Factors that develop a sense of empowerment: The experiences of community health workers

by

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Declaration

I, Kesego Duduetsang Mathoothe (student number: 17336164), understand what plagiarism is and am aware of the University's policy in this regard. I declare that this mini-dissertation is my own original work. Where other people's work has been used (either from a printed source, Internet or any other source), this has been properly acknowledged and referenced in accordance with departmental requirements.

I have not used work previously produced by another student or any other person to hand in as my own. I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.

I have obtained the applicable research ethics approval from the Faculty of Humanities Research Ethics Committee in the University of Pretoria. I have also observed the ethical standards required in terms of the University of Pretoria's Code of ethics for researchers and the Policy guidelines for responsible research.

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Abstract

The introduction of community health workers has become important to the delivery healthcare services to communities. Thus, their role and impact on the well-being of the communities they serve as well as their own, has been of interest to researchers. Consequently, one of the themes among literature on community health workers, is on the challenges that they face, including disempowerment. Empowerment is a construct common to community psychology. From the available literature on community health workers, it is unclear what makes them feel empowered. To date, scant South African research is available that could shed light on the factors that develop community health workers' sense of empowerment. To assist in filling this void, this qualitative study was conducted to explore, through their experiences, the factors that develop community health worker's sense of empowerment. Data was collected through individual semi-structured interviews with four participants selected through purposive sampling. Experiential thematic analysis was used to identify themes in the data. Five main themes reflected the factors the participants regarded as empowering: their individual factors; their opportunity to acquire new skills, knowledge, and information; having effective support systems; the interactions between them and their community; and factors from their organisations. These findings were noteworthy and have implications for organisations employing CHWs, community psychologists, and other professions that work closely with CHWs.

Key words: community health workers, empowerment, experiential thematic analysis, qualitative approach, under-resourced communities.

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Chapter One
Introduction

This chapter aims to provide the background and motivation of the current study. The background focuses on the development of the role of community health workers (CHWs) in the delivery of healthcare to communities. It also includes a discussion on the CHWs' need for empowerment. Then, the problem statement and motivation for the study are provided. The research question and the aim of the study are also stated. An argument for why the theory of empowerment is best suited for the study is provided. Thereafter, an overview of the methodology, research design, and data collection and analysis procedures are then presented. Lastly, an overview of the structure of the study in the next chapters is presented.

Background to the Current Study

The introduction of community health workers (CHWs) has become important in the delivery of healthcare services to communities (Khalala, Makitla, Botha, & Alberts, 2013). Languza, Lushaba, Magingxa, Masuku, and Ngubo (2011) defined CHWs as "any health worker delivering healthcare services and who are trained in the context of the intervention, but, has no formal professional, certificated or degreed tertiary education" (p. 2). Within community spaces and in literature, the term has been used to describe different types of roles (Thomson, 2016). CHWs reside in the communities they work in (Clarke, Schoeman, & Friedman, 2007; Friedman et al., 2007; Khalala, et al., 2013; Tsolekile, Puoane, Schneider, Levitt, & Steyn, 2014), where they provide integrated health and social care to households (Colvin & Swartz, 2015; Schneider & Lehmann, 2010; van Pletzen, Zulliger, Moshabela, & Schneider, 2013). The services they provide include home-based care, maternal and child health, working with orphans and vulnerable children, as well as providing human immunodeficiency virus (HIV) counselling and testing (Khalala, et al., 2013; Ngoma & Igira, 2015). Researchers (Languza, et al., 2011; le Roux, le Roux, Mbewu, & Davis, 2015) included raising awareness of diseases, health promotion activities, identifying minor ailments, provision of safe delivery, counselling on breastfeeding, and making referrals, as healthcare services delivered by CHWs.

