
Stimulating community participation in a group of farm workers using action research

Abstract

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This study assessed whether community participation in health related activity was a reality or just popular development rhetoric. Using action research methodology, focus group discussions and informal contacts were made with farm workers consisting of twelve families in Umkomaas, south of Durban in the province of Kwa Zulu Natal. The aim was to establish whether this community could be actively involved in all aspects of community participation. The level of participation was described using Rifkin's model (Rifkin et al, 1988). Results of this study revealed that the community was able to identify their own health problems, prioritize them and plan appropriate strategies to meet the needs identified.

Background to the problem

According to Senghor (1987) one of the most disadvantaged groups amongst others are agricultural workers in the countryside. In order to assist those in greatest need active participation at local level needs to be sought. Community participation is frequently advocated throughout the world but according to Shoo (1991), this is hardly practiced. The involvement of the community in primary health care is not a social nicety; it is a technical necessity as primary health care programmes cannot achieve adequate coverage and effectiveness without the full participation of the community (Bryant, 1988). In South Africa community participation is strongly emphasized in the Government's white paper on Reconstruction and development program as well as its National health plan (Chimere-Dan, 1996). Hildebrandt (1994), advocates that health professionals need to become community partners and enablers who empower communities to choose health strategies based on information, local resources and support. The new political era in South Africa offers unique opportunities for the development of innovative services that will involve the people at grass roots level (Rispel, Doherty, Makiwane & Webb, 1996). Health programs that fail to reach

families and that fail to involve "ordinary people" are seldom considered to be successful (Pick, 1992).

Empowerment within a nursing perspective can be said to stem from the World Health Organization's definition of health promotion as a process of enabling people to increase control over, and to improve their own health. Nurses therefore have to be active in the socio economic and political sphere in order to influence health and this necessitates the development of a more reflective practitioner who is flexible and assertive (Clay, 1992). Nurses need to turn their attention to conditions that control, influence and produce health and illness in human beings. It is a top priority for nurses to develop primary health care at a local level and this can only occur as a result of small experiments where working with pilot groups can illustrate that things can be done differently (Colliere, 1980). For the nurse to be well prepared for this work, she must become involved in the global issues of the day such as poverty, unemployment, environment, energy and food production (Mc Murray, 1991). Nursing is uniquely prepared in both education and in practice, to also assist communities in assessing and developing survival techniques often under difficult circumstances.

"...there seems to be a potential for the community to become more cohesive, to influence one other and to function effectively as a group..."



Objectives and theoretical framework

The objectives of the study were firstly to establish whether a specific community can identify their own health needs and prioritize them, and also institute strategies to meet their health needs. A second objective was to identify factors that influenced success or failure in group participation and a third objective was to describe this community's level of participation in a health activity. Lombard's Social Community Development model was used as a theoretical framework for this study (Lombard, 1992). The variables of this model seem to fit with the principles of community development as it emphasizes the process by which client and health care professional together determine health decisions and actions. The point of departure in this model is that the community members themselves are in the best possible position to develop their community and to obviate needs. There must thus be active involvement of local leadership, emulation of democratic procedures, involvement of inter group and interpersonal relationships and the achievement of self help and self reliance.

Methodology

Action research methodology was used throughout the study. This type of research aims to study interventions in the real world and was developed primarily by the people of the third world. Smith, Pynch & Lizardi (1993) and Webb (1989) suggested that researchers should involve the people being studied in planning, carrying out and in acting upon research so that people use the research itself as a resource to change their own lives. Individuals with common concerns come together as a group to achieve specific goals. It is considered to be an innovative way of creating partnerships at the local level, whilst promoting all health partners to learn in the process. Both qualitative and quantitative information is continuously collected, analysed and acted upon. The community are active participants and not just passive subjects and informants. This is a flexible process and implies a willingness to change as new situations arise and old issues are resolved. All partners have an equal opportunity to participate and contribute although all may not do so at the same level. Cycles of planning, acting and observing, reflecting and replanning are followed (McTaggart, 1989).

