POSSIBILITIES AND LIMITATIONS OF ZAZI COMMUNITY DIALOGUES FOR SOCIAL CHANGE TO WOMEN IN ZULULAND

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Declaration

I, Siphetho Witness Mkhize, declare that the research work in this thesis is my own, excluding contents referenced and acknowledged supervisor's guidance. All the tables herein were created by me, except for the contents referenced inside the tables. I also confirm that this thesis has not been submitted before for qualification in any other college or university.

Signature…………………   Date …………………….

Abstract

From Modernisation to Participatory Development paradigm, development scholars and agencies have influenced changes in knowledge and practice in the field of economic development and public health communication. Such changes transpired due to realisation of short comings in development outcomes owing partly to critical social factors involved in the facilitation of social change programs. This precipitated adoption of different approaches and strategies from across disciplines which seek to promote participation of targeted beneficiaries in development process. Be that as it may, knowledge and practice of participatory communication still lacks standard qualifying criterion for facilitation of social and behaviour change. Meanwhile, social dialogue as participatory communication process and platform for human development has been applied and criticised for failing to consider critical social factors to facilitation of social and behaviour change. This indicates that social dialogue is not an automatic solution to human/social development. It is in this context that this study sought to examine possibilities and limitations of Zazi community dialogues (Zazi dialogues) in facilitating behaviour change among women in Zululand, KwaZulu-Natal. The findings suggest that Zazi community dialogues are consistent with principles of community dialogue facilitation espoused in the Communication for Participatory Development (CFPD) model initially developed by Figueroa and colleagues (2002). Representation of key stakeholders and women in Zazi dialogues, combined with effective application of critical pedagogical practices create possibilities for critical awareness development for behaviour change among the women. This is not least because they were able to collectively identify causes and effects of their challenges and explored possible solutions. However, persistent unfavourable social circumstances variably affecting married and unmarried women were noted as factors limiting their possibilities of changing behaviour successfully.

Key words

Zazi, Community dialogues, women in Zululand, critical awareness, behaviour change

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
CADRE	Centre for AIDS Development, Research and Evaluation
CCI	Centre for Communication Impact
CFPD	Communication for Participatory Development
CFSC	Communication for Social Change
DoH	Department of Health
DramAidE	Drama in Aids Education
DSD	Department of Social Development
DWCPD	Department of Women, Children and People with Disabilities
EPWP	Expanded Public Works Program
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
JHHESA	Johns Hopkins Health and Education in South Africa
JHU	Johns Hopkins University
KZN	KwaZulu Natal
LGBTI	Lesbian Gay Bisexual Transgender and Intersex
MCP	Multiple Concurrent Partnership
NGO	Non-Governmental Organisation
PEPFAR	President's Emergency Plan for Aids Relief
SANAC	South African National AIDS Council
SBCC	Social Behaviour Change Communication
SGBV	Sexual Gender Based Violence
STI	Sexually Transmitted Infection
USAID	United States Agency for International Development

Acknowledgements

CHAPTER ONE

INTRODUCTION

Social dialogue is applied by various development agencies, institutions and South African government departments as a process and platform to facilitate human development and disentangle social challenges. However, such utilisation of social dialogue has provided limited solutions and development outcomes for some organisations. Increasing bodies of literature reveal that social dialogue is not an automatic answer to facilitation of human development and social challenges, as social contexts and different social dialogue facilitation practices variably influence social dialogue outcomes (Melkote and Steeves, 2001; Freire, 2000; Cardey, 2006; Waisbord, 2014; Kincaid and Figueroa, 2009). This has resulted in development failures in some development initiatives, while some have positive accounts of social dialogue outcomes. Challenges seem to be centered on lack of understanding of strengths and weaknesses of social dialogue as a participatory communication process and platform to facilitate individual and social change (Freire, 2000; Burbules, 1993). On this background, this dissertation examines limitations and possibilities of Zazi dialogues for social change to women in Zululand Region. It demonstrates how social dialogue facilitation practices employed during two Zazi dialogues address local social contexts as limitations, and created possibilities for critical awareness development and behaviour change to women who participated.

Background to the problem

This study is prompted by growing interest in utilisation of social dialogues to facilitate human development and social issues, such as the Anti-Sugar Daddy campaign in year 2013 (DramAidE report, 2013), and Child and Maternal Mortality social dialogues in KwaZulu Natal (KZN), implemented by the Department of Health (DramAidE report, 2011). Additional examples include community dialogues around E-Tolls in Gauteng. However, there is lack of consideration of limitations and

possibilities of social dialogues to facilitation of social change. Moreover, there is no published impact study of Anti-Sugar Daddy and Child and Maternal Mortality social dialogues in the Province of KwaZulu Natal. Similarly, the Zazi campaign utilises social dialogues in different communities in South Africa, as means to facilitate behaviour change in women and girls who participate. The Zazi campaign seeks to respond to the scourge of social ills facing women is South Africa, such as HIV infections, Gender Based Violence (GBV), unintended pregnancies, and the variety of health and development challenges that stem on gender inequality (Zazi toolkit, 2013). The analysis, findings and conclusions of this study provide critical information about possibilities and limitations of Zazi dialogues as a process and platform to facilitate social change.

Theoretical and Methodological Approach

This study is underpinned on Communication for Participatory Development model (Kincaid and Figueroa, 2009; Figueroa *et al.*, 2002), Critical Conscientisation Theory (Freire, 2000; 20005), and Social Learning Theory (Bandura, 1994). This is more relevant study framework to analyse limitation and possibilities of Zazi dialogues to critical awareness development for behaviour change, within the context of Communication for Social Change CFSC (Cardey, 2006; Gumucio-Dagron, 2006; Freire, 2000). The theories' explain processes of promoting community participation in analyses of social problems, collective planning, implementation and evaluation of social change interventions (Wiber et al., 2003; Downing, Kendall and McCubbin, 2008). This is expanded in Chapter Two of this dissertation.

Key research questions

This study deals with three main research questions outlined below;

a) How are critical factors of participatory communication for social change considered during implementation of Zazi dialogues? On this question, the study analyses how critical factors of participatory communication for social change are considered during the facilitation process of Zazi dialogues, so to

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address limitations and create possibilities for critical awareness development and behaviour change.

b) What are possibilities of Zazi dialogues to facilitation of critical awareness and behaviour change in women who participated? To answer this question, the study analyses individual accounts of respondents during structured interviews, to establish what will make participants change their behaviours as an outcome of Zazi dialogues.

c) What are limitations of Zazi dialogues to facilitation of critical awareness for behaviour change in women who participated? On this question, the study analyses individual accounts of participants during structured interviews, to establish what will make participants not change their behaviours as an outcome of Zazi dialogues.

Structure of the study

Chapter Two of this dissertation covers literature review. Which provides a brief conceptual background of Zazi campaign. This is followed by theoretical underpinning, review of outcomes from implementation of social dialogues in other development projects, discussion on participatory communication and critical awareness development for behaviour change, participation typology, social dialogue facilitation practices, and conceptualisation of participation for this study. Chapter Two also provides an account of study framework utilised to analyse limitations and possibilities of Zazi dialogue to development of critical awareness for social behaviour change. Chapter Three outlines research methodology, which includes description of research approach, design, data collation methods, and data analysis method as shown in page 41 *Table 2*. Chapter Four is study analysis and findings, which indicates limitations and possibilities of Zazi dialogue to developing critical awareness for behaviour change. Chapter Five provides conclusions from the study analysis and findings.

CHAPTER TWO

CRITICAL FACTORS OF SOCIAL DIALOGUE FOR SOCIAL CHANGE

Introduction

Considering that Zazi is a campaign for women and girls empowerment (Zazi toolkit, 2013), the literature review will begin by exploring the conceptual background of the Zazi campaign, and how the concept of gender is theoretically understood and contested within the context of women empowerment agenda (Kim et al., 2007; McEwan, 2008; Duflo, 2010; 2012; Lancet, 2006). This discussion is set against an explanation of the social contexts for women in Zululand region, known to be a patriarchal society (Shabalala, 2012; Zwane, 2003; Ngcobo, 2007; Xulu, 2005). This is followed by a review of theoretical underpinning of the Zazi campaign, to establish the grounding of critical conscientisation process for behaviour change. This is in line with the study objective to examine possibilities and limitations of Zazi dialogues to developing critical awareness for social change in women and girls who participated.

In light of the above, this chapter further reviews critical factors of social dialogue as participatory communication process and platform to develop critical awareness for behaviour change (Freire, 2000; Cardey, 2006). As such, both social dialogues and the process of critical awareness development are explained in this chapter. This is only in as far as it relates to participatory communication process, as both the Critical Conscientisation Theory (Freire, 2000; 2005) and the Communication for Participatory Development (CFPD) model (Kincaid & Figueroa, 2009) are discussed at length in Chapter Two. Other projects that have utilised social dialogues are also discussed in order to contextualise this study, and to highlight various outcomes of social dialogues as human development platform (Lin, 2015; Gauteng Provincial Department, 2014; Bolnick, 1993; Dessel and Rogge, 2008; C-Change, 2012; Nelson Mandela Foundation, 2007).

This chapter reveals crucial components of critical awareness development for behaviour change within social context. Moreover, literature also demonstrates how social dialogue participation for critical awareness development is strengthened or weakened by various participation types and development interest. Within the same context, it shows how diverse social dialogue facilitation practices of different schools of thought create possibilities and limitations to critical awareness development for behaviour change. This refers to effects of applied social dialogue facilitation approaches, social dialogues typology, and facilitator awareness positions. All the above informs critical analysis of this study in Chapter Four.

Zazi campaign and issues around gender

Zazi is a public health communication, human rights, and wellness campaign for women development (Zazi toolkit, 2013). The word 'Zazi' is a Nguni term that translates in English to 'know yourself' (Zazi toolkit, 2013). The word is employed here to encourage women to know who they are, their strengths and opportunities to address gender inequality challenges on the course of their development (Zazi toolkit, 2013). This campaign was developed by Johns Hopkins Health and Education in South Africa (JHHESA), today known as Center for Communication Impact (CCI). It was developed with support from the USAID/JHU HIV Communication Programme and PEPFAR, in partnership with South African National AIDS Council (SANAC), SANAC Women's Sector, Department of Women, Children and People with Disabilities (DWCPD), the Department of Health (DoH), and the Department of Social Development (DSD) (Zazi toolkit, 2013). As part of the Zazi Campaign development processes, Drama in Aids Education (DramAidE) and the Centre for AIDS Development, Research and Evaluation (CADRE) partnered in conducting formative research and pretesting of Zazi toolkit concepts (Zazi toolkit, 2013).

The Zazi campaign holds that gender inequality creates social ills and challenges for women and girls in South Africa, such as physical and emotional abuse, the spread of HIV, unintended pregnancies, and socio-economic development barriers (Zazi toolkit, 2013). Studies show that gender inequality drives intimate partner gender

based violence, HIV transmission, poor practices and promotion of women's rights, and lack of access to sexual reproductive health information and services (Mohamed *et al.*, 2009; Jewkes, Levin, and Penn-Kekana, 2003; Coovadia, 2009; Jewkes and Morrel, 2010; Pettifor *et al.*, 2004; Pronyk *et al.*, 2008). Studies also show that women are victims of gender stereotypes and discrimination in most economic development initiatives compared to their male counterparts (Todes and Posel, 1994; Gilbert and Walker, 2002; Zwane, 2003). It is for this reason the Zazi campaign seeks to create critical awareness in women utilising social dialogues, to facilitate behaviour change within social context, as means to address gender inequalities and the effects (Zazi toolkit 2013). However, the concepts of 'gender' and 'equality' are highly contested by various development scholars and agencies (Foster, 1999; Acker, 1992). This campaign therefore does not escape such contestations.

For Feminist Theory (Zalewski, 2010; Annandale and Clark, 1996; Crenshaw, 1989; Cossman *et al.*, 2003; Simpson, 1989; Zoonen, 1992; Foster, 1999; Acker, 1992), 'gender' is understood as a socially constructed concept which defines social role, social practice, social category, social behaviour , social structure, and in some instances a combination of all aspects mentioned. However, the latter conceptualisation of gender is criticised for its limited capacity to provide reasonable framework to account for causes of historical feminism, power struggles, and racial injustices (Jewkes and Morrel, 2010; Zalewski, 2010; Pelak, 2005; Connell, 1987).

On the other hand, Sexual Difference Theory (David Rodowick, 1991; Darryl Gwynne, 1981) espouses positive sexual differentiation for affirmation of female voices on gender inequality challenges that concern women, and to effectively challenge gender patriarchal hierarchy (Foster, 1999; Connell, 1987). The latter is consistent with Zazi campaign definition of women, which is informed by biological sex and body features (Zazi toolkit, 2013). The common ground for different schools of thought is that gender should not be utilised to suggest ability, human potential, sexual practice or desire, but as social classification (Foster, 1999; Connell, 1987; Acker, 1992). However, it

seems that debate continues to occur around whether there is a difference between men and women, and the meaning thereof.

On the question of equality, the 'Gender Parity' approach accentuates equal distribution of resources, education, access to opportunities, and justice across gender groups (Chisamya *et al.,* 2011; Unterhalter, 2005). However, the tenets of critical feminist school of thought espouse the 'Gender Equity' approach, which holds that men and women should be developed with consideration of their social contexts, culturally, politically, and socio-economically (Chisamya *et al.,* 2011). The perspective here is that equal distribution does not consider that women may require more resources in some instances, considering their historical obstacles, socio-political and socio-economic complexities (Chisamya *et al.*, 2011; Unterhalter, 2005). Furthermore, patriarchal social norms, laws, gender based violence, limited access to information and economic means, social expectations and attitudes have negative effects on women's participation and development choices (Chisamya *et al.,* 2011; Unterhalter, 2005; Foster, 1999; Cornwall, 1997). As a result, gender inequalities create circumstances which negatively affect women development processes (Cornwall, 1997).

This study is conducted in the Pongola Municipality and eDumbe Municipality which are both sub-districts of Zululand Region. This is predominantly a rural district; it covers the adjacent Nongoma Municipality, where the Zulu King Goodwill Zwelithini resides. Inhabitants of this region largely speak IsiZulu language, and practice Zulu cultural customs and rituals. There is lack of health and economic resources like water, electricity, clinics, roads, and decent sanitary infrastructure (DramAidE, 2013). During the Brothers for Life Not in My Name men's march on 24 October 2013 at Nongoma in Bhekuzulu High School, King Goodwill spoke at length condemning violent behaviour of men. He called for more activities to encourage men to stop gender based violence (Ibid, 2013). The King also condemned women's behaviour who he claimed have forgotten their role and what they are in society, referring to women who dress and behave like men. This may indicate that in Zulu culture, there

are different ways women and men are expected to conduct themselves. It was also observed that only men stand while women seat and face down when the King was coming in the venue of the event. Thus, the Zulu cultural contexts should be considered during empowerment of women in Zululand District.

It is important to highlight that empowerment is subject of participatory development practices, to achieve individual and community ownership, and sharing of transformative awareness and skills to enhance ability to act independently as development outcome (Craig and Mayo, 1995; Perkins and Zimmerman, 1995). The concepts of gender equality, parity and equity feature dominantly within the discourse of women and girls' empowerment as indicators of quality participation in development processes (Chisamya *et al.,* 2011; Unterhalter, 2005). These terms inform development indicators to measure Millennium Development Goals (MDG 2000) set for women and girls' development agenda (Ibid, 2012; 2005). At community scale, these terms also inform Communication for Participatory Development (CFDP) model (Kincaid and Figueroa, 2009) within the similar context of quality participation. This will be discussed further in Chapter Two.

The foregoing discussion stresses the fact that concepts of participatory communication in the context of gender equality, gender parity and gender equity are critical for women's empowerment agenda. As such, programmes aimed at addressing these issues must be informed by appropriate theories. Hence the following paragraphs review theoretical underpinnings of Zazi campaign, to understand how it promotes quality participation, community ownership, and sharing of transformative information in the process of women empowerment.

Zazi campaign theoretical underpinning

Zazi campaign is underpinned on Critical Conscientisation Theory (Freire, 2000; 2005) by Brazilian educator Paulo Freire (Zazi toolkit, 2013). It is for this reason Zazi campaign utilises social dialogues (called Zazi dialogues) as participatory communication process and platform to reflect on women's issues and to share information (Zazi toolkit, 2013). Different development agencies conduct Zazi

dialogues with women and girls in different South African communities. It is assumed that their participation in Zazi dialogues facilitates development of critical awareness for behaviour change, as viewed within Freirean framework of social change (Zazi toolkit, 2013). This framework is consistent with Communication for Social Change (CFSC) approach to human development or emancipation (Gumucio-Dagron, 2001, 2006), as premised on the capacity of local communities to engage through dialogue, to identify challenges and decide on action for social change (Freire, 2005; Cardey, 2006).

Individual and social change process is construed in this study as articulated by Kincaid and Figueroa (2009) in their Communication for Participatory Development (CFPD) model which is extensively discussed later in this Chapter. CFPD model describes participatory communication processes by which a facilitator or leaders guide community members through social dialogue and collective action to resolve mutual problems for themselves (Ibid, 2009). It is for this reason implementers of Zazi dialogues mobilise local stakeholders and women and girls to gather in one community venue or site (school, community hall, church or other), so to discuss issues that are pertinent to their wellbeing and development. The role of Zazi campaign implementers is to facilitate Zazi dialogue process, using participatory methods and techniques, some of which are prescribed in Zazi toolkit (2013). The purpose of this is to stimulate women and girls to share their health and developmental challenges, and their understanding of causes, impact, and solutions to such challenges (Zazi toolkit, 2013). Stakeholders are expected to make similar contributions, as well as to provide technical support on identified challenges and solutions (Ibid, 2013). This may include provision of information, resources and services (Ibid, 2013).

