inclusive in nature as it creates an avenue for enhancing the capacity of all members in the community, providing learning across differences between younger and older, and male and female (Storer et al., 2011).

CC is used as a transformative tool and process that generates hope through the exploration of concerns, possibilities and opportunities for addressing complex challenges through emphasis of

the strengths, rather than the weaknesses, of the community (Gueye et al., 2005). It is a key tool in the social inclusion and mobilization strategy for issues affecting communities. It has been highlighted that structured CCs have been the most effective method for getting an entire community involved in a big vision, healing a community, or simply re-energizing a community which has lost purpose or meaning (Born, 2012). In order to facilitate the process of developing the capacities of communities, CCs stimulate community-based responses by empowering communities to generate insights on the underlying factors fueling the issues in the community and identifying creative ways to find local solutions and new partners to address issues that matter most in the community (Swedeen et al., 2012).

Methodologies like CC are in line with the well-established and accepted African culture of sitting together and sorting out problems through traditional means, rather than through formal and institutional approaches (Davis, 2012). Critics have raised concern as to whether CC brings a welcome intimacy or provides too little privacy. In this conversation people are encouraged to share everything in order to bring them close together and foster feelings of empathy and caring for each other. Sharing of stories serves two primary purposes: of building identity, and sense-making. However it is important to create a space where people have trust and share whatever they feel most comfortable and compelled to talk about (Alton, 2014; Osborne, 2014).

### **3.3.1 Principles of Community Conversation (CC)**

The principles of equality, non-discrimination, human dignity, non-violence, participation, inclusion, accountability and responsibility are promoted during CCs. Everyone is given the opportunity to participate without domination. CC encourages the shift of focus from deficits, problems and needs to the gifts and capacities of the individuals in a community. All communities possess unique opportunities, connections, resources, and relationships. Members within each community are the experts on the challenges that are most pressing, the solutions that are most viable, the strategies that will work best, and the most effective ways to enlist others in support of change. Another important aspect is the restoration of associational life and hospitality. Associational life is in the recognition that gifts given become powerful when offered collectively (Block, 2009; Cheuy, 2014). Real, lasting change is most likely to come when ideas are based on locally feasible strategies and approaches. Hospitality is in the recognition that in

welcoming strangers, a community of powerful people is built. These people contribute their gifts through the structures of association. Sharing different viewpoints and life experiences through interactions with others may result in learning about new resources, connections, and ideas (McKnight and Block, 2010; Swedeen et al., 2012). By facilitating rather than intervening and by empowering rather than prescribing, CCs stand in contrast to many other approaches seeking to bring about behavioral change.

### **3.3.2 Goals and Objectives of the Community Conversation (CC) programme**

Male dominance and didactic community leadership and management styles undermine real opportunities for broad-based community empowerment, particularly of women, children and young people. However, CC seeks to create a safe space for listening, speaking, inclusion, and respect for agreement or disagreement (Baatiema et al., 2013). At the heart of this engagement is a common goal of embracing a diverse array of people with different backgrounds and needs, drawn from multiple sectors, including community organizations, the various levels of government, and businesses. The purpose is true connection and reawakening (Born, 2012). The intention is to help participants to draw on their own strengths and to move beyond an expectation of learning led from the outside. This requires participants and facilitators alike to commit to genuine participation and co-learning (Kotzé et al., 2013). The CC programme supports people to come together to talk about the things that matter to them, and to generate action for positive change. The overall goal is to help people show transformation in many aspects of their life such as increased health, well-being and healthy development in every community (Storer et al., 2011).

### **3.3.3 Methodology of the Community Conversation (CC) process**

The CC programme is designed using questions to facilitate a series of small group conversations and a large group discussion (Block, 2009; Carter et al., 2012).

#### ***Six transforming conversations***

The six transforming conversations use powerful questions that are thought-provoking, that challenge assumptions and that open new possibilities. CC is more than just a dialogue; its



transformative power is deeply rooted in the type of questions asked rather than the answers. Deeper conversations occur when the right questions that matter are asked. This is based on the premise that questions are more transforming than answers. These types of questions encourage storytelling, inspiration, reflection, and creative thinking. These six transforming conversations are conversations of invitation, possibility, ownership, dissent, commitment and gifts (Block, 2009).

- **Invitation:** transformation occurs through choice, not mandate. It is more than just a request to attend. Invitation is a call to create an alternative future and join in the possibility. The question is: what is the invitation we can make to support people to participate and own the relationships, tasks, and processes that lead to success?
- **Possibility:** the distinction is between possibility and problem-solving. It takes the form of a declaration, best made publicly. The Possibility Conversation is one that focuses on what the community wants the future to be, as opposed to problem-solving the past. This is based on an understanding that living systems are really propelled to the force of the future. The possibility conversation frees people to innovate, challenge the status quo, and create new futures that make a difference. In new work environments this conversation has the ability for breaking new ground and in understanding the prevailing culture. Examples include:

What is the cross roads you are faced with at this point in time?

What declaration of possibility can you make that has the power to transform the community and inspire you?

- **Ownership:** the distinction is between ownership and blame. The Ownership Conversation is one that focuses on who is responsible for an organization or task. The conversation begins with the question, "how have I contributed to creating the current reality?". Confusion, blame and waiting for someone else to change are a defense against ownership and personal power. Other questions include:  
What is the story about this community that you hear yourself most often telling? The one you are wedded to and maybe even take your identity from?  
What are the payoffs you receive from holding on to this story?

- **Dissent:** the distinction is between dissent and lip service, denial, rebellion or resignation, and creates an opening for commitment. The Dissent Conversation allows people the space to say "no". If we cannot say "no" then our "yes" has no meaning. People have a chance to express their doubts and reservations as a way of clarifying their roles, needs, and yearnings within the vision and mission being presented. Genuine commitment begins with doubt, and "no" is a symbolic expression of people finding their space and role in the strategy. It is when we fully understand what people do not want that we can fully design what they do want. Refusal is the foundation for commitment. Example includes:

What is the no or refusal that you keep postponing?

What is a commitment or decision that you have changed your mind about?

- **Commitment:** the Commitment Conversation is about individuals making promises to the group about their contribution to the success of the whole community, with no expectation of return. It is centered on two questions: what promise am I willing to make to this group, and what is the price I am willing to pay for the success of the whole effort? It is a promise for the sake of a larger purpose, not for the sake of personal return. The enemy of commitment is lip service.
- **Gift:** the focus is on the gifts brought to the group rather than focusing on deficiencies and weaknesses which will most likely not go away. The distinction is between gifts and deficiencies or needs. A gift is not a gift until it is offered. The abundance of a community is its gifts. Examples include:  
What is the gift you still hold in exile?  
What is something about you that no one knows? (Block, 2009; McKnight and Block, 2010).

### ***The small group as the unit of transformation***

It is believed that the times when communal transformation can best be initiated are times when groups of people gather together in a room (Block, 2009). Every time people gather, it is an opportunity to create a future distinct from the past. The small group involves a process where

people break up into groups of 4-5 to discuss a powerful question. After about 10-20 minutes of conversation, everybody is randomly moved to a new table, sharing the highlights of their previous conversation (Tener, 2013). Benefits of this process are that instead of one conversation around a big table, you have multiple conversations, generating more ideas and accessing the ideas and exchanges of many more people in the room. The small group is regarded as the bridge between individual existence and the larger community. The small group format is valuable to engage the participation of those who are more introverted or uncomfortable speaking in a large group. The movement and mixing enables the cross-pollinating of ideas and often solutions can emerge from the combined wisdom of the group (Block, 2009; Carter et al., 2012; Kotzé et al., 2013).

### ***The role of the large group***

The large group creates a moment when the whole room hears individual voices and what other small groups are speaking about. A whole group discussion involves sharing themes, strategies, and visions that emerge throughout the conversation. This is based on the assumption that sharing with a larger group is akin to sharing with the world (Block, 2009; Carter et al., 2012).

## **3.4 IMPACT OF THE COMMUNITY CONVERSATION (CC) PROGRAMME ON AN INDIVIDUAL AND THE COMMUNITY**

It is questionable whether the CC programme has the capacity by itself to help communities to transform. How the transformation of the community can be measured or how the characteristics of the community transformed by CC programme can be manifested is debatable. However, some of the indicators for community progress include reduction in poverty, increase in education, increase in safety and security and being actively engaged in community life (Openo, 2010; Weaver, Born and Whaley, 2010).

By engaging with CC programmes' thoughtful questions, communities discover what they care about. The CCs afford the opportunity for communities to reflect on their cultural practices, norms and values. Participants become more knowledgeable of their rights and assert them, serving as agents of change (Jorm, 2012). This is regarded as empowerment through knowledge.

It also boosts the confidence needed to express oneself, making it possible for the voices of the vulnerable, such as women, to be heard (Storer et al., 2011). Common successes of hosting CCs include increased understanding among stakeholders about the issues of discussion, better decision-making that is informed by community input, leading to a more comprehensive approach, and shared commitment to pursue recommendations from the CCs (Carter et al., 2012).

CC is a participatory and creative process that has been used to generate new thinking, to promote dialogue across difference, and to help individuals break away from a culture of blame that discourages community engagement and development (Storer et al., 2011). Another most significant contribution of CC is the change in people's attitudes to members of the community who are dealing with issues such as HIV/AIDS, poor education, drug abuse and mental illness, thus providing support to individuals and families in need (Knifton et al., 2010; Kohler-Evans, Webster-Smith and Albritton, 2013). Studies have shown that people who participated in CC programmes had a positive change in attitude and improvement of mental well-being (Campbell et al., 2013; Tekletsadik, Fantahun and Shaweno, 2014). Through participation in the CC programme, communities generate local solutions and foster new connections and partnerships (Carter et al., 2009).

### **3.4 SUMMARY OF THE CHAPTER**

This chapter reviewed the literature of the phenomena under study. Current views on CC programmes were explored in the community setting. The experiences of participating in CC programmes and its impact on mental health promotion and community life were described. In the next chapter the research findings of this study will be presented.

## **CHAPTER 4**

### **PRESENTATION OF THE RESULTS OF THE STUDY**

#### **4.1 INTRODUCTION**

This chapter sets out the findings of the study, revealing the lived experiences of community members who participated in the CC programme. The CC programme, as detailed in chapter two (point 2.4, p.14), consisted of conversations about education, drugs, women and family life.

##### **4.1.1 Description of the participants within the study**

In this study, a total of fifteen community members, majority of whom were females, (twelve females and three males) were involved in eight focus group discussions and one individual interview. All participants were community members living in the community from between twenty-four to more than sixty years. Ages spanned thirty-eight years, with the youngest participant being in her early twenties and the oldest sixty-two. Communication was not an issue as the participants spoke English, but at times there was need to repeat or rephrase questions so that they could understand what was being asked. Participants understood the questions and shared information as accurately as possible. Data was obtained through eight focus group discussions and one individual interview with fifteen (15) participants in total. Each focus group discussion and individual interview lasted approximately half an hour to an hour and a half. Often open ended questions were posed but followed with some closed-ended questions while remaining unstructured and interactive. There was a need for clarification at times and researcher had to prompt participants in some instances. For the focus group discussion and individual interview, fifteen participants were divided into three groups, the grouping based on their roles within the CC programme, and membership is listed below.

- Group 1: five participants – one chairperson of the community organization and facilitator of the CC programme, three technical team members and one deputy chairperson of the community organization.
- Group 2: four participants – one educator, one chairman of the education forum, one ex-chairperson of the school governing body and one pastor.

- Group 3: six participants – four parents, one of whom is a member of the community policing forum, and two grandparents.

Written informed consent was obtained prior to the focus group discussions and individual interview (point 2.10, p.26). These in-depth discussions aimed at revealing the participants' experiences of the CC programme, thus providing a deeper understanding of these experiences. The taped audio sessions were terminated once there were no more new themes that could be identified. Thereafter the audiotaped sessions were transcribed, making note of any particular information that needed clarification during the verification process.

The demographic details of the participants are set out in Table 4.1 indicating participants' pseudo-names, age, gender, marital status and role in the community.

**Table 4.1: Demographic Variables of Participants**

<b>Chosen false names</b>	<b>Gender</b>	<b>Age</b>	<b>Marital status</b>	<b>Community Role</b>	<b>Years within community</b>
Aaron	Male	62	Married	Pastor	30
Fernando	Male	38	Married	Chairman of the education forum	26
George	Male	60	Divorced	Educator	28
Janet	Female	48	Married	Parent and member of the policing forum	28
Josephine	Female	47	Married	Chairperson of the community organization and CC programme facilitator	35
Kate	Female	36	Married	Programme technical team member	33
Kiara	Female	56	Divorced	Grandparent	38
Lee-Anne	Female	42	Married	Ex-chairperson of the school governing body	38
Lola	Female	52	Married	Deputy chairperson of the community organization	28
Mary	Female	53	Married	Parent	38
Roxann	Female	24	Single	Programme technical team member	24
Shy	Female	37	Single	Parent	37
Tazlyn	Female	45	Married	Programme technical team member	36
Veas	Female	48	Single	Parent	38

Vicky	Female	58	Single	Grandparent	24
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To ensure clarity and add to the rigour of the study, the CC role occupied by each participant, listed within the table above, is described below:

- CC programme facilitator: responsibility for facilitating the process of the CCs.
- CC programme technical team member: involved in the running and organizing the logistics for conducting the CC programme, including day-to-day activities such as sending invitation letters and compiling attendance lists.
- Chairman of the education forum: responsible for coordinating members of the forum on discussions of education issues that affect the community.
- Chairperson of community organization: responsible for addressing the issues of concerns within the community in order to move the community forward
- Deputy chairman of the community organization: assists the chairperson in smooth running of the organization.
- Educator: a teacher either in the primary or high school.
- Ex-chairperson of the school governing body (SGB): the chairperson oversees the functions of the school governing body entrusted with the responsibility and authority to adopt school policy on a range of issues, such as the mission and ethos of the school, code of conduct of learners, school community relations and curriculum programme development (Department of Basic Education, 2011).
- Grandparent: a person whose child is also a parent in the community.
- Member of the policing forum: responsible for liaising between the community and the police.
- Pastor: responsible for the minister's fraternal where all the pastors come together.
- Parent: a person who has a child or children.

## 4.2 COLAZZI METHOD OF DATA ANALYSIS AND DATA REPRESENTATION

The data obtained in this study was analyzed using Colaizzi's method of data analysis. Speziale and Carpenter (2007) indicate the following six stages in the analysis process: acquiring a general sense of the content; extracting significant statements pertaining to the phenomenon;

formulating meanings from the identified statements; organizing clusters of themes from the formulated meanings; exhaustively describing the phenomena; returning to the participants for validation of findings.

#### **4.2.1 Acquiring a general sense of the content**

The researcher began the analysis process by reading and re-reading each transcript five times to identify statements and phrases that described the community member's experiences of community conversation. The researcher looked critically at the nine transcriptions, paying particular attention to statements to acquire an essence of what the participant was saying, meaning and conveying to the listener. Repeated readings of the transcripts to examine the interactions with the collected data provided a sense of what could be extracted or concluded from the transcripts. The understandings acquired from the transcripts were then used to describe the participant's lived experiences of CC programme.

#### **4.2.2 Extracting significant statements pertaining to the phenomenon**

During the process the researcher made notes of which statements were linked together and also what meanings were implied in these statements. Notes were kept on a separate sheet noting the page and line number because the researcher had to go back several times to check if the statements had implied such meanings. Approximately 141 statements and phrases were extracted from the transcripts which related to the phenomena in the study. A list of the non-repetitive statements was used in the formulation of meanings following Creswell (2012). Then similar statements were combined that had meanings that related to a specific meaning. Data analysis of the specific lines with similar meanings was extracted manually. Table 4.4 indicates the significant statements.

#### **4.2.3 Formulating meanings**

The researcher then grouped the statements into larger units or themes that would enable analysis through examination of the linkages between statements and themes. As outlined by Creswell (2012), the larger groups were then organized into clusters of themes. The themes emerging from



the significant statements reflected what it means to the community members to experience CC programme and in relation to community life and mental health. This was later verified when the researcher returned to the participants to confirm the descriptions. The term “themes” and “meaning units” are used interchangeable in Creswell (2012) and Shosha (2012). Table 4.2 and 4.3 provide for the statements and the emerging themes.

#### **4.2.4 Organizing clusters of themes from the formulated meanings**

Having read and re-read the sentences and phrases, the researcher began to systematically group the formulated meanings into clusters of themes. Each theme reflected a particular aspect of meaning according to the participant’s description of their experiences of CC programme. Creswell (2012) notes that part of the phenomenological analysis is the “what and how” of the specific experiences that have occurred in CC programme, or the context and situation in which CC programme took place.

Six themes were identified with associated significant meanings which indicated feelings, thoughts and behaviours from the formulated meanings:

Theme 1: Mixed feelings: hope, anger, fear and empathy

Theme 2: The reality of the power differential

Theme 3: Learning from others

Theme 4: Community resolve

Theme 5: Community identity

Theme 6: The reality of not being the only one

Each theme had between five to ten significant statements associated with it. Statements that conveyed these themes are listed in Table 4.2 while Table 4.3 shows the themes and the associated significant statements with their location in the transcripts.