The action research approach was used in conjunction with a small community who were geographically and socio-economically isolated from both the formal and informal health development structure. The community consisted of 12 families (54 individuals) working as farmhands in an area about 70 kilometers from Durban. The area had poor infrastructure, with no proper roads, no electricity, no potable water or sanitation. The researcher met with the two farmers who employed the majority of the workers to elicit how they felt about getting their workers being involved in health matters. The researcher also informed them about community participation and what it entailed and gained their permission for involvement of the workers. The two farmers were willing to allow their workers to participate in the project provided the workers themselves gave their consent. A house to house visit was then made to the families to assess whether the community was interested in meeting to discuss their needs and a date was set to have a meeting.

An initial meeting was arranged at a mutually agreeable venue. At this meeting each family selected at least one adult representative for the focus group discussions that were to follow. The workers were all Blacks who spoke the Zulu language. An interpreter from the same community was present to ensure that the researcher recorded the information obtained correctly. Focus group discussions were used, this was considered to be effective for the first four meetings over a period of two months. These discussions were followed by informal contacts between the researcher and members of the community forth nightly. During focus group discussions, health related issues considered to be problematic were identified and discussed by participants. Problems of lack of electricity, housing, finances and inadequate food were identified. Each of these issues were then discussed by the members regarding its feasibility and practicality. After a long discussion the group concluded that the most pressing problem was inadequate money for food. Alternative solutions were explored by the group. The final decision was that planting vegetables would decrease the cost of buying food. Issues related to initiation of a garden were explored by the group including a lack of ownership of land, inadequate equipment, no seeds, a need for water for irrigation, pest control and thieving. Solutions for all the above were discussed by the group and the participants planned for the initiation of the garden. Five families worked together and cleared up the plot. It was then subdivided into twelve (one per

family) as decided by them. Two families continued to plant vegetables such as pumpkin, herbs, beans and mealies and took care of the garden even after the researcher had completed her study.

Descriptions and interpretation of findings

The meeting with the two farmers, the house to house visit, the four successful group discussions, the informal meetings with the participants thereafter and the actions resulting from these formed the data to be analysed. A qualitative descriptive method was used to analyse the data, incorporating the variables of the social community development model and the action research methodology. The variables of the community development model seems to fit in well with the the action research methodology and the use of focus group discussions as far as level of research, participants in research and role of researcher is concerned. See table 1.

OBJECTIVE 1: To establish whether a community can identify their own health needs, prioritise them and institute strategies to meet their needs.

The variables from the community development model used were: Basic suppositions of the nature of man, the community and the interest of communal subgroups.

According to Lombard's model (1992) the community members themselves are in the possible position to identify their own needs and problems and to see to the satisfaction of their needs and and the solving of the problems themselves. This further reinforces that the involvement of the community members throughout the process as active participants in the research ensured that their own needs were being identified and that they did find solutions to their problems.

Primary level of intervention, Goal strategy, medium through which change could be effected and typical techniques and modes of intervention.

In support of the above variables the role played by the researcher was that of (1) supporter when ideas identified seemed feasible, and that of (11) facilitator as she did not lead the discussions, but rather promoted it and one of (111) educator with regards to nutrition and good health.

According to the model used inter-

Table 1 : An illustration of the correlation between model and research design

	COMMUNITY DEVELOPMENT	PARTICIPATION ACTION RESEARCH	FOCUS GROUPS
LEVEL OF RESEARCH	1. Here the Primary level of intervention is at grass roots level (Lombard, 1992).	1. This type of research involves those people who are the expected beneficiaries with the hope of finding the gap between researcher and researched. Co-operative enquiry (Katzenellenbogen, 1991).	1. There is a direct interaction between researcher and participants (Stewart and Shamdasani, 1990).
PARTICIPANTS IN RESEARCH	2. Community members are in the best position to identify their own needs. (Lombard, 1992).	2. Helps establish self critical communities who participate by identifying problems, planning activities, implementing and reflecting on them (Smith et al 1993).	2. Provide a rich source of data close to the emic side of the continuum, it allows people to respond in their own words and context. (Stewart & Shamdasani, 1990).
ROLE OF RESEARCH	3. The role of the researcher is a resource person or supportive scientist, Lombard, 1992).	3. Researcher has limited role as he or she is part of a group. Control of the research lies with the people involved. Researcher undergoes learning and subsequently changes. (WHO, 1991).	3. Data obtained from focus groups is minimally imposed by the researcher. (Stewart and Shamdasani, 1990).