The above framework and facilitation process of Zazi dialogues is expected to result to development of critical awareness for behaviour change in women and girls who participate (Zazi toolkit, 2013). However, there are contrasting results for utilisation of social dialogue to facilitate human development or social change, this is blamed to

influences of different social dialogue facilitation practices (Burbules, 1993; Rowe and Frewer, 2000). This is consistent with criticism that knowledge and practice of participatory communication still lacks standard qualifying criterion for facilitation of social and behaviour change (Burbules, 1993). This suggests that it is most likely for various implementers of Zazi dialogues to apply inconsistent social dialogue facilitation practices, and thus produce varying outcomes. Considering this, the following sections discuss application and outcomes of social dialogues in other community development projects. The purpose of this is to contextualise examination of various social dialogue facilitation practices, so to establish how they can potentially produce favourable or unfavourable outcomes if applied in Zazi dialogues with women and girls in Zululand Region.

Application and outcomes of social dialogues in community projects

In this study community refers to people who stay in similar geographical location, and probably live under similar social circumstances, share culture and resources (Kincaid and Figueroa, 2002; 2009). It is on this background this study uses social dialogue and community dialogue interchangeably. Social dialogue has proven to be most preferred development practice by numerous development agencies. This is due to positive development outcomes seen in various development initiatives.

This is true with outcomes of C-Change program, which produced positive results in Lesotho (C-Change, 2012). On realisation that Multiple Concurrent Partnership (MCP) is a major driver of new HIV infections in Lesotho, C-Change program facilitated social dialogues in different cities. The purpose of this was to promote open discussions about effects of MCP on the spread of HIV (C-Change, 2012). Outcomes of this intervention were improved sexual behaviour, partner relationships, awareness, health seeking behaviours, and reduced HIV stigma and discrimination (Ibid, 2012). Similar development outcomes were also a reality in social dialogues conducted by Nelson Mandela Foundation (2007) which facilitated critical reflection on youth social contexts, using open-ended questions to promote participation in

identification of root causes and solutions to the scourge of HIV in all nine provinces of South Africa.

The application of social dialogues in Southern African countries produced positive results with communities who are informal dwellers (Bolnick, 1993). Social dialogues facilitated sharing of expertise, experiences, and ideas that fundamentally created community awareness, and resulted in development of Housing Savings Schemes, which structurally developed houses for poor families (Ibid, 1993). However, this was achieved on the background of mammoth challenges, as people's participation heavily depended on mobilisation by external agencies (Ibid, 1993). On top of this, individual literacy also posed huge challenges on development communication processes, as some community members could not read written development information (Ibid, 1993). Similar development successes were witnessed with Intergroup Dialogue initiative, which was implemented with Black Americans, White Americans and Asians (Dessel and Rogge, 2008). The purpose of Intergroup Dialogues was to improve intergroup relations, through reflection of racial and ethnic prejudices which result in misconceptions and ethnocentrism (Ibid, 2008). Evaluation of this project indicates that intergroup dialogues resulted in increased awareness, reduced racial prejudice, and improved intergroup relations (Ibid, 2008).

Adrienne Dessel and Mary Rogge (2008) warn that there should be clear indicator variables to measure processes and outcomes of social dialogues. Thus research methods and designs must be developed to measure such indicator variables (Ibid, 2008). All the above shows that application of social dialogue in development initiatives has strong potential to produce positive human development outcomes. However, there are critical factors that should be considered during facilitation process of social dialogue for social change. Within the context of this study, Zazi dialogues seek to create critical awareness to facilitate behaviour change as human development. Therefore, the following section discusses social dialogue and critical awareness development. The purpose is to understand critical factors that should be

considered during facilitation of Zazi dialogues for critical awareness development and behaviour change.

Social dialogue and critical awareness development

Development of critical awareness depends upon consideration of social contexts such as individual prior-knowledge, experience, local culture, individual race, social class, level of education, gender, confidence, and individual ability to learn (Boud *et al.* 1991; Sylva *et al.,* 2008: 95; Lin and Lehman, 1999; Tweed, 2000; Gormally *et al.*, 2009; Hart, 1989; Jakobsson, 2006). Boud *et al.* (1991) posit that it is important for people to participate in their development processes for them to reflect on their local social circumstances, as it diversely influences how they develop and practice created awareness. It is for the above reasons social dialogue is applied as a participatory communication process and platform to consider social contexts, and to share crucial information pertaining to development objectives, challenges, processes, and motivation for change (Freire, 2000; 2005; Waisbord, 2014; Cornwall, 2008; Dutta, 2008). The latter creates critical awareness to facilitate individual and social change (Ibid, 2000; 2005; 2014; 2008; 2008).

However, practitioners of social dialogue are highly criticised for neglecting social contexts such as the level of individual education, culture, language differences and ability, political dynamics, individual self-efficacy, social class, sexism and gender inequalities (Burbules, 1993; Thomas, 2003, 2004; Harvey *et al.* 2001; Mangena, 2003; Tweed, 2000; Bernstein, 1960; Gormally et al., 2009; Hart, 1989; Jakobsson, 2006). Hence, it is blamed for creating new forms of power dominance, political hegemony, manipulation, social exclusion, insensitivity to social diversity, and marginalisation of minority groups (Burbules, 1993; Thomas, 2003, 2004; Harvey et al. 2001; Mangena, 2003). This shows that there are considerable limitations in the application of social dialogue as participatory communication process and platform for individual and social change.

The above is evident through failures of public engagement in Gauteng E-tolls project. The Gauteng government claims to have dialogued with local communities as means

to promote their participation in road project development processes (Gauteng Report, 2014). However, this development project is facing lack of public support, as the majority of the road users refuse pay toll fees, it also suffers unfavorable court judgements citing poor public participation (Lin, 2015). Burbules Nicholas (1993), Freire (2000; 2005), Boud *et al.* (1991) and Anthias (2001) consistently postulate that passive participation, manipulative participation, imposed participation, and forced participation in development processes limits possibilities for critical awareness development and behaviour change. Waisbord (2014) states that meaningful participation involves problem definition, goal selection, and sharing of motivation for behaviour change with participants.

Social dialogue criticism is supported by Pretty Jules (1995), as she discusses different types of participation which invariably influence the quality of development processes and outcomes. This is further maintained by Sarah White (1996), where she discusses different developer interests, which subjectively influence selection of participation type (White, 1996). To make more sense of this, next this study discusses participation typology, to establish how each type of participation influences the process and outcomes of critical awareness development for behaviour change. This assists the study to establish what types of participation create limitations or possibilities for Zazi dialogues to develop critical awareness for behaviour change. This discussion informs Chapter Four critical analysis and findings of limitations and possibilities created by participation type employed during facilitation of Zazi dialogues.

Participation typology

Participation is differently conceptualised and applied (Pretty, 1995; Cornwall, 2008; McBurney and Simons, 2000; Burbules, 1993). Figueroa and collogues (2002: iii) acknowledge that "there are probably as many ideas about what participation is as there are people who are using it". The practice of participation is criticised for lack of qualifying criterion of quality participation (Rowe and Frewer, 2000). As a result the concept of participation is a highly contested terrain, which is open to any

interpretation, claim and application (Burbules, 1993; Thomas, 2003, 2004,). The following paragraphs discuss and present participation typologies as conceptualised and practiced by different scholars and development agencies.

Manipulative participation

Manipulative participation refers to "simply pretense with people's representatives" (Cornwall, 2008: 272). In this type of participation local stakeholders and beneficiaries are not given a reasonable platform and opportunity to make their views concerning development design, plan and implementation processes (Cornwall, 2008). Community representatives and beneficiaries are persuaded to accept and endorse imposed development views and instructions from external development agencies as accurate and valid without any fair assessment (Pretty, 1995; Cornwall, 2008). This is more consistent with nominal development interest, where development agencies aim to create a perception of some assistance or intervention to targeted communities (White, 1996). Clearly, this does not constitute meaningful participation. According to Waisbord (2014), Kincaid and Figueroa (2009) and Paulo Freire (2005), meaningful participation involves problem definition, goal selection, and sharing of motivation for desired change with the participants. Therefore, manipulative participation creates limitations for Zazi dialogues to develop critical awareness for behaviour change to women who participate.

Passive participation

Passive participation refers to involvement of people by imposing information or decisions that already have been made, and to prescribe information or values for people to accept and practice without questioning or analysis (Pretty, 1995). The views and interests of the so called 'development participants' are not considered as part of development design and implementation process (Cornwall, 2008). Therefore this type of participation is also most likely to be driven by nominal development interest discussed earlier, where development agencies aim to create a perception of some assistance and participation of targeted individuals (White, 1996). However,

their participation is not characterised by critical reflection on local social contexts, development objectives, or involvement in designing development plan (Ibid, 1996). Therefore, passive participation is not consistent with the process of critical awareness development for social change as discussed by Freire (2005), Waisbord (2014) and Kincaid and Figueroa (2009). It is also not corresponding with Communication for Social Change principles (Cardey, 2006), as passive participation does not promote centrality of active participation of local stakeholders and beneficiaries. Therefore, passive participation also creates limitations for Zazi dialogues to develop critical awareness for behaviour change.

Participation by consultation

Participation by consultation happens through question and answer session (Pretty, 1995). This means that targeted individuals participate by providing answers required from them by development agencies (Pretty, 1995). Hence, they contribute according to questions asked for them to answer. However their contribution may not necessarily influence development decisions (Ibid, 1995). This type of participation is partially congruent with representative development interest, as it considers people's views during development processes (White, 1996). However, the limitation of this type of participation is that development agencies sometimes only select information they deem relevant and necessary for their consideration (Cornwall, 2008). Therefore, this type of participation cannot assist Zazi dialogues to create critical awareness for behaviour change if the contributions made by participants do not inform dialogue decisions. The type of questions asked during the Zazi dialogues can potentially be a limiting factor, as participation by consultation limits participation of targeted individuals to question and answer process.

Participation for Material Incentive

In this type of participation community members are involved by contributing efforts such as labour, attendance, or support required from them in exchange for material incentives (Pretty, 1995). This means that people are not direct beneficiaries of actual

development outcomes. However, they are beneficiaries of material incentives for their participation (Ibid, 1995). Clearly, community members are used as means to achieve development objectives and outcomes, not as direct beneficiaries of similar development. However as catalysts of the other development. Therefore, this type of participation corresponds with instrumental development interest, which is involvement of targeted individuals by using their local facilities and resources to reduce development implementation costs, or to gain community acceptance (White, 1996). This is not consistent with critical awareness development process for behaviour change. As alluded to earlier, critical awareness development process for behaviour change is characterised by promotion of meaningful participation, critical reflection on social contexts, and sharing of transformative information (Freire, 2000). It is clear now that the latter is not the case with participation for material incentives. Therefore, it is not congruent with desired outcomes of Zazi dialogues.

Functional participation

In functional participation community members are involved specifically with an aim to achieve predetermined development goals and to minimise project expenses (Pretty, 1995). People may take part in decision making, but such involvement is limited to predetermined objectives which advance imposed development processes and outcomes (Ibid, 1995). Participation and contribution is always subject to what external agencies intend to achieve (Ibid, 1995). This type of participation is also consistent with instrumental development interest discussed above (White, 1996), as it seeks to involve people to minimise costs to pursue predetermined development outcomes. As alluded to earlier, meaningful participation involves problem definition, goal selection, and sharing of motivation for desired change with participants (Waisbord, 2014). Freire (2000; 2005) warns against what he calls banking of information, where people are treated like empty vessels that should be passive recipients of information. People should be actively involved in development process, so that they are able to develop critical awareness for behaviour change (Ibid, 2000;

2005). Therefore, functional participation creates limitations for Zazi dialogues to develop critical awareness for behaviour change.

Interactive Participation

In this type of participation community members are put at the core of development processes (Pretty, 1995). People participate in identification of development goal, analysis of causes and effects of development challenges, and in brainstorming process to design development action plan (Ibid, 1995). This meets the requirements of meaningful participation, where people are involved in critical development stages (Waisbord, 2014). Therefore, this type of participation is consistent with representative development interest, as is prioritises the contributions of targeted individuals during development processes (White, 1996). It is also corresponding well with transformative development interest, which is characterised by empowerment and involvement of targeted individuals in all development stages, including critical development decisions (White, 1996). Furthermore, it is also congruent with Critical Conscientisation Theory (Freire, 2005), and Communication for Participatory Development model (CFPD) (Kincaid and Figueroa, 2002). The latter promotes active participation, critical reflection on social contexts, and sharing of transformational information to create possibilities for critical awareness development and social change. Therefore, interactive participation creates possibilities for Zazi dialogues to develop critical awareness for behaviour change. However, it should be considered that it is criticised for creating confrontational and investigative experience to people who prefer gentle, polite and amenable dialogue processes (Burbules, 1993).

Self-mobilisation Participation

This type of participation does not require any facilitation by external development agencies (Pretty, 1995). According to Jules Pretty (1995) and Cornwall (2008), in some instances communities mobilise themselves to act on community problems or take development opportunities available. People may require some assistance from donors or governing bodies, however, they remain in control of development activities

(Pretty, 1995; Cornwall, 2008). This type of participation does not relate to facilitation of critical awareness development. It is about community actions on the bases of what communities think is the right thing to do. Therefore, this type of participation does not relate to Zazi dialogue processes of critical awareness development. However, this type of participation is consistent with the underlying aim of Zazi campaign, which is to empower women and girls to take individual and collective actions without depending on external assistance (Zazi toolkit, 2013).

Considering all discussions above, Zazi dialogue implementers need to consider the limitations or possibilities created by selected participation type, as different participation types variably influence social dialogue participation process and outcomes. Manipulative participation, passive participation, participation by consultation, functional participation, and participation for material incentives create limitations for Zazi dialogues. This is well articulated by Sherry Arnstein (1969) in *Figure 1* below, the ladder of participation, where different types of participation constitute nonparticipation at lower level, tokenism in the middle, and citizen power at higher level of participation. The ladder shows that manipulation and therapy constitute nonparticipation. Informing, consultation, and placation constitutes tokenism. Partnership, delegated power, and citizen control constitute citizen power. This is consistent with vast social dialogue participation criticism discussed above. Interactive participation type (Pretty, 1995) appears to be most effective in creating possibilities for Zazi dialogue to develop critical awareness for behaviour change.

Figure 1: *The ladder of citizen participation (Arnstein, 1969), where different types of participation constitute nonparticipation at lower level, tokenism in the middle, and citizen power at higher level of participation.*
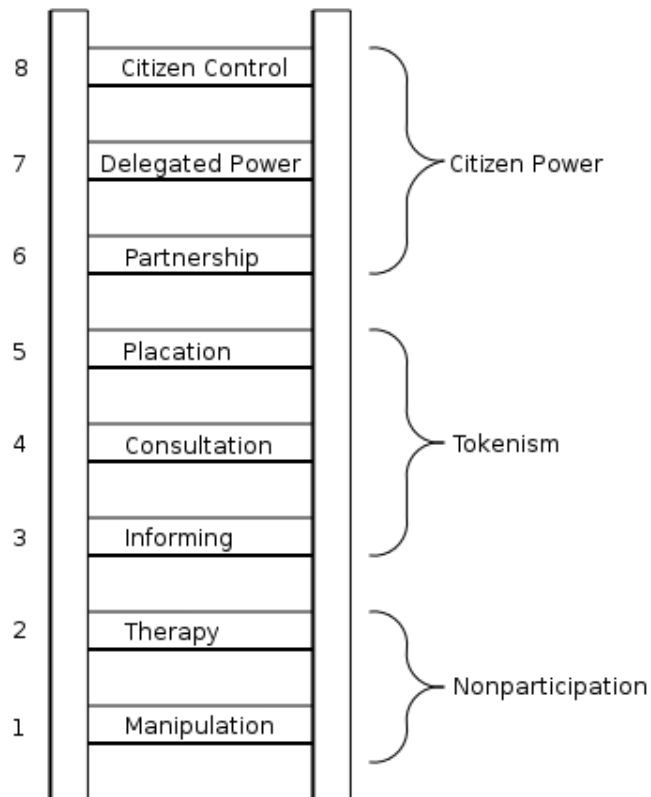
Additional complexity in participatory communication is that communication is a complicated and dynamic process that takes many forms and uses information exchange, and it can lead to an evolution of multiple meanings (Kalyani, 2003, Hall, 1980; 1986). This is owing to similar earlier discussed influences of social contexts such as local culture, social class, politics, level of education, and socio-economic conditions of interlocutors (Kalyani, 2003). Furthermore, cognitive factors like selective retention and selective perceptions also influence meanings people acquire and retain from communicated messages (Kalyani, 2003).

Social dialogue participation in the social change context means more than just endless turn taking (Figueroa, et al, 2002). Scholars have propounded as many ideas about what social dialogue participation is as there are various development agencies who are using social dialogue (Freire, 2000; 2005; Burbules, 1993; Habermas, 1996; Thomas, 2003; Freire and Shor, 1987 Tweed, 2000). It is against the above background that Communication for Social Change has at its core facilitation of meaningful social dialogue participation, to consider social contexts in the process of sharing transformative information to develop critical awareness for behaviour change (Gumucio-Dagron and Tufte, 2006; Freire, 2005; Childers, 1976). Considering all the above discussions, facilitation of interactive participation, consideration of social contexts, and sharing of transformative information are critical factors of Zazi dialogue for critical awareness and behaviour change. *Figure 2* below shows these three crucial components of critical awareness development process as deduced from discussed literature.