#### **Theme 1: Mixed feelings: hope, anger, fear and empathy**

When describing their feelings during the CC programme, what became apparent was the experience of opposing feelings within the individuals. The use of these emotive words such as hope, anger, fear and empathy highlights the mixed emotional impact that the CC programme

has had on the participants. Of particular interest was that at the initial stage of the CC programme all participants were happy and hopeful that the identified issues in the community will be solved. However as the process continues and were faced with varying obstacles and the reality that the problems were deeply rooted in the failing system they became angry, frustrated and sad. Statements such as the following indicated how the community members expressed their experiences of the CC programme:

*“When we help them and we can see change, we feel happy. And sad like for example the drug conversation, you feel sad when you hear people’s stories when you can’t reach out to actually help them”* (Transcript 7: lines 4380-4382).

*“It’s comforting for you that it’s not your child. I am so angry, because I feel at the end of the day, the system has failed us”* (Transcript 3: lines 1313-1316).

Community members’ statements also conveyed how the CC programme resulted in developed empathy. Empathy is defined by the American Heritage Dictionary of the English Language (2011,n.p.) as “the ability to identify with or understand another’s situation or feelings.” Most participants expressed strong feelings of empathy when listening to the stories of others, suggesting that through listening and receiving information empathy was developed. These feelings of learned empathy appeared to be expressed most strongly by females, irrespective of their roles within the community. The following extracts from the individual interview and focus group discussions with participants outline this fact:

*“In fact you learn a lot, like how the other person feels and you don’t become judgmental because you’re listening to every side of the story”* (Transcript 9: lines 5069- 5071).

*“It made me realize that there are so many women out there who are sitting with so much of pain and they’ve lost hope in even, in our system because there’s just no solution to their problem...”* (Transcript 1: lines 105-107).

These and other similar statements made by other participants suggest that the CC programme is an emotional experience for community members, and that the number of years living and/or working in this community and the position held within the community do not serve to lessen the emotional impact of the CC programme.

## **Theme 2: The reality of the power differential**

The feeling of powerlessness was noted throughout the interview and focus group discussions. Community members express their experiences after the CC programme as resulting in the most difficult relationship with major stakeholders. The CC programme created a platform where members of the community used the opportunity to blame each other, specifically for poor education and drug abuse. For example, parents blamed teachers while teacher blamed parents; others blamed the government institutions, such as the criminal justice system, for the failed system.

*“It’s lot of complacency. I feel it’s just all about having the title and earning the package that comes with that title because the roles and responsibilities that come with that are not fulfilled”* (Transcript 2: lines 1067–1074).

*“...but unfortunately again, I’ll say the reason why it has not yielded any [results], school management were not there, they were not part of this”* (Transcript 8: lines 4734–4735).

*“...I feel that parents don’t have that interest even with their kids anymore...”* (Transcript 1: lines 468–469).

Participants also made reference to CC programme causing tensions between parents and educators including school management; parents and other parents in the community; and parents and other community structures such as the police, unions and local government leaders. Poor communication and recruiting non-local teachers was blamed for continued problems, specifically between the schools and parents. Participants identified the lack of commitment of stakeholders such as educators and the education management in the following extracts:

*“The question I keep asking is how is it that we have a system that allows a child to abscond from class for one whole week and the parent doesn’t get an alert? ... (Transcript 1: lines 620–622).*

*“...But there is no communication between the teacher and the parent, there’s none. The only time the parent gets called in, is when that child’s name has been in the log book for several time...if they’re going to have a tribunal” (Transcript 2: lines 986–989).*

*“...and now you sit with schools where the majority of teachers or staffs are from outside the area. So there’s no way they are going to put extra commitment because when the school close, they close and they go home” (Transcript 5: lines 2931–2936).*

They described how their relationships with education stakeholders had changed negatively as they raise their new voice. They expressed being able to understand the impact of the CC programme in terms of owning up to the issues affecting their community, becoming accountable, and the resultant empowerment facilitating them standing up for their rights. There was a developed sense of ownership and accountability by the some community members toward the issues affecting the community together with an opportunity to express their views and opinions.

*“....and I found at that particular evening hmm, we were heard for the very first time” (Transcript 1: lines 95–96).*

A protest took place in the community after the CC about education. The protest was conducted to stand against poor education, specifically on the school’s non-issuance of reports to the learners. This protest was held by the community members in an attempt to stand up for their right to good education. However, it turned out that the protest created a greater enmity between the community and the school. The issue resulted in the police ignoring them and the education department and union treating them with contempt and not coming to the conversations. Some of these experiences regarding the reactions and responses, specifically of the education stakeholders, were perceived as negative. Perceptions that teachers unions were controlling school management were very prevalent from participating educators, parents and community members.

Participants believed that the CC programme was a feel-good session where those stakeholders present in the conversations actually did nothing about the prevailing issues in the community, particularly poor education. Participants described with resentment, the lack of commitment shown by all stakeholders including individual community members. There was a link between the unequal power differential that retarded action due to lack of involvement either at local educational management level or a local government level and a general feeling of impotence. Many of the participants had reservations about any changes in education that have occurred after the CC programme noting the poor attitude and lack of participation of major stakeholders and government in education as being the reason why the CC programme did not facilitate any major change in the education system of the community. Other participants also expressed worries about the avoidance of responsibility due to blurred lines of responsibility that exist between the community organization conducting the CC programme and members of the community. It is believed that fighting for the cause of the community as an organization has negatively impacted the ability of the community members to fight individually for their rights. The following statements show cause to this:

*“When we had the first conversation with the teachers and management of the school, I felt like we understood each other for once because they’ve heard our issues. And it was just downhill from there, it ended up being very ugly with the result that they kicked us out of the school”* (Transcript 2: lines 823-824 and 841-842).

*“...they refused to give the reports to the children. And so couple of parents and the organization went for the reports and it just turned out into a whole big thing. It’s difficult now for us to do any programmes in the school because of the bad relationship ... and even if we invite educators to conversations they don’t come, because they are not interested, they don’t like us”* (Transcript 7: lines 4309-4312).

*“When we had a problem and the community was kicked out of the school. The teachers went on strike and the schools were closed. The Department sent a director and while she was there, she was receiving instruction from the general secretary of the union”* (Transcript 5: lines 3060-3074).

*“We’ve never quite healed from the experience. So it just sounded the end of that education forum, people could not recover from it. We had to accept that the school was in our community but we were not necessarily responsible entirely for some of the challenges that were happening within the school system. That there were bigger power issues at play than actually we as a community, it turned that we have no influence on them”* (Transcript 1: lines 280-284).

*“Some people just attend these things to listen to what others can do”* (Transcript 7: line 4449). (Kate, CC technical team member)

*“They said they’re gonna stand for education and when it was the time for them to stand for education, they never took part in it”* (Transcript 7: lines 4235-4237).

*“...And there were resolutions taken in terms of the issues and we were gonna get feedback and that’s where it ended. All the stakeholders in the community, the higher ranks were all involved. There were pledges and resolutions taken but the people to implement them did not implement them”* (Transcript 1: lines 191-194).

*“They’re just merely dialogue. But unless the people who have the power to make a change, come, listen, get involved and take a mandate from them, carry a certain message forward, the conversation won’t achieve anything”* (Transcript 5: lines 3092-3097).

*“It didn’t have the desired effect because those who were supposed to be part of it weren’t there, the necessary stakeholder. Without school management and with the community locked out the school, nothing could come of it, absolutely nothing”* (Transcript 8: lines 4741-4744).

*“I realize change has to come from the head. And as long as we don’t get change from the head there, that school would stay the way it is. I’m talking about the principal, top management, deputy principals and HODs”* (Transcript 2: lines 1004-1007).

*“The conversation did not make any impact on the community whatsoever because only a certain section of the community were able to participate. I didn’t see a lot of parents, teachers, politicians there, there were no councillors”* (Transcript 5: lines 2606-2610).

*“We’re going in a circle because half of us are fighting the cause and the other half is trying to reap the benefit of us fighting the cause”* (Transcript 9: lines 5382-5384).

*“...And I think some of them say hey! I spoke to the authority, I spoke to this and that one and nobody does anything. So get tired and they start to just live alone and try to make it through every day”* (Transcript 8: lines 4541-4543).

*“.. I think for the most part, we have taken the stance as an organization that we are the community...but I’ve also come to realize that that passion can sometimes be hmm detrimental to other people standing up because then they become reliant on your voice...”* (Transcript 1: lines 480–492).

Although the CC programme was meant to empower the community members who participated, it seems it was difficult to achieve this due to lack of unity within an uneven power differential system such as education. Instead of becoming empowered, participants described a state of powerlessness experienced whilst attempting to raise their voices against poor education in the community. This consequently made some community members to be less involved in leading role on matters affecting the community especially in education. They believed that their effort will not lead to a lasting change. The statements are indicated:

*“I think that the one about education, in raising the voices of the community, we also went up against some powerful people...And when we did that, we were rendered almost powerless as a community. And that left us vulnerable and then we had to technically withdraw our stand in order for schooling to continue”* (Transcript 4: lines 2070–2072; 2115-2118).

*“And those that are supposed to represent us, for example the Department of Education sells the community to an organization like the union”* (Transcript 5: lines 3054–3056).

*“...but we don’t have the voice that we do have because we were actually pushed out of the school as a community.”* (Transcript 6: lines 3761–3762).

*“... I think we’ve tried so many things...for so long. I’ve even forgotten some of the things we’ve tried to do in the community and nothing seems to get beyond a certain point. ...I’ve sort of given up”* (Transcript 5: lines 2729–2733).

### **Theme 3: Learning from others**

At least eight participant statements expressed their awareness of the CC programme as a learning experience, learning from others and from situations within the community through reflection and receiving new knowledge. These learning experiences impacted on how they interacted with people, handled future situations and provided solutions to problems either as an individual or collectively as a community.

Participants indicated that experiencing shared stories helped them to understand the situation better with learning new knowledge of the awareness of danger and seeking help. Of interest was the understanding and change of own behaviour as expressed by some participants after listening to participants who shared their stories with this having a ripple effect in the community. Statements that indicated learning from others were:

*“So I’ve learnt to personally to respect them more and you know, not just say things, but think...I listen more than talk”* (Transcript 1: lines 255–256 and 270).

*“And by everybody telling their own individual story, you’re able to take something out from each one of their story and apply it to your situation”* (Transcript 9: lines 5173–5175).



*“I’ve learnt that sometimes confrontation isn’t necessarily the best method when you want to solve a problem. I’ve also learnt to step back, listen more and allow other people to take more responsibility...”* (Transcript 5: lines 2212 and – 2215).

*“....it was a learning point because it taught us, what to be aware of, the dangers and stuff.”* (Transcript 5: lines 5002–5003).

*“People are more knowledgeable about where they can seek help.”* (Transcript 9: line 5161).

*“I run a soup kitchen...I’m showing that irrespective of who y’all are, there are people that still cares.”* (Transcript 9: lines 5445–5454).

*“....after you’ve learn from everybody... It helps me grow in a certain area then I can pass it on to other people, share with other people...”* (Transcript 9: lines 5125–5128).

#### **Theme 4: Community resolve**

This involves change that affects the community’s living experience rather than individual behavioral change. The participants expressed thoughts related to change that was expected to have occurred in the lives of individuals living in the community as a result of the CC programme. The feeling of needing to be part of the change was expressed by some participants; some believed they, as individuals, can make a change to affect the whole. However, some participants felt that the ability to effect change was dependent upon the willingness of other members in the community to participate as a collective, a group. Some participants expressed the willingness to continue to provide support for the community with or without assistance from others. This support was stressed on the essence of community, with the view of the importance of seeing everyone as being affected by the issues in the community and being part of the process of change, even if they are not affected directly. Participants expressed their desire to focus on the children and youths in the community in place of the adults. These statements in which participants expressed their ability to facilitate change within the community are:

*“...And that thing has created a hatred within me for drugs ... so what I’m saying is that even as parent I may not have a child that is directly involved but I have a drug dealer chasing after my daughter. So somehow we are all actually affected”* (Transcript 3: lines 1748–1757).

*“I realize that there is no way we can get any help from teachers or outside. And because of my past experience I would carry on making a difference in children’s lives”* (Transcript 7: lines 4429–4430).

*“...it cemented my resolve of the fact that I’m gonna keep doing what I’m doing regardless of whether or not the teachers are pulling their weight...”* (Transcript 8: lines 4609–4615).

*“...I’m gonna concentrate on the children that I can groom and build up to a capacity where they will start to develop into people that want to get somewhere”* (Transcript 8: lines 4724–4726).

*“.....With the drugs thing, I go back, I sit with the young guys in the community. I’ve even offered to help them go back to school or do a course or something or to even find a job”* (Transcript 9: lines 5410–5418).

## **Theme 5: Community identity**

Participants comments highlighted the perceived importance of collective ownership and responsibility within the community as a strong theme. These comments suggested the emergence of beginning to build accountability and commitment to solve issues affecting them as a community. Emphasis was placed on areas where they could make a difference without necessarily waiting on other stakeholders, especially where they felt that involving other stakeholders was beyond them. The involvement of all stakeholders (or lack thereof) impacted either positively or negatively on the experiences of these participants’ relationships both during and after the CC programme. Participants who attended both the CC programme about drugs and education felt that community identity was better achieved with the CC programme about drugs

than with the CC programme about education. The differing impact between the CC programme on education and CC programme on drugs in the community was quite strongly notable. Positive changes observed regarding education, was mainly with the learners who showed increased active interest and participation. With the CC programme on drug abuse, participants highlighted that it built relationships and connectedness amongst some parents which resulted in taking on a positive approach to provide support for individuals and families dealing with drug abuse in the community. However, two participants pointed to a lack of support from other parents.

In comparison with the issue of education evidenced by lack of effort and or involvement from the schools, it seems as though the community is more favorable to solving their own drug abuse problem by doing it alone with the support group without relying on other people. The following statements indicated that participants developed a sense of community identity:

*“It connected us and strengthens us in the conversation around drugs, conversation with women, conversation around education as well, those of us who see ourselves on the other side of the fence as the powerless and the voiceless, it knitted us”* (Transcript 1: lines 238–242).

*“It gave them a sense of ownership, a sense of responsibility, in that they were committing to saying, well I'm gonna start to do this from now on, it's because I want to see change in that area”* (Transcript 2: lines 799–801).

*“It is positive because you meet people who share common interests and common passion for the community. You realize that we all feel the same thing about this community”* (Transcript 8: lines 4855–4857).

*“There was one that kind of stood out for me. I know the history of the learner; he was a little bit of a problem child. But after the conversation I notice there was a turnaround in his behavior, He started going to church, he became involved in the youth...”* (Transcript 8: lines 5659–5662).

*“It built some very good relationships like you can actually motivate them and say don’t worry, I will actually walk with you along the path of this thing that’s going on”* (Transcript 6: lines 3923–3926).

*“...it makes me love people more because I understand people more. Just for instance a few of us meet every Monday night and we just pray for the community”* (Transcript 3: lines 1936–1938).

*“...it’s so heartbreaking like when you’re opening the door, your child is failing right at your feet and you don’t know what went on. And you are screaming for help and nobody is even opening, your very neighbor faced to you doesn’t even open the door”* (Transcript 6: lines 3439–3442).

*“...we recently started a drug support group for drug addicts and parents. And that’s really going well. We’ve entered the third month now and we’re up to like about 30 members”* (Transcript 2: lines 753–755).

*“The the drug support group is going on very well. We’ve got three young men recently in rehabilitation who have checked themselves in. So they’re hoping with the support system it would be easier to stay in recovery”* (Transcript 4: lines 2186–2194).

## **Theme 6: The relief of not being the only one**

Participants expressed their thoughts on what CC programme meant to them. Emerging topic in this theme is the safe space that the CC provided. Participants believed the CC programme provided the space to talk with other people to share their stories and gave an opportunity for others to listen. Sharing their stories builds connection among them. This safe space provides an opportunity to appreciate and identify with other people’s stories. It allows the individual to meet with others going through the same situation. This creates the feeling that “I am not alone”. Also through the CC programme people who felt judged based on their circumstances were given the opportunity to clarify their situation. It gave an opportunity for some parents to almost vindicate their actions. However three participants, who were directly affected by the drug abuse issues in

the community, feel that those who are not affected will never understand the situation they are going through. This is evidenced in the following extracts:

Some participants described the CC programme as a safe place where anonymity is maintained and information is kept secret within the group. Other participants had a different view, and directly referred to the risk of loss of privacy due to the public nature of the CC programmes. It was suggested that this influences community members' participation. It is believed that the ability to divulge confidential information depends on the type of CC programme held, the category of people present in the programme, and the discussion of shared rather than diverse problems, and certainty of motivation for attendance. This is evidenced in the following extracts:

*"...It's a bit encouraging in most cases, when you are going through something and then you'll find out that just chatting around here, I know it is not only me"* (Transcript 6: lines 3351–3353).