Internationally, the importance of CHWs in healthcare provision became clear in the years following the 1978 Alma Ata Declaration on primary healthcare, as they became incorporated into the delivery of healthcare services (Haver, Brieger, Zoungrana, Ansari, &

Kagoma, 2015). The relevance of CHWs was then affected by debates regarding their roles, where they would be best placed, who should select them, and to whom they should be accountable (Lehmann, Friedman, & Sanders, 2004; Schneider, Hlophe, & Van Rensburg, 2008). Perry, Zulliger, and Rogers (2014) asserted that internationally in the 1980s and 1990s, the number of CHW programmes waned. Post-1994, in South Africa particularly, when the primary healthcare approach utilising mostly doctors and nurses was implemented, CHWs were side-lined and their programmes initiatives collapsed (Languza, et al., 2011). In most countries that were affected by human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS) and tuberculosis (TB), however, there was an emergence of a new cadre CHWs specifically for the care, treatment, and support of these diseases (Clarke, Dick, & Lewin, 2008; Hermann et al. 2009; Languza, et al., 2011).

Khalala et al. (2013) asserted that the 2030 South African Development Plan recommended the deployment of CHWs to address some of the healthcare service delivery challenges because, at the time, about 80% of the population relied on public healthcare. With the impact of HIV/AIDS and TB, Khalala et al. further asserted that available healthcare services were not adequate to serve all those infected and affected by the diseases. The South African healthcare system was then placed under pressure by a lack of resources and service providers who could serve the needs of those infected and affected by HIV/AIDS (Clarke, et al., 2008; Hermann et al. 2009). According to Schneider, et al. (2008), CHWs were thus essential as they bridged the needs of the clients and the demands of healthcare services across different communities in the country.

Problem Statement

CHWs' role and impact on the well-being of the communities they serve, as well as on their well-being, gained increasing research attention. This growing interest was due to the primary healthcare system increasing its utilisation of the services of this group of health workers to the communities in need (Schneider & Barron, 2008). Consequently, the literature on CHWs often placed a great emphasis on the challenges that they face (Khalala, et al., 2013; Languza, et al., 2011). For instance, researchers have postulated that some of CHWs' most common challenges are job-related concerns such as poor organisational support, poor provision of supervision, unreliable financial support, and inadequate training and management (Languza, et al., 2011; Lehmann & Sanders, 2007; Spencer, Gunter, & Palmisano, 2010). Furthermore, some are psychological impacts that result due to exposure

violence and victimisation (Bowman, Bhamjee, Eagle, & Crafford, 2009; Lehmann & Sanders, 2007; Miller & Rasmussen, 2010; Williams et al., 2007). These challenges make CHWs vulnerable and may render them at risk of offering less than adequate support to their clients (Benevides-Pereira & Das Neves Alves, 2007).

Often co-occurring with unresolved challenges, research has also revealed disempowerment in CHWs (Kane et al., 2016). Empowerment is a construct common to community psychology and it has been explained by Lord and Hutchison (1993), as the "processes whereby individuals achieve increased control over various aspects of their lives and participate in the community with dignity" (p. 7). Campbell, Gibbs, Nair, and Maimane (2009) argued that it is necessary that CHWs not only feel empowered but to be empowered because this empowerment is a fundamental precondition to accomplishing change. For example, through challenging existing power inequalities in personal, social, economic, political, and cultural situations. In other words, empowerment among CHWs can contribute to addressing the challenges that they experience through providing them with the required resources. For instance, CHWs were empowered when they received new, specialised, and socially privileged knowledge, thus, they perceived that this knowledge enabled them to do their tasks better (Kane et al., 2016).

Similarly, Ngoma and Igira (2015) emphasised that empowering CHWs can help them to better perform their roles. Furthermore, Tulenko et al. (2013) contended that much can be gained from investing in CHWs' skills and supporting them, as they could begin to take on a range of tasks performed by mid-level health workers, or even that they can save transportation costs and time for service users when they have to visit clinics. While researchers (Campbell, et al, 2009; Kane et al., 2016; Ngoma & Igira, 2015) have argued for CHWs to be empowered because of the challenges they face, a gap exists in the knowledge of the factors that develop this sense of empowerment. This is a result of more literature highlighting the challenges of CHWs, including what makes them feel disempowered. Thus, it has become unclear from the literature what develops their sense of empowerment. To date, scant South African research is available to shed light on the factors that develop CHWs' sense of empowerment. A search across databases at the University of Pretoria library revealed that there has been no identifiable study undertaken in South Africa regarding the factors that develop CHWs' sense of empowerment.