Figure 2: Components of critical awareness development process (author)
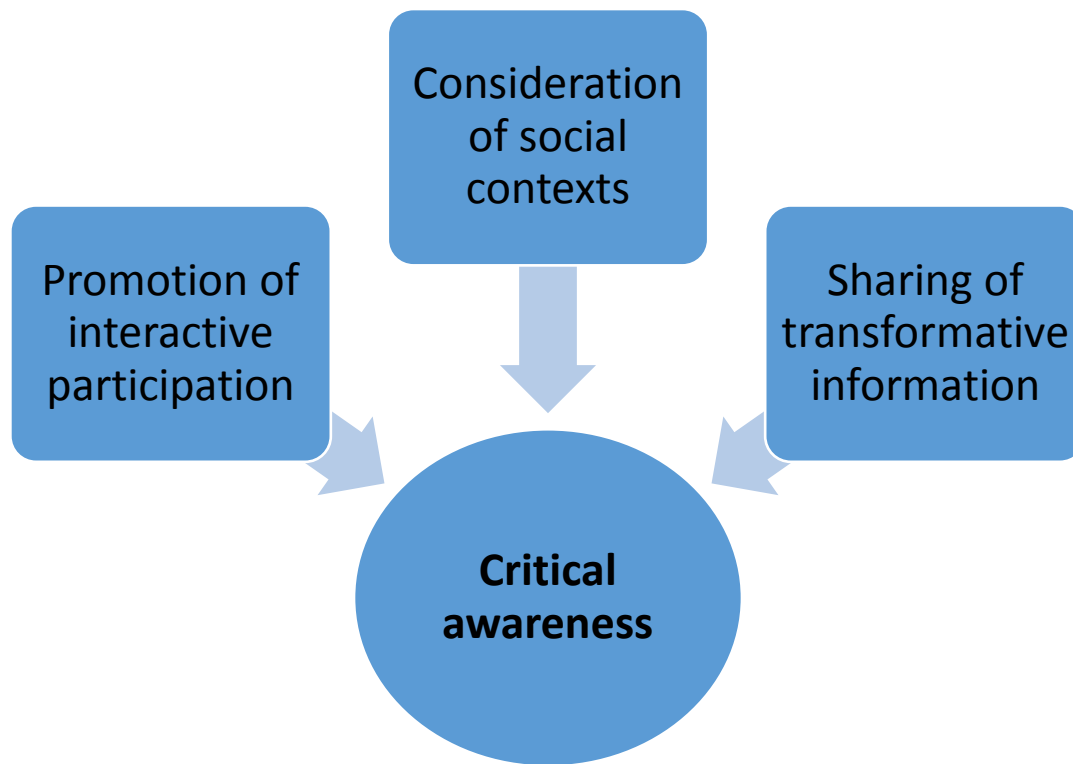
In light of the above, scholars like Freire (2000; 2005), Burbules (1993), Waisbord (2014), and Figueroa and colleagues (2002) put forward that there is variety of social dialogue facilitation practices which variably influence social dialogue participation process and outcomes. The section below discusses differences in meanings, application, facilitation approaches, and resultant typologies of social dialogue participation that different schools of thought have influenced. This assists the study to establish and demonstrate how social dialogue facilitation practices of each school of thought stimulate interactive participation, consideration of social contexts, and sharing of transformative information as critical factors of participatory communication for critical awareness development and social change (Freire, 2000; 2005; Cardey, 2006; Gumucio-Dagron, 2001; Waisbord, 2014; Figueroa *et al.*, 2002). The purpose of this is to show possibilities or limitations created by practices of each school of

thought. This is very important for this study, considering that Zazi dialogues are implemented by various organisations nationally, which can consciously or unconsciously employ any of social dialogue facilitation practices discussed below. Therefore, the following discussion informs Chapter Four, critical analysis and findings of social dialogue facilitation practices employed during two Zazi dialogues in Zululand.

Liberal School of Thought

Major proponents of this school of thought are Edwin Baker (1978), Martin Redish (1978), David Richards (1974), and Donald Beschle (1992). This school of thought encourages democratic values in dialogical processes (Burbules, 1993). Hence, social dialogue participatory platform is facilitated through promotion of democratic communication process (Baker, 1978; Redish, 1978; Richards, 1974; Beschle, 1992). This means that dialogue participants are encouraged to express their views, feelings, and perceptions democratically (Ibid, 1978; 1978; 1974; 1992). However, social dialogue participation process of this school of thought is criticised for confrontational inclinations, and for failing to accommodate individuals or groups who are not well accustomed to democratic traditions and processes (Burbules, 1993). This suggests that if practices of this school of thought are applied in Zazi dialogues, there would be more focus on encouraging participants to express themselves democratically. Therefore the outcomes of Zazi dialogues would be leaning towards individual freedom of expression as a democratic right.

Considering the above, this school of thought has the obvious purpose to promote democracy by means of communication. However, it does not make specific emphasis on facilitation of interactive participation, consideration of social contexts, and sharing of transformative information necessary to develop critical awareness for behaviour change. Therefore, social dialogue facilitation process in this school of thought takes place at unconscious level, where the facilitator is unaware of his/her personal limitations, and thus unable to address the political nature of facilitation process (Giddens, 1984). This is also known as partial awareness-closed position

(Kirk and Broussine, 2000). It is also consistent with technical facilitation approach, which is formulaic and skills based approach, where the facilitator is unable to articulate the rationale or logical framework of facilitation approach applied (Thomas, 2004).

Considering discussions above, practices of the liberal school of thought are more consistent with information seeking dialogue process (Pretty, 1995; Cornwall, 2008; McBurney and Simons, 2000). Where applied approach, methods and techniques in the process of dialogue are aimed at creating a platform for participants to provide required information by development agencies (Ibid, 2000; 2000). This makes social dialogue facilitation practices of liberal school of thought to be more congruent with participation by consultation type, which is criticised for promoting tokenism in development processes (Pretty, 1995; Arnstein, 1969). Therefore, social dialogue facilitation practices of liberal school of thought create limitations for Zazi dialogues to develop critical awareness for behaviour change in women who participate.

Post-liberal School of Thought

Wasson Stuhr and Petrovich-Mwaniki (1990); Zimmerman (1990a; 1990b); Tom Anderson (1993), and Jürgen Habermas (1996) are prominent thinkers in this school of thought. Post-liberals propose a theoretical model through which neutrality and quality of social dialogue process and outcomes can be adjudicated (Habermas, 1996). Post-liberals dispel basing dialogue successes on effectiveness of communication methods and techniques without considering conditions of dialogue consensus (Ibid, 1996). Proponents of this school of thought assert that dialogue consensus should primarily be an outcome of voluntary and free deliberation process, not of coercive conditions (Zimmerman, 1990a; 1990b; Anderson, 1993). Other exponents of post-liberal school of thought hold that social dialogue should take an approach which considers social diversity, based on an understanding that people have different ways of communicating (Burbules, 1993). This means that if practices of this schools of thought are employed in Zazi dialogues, facilitators would focus

more individual ways of expressions, and circumstances through which participants' communicate.

Seyla Benhabib (1989) proposes interactive universalism, referring to an approach which views social differences as a starting point of social dialogue. This approach is based on understanding of political, cultural and other social diversities without legitimising it, but viewing it as a source of rational point of negotiating consensus (Benhabib, 1989). However, interactive universalism is criticised for over normalising diversity, as a result reflection on differences of opinion becomes less effective (Burbules, 1993). Proponents of post-liberal school of thought discussed above promote consideration of social and individual contexts during social dialogue, in light of how it contributes to dialogue outcomes. Therefore, social dialogue participation is facilitated at a discursive consciousness, where the facilitator can justify his/her epistemological approach and effect of applied facilitation methods and techniques (Giddens, 1984). This is also referred to as partial awareness-open position of social dialogue facilitation (Kirk and Broussine, 2000).

The above corresponds with the intentional facilitation approach, where the facilitator knows the purpose of his theoretical approach, facilitation methods and techniques (Thomas, 2005). It is also consistent with deliberation dialogue type (Pretty, 1995; Cornwall, 2008). This type of dialogue is effective in deriving the best universal course of action, hence the process of this type of dialogue is co-ordination of different goals, views, and interests to find unified solutions (Pretty, 1995; Cornwall, 2008). Different opinions are considered as a starting point for deliberation process (Ibid, 2000). Thus the practices of post-liberal school of thought are most likely to promote participation by consultation (Pretty, 1995). This type of participation is criticised for promoting tokenism, as development agencies decide or influence what information should be used after consulting participants (Cornwall, 2008; Pretty, 1995; Arnstein, 1969). As a result, social dialogue facilitation practices of post-liberal school of thought create limitations for Zazi dialogues to develop critical awareness for behaviour change.

Critical Pedagogy School of Thought

Prominent thinkers of this school of thought are Paulo Freire (2000; 2005), Ira Shor (Freire and Shor, 1987); Antonia and Darder, (2006); Marta Baltodano and Rodolfo Torres (2003). Critical school of thought espouses an approach which is more critical about effectiveness of methods and techniques applied to promote interactive participation, facilitator/educator impartiality, consideration of social contexts, and sharing of relevant information (Burbules, 1993; Thomas, 2003; Freire and Shor, 1987). According to Freire and Shor (1987), facilitators should not impose their views during critical awareness development process. They should encourage dialogue participants to think critically, so that they identify their challenges, root causes and effects, reflect on social contexts, and to develop their own emancipatory plan. However, critical approach is criticised for creating possibilities for confrontation, which may possibly discourage participation to people who prefer less polite, gentle, or acquiescent dialogue process (Burbules, 1993).

Practices of this school of thought are consistent with the conception of discursive consciousness (Giddens, 1984), or partial awareness-open position of social dialogue facilitation (Kirk and Broussine, 2000). As described in paragraphs above, this means that the facilitator is able to provide theoretical rationale behind employed methods and technics during facilitation process of social dialogue (Kirk and Broussine, 2000; Giddens, 1984). This also means that the facilitator remains unbiased, and does not impose personal views during social dialogue facilitation process (Freire, 2000; 2005). Considering all above, practices of critical school of thought are congruent with critical facilitation approach to social dialogue facilitation (Thomas, 2004). Similarly, this approach promotes facilitator impartiality, critical reflection on social contexts, and sharing of emancipatory information (Freire, 2000; 2005).

Considering all above, practices of critical pedagogical school of thought are congruent with information seeking dialogue type (Pretty, 1995; Cornwall, 2008; McBurney and Simons, 2000). This type of dialogue promotes consultation of individual knowledge, perceptions and experiences to as required (Ibid, 2000; 2000).

This can amount to tokenism. However, it is clear that in this school of thought reflection is aimed at considering social contexts and sharing of transformative information as part of critical awareness development process. As noted above, this school of thought also promotes interactive participation which is one of critical factors of participatory communication for social change (Pretty, 1995; Cornwall, 2008; Freire, 2000; 2005). Therefore, social dialogue facilitation practices of critical pedagogical school of thought create more possibilities for Zazi dialogues to develop critical awareness for behaviour change. However, it should be considered that it has potential to discourage participation of individuals who are not used to critical reflective process, as it feels confrontational and investigative to such individuals (Burbules, 1993).

Platonic School of Thought

This school of thought was fundamentally created by Alex Plato, who was influenced by Socrates Midwifery (Hamlin, 1976). Socrates philosophy of argument to find the truth, create awareness, or prove the point of view is now traceable in the academic work of his students, Plato is one good example (Tweed, 2000). Plato took argumentative influence from Socrates, who believed in self-generated knowledge and planting of doubt as a foundation of learning, and posing questions to opponents to expose weaknesses in their point of view (Burbules, 1993; Tweed, 2000). This implies that in the case of Zazi dialogues, employed social dialogue facilitation practices would be applied to create platform for participants to prove their point of view during discussions. There would be more concern about encouraging participants to advance their own views by discrediting the views of other participants.

Practices of Platonic school of thought correspond with intentional approach to social dialogue facilitation, which is based on theory (Thomas, 2004). In this approach the facilitator knows the purpose of his theoretical approach, and the effect of applied facilitation methods and techniques (Giddens, 1984). However, in some instances the intention of the facilitator may not be theoretically grounded, whereby it is only informed by his/her practical experience (Giddens, 1984, Thomas, 2004). This means

that it is possible for tenets of this school of thought to facilitate social dialogue at partial awareness-close position, which creates inability to address political nature of facilitation (Kirk and Broussine, 2000).

In light of the above, practices of Platonic school of thought are consistent with inquiry dialogue process (Pretty, 1995; Cornwall, 2008; McBurney and Simons, 2000). This type of dialogue is more effective in acquiring proof or evidence of a particular subject matter, by utilising argumentative and investigative approach (Pretty, 1995; Cornwall, 2008; McBurney and Simons, 2000). This is most likely to promote participation by consultation process, where people contribute by answering questions asked by development agencies (Pretty, 1995). Participation by consultation is criticised for tokenism (Arnstein, 1969), it does not promote critical reflection on social contexts and sharing of transformative information to develop critical awareness for behaviour change (Freire, 2000; Cardey, 2006). Therefore, practices of Platonic school of thought may create limitations for Zazi dialogues to develop critical awareness for behaviour change in women who participate.

Hermeneutic School of Thought

This school of thought was formed by Hermann Lang (Christopher, 2001). Hermann accentuates that cultural and religious diversity should be addressed in dialogical process to find common understanding (Widdershoven, 2001). Hermeneutic school of thought practices question and answer dialogue process as means to achieve universal ground of consensus and understanding (Burbules, 1993). Practices of this school of thought are criticised for being excessively holistic and less effective in questioning power, dominance, forms of injustice, and different individual views (Burbules, 1993). This means that if applied in Zazi dialogues, facilitation process would be designed to achieve common ground for all participants, which suggests that people would be assisted to develop common understanding at the end of Zazi dialogues.

Practices of this school of thought are congruent with discursive consciousness defined in earlier paragraphs (Giddens, 1984). It is also consistent with manipulative awareness position of social dialogue facilitation (Kirk and Broussine, 2000). This awareness position refers to a state whereby the facilitator intentionally manipulate participants to achieve a particular dialogue objective (Kirk and Broussine, 2000). Thus the facilitator deliberately emphasises attitudes, personal qualities, beliefs and presence to influence dialogue process and outcome (Giddens, 1984). This is called person-centered facilitation approach (Thomas, 2004).

Considering all the above, practices of this school of thought correspond with persuasion dialogue type, which is instrumental in influencing participants to find universal resolution where there is conflict of interests or differences in opinion (Pretty, 1995; Cornwall, 2008; McBurney and Simons, 2000). This type of dialogue is relevant to developers who prefer persuasion as means of achieving predetermined development goal (Ibid, 2000; 2000). As a result, practices of hermeneutic school of thought are most likely to promote manipulative participation, where participants take imposed views and instructions from external experts or development agencies (Pretty, 1995). Therefore, practices of this school of thought create limitations for Zazi dialogues to develop critical awareness for behaviour change.

Feminist School of Thought

Amongst others, prominent thinking tanks of this school of thought are Brenda Cossman (2003), Ellen Annandale and Judith Clark (1996), Marysia Zalewski (2010), and Sally Simpson (1989). According to Burbules (1993), some proponents of feminist school of thought disapprove liberal confrontational culture of social dialogue facilitation practices, they tend to advocate for practices which are more receptive, caring, gentler, and inclusive of women's values. However, other tenets prefer liberal and critical approaches (Annandale and Clark, 1996; Zalewski, 2010; Cossman *et al.*, 2003). This suggests that within feminist school of thought exponents have different preferences of social dialogue facilitation practices. Secondly, it also implies that some feminists are not familiar or comfortable with confrontational dialogue process.

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Therefore, in the case of Zazi dialogues, selection and application of facilitation practices would depend of preferences of targeted group. Dialogue processes and outcomes would then be influenced by practices of selected school of thought.

Considering the above, possibilities and limitations of Zazi dialogues to developing critical awareness for behaviour change depend on preferred social dialogue facilitation practices by concerned group at the time. This means that it is important for proponents of feminist school of thought to understand the limitations and possibilities of critical awareness development created by preferred social dialogue facilitation practices. However, in any case, it is important to consider that crucial components of critical awareness development process are interactive participation, consideration of social contexts, and sharing of transformative information (Freire, 2000; Cardey, 2006; Waisbord, 2014; Gumucio-Dagron, 2001). It is important to point out that the latter is more important if there is intention to create critical awareness for behaviour change.

Confucianism School of Thought

Confucianism teaching philosophy is named after Confucius, a Chinese philosopher, who viewed himself as a transmitter of knowledge, as opposed to a creator of awareness (Wei-Ming Tu, 1998). For Confucius school of thought, intellectual development can be achieved through "effortful learning, behaviour al reform, acquisition of essential knowledge, respectful learning", and by collective learning (Tweed, 2000: 8). Confucius believed in righteous approaches to learning, like; virtuous role modeling, respect for authority and elders, conformity to social norms and ethics, and acquiring of knowledge as opposed to creation of awareness (Tweed, 2000). This means that if practices of this school of thought are applied in Zazi dialogues, participants would be expected to passively listen, and learn useful information provided by experts and Zazi dialogue facilitators.

Confucius education philosophy accentuates pragmatism, as it holds that education should lead to practical progressive abilities and results (Smith, Austin and Smith,

2011). Pragmatism put emphasis on importance of practicable lessons in real life contexts, suggesting that information is useless if it produces no good practical results, and when it is perceived impractical by recipients (Krifka, 2004). Furthermore, pragmatism emphasizes that language is produced by communal culture for practical purposes (Bergman, 2009). Hence language has subjective ways of making meanings (Ibid, 2009).