*"And I think maybe why some people feel that it's a safe place because you're not forced; you say what you are comfortable with."* (Transcript 7: lines 4500–4502).

*"...I felt it was a good experience because it gave people an opportunity to say how they feel in a safe environment with no intimidation. There was no power domination within the circle; everybody came in as an equal"* (Transcript 2: lines 772–775).

*"...they will never understand"* (Transcript 6: line 3237).

*"...when I came for this one on the drugs here, I just felt like a little bit quite annoying..., I mean you can't ask somebody a question, that is not having an idea of what we even, us going through..."* (Transcript 6: lines 3934–3936).

*"I think every good parent wishes the best for their kids ... because at the end of the day, you can sit and talk to those children every day. They will not listen. Today's children are influenced by their friends"* (Transcript 3: lines 1548–1552).

*“I brought up my kids to the best of my ability and my son turned out wayward”*  
(Transcript 6: line 4040).

*“But it’s also give the person opportunity to speak knowing very well that the information is gonna stay there because it’s actually a safe place, not having the fear you know.”* (Transcript 3: lines 1270–1272).

*“...Sometimes you go into the conversations and we speak our minds, we speak what’s on our hearts. And it’s supposed to stay in the group... And suddenly the whole community knows the story”* (Transcript 6: lines 3953–3955).

*“It depends on the conversation you are having. Like if you have a conversation with just ladies like we had, with regards to abuse, you are sitting with all abused ladies. No one is gonna go and talk about that one because you know you are also being abused”*  
(Transcript 7: lines 4487–4490).

The themes with the significant statements are shown in Tables 4.3.

#### **4.3 Exhaustive description of the phenomena**

In this stage of the data analysis, following Speziale and Carpenter (2007), the researcher collated and linked the issues that emerged from the data collection to compile an exhaustive description of phenomena relating to community and mental health in a community within eThekweni district, KwaZulu-Natal. Many of the participants, who are mostly women, revealed their mixed feeling of hope, anger and frustration while attending the CC programme. The CC process resulted in a huge disagreement between the community and higher authorities while trying to tackle education issue in the community. The disagreement was evident in the non-involvement of the school teachers and education management in community activities and the sanctioning of community members from any school activities. This is a reflection of power division and influence that occur between the most powerful and the less powerful.

Several community members responses indicated that they felt powerless in an attempt to raise their against education issues in the community: [Q] “How has the effect of these experiences,

what has it had on your relationship, relationships in general?” [R] *“It’s a little demoralizing because like those youngsters we couldn’t do anything for them”* (Transcript 5: 48. 2465-2471); *“Like when you think you getting somewhere then something happen and you start to feel helpless again”* (Transcript 7: 85. 4385-4387); *“Because now at the moment the union is running the schools and there’s nothing that the community can do but to stand and watch”* (Transcript 5: 59. 3033-3036). Other participants had these to say about their frustrations due to lack of accountability: *“and everybody is allowed to get away with not being accountable, right up to the highest level”* (Transcript 5: 55. 2850-2851); *“To them it’s about sitting there in the police station and having a good time and getting a pay check at the end of the month. What are they doing to help us? Nothing”* (Transcript 3: 28. 1411-1413). One of the participants reframed the question with the need for definitive roles and responsibility- [Q] *“What would you like to see change first in your home before you look at the community?”* - The response was, [R] *“My child’s been on drugs for years. Wonga is not something that you can get off easily”* (Transcript 3: 28. 1424- 1425). Participants would therefore benefit from more information on Parental and community roles and responsibilities.

Community members’ statements also mentioned a need for more intervention with all major stakeholders for possible change to occur in the community. [Q] *“Just to go back to my question, with all the experiences you had, what effect as it made on change in terms of change with you or in the community?”* [R] *“to try get all the stakeholders together to try and find common ground and to work towards a common purpose, that is something that we are all looking for”* (Transcript 5: 50. 2573 -2575). Another participant said, *“The only way to do it is when...we can set up structures that can reach out to everyone outside there so that we can eventually get everybody on one page”* (Transcript 5: 54. 2779 -2781). *“But unless the people who have the power to make a change, come, listen, get involved and take a mandate to carry a certain message forward, the conversation won’t achieve anything”* (Transcript 5: 60. 3094 -3097)

There were some benefits alluded by community members to CC programme. Their hopefulness came from the fact that the CC programme brought them together to share their stories and provide solutions to their problems. This is a reflection of how CC programme can promote mental health through social connectedness within the community. Participants described CC programme as a safe place while expressing the feelings of not the only one and learning from others situations. *“It’s a learning process we learn so much from it. we learnt to hear the other*

*side of the story” (Transcript 9. 98: line 5055- 5056); “...but it also gives you a space of where to vent your feelings because nobody will take it personal” (Transcript 6. 76: line 3911- 3915) and when this was checked out by the researcher, [Q] “Would you say community conversation is a safe place like in quote to share information?” the reply was [R] “i think it’s a safe place because...you say what you are comfortable with” (Transcript 7: lines 4500–4502). Another participant explained that it depends on the type of conversation and participants: “Like an example the drug conversation not all the people that attended are concern some of them are coming for information so that they could go and tell...if you have a conversation with just ladies with regards to abuse you are sitting with all abuse ladies. No one is gonna go and talk about that one because you know you also being abuse” (Transcript 7: 87. 4483–4490).*

#### **4.4 Summary**

Following Speziale and Carpenter (2007), Colaizzi’s six-stage method of data analysis and interpretation was used in this analysis of the researcher’s data. The understanding of the CC programme provided by the community members regarding drug abuse and education issues in the community was interpreted from their experiences and behaviours. They understood CC programme as safe space, learning and connectedness among the smaller circle (the less powerful). They indicated further how they had managed to raise their voice but met with resistance from the powerful sector. With this power dominance, it seemed difficult to make a lasting change in the community. They indicated some need for participation of powerful major stakeholders and power balance to ensure social inclusion of the less powerful in order to empower them with the ability to make a contribution to their community which is an aspect of mental health.

#### **4.5 Conclusion**

This chapter discussed the research findings in depth and presented the themes that emerged from the data. The next chapter discusses the identified themes, reflexivity, limitations of the study and recommendations.



**Table 4.2 Significant statements and their location in the transcripts**

<b>Statements</b>	<b>Location in transcripts</b>
It's a little demoralizing because like those youngsters we couldn't do anything for them. But at the same time, it gives hope to know that these youngsters are that passionate about school.	Transcript 5: 48. 2465-2471
I was a little bit apprehensive because they were talking about the drug lords targeting me as an individual. I live alone so I was like, should I stop attending these meetings or should I not?	Transcript 9: 102. 5267-5271
I really feel it mainly for the parents, because when children are doing wrong things they always want to blame the parents and yet it's, sometimes it's not their fault.	Transcript 7: 85. 4403-4406
I think when teachers who were in that conversation took a stand against administration issues that were hindering their ability to provide quality education....We have managed to raise the voices of the voiceless against power.	Transcript 1: 2. 75-77 and 5. 236-237
I am no longer scared of confrontations and my personal decision is to stand up, be counted and be heard.	Transcript 9: 105. 5401
I stand up for what I believe in the community.	Transcript 9: 102. 5272
Like when you think you getting somewhere then something happen and you start to feel helpless again.	Transcript 7: 85. 4385-4387
That angers me because our, our children don't deserve to be set up for a life of failure.	Transcript 5: 50. 2548-2550
I realize that I can't change how anybody behaves. And I kind of walked away from it all.	Transcript 2: 17. 857-867
But I'm quite comfortable to say well, if those people who need homes are not leading the struggle for homes then, No! I won't lead it...because you can only do so much for so long.	Transcript 4: 44. 2270-2275
It is our government to blame on what goes on in our schools and what's even happening with our children. Our children are not afraid to do a lot of things today because they've got so much of right.	Transcript 6: 75. 3842-3844
If there is a problem, there's somebody that is responsible for causing the problem or who's responsible for not ensuring that the problem is solved but nobody wants to be held accountable if things do go wrong. And everybody is allowed to get away with not being accountable, right up to the highest level.	Transcript 5: 55. 2849-2851
To them it's about sitting there in the police station and having a good time and getting a pay check at the end of the month. What are they doing to help us? Nothing.	Transcript 3: 28. 1411-1413
Like if you were to say hmm I'm having a workshop on how to teach children to read, the turnout will be poor.	Transcript 7: 87. 4511-4512
These children seemed to have more passion for their education	Transcript 5: 48. 2453-2456

than their parents because if you need any kind of discussion or workshop with the parents you don't get a lot of good response from parents.	
And everybody is crying and saying our children are on drugs but the same people are sitting on the street with alcohol.	Transcript 8: 93. 4811-4813
I realize that they're human and there is a story behind their drug abuse. And so hmm I don't judge quickly as before.	Transcript 7: 85. 4394-4396
I learnt a lot that it takes team work with the teachers, parents and children. And it greatly helped me understand how to deal with situation.	Transcript 3: 39. 1969-1979
Yes I think our experience with education taught us that in terms of the drugs we're going up against very powerful people but we chose in our action to focus on the families, those of us affected.	Transcript 4: 40. 2073-2074
I've been learning from it because, example even the drug, the trafficking.	Transcript 9: 100. 5176-5177
But now we've been talking, I'm gonna go back with things in my head, so that kind of things helps.	Transcript 8: 94. 4858-4859
I am very aware that as an individual, I am hmm quite powerful in this community. I was able to go into a personal space and just begin to challenge how I use that power and how I control it.	Transcript 1: 7. 355-364
...That I would just continue doing my job in the school and not ask parents for any help. Try and do it on my own.	Transcript 7: 83. 4272-4273
We now are putting a lot of energy into teaching new leaders, young youth leaders the community conversation method. And we begin to raise a new caliber of leaders who are also able to engage more meaningfully outside of self.	Transcript 1: 8. 411-424
...And I think we can sort of prepare a generation that somehow will stand up and we believe we can make a difference in our community.	Transcript 8: 92. 4760-4762
I think two months into the process i'm feeling very much that the community had taken responsibility for it. There's a team of people who are taking it personal, a conscious effort to drive the fight against drug abuse.	Transcript 1: 5. 220-226
...But I'm glad some of the people are standing and I encourage them.	Transcript 8: 89. 4583-4584
...That there can be collective responsibility for the failing or for doing really well. And I think that's what happening with the drug thin now. There's nobody owning the success of it, it was a group effort.	Transcript 4: 44. 2240-2243
After that we were getting students coming to the organization for print outs from the internet on exam papers and just coming to chat with regards to career . And there was some parents coming to see to find out about college.	Transcript 7: 87. 4469-4471

There was a little boy that was heavy in that drugs and he's stealing. And I'm glad to hear that he's off drugs now.	Transcript 6: 65. 3330-3331
The conversation gave me a better relationship with some of those youngsters. I mean now we see them, we talk, we have something that has bonded us, we have shared experience.	Transcript 5: 48. 2487-2489
...And we focus on the families who needed support, the families who needed a space that they could find some hope, in that we could just be together once a week. We got somebody to help us to take both users and family members through the twelve-step programme.	Transcript 4: 42. 2161-2165
My neighbours used to act like they can't hear nothing, not even one of them used to even bother to say 'how are you or what happened?	Transcript 3: 27. 1370-1371
Because now at the moment the union is running the schools and there's nothing that the community can do but to stand and watch.	Transcript 5: 59. 3033-3036
...So the learners leave the conversation, they go back to school, they got no support from the management. Also the community was left out; any of us were not allowed access to the school because again, school management was outside of the conversation	Transcript 8: 92. 4734-4738
I think it's basically the union that's running the school now. We've got a new principal that has just come but she is more obligated to the union than she is to her job.	Transcript 6: 71. 3674-3677
It's just a conversation with meal shared. Otherwise it's the same people who get being frustrated about the same issues over and over again.	Transcript 2: 21. 1057-1061
We can have meeting after meeting, discussion after discussion but unless there's action and somebody has to take responsibility for their behavior, we're going nowhere"	Transcript 2: 17. 858-860
It's like they just get all hyped up for that time in the moment you know. The people who said that they would mentor the children never ever came forward	Transcript 7: 86. 4474-4475
But there are people up there that are supposed to be doing something and they're doing nothing.	Transcript 3: 27. 1350-1351
I was sitting in hundreds of meetings trying to sort of get positive things going in our area, but it hasn't work because everybody wasn't there.	Transcript 5: 52. 2681-2682
It is very good being in a meeting because at the end of the day, it gives you a chance to open up because sometimes to bottle stuff inside.	Transcript 6: 79. 4096-4097
...but it also gives you a space of where to vent your feelings because ...nobody will take it personally.	Transcript 6: 76. 3911- 3915
If somebody else hasn't walked in your shoes, they will never	Transcript 6: 63. 3235; 3261-3262

understand what you have been through ... But now that I've got to go through it, now I could feel it exactly how she felt.	
...when the child is leaving home there you are, you're standing up as a parent and you're fighting this child with your everything in you....And then when your eyes are off your child, your child get influenced by the, the next person's child.	Transcript 6: 74. 3852-3853 & Transcript 6: 79. 4054-4055
It's bad because you'll find out that some people will judge you. That's why other people prefer to isolate themselves.	Transcript 6: 80. 4098-4101
An example with the drugs, not all the people that attended were there because they want to solve the problems, some of them to listen to what's going on, what actions they were going to be taken. So that they can go back to report to the drug lords.	Transcript 7: 86. 4451-4454
When they had that meeting about the drugs there was a spy that was right there.	Transcript 9: 102. 5273-5274

**Table 4.3 Themes / associated significant statements / location in the transcripts**

Theme	Associated significant statements
Mixed feelings; hope, anger, fear and empathy	<p>“When we help them and we can see change, we feel happy. And sad like for example the drug conversation, you feel sad when you hear people’s stories when you can’t reach out to actually help them” (Transcript 7: lines 4380-4382).</p> <p>“It’s comforting for you that it’s not your child. I am so angry, because I feel at the end of the day, the system has failed us” (Transcript 3: lines 1313-1316).</p> <p>“In fact you learn a lot, like how the other person feels and you don’t become judgmental because you’re listening to every side of the story” (Transcript 9: lines 5069-5071).</p> <p>“It made me realize that there’s so many women out there who are sitting with so much of pain and they’ve lost hope in even, in our system because there’s just no solution to their problem...” (Transcript 1: lines 105-107).</p>
The reality of the power differential	<p>“It’s lot of complacency. I feel it’s just all about having the title and earning the package that comes with that title because the roles and responsibilities that come with that are not fulfilled” (Transcript 2: lines 1067–1074).</p> <p>“...but unfortunately again, I’ll say the reason why it has not yielded any [results], school management were not there, they were not part of this” (Transcript 8: lines 4734–4735).</p> <p>“...I feel that parents don’t have that interest even with their kids anymore (Transcript 1: lines 468–469).</p> <p>“The question I keep asking is how is it that we have a system that allows a child to abscond from class for one whole week and the parent doesn’t get an alert? ... (Transcript 1: lines 620–622).</p> <p>“...But there is no communication between the teacher and the parent, there’s none. The only time the parent gets called in, is when that child’s name has been in the log book for several time...if they’re going to have a tribunal” (Transcript 2: lines 986–989).</p> <p>“...and now you sit with schools where the majority of teachers or staffs are from outside the area. So there’s no way they are going to put extra commitment because when the school close, they close and they go home” (Transcript 5: lines 2931–2936).</p> <p>“....and I found at that particular evening hmm, we were heard for the very first time” (Transcript 1: lines 95–96).</p>

“When we had the first conversation with the teachers and management of the school, I felt like we understood each other for once because they’ve heard our issues. And it was just downhill from there, it ended up being very ugly with the result that they kicked us out of the school” (Transcript 2: lines 823-824 and 841-842).

“...they refused to give the reports to the children. And so couple of parents and the organization went for the reports and it just turned out into a whole big thing. It’s difficult now for us to do any programmes in the school because of the bad relationship ... and even if we invite educators to conversations they don’t come, because they are not interested, they don’t like us” (Transcript 7: lines 4309-4312).

“When we had a problem and the community was kicked out of the school. The teachers went on strike and the schools were closed. The Department sent a director and while she was there, she was receiving instruction from the general secretary of the union” (Transcript 5: lines 3060-3074).

“We’ve never quite healed from the experience. So it just sounded the end of that education forum, people could not recover from it. We had to accept that the school was in our community but we were not necessarily responsible entirely for some of the challenges that were happening within the school system. That there were bigger power issues at play than actually we as a community, it turned that we have no influence on them” (Transcript 1: lines 280-284).

“Some people just attend these things to listen to what others can do” (Transcript 7: line 4449).

“They said they’re gonna stand for education and when it was the time for them to stand for education, they never took part in it” (Transcript 7: lines 4235-4237).

“...And there were resolutions taken in terms of the issues and we were gonna get feedback and that’s where it ended. All the stakeholders in the community, the higher ranks were all involved. There were pledges and resolutions taken but the people to implement them did not implement them” (Transcript 1: lines 191-194).