ventions must be carried out at grassroots level. Therefore families were visited in their homes. A central open air venue for focus group meetings was chosen. The communal garden initiated was within easy reach of the community. All these factors could have stimulated community participation. The strategy for interventions must be goal oriented or process goals and this was encouraged throughout the research. Cycles of activities related to each other formed an ongoing process at focus group meetings as illustrated in **figure 1**. This taught the group that once a problem had been identified by them, it was their responsibility to thoroughly investigate it prior to solving it. Action research as a methodology facilitated community participation. According to Webb (1989) action research may be initiated by the researcher or by the community who are motivated to improve their life styles and circumstances. Smith et al (1993) said this type of research mobilizes communities to become developed, more humane and helps them to grow in confidence and enter new learning cycles. Focus group technique allowed

the groups actual feelings and thoughts to be directly observed. Working at grass roots level allowed observation of group activities. Rational empirical change strategy was used so that the group saw how they could benefit from their behaviors such as planting their own vegetables and thus not having to pay for them. The basic assumption here is that people are able and willing to change should they derive some benefit from the change process. The technique and mode of intervention according to the model must be centred around cooperation, group decision making and consultation. Process orientated goals, group decision making and consultative techniques made the group feel empowered such as when they identified insufficient finance for food as a need and they could offer alternatives to try and alleviate the situation. They did realize that even though they did not own land they could still grow their own vegetables and thus cut down some of their costs, in other words, they had the power to improve their financial status to a certain degree. Local leadership which could have developed during the process did not

occur. Although one person with potential leadership qualities was involved throughout the process and did try to motivate others to join in. Perhaps with more time he could have acted as a leader in the community. Sustainability was difficult to describe in this project as it was still getting off the ground. But it was heartening to note that the two families who participated in the project throughout the study continued to do so even when the researcher had completed her study. This community did identify a priority need of insufficient money for food, planned around it and implemented strategies to improve access to food.

OBJECTIVE 2: To identify factors that influenced success or failure in group participation

The variable from the community development model used was : **Suppositions concerning the etiology of the impediments in the community.** Some of the impediments that may be found in communities hindering parti-

icipation as identified by Lombard (1992) were anomy, poor problem solving capability, feelings of powerlessness and worthlessness. In analysing the migratory nature of this community it was found that people came into this community when jobs were not found elsewhere or sought shelter as a result of faction fighting in their own areas. This acted as an impediment as their stay was seen as temporary and real commitment was difficult to obtain. See table 2. Linked to this was the absence of traditional leadership. Apparently there was no leader of any kind for example a religious or traditional leader. It seems as if there was no role model for the community to facilitate their participation in the project as a community. Some of the workers did however belong to a tribal chief of another area. Workers did not own the land and had voiced the fear of the loss of their labour and crops should they move away and this could have influenced their participation. The lack of ownership of land and housing further highlights the temporary nature of stay in this area.

They also feared losing their jobs. One worker who was often drunk and an erratic worker was retrenched. This retrenchment detrimentally affected some of the remaining eleven participants, six of whom did not join in clearing the plot. The reason given was that they feared they may also lose their jobs and thus their efforts would be worthless. This left five individuals representing five families who cleared the plot for planting. In referring to the nature of the project chosen it could have been perceived as tedious. Majority worked on the farm during the week and going back to the farm over weekends could have proved tedious. Starting a garden demands energy and is time consuming. Because of the participatory nature of the project the community was allowed to implement what they had planned. It also took three to four months before any food could be harvested and this could have demotivated the community if immediate returns were

Table 2 : Duration of stay in Gravesend farm

NUMBER OF FAMILIES	DURATION OF STAY
1 Female - 78 years	30 years
1 Male - 57 years	20 years
1 Family	10 years
2 Families	5 years
2 Families	3 years
2 Families	1 year
1 Family	9 months

expected.