Justification for the Current Study

As indicated in the previous section, the challenges of CHWs have received prominence in literature (Kautzky & Tollman, 2008; Khalala, et al., 2013; Languza, et al., 2011; Lehmann & Sanders, 2007; Miller & Rasmussen, 2010; Spencer, et al., 2010; Tsolekile, et al., 2014; Williams et al., 2007). Kok et al. (2015) have asserted that understanding the challenges faced by CHWs and community members is important in laying a foundation for effective CHW interventions. Thus, it can also be assumed that by understanding their empowerment, it lays a foundation for effective CHWs. Furthermore, by placing CHWs in the forefront when describing what develops their sense of empowerment, it can be crucial in driving the change CHWs need in terms of addressing power inequalities that contribute to their disempowerment. Considering that South Africa has a history of the liberation struggle, the knowledge about the empowerment of CHWs could contribute towards reaching those who did not previously have access to the necessary services and knowledge. This is because CHWs serve marginalised groups (Perez & Martinez, 2008) and they are the link connecting medically underserved populations to the health and social service systems (Raj, Sharma, Singh, & Goel, 2015; Swartz, 2013). CHWs also empower their communities (Kelkar & Mahapatro, 2014; Tsolekile, et al., 2014; Wiggins et al., 2009), therefore, understanding what empowers them or how they could be empowered can enable the CHWs to extend their services to their communities (Kane et al., 2016). Much has been said and done to ascertain the relevance of this group of community-based workers, perhaps it may be time to cultivate an understanding of what adds to their sense of empowerment.

Seedat and Lazarus (2014) asserted that community psychology resonates with social justice, equity, human rights, and freedom. Considering that research has shown that some CHWs have felt disempowered and that they are among those who are socially, and economically marginalised, such a study could achieve the value of social justice for this group of health workers. The knowledge that can be gained from exploring what develops CHWs' sense of empowerment, could be relevant for community psychologists, who pursue their goals in communities (Naidoo, Duncan, Roos, Pillay, & Bowman, 2007; Nelson & Prilleltensky, 2010) and take services to the relevant contexts where people are in need (Visser, 2012). Furthermore, the knowledge can assist other professions to be involved in the development of CHWs, and it can be used to assess how to equip CHWs with requisite skills for their job. For instance, earlier literature (Kane et al., 2016) has shown that if CHWs can feel empowered, their service delivery of healthcare can improve. Hence, such knowledge of

what makes them feel empowered may contribute to improving their sense of empowerment which could also add to improving the provision of their services. Thus, their goal of empowering the community (Kelkar & Mahapatro, 2014; Tsolekile, et al., 2014; Wiggins et al., 2009) may be accomplished.

Research Question and Aim

The study intended to answer the research question: What are the factors that develop CHWs' sense of empowerment? Consequently, the study's broad aim was to explore, through their experiences, the factors that develop CHWs' sense of empowerment.

Theoretical Framework

This study employed the theory of empowerment to facilitate an understanding of the factors that develop a sense of empowerment of the participants in the current study. Considering that CHWs within South Africa face the same issues as the communities they serve, such as social and economic marginalisation, as well as material deprivation, an empowerment approach is a relevant framework to be used in exploring the experiences of this cadre of workers. Through an empowerment lens, it will be helpful to tackle the lasting effects of the power inequalities before the new democracy in South Africa by identifying what CHWs need to redress these effects.

Overview of the Research Approach

The current study made use of a qualitative approach, which encouraged participants to describe their experiences of empowerment. Qualitative research offers meanings that are attributed to events within naturally occurring settings, as provided by participants themselves (Willig, 2013). Through using the qualitative approach, a deeper meaning of the challenges CHWs face has been provided in studies such as from Baptistini and Figueiredo (2014). It was hoped that through using a qualitative approach in the current study, this would allow for a deeper understanding of the CHWs' experiences of empowerment. A qualitative research design was utilised to explore the account of CHWs as they experience empowerment. In line with the qualitative approach, semi-structured interviews were used as data collection methods. Experiential thematic analysis of the transcripts of the individual

interviews allowed for the opportunity to develop in-depth meanings (Braun & Clarke, 2013), associated with the factors that develop CHWs' sense of empowerment as they experience it. The permission to conduct the study was obtained from the University of Pretoria through the Humanities Faculty Research Ethics Committee.