“They’re just merely dialogue. But unless the people who have the power to make a change, come, listen, get involved and take a mandate from them, carry a certain message forward, the conversation won’t achieve anything” (Transcript 5: lines 3092-3097).

“It didn’t have the desired effect because those who were supposed to be part of it weren’t there, the necessary stakeholder. Without school management and with the community locked out the school, nothing could come of it, absolutely nothing” (Transcript 8: lines 4741-4744).

	<p>“I realize change has to come from the head. And as long as we don’t get change from the head there, that school would stay the way it is. I’m talking about the principal, top management, deputy principals and HODs” (Transcript 2: lines 1004-1007).</p> <p>“The conversation did not make any impact on the community whatsoever because only a certain section of the community were able to participate. I didn’t see a lot of parents, teachers, and politicians there, there were no councillors” (Transcript 5: lines 2606-2610).</p> <p>“We’re going in a circle because half of us are fighting the cause and the other half is trying to reap the benefit of us fighting the cause” (Transcript 9: lines 5382-5384).</p> <p>“...And I think some of them say hey! I spoke to the authority, I spoke to this and that one and nobody does anything. So get tired and they start to just live alone and try to make it through every day” (Transcript 8: lines 4541-4543).</p> <p>“.. I think for the most part, we have taken the stance as an organization that we are the community...but I’ve also come to realize that that passion can sometimes be hmm detrimental to other people standing up because then they become reliant on your voice...” (Transcript 1: lines 480–492).</p> <p>“I think that the one about education, in raising the voices of the community, we also went up against some powerful people...And when we did that, we were rendered almost powerless as a community. And that left us vulnerable and then we had to technically withdraw our stand in order for schooling to continue” (Transcript 4: lines 2070–2072; 2115-2118).</p> <p>“And those that are supposed to represent us, for example the Department of Education sells the community to an organization like the union” (Transcript 5: lines 3054–3056).</p> <p>“...but we don’t have the voice that we do have because we were actually pushed out of the school as a community.” (Transcript 6: lines 3761–3762).</p> <p>“... I think we’ve tried so many things...for so long. I’ve even forgotten some of the things we’ve tried to do in the community and nothing seems to get beyond a certain point. ...I’ve sort of given up” (Transcript 5: lines 2729–2733).</p>
Learning from others	<p>“So I’ve learnt to personally to respect them more and you know, not just say things, but think...I listen more than talk” (Transcript 1: lines 255–256 and 270).</p> <p>“And by everybody telling their own individual story, you’re able to take something out from each one of their story and apply it to your situation” (Transcript 9: lines 5173–5175).</p>

	<p>“I’ve learnt that sometimes confrontation isn’t necessarily the best method when you want to solve a problem. I’ve also learnt to step back, listen more and allow other people to take more responsibility...” (Transcript 5: lines 2212 – 2215).</p> <p>“....It was a learning point because it taught us, what to be aware of, the dangers and stuff” (Transcript 5: lines 5002–5003).</p> <p>“People are more knowledgeable about where they can seek help” (Transcript 9: line 5161).</p> <p>“I run a soup kitchen...I’m showing that irrespective of who y’all are, there are people that still cares” (Transcript 9: lines 5445–5454).</p> <p>“....After you’ve learn from everybody... It helps me grow in a certain area then I can pass it on to other people, share with other people” (Transcript 9: lines 5125–5128).</p>
Community resolve	<p>“...And that thing has created a hatred within me for drugs ... so what I’m saying is that even as parent I may not have a child that is directly involved but I have a drug dealer chasing after my daughter. So somehow we are all actually affected” (Transcript 3: lines 1748–1757).</p> <p>“I realize that there is no way we can get any help from teachers or outside. And because of my past experience I would carry on making a difference in children’s lives” (Transcript 7: lines 4429–4430).</p> <p>“It cemented my resolve of the fact that I’m gonna keep doing what I’m doing regardless of whether or not the teachers are pulling their weight...” (Transcript 8: lines 4609–4615).</p> <p>“I’m gonna concentrate on the children that I can groom and build up to a capacity where they will start to develop into people that want to get somewhere” (Transcript 8: lines 4724–4726).</p> <p>“With the drugs thing, I go back; I sit with the young guys in the community. I’ve even offered to help them go back to school or do a course or something or to even find a job” (Transcript 9: lines 5410–5418).</p>
Community identity	<p>“It connected us and strengthens us in the conversation around drugs, conversation with women, conversation around education as well, those of us who see ourselves on the other side of the fence as the powerless and the voiceless, it knitted us” (Transcript 1: lines 238–242).</p> <p>“It gave them a sense of ownership, a sense of responsibility, in that they were committing to saying, well I’m gonna start to do this from now on, it’s because I want to see change in that area” (Transcript 2: lines 799–801).</p>



	<p>“It is positive because you meet people who share common interests and common passion for the community. You realize that we all feel the same thing about this community” (Transcript 8: lines 4855–4857).</p> <p>“There was one that kind of stood out for me. I know the history of the learner; he was a little bit of a problem child. But after the conversation I noticed there was a turnaround in his behavior, He started going to church, became involved in the youth (Transcript 8: lines 5659–5662).</p> <p>“It built some very good relationships like you can actually motivate them and say don’t worry, I will actually walk with you along the path of this thing that’s going on” (Transcript 6: lines 3923–3926).</p> <p>“...It makes me love people more because I understand people more. Just for instance a few of us meet every Monday night and we just pray for the community” (Transcript 3: lines 1936–1938).</p> <p>“...It’s so heartbreaking like when you’re opening the door, your child is failing right at your feet and you don’t know what went on. And you are screaming for help and nobody is even opening, your very neighbor faced to you doesn’t even open the door” (Transcript 6: lines 3439–3442).</p> <p>“...we recently started a drug support group for drug addicts and parents. And that’s really going well. We’ve entered the third month now and we’re up to like about 30 members” (Transcript 2: lines 753–755).</p>
The reality of not being the only one	<p>“...It’s a bit encouraging in most cases, when you are going through something and then you’ll find out that just chatting around here, I know it is not only me” (Transcript 6: lines 3351–3353).</p> <p>“And I think maybe why some people feel that it’s a safe place because you’re not forced; you say what you are comfortable with.” (Transcript 7: lines 4500–4502).</p> <p>“...I felt it was a good experience because it gave people an opportunity to say how they feel in a safe environment with no intimidation. There was no power domination within the circle; everybody came in as an equal” (Transcript 2: lines 772–775).</p> <p>“...they will never understand” (Transcript 6: line 3237).</p> <p>“...when I came for this one on the drugs here, I just felt like a little bit quite annoying.., I mean you can’t ask somebody a question, that is not having an idea of what we even, us going through...” (Transcript 6: lines 3934–3936).</p> <p>“I think every good parent wishes the best for their kids...because at the end of the day, you can sit and talk to those children everyday. They will not listen. Today’s</p>

	<p>children influenced by their friends” (Transcript 3: lines 1548-1552).</p> <p>“I brought up my kids to the best of my ability and my son turned out wayward” (Transcript 6: line 4040).</p> <p>“But it’s also give the person opportunity to speak knowing very well that the information is gonna stay there because it’s actually a safe place, not having the fear you know.” (Transcript 3: lines 1270–1272).</p> <p>“...Sometimes you go into the conversations... we speak what’s on our hearts. And it’s supposed to stay in the group...And suddenly the whole community knows the story” (Transcript 6: lines 3953–3955).</p> <p>“It depends on the conversation you are having. Like if you have a conversation with just ladies like we had, with regards to abuse, you are sitting with all abused ladies. No one is gonna go and talk about that one because you know you are also being abused” (Transcript 7: lines 4487-4490).</p>
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## CHAPTER 5

### DISCUSSION, RECOMMENDATIONS AND SUMMARY

#### 5.1 INTRODUCTION

In this chapter the researcher summarizes the essential experiences of CC programme by the community members from the analysis data and then discusses their experiences in relation to the study. During the bracketing process the researcher encountered some issues which are included under “reflexivity”. Limitations of the study and recommendations for nursing practice and education are included, followed by summary and conclusion.

#### 5.2 EXPERIENCES OF CC PROGRAMME

The most challenging aspect of the CC programme is its emotional impact on the participants. It is acknowledged that the CC programme conducted in the community has had both positive and negative effects. The participants experienced this process differently. With the high expectation of the programme as a breakthrough solution to the prevailing issues in the community, especially with regards to improvement in education and drug abuse, the failure to meet community members’ expectations resulted in the *mixed feelings* experienced.

These mixed feelings were highlighted by emotive words such as hopefulness, anger, frustration and fear, and were evident regardless of the number of years living and/or working in this community or the position held within the community.

Positive contribution emerged from the way community members experience the relationships between themselves. Participants acknowledged that the CC programme resulted in relationship-building between some community members in collective ownership and responsibility. The perceived strength of relationship participants experienced was dependent upon strong and trusting relationships between them. According to Catholic Education Office Melbourne (2014), the aim of CCs is to develop and build respectful relationships within the community and there has been increased confidence to develop strong working relationships with families.

Participants also revealed the positive impact the CC programme had on the learners through increased active interest and participation in school activities. This finding supports that of

Phaswana (2010) who revealed that learners' participation in programmes such as CCs resulted in transformed behavior in the form of improved school attendance.

Participants described the value they placed on the strength and capability available among them to solve their own problems. The development of local strengths through the CC programme was a way of getting people to work together in reaching a group consensus about common concerns and collaborating in problem-solving. The CC programme is a form of social action tactics used in situations involving conflicting interests and imbalance in power; they usually take place when conventional negotiations are not working. It involves efforts to increase the power and resources of low-income or relatively powerless or marginalized people. Participants used the CC programme about education to draw attention to concerns about issues of poor education and drug abuse in the community. The perspective of empowerment has previously been explored in the literature where an intrinsic outcome of the CC programme is empowerment of communities and individuals to identify and address issues that are important to them. Through participation in the CC programme, individuals are empowered to think critically about issues and explore the way their behaviors and values, and those of their families and neighbours, affect others' lives (Getaneh et al., 2008; Tefera and Ahmed, 2013; United Nations Women, 2013). It was identified that participation in CCs has also empowered parents to have a stronger role within schools. It has increased parents' understanding of school processes and an awareness of their own value within the formal and informal education process. It has also increased parents' capacity to contribute, and have confidence that schools value their perspectives and involvement. Where students have participated in CCs, they have found this as one way to have a voice within their school (Catholic Education Office Melbourne, 2014). One finding suggests that CCs may create the social space for people to reflect on the possibility of more effective responses to prevalent issues, but a host of other factors will intervene in shaping whether such reflection after participation in the CC programme leads to concrete behavioral change (Campbell et al., 2013).

As previously discussed, the CC programme creates an opportunity for *sharing stories* by collectively identifying and exploring issues of great concern as well as values and resources available in the community (Campbell et al., 2013). Participants clearly agreed that the CC programme provided a safe and trusting space for them to get to know each other, build relationships and express themselves without fear. The CC establishes a space that is safe for all

participants to freely express, share and listen to the diverse ideas, views and experiences that exist within the community. The experiences of the CC programme with regards to *safe space* indicated that participants tended to move from a sense of mistrust, feelings of reservation, and limited interaction and communication to a relationship imbued with openness, care and concern for others, as well as support (Tefera and Ahmed, 2013). The conduct of the CC provides an atmosphere of trust, in which all participants have confidence that their views and ideas will be respected and kept private (Catholic Education Office Melbourne, 2014). That means that the CC is light on judgement and on responses to contributions. While contributions are acknowledged and welcomed, they are otherwise not commented upon. It is expected that there will be diverse points of view expressed, and even disagreement (Catholic Education Office Melbourne, 2014). The finding of this study supports other studies which described how CC programmes reduced silence surrounding HIV with participants having open discussions and sharing personal stories about HIV (Campbell et al., 2013; Nelson Mandela Foundation, 2014). The CC was seen to provide the opportunity for participants who were affected directly to share their personal experiences. This resulted in an understanding of the situation, and other participants who were not affected directly began to see that they were all somehow affected by the issues in the community. There is a shift in understanding whereby prevalent issues previously seen as private family issues are now seen as community issues or responsibilities. This resulted in *developed empathy* through learning and reflection on the narratives of others. Current literature points to the community cohesion and support based on developed empathy that emerges when sharing experiences that members can identify with, in part or in full (Gilchrist, Bowles and Wetherell, 2010; Shorter and Stayt, 2009; Tefera and Ahmed, 2013). . The sense of togetherness experienced by participants allows them to help each other by providing care and support for needy participants or community members. The CC programme helped to improve the relationship between participants from that of a rivalry to a spirit of collaboration and support (Campbell et al., 2013).

Tefera and Ahmed (2013) report that CC programmes contribute to the development of perspectives that care for others' problems and promote a sense of compassion. This is evident in the results of this study, where participants reported being less judgmental and wanting to be part of the solution; another developed empathy for parents whose children are on drugs because she believes the drug problem is deeply-rooted and multifaceted. Shorter and Stayt's (2009) study described participants as imagining themselves in the community member's place. While one

participant in this study stated that this display of developed empathy appeared flippant, most participants appeared and were accepted as genuinely distressed by the experiences recounted and the emotions expressed.

It was notable that engagement in community conversations might be self-selecting of those who are the most concerned about the social issue in question, or the most willing to engage in dialogical encounters regarding sensitive topics. These people may be directly or indirectly affected by the problem (Campbell et al., 2013). However, participants who were directly affected feel that other participants who are not going through the same problem might not be able to relate to their experiences. It is believed that this issue of anonymity may be maintained if a CC programme is specifically targeted at only participants who are experiencing similar situations.

The literature, however, seems to focus mainly on the positive impact of the CC programme (Swedeen et al., 2012; Tefera and Ahmed, 2013). Schaedel, Deslandes and Eshet (2013) argue that a positive emotional impact may be increased based on the individual feeling that they are an important part of community progress. This increase in positive affect is also based on the involvement of other major stakeholders.

The negative impact of CC programme revealed in the study seems to be connected to the feeling of *powerlessness*. Specifically, the lack of involvement of key community members is suggested to have increased perceptions of individual powerlessness and dissatisfaction. Raising the voices of the participants against issues such as poor education and drug abuse did not yield any favourable response from the responsible stakeholders. School management did not participate in the conversations, and where there were conflicts between the community and the school management, the Department of Education failed to intervene to resolve the community's concerns, leaving participants with a feeling of powerlessness. The current literature on perceived and real powerlessness suggests that those with power being associated with and committed to solving issues affecting the community gives community members a feeling that they are equal to their problems (Berlan and Shiffman, 2011; Gilchrist, Bowles and Wetherell, 2010). This is therefore an essential prerequisite to bringing about desired change. Change agents and champions of the change in the form of strong leadership, once largely seen as relatively

unimportant, are impossible to isolate from the other causal factors that prompt social change (London, 2015). Without the full participation of political leaders and government institutions, fundamental change tends to be difficult and painful, and with uncertainty, risk and limited success (Gilchrist, Bowles and Wetherell, 2010). Efforts have been made by the community organization to effect change by using the rational-empirical approach that entails ensuring the right people are involved in bringing about needed changes (Burdine et al., 2010). However, it was noted that most fundamental change activities break down because those involved in them do not take the time to gain a shared model of reality, and because of the imbalance of power between social groups (Berlan and Shiffman, 2011; Gilchrist, Bowles and Wetherell, 2010; London, 2015). In addition, the literature shows that the ‘burden of integration’ is typically borne by those with less power and security (Altman and Wandersman 2013; Gilchrist, Bowles and Wetherell, 2010). For instance, when one social group actively tries to bring about change, there are invariably other groups who feel put upon and try to resist the change. This was, in fact, the individual experience for most of the participant. One participant’s distress was linked to his perception that the system was setting up the children for a life of failure. Through collective insensitivity and inaction to the issues affecting the community, the status quo of poverty and economic disparity tends to continue. This is a huge barrier that continues to constrain young people by making the climb out of poverty very difficult, and induces hopelessness, rage, and self-loathing in young people who are aware that their community considers them dispensable, with sub-standard schools, their communities neglected and futures uncertain (Besteman, 2008). In opposition to this study’s results of experiences of individual powerlessness, current African literature related to CC programmes, specifically related towards HIV/AIDS in South Africa and Namibia, argue that, irrespective of the issues to be tackled within the community, participants in the CC programme see themselves as being empowered and moving from passive recipients of information and solutions to active problem solvers (Campbell et al., 2013; Nelson Mandela Foundation, 2014; United Nations Development Programme (UNDP), 2013). Fawcett (2014) identified that marginalized people, through their voiced concerns, can achieve power and influence, since mass protest is something people in power try to avoid. However, within this study, participants’ comments indicate that they were not able to achieve this desired outcome, particularly with the issue of poor education. Instead, the incident of raising their voices and fighting for their rights resulted in most teachers, the schools management board, the teacher’s union and the Department of Education standing against them and becoming increasingly

antagonistic. A number of studies provided evidence of the increase in government officials' accountability when communities gained greater access to information and facilitated collective action at the community level (Fitzpatrick and Ako, 2007; Pandey *et al.*, 2007). However, despite a community's assertiveness, government officials' attitudes toward communities may contribute to a lack of responsiveness. Officials' beliefs of superiority may influence the quality of interactions between them and the community (Sen, 2009). This issue is inherently relational and so many of the most critical challenges for health and educational systems are relationship problems (Berlan and Shiffman, 2011). One of the conditions that tend to precipitate change is a lack of cohesion among the various constituents of a social system, with resultant rigid and centralized social structures. When different systems within a society are out of sync with one another, different rates of change affect different social sectors in varied ways. The result is that certain institutions struggle to adapt to the time-pacing of other institutions. For example, public schools and government bureaucracies typically change very slowly. These lags in adaptation create powerful tensions in society (London, 2015).

