



Community engagement practices in Southern Africa: Review and thematic synthesis of studies done in Botswana, Zimbabwe and South Africa



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ABSTRACT

Community Engagement (CE) is intended to enhance the participation of community stakeholders in research. CE is usually mentioned in publications as researchers discuss how they carried out community entry, consent and retained study participants but the actual CE activities are not always well documented. This paper reviews CE strategies employed in health research in Botswana, South Africa and Zimbabwe with reference to the development of a CE strategy for a multi-centre study to be conducted in these countries. The search was conducted using JANE (Journal/Author Name Estimator), Google Scholar and PubMed with known institutions and researchers providing context-specific material. The final synthesis includes 35 publications, 2 reports and 2 abstracts. There is evidence of CE being practiced in health research and eight closely related CE strategies were revealed. We conclude that since communities are heterogeneous and unique, CE activities will not have similar results in different settings. Even though there was insufficient evidence to determine which CE strategy is most effective, the review provides sufficient information to develop a CE strategy for a multi-centre study using the various strategies and activities described.

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1. Introduction

Community Engagement (CE) is a broad concept that is nurtured in disciplines such as sociology, political science, cultural anthropology, organizational development, psychology and social work (Atlee et al., 2009; Minkler, 2005). The working definition of CE developed by the American Centers for Disease Control and Prevention (CDC) is; “The process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people.” (CTSA Consortium, 2011). Generally CE is used to describe activities that include information delivery, consultation, collaboration in decision-making, empowered action in informal groups or formal partnerships, health care delivery and promotion, HIV/AIDS prevention and care, and community development (Boulanger et al., 2013; Nakibinge et al., 2009; Tindana et al., 2007).

The concept of CE is not unique to health research. It is used in programming and most community based projects (Michener et al., 2012). Involving the community in research, and the incorporation of a community’s views and its collaborative involvement are considered to be a meaningful way to, amongst others, reduce the potential for exploitation (Pratt et al., 2015). Engaging a community in health research ensures participation of the community in the research process and enhances smooth implementation of studies. It demonstrates respect for, and empowerment of participant communities; and improves the relevance and quality of research (Marsh et al., 2008).

In the past two decades there has been an intense push by sponsors, activists, ethicists and researchers on the critical need to have CE as part of the requirements for conducting research (Tindana et al., 2011, 2007). CE is an important process that has helped to redress ethical concerns of fulfilling the three bioethics principles of respect for persons, beneficence and justice (Lavery et al., 2010; Marsh et al., 2008; Okello et al., 2013; Tindana et al., 2011). Having CE strategies ensures that researchers involve communities before, during and after the research is conducted (Nuffield Council on Bioethics, 2002).

While much effort has been made to develop guidelines and principles for CE there is no single document that is all encompassing and universal to assist researchers in implementing comprehensive community engagement (CIOMS, 2002; Department of Health SA, 2015; Lavery et al., 2013; MRCZ, 2011). However very specific guidance documents exist, such as the Good Participatory Practice (GPP) developed for CE in HIV/AIDS (UNAIDS, 2011), HIV Prevention Trials Network Ethics Guidance for Research (HPTN, 2009) and H3Africa Guidelines for Community Engagement exist (H3Africa-Consortium, 2014). These guidelines outline the basic ethical principles and basic requirements for CE in their respective disciplines. The guidelines set out the social complexities of stakeholder and community engagement and present guiding principles, and participatory practices and practical challenges related to the linkages and interactions formed between the researchers, participants and their stakeholders (Boulanger et al., 2013; H3Africa-Consortium, 2014; UNAIDS, 2011). The shortcoming of these guidelines is that they are very specific to their fields

such as HIV/AIDS, TB and genetics research and no literature exists of them being used in other types of studies.

Published reviews of CE in health research (Hood et al., 2010; Pratt et al., 2015) have shown that community advisory board/groups (CAB/G) constitute the most popular mechanism for community engagement in research at a global scale. The CABs are usually used as a surrogate marker signifying that community engagement or consultation occurred. In studies conducted in Africa (Pratt et al., 2015) community advisory boards/groups (CABs/Gs) constitute the most popular mechanism for community engagement in research. As the name implies, the role of a CABs/Gs is advisory in nature, and is necessary for effective participation and honest governance. CABs act as the central venue for community participation in research (Buchanan et al., 2010). Other studies (Flicker et al., 2007; Marsh et al., 2008; Molyneux et al., 2005; Nyika et al., 2010) describe CE strategies that include, community consultations, development of research literacy within the surrounding community, building relationships with other organisations within the communities, policy makers and traditional leaders. These can start with simple ethnography and involve establishing long term relationships with the community for long duration studies (Angwenyi et al., 2013; Marsh et al., 2008; Okello et al., 2013). Even though these studies have demonstrated the vital role of CE in the success of community based research none have attempted to measure the effectiveness of any one or combination of the strategies. Some publications (Flicker et al., 2007; Israel et al., 1998; Nyika et al., 2010), show that CE has challenges and can sometimes lead to misuse of critical resources, selecting community-inappropriate strategies, increasing or introducing stigma by release of sensitive data without prior community consultation and lack of feedback when the research is completed; leaving communities feeling over researched, coerced, or manipulated.

This review was inspired by the need to develop a CE Strategy for a multicountry study being conducted in Botswana, South Africa, and Zimbabwe (MABISA—Malaria and Bilharzia in Southern Africa). It became apparent that even though guidance exists for the three countries, it is not explicit on the practical aspects of CE and what a successful CE strategy would entail (Department of Health SA, 2015; MRCZ, 2011; University of Botswana, 2004). Available guidelines from the sponsors of the study (IDRC, 2012; WHO, 2011) imply in parts that a community based study ought to have a CE strategy that includes consultation of local people but it is not clear what should be included. It is against this background that we reviewed health studies carried out in Botswana, South Africa and Zimbabwe and documented the common CE strategies employed. The purpose of the review was to determine the Community Engagement strategies that have been employed by health researchers in Botswana, South Africa and Zimbabwe and to what extent they have been effective? The review is useful as a reference for developing CE strategy for multicentre studies.

2. Methodology

This review was undertaken using the principles of thematic synthesis: line-by-line coding of study findings, developing descriptive themes and generating analytical themes (Thomas and

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