Considering the above, proponents of Confucius school of thought facilitate social dialogue participation at unconscious level (Giddens, 1984), or partial awareness-closed position of social dialogue facilitation (Kirk and Broussine, 2000). This is more probable because it does not promote interactive participation, reflection on social contexts and shared information (Kirk and Broussine, 2000; Freire, 2000; Gumucio-Dagron and Tufte, 2006). It is also consistent with person-centered facilitation approach, where the facilitator deliberately emphasises attitudes, personal qualities, beliefs and presence to influence learning outcomes (Thomas, 2004). Practices of this school of thought create passive participation (Pretty, 1995) or non-participation (Arnstein, 1969). Therefore, Confucius social dialogue facilitation practices are not consistent with critical awareness development process. Consequently, practices of this school of thought create limitations for Zazi dialogues to develop critical awareness for behaviour change.

In light of the above, there is strong evidence to demonstrate that social dialogue participation is not an automatic solution to processes, challenges and objectives of human development. It is indeed capable of creating new forms of social dominance, oppression, exclusion, manipulation, and propaganda as various scholars warn (Freire, 2000; 2005; Pretty, 1995; White, 1996; Burbules, 1993). As indicated above, the latter criticism is traceable from various schools of thought which influence social dialogue participation practices (Ibid, 2000; 2005; 1995; 1993). Therefore, it is important for the implementers of Zazi dialogues to be cautious about limitation and possibilities created by employed social dialogue facilitation practices to develop critical awareness for behaviour change. This is analysed in Chapter Four, looking at

effects of social dialogue facilitation practices employed by DramAidE during implementation of two Zazi dialogues in Zululand.

Conceptualisation of social dialogue participation in this study

The foregoing discussion has demonstrated that the concept of participation is understood and applied differently by those claiming to use it in their programs. From the different participation typologies discussed in the foregoing, Interactive Participation Type (Cornwall, 2008) appears to be most consistent with Communication for Social Change as articulated by the Communication for Participatory Development model (CFPD) (Kincaid and Figueroa, 2002), Critical Conscientisation Theory (Freire, 1970), Culture Centered Approach (Dutta, 2008), Communication for Social Change CFSC Approach (Cardey, 2006) and Social Behaviour Change Communication (SBCC) model (C-Change, 2012).

In the case of interactive participation people have a platform to interactively reflect on local social contexts and share transformative information as decisive factors during critical conscientisation process. As a result, this would create possibilities for critical awareness and praxis. However, it should be considered that Andrea Cornwall (2008) warns that each type of participation is selected according to its bias to development agencies' interests and intentions. *Table 1* below summarises consistent social dialogue facilitation practices as deduced from this literature review. This means that different typologies of participation, their underlying interests, social dialogue types, facilitation approaches and facilitator awareness positions as influenced by different schools of thought are summarised according to their consistency.

Table 1: Summary of consistent social dialogue facilitation practices for critical awareness development (Source: Author)

Schools of Thought	Liberal School of Thought (Burbules, 1993)	Critical Pedagogical School of Thought (Burbules, 1993; Freire, 1970; 2000; 2005)	Platonic School of Thought (Tweed, 2000; Burbules, 1993)	Hermeneutic School of Thought (Burbules, 1993)	Confucius School of Thought (Tweed, 2000)	Feminist School of Thought (Burbules, 1993)	Post-liberal School of Thought (Habermas, 1996)
Participation Typology	Participation by consultation (Pretty, 1995)	Interactive participation (Pretty, 1995)	Participation by consultation (Pretty, 1995)	Manipulative participation (Pretty, 1995)	Passive participation (Pretty, 1995)	Interactive participation, and Participation by Consultation type (Pretty, 1995)	Participation by consultation (Pretty, 1995).
Development Interest	Representative interest (White,1996)	Representative interest and transformative interest (White,1996)	Representative interest (White,1996)	Nominal interest (White,1996)	Transformative interest (White,1996)	Representative interest and transformative interest (White,1996)	Representative interest and transformative interest (White,1996)
Type of Dialogue	Information seeking dialogue (Pretty, 1995; Cornwall, 2008; McBurney and Simons, 2000)	Information seeking dialogue (Pretty, 1995; Cornwall, 2008; McBurney and Simons, 2000)	Inquiry dialogue (Pretty, 1995; Cornwall, 2008; McBurney and Simons, 2000)	Persuasive dialogue (Pretty, 1995; Cornwall, 2008; McBurney and Simons, 2000)	Persuasion dialogue (Pretty, 1995; Cornwall, 2008; McBurney and Simons, 2000)	Deliberation dialogue type, information seeking dialogue type, persuasion dialogue type and negotiation dialogue type (Pretty, 1995; Cornwall, 2008; McBurney and Simons, 2000)	Deliberation dialogue type (Pretty, 1995; Cornwall, 2008; McBurney and Simons, 2000)
Facilitation Approaches	Technical facilitation approach (Giddens, 1984)	Critical facilitation approach (Giddens, 1984)	Intentional facilitation approach (Giddens, 1984)	Intentional facilitation approach (Giddens, 1984)	Person-centred facilitation approach (Giddens, 1984)	Intentional facilitation approach, Person-centred facilitation approach, technical facilitator, and critical facilitator (Giddens, 1984)	Intentional facilitation approach (Giddens, 1984)
Facilitator Awareness Position	Partial awareness-closed position (Kirk and Broussine, 2000)	Partial awareness-open position (Kirk and Broussine, 2000)	Partial awareness-closed position (Kirk and Broussine, 2000)	Partial awareness-closed position (Kirk and Broussine, 2000)	Partial awareness-closed position (Kirk and Broussine, 2000)	Partial awareness-closed and partial awareness-open position. (Kirk and Broussine, 2000)	Partial awareness-open position (Kirk and Broussine, 2000)

Considering all discussions above, interactive participation, consideration of social contexts, and sharing of transformative information are critical factors of participatory communication for critical awareness development and behaviour change. This chapter shows that practices influenced by critical pedagogical school of thought are more consistent with critical awareness development process, as compared to practices which are influenced by other schools of thought as summarised in *Table*

1. This suggests that diversion from practices consistent with critical pedagogical school of thought creates limitations for Zazi dialogues to develop critical awareness for behaviour change. On the flipside, application of practices consistent with critical pedagogical school of thought creates possibilities for Zazi dialogues to develop critical awareness for behaviour change. This is also construed by Communication for Participatory Development model (Kincaid and Figueroa, 2009), Critical Conscientisation Theory (Freire, 2000; 2005), and Communication for Social Change approach (Gumucio-Dagron, 2001; Freire, 2000; Cardey, 2006). Therefore, the latter is most relevant framework for this study, using two Drama in Aids Education (DramAidE) facilitated Zazi dialogues. In the following paragraphs the study describes relevance of DramAidE in theoretical and methodological schemas, and how Zazi dialogues are extension of DramAidE's methodology and educational interventions.

DramAidE

This non-profit making organisation was established by Prof Lynn Darlymple in 1992, as a project of the University of Zululand (Botha, 2009). DramAidE applies drama and other participatory techniques such as forum theatre technique which was popularised by Augusto Boal, hot seating and other interactive techniques to educate people about HIV and AIDS, life skills, and broader spectrum of health issues (Botha, 2009; Lubombo, 2011). The work of DramAidE is widely researched and documented by different scholars in the field of public health communication, such as Act Alive Project and Health Promoter Project to name the few (Tomaselli, 2011; Botha, 2009). This organisation similarly underpins its work on Critical Conscientisation theory by Brazilian scholar Paulo Freire, as it promotes interactive learning to encourage reflection on social health and cultural issues as means to ensure relevance and practicability of shared information (James, 2002; Tomaselli, 2011; Botha, 2009; Lubombo, 2011). It is this background that makes DramAidE facilitated Zazi dialogues relevant case study, as both Zazi campaign and DramAidE

critical awareness development processes are framed on Critical Conscientisation theory, which is part of study framework discussed in the following paragraphs.

Framework of the study

This study employs CFPD model (Figueroa *et al.*, 2002; Kincaid and Figueroa, 2009) and Critical Conscientisation Theory (Freire, 2000; 2005), to examine limitations and possibilities created by applied social dialogue facilitation practices during Zazi dialogues. This is a relevant study underpinning, as Chapter Two reveals that it provides strong framework for development of critical awareness for behaviour change. Furthermore, the study employs Social Learning Theory (Bandura, 1994), to analyse potential effects of social circumstances on possibilities and limitations of critical awareness development and behaviour change. Following paragraphs describe relevance and application of framework in this study.

Communication for Participatory Development (CFPD)

The CFDP model accentuates the importance of utilising communication to promote representation and participation of local stakeholders and targeted beneficiaries in development processes (Kincaid and Figueroa, 2009). The purpose of this is to ensure that local structures and targeted beneficiaries are involved in the planning, implementation and evaluation of development outcomes (Kincaid and Figueroa, 2009). Stakeholder and beneficiary involvement improves prospects of individual and social change, contrary to development processes where local stakeholders and beneficiaries are excluded (Dutta 2011; Figueroa, Kincaid and Rani *et al.*, 2002; Gumucio-Dagron and Tufte 2006; Servaes 2008). As a result, social dialogue is a potent method and platform to promote local representation and participation, in order to facilitate consideration of social contexts as part of sharing critical information concerning development objectives, relevance, challenges and benefits (Kincaid et al. 2007). Furthermore, the CFPD model accentuates that local representation and participation assists development agencies to create critical awareness, as it considers influences of local culture, politics, structural barriers, individual

perceptions, confidence, experiences, and local expertise in development process (Kincaid and Figueroa, 2009).

Figure 3 shows factors that influence behaviour change, such as internal stimulus, change agent, innovation, policies, technology, and mass media. Secondly, it shows 10 critical steps of social dialogue facilitation for individual and social change. These steps clearly indicate that social dialogue should include problem acknowledgment and identification with local stakeholders, clarification of different understandings, sharing of views and interests, development of vision for the future, assessment of current status core, designing of objectives, brainstorming different options that can assist to achieve development outcomes, development of way forward, and collective designing of action plan. These steps are followed by collective action of people concerned, and thus create possibilities for individual and social change (human development). The CFPD model also emphasises the importance of evaluating outcomes of collective action against objectives, to determine the level of development success. As alluded to above, this study uses these 10 steps as guiding principles for the analysis of representation and participation of local stakeholders and beneficiaries in Zazi dialogues. Strong representation and participation of women and local stakeholders suggests more possibilities for critical awareness development and behaviour change. The opposite suggests limitations for intended Zazi dialogue outcomes.

Figure 3: CFPD model principles of community dialogue facilitation (Figueroa, Kincaid, Rani, and Lewis 2002)
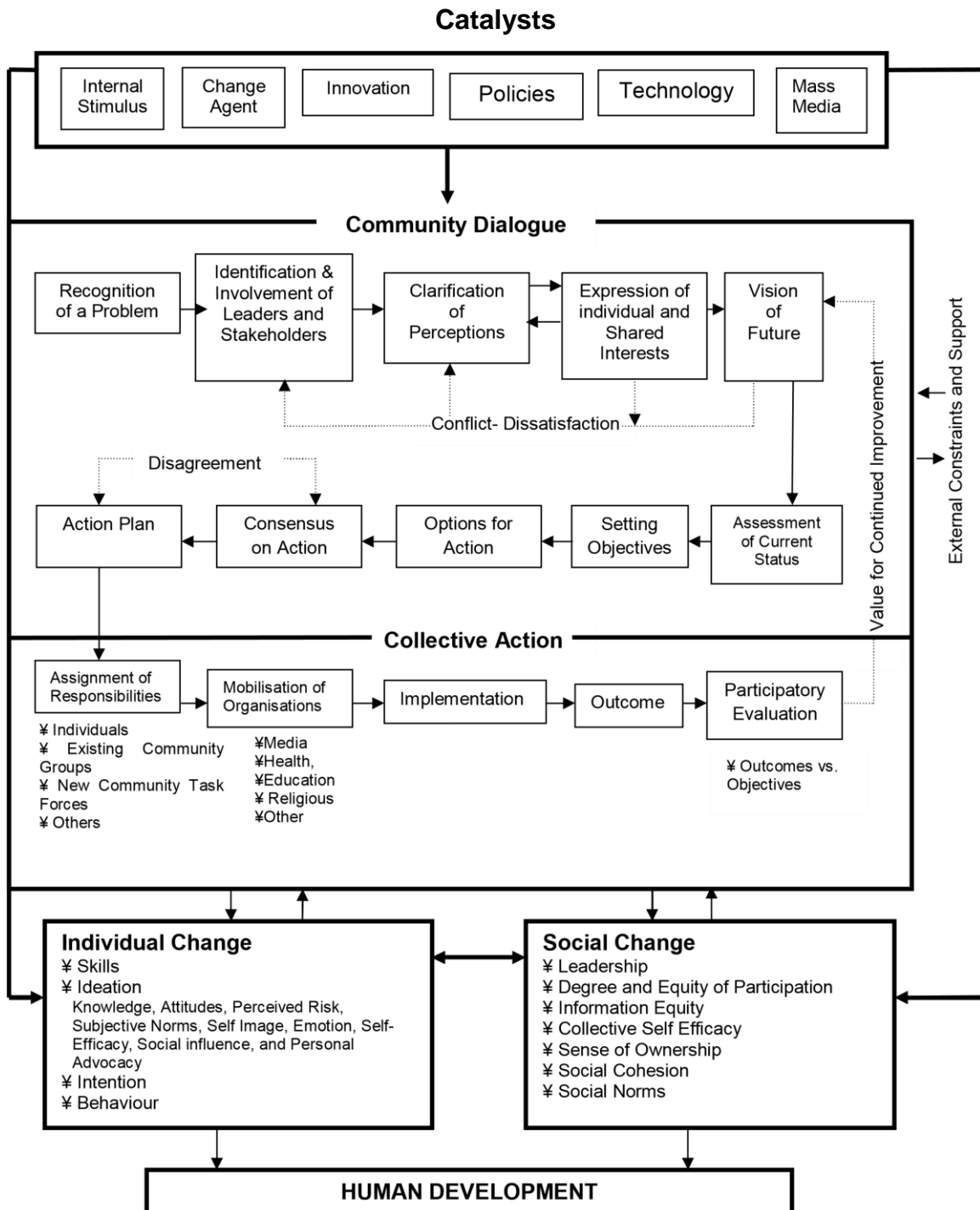
In light of ten steps of CFDP model (Figueroa *et al.*, 2002) in *Figure 3*, this study analyses representation and participation of local stakeholders and beneficiaries using the following questions;

a) Are women's challenges/problems clearly recognised?
b) Are relevant stakeholders and community leaders identified and involved in Zazi dialogue process?
c) Are participants' perceptions well clarified?
d) Are individuals encouraged to express their views and to share their interests?
e) Are participants given platform to share their vision of the future?
f) Are current social contexts of participants considered as part of reflection?
g) What objectives do participants set out for themselves?
h) Do participants explore and come-up with different options for their action?
i) What do participants collectively agree to do, and
j) Is there any practical plan of action participants make for themselves?

Data generated using CFPD model framework informs analysis of representation and participation by women and local stakeholders in Zazi dialogues. This assists the study to establish how critical factors of participatory communication for social change are considered during Zazi dialogue process. Kincaid and Figueroa (2009) explain that guiding principles of CFPD model are influenced by Paulo Freire's (1970) Critical Conscientisation Theory (Freire, 2000) Freire is a scholar from Brazil, who considered dialog as participatory communication "for the purpose of creating cultural identity, trust, commitment, ownership, and (in today's term) empowerment'' (Kincaid and Figueroa, 2009; 506). These two epistemological underpinnings work well together within context of participatory communication for human development. Critical Conscientisation Theory (Freire, 2000) provides focused framework of analysing the effectiveness of education approach, methods and technics in promoting interactive participation, critical reflection on social contexts and shared information. It is for this reason this theory is employed as a framework to analyse the effectiveness of

employed facilitation practices in developing critical awareness to women who participated in Zazi dialogues.

Critical Conscientisation Theory

Critical Conscientisation Theory was developed by Paulo Freire (2005), a Brazilian educator, thinker and a philosopher who created an ethos of education to liberate peasants, communities and informed different initiatives of human development (Blackburn, 2000). His work is premised on critical conscientisation philosophy as means to liberate the oppressed from the oppressor (Blackburn, 2000; Gruenewald, 2003). Freire's most well-known work; *Pedagogy of the Oppressed* popularised the theory of Critical Conscientisation (2005). This theory has underpinned most epistemological justification of various social development initiatives and academic projects (Melkote and Steeves, 2001; Tomaselli, 2011). Freire believed that educators and learners both have critical role to play in education process (Freire, 2005).

Accordingly, the learner and an educator should both participate in awareness development process (Freire and Shor, 1987). His view is that participation in learning process creates possibilities for participants to engage and enlighten each other on matters pertaining to their social issues. Hence, Freire espouses utilisation of social dialogue as education process and platform, for educators and learners as both active participants in what he calls critical conscientisation process (Freire, 2000; 2005). Hence he put emphasis on interactive participation in contrast of what he calls banking or deposition of information, where learners pose as passive recipients of information from educators (Freire, 2000; 2005).