Overview of the Structure of the Current Study

Chapter two provides a review of the existing literature on CHWs and their empowerment. It includes an overview of CHWs, their roles, how CHWs fit into the public healthcare system, and their need for empowerment. Chapter three on empowerment theory discusses the meaning of empowerment. This includes its three interwoven levels of analysis as well as empowerment as a process and as an outcome. Chapter four offers a discussion on the study's methodology. It begins by offering an in-depth discussion of qualitative research as a paradigm. I then discuss the research design, the study sites, how participants included in the data were selected, as well as the data collection strategies or procedures used. The analysis of the data, including the necessary strategies put in place for ensuring the trustworthiness of the findings such as dependability, credibility, transferability, confirmability, and reflexivity are discussed. Lastly, there is a brief overview of the ethical considerations relevant to the study. In chapter five, the findings of the current study are presented and integrated with a discussion. The findings are compared to existing literature and explained using empowerment theory. Lastly, in chapter six I conclude the study by providing a summary of the research findings according to the research aim followed by the strengths and limitations of the study, as well as the recommendations for future research. In the next chapter, the literature on CHWs and their empowerment are discussed.

Chapter Two
Literature Review

This chapter will present a review of the existing literature on community health workers (CHWs). Firstly, the development of the role of the CHW in the delivery of primary healthcare services is given, which will include the definition of a CHW, as well as the different roles in which CHWs function. Secondly, international and South African research regarding CHWs is presented. Then lastly, research regarding empowerment and CHWs are explicated, in which the gaps in the available literature on the empowerment of CHWs are highlighted.

Definition of CHWs

The term CHW, is an umbrella concept that refers to various groups of health workers, such as community care workers, auxiliary health workers, lay health workers, as well as specific focus CHWs, such as home and community-based workers (Friedman et al., 2007; Languza, et al., 2011; Schneider, et al., 2008; Swartz, 2012). In other words, the term encompasses the roles and responsibilities of these various health cadres (Christopher, Le May, Lewin, & Ross, 2011). CHWs provide primary healthcare services such as home-based care, maternal and child health, helping orphans and vulnerable children, and providing HIV counselling and testing (Khalala, et al., 2013; Ngoma & Igira, 2015) to the communities they reside in. CHWs also help to address the economic, social, environmental, and political rights of individuals and communities (Perez & Martinez, 2008).

CHWs usually provide services in low-resource settings, where formal services are inadequate, such as low socio-economic rural areas as well as in peri-urban areas (Clarke, et al., 2007; Khalala, et al., 2013). These services are provided in close association with facility-based health services, such as clinics, through community-based organisations, and non-profit organisations, such as churches (DOH, 2011b). This also means that CHWs are not only based in healthcare facilities but visit homes in the community (Schneider & Lehmann, 2010; Thomson, 2014). One of the reasons that make access to their services easier is that CHWs reside in the communities they work in (Clarke, et al., 2007; Friedman et al., 2007; Khalala, et al., 2013; Tsolekile, et al., 2014), which also makes them knowledgeable about the salient norms and challenges of their clients (Kelkar & Mahapatro, 2014). To fulfil their functions, CHWs receive different forms of training, which are discussed next.

Training of CHWs

Although CHWs are not required to have any formal tertiary education (Khalala, et al., 2013; Languza, et al., 2011), in South Africa, their training is regulated according to the National Qualifications Framework (NQF). This regulatory body helps to prevent having under-qualified CHWs and to promote their competency to address current health and related community needs (Clarke, et al., 2007). The training of CHWs is often offered by the organisations employing them and its duration is usually short, ranging from a few weeks to months, or as set by the CHW's employer (Languza, et al., 2011; Tsolekile, et al., 2014). According to the regulation conditions, the entry-level for CHWs is at auxiliary health care (NQF level 1) and the training content is common for those based in the social development sector and those addressing health issues (Clarke, et al., 2007). Since 2004 when the CHW policy framework was established and adopted in South Africa, there was no stipulated salary for CHWs; rather they would receive a small stipend that varied widely (Lehmann & Sanders, 2007; Schneider, et al., 2008; Swartz, 2013). Previously, these stipends were paid by non-governmental organisations funded by the Department of Health (DOH) (van Pletzen & Macgregor, 2013). However, until recently, the government has been directly paying CHWs (Mottiar & Lodge, 2018). In the next section, the roles of CHWs are discussed.