According to Ghazi *et al.*, (2010), the problem of interference may be the cause of lack of cooperation by the school. This is due to lack of clear descriptions or misinterpretations of the South African Schools Act (SASA) 84 of 1996 about the duties they are expected to perform (Phaswana, 2010). With the increasingly urgent need for cooperation between schools and families to improve the quality of students' results, it is necessary that parents, including the school governing body, must support the schools in the execution of their duties. Parents, for example the school's governing body chairperson, may interfere with professional management responsibilities by questioning educators about their absenteeism and why they are not honouring their teaching responsibilities (Ghazi *et al.*, 2010). Schaedel, Deslandes and Eshet, (2013) supported this view that although the teachers involvement with parents was significant, this may not truly necessarily express the teachers' interest to encourage parents to participate in academic activities. These are mainly created in school to help parents understand and support their child's academic advancement.

Although the issue of the lessened involvement of other stakeholders in solving these issues may be attributed to a state of powerlessness experienced, as opposed to the feeling of **empowerment** that is the aim of the CC programme. Participants learned from their experiences of CC programme and therefore decided to tackle the drug issue differently by cooperating in defining



local drug issues and taking action to address their concerns such as an anti-drugs march, a drug support group and building a drug rehabilitation centre in future. This was reiterated in the literature on the topic, which suggests that it is advisable for community organizations to seek changes that are within their power to manage, since ignoring the problem is likely, and retaliation against the organization is possible (Community Tool Box, 2014).

It is worth mentioning that there were *disconnected expectations* - differing expectations between what the community expected to come out of the CC programme and the expectations of the CC programme coordinators, and these differ from what the CC programme actually did. CCs in themselves do not plan action or reach agreement, but instead have the aim of placing all participants as equals within those conversations, with important views and ideas being contributed and heard with no means to make claims about linear or causal pathways from community conversations to behavior change (Campbell et al., 2013; Catholic Education Office Melbourne, 2014). The community members who come together to address what matters to them were interested in the community organization going beyond talk, and on to action and achieving results (Community Tool Box, 2014). They believed that the community organization's efforts should bring about tangible benefits such as community change, problem solving, and furthering social justice. However, community and broader systems change does not occur simply by reporting felt needs to appointed or elected officials. Furthermore, unrealistic expectations of the CC programme may result in disappointment. It is essential to set realistic goals for a community organization's efforts such as a CC programme and that the outcomes of such programmes are not overpromised. At the beginning of the CC programme, participants walked away from the conversation feeling energized and hopeful about what can happen next. It was therefore disappointing when after a few weeks nothing seems to have happened (Swedeen et al., 2012). Community organizations need small wins that can make a tangible difference. Without the small victories, community organizations may lose current members or be unable to attract new ones. When the aim of the CC programme in empowering the community members is not achieved and the issues affecting the community persisted, the community coordinating organization may begin to fade away and lose its members. The CC process involves empowerment and collaboration among groups to share risks, resources, and responsibilities to achieve common interests (Community Tool Box, 2014). Community collaboration and dialogue are absolutely central to the community conversations approach and to the idea of social change

in general (Campbell et al., 2013). However, in addition to the broad social condition that may hinder change, mobilizing people for action requires substantial time and effort. The outcomes associated with a community conversation may not be visible for a long time and they may be subtle (Swedeen et al., 2012; Westoby, 2014). Sometimes, less confrontational approaches can produce a strong political base from which to make change. It is typical that when two parties are on opposite sides of an issue, neither will get everything they want. Inevitably, a resolution evolves through reconciling or balancing competing interests (Community Tool Box, 2014).

### **5.3 RESEARCHER REFLEXIVITY AND LIMITATIONS**

Reflexivity in qualitative studies refers to critical self-reflection about the researcher's own biases, preferences and preconceptions (Polit & Beck, 2013). On a personal level, the researcher immersed herself in the study, and her own opinions and thoughts often emerged in wanting to help the participants, with the result that on occasions she had to stop herself from intervening in problem situations or in instances when her feelings started to overshadow her interview. This aspect was difficult for the researcher – having to remain detached from emotional involvement with the participants.

Reflections on observations in the focus group discussions and one individual interview enabled the researcher to attach meaning to the expressions, behaviour, and emotions of the participants. Having to make sense of deep feelings of frustration, sadness and anger expressed by the participants, sometimes with tears streaming down their face, made me aware of what it truly meant to raise a child battling with drug abuse. Emotional involvement became evident in the way one participant expressed her feeling of fighting the battle of her son all alone. Discovering this made it opportune, after consultation with the research supervisor, to get her permission to refer her to NGOs which could assist her.

Reflexivity provided insight on the methodological aspects of the study. The researcher had influence on group composition only at the inception stage according to their list of criteria when community members subscribed to participate according to their interests. The community members targeted for participation in the study are those whose names were on the four attendance sheets found. It was difficult to access those participants whose attendance lists or

contact details were missing. Additionally, learners who participated in the CC programme were omitted from the study due to their vulnerability and inaccessibility. There was no evaluation of the bias of the researcher and the concept of assessing the group's composition according to certain criteria, as the activity is based on voluntarism and self-selection, leading to an overrepresentation of active community members in the study. Based on self-selection, only already active members were present in the focus group discussion. A cross-section of the stakeholder population was not achieved as some participants declined the invitation to participate, and the study is therefore only a sample of the experiences of all the people who participated in the CC programme. The community was loaded with divisions, tensions and conflicts, and certain vulnerable groups whose input may be valuable may have been unwilling or even unable to participate. This may be as a result of the community already experiencing the so called "conversation or participation fatigue" in which facilitators have faced the challenges of motivating community members to participate in the scheduled sessions (Assefa, 2008). This will potentially influence the way the CC programme was experienced.

It also needs to be considered that the presence of the main facilitator of the CC programme may have influenced the responses provided by the other participants in category one (see table 2.3, p. 17). These participants had either worked with the facilitator, or knew of the facilitator's position within the community and therefore could possibly have given answers which they thought the facilitator would like to hear. A further limitation of this study was the small sample used due to the methodology chosen.

Taking the above factors into account, the results obtained are possibly not representative of the experiences of community members who participated in the CC programme, and cannot be generalised beyond the context of this study.

## **5.4 RECOMMENDATIONS**

The recommendations are based on the findings of this study and other published studies which informed the presentation and discussion of the research findings. The recommendations will relate to the proposed significance of the study and aim to address the identified gaps, as well as to propose areas of possible further research.

- During the interview process, the participants described how a lack of interest and commitment of certain stakeholders makes them feel powerless. Collaborative partnerships help bring about community and systemic change when they link local people to resources and institutions at the multiple levels in which change should occur to address common interests (Community Tool Box, 2014). Taking this factor into account, a CC programme needs to be conducted that addresses this issue and invites and follow ups with all stakeholders that are deemed important regarding the specific issues to be discussed.
- Stakeholders in education may or may not have a clear understanding of their roles and responsibilities regarding activities in the school. Bearing this in mind, the Department of Education needs to include a document clarifying the roles of each stakeholder, particularly among the school governing body, the principal and the school management team, especially where roles overlap.
- The CC programme about education was emotionally draining for all those who participated. The facilitators need additional training to develop their capacity to deal with conflict and equip the community members to manage conflictual situations.
- The community may get stuck using CC programmes as a preferred single working strategy. By invoking only one strategy, the community's actions may be easier to ignore and the benefits of complementary approaches may go untapped. Community members need to use multiple strategies when tackling prevalent issues in the community as flexibility in strategy and the use of multiple means may enhance community efforts and outcomes.
- Good communication is one of the most important aspects to stimulate local community involvement in the schools, in hopes of promoting students' successes. It articulates that schools should offer parents the necessary skills and competencies to develop children's academic skills. Government publications about stakeholders' responsibilities and participation including parents' responsibilities and rights should be made available to parents. Schools need to inform parents of the recent declarations published in the circulars. Furthermore, the schools can also reach out and involve community members in providing assistance for children's social and academic growth in the schools.

- Although the CC programme facilitator and technical team may have extensive experience in working with the community, engaging in the relatively new programme of CCs with different categories of people about shared concerns and collective action toward improvement may prove to be a challenging experience. There is a difference between being the voice of the community and empowering community members to develop their own voices. Thus, community members interested in participating in the CC programme for the first time need to attend a session where the CC programme is fully explained, including the underlying philosophy and goals, prior to them participating in the conversations. Facilitators of the CCs need to be cognizant when a new community member becomes part of the conversation for the first time and ensure that the CC process for that particular issue is fully explained.
- The CC programme may be demanding and may not produce statistically significant changes in community; however, it may develop new leaders or build the capacity to address new issues in the future. To keep track of what is actually achieved, including evidence of intermediate outcomes (community and system change) and other indicators of success or failure (community capacity over time and across issues), it is necessary that the facilitators engage in community documentation and evaluation. Personal reflection journals and periodic group retreats help facilitators to reflect on and review the initial purposes and recent directions of the CC programme.

#### **5.4.1 Recommendations for future research**

- This was a small scale, qualitative study and should be explored further in other communities to determine if the same views and experiences hold true for other community members.
- The feasibility and efficacy of CC programmes needs to be explored in the South African context.
- Further research is required to determine how learners and other major stakeholders in the community experience the CC process.

## **5.5 SUMMARY**

This chapter reviewed and provided a discussion of the findings of the study, keeping its objectives in mind. Discussions focused on the emotional impact the CC programme has on community members, the opportunity of learning from the experience, the process of building community identity and relationships, how the experience has either empowered the community members or made them feel powerless to make a collective change, and the description of the meaning of the CC programme. The conclusions of the study were outlined, recommendations were proposed and areas for further research were indicated. The limitations of the study were also examined.

## **5.6 CONCLUSION**

A small sample of community members was used to explore the objectives of this study. The findings of this study indicate the emotional impact that a CC programme has on the community members of a marginalized community. Participants identified that the CC programme had an essentially mixed emotional impact, and how each participant responded to the impact of the CC programme was determined in large part by their perception of its ability to raise their voices and build commitments among stakeholders and other community members. The study also revealed the opportunity of learning from the CC programme.

This study indicated the importance of individual and collective ownership and responsibility in making a change in the community. The strength of trust and of the relationship between the community and the political leadership determines the level of individual and collective commitment to change. The feeling of empowerment versus that of disempowerment resulted in different perceptions of the issues of education and drug use patterns. Participants also described the importance of being able to freely express their opinions and having a feeling of belonging regarding issues affecting the community, as it made them feel that they were not alone in the situation. The importance of the need to utilize CC programme to specific issues was also highlighted, further emphasising concerns about the issue of anonymity.

The major difficulty that the participants described was the lack of commitment and action from those they regarded as powerful enough to make the changes that needed to be seen in the community. Participants revealed that words were spoken with no action to follow. No support was provided and there was a feeling of tension, distrust, and powerlessness that prevailed. Engaging in protest regarding poor education had serious consequences for the community members, with the removal of their participation in activities involving the school. No real conclusion could be drawn regarding the proposed change that was expected to occur regarding the CC programme in the community. Participants thought positively of their experiences in the CC programme, but did not feel that the programme had made much difference to the situation in the community.

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## **ANNEXURE A: Focus Group Discussion Guide**

### **SECTION A: DEMOGRAPHICS**

- 1) Gender .....
- 2) Age in years .....
- 3) Marital status .....
- 4) What is your highest level of education? .....
- 5) Are you a scholar, student, working, unemployed, receiving grant, pension or other please explain? .....
- 6) Are you: (a) Community conversation programme coordinator (facilitator and other technical team members) and other professionals. ....
- (b) Parents, grandparents and other community members .....
- (c) Educators and education management including members of the school governing bodies.....
- 7) How long have you been staying / working in the community? .....

### **SECTION B**

#### **Broad question**

Tell me about your experiences regarding your participation in any of the community conversation programmes. It can be your most recent experience, the most meaningful one, or one that stands out in your memory.

#### **Probing in the following aspects**

What effects has these experiences had on your:

- Feelings, thoughts
- Relationships
- Change
- Personal decision
- Group part/belonging

Is there anything further you would like to tell me?

**ANNEXURE B: Gate-keeper Permission – Request for Approval by Mariannridge Coordinating Committee (MCC)**

P.O. Box 22934  
Southgate  
Pietermaritzburg  
3200  
20/5/2014

The Mariannridge Coordinating Committee Members  
Mariannridge  
Ward 13  
eThekweni district  
KwaZulu-Natal

Dear Members

**RE: Request for permission to conduct a research study in your community**

I am a registered nurse currently studying for a Masters degree in Mental Health Nursing at the University of KwaZulu-Natal. I developed an interest in conducting a study about community conversations after my learning experiences in your community. The target population is all community members who participated in any of the community conversation programmes (N = 50-100; listed names may overlap). My research is titled “Exploring the lived experiences of community members involved in a community conversation programme to promote mental health in a community in eThekweni district, KwaZulu-Natal”. The primary objective is to give voices to participants in sharing their experiences in community conversations programme in promoting their mental health, resulting in improved practice. This will be accomplished through eight focus group discussions with different categories of people who choose to participate. Also, on completion of the data collection and analysis, the participants will be invited to check for accuracy of the information transcribed and the interpretations in order to reflect their experiences. Confidentiality will be maintained throughout the research process. Please see



attached the research proposal for further details of the study. The study and its procedures have been approved by the School of Nursing round room committee.

I would appreciate your approval for my research. Once I have received your permission, the study will be approved by the ethical committee (ethical approval number (to fill in on approval)). and I will request permission from other necessary organizations and each potential participants. Your assistance and input in this regard will be greatly appreciated. Should you have any concerns or questions regarding my study please do not hesitate to contact myself or my supervisor as per the details below.

I look forward to receiving your written permission and on completion giving you a written report and conducting an informal debriefing with all research participants on the experiences of community members' regarding community conversations programme to promote their mental health.

Regards

Mrs. B E Awolesi (student number 212558509)

Cell: 071 347 8398

E-mail: b\_enitan@yahoo.com

Supervisor: Ms C. Engelbrecht (Lecturer)

UKZN School of Nursing and Public Health

5th Floor Desmond Clarence Building

E-mail: engelbrecht@ukzn.ac.za

Tel: (031) 260 2513

UKZN Humanities and Social Sciences Research Ethics Committee (HSSREC) research office contact details.

Contact person: Mrs Mariette Snyman

Tel: (031) 260 8350

Fax: (031) 260 4609

**ANNEXURE C: Gate-keeper Permission: Mariannridge Coordinating Committee (MCC)**  
**Letter of Permission Pending UKZN Ethical Clearance**



Shop No. 2 Mercury Crescent  
Mariannridge(Next to library)  
P.O. BOX 10231  
Ashwood  
3805  
031 703 2009  
083 714 6417  
boyce.jenny@yahoo.com

26 May 2014

To: Whom it may concern

Attention: Esther

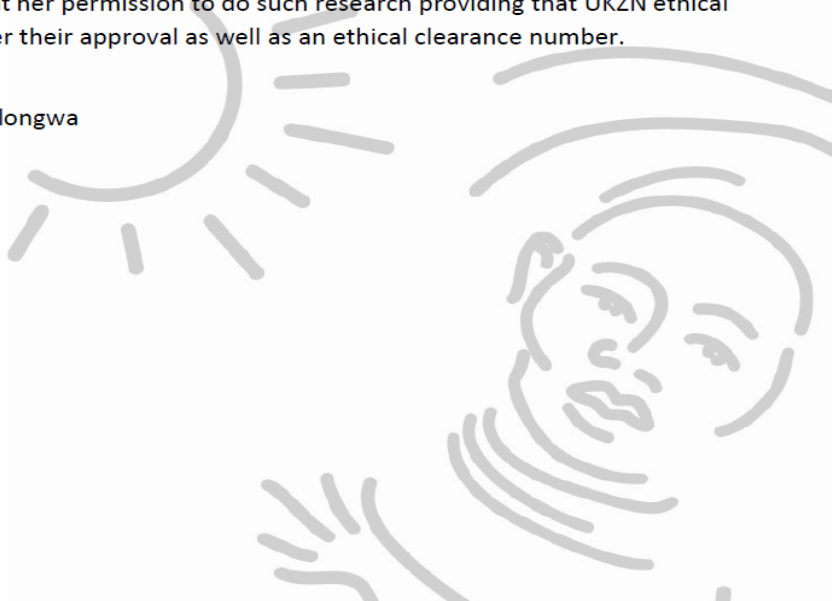
Letter of Permission

MCC stands for Mariann Co-ordinating Committee which is an organisation based in Mariannridge.