According to Freire (2000; 2005), people cannot develop critical awareness without reflecting on their social contexts. Within this schema, social dialogue (as is argued to be implemented in the Zazi campaign) is considered to be instrumental in promoting a reflection on social contexts. Similarly, people are less likely to take transformative action without critical awareness, as they will not know what to do (Freire, 2005). For Zazi dialogue participants, they would not be able to practice safer sex to prevent HIV infection, or prevent unintended pregnancy if they were not conscientised about it.

Hence Freire emphasises the need to consider symbiotic relationships between critical awareness and praxis, which refers to transformative action. He asserts that reflection leads to critical awareness development and transformative action, if this is not the case, social dialogue is just an act of verbalism (Gruenewald, 2003).

Similarly with the CFPD model (Kincaid and Figueroa, 2009), Freire states that it is important for people to participate in identification of oppressive elements, analysis, and development of practical actions that can be taken to liberate themselves from oppressive forces (Freire and Shor, 1987). Furthermore, Freire (2005) espouses that oppression should be understood as an outcome of various social dynamics, such as culture, classism, level of education, sexism, and other contemporary forms of social oppression. It is for this reason consideration of social contexts is critical part of critical awareness development. This makes Critical Conscientisation Theory to be more relevant for this study, as Zazi dialogues seeks create awareness for behaviour change to deal with various forms of social oppression facing women. However, as discussed earlier, the success of critical awareness in influencing behaviour change depends on effects of social circumstances, as Albert Bandura warns (1994).

Social Learning Theory

Social Learning Theory (Bandura, 1971) postulates that people's behaviours are influenced by their social circumstances, such as material conditions, need to conform (social norms), and level of self-efficacy on ability to perform certain actions successfully (Bandura, 1977; 1991; 1994). Social Learning Theory states that behaviour is learnt through role modeling, which suggests that women and girls are most likely to behave like those who role model before them, regardless of the consequences (Bandura, 1977). The above suggests that critical awareness is less likely to translate into praxis if it is not consistent with community social norms (Bandura, 1994). It also suggests that there are limited chances for critical awareness to result into behaviour change if community conditions are not supporting behaviour change process (Bandura, 1977; 1994). Therefore, Social Learning Theory provides relevant framework for the analyses of possibilities and limitations of critical

awareness in resulting to behaviour change considering possible effects of social circumstances of women and girls in Zululand Region.

CHAPTER THREE

RESEARCH METHODOLOGY

Introduction

This chapter discusses the employed research approach, design, data collection methods, and data analysis method as shown in *Table* 2 below. It describes why and how the exploratory case study was utilised to produce qualitative data using reflexive notes taking and structured interviews. It also shows how thematic analysis is applied in this study to examine limitations and possibilities of Zazi dialogues in creating critical awareness for behaviour change.

Table 2: Methodological outline (Source: Author)

Research Approach Qualitative Research *Qualitative research provides detailed and qualitative data on applied social dialogue facilitation approach, methods and techniques to promote stakeholder and beneficiary representation, interactive participation, sharing of transformative information, and consideration of social contexts to address limitations and create possibilities for critical awareness development for behaviour change.*
Research Design Exploratory Case Study *Exploratory case study creates an opportunity to explore possibilities and limitations of Zazi dialogues in creating critical awareness for behaviour change in women and girls who participated.*
Data Collection Methods Field Notes and Structured Interviews *Reflexive field notes taking provides an opportunity to generate qualitative data on applied social dialogue facilitation practices (approach, methods and techniques) to facilitate limitations and possibilities of critical awareness for behaviour change. Structured interviews offer qualitative account of participants' social contexts that can create possibilities or limitations for critical awareness development and behaviour change.*
Data Analysis Thematic Data Analysis *Thematic analysis enables critical analysis and findings on limitations and possibilities of Zazi dialogues to developing critical awareness for behaviour change in women and girls who participated. This analysis informs conclusions of the study in Chapter Four.*

Qualitative research

The qualitative research approach is useful in gathering in-depth data on human practices and factors that govern it (Denzin *et al.* 2005). Qualitative research methods investigate what, why and how people make certain decisions, hence it is effective in investigating social practices (Denzin *et al.* 2005). For the purposes of this study, the qualitative research approach assisted the researcher to generate data on different social dialogue facilitation practices employed by DramAidE during implementation of Zazi community dialogues in Belgrade and Dumbe. The study draws from the expertise of the researcher, on how to facilitate social dialogues using critical pedagogical approach, as he holds vast experience in facilitation of learning using variety of participatory methods and techniques. The researcher has 9 years' of experience in facilitation of social dialogue using critical approach, as a former employee of DramAidE. This organisation underpins its work on Critical Conscientisation Theory by Brazilian Educator-Paulo Freire (Dalrymple and Botha, 2000).

The study makes use of reflexive field note taking to collect qualitative data (Lammes, 2007; Moldaschl and Brodner, 2005; Dupuis, 1998). This means that qualitative data was generated by reflecting on applied social dialogue facilitation practices, drawing from personal expertise of the researcher in facilitation of social dialogue using participatory methods and techniques. The study also makes use of structured interviews to collect qualitative data on possibilities and limitations of Zazi dialogues to developing critical awareness for behaviour change, considering effects of social circumstances on individual behaviour (Bandura, 1994).

The Zazi exploratory case study

This is exploratory case study to examine how critical factors of social dialogue as participatory communication are facilitated during Zazi dialogues. Exploratory case studies "can be very diverse and may be classified based on their purpose as descriptive, explanatory, exploratory or evaluatory" (Verner and Abdullah, 2012: 871). Research design provides an opportunity to generate qualitative or quantitative data

as may be required by researchers (Popov *et al*., 2012). It is more instrumental in creating in-depth understanding of what, how and why events happen in a particular order, establish repercussions of processes, and suggest what can be done to improve identified critical factors (Verner and Abdullah, 2012; Popov et al., 2012; Pan and Scarbrough, 1999). In light of the above, the exploratory case study was employed to explore practices, phenomena, and to examine critical factors involved in facilitation process and possible outcomes of Zazi dialogues. Qualitative data was generated and interpreted thematically, to create an understanding of the effects of social dialogue facilitation practices employed by DramAidE facilitators during Zazi dialogues. This assists this study to point out limitations and possibilities of Zazi dialogue in creating critical awareness to facilitate behaviour change. This analysis is in Chapter Four, which informs conclusions Chapter Five.

Study participants

This study was conducted with 30 participants between the ages of 15 to 49 years old. These participants were randomly selected during two Zazi dialogues which were facilitated by DramAidE in the Belgrade and Dumbe communities on 26 November 2014 and 27 November 2014 respectively. The study participants subscribe to Zulu culture, judging by their responses during structured interviews. According to Themba Masondo, who is a Community Programs Manager in Pongola Municipality, Belgrade community is a poverty stricken area of Zululand region, with most community members attending Shembe religion, which is predominantly influenced by Zulu culture. The second Zazi community dialogue was conducted in Dumbe Location A. According to Zamile Xaba, who is a community member and a Director of Dumbe HIV/AIDS Action Group, participants of this dialogue also subscribe to Zulu culture, with mixed religious beliefs as some believe in Christianity and Shembe religion.

Common factors of these communities are Zulu culture and high joblessness in youth and adults, which probably leads to poor socio-economic conditions. Obvious dissimilarities is that Dumbe community is a location with some formally built houses,

streets and better transportation system. Belgrade community is a rural area without decent community infrastructure. Participants of Zazi community dialogue in Belgrade were probably unemployed women, considering that they could attend a community dialogue which was conducted during working hours of the day. Participants in Dumbe are working for Expanded Public Works Programme (EPWP) of South African government. This study analyses effects of participants' profile and circumstances on critical awareness development and behaviour change.

Field notes

Field notes data collection method (Lammes, 2007) was employed to reflexively generate qualitative data on stakeholder and beneficiary representation, interactive participation, consideration of social contexts, and sharing of transformative information as crucial factors of participatory communication for critical awareness and behaviour change (Freire, 2005; Figueroa *et al.*, 2002; Kincaid and Figueroa, 2009). The researcher drew from his experience to reflexively take notes, using CFDP model (Kincaid and Figueroa, 2009; Figueroa, 2001) guiding principles of conducting community dialogue, and Critical Conscientisation Theory (Freire, 2005) as logical framework of social dialogue facilitation practices (Lammes, 2007). This data collection method enabled the researcher to generate qualitative data as he experienced and reflected on similar processes and influences of dialogue women and girls were engaging (Moldaschl and Brodner, 2005). Thus, the researcher was able to draw from his understanding based on his critical pedagogy expertise to make sense of what practices are applied, and how they affect possibilities of critical awareness development for behaviour change (Dupuis, 1998). This data is analysed in Chapter Four, to make sense of how applied social dialogue facilitation practices possibly affected processes and outcomes of Zazi dialogue.

Structured interviews

Two structured interviews were conducted with 30 randomly selected women who participated in two Zazi dialogues. This assisted the researcher to collect qualitative data on possible effects of social circumstances on critical awareness development

and behaviour change (Denzin and Lincoln, 2005; Phellas, Bloch, and Seale, 2011). The researcher asked questions as they appear in the questionnaire, and instructed participants to individually answer the same questions as they appear in the forms that were given to them (Ibid, 2005; 2011). The purpose of this was to gather individual accounts of women concerning cultural relevance, feelings about their level of participation, influence of their level education in understanding information shared, self-beliefs on ability to practice developed awareness, and their personal reasons that could make them to practice or not practice developed awareness. The study indicates in Chapter Two that the latter are possible limitations to behaviour change, as it influences critical awareness development processes and behaviour change (Freire, 2000; 2005; Bandura, 1994). This data is used to examine the strength of critical awareness in facilitating behaviour change, and level of self-belief on their ability to change their individual behaviours considering influences of social circumstances.

Thematic analysis

The study employed a thematic analysis method to make sense of the generated qualitative data. Virginia Braun and Victoria Clarke (2006) discuss two methods of identifying themes for data thematic analysis; these are inductive thematic analysis and theoretical thematic analysis. In inductive thematic analysis, themes are identified by reading data and identifying relevant themes (Braun & Clarke, 2006). Theoretical thematic analysis identifies themes that "tend to be driven by the researcher's theoretical or analytic interest in the area" (Braun & Clarke, 2006: 84).

Theoretical thematic analysis was employed for purposes of this study. Themes leaning towards theoretical analytic interests of the researcher were created, to examine how crucial factors of social dialogue as participatory communication process and platform were facilitated to develop critical awareness for behaviour change. This assists the study to identify and point out what, why and how each critical factor of social dialogue creates possibilities or limitations of critical awareness development process and behaviour change. As a result of this, the study is able to make critical analysis, findings,

and draw conclusions on the limitations and possibilities of Zazi dialogue in creating critical awareness for behaviour change. The following Chapter Four outlines research analysis and findings, and followed by study conclusions in Chapter Five.

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF FINDINGS

Introduction

In accordance with objectives of this study, this chapter examines how critical factors of social dialogue as a participatory communication process and platform of critical awareness development for social change are considered during facilitation of Zazi dialogues. This is done to identify possibilities and limitations of Zazi dialogues to developing critical awareness for behaviour change. The study does this by assessing two Zazi dialogues as facilitated by DramAidE in Zululand District of KwaZulu-Natal. This chapter is presentation and analysis of study findings. Specifically, the chapter discusses representation and participation of local stakeholders and women and girls as targeted beneficiaries of critical awareness development in Zazi dialogues. The study frames the analysis on Communication for Participatory Development (CFPD) model (Figueroa *et al.*, 2002), Critical conscientisation theory (Freire, 2005) and Social Learning Theory (Bandura, 1994), as discussed in Chapter Two. Analysis and findings made in this chapter informs study conclusions in Chapter Five.

Representation of stakeholders and women

Two Zazi dialogues on Gender Based Violence (SGBV) HIV infection, and unintended pregnancy prevention were conducted on 26-27 November 2014 in Belgrade community and Dumbe community respectively. According to CFPD model community dialogue facilitation principles (Figueroa *et al.*, 2002), the overall stakeholder representation in community dialogues can be said to have been adequate or inadequate. Representation of stakeholders and targeted beneficiaries, and their interactive participation in critical reflection on social contexts and transformative information are held in communication for social change as crucial principles of critical awareness development for behaviour change (see Chapter Two). Through

representation and interactive participation of local stakeholders and targeted beneficiaries, critical awareness for behaviour change can be developed (Kincaid and Figueroa, 2009; Figueroa *et al.*, 2002). A default result for failure to adhere to these principle is no change in the status quo.

The first dialogue conducted in Pongola Belgrade community involved representatives from Itshelejuba Hospital, Department of Social Development, Pongola Police Station, Local Induna (traditional leadership), Pongola Municipality Community Services Unit, local NGOs, and the Women's Sector which represents women development interests for gender equality. The attendance register shows that 102 women and girls combined were represented in the dialogue. This constitutes adequate representation of stakeholders and women and girls especially considering that most relevant stakeholders concerned with women's issues were present, and that women and girls were 97% of the total (105) attendance. Representation of stakeholders and women and girls facilitated strong consideration of social contexts between local stakeholders and women and girls as dialogue participants. They shared critical information pertaining to the cause and effects of health challenges faced by women and girls in Belgrade community. Local stakeholders also referred women and girls to HIV, contraceptive and SGBV services available locally, and pledged their support in addressing gender inequality challenges. This assisted participants to develop solutions that can facilitate behaviour change to individual participants.

On the second Zazi dialogue, which was conducted in Dumbe Municipality Location A, local stakeholders were only represented by Dumbe HIV/AIDS Action Group. There were 72 participants comprising women and girls. While this constitutes 100% of female attendance, there was a very poor attendance by other stakeholders such as SAPS, Women's Sector, Social Development and Department of Health. This resulted in limited consultation of local stakeholders pertaining to the causes, effects and status of local gender inequality challenges. For example, structural limitations to behaviour change like nurses' attitudes towards younger and older women who wish to have babies could not be addressed as the local health facility was not represented. This

also resulted in poor referral of women and girls to SGBV and HIV prevention services. However, women and girls were able to give each other some advices and referrals to places where they can get HIV, contraceptive and SGBV services. Women shared that they can approach different local facilities depending on the nature of each problem. These included Dumbe police station which when facing abuse, or Dumbe Community Health Centre for HIV prevention and family planning services.

The above indicates that adequate representation of local stakeholders and women in Belgrade Zazi dialogue created a strong foundation for interactive participation, consideration of social contexts, and sharing of transformative information to facilitate possibilities for critical awareness and behaviour change. Local stakeholders and women were able to discuss causes and effects of SGBV, HIV, and unintended pregnancies. They were also able to discuss available and unavailable health services, barriers to accessing such services, and pertinent solutions to identified solutions. According to CFPD model (Kincaid and Figueroa, 2009, Figueroa, 2001), these critical steps facilitate possibilities for critical awareness development for behaviour and social change. It also shows that inadequate representation of local stakeholders in Dumbe Zazi dialogue created weak foundation for interactive participation, consideration of social contexts, and sharing of transformative information to facilitate possibilities for critical awareness and praxis. Therefore, this provides reasonable ground to conclude that poor representation and participation of local stakeholder creates limitation for Zazi dialogues to develop critical awareness for behaviour change.

In addition to the above, Critical Conscientisation theory (Freire, 2005) holds that development of critical awareness also depends on effective application of critical pedagogical practices during facilitation of social dialogue. According to this theory, interactive participation promotes consideration of social contexts and sharing of transformative information, as means to facilitate critical awareness for behaviour change (Freire, 2000; 2005). Interactive participation promotes consideration of social contexts in order to share relevant information to facilitating transformation (White, 1996; Freire, 2005). The following section presents and analyses ways in which Zazi

dialogues were facilitated by DramAidE. It shows what social dialogue facilitation approach, methods and techniques were employed by DramAidE facilitator, and how it considered crucial factors of social dialogue for critical awareness development and behaviour change. The following section will also indicate what type of social dialogue, facilitation approach, and facilitator awareness position was applied, and how it thus created limitations or possibilities for critical awareness development to women who participated.

Facilitation of Zazi community dialogues

DramAidE facilitator utilised a story-telling method at the beginning of both Zazi community dialogues facilitated in Belgrade community and Dumbe community Location A. This story was about a woman who went to a local clinic for health services. As a result of health education in the clinic she decided to start using dual contraceptives (use of condoms and any other pregnancy prevention method). She thereafter introduced her decision to her husband, and proposed that they start using condoms to protect themselves from HIV, and prevent unintended pregnancy and sexually transmitted infections (STIs). This angered her husband, her spouse started beating her, calling her with dehumanising names, and accused her of cheating. As a result of this abuse, she apologised to her husband and promised to stop using contraceptives and condoms (See Appendix 2 on page 77). This story covered health issues such as infection and prevention of HIV, unintended pregnancies, STIs, and gender based violence. As discussed in Chapter Two, these are pertinent social ills for women in South Africa, which are consequences of gender inequality. This makes the story-telling to be relevant and consistent with women issues, it is also congruent with annual activities of 16 days of activism against women abuse in the month of November. The story-telling and reflection assisted the facilitator to achieve problem recognition, promote interactive participation, clarification of perceptions about cause and effect of challenges, and to relate identified challenges to real life experiences of women and girls in both Belgrade and Dumbe communities. The facilitator thereafter allowed participants to critically reflect on the story. The aim was to stimulate discussion on women and girls' health and gender based violence challenges.

During the facilitation process at both the Dumbe and Belgrade dialogues, the DramAidE facilitator consistently utilised problem posing and probing questions to allow reflection on the narrated stories. The following five questions were posed:

a) What do you think is happening in the story?

b) Do these challenges happen in real life situations?

c) What causes these challenges?

d) How do these challenges affect the life and health of women and girls, and;

e) Do these challenges exist in this community?