Roles of CHWs

Thomson (2016) asserted that although CHWs in South Africa have a long-standing history, there have been varying expectations of their roles; therefore, a nationally standardised training programme has been developed for these service providers. This means that over the past years each organisation employing the CHWs, trained them in a short course or supplementary topic that was relevant to its role (Friedman et al., 2007). Hence, not all CHWs had the same responsibilities, thus, making their roles in healthcare less well-defined (Mlotshwa, Harris, Schneider, & Moshabela, 2015).

Thomson (2014) perceived that there are some generic roles of CHWs. These roles have the purpose of improving access and delivery of primary healthcare services. These healthcare services include maternal, child, and women's health (Lewin et.al, 2010; Nsibande, 2011), HIV/AIDS and TB (Schneider, et al., 2008; Tsolekile, et al., 2014), chronic, communicable and non-communicable diseases (Tsolekile, et al., 2014), as well as violence and injury (Thomson, 2014). CHWs as resources to their communities, play a vital role as

advocates for social justice and can inform how health practitioners and policymakers can improve health and well-being (Perez & Martinez, 2008).

One of CHWs' generic roles is to promote health and prevent illness (Khalala, et al., 2013; Perry, et al., 2014; Thomson, 2014; Tsolekile, et al., 2014). For example, CHWs provide maternal and child health interventions (Nsibande, 2011), and encourage community members to use health services (Singh, Sachs, & Sachs, 2013). Thomson (2014) explained that the second role involves assessing individual households to identify health needs. In this role, Thomson further asserted that CHWs' assessments go beyond households and onto the community's health-related service needs. Their role also includes assessing where communities can access care when needed (South, Meah, Bagnall, & Jones, 2013).

Thirdly, CHWs provide psychosocial support to community members through taking on the advisory role (Alvillar, Quinlan, Rush, & Dudley, 2011; Cherrington et al., 2015; Tsolekile, et al., 2014). As CHWs are not healthcare professionals and do not make any diagnoses, they only identify and manage minor ailments such as common colds and diarrhoea, as well as make referrals to healthcare facilities (Khalala, et al., 2013; Mankar et al., 2012; Thomson, 2014). This role also involves collaborating with other relevant service providers within the health system, thus, providing the community with a link to the services of other health professionals (Johnson & Gunn, 2015; Thomson, 2014). Hence, CHWs provide services at the grass-root level (Kelkar & Mahapatro, 2014). This fits within the South African's primary healthcare system, which is discussed next.

Primary Healthcare System

Within the public healthcare system in South Africa, there are three tiers, namely (a) primary, (b) secondary, and (c) tertiary. The primary healthcare is the first tier, and it responds to the local health needs of individuals and families through clinics (Zweigenthal et al., 2009). Dookie and Singh (2012) described that primary healthcare is oriented towards disease prevention, early diagnosis, and treatment management. According to Zweigenthal et al. (2009), when more treatment or services are not available at the primary healthcare level, referrals are made to the next tier, the secondary, which provides services through district hospitals. Zweigenthal et al. further explained that at the third tier, the tertiary level, there are advanced diagnostic procedures and treatments, and it has training institutions for healthcare providers through academic hospitals.

When there was a high demand of services within the public healthcare system, less specialised tasks were shifted from doctors and nurses resulting in a heightened reliance on CHWs to provide healthcare services at the primary level (Callaghan, Ford, & Schneider, 2010; Swartz, 2013; White, Govender, & Lister, 2017). The DOH piloted a community-based health model called 'Primary HealthCare Re-engineering', which proposed to deliver primary healthcare services through CHWs at a household level (DOH, 2011a). This model was motivated by the government's decision to ensure equitable, accessible, and affordable healthcare services across different populations in South Africa (Nsibande, 2011). Thus, CHWs are often the first point of contact for clients (Clarke, et al., 2007; Languza, et al., 2011). Also, CHWs have been a critical link of the community to resources and services provided by healthcare centres (Raj, et al., 2015). The CHWs provide their services in close association with other sectors and government departments, community-based organisations, and non-profit organisations that provide community-based services (DOH, 2011b; Thomson, 2014).