Esther Awolesi is a registered nurse currently studying for a Master's degree in Mental Health Nursing at the University of KwaZulu-Natal. She developed an interest in conducting a study about community conversations after her learning experiences in our community. Her research is titled "Exploring the lived experiences of community members involved in a community conversation programme to promote mental health in a community in eThekwin district, KwaZulu-Natal". The primary objective is to give voices to participants in sharing their experiences in community conversations programme in promoting their mental health, resulting in improved practice.

MCC herewith grant her permission to do such research providing that UKZN ethical committee gives her their approval as well as an ethical clearance number.

Yours Sincerely  
Mrs Jenny Boyce-Hlongwa



## ANNEXURE D: University of KwaZulu-Natal Humanities and Social Science Ethics Committee Clearance for Study



05 June 2014

Mrs Bukunola Esther Awolosi (212558509)  
School of Nursing & Public Health  
Howard College Campus

Protocol reference number: HSS/0344/014M

Project title: Exploring the lived experiences of community members involved in a community conversation programme to promote mental health in a community in ETshekweni district, KwaZulu-Natal

Dear Mrs Awolosi,

### Full Approval – Expedited Application

In response to your application dated 27 March 2014, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

**PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

  
.....  
Dr Shenuka Singh (Chair)

/ms

Cc Supervisor: Ms Charlotte Engelbrecht  
Cc Academic Leader Research: Professor M Mars  
Cc School Administrator: Ms Caroline Dhanraj

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Humanities & Social Sciences Research Ethics Committee  
Dr Shenuka Singh (Chair)  
Westville Campus, Govan Mbeki Building  
Postal Address: Private Bag X54001, Durban 4000  
Telephone: +27 (0) 31 260 3587/8350/4007 Facsimile: +27 (0) 31 260 4608 Email: [ethics@ukzn.ac.za](mailto:ethics@ukzn.ac.za) / [ethics@ukzn.ac.za](mailto:ethics@ukzn.ac.za) / [ethics@ukzn.ac.za](mailto:ethics@ukzn.ac.za)  
Website: [www.ukzn.ac.za](http://www.ukzn.ac.za)



**ANNEXURE E: Request for Approval by Democracy Development Programme (DDP)**

P.O. Box 22934  
Southgate  
Pietermaritzburg  
3200  
12/6/2014

The Executive Director  
Democracy Development Programme  
2nd Floor DDP House  
32 Dullah Omar Avenue  
Durban  
4001  
Dear Sir

**RE: Research Approval for Masters Nursing (UKZN)**

I am a registered nurse currently studying for a Masters degree in Mental Health Nursing at the University of KwaZulu-Natal. I developed an interest in conducting a study about community conversations after my learning experiences in one of your community partners. My research is titled: "Exploring the lived experiences of community members involved in community conversations programme as a means to promote mental health in a community of eThekweni district, KwaZulu-Natal, South Africa". The primary objective is to give voices to participants in sharing their experiences in community conversations programme in promoting their mental health, resulting in improved practice.

The study and its procedures have been approved by the School of Nursing round room committee and UKZN ethical committee (ethical approval number (HSS/0344/014M)). Please find attached the research proposal.

I would appreciate your approval for my research.

Should you have any concerns or questions regarding my study please do not hesitate to contact myself or my supervisor as per the details below.

I look forward to receiving your written permission and on completion giving you a written report on the experiences of participants' regarding community conversations programme as a means to promote mental health.

Regards

Mrs. B E Awolesi (student number 212558509)

Cell: 071 347 8398

E-mail: b\_enitan@yahoo.com

Supervisor:

Ms C. Engelbrecht (Lecturer)

UKZN School of Nursing and Public Health

5th Floor Desmond Clarence Building

E-mail: engelbrechtc@ukzn.ac.za

Tel: (031) 260 2513

UKZN Humanities and Social Sciences Research Ethics Committee (HSSREC) research office contact details.

Contact person: Mrs Mariette Snyman

Tel: (031) 260 8350

Fax: (031) 260 4609

**ANNEXURE F: Mail from Democracy Development Programme, Confirming Independent Partnership with Mariannridge Coordinating Committee.**

**Request for approval letter(3)**

**me** Dear Mr Kariuki, I am writing to request your approval to conduct a study in Mariannridge community in Pinetown under the eThekweni district where community conversations have been conducted. My name  
Jun 12

**paulk**

To

me

CC

Jenny Boyce (boyce.jenny@yahoo.com)

Jun 12

Dear Bukunola,

Thanks for this email. DDP works in partnership with Mariannridge Community Centre (MCC) headed by miss Jenny Hlongwane. She is the right person to seek permission for your study. I've copied her in this email, please follow up with her.

I trust this helps.

Warm regards,

Paul

## ANNEXURE G: Full Permission Letter from MCC



Shop No. 2 Mercury Crescent  
Marianne Centre for Change  
P.O. BOX 10251  
Ashwood  
3605  
031 703 2009  
083 714 6417  
boyce.jenny@yahoo.com

24 June 2014

Mrs B.E Awolesi  
P.O.Box 22934, Southgate  
Pietermaritzburg  
3200.

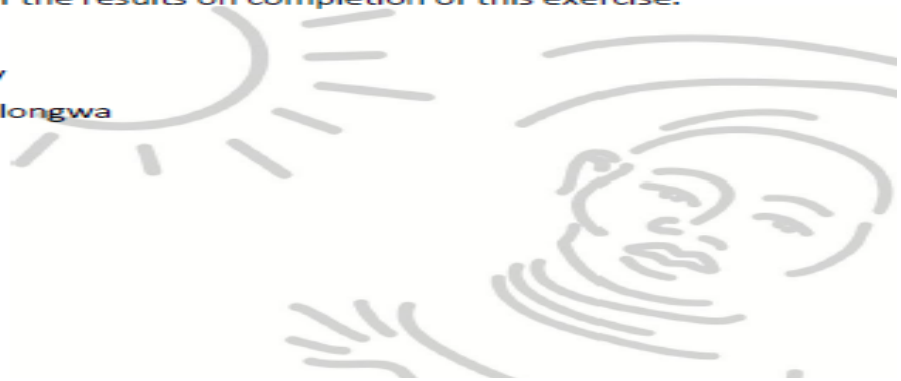
Re: Research Approval for Masters Nursing(UKZN)Nursing

I refer to your letter dated 26 May 2014 of which the contents have been noted.

I am pleased to inform you that authorisation to conduct your research has been granted.

I wish you well in your endeavours and look forward to the presentation of the results on completion of this exercise.

Yours faithfully  
Jenny Boyce-Hlongwa



## ANNEXURE H: Approval Letter from Ward Council

25. Jul. 2014 12:58

ANC PARLIAMENT

No. 6375 P. 1



**Councillor**

Mezzanine Floor Shell House  
Cnr. Anton Lembede & Samora Mcheli Street, Durban, 4001  
P.O. Box 1014, Durban, 4000  
Tel: 031 322 7030, Fax: 031 311 3827  
www.durban.gov.za

Our Ref:

Your Ref:

**CLLR MP GUMEDE**

Enquiries:

**083 957 5514**

**DATE: 25 JULY 2014.**

**MRS. BE. AWOLESI  
P.O. BOX 22934  
SOUTHGATE.  
PIETERMARITZBURG. 3200.**

Dear Madam,

**RE: RESEARCH APPROVAL FOR MASTERS NURSING (UKZN) NURSING.**

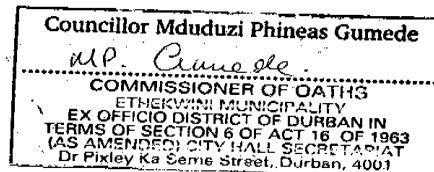
I refer to your e-mail date 15<sup>th</sup> July 2014, of which the contents have been noted.

I am pleased to inform you that authorisation to conduct your research has been granted.

I therefore would like to take this opportunity and wish you the best in your future endeavours and look forward to the presentation of the results on completion of your exercise.

Yours faithfully

*M.P. Gumede*  
CLLR. MP. GUMEDE – WARD 13  
CONTACT Nos.: 031 706 5606 /083 957 5514





## ANNEXURE I: Approval Letter from KwaZulu-Natal Department of Education



education

Department:  
Education  
**PROVINCE OF KWAZULU-NATAL**

Enquiries: Nomangisi Ngubane

Tel: 033 392 1004

Ref.:2/4/8/200

Mrs BE Awolesi  
P O Box 22934  
Southgate  
PIETERMARITZBURG  
3200

Dear Mrs Awolesi

### PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS

Your application to conduct research entitled: **"Exploring the lived experiences of community members involved in a community conversation programme to promote mental health in a community in EThekwin District KwaZulu-Natal"**, in the KwaZulu-Natal Department of Education Institutions has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from 01 August 2014 to 30 June 2015.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Ms Connie Kehologile at the contact numbers below.
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report / dissertation / thesis must be submitted to the research office of the Department. Please address it to The Director-Resources Planning, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to schools and institutions in KwaZulu-Natal Department of Education. (Pinetown District)

**Nkosinathi S.P. Sishi, PhD**  
Head of Department: Education  
Date: 15 August 2014

#### KWAZULU-NATAL DEPARTMENT OF EDUCATION

POSTAL: Private Bag X 9137, Pietermaritzburg, 3200, KwaZulu-Natal, Republic of South Africa  
PHYSICAL: 247 Burger Street, Anton Lembede House, Pietermaritzburg, 3201. Tel. 033 392 1004  
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WEBSITE: [WWW.kzneducation.gov.za](http://WWW.kzneducation.gov.za)

## **ANNEXURE J: Participant Information Sheet and Informed Consent Form**



Dear participants,

My name is Mrs. B.E Awolesi. I am a student who is completing her Master's degree in Nursing at the University of KwaZulu-Natal.

I am currently engaged in a research project about experiences of community members regarding community conversation programme after my learning experiences in your community. In order to fully address this topic, I would like to invite you to participate voluntarily in focus group discussions. During this discussion, questions will be asked and you will be provided with opportunities to share your experiences either as an individual or as a group. This interaction should allow for a deeper understanding of the topic under study. As you are an expert in your life, I believe you have valuable experiences to share. Prior to the commencement of the focus group discussion, I will run an overview of the research study and thereafter those who are willing to participate, will sign two copies of consent forms (one for participants and the other for the researcher) and fill their demographic data.

The focus group discussion will run once a week for three weeks and will take about 45-60 minutes. The essence of this is to ensure sharing of detailed information and for verification of the information obtain to reflect participants' responses. Full consideration will be given in the session to any sensitive issues. Travel costs and refreshments will be provided in recognition of any inconveniences.

The study and its procedures have been approved by the UKZN ethical committee (protocol reference number: HSS/0344/014M), in essence this assures you of the following:

Neither your name nor your community where you live will be recorded on any documentation, or any publication that may arise from the research study. This will be inclusive of field notes and transcripts of recordings, thus your feelings, experiences, comments will be completely

anonymous. On completion of the study, you will be invited for an informal feedback session focusing on the key findings on the research. Also, a summary report extracting the main themes will be sent to MCC and Ward committee representatives.

As stated earlier your participation is voluntary and you can withdraw at any time during the focus group discussions or choose not to contribute in any area of the discussion. Your voice input cannot be erased as it will not be possible to identify which belongs to you.

The sessions will be recorded. The recordings are only for the researchers to transcribe input. In transcription false names will be used. These stay under lock and key with the researcher and after the transcripts are checked for accuracy the recordings will be erased. Once the study have been completed, the transcripts will be scanned on a CD and hard copies destroyed. The CD will be stored under lock and key by the researcher's supervisor and later destroyed after five years according to UKZN policy.

All participants will be treated as equal and respect will be shown to all input, regardless of your agreement or disagreement thereof. Similar respect will be shown to a participant who chooses not to contribute or to withdraw from the study.

Should your responses during the discussions indicate a need for counseling you will have the opportunity to be contacted and referred accordingly.

If you have further questions before considering your participation, you can sms me to call you, call my supervisor or ethics contact person using the contact details below.

Thanking you

Mrs. B E Awolesi (student number 212558509)

Cell: 071 347 8398

E-mail: b\_enitan@yahoo.com

Supervisor: Ms Amanda Smith (Lecturer)

UKZN School of Nursing and Public Health

5th Floor Desmond Clarence Building

E-mail: engelbrecht@ukzn.ac.za

Tel: 031 260 2513

UKZN Humanities and Social Sciences Research Ethics office

Mrs Mariette Snyman.

Tel: 031 260 835

## Informed Consent Form for Participation in the Study



*I have read the information sheet and:*

- *I understand that I am participating voluntarily.*
- *I understand the purpose of the study.*
- *I have been given an opportunity to withdraw at any point*

*I \_\_\_\_\_ (full name) voluntarily consent to participate in the research study of the lived experiences of community members involved in a community conversation programme to promote mental health in a community in eThekweni district, KwaZulu-natal.*

*I hereby provide consent to:*

*Audio-record my focus group discussion*

YES / NO

*Signed: \_\_\_\_\_ (Participants)*

*Date: \_\_\_\_\_*

*Tel/Cell number: \_\_\_\_\_*

*I have provided the above participant with the information sheet.*

*Signed: \_\_\_\_\_ (Researcher)*

*Date: \_\_\_\_\_*

## ANNEXURE K: Invitational Poster

**You are invited to a brief research study session with an opportunity to participate in a focus group discussion**

The objective is to develop a better understanding of your experiences, as a facilitator or team member of community conversation programme.

**WHERE: The Library room**

**WHEN:**

08.10.14	09.30 – 11.00
15.10.14	
22.10.14	

Come and share  
your experience  
with us

**You are invited to a brief research study session with an opportunity to participate in a focus group discussion**

The objective is to develop a better understanding of your experience, as a participant of community conversation programme.

**WHERE: The Library room**

**WHEN:**

08.10.14	11.30 – 01.00
15.10.14	
22.10.14	

Come and share  
your experience  
with us

**You are invited to a brief research study session with an opportunity to participate in a focus group discussion**

The objective is to develop a better understanding of your experiences, as a participant of community conversation programme.

**WHERE: The Library room**

**WHEN:**

08.10.14	01.30 – 03.00
15.10.14	
22.10.14	

Come and share  
your experience  
with us

**ANNEXURE L: Ethics Certificates Completed by B.E. Awolesi**



**Zertifikat  
Certificat**

**Certificado  
Certificate**

Promouvoir les plus hauts standards éthiques dans la protection des participants à la recherche biomédicale  
Promoting the highest ethical standards in the protection of biomedical research participants

**Certificat de formation - Training Certificate**  
Ce document atteste que - this document certifies that  
**Bukunola Esther Awolesi**  
a complété avec succès - has successfully completed  
**Module 1**  
  
du programme de formation TRREE en évaluation éthique de la recherche  
of the TRREE training programme in research ethics evaluation



**Zertifikat  
Certificat**

**Certificado  
Certificate**

Promouvoir les plus hauts standards éthiques dans la protection des participants à la recherche biomédicale  
Promoting the highest ethical standards in the protection of biomedical research participants

**Certificat de formation - Training Certificate**  
Ce document atteste que - this document certifies that  
**Bukunola Esther Awolesi**  
a complété avec succès - has successfully completed  
**Module 2**  
  
du programme de formation TRREE en évaluation éthique de la recherche  
of the TRREE training programme in research ethics evaluation





# Zertifikat Certificat

# Certificado Certificate

Promouvoir les plus hauts standards éthiques dans la protection des participants à la recherche biomédicale  
Promoting the highest ethical standards in the protection of biomedical research participants

## **Certificat de formation - Training Certificate**

Ce document atteste que - this document certifies that

**Bukunola Esther Awolesi**

a complété avec succès - has successfully completed

**Module 3.1**

du programme de formation TRREE en évaluation éthique de la recherche  
of the TRREE training programme in research ethics evaluation

## Ethics Certificate Completed by A.A.H. Smith



**Zertifikat  
Certificat**

**Certificado  
Certificate**

Promouvoir les plus hauts standards éthiques dans la protection des participants à la recherche biomédicale  
Promoting the highest ethical standards in the protection of biomedical research participants



### **Certificat de formation - Training Certificate**

Ce document atteste que - this document certifies that

**Amanda Smith**

a complété avec succès - has successfully completed

**Good Clinical Practice (GCP)**

du programme de formation TRREE en évaluation éthique de la recherche  
of the TRREE training programme in research ethics evaluation

April 29th, 2014  
CID: RuyiMB7Uz

Professeur Dominique Sprumont  
Coordinateur TRREE Coordinator



Continuing Education Program  
Programme de Formation continue

Föderation  
Pharmaceutica  
Helvetiae

**FPH**

Programmes de formation  
continue

Continuing Education Program  
Programmes de formation continue

GCP training program for investigator recognized by Swissmedic  
Programme de formation GCP pour investigateur reconnu par Swissmedic

## **ANNEXURE M: Sample of Focus Group Discussion with Participants**

### **Transcript of Discussion with Category 1: Community conversation programme coordinator (facilitator and other technical team members) and other professionals.**

**Date: 15th October 2014**

**Present**  
**Josephine**  
**Tazyln**  
**Roxann**

Facilitator: hmm thank you so much for making it even hmm though we've got so many challenges with regards to meeting today. Hmm but hmm today its more or less about the follow up questions that i that i got from our previous discussions and its seems to me that the two conversations that stood out were the ones about drugs and education. Hmm I just wanted you to throw more light on who were the stakeholders that participated in the one concerning drugs.