The facilitator also utilised probing questions in between problem posing questions such as; why this happens, what does that mean, and what could be other cause of this? These questions assisted participants to identify challenges, and to have deeper reflections on causes and effects of their challenges.

The framework and sequence of questions asked to facilitate Zazi dialogues is consistent with CFPD model's guiding principles of community dialogue facilitation. As discussed in Chapter Two. This involves the following ten guiding steps: recognition of a problem, identification and engagement of stakeholders, clarification of perceptions, expression of individual and shared interests, development of vision of the future, assessment of current status, setting of objectives, exploration of different options for action, working towards consensus on action, and development of action plan. This is also consistent with Critical Conscientisation Theory whose philosophy guides the CFDP model epistemological framework (Kincaid and Figueroa, 2009).

The researcher observed that during reflection on story-telling most women and girls were very eager to make their views known. They looked emotionally involved and drawn to experiences of the woman in the story. This indicates that story-telling as facilitation method was effective in engaging the feelings and the mind of women and girls, thus able to draw their attention to issues that affect them as women. Literature

shows that selective listening has potential to negatively or positively influence how people learn (Kalyani, 2003). By virtue of observed emotional and cognitive involvement, women were most likely to develop critical awareness from critical reflective process (Kalyani, 2003). As part of reflection, women asserted that men put pressure on them to make babies, expose them to HIV infection, and also abuse them physically, emotionally, and sexually. For instance, one participant mentioned that *"it is difficult to report abuse because we love our men" (Zazi Dialogue. Dumbe, 27 November 2014)* while other participants asserted that "*it is compulsory for married women to give birth to children when required by spouses to do so" (Zazi Dialogue. Belgrade, 26 November 2014)*. This indicates that applied facilitation methods and techniques were effective in stimulating women and girls to identify and personalise HIV, family planning, and SGBV challenges. This created a solid foundation for informative social dialogue, and focused discussions on key issues that Zazi campaign seeks to address with women and girls.

Reflections on women and girls' issues using the Nguni word Zazi

DramAidE facilitator utilised the Zazi word to pose questions that deepen critical reflection on HIV, family planning and SGBV challenges triggered by narrated story. Participants were asked what it means to be a Zazi woman. Women and girls defined Zazi as a woman who *"knows her HIV status, practices safe sex, knows herself and what she wants in life, who knows what to do after testing HIV positive, a woman who stops abuse, the one who protects herself from HIV infection, prevents unintended pregnancy, tests for diabetes" (Zazi Dialogue. Belgrade, 26 November 2014; Zazi Dialogue. Dumbe, 27 November 2014),* and a woman who *"knows her dreams and her strengths" (Zazi Dialogue. Belgrade, 26 November 2014; Zazi Dialogue. Dumbe, 27 November 2014)*. This suggests that women know what values are required for a responsible woman, in light of challenges faced by women today.

The next question was what they can do to address their real personal challenges as Zazi women. Women and girls asserted that;

We need to start reporting abuse instead of tolerating it, take stand for their right, start women support groups, use available health services, improve communication with our partners, stop discriminating against each other, use dual contraceptives to prevent unintended pregnancies and HIV, stand firm by our decisions regardless of pressure from men, encourage men to use health services, stop dependency on men, and get more informed about our challenges (Zazi Dialogue. Belgrade, 26 November 2014; Zazi Dialogue. Dumbe, 27 November 2014).

This shows that women are very clear about what they should do to transform their SGBV, HIV and unintended pregnancy challenges. Therefore, this suggests that women were able to share transformative information. Thus they are in favourable position to change their behaviours. What is unknown, is whether they have adequate self-efficacy on their ability to change behaviour successfully or not, considering possible effects of their social circumstances and other behaviour change barriers in their communities (Bandura, 1994). To make sense of this, the facilitator asked participants what makes them fail to be Zazi women when faced with identified challenges. This is discussed in the following paragraphs.

Barriers to behaviour change for women and girls in Zululand region

In Belgrade Zazi dialogue, women and girls asserted that they love their men and fearful of losing their partners for doing things men do not endorse. Therefore, it is hard for them to report abuse, or to take decisions men don't like. In Belgrade, this was illustrated by a participant who said, "*We love our men very much, so we are afraid of losing them because of taking decisions they don't like*" *(Zazi Dialogue. Belgrade, 26 November 2014).* Similarly, in Dumbe another woman also asserted that *"It is difficult to report our men to police when they abuse us, because we love them" (Zazi Dialogue. Dumbe, 27 November 2014).*

Moreover, participants mentioned that they are also challenged by unwillingness of men to listen to them, and stated that *"men have hard heads" (Zazi Dialogue. Dumbe,*

27 November 2014), implying that men don't want to listen to women. One participant shared that *"this makes it difficult for us to practice safe sex, and to express our views as women" (Zazi Dialogue. Belgrade, 26 November 2014; Zazi Dialogue. Dumbe, 27 November 2014).* When they were asked what prevents them from taking correct actions under such circumstances, one respondent said *"married women should respect rules and needs of their men" (Zazi Dialogue. Dumbe, 27 November 2014).* This was articulated as a social norm by older group of women, with very less reaction from the girls. Furthermore, women also pointed out that they are also afraid of know their HIV status, and sometimes feel unmotivated to take certain important actions.

The above view was countered by an opinion that *"sometimes women know what to do, however their male partners prevent them from taking appropriate actions" (Zazi Dialogue. Dumbe, 27 November 2014).* This confirms a view that most women are indeed controlled by men. Participants emphasised that men don't like condoms, and also highlighted that women don't test for HIV or take HIV treatment because clinic cards and buildings expose HIV positive people to HIV stigma. The responses of participants in collected data are consistent in both Belgrade and Dumbe communities. This indicates that social contexts such as local cultural norms, low individual confidence, dependency and fear to lose men, lack of awareness, poor access to health and SGBV services, HIV stigma, violence, and patriarchy are realities for women in Zululand region. Therefore, these social context are most likely to influence how women and girls practice developed critical awareness.

In light of the above, it seems difficult for women and girls to use their awareness to protect themselves from unintended pregnancies, HIV infection, and Gender Based Violence due to pressure and lack of positive behaviour change support from men. Men create circumstances that cause difficulty for women and girls to use condoms and contraceptives. It is also clear that some behaviour change barriers are more intrinsic, considering that participants mentioned that they are afraid of knowing their HIV status, and also fear to lose men they love as a result of reporting abuse. This can be associated with reported dependency of women on men, which indicates that

women lack power to take independent personal decisions, which probably makes them to remain in control and discretion of men. In light of the above, this suggests that social contexts of women and girls in Zululand region remain a critical factor in influencing behaviour change, even though they may have developed critical awareness. This is consistent with abundant bodies of literature, as it provides that social contexts such as cultural relevance, local politics, individual education level, feelings, experiences, social classism, and self-belief influence critical awareness development and behaviour change (Bandura, 1994; Freire, 2000; 2005; Cardey, 2006; Gumucio-Dagron, 2001).

Considering the above, Zazi dialogues facilitation processes, discussions and outcomes, applied facilitation methods and techniques were able to facilitate interactive participation. The facilitator utilised open-ended questions that encourage participants to further explain their answers and to express themselves more. Questions were designed in ways that assist participants to identify and define challenges, relate it to their real life situations, explain causes and effects of challenges, and to explore various solutions to such challenges. This assisted the facilitator to consistently promote interactive participation, and critical reflection on social contexts and shared transformational information with participants. The facilitator also remarkably distanced her personal biases to issues, and thus remained critical to discussed issues.

This provides reasonable ground to conclude that the facilitator employed critical approach (Giddens, 1984) to social dialogue facilitation, and thus facilitated Zazi dialogue at partial awareness-open position (Kirk and Broussine, 2000). The facilitator simplified the sharing of transformative information, and thus maintained transformative development interest (White, 1996). It is therefore also reasonable to find that both Zazi dialogues were consistent with information seeking type of dialogue (Pretty, 1995; Cornwall, 2008; McBurney and Simons, 2000) and interactive participation (Pretty, 1995). This finding is justified by consideration that the facilitator consistently facilitated reflection on perceptions, knowledge, and views of participants in light of challenges, causes, effects, and possible solutions. The latter is consistent

with critical awareness development processes discussed in Chapter Two, and summarised in *Table 1* page 30. Regardless of criticism of information seeking type of dialogue, within context of critical pedagogical practices it is applied to facilitate problem identification, clarification of issues, and collective solution finding.

The above conclusion is limited to epistemological understanding and practice of Critical Pedagogical School of Thought, which is also subject to possible effects of social realities. Therefore, the evidence of strong possibilities of Zazi dialogue in creating critical awareness for social change in the above analysis needs to be tested against social circumstances of women and girls who participated (Bandura, 1994). Hence, the following section covers the analysis of data generated using structured interviews. The purpose of this, is to further explore possible influences of material conditions, local culture, individual level of education, and individual feelings on critical awareness development and self-efficacy of women on their ability to practice developed awareness successfully (Freire, 2005; Bandura, 1994).

Cultural relevance of learned information

It was evident from the beginning that Zulu culture was common for most participants in both community dialogues in Belgrade and Dumbe. The dialogues were conducted in Zulu language, and it seemed like every participant was fluent in Zulu language. This assisted the facilitator and the participants to communicate shared meanings of words. However, utilised medical terms like family planning, condom use, infection, prevention and acronyms like HIV were predominantly English. Seemingly, these terms were well understood by the majority of participants even though it was important for the facilitator to provide Zulu translations. This suggests that there were less communication barriers due to language bias to Zulu culture. Moreover, participants consistently referenced Zulu culture to explain their actions and circumstances. As alluded to in the above paragraphs, there was common consensus amongst participants that according to Zulu culture women are expected to respect the rules of their spouses, and take care of their needs. Women also mentioned that it is compulsory in Zulu culture for women to give birth to children if requested to do so by their spouses. However, women and

girls expressed strong disagreement to this as cultural belief, stating that *"today women have rights to choose when they want to have babies" (Zazi Dialogue. Belgrade, 26 November 2014)*. This is regardless of reported strong negative influence of Zulu culture on the spread of HIV, SGBV and poor family planning.

In Belgrade Zazi community dialogue, most participants who participated in structured interviews expressed that learned information is relevant and practicable within Zulu cultural context. Similarly, in Dumbe Zazi community dialogue 12 out of 15 participants also stated the awareness they developed is relevant and practicable for Zulu cultural people. Very few (16%) women and girls who participated in the study remained unsure about cultural relevance of awareness developed. The other 8% indicated that what they learned from Zazi community dialogue is not relevant in Zulu cultural context. However, the remaining 76% believed that Zulu culture is not a barrier to practicing developed critical awareness. The above suggests that Zulu culture does not prevent the majority of women from effecting positive behaviour change in their lives. To the contrary, possibilities of critical awareness and behaviour change in 24% of other participants remain limited to Zulu cultural social norms. However, it is also clear that it is a very small percentage of participants who are still struggling with cultural contexts. It should be considered though that Zulu culture is not the only barrier to critical awareness development and behaviour change. There are other critical factors of critical awareness and behaviour change, such as individual level of education.

Individual level of education and ability to learn

Most women and girls demonstrated adequate level of education in relation to health concepts and terminology, considering that they sometimes fluently expressed themselves in English to define and discuss English medical terms. However, it was not possible to assess effect of level of education on women and girls who participated, considering that there was no reliable measure of level of education. The facilitator used IsiZulu language to pose questions and probe answers. That the facilitator had to utilise English and translate some information into IsiZulu to facilitate an understanding of terms and concepts for some participants might suggest possible

negative effect on the learning process for those who were less expressive in English medical terms and concepts, as opposed to those who were fluent in the language. Most participants were able to list and define their challenges, causes and effect of their challenges, and useful information that can assist them to address their challenges. However, the facilitator needed to simplify English communication barriers for some participants so that people could discuss their social contexts in relation to predominantly English medical information.

According to responses in structured interviews, all women and girls believed that their level of education had positive effect on their ability to learn shared information in the Zazi community dialogue. This is consistent with observations highlighted above. This positive response can be viewed as an outcome of the assistance provided through translation and unpacking of English medical terms and concepts. It can also be traced from the effectiveness of applied facilitation methods and techniques in stimulated critical reflection on personal social contexts of participants. This is probably helpful because people were given a platform to talk about circumstances they know, not hypothetical concepts that are sometimes coded in English and within medical contexts.

This indicates that effective facilitation is indeed capable of creating critical awareness, even in circumstances where educational level is poor. However, it should be noted that it is difficult to make this assessment and conclusion in women and girls who minimally participated during reflective processes. It should be considered as well that participants who participated in structured interviews were literate, as they were able to read questions written in IsiZulu language. This means that different findings are possible with women who have not gone to schools at all. However, judging from the participants, Zazi community dialogue has strong possibility to create critical awareness even with women and girls who are less educated, depending on effectiveness of applied facilitation methods in unpacking medical terms and concepts in local language of targeted participants.

Reflections on the feelings of participants

According the observations during Zazi community dialogues, there were mixed reactions from the participants to shared information by other participants. These reactions were influenced by the issues or topics that were discussed at different stages of the dialogues. For instance, during storytelling, women and girls empathised with the experience of the female character in the story. This was more evident when there were discussions about causes and effect of challenges faced by a woman in the story. They highlighted that *"it is painful to listen to the experiences of a woman in the story-telling, as this happens in real life, simply because we love and depend on men" (Zazi Dialogue. Belgrade, 26 November 2014).* The same happened when the facilitator asked participants to identify challenges, causes and effect of challenges they face as women in real life. They also looked more withdrawn at the beginning of brainstorming ideas about how they can liberate themselves for the challenges they face as women.

However, as the discussion matured some of them started to speak with confidence, demonstrating courage and readiness to take action about their challenges. This was not the case with most of them, as some continued to listen tentatively, with less obvious reaction in agreement or against brainstormed ideas. Drivers for such feelings in those women and girls remain unknown to this study. As such it is difficult to determine how their feelings affect possibilities and limitations of critical awareness and behaviour change. However, it looked like there is more urgency to change behaviour to women and girls who expressed their feelings about discussed issues.

In Belgrade community, the majority of participants expressed that they are empowered by their participation in the Zazi community dialogue. About a third of them stated that they are saddened by issues that were discussed in the social dialogue because they experience some of these issues in real life. Participants in both Belgrade and Dumbe Zazi dialogues asserted in the questionnaire that they are going to educate other women and protect themselves for discussed challenges. In Dumbe community, all participants stated in the structured interviews that they feel empowered by their

participation in the Zazi community dialogue. They indicated that they will take responsibility to educate other women about their challenges, and also protect themselves against discussed challenges. All participants of Zazi community dialogues were motivated to protect themselves and educate other women and girls about HIV, family planning and SGBV challenges and services. This suggests that Zazi community dialogues have strong capacity to inform and mobilise women and girls to act against challenges they are facing. However, this remains subject to broader context of other social circumstances which also influence behaviour change (Bandura, 1994).

Self-efficacy and possibilities to behaviour change

The fourth question in the questionnaire required participants to explain the possibilities and limitation for them to practice information learnt from the Zazi dialogue. The purpose of this was to determine their self-belief in using developed awareness to address HIV infection, family planning and SGBV challenges in the context of their social circumstances. In Belgrade Zazi community dialogue, almost all participants believed that they will be able to use information that they learnt from the dialogue. They asserted that they have been empowered with useful information on infection, prevention and treatment of HIV, family planning, and SGBV services.

Only one participant said that *"there are lesser chances for me to practice learned information due to my marriage to a partner who subscribes to different culture from that raised me" (Zazi Dialogue. Belgrade, 26 November 2014).* There are no clear references to cultures concerned. This clearly suggests that social circumstances of married women are not similar to those who are not married, it may also show that cultural norms influence self-efficacy and behaviour change. Therefore, according to participants in Belgrade, Zazi community dialogues have possibly created practicable critical awareness considering that most participants demonstrated high self-efficacy on ability to practice learnt information.

In Dumbe Zazi community dialogue, all participants believed that there are bigger chances for them to practice learned information. This means that they have high self-efficacy on their ability to practice learned information from the dialogues. This level of self-efficacy is consistent with responses in Belgrade community. Both in Belgrade and Dumbe, most participants reported high level of self-efficacy on their ability to practice developed critical awareness through Zazi community dialogues. This may demonstrate that Zazi community dialogues have strong capability to create practicable critical awareness. This suggests more possibilities for behaviour change to women and girls in Zululand region.

However, it should be considered that high self-efficacy does not change circumstances or material conditions in the community. In light of this, the study further explored the strength and weakness of high levels of self-efficacy in participants. This was done through asking two more questions on reasons that will make them use, or not use the information that they learnt from the Zazi community dialogues. The responses to these questions are discussed in the next section.

Self-efficacy and limitations to behaviour change

In Belgrade Zazi community dialogue, all participants perceived no limitations to practicing developed awareness. This is reasonably consistent with 93% which indicated strong reason to apply learned awareness in Belgrade Zazi community dialogue. These participants pointed out that they were made aware about causes and impact of HIV infection, gender based violence, and the right they have to choose when they can have babies, including services they can access locally.

Most of them believed that local culture is not going to be a deterrent in practicing what they learnt from Zazi dialogue. Similarly, most participants in Dumbe community dialogue perceived no limitation to practicing learned information. While the other 40% of study participants indicated challenges that can prevent them from practicing knowledge gained from Zazi community dialogue. Their account was that some of shared information is not consistent with their local culture, and they sometimes encounter challenges when they try to access health services like ARVs and

contraceptives in the local clinic. They also mentioned that local stigma, and exposure through colour coded clinic cards make it difficult for them to maintain confidentiality. This is not congruent with overwhelming responses of participants in the same sample who previously accentuated strong reasons behind their intention to change behaviour.