The average joint earnings of a family was approximately R400 to R500 per month. This was used to feed an average family of four to six dependants. These families are living below the household subsistence level (S.A. Institute of Race Relations 1990.) The CASE survey for Henry J Kaiser Family Foundation (1995) reveals an average earning for Blacks was R 679 in South Africa. Victims of poverty are easily caught up in a cycle of powerlessness and apathy, this hinders them from organizing themselves to improve. (Pinderhughes, 1983)

The next variable used by Lombard (1992) was: **Community subgroups have communal interests or reconcilable differences.** Overtly they did not seem to have sub group interests as they did not meet on religious, traditional or social grounds. One of the farmers at the first meeting said that this was the very first time that he had seen the community together. Yet later when a member of the community demised they rallied around to help the bereaved family. On another occasion three families were seen assisting another family to extend their house. There seems to be a potential for the community to become more cohesive, to influence one other and to function effectively as a group. During the period of the study the community groups planned together to identify their needs and to initiate the gardens but thereafter preferred to work

on their own plots.

Role of the community in dealing with impediments

This variable deals with the strategies that can be employed even though challenges exist to impede the process of participation. Active participation of the community was sought throughout the process. The community was involved in identifying their main need, looking at possible solutions and ways of implementing their plans. Their participation was imperative in the formulation of process oriented goals, in group decision making and in initiating the garden. Although the majority of the community participated in the identification of their problems and in identifying resources for the solution, five families participated in clearing up the plot and only two families actually planted the vegetables. The researcher also moved at the pace of the community and did not rush the process.

The participants realized that they could seek the help of the farmers should they want to improve their lives in the future. This was voiced by the participants after they were given the plot of land and equipment. It was also clarified that they could continue using the plots for as long as they resided in the area.

In order to meet the second objective of identifying the factors that influenced success or failure in group participation were: the action research methodology which readily stimulated participation and the fact that available resources

Figure 1 : Process orientated goals

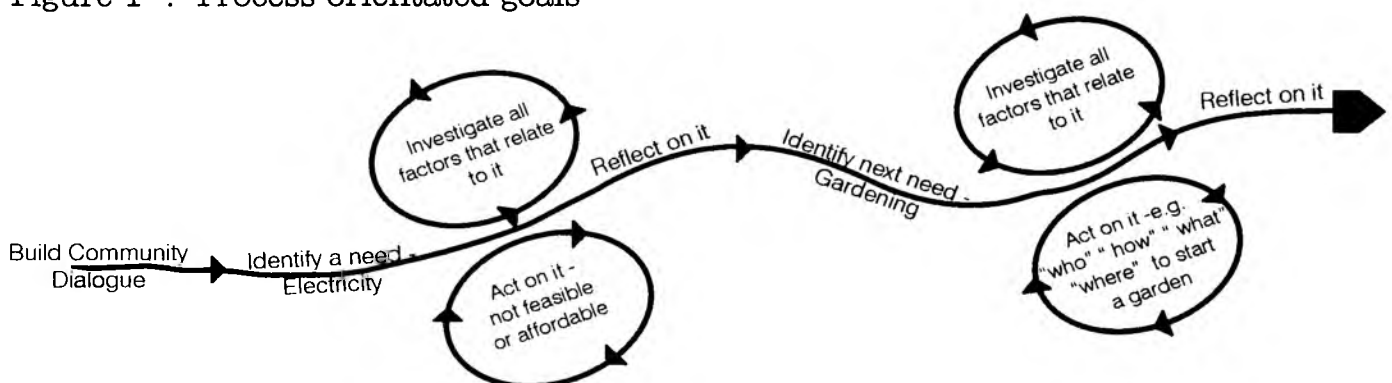
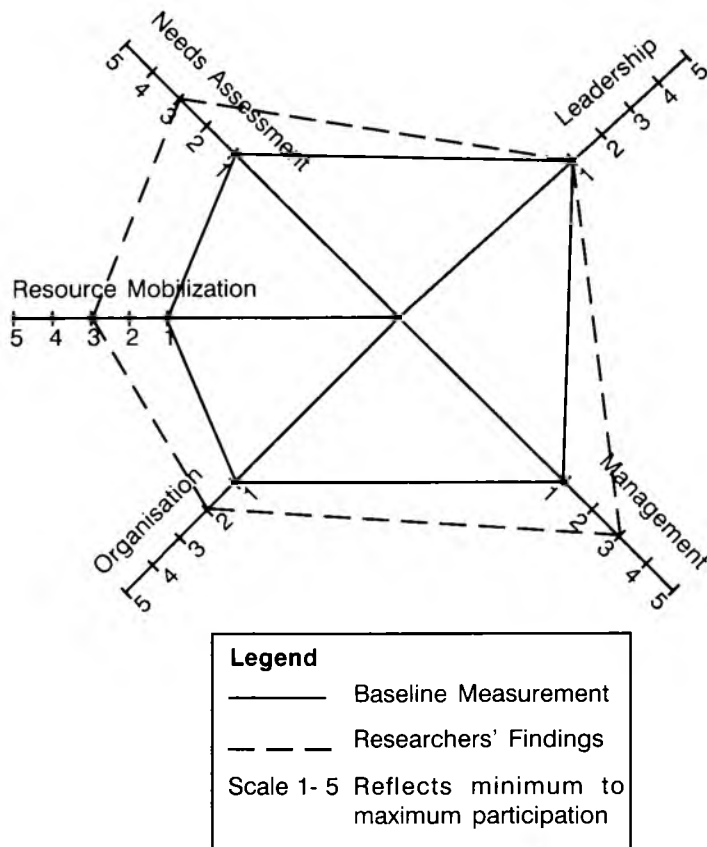