Josephine: On the one concerning drugs it was mostly hmm family members, parents of hmm young people affected by drugs and there were some concerned community members. But hmm we had invited mainly family members who have somebody who is addicted to drugs

Facilitator: okay hmm thank you so much apart from the the conversation about drugs and Focus group discussion stopped briefly as one of the participant needed to receive an important call. Focus group discussion resumes one minute later

Facilitator: okay hmm we've talked about the people the stakeholders who had hmm those people who participated in the conversation about drugs, hmm what other conversation did you participated in apart from the one on drug and education

Josephine: we did one around young woman, those are the three areas hmm education, drugs and young women oh and families of learners who were hmm having challenges at school, the stone soup one

Facilitator: Ok hmm hmm I also wanted to find out why did the conversation about drug and education, why did they stand out among other conversations?

Josephine: I think i think because the one on education hmm kept leading to another conversation so we had about three or four. But the first one led to the second one led to another one led to another one. And there there was there was a big impact on education in the community around it. The one on drugs was just one conversation but immediately hmm hmm

brought the community into action against drugs. So from that conversation there were two marches and then drug free zones, support group were set up, so i think that's why they those two stand out

Facilitator: Thank hmm and now from the discussion i found out that the two that stand out were the one about drug and education but its like there are different experiences with regards to these two so i just wanted to find out why were these experiences why were they different in terms of the one about education and the one about drugs

Josephine: i think that the one about education in raising the voices of the community we also went up against some powerful people being the unions being the department of education and i think that was the differences the the reactions hmm to a new voice a new hmm response hmm. In terms of the drugs i think again we're going up against very powerful but we chose in our action to focus on the families, those of us affected and so the support groups is about bringing together the family members affected and looking for options for drug rehabilitation or teaching people the twelve step method of coping and we're not necessarily going up against the power, at least not openly

Facilitator: Okay now will you now say your experience with education now helps you to like hmm look at how to tackle the one with drug

Josephine: yes i i i think our experience with education taught us that hmm that what we would consider to be sometimes our right as a community are not always protected. So so we believe we had a right to challenge the non-issue of reports but we also learnt that nobody within the people who will looked for support outside of the public protector office hmm was able to provide us with that immediate support that we needed. So eventually the public protector helped us to demand that reports were issued but it happened very very late. But in that moment of crisis when teachers withdrew their power their their services, nobody was able to protect us as a community and and i think when we then began to tackle the drug issue we were conscious of who were the very powerful people, the drug dealers, we were conscious of how the South African Police Services won't be able to protect us and so we chose not to make that our focus

Facilitator: okay my next question though i will still ask but it's it's like in a way you've answered it but i just wanted to know what was why was the conversation about education not going so well and the one about drug going well

Josephine: i i think the one about education we we challenge hmm SADTU as a very powerful union and we did not anticipate that the local educators would withdraw their services so we didn't anticipate that we didn't anticipate that in demanding report that we were going to be taking SADTU on directly and when when we did that we were we were rendered almost powerless as a community

Facilitator: Can you explain to me further b'cause i'm trying to like picture everything together

Josephine: so so when when when we came together as a community we didn't come to challenge the report we came together as a education forum that year to ask how do we support and improve the quality of learning and teaching in in the community. But it just so happen that at that moment the SADTU embark on this action of withholding hmm reports. So when we went to the school to challenge the school management hmm to ensure that teachers issue marks issue reports we didn't anticipate that we were taken on the union, but in actual fact we were attacking on the union. We thought it was a matter between ourself as a community and the school management but in fact the school management was was was silent. It was then SADTU as a union as a regional union even as a province that then began to challenge us; so so {missing name} as a provincial secretary of SADTU in KwaZulu-Natal was the one who was challenging us. And the department of education who will thought would protect us in demanding our right to reports hmm turned out to actually unable to bring in the unions of the school management. They had no power over the union or the school management. And that left us vulnerable and then we had to technically withdraw our stand in order for schooling to continue.

Facilitator: okay

Josephine: i don't know if i'm making sense {laughs}

Facilitator: {laughs} i understand yeah

Josephine: Just ask the question again

Facilitator: yeah no with with regards to the union so how what were the things they....

Josephine: well well i think where they they they broke us was when educators withdrew their services. So they they they didn't come to school, of the forty something educators only six people were reporting for duty. So technically the school shut down, the school governing body, the school management hmm, at the time the school management the school management was also supporting the union. So all we had on our side was the principal who was submitting to our our issue, six educators who were not prepare to to withdraw their services

Phone interruptions

Josephine: We went to the district department, we went to the regional department, we went to the provincial department of education, we went to the nation department of education, we went to the president's hotline, we brought in ENCA and they ran the story for for the whole weekend on on TV showing that teachers had had withdrawn their services and that the school was shut down for two weeks. But we were unable to to get any support. We then went to approach the human right commission and the public protected and the public protector took it on. But at the point that the public protected hmm intervene we had already submitted, so we submitted to the

teacher's demands in order for them to return to school. And we submitted without any hmm without so so we withdrew our demand for reports, we submitted a written apology, we we agree to all the conditions that we'll be expelled from participating in the school as community organizations we agree to all of those things and we surrender, it's was a surrender and we walked away

Facilitator: hmm then why did the conversation about the drug why do you think it's going well  
Josephine: {laugh} i i think it's going well because we did the opposite there, we just didn't take on people who we knew were powerful. Hmm we know the drug dealers are very connected to the law to the to to that they are intricately supported and involved with SAPS, that corrupt police within the system are either paid off by the drug lords or they're in {missing word} with the drug lords. Hmm we also know that the justice system hmm doesn't hmm support us in any way; so guys picked up today for for for hmm dealing drugs he's out tomorrow and he's back on the street. So we just didn't take that on, we just acknowledged that that was an area that we were not going to be able to hmm effect any change in or impact and we focus on the families who needed support, the families who needed a space that they could hmm find hmm some hope in that we could just be together once a week hmm we started to think about rehabilitation opportunities for those who are hmm hmm using the drugs; we got somebody to help us to take both users and family members through the twelve step programme and that's where we focused and its going very well. It doesn't it doesn't deal with the issue at all levels because access to drugs is still very much the same but we we we're solely dependent on being able to build the the strength of one user to be able to say no at a time you know and that's that's about all we can do as a community at this point

Facilitator: And now what effects has all these experiences had on your feelings and your thoughts

Josephine: hmm i think that not only for me for instance for people involved in the education forum It had a very impact hmm hmm impact they they they they; some people felt really hurt and they've never recover from it. So the education forum has never being able to recover hmm because after that experience people felt as though we are never going to be actually be able to deal with education in this community. And that's the that's the that's where we are community members community leaders have withdraw from the whole discussion about education and the school as an entity is left to its own demises so we look at it every day we see the challenges we see the downward spiral but we are just spectator we have no ownership to it. And It's difficult to get people to recover from what happen there

Facilitator: and the one with the one hmm regarding the drugs

Josephine: the the drug support group is going on very well we meet on a weekly basis hmm we we have two groups going, a group for hmm those dealing with addictions and a group for family members of those in addiction. Hmm there is at least on a weekly basis between thirty to thirty-

five people who participate hmm it's it's in its early stages we haven't make any huge gain but we are hmm we seeing some guys in recovery who are leading the the the idea that we can get out of this and survive we've got three young men recently in rehabilitation who've checked themselves in and are hoping that they can group themselves together and stay clean, they've tried rehab before we had the support system so they're hoping with the support system it would be easier to stay in recovery. Hmm but i think for now it's going very well

Facilitator: and how has that made you feel

Josephine: hmm it it helps me because i'm i'm in i've i'm involved in it, it helps me to to be, it's helps in my in my healing of what happened in the education discussion or in the education issue and hmm since i've been able to let go of what happen there. So i can i can still have a conversation with the management of the school or people who want to get involve in programmes in the school. I'd just do from a very hmm hmm hidden space, I don't make myself visible i i stay in the background so that's the other thing it's taught me that i don't necessarily always have to as MCC or as Josephine i don't always have to lead from the front, sometimes i can i can lead from the back, sometimes i can lead from obscurity where i'm not even known. But i i i'm still you know providing leadership and and that's how i manage issues at the school

Facilitator: So hmm looking okay thank you for your contribution so looking at these two experiences the one concerning the education and the one with the drugs, how has these experiences, what effect has it had on your relationship, relating with people

Josephine: I i think it's thought me a lot about hmm i used to be a very confrontational hmm person i would i would always tackle issues by confronting them and i think that I've learnt that sometimes confrontation isn't necessarily the best hmm method when you want to solve a problem. I've also learnt to to step back to listen more and to allow hmm other people to take more responsibility so for instance right now i'm developing the youths within the organization. And it's been an area that we were very much slow to to develop but i have used totally different hmm method and angle in developing that {missing word}. I've actually just stepped i've brought young people into the centre and I've asked them to lead it and and i'm comfortable just being guided by them so i'm saying to them what is this that you're do this gonna look, what are the issues that this is gonna hmm take on, how are they going to do it. And all i'm doing is supporting them to be in spaces where their leadership can be enhanced

Facilitator: Okay so looking at the new hmm initiative if i call it that way out how do you feel about this new programme

One participant walked in

Tazlyn: sorry i'm late

Facilitator: You're welcome ma. Okay so lookin at this the new initiative if i can call it that way how has it make it feel in terms of how do feel about this this new programme

Josephine: I'm feeling confident about it, i'm feeling less responsible {laughs} If it works i think there'll be a sense that we did it, If it doesn't work i think there'll be a sense that we failed. Whereas i think when the education crisis happened I was holding a lot of responsibility on my shoulders and a lot of people were directing the blame at me you know saying that hmm you're the hit all of this. So when when the crisis happened I took of responsibility personally for it and i think if anything that's what i learnt out of it all that sometimes to let go and let other people lead and to provide all the background support, information from from from the back or from the sideline. Also when when things go terribly wrong i don't have i don't carry it alone that there can be collective responsibility for the failing or there can be collective for the doing really really well. And i think that's what happening in the drug thing now, nobody is really owning the nobody is there's there's nobody necessarily owning the success of it, it was a group effort everybody everybody got in and so even if i'm not there it happens, even if i'm not leading it happens. Hmm and people are taken and when i step back then emerging leaders appear you know whereas i think in the past my my my own passion and my own drive as meant that i take things on and I don't create space for emerging leaders to appear. So so even in terms of the office there's a different there's is a there's just a different approach, If i got something else to do i don't make it hmm an office crisis {laughs} If i got to take a day off to study, i'd take a day off to study. And when i do that other people within the team step up and take responsibility. And so i think those have been like critical personal lessons for me

Facilitator: okay thank you so much and what effect has this experience had on your on change it could be change in general, in the community or in your life and in making personal decisions

Josephine: i think change in my life it's what I've explained now that I'm learning a new way to lead hmm in terms of decisions i think it's helped me to also understand that hmm I've outgrown the local space i i i've been here for almost eight years now. I've influence, i've imparted i've changed, I've won, i've lost and i'm feeling as though my task is done, I'm ready to move on. In terms of the community i think that hmm people are learning that we win some battles and we lose some battles, we don't win every battle and i think that what the two experiences have shown us. They've been other experiences hmm violent community protest and again you know we learnt in those moments that hmm as the community went up in flames we had absolutely no control hmm and we had to concede our our leadership we had to concede our power and just stand back and let people do what they want to do. And in hindsight you know hmm nobody is being able to step up and lead it whether it being elected leaders or people who were chosen by the community at that time to take the issue forward. And I'm quite comfortable watching it not happening because if people want change they must stand and they must take responsibility for it. The old me who have been hmm pushing and questioning and gathering people and saying it's been two years nothing is happening why aren't we doing something, let's get together. But i'm



quite comfortable to say well if those people who need homes are not leading the struggle for a homes then no, but if they get up tomorrow and they say we we want to start the discussion or raise a conversation I'd be happy to say what do you need, do you need a telephone, do you need an email, do you need information, do you need to understand how these systems work, i can do that but I won't lead it

Facilitator: So what do mean by you're ready to move on

Josephine: Hmm i i think that hmm I'm at the space where i'm looking for a new challenge hmm i'm at the space where i'm looking for hmm something that's going to drive my passion. I think that i've created sufficient hmm capacity in Mariannridge and i think that people can can lead from yeah going forward

Facilitator: okay and what effect has this experience had on your group part or being part of a group, group belonging

Josephine: I don't know what i'm meant to say. As a team or as because we have the team and then we have all this other community groups or

Facilitator: yeah within community, within the community or with working with people with groups working in groups or as a team member or as a community member. How has these experiences helped you or what effect has it had of this experience with community conversation have had on you being part of a group or group belonging, belonging to a group or working as a group in the community

Josephine: I think it builds participation

Silence

Josephine: I think it built participation

Silence

Josephine: And maybe sometimes for some people it also stifle in a way hmm but i'm also learning that sometimes there's nothing wrong with stopping for a while in order for people to reflect and think about hmm what they want and if the they want to take responsibility for it

A participant took permission to leave early

Facilitator: Roxann, do you have anything to share before you leave, any of the experience how had what effect has it had on your feelings it could be your feelings, your change, making personal decisions or being part of a group

Roxann: Well the education conversation we had a big effect on our work environment because hmm we got treated differently after as i've i'm volunteering in the school we got hmm treated

differently from educators so our relationship was no more it wasn't the same anymore it wasn't that good relationship we it was before now, it was a relationship we, educators didn't care they started showing us the {missing word}passion they wanted us to help they'll either keep holding the children back from helping them stuff like that. so It really affected hmm our working with the children in a bad way

Facilitator: so what what do you do with the children?

Roxann: hmm we have a literacy programme hmm a reading group reading, and tutorial where we those that are like with the group reading those that are slow readers we take out of the class and read read with them on one on one basis so its gets them to try and get their confidence back help them to say the word and stuff, literacy, phonics, teaching them phonics

Facilitator: and how do you feel about the experience you got

Roxann: It was hurtful because we had we're there to try to help the children to make their life easy, it was was painful experience

Facilitator: did you participate with the one with drugs also

Roxann: No

Facilitator: Any other contribution to, with regards to the experience or how it had effect on you your feelings, your thoughts, personal decisions, change or being part of a group

Tazlyn: Hmm for me being part of a group hmm It has helped me in a a in a very hmm big way i'm very grateful to Josephine and MCC because of the knowledge that I've received. You know some of we don't completed our matric, we limit ourselves and feel we're not capable but the being part of MCC and doing diff different courses it made me realize that I do have something within me and I've being limiting myself. I started believing in myself and knowing that i'm capable you know of of of of doing so much and and just to give back, to make a difference makes me feel better

Facilitator: Any other contribution?

Josephine: hmm now i think it's it's for me at least it's it's interesting the question that you are asking because it's actually making me for the first time reflect hmm deeply about i think we have these conversations hmm hmm it's a pity that Lola isn't here because hmm we often have the conversation around education and we're never sure hmm whether to step in or to stay out and sometimes they send us an invitation to participant sometimes they leave us out completely hmm we've never quite healed from the experience there there's hasn't been any opportunity for

us to reconcile. Hmm and and and so there's so this uncertainty and there's this hmm pent up anger and there's sometimes the feelings that were happening in those two weeks you know as the provincial secretary of SADTU hmm hmm demeaning us as people as as a community you know. Sometimes when the conversation comes up all those feelings resurface and then there's another part that that that you know constantly remind you but this is our school, it's in our community, this is our children, this is a generation that if we don't stand up and fight for we may lose them all you know it's so it's so it's a pinponk kind of thing and it's been going on now for almost a year. And don't think that many of us who were an integral part of the community education forum have actually hmm healed from that experience. So you know educators now maybe even talking to us hello they they they conversing with us but there's there's mistrust and hmm you know and then and then as things happen within the school you know we look and say okay it wasn't really about us, there were other you know hmm things that were happening there that had maybe we weren't even responsible for. You can't help, so so sometimes we it's a Pinponk relationship and it's never not really hmm, it hasn't been resolved. Some of the pastor that were involved there and were were terribly disillusioned and hmm they were they were you know degraded in the way that they were spoken to. Or you know the accusations that we were a threat to the teachers and teachers lives were in danger you know. Imagine for a pastor to be part of something like that where where people are claiming that our lives are in danger and therefore we need to be protected when we're coming to this community. So it it it had it had a huge impact on us hmm on the education forum it did it just sound the end of that forum, people could not recover from it

Facilitator: okay, thank you so much

## **ANNEXURE N: Excerpts from Researcher's Reflexive Journal**

### **Preconceptions:**

- Dealing with problems or issues within the community is very difficult because many people need to be involved to achieve a better result or solution. For most communities, individual preferences, interests, strength and weaknesses may determine their level of commitment and participation.
- The state of being “powerless” is very painful and frustrating especially when you see a situation and you feel there is nothing you can do about it because the power to make a change does not lie with you. On the other hand you feel you are doing your best but other people are doing nothing as such everything still remains the same, no improvement.
- Most political leadership are not there to benefit the community but are rather in the position of leadership to achieve their own personal gains.