The above discussion indicates that self-efficacy is not the ultimate factor which determines possibilities and limitations of behaviour change in women and girls who participated in Zazi dialogues. Social contexts challenge even high level of self-efficacy, as it is the case with respondents in Dumbe community who posited that;

> *I may not use what I learnt from this dialogue, because women who tried to use this information before got beaten by their partners... some of discussed information is not consistent with our local culture … the other reason is that I have not disclosed all information because I think he also have information … I have fear, and there is no good communication between us … and I may not use information because of my pride, and lack of self-confidence (Zazi Dialogue. Belgrade, 26 November 2014; Zazi Dialogue. Dumbe, 27 November 2014).*

This indicates that social contexts are indeed fundamental barriers to critical awareness development and behaviour change, as it has been clearly pointed out in literature review Chapter Two (Freire, 2000; Melkote and Steeves, 2001; Cardey, 2006; Gumucio-Dagron, 2001; Waisbord, 2014; Dutta, 2008). Hence, there is strong evidence to find that limitation and possibilities of Zazi dialogues in creating critical awareness and behaviour change are subject to status quo of social circumstances in the communities of participants. This means that even if Zazi dialogues succeed in creating critical awareness, the practice of it is less likely if social conditions are not favourable to behaviour change. This is consistent with Social Learning Theory (Bandura, 1994), as it postulates that people's behaviours are influenced by their local social circumstances. However, this study shows that there are strong possibilities for most women to change their behaviours after participating in Zazi dialogues, regardless of their social circumstances.

The overall analysis shows that where there is strong representation of stakeholders and beneficiaries there is strong foundation for critical awareness development and praxis, on condition that interactive participation, consultation of social contexts, and sharing of transformative information are effectively facilitated. Secondly, it shows that application of critical approach to social dialogue facilitation indeed facilitate interactive participation, consultation of social contexts, and sharing of transformative information, and thus creates critical awareness for behaviour change. Lastly, it shows that the above practices of social dialogue facilitation increase self-efficacy in participants on their ability to practice developed critical awareness.

However, the practice of critical awareness remains limited to the status quo of local social circumstances of women and girls who participated. If social conditions are not favourable to change, some women will find it difficult to change their behaviours, however this is not the case with most of them. This has created strong foundation to find that representation of local stakeholders and women in Zazi dialogues creates more possibilities for critical awareness development and behaviour change. Effective application of critical pedagogical practices in Zazi dialogues also creates more possibilities for critical awareness development for behaviour change. However, social circumstances remain a barrier to behaviour change for some women. On the flipside, this shows that failure to promote representation of local stakeholders and beneficiaries, and ineffective application of critical approach to Zazi dialogue facilitation creates limitations for critical awareness development and behaviour change to women and girls who participated.

CHAPTER FIVE

CONCLUSIONS

Strong representation of stakeholders and women and girls facilitated their participation in problem identification and reflection on challenges they face in Belgrade community. They were able to identify causes and effects of their challenges, collectively examine various solutions, and to consider social contexts relating to practicability of shared information. This assisted local stakeholders, women and girls, and DramAidE facilitator as dialogue participants to share critical information pertaining to HIV, SGBV, and family planning challenges. They identified root causes and effects, and various solutions to challenges faced by women and girls in Belgrade community. Moreover, stakeholders also made referrals to relevant services available in their organisations, and pledged support in addressing such gender inequality challenges. Furthermore, this assisted participants to plan around identified challenges and shared information to facilitate behaviour change to individuals who participated in Zazi dialogue. Therefore, it is reasonable to conclude that representation of local stakeholders and women and girls in Zazi dialogue created more possibilities for critical awareness development and behaviour change in Belgrade community. This indicates that promotion of stakeholder and beneficiary representation and participation in Zazi dialogues creates possibilities for Zazi campaign to develop critical awareness for individual and social change in women who participate.

Poor representation of local stakeholders in Dumbe Zazi dialogue resulted in poor consultation of expert knowledge, concerning causes and effects of gender inequality challenges faced by women and girls in Dumbe community. It also resulted to lack of referrals of women and girls to available family planning, SGBV and HIV prevention services. Some of the challenges women and girls listed were structural barriers that make them fail to access HIV, family planning and SGBV services. For example, it was reported that nurses have negative attitude towards senior women who wish to have

babies, or teenagers who wish to access family planning services. Local stakeholders could have advised on what can be done to address vulnerability due to love and dependency on men if they were represented, considering that women reported that they tolerate abuse due to love and dependency on men. There was no critical reflection on local barriers to services as a result of poor representation and participation of local stakeholders. Therefore, it is reasonable to conclude that poor representation of local stakeholders in Dumbe Zazi dialogue created limitations for critical awareness development and behaviour change. This clearly shows that representation of local stakeholders is a crucial factor for the success of Zazi dialogues outcomes. As their poor representation creates limitations for critical awareness development and behaviour change.

Considering the above, it is mandatory for Zazi campaign implementers to ensure that relevant local stakeholders such as women's sector, Department of Women, Children and People with Disabilities Department of Health, Social Development, South African Police Services, Traditional Leaders, religious formations, Lesbian Gays Bisexual Transgender and Intersex (LGBTI) are represented in Zazi dialogues. On the question of social dialogue facilitation practices, the story-telling facilitation method and reflection technique facilitated identification of women's challenges, promotion of interactive participation, clarification of perceptions about causes and effects of HIV, family planning and SGBV challenges, and also assisted participants to relate these challenges to their real life experiences in both Belgrade and Dumbe. This means that participants were interactively involved in problem recognition, clarification of perceptions, expression of individual and shared interests, development of vision for the future, assessment of current status quo, setting of objectives, exploration of different actions to address gender inequality challenges, and collective development of action plans aimed at addressing HIV, family planning and SGBV challenges.

In light of the above, the framework and sequence of questions applied to facilitate Zazi dialogues is consistent with CFPD model (Figueroa *et al.*, 2002; Kincaid and Figueroa, 2009) guiding principles of community dialogue facilitation. This created strong

foundation for development of critical awareness for behaviour change (Figueroa *et al.*, 2002). Applied facilitation methods and techniques were also consistent with Critical Conscientisation Theory (Freire, 1970), which is a founding philosophy of CFDP model (Kincaid and Figueroa, 2009) and Zazi campaign. It was also consistent with components of critical awareness development process discussed in Chapter Two, and summarised in *Table 1* on page 30. Therefore, facilitation practices applied in Zazi community dialogues created more possibilities for critical awareness development and behaviour change. This conclusion was solidified by analysis of individual accounts of participants generated using structured interviews.

Considering the above, this study shows that representation of local stakeholders and women and girls increases possibilities for Zazi dialogues to create critical awareness development and behaviour change. On the contrary, it indicates that there are lesser chances of developing critical awareness for behaviour change where there is poor representation of local stakeholders and women and girls. As this will result in poor consultation on causes, effects and possible solutions to women and girls challenges. Moreover, the study shows that application of critical pedagogical approach to Zazi community dialogues facilitation creates more insight in relation to causes, effects, and practical solutions to challenges faced by women and girls. This indicates that any diversion from critical pedagogical practices, or application of alternative social dialogue facilitation practices as discussed in Chapter Two, and summarised in *Table 1 on* page 30, creates limitations to critical awareness development for behaviour change. Therefore, critical pedagogical approach to social dialogue facilitation should be a standard practice for Zazi dialogue implementers, considering possible risks of diversion to other social dialogue facilitation practices.

Furthermore, this study shows that even though critical awareness has been developed, and improved the level of self-efficacy in women and girls, their social circumstances remain a barrier to the success of behaviour change. Therefore, social circumstances of women and girls need to be improved to support behaviour

change processes. In light of this, more studies have to be conducted in Belgrade and Dumbe, to examine whether or not critical awareness that women and girls acquired through Zazi dialogues have resulted in behaviour change. This is important especially considering possible interference of social circumstances in their communities. Such studies will be able to provide more insight on the extent to which critical awareness influences behaviour change process, considering the influences of social circumstances of women and girls who participated in Zazi dialogues.

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Appendix 1

22 October 2014

Mr SW Mkhize 212560939
School of Applied Human Sciences
Howard College Campus

Dear Mr Mkhize

Protocol reference number: HSS/1152/014M
Project title: Examining possiblities and limitations of Zazi community dialogues for social change to women in Zululand: A case study of Zazi and DramAidE

Full Approval – Expedited Application

In response to your application received 20 October 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 Shamila Naidoo (Deputy Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

Cc Supervisor: Dr Lauren Dyll-Myklebust
Cc Academic Leader Research: Professor D McCracken
Cc School Administrator: Ms Aussie Luthuli

Appendix 2

STORY-TELLING

A 30year old woman residing at Eqhudeni in KZN, mother of 3 children (10), (8) and (6) woke up feeling week and cold, she went to the clinic. When she gets to the clinic, patiently waiting in the long queue, she listened to health education conducted by a health worker. Knowing her marital issues she decided to take injectable contraceptives and condoms. She prepared dinner for her family and waited for her husband to come from work.

In the late hours of the night, when they were ready for sex, she politely said "my love today I went to the clinic, I was not feeling well. While I was waiting for my turn we were taught about the importance of using condoms to prevent sexual transmitted infections including HIV and unintended pregnancies. Since we have 3 beautiful children I thought it will be wise to take contraceptives and condoms so that we can protect ourselves and control the number of children." Before she finishes the last word, her husband pushed her against the wall and throws her on the floor with number of punches on her face. She cried "but I was trying to", before she finishes the sentence, she was interrupted by another punch in the stomach, out of breath she cried excruciatingly. "Today you have confirmed my suspicions, you are cheating on me, and you are sleeping with other men you slut! That's why you are using contraceptives and condoms, and you come here with this thing, in this house, you think I'm stupid wena! Blatiful!" He burst with anger.

Weakly she said "I'm sorry baba I will never use contraceptives or touch condoms again "

Appendix 3

Informed consent – permission to interview.			
Please note that this document is produced in duplicate – one copy to be kept by the respondent, and one copy to be retained by the researcher.			
MA Candidate	Mr. Siphetho. Witness Mkhize	+27735808253 +27-359026850	mkhizes@unizulu.ac.za
Department	Centre for Culture and Media in Society (CCMS)	+27-31-2602505	
Institution	University of KwaZulu-Natal (UKZN)	Howard College Campus, Masizi Kunene Ave, Glenwood, Durban, South Africa.	
Supervisor	Dr. Lauren Dyll-Myklebust	+27-31-2602298	dyll@ukzn.ac.za
Chair, UKZN Human Sciences Research Committee	Dr Shenuka Singh	+27-31-2608591	singshen@ukzn.ac.za
Please do not hesitate to contact any of the above persons, should you want further information on this research, or should you want to discuss any aspect of the interview process.			

Dear Sir/Madam,

My name is Siphetho Mkhize, a MA student at the Centre for Communication, Media and Society, University of KwaZulu-Natal. I am writing this letter to ask you to voluntarily participate in the study (titled above) that intends to possibilities and limitations of Zazi community dialogues for social change to women in Zululand. The main purpose of this research is to help me get a MA but the research will also improve understanding of limitations and possibilities of Zazi community dialogues in leading to positive social change to women in Zululand Region. Please note that the university will store the findings of this research for verification for a five-year period. The findings of this study will be shared with you through presentation during ongoing Zazi workshops in your community.

Signed consent

• Do you feel you have been given sufficient information about the research to enable you to decide whether or not to participate in the research?	**Yes** ☐	**No** ☐
Have you had an opportunity to ask questions about the research?	**Yes** ☐	**No** ☐
• Do you understand that your participation is voluntary, and that you are free to withdraw at any time, without giving a reason, and without penalty?	**Yes** ☐	**No** ☐
• Are you willing to take part in the research?	**Yes** ☐	**No** ☐
• Are you aware that the interview/focus group may be audio recorded?	**Yes** ☐	**No** ☐
• Will you allow the research team to use anonymized quotes in presentations and publications?	**Yes** ☐	**No** ☐
• Will you allow the anonymized data to be archived, to enable follow-up research, and training future researchers?	**Yes** ☐	**No** ☐
• Do you understand that this research is purely academic and that its findings will be published as a thesis and also published in academic journals?	**Yes** ☐	**No** ☐

* By signing this form, I consent that I have duly read and understood its content.

_____   _____   _____

Name of Participant   **Signature**   **Date**

_____   _____   _____

Name of Researcher   **Signature**   **Date**

Appendix 4

Guide of reflexive notes data collection method during the Zazi dialogues

1. How are the crucial factors of communication for participatory development considered during Zazi dialogue to ensure that it can possibly achieve desired behaviour change?
2. How does individual level of education affect understanding of information shared in the dialogue?
3. How does individual community member contribute to the dialogue?

Appendix 5: Responses of participants during Zazi dialogue in Belgrade community (26/11/2014)

Responses of participants during reflection on story-telling in appendix 4. Responses are summarised according to each question asked to Zazi dialogue participants to stimulate reflection on story-telling, using a word Zazi to contextualise dialogue and create awareness.

1. What does it mean to be a Zazi woman?
   - Know your status
   - Condomise
   - It means you must know who you are as a woman, and what you want
   - Know what you must do after receiving your HIV status
   - Stop abuse
   - Know what you want in life as women

2. What challenges we face that need us to be Zazi women?
   - HIV infections
   - Unwanted pregnancies
   - Abuse from men
   - Stigma and discrimination
   - Fear to lose our men and marriages
   - Dependency on men

3. What makes us fail to be Zazi women when facing challenges?
   - Sometimes we know what to do, but we do not do it because of fear
   - Women know what to do, but men prevent us from doing what is right
   - We are too much dependant on men. This makes it difficult for us to take decisions for ourselves
   - Women take decisions, but they fail to adhere to their own decisions
   - We love our men, so we fear to lose them for taking decisions that they don't like
   - We allow men to control us
   - We are afraid that if we conduct ourselves in some ways we will lose our marriages
   - Our husbands paid bride prizes (amalobolo) for us, their fore we will not refuse to have sex with them, even without condoms
   - We are afraid of ridicule in our community for failing to stay in our marriages
   - We are coming from traditional community, therefore some of the things will be done or not done because of our culture
   - In some instances women fail to do the right thing because of ignorance
   - The structural design of health facilities exposes HIV people to community stigma, as HIV positive patients collect medication in identifiable isolated buildings. Clinic cards for HIV positive people are also easy to identify.

4. What do we have to do about these challenges as Zazi women?
   - We must stop depending on men, so that we can make our own decisions
   - We need to stick on our decisions

- We must use female condoms because it is in control of women, not men
- We need to encourage our men to be part of our healthy life-styles
- We need to have polite ways of making our views, so that men can listen to us, that is very important
- I'm married to a traditional man who believes in traditional solutions, so it is hard to be a Zazi woman
- We are not depending on men, but we tolerate them to keep our families together
- We have to take our own decisions as women, there is no need to tell men everything
- We need to educate ourselves as women, so that we gain knowledge about many things

Appendix 6: Responses of participants during Zazi dialogue in Dumbe Location A community (27/11/2014)

Responses of participants during reflection on story-telling in appendix 4. Responses are summarised according to each question asked to Zazi dialogue participants to stimulate reflection on story-telling, using a word Zazi to contextualise dialogue and create awareness.

1. What does it mean to be a Zazi woman?
   - Know your status
   - Stop abuse
   - Know where you stand in life as a woman
   - Know what you want to do as a woman
   - Stay safe in life by preventing HIV
   - Prevent unintended pregnancy
   - Test for diabetes
   - Know what you want as a woman, your future, and your abilities

2. What challenges we face that need us to be Zazi women?
   - HIV infections
   - Unwanted pregnancies
   - Abuse from men
   - Stigma and discrimination
   - Fear to lose our men and marriages
   - Dependency on men

3. What makes us fail to be Zazi women when facing challenges?
   - As married women we need to respect the rules of our husbands
   - Sometimes we know what do to, but we do not do it because we are scared of our men
   - It is difficult to report abuse to police because we love our abusive men
   - We are afraid of knowing HIV positive status, that is why we do not do HIV test
   - Men do not listen to women, because they are stubborn
   - Sometimes women are lazy to take action
   - We are afraid of HIV stigma in our community, so we find it hard to disclose our HIV status
   - It is difficult to talk about HIV status with our partners, because they will deny HIV status and divorce us
   - There are cultural beliefs that make it difficult for us to use information we get from local clinics
   - It is easy to see what treatment each person takes at local clinic, because HIV cards are identifiable. This makes us to do not test for HIV
   - Our men say condoms cause poor erection, therefore it is difficult to make them use condoms

4. What do we have to do about these challenges as Zazi women?

- Report abuse, don't tolerate it
- We need to stand for our rights as women
- We must start women's groups to educate each other
- We need to use local health facilities more, so that we get health services and information
- We need to improve communication between us and our partners, so that we can understand each other
- We must stop discrimination of women with challenges amongst women
- We have to start using pills, injections, and condoms to prevent unintended pregnancies and HIV infections
- We need to take decisions as women and adhere to them, regardless of what men say, because we are informed now
- We need to encourage our men to go to health facilities for help, if they refuse, we must leave them to protect ourselves
- We must communicate our needs with our men

Appendix 7

Structured interview guide

My name is Siphetho Mkhize; Student no: 212560939. I am currently doing a project on Zazi dialogues in Zululand District. This project is part of my masters' degree work registered at CCMS/ UKZN Howard College. I am kindly asking you to assist me with the completion of this project: you are the relevant person because you have participated in the Zazi community dialogue. Please find my contact details for any query.