The use of CHWs in primary healthcare has been beneficial. Several studies (Bhutta et al., 2008; Bland et al., 2007; Darmstadt et al., 2009; Gorgia & Sachdev, 2010; Lewin et al., 2010) have shown that the work of CHWs improves the service delivery and health outcome of the public healthcare system. The presence of CHWs in communities has resulted in improved child survival, health, and nutrition (Carrera et al., 2013; Chopra, Sharkey, Dalmiya, Anthony, & Binkin, 2012). Health services have also been accessible in hard to reach populations that are in need, such as in poor rural areas where transport is scarce and expensive, where clinics are poorly staffed or hospitals isolated, and where equipment and medication are lacking (Jacobs, Ir, Bigdeli, Annear, & Van Damme, 2012; Kok et al., 2015; Perry, King-Schultz, Aftab, & Bryant, 2007). Lastly, CHWs have been effective in promoting immunisation and initiation of breastfeeding, as well as reduced maternal and child morbidity and mortality (Christopher, et al., 2011; Lewin et al., 2010).

CHWs' Need for Empowerment

Despite the difference that CHWs can make, the public healthcare system in contemporary South Africa faces challenges that do not always make the CHWs' role possible. Maillacheruvu and McDuff (2014) considered that the problems faced by the public healthcare system are rooted in the socio-economic inequalities from the apartheid era. The researchers Maillacheruvu and McDuff perceived that there is an economic divide between

the upper and lower classes, which contributes to the inequality between private and public healthcare. Thus, there is a marked discrepancy between the resources used by public healthcare and the private sector, as well as a high expenditure and low volume of patients in the private sector in comparison to the public system (Maillacheruvu & McDuff, 2014). Public primary care centres are overburdened, making primary care difficult to attain (Keeton, 2010). Additionally, in low resource settings across the country, the district health system remains poorly structured and disintegrated, consequently, CHWs often lack the appropriate resources or materials needed to perform their daily tasks (Kautzky & Tollman, 2008; Tsolekile, et al., 2014).

Research has demonstrated that the challenges faced by CHWs, such as little or no training in the context of the services they provide (Languza, et al., 2011; Spencer, et al., 2010), day to day challenges such as losing records, having a shortage of resources, and ineffective communication (Khalala, et al., 2013), lack of supervisory support, reliable financial support, and lack of dynamic management (Languza, et al., 2011; Lehmann & Sanders, 2007; Spencer, et al., 2010) have compromised the quality of care of clients at point of contact. Furthermore, these challenges have also affected the safety and wellbeing of CHWs. Bowman, et al. (2009) asserted that in South Africa, CHWs have been affected by workplace violence and victimisation. They have also faced domestic violence, child abuse, and community violence (Lehmann & Sanders, 2007; Miller & Rasmussen, 2010; Williams et al., 2007). Additionally, CHWs as service providers to impoverished communities, are also part of the very same communities (Clarke, et al., 2007; Friedman et al., 2007; Khalala, et al., 2013; Tsolekile, et al., 2014), thus, they are subjected to the same conditions as their clients. In other words, even if the CHWs would need the services they provide, they would not receive them as the access to these services is limited (Languza, et al., 2011).

Kane et al. (2016) reported that CHWs have regularly expressed feelings of helplessness, receiving little appreciation, and having no control in their work. Moreover, Kane et al. asserted that it is because CHWs do not perceive their choices as self-determined or that they have an influence in decision making. Since empowerment concerns having control and participation in different aspects of one's life, these CHWs felt disempowered (Kane et al., 2016). Additionally, Kabamba (2009) has found that CHWs experience challenges in managing their clients' emotions and needs, as well as their personal needs. Moreover, they reported feeling emotionally drained, frustrated (Mavhandu-Mudzusi, Netshandama, & Davhana-Maselesele, 2007), stressed (Akintola, Hlengwa, & Dageid, 2013), dissatisfied with work environment (Peltzer, Matseke, & Louw, 2014), lacking motivation

(Otieno, Kaseje, Ochieng', & Githae, 2012; Perez, Ba, Dastagire, & Altmann, 2009), and emotional exhaustion or fatigue leading to depersonalisation (Van Der Colff & Rothmann, 2014). This reflects Cocker and Joss' (2016) assertion that by providing care for their clients, CHWs become at risk of being negatively impacted in their holistic wellbeing. Cocker and