08.10.14

Finally, starting my data collection today. Have focus group discussions schedule with three groups today with the first group being people that I am familiar with. Identifying participants and to getting them to attend the discussions was a bit of a challenge. Although the identified participants were willing to participate but getting them down to the scheduled time has proved difficult as they always seems to be busy with other daily activities. Others were readily available while some needed to be reminded, through sms a day prior to the discussions and calling about an hour before the focus group discussion time. Infact, in one of categories, the intended focus group discussion became an individual interview because only one participant showed up. However, it was interesting to note that most of the participants were eager to talk about the current situation and their experiences in the community. However, it seems as though in the first group, the chairman of the community organization dominated the group discussion as she has a lot to say about the community and others see her as the expert. When others were asked of their own opinion, they just said “It’s exactly as Josephine says because she is our Beacon”

Post-interview: Was a bit nervous prior to interview as I was unsure how the discussion will go in terms of the participants’ responses. The discussion went off quite well I think. The venue was nice and quiet in the mornings but a bit noisy during school closing hours and sometimes phone

ringing from the supervisor's office close to the venue. I think the participants were a little hesitant at first because they were not sure what to expect but the conversation flowed fairly well except for the first group where the other participants did not say much. I have met three of the participants in the first group during CC (community conversation) programmes and when planning the logistics of the data collection. Josephine seemed to be more confidence in sharing her experiences with the CC programme. This possibly stems with her personal experiences with her position as the chairman of the coordinating committee and the facilitator of the CC programme. An emphasis that I never thought of was the point of "blaming", as discussed during the focus group, from the community members. Josephine mentioned that she was blamed for the failure of the CC programme to solve the community problems and the disagreement between the community and the political leadership. People just tend to blame others and wait for them to solve their own problems. There also seems to be a level of support with issues Josephine raised. Lola also expressed her disappointment in the type of relationship that existed between the community and the political leadership with emphasis on parents becoming less involve in the lives of their children and wanting others solely to solve their children's problem. It was interesting to note that participants express feelings of frustrations while sharing their experiences. This was particularly true with Vicky in the focus group discussion with the third group. It seemed as though the conversation created a space to express her bottled up frustrations and anger. She commented on her level of dissatisfaction and frustrations with the government system and inadequate support from the community members particularly with her son's drug addiction problem. I and other participants had a strong feeling of empathy and agreement with her during this part of the discussion and could identify with what she was saying. I was also very touched when other participants try to support Vicky and try to discuss how to find solutions to her son's drug addiction problem. Reflecting immediately after the interview was challenging but I was able to pull through. Have started transcribing – a long process. It is interesting to go back over and listen to them. I think that I have got some interesting information. Have focus group discussions scheduled for next week – hope it goes well!

15.10.14

Have been having difficulty getting the participants in each category to be present in one group due to other personal commitments. When some participants are available others were not. It is also very frustrating to know that the library is the only venue that can be use as it is often prone to noise pollution due to its proximity to a busy road and the supervisor's office. I was worried that only Josephine was responding to my questions and I tried to involve other participants but they have less to say and mostly referred to Josephine's contribution. Later on in the discussion, i was so happy that they made their own contribution. The focus group discussion with the second category went well although Aaron's responses quite challenging- he did not seem to be answering the questions I was asking but still think I managed to get some interesting info. I found the focus group discussion with the third category difficult because the participants want to make their contribution at the same time and were in some instances interrupting each other but that was sorted out and they waited to have a turn. With Vicky, every time I thought she had finished talking and started to ask the group something else she carried on talking again so I felt as if I was interrupting her all the time. I worried that I was impacting on her responses. It came out quite strongly during the discussion that Vicky felt frustrated and unsupported with her son's drug abuse problem, stating "Nobody Cares even my neighbours" I guess I have pre-conceptions about being powerless as it actually painful and frustrating. Today, I was happy that Shy joined the third group and I Vicky will be able to identify with her as she also has a son with drug addiction problem. Hope I am not asking leading questions and am trying to keep my body language and facial expressions neutral but it is difficult at times. Have been transcribing the focus group discussions -interesting to go back over them. During the transcription process, have been thinking a lot about the issues raised. I have a sense of some themes starting to emerge. There appears to be a lot of frustration and sadness around the issues in the community. Certainly powerlessness and the lack of support is coming through. There also appears to be a strong need for collaboration between the community members and political leadership to be included in the decision making process. Community members want their voices heard as the feel they have something valuable to offer and directly affected by any decisions made. Have another focus group discussions scheduled for next week, so will see what emerges.

22.10.14

I have managed to schedule focus group discussion for today. However, for the first group only two participants showed up for the first category. This is due to work and personal commitments for other participants. Josephine was not present and Good Lord it certainly took an unexpected turn. Kate and Roxanne were able to talk at length and make their own contributions. Both participants were a bit concerned that they were giving me answers that they thought I want. I am beginning to think that I can predict the answers that the participants will give. In the second group, i felt that the participants were beginning to feel like they were repeating what they have said before. The focus group discussion with the third category was quite lengthy and they always have more contributions to make. Sometimes i felt like the time slot is not enough but always patient and give everyone the opportunity to share their views. Vicky and Shy share common views and share their frustrations. Other participants also share their stories as to how they didn't let their past define who they are today. Kiara and Mary shared their family stories and express their support to people who are going through problems in the community. Working on transcribing today's data. It has been quite hectic. Planning to go through the transcribed data today to check they are verbatim to see what has been said and perceptions. Just listening to the tape and reading the transcript brings a sense of sadness despite not being a member of the community. Vicky's whole story seems to have a shroud of sadness over it. She genuinely appears to be expressive. When discussing support it appears to be something she considered non-existent and the lack of support was evident in her statement "*My neighbours used to act like they can't hear nothing not even one of them used to even bother say 'how are you or what happen'?*" Lack of support appears to be a theme and statement from one of the other focus group discussion that also applies here. Her statement also made other participants become very emotional to a point where Kiara became tearful although she remains controlled. Vicky also brings up emotions of *anger* relating to the whole process and making statements with emphasis as "*I am angry i am so angry, I don't think anybody would realize how angry I am*" There is just a feeling of frustration and sadness that comes through in the focus group discussions and strong elements of empathy.

23.10.14 – 26.10.14

Continuing transcribing the data and checking previously transcribed data for accuracy.

27.10.14 – 02.11.14

I have just rechecked the authenticity of the focus group discussions- some new aspects emerged. Participants also emphasized the conflict that existed between them and the political leadership and how this has affected the situation of things in the community. On re-listening to the discussions I got some information from Lola and Lee-anne about the importance of communication among all stakeholders.

Participants also feel that parents need to take active role in the care of their children regarding education. It is interesting to note that Parents were seen as not actively involved in the education of their children and seeing teachers as solely responsible for their children education. The platform created an opportunity for blaming. Josephine also brought up similar issue with the community members seeing the community coordinating organization to be responsible for fighting their cause with little or no involvement from them. The importance of parent involvement through education or training also comes through.

03.11.14 – 09.11.14

I have just rechecked the authenticity of the focus group discussions. I have decided to make a list of the themes and subthemes that emerged. Powerlessness, frustrations, mixed feelings, anger, passion, accepting one's own limitations, appreciating others, more assertive, learning from mistakes, waste of time with stakeholders, standing against powerful structures, felt being heard for the first time, sad to hear other stories, hopelessness.

10.11.14 – 16.11.14

Continue with the list of emerging words: feeling of rejection, felt open and vulnerable, taking responsibility, conscious effort to fight issues, building versus division, raised the voices of the voiceless, knitted people together, changes from giving advice to listening, problem too big.

17.11.14 – 23.11.14

Continue to check my transcription for accuracy and making a list of the emerging words. This exercise is taking longer than expected. Words include being sidelined, open door and safe place, empathy, commitments not fulfilled, change has to come from the head, feel-good session, wish there was follow up, complacency, sense of ownership, sense of responsibility, hopeful, very hard for people to change, power sharing, failed system, non-judgemental.



24.11.14 – 14.12.14

Doing final checks of the transcriptions and working on my first draft of data analysis. Group the similar themes into categories. Themes include: naming the feelings and thoughts, learning experiences, making personal decisions, making a change, ownership and responsibility, relationships among community members, support systems in the community, making a change in the community, safe space, just words no action.

15.12.14

Send the transcribed data to my supervisor while still working on the data analysis.

30.01.15

Finally finished the initial rough draft of my findings and send them through to Mandy for comment. Am happy with the themes and I feel they are a true reflection of the community members. Have been going over the data again and again, examining the responses and themes and trying to examining how my preconceptions of the CC programme experience have influenced this process. I imagined what the participants were going through and how they must be feeling- empathy I guess! When the community members speak of powerlessness and lack of support from political leadership, I also identify with it strongly. I think reflecting back, that I became really angry with the government institutions and leadership especially in Africa, with their act to profit their selfish interest. I could identify strongly with the issue of hopelessness when mentioned during the discussion especially when you feel like the problem is too big for one individual or the community to handle.

## ANNEXURE O: Summary of Researcher's Field Notes

### Prepare an Oral Summary

Immediately following each focus group take a few minutes to record your own brief summary of the discussion, using the same device used to record the focus group. Your oral summary should include:

- The date and time of the focus group

08/10/14 10:10

- Name of activity being evaluated

Community Conversation

- Number of participants – adults and children

5 adults

- Nature of the group, e.g. responsive, reticent, engaged, etc.

Category 1 – Facilitator, other professional, Semi-responsive

- The discussion – main points

The failing system of govt institutions  
feeling of being vulnerable  
Directing passion into another issue/problems

- Any problems you encountered

Too much silence / one dominant voice  
Battle with questions  
Most response from one person, two people  
Silent thro' out.

one powerful voice  
dominates the group  
The remaining people feels the  
powerful voice knows all and their  
opinion is not necessarily  
important  
another person feels she is less  
audible and prefers to write down

- ① Kate
- ② Tazlyn
- ③ Josephine
- ④ Roxann
- ⑤ Lola

## Prepare an Oral Summary

Immediately following each focus group take a few minutes to record your own brief summary of the discussion, using the same device used to record the focus group. Your oral summary should include:

- The date and time of the focus group

08/10/14 11:30am

- Name of activity being evaluated

Community Conversation programme

- Number of participants – adults and children

One adult

- Nature of the group, e.g. responsive, reticent, engaged, etc.

Responsive

- The discussion – main points

failing education systems  
Feeling that the school is being left out of the school-  
community

- Any problems you encountered

Questions to probe

Only one person, others could not make it  
So I had an individual interview

NO 1 – Lee Anne

## Prepare an Oral Summary

Immediately following each focus group take a few minutes to record your own brief summary of the discussion, using the same device used to record the focus group. Your oral summary should include:

- The date and time of the focus group

08/10/14 01:30pm

- Name of activity being evaluated

Community Conversation program

- Number of participants – adults and children

5 adults (women)

- Nature of the group, e.g. responsive, reticent, engaged, etc.

Responsive

- The discussion – main points

Failed Justice System – very angry abt the failing system  
Education System, being emotional

- Any problems you encountered

~~the group~~  
one member of the group, highly emotional,  
posing questions to probe, bringing the  
participants to focus on the questions  
emotionally charged discussions

No 1 – Karen

No 2 – Janet

No 3 – Mary

No 4 – Vees

No 5 – Vicky

One of the participant became  
emotional, the researcher gave  
her the opportunity to express  
her views/opinions.  
And after the discussion, she was  
encouraged/counsel.

## Prepare an Oral Summary

Immediately following each focus group take a few minutes to record your own brief summary of the discussion, using the same device used to record the focus group. Your oral summary should include:

- The date and time of the focus group

15/10/14 9:13-10:13

- Name of activity being evaluated

Follow up questions

- Number of participants – adults and children

3 participants –  
Josephine &  
Roxann Tazlyn

- Nature of the group, e.g. responsive, reticent, engaged, etc.

Responsive by one person

- The discussion – main points

Learned from previous conversation – about educators that  
the issues involved more powerful structures & as such  
with the drugs issues they decided to work at the community  
level and leave out those more powerful than the community  
e.g. the drug lords.  
Any problems you encountered  
= collective responsibility  
= learning a new way to lead.

15/10/14

Marica couldn't make (Phil's got measles)

Dawn asked to be excused

Collette, Katie & Dolores phoned but no response

Attendance

only one dominated  
Marica

Josephine  
Roxann  
Tazlyn

(The discussion needs to be concluded on time  
due to other activities that was  
scheduled for the day)



## Prepare an Oral Summary

Immediately following each focus group take a few minutes to record your own brief summary of the discussion, using the same device used to record the focus group. Your oral summary should include:

- The date and time of the focus group

15/10/14 11:30pm - 1:pm

- Name of activity being evaluated

Community Conversation programme

- Number of participants – adults and children

3 participants

- Nature of the group, e.g. responsive, reticent, engaged, etc.

Responsive

- The discussion – main points

For the conversation to make an impact, it needs to involve all stakeholders/ leaders of community structures eg SAPS, Grassroots Councilor.

- Any problems you encountered

Dailene couldn't make it (sick)

Participant 4: Fernando

Participant 2: Aaron

Participant 3: George

} 3 participants

## Prepare an Oral Summary

Immediately following each focus group take a few minutes to record your own brief summary of the discussion, using the same device used to record the focus group. Your oral summary should include:

- The date and time of the focus group  
15/10/14 12:30pm - 3pm.

- Name of activity being evaluated

- Number of participants – adults and children

5 participants

- Nature of the group, e.g. responsive, reticent, engaged, etc.

Highly responsive

- The discussion – main points

problems with the communities  
needs the involvement of all stakeholders

- Any problems you encountered

(Monica asked to be excused)

Participants

shy - participant

Mary

Vees

Janet

Vicky

being angry abt the finding system  
and making suggestions for the researcher to  
take the issues highlighted the govt. officials  
the sole responsibility of the govt.  
feels that those who have not experienced  
her problems eg drug/alcohol abuse may not  
really understand what she is dealing with

## Prepare an Oral Summary

Immediately following each focus group take a few minutes to record your own brief summary of the discussion, using the same device used to record the focus group. Your oral summary should include:

- The date and time of the focus group

22/10/14 9:30am

- Name of activity being evaluated

Community Conversation programme

- Number of participants – adults and children

2 participants

- Nature of the group, e.g. responsive, reticent, engaged, etc.

Responsive

- The discussion – main points

Drugs/education

- Any problems you encountered

only two participants

Roxann – Participant 1  
Katie – Participant 4

Dominant voice absent and the participants were able to express their views.



## Prepare an Oral Summary

Immediately following each focus group take a few minutes to record your own brief summary of the discussion, using the same device used to record the focus group. Your oral summary should include:

- The date and time of the focus group

22/10/14 11:20 am - 12:10

- Name of activity being evaluated

Community Conversation programme  
abt education

- Number of participants – adults and children

4 participants

- Nature of the group, e.g. responsive, reticent, engaged, etc.

Responsive

- The discussion – main points

Share their experiences  
investing in children

- Any problems you encountered

Daron

Lee Anne

George

Fernando

## Prepare an Oral Summary

Immediately following each focus group take a few minutes to record your own brief summary of the discussion, using the same device used to record the focus group. Your oral summary should include:

- The date and time of the focus group

22/10/14 01:30pm -

- Name of activity being evaluated

Community Conversation programme

- Number of participants – adults and children

5 participants

- Nature of the group, e.g. responsive, reticent, engaged, etc.

Responsive

- The discussion – main points

New & choices

- Any problems you encountered

Klara  
vees  
vicky  
mary  
shy

## **ANNEXURE P: Confirmation of editing**

### **Proof of Editing**

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**November 22, 2015**

### **Proof of Editing**

This letter serves as proof of my (Tyla Jade Coppinger) editing of Mrs B. E. Awolesi's (student number: 212558509) Master's dissertation, entitled 'EXPLORING THE LIVED EXPERIENCES OF COMMUNITY MEMBERS INVOLVED IN A COMMUNITY CONVERSATION PROGRAMME TO PROMOTE MENTAL HEALTH IN A COMMUNITY IN ETHEKWINI DISTRICT, KWAZULU-NATAL'.

Signed,



Tyla Coppinger