Contacts: 073 580 8253/ 035 902 6850

Email: MkhizeS@unizulu.ac.za

Please answer the following questions to express your honest view, and your understanding. This information will only be used for research purposes.

1. How relevant is the information you received from Zazi dialogue to your culture?
   …………………………………………………………………………………………

2. How do you feel about your participation in Zazi dialogue? Explain the reasons of your feeling?

   …………………………………………………………………………………………

3. How did your level of education affect your understanding of issues and information that was shared in the Zazi dialogue?

   ……………………………………………………………………………………………

4. What are the chances for you to practice information you learnt from the Zazi dialogue? Explain your answer.

   …………………………………………………………………………………………

5. What are the reasons that will make you practice the information you learnt from the Zazi dialogue?

   ……………………………………………………………………………………………

6. What are the reasons that will make you do not practice the information you learnt from the Zazi dialogue?

   ……………………………………………………………………………………………

Participant's name:……………………………………………………………………………

Signature:…………………………………………………….

Date:………………………………

Appendix 8: Responses of Zazi dialogue participants during structured interview in Belgrade community (26/11/2014).

Responses below are collated from each participant, and organised according to each question asked to participants for them to express themselves during structured interview process.

1. How relevant is the information you received from Zazi dialogue to your culture?
   - I have received very important information in my life. I have to believe in myself in everything as a mother, do not be afraid, and stand for the truth.
   - I have receive relevant information to my culture, it is teaching me to practice safe sexual behaviour, and not to depend on man.
   - I have learnt a lot about life, it is good to behave safely
   - It is relevant because it is about real things that happen in life. Even though some things are not spoken about in my culture, like when the uncle raped the child, it remains a family secrete.
   - It is relevant because now I know what to do.
   - It is okay with my culture to go to clinic for tests, and to report abuse.
   - It is relevant because we know everything that was discussed, even in local clinic they always tell us. Even those who didn't know, they know now.
   - It is relevant because it is about real things that happen in our community, we are always told about it even in clinics
   - It is relevant because now I know about the importance of knowing myself, and the importance of preventing abuse. I also know now that if you have challenges you must get help from people close to you.
   - It is relevant because I also agree with it, and I'm already practicing some of the information I learnt today.
   - My culture says I must do what my husband tells me to do, even if I do not like it. If you go back home you be sent back to your husband.
   - It is relevant because it provides information to women about abuse, and the importance of knowing ourselves as women. It also teaches us not to allow people who abuse us to continue with abuse.
   - It is relevant because everything that was discussed is helpful, and I already do some of the things that were discussed.
   - I have learnt that if you are a woman you must know yourself, and do not allow your man to control you, because he also has his own secrets.
   - It is relevant because it is helpful, my culture teaches me to know myself and to do the right things.

2. How do you feel about your participation in Zazi dialogue? Explain the reasons of your feeling.
   - I feel encouraged to teach my own children and the children of the neighbours

- I feel very bad because today women are too much dependant on men for subsistence, I feel very angry, because I'm a woman, I should know myself and be independent
- They have assisted us very much as Belgrade community, because some of us are scared, and think we don't know anything about life
- I feel very bad, because we take decisions that are leading us nowhere, we need to make our own decisions, it is very painful to experience abuse
- I feel like I should be independent, it is important to leave your own life, in a way that will set you and your children free, because if you depend on men they will make you do things you don't like to fulfil their own needs
- I feel like going to the local clinic to get health services
- I feel like I know more about abuse. I also feel like it is important to talk about abuse, it is important to talk about problems that to keep quiet
- I felt bad because I see these challenges facing other women, and it also happens in my own life. Sometimes you think it happens to you alone, while it happens to others as well. It is better now that we have spoken about it
- I am woman, I must not keep silent when I experience of see abuse, I must know about my own life
- I feel like I know how to start dealing with abuse, and that we must talk about it. I also feel like there will be some change in our community
- I feel happy and free, as there were women who were talking about women's issues. Now I know where to report my challenges
- I feel bad about painful things that happen in life. I also heard about old women and children who get raped
- I feel very hurt about teenage pregnancy in schools, and about old women and children who get raped
- I feel encouraged to teach other women about self-confidence, and to establish yourself, and to promoting support between women and neighbours

3. How did your level of education affect your understanding of issues and information that was shared in the Zazi dialogue?
   - My level of education was very helpful in understanding what was being discussed. Especially as a woman who educates young kids how to behave when they grow up.
   - I learnt a lot, and I feel empowered to teach others how to behave well
   - I learnt a lot, and I feel encouraged to talk about discussed issues, and to educate others
   - I have qualified standard 10 at school. This assisted me to understand everything. I will not keep quiet about what happens to me and the community
   - It was very helpful in understanding discussed issues. As educated woman, I will look for information and assistance in all ways possible
   - It was very helpful, I didn't know what to do, now I know that I must go to the clinic for health services
   - My level of education was very helpful, now I can talk to others about knowledge received

- It was very helpful, as I could understand everything that was discussed in different languages
- My education helped me to understand information about abuse, now I know different forms of abuse, and I can also teach others how to deal with abuse. I also know now that I shouldn't look down upon others
- I learnt a lot about what was discussed, in relation to my own living circumstances
- My education assisted me to understand that I can live independently, and raise my kids independently
- It was very help, I learnt that as a woman you must not lean on the falling wall, but you must be independent, I learnt a lot about my life
- It helped me a lot to understand the importance of knowing myself. I would have not understood much without my level of education
- My level of education was very helpful to me as a young person. I learnt that I should use health services like condoms to protect myself, and to talk about abuse
- It has great assistance for me to understand what was learnt, and to teach others everything I learnt

4. What are the chances for you to practice information you learnt from the Zazi dialogue? Explain your answer.
   - There are more possibilities for me to use learnt information, I received a lot of assistance
   - There are more possibilities for me to educate young and old men to circumcise to protect yourself from various diseases. It is important to know yourself if you are facing abuse in life
   - There are more possibilities for me to use learnt information. I have learnt that it is important to know and love yourself as a woman, and to protect myself from sexually transmitted infections
   - There are more possibilities for me to educate other women about abuse. I can go to different families to educate women about women abuse.
   - There are more possibilities for me to use learnt information, because now I know what to do to live well, and where to find help
   - There are limited chances for me to use learnt information, because I married a man who believes in different culture from that raised me
   - There are more possibilities because now I understand the importance of knowing myself. I also know the importance of helping others, I also have a right to know about challenges that I'm facing
   - There are more possibilities to use learnt information, because I know the challenges in my community, and I know how I can help my community
   - There are more chances for me to use learnt information, because there are still more people who need to be educated about gender based violence, and the importance of knowing how you live
   - There are more possibilities for me to use received information, because now I know myself, and I can talk to others now

- There are more possibilities, because I am part of women's prayers of Thursdays, and I'm also a Chairperson of School Governing Body (SGB), so I share good experience I had in Zazi dialogue, I will also talk about what I learnt, because I don't want to die silently like (Ufelaphakathi) Zulu regimen
- I learnt about myself, the importance of testing for illnesses, and how to help other people
- There are more possibilities for me to use learnt information. I learnt the importance of not having sex with anybody, and to send by boys to health facility for circumcision, so that they are safe for diseases
- I will teach young people about good behaviours and also encourage them to stop sugar daddies, and to report abuse. I will also provide numbers that can be used to report abuse.

5. What are the reasons that will make you practice the information you learnt from the Zazi dialogue?
   - I have love and patience for people who have problems in the community, including young people.
   - I want to protect myself from HIV infection by using condoms, and to send my boy to the clinic for medical male circumcision
   - I wish to take care for elderly women, wash them, and take them to local clinics for health screening
   - To teach those who did not participate in this dialogue, so that they know the importance of talking about challenges
   - To reduce the level of women abuse, to bring change in the community, and to stop the spread of illnesses
   - To break the silence of abuse, and to use local health facilities
   - Is to create awareness in my community about women challenges, so that they can stay safe all the times
   - Is to promote awareness about rights, and to know about crime and abuse
   - To create awareness that you should not face abuse alone, create awareness about abuse, and where to get help when facing abuse
   - To create health awareness in my community, and challenges we face in the community
   - To make sure that I do not get abused again, knowing the importance of reporting abuse
   - To create awareness to people who are facing abuse, and to teach young women about abuse, respect, good behaviour, and the importance of knowing yourself, who you are, and what you need to do in life
   - The first reason is to love myself, know myself as woman, protect myself, take care of myself, so that I can live safe life even with HIV positive status
   - I will use condoms to prevent HIV infection, or use injection to prevent unintended pregnancy, because unplanned child will create problems some time
   - To prevent deaths that are happening, unintended pregnancies, and to educate each other as women.

6. What are the reasons that will make you do not practice the information you learnt from the Zazi dialogue?
   - There are no reasons that will make me do not practice learnt awareness
   - There are no reasons, because now I know what to do in life, what is the wrong or right thing to do in life as a woman
   - There are no reasons, because what was learnt will help me as a woman. It is important to know yourself, and do not mind what people say, because they always say anything
   - There are no reasons for me, I need to use it because if I don't use it, some women will be victims on my watch
   - There are not reasons for me not to use what I learnt, because all that was discussed is helpful and informative
   - There are no reasons, there is more help I received
   - There are no reasons, because I'm now aware about how to deal with different situations, and how to solve problems that I'm facing
   - There are no reasons, because I know challenges that my community faces, and they need this information, and they would appreciate the information that was shared today
   - There are no reasons
   - There are no reasons because I was helped, so I need to help others
   - There is nothing that will prevent me, I'm very thankful for everything that was discussed, I learnt a lot
   - Nothing will prevent me from using information that I received today, I concur with discussions of today, and appreciate it a lot
   - There is no ways I don't use learnt information, because I understand very well
   - There is nothing that will prevent me, because I'm determined to do all that I can as a woman with love for the community, young kids, and the neighbours

Appendix 9: Responses of Zazi dialogue participants during structured interview in Dumbe Location A (27/11/2014).

Responses below are collated from each participant, and organised according to each question asked to participants for them to express themselves during structured interview process.

1. How relevant is the information you received from Zazi dialogue to your culture?
   - It is relevant because circumcision is promoted in my culture
   - It is consistent with my culture because it is important to know illnesses I have, and to know what treatment in need to support my body
   - It is not consistent with my culture. However, what I learnt today makes me see that I can do things the right ways
   - Yes, because many things that were discussed happen in our environment
   - It is not relevant, because there are obstacles that you cannot change easily
   - It is relevant because everything that was discussed today happen in real life and in our community
   - It is relevant because it is helpful information to people who have challenges in our community
   - It is very relevant, because I should know who I am.
   - It is important to know yourself, take advices, and to do the right thing that you can do
   - It is consistent with the culture of living in relation to knowing myself and how to live
   - It is relevant because I should know myself, and also pass awareness to children and relatives
   - It is relevant because we spoke about circumcision, and the importance of it, it is practiced in my culture
   - It relevant to me as an African, it is important to know myself so that I can live
   - I think it is good to do circumcision, because it prevents diseases
   - It relevant because we were discussion things that happen in real life

2. How do you feel about your participation in Zazi dialogue? Explain the reasons of your feeling.
   - I feel happy about what we discussed today. It is important to talk to your man if you have problems, don't be scared of him, you must know what happens in your life. I also have a bad feeling about women who are abused by their husbands
   - I understand now what to do if I experience abuse
   - I have confidence, a feeling of prosperity in life, and a feeling of knowing what I want
   - I feel because there is a lot I didn't know, now I know that I should report to the police if I face abuse

- It assisted to understand my role in helping women who face abuse, but failing to discuss it with people closer to them
- I have a feeling of receiving help in relation to how to deal with abuse, and how to live with my children in abusive situation
- I have received more information about what happens in life, and how to deal with it
- I feel like finding out more about my life, so that I can live
- I feel good because I had a chance to share my own views, I also learnt what I didn't know from other people, I now feel free to talk about discussed issues anywhere
- I feel happy because now I will be able to stand on my own as a woman, and I will know where I stand as a woman now
- Changing life, and independence
- I feel very good, because I received lot of information from the discussions, now I will be able to exercise my rights
- I have a feeling of changing life, do not allow a man to misuse me, and that I can live without a man
- Now I know that I should not be a person without shame, I feel like disclosing
- I have a good feeling, because we discussed issues that are very relevant to women, and we were also made aware about so many different health issues, such as diseases that affect women

3. How did your level of education affect your understanding of issues and information that was shared in the Zazi dialogue?
   - It had good impact, because I managed to understand lot of things that were discussed, including understanding challenges that we face in life
   - I had good understanding, now I know that I should not be shy of expressing myself when talking to others, I should also go to local clinic to make them aware about challenges that I'm facing
   - I didn't know that you can use condoms if you are married, now I know that you can if you discuss it with your husband
   - It has good effect, because I was able to express myself, now I will practice what I learnt to show people that I know myself, I will do what I say with my mouth so that people will see what I mean
   - I learnt a lot about how to teach other people
   - It had good impact, because I learnt a lot that I didn't know
   - I learnt and understood everything, because I was not forced to talk about things that I didn't want to talk about
   - It had good impact because I learnt that I should know myself and my family
   - I learnt that it is important to discuss issues with other people, and to use local clinic so that so that things will be okay
   - It helped me to learn things that I didn't know, like the importance of knowing myself
   - It helped me to understand everything that was discussed, and to try to encourage those who do not know their HIV status to go to local clinic for HIV test

- It had good impact, because some of the things that we discussed are also discussed in school, it is not the first time I hear about it
- It assisted me to learn how to behave myself as a woman, and what I have to do or do not have to do
- I understood everything that was discussed in this discussion
- I learnt everything, and I am ready to discuss what I learnt with others, so that I advise them

4. What are the chances for you to practice information you learnt from the Zazi dialogue? Explain your answer.
   - There are huge chances, because I work with many people, therefore I will share this information with them
   - There are more possibilities for me to use learnt information, because I have to share this information with others, so that they can talk if there is something that trouble them
   - There are bigger chances, because I learnt the importance of planning for my life as woman who knows what she want
   - I was greatly helped, I didn't know many things, now I know and ready to practice what I learnt
   - Now I know the importance of knowing yourself, and I am about to tell others about the importance of knowing yourself, and to use the information that you learnt, as it helps you and your relatives
   - There are many chances because I know how to communicate with my boyfriend, and now I will be able to be independent
   - There are plenty chances because I can still save my life, and I can save the life of others, and do things that I have not done
   - There are greater chances for me to use learnt information, now I have knowledge, including the awareness that circumcision is helpful
   - I must know about things that are happening, and also advise others about what is happening
   - There are more possibilities to use learnt information, because now I know things that I didn't know
   - I will tell others about the importance of knowing yourself, and knowing what you want in life
   - There are more chances of using the information I learnt, because there are many people at work that I will educate. I will do the same thing at home, with the neighbours and at the church
   - There are many chances because I didn't know how to help others, now I have information about the things I learnt today
   - There are more chances because I received a lot of advices that I will share with others
   - Now I feel like having courage to oppose what I don't like, and to stand for whatever I want to do

5. What are the reasons that will make you practice the information you learnt from the Zazi dialogue?

- I want to go test for HIV, cancer, and to also encourage my man to circumcise
- To educate others about abuse we face in life
- I need to help people in my community to get out of trouble, and for them to know their rights
- I want to teach other people in my community about abuse, and about what do if you are facing abuse. I also want to educate them about the benefits of circumcision and danger of unsafe sex
- I want to help my community and those who don't have information, including those who don't know about the importance of testing for HIV
- I want to improve my life, and to always know what I want and do not want
- I want to be a Zazi woman, because knowing yourself is helpful
- I want to go get tested, because it is important to know about personal health, including family health, and to talk about challenges you have with your man
- I will use it to reduce chances of HIV infection in the family and the community
- Because I want to know what kind of life I live, and to stay alive, so that me and my friend can discuss everything we face in life
- Because we have to stay safe with our relatives, and to listen and do the right thing
- I will use it because it is right information, and I also know that there will be bad consequences if I don't use the information I received today
- There are lot of diseases outside there, men sleep around, I didn't know that you can use condoms even if you are married
- I want to talk in the community, and to the people, so that there will be some help received
- I want to teach other about transmittable diseases, and the importance of taking care of your life

6. What are the reasons that will make you do not practice the information you learnt from the Zazi dialogue?
   - There are no reasons, because all that we discussed is about life and it is very important
   - It is pride, arrogance, over-confidence, you need to help yourself with your hands, and don't allow the other person to stop you
   - Some is not consistent with my cultural values
   - It is fear, and bad communication between me and my partner
   - It is that some of the information does not correspond with my cultural practices
   - Some of the information is not practiced in my culture, and to remain secretive, because of belief that my partner also has information
   - I may not use it, because some of the people who try to use it get beaten in their families
   - There is no barrier, because I learnt lot of information that I didn't know how to discuss with my husband
   - There are no limitations, because there are more reasons to use learnt information to stop abuse to me and the children, and I know that it is important to go to local clinic faster to get help

- There are no reasons, I want to live a better life, help my family, and to teach them what I learnt
- There are no reasons, because I want to share the information I learnt with others, because it is helpful, it will make us live a better life
- There are no reasons that can prevent from using the information that I learnt
- There are no reasons, because we need this information in our community
- There are no reasons that can prevent me from using information that I learnt today, because it is helpful