Figure 2 : Level of participation of community



Adapted from Rifkin, *et al* (1988)

were optimally utilized without any cost being by participants.

OBJECTIVE 3 : To describe the level of participation of this community with the use of Rifkins model.

This model identifies five areas including needs assessment, leadership, organisation, resource mobilization and management. With regards to needs assessment the researcher initiated the study as part of requirements for a masters program. The community did not approach her.

The actual health needs were identified by a focus group representing the community as previously described. The health needs were verbalized during discussions and not by means of a survey. In describing leadership initially two farmers could be described as leaders as they had a positive attitude to the introduction of the programme. No real leadership from the group emerged, although one person participated readily throughout the study and seemed to have leadership qualities and probably with time would have developed as a leader in the community.

Because no organizational structure was visible and identified a new organizational structure in the form of a focus group was created. This group had an

important decision making role in the identification of problems and planning for implementation.

Appropriate available resources were mobilized including a piece of land within the community and gardening equipment. Each family was allocated a piece of the land. The beneficiaries of the programme contributed in the way of labour and time and in decision making. The interest of the group was served as it was planned that whatever was planted was their property to dispose of as they pleased.

The community was almost totally responsible for the management of the programme as they decided when to clear up the land, when to subdivide plots, how much time to spend in the garden and what to plant.

On the whole participation was present but to varying degrees as depicted in **figure 2**. In this figure needs assessment, resource mobilization and management reflected the highest level of participation, whilst organization and leadership demonstrated lower levels.

In order to meet the last objective of identifying the factors that may have influenced group participation the following seemed to have favoured active participation : the action research methodology which readily stimulated participation, the fact that available resources were optimally utilized without any cost being incurred by participants.

The factors that seemed to deter participation were the migratory nature of the community. The lack of ownership of land, fear of job loss and thus of time and energy and a lack of traditional leadership.

Limitation of the study

The population consisted of twelve families only (small scale) and came from a unique setting, which was a migratory rural area and adults were mainly engaged in a specific occupation. Generalizability may be possible in similar settings only. Because of the homogeneity of the population caution needs to be exercised with regards to generalizability to other populations. The researcher had to work within a time frame of approximately seven months and ideally a project of this nature should not have a time frame as it develops at the pace of the community. The researcher had some knowledge of Zulu, the language of the community, but had to use an interpreter to ensure adequate communication.

Recommendations and conclusions

Further studies on similar lines need to be done to establish whether community participation can be a reality. Perhaps a longer preparation period for participation is needed. This was not possible in this study due to the migratory nature of the population and the short period of the study. If possible a researcher who resides in the area with more frequent contacts may stimulate a greater level of participation, but one has to be wary of this as it could also mean that the community is still dependant on the researcher and this could be debatable. This type of study could form a good starting point for community participation as a whole. Small scale activities could encourage more and more to become involved over time and thus meet the real needs of the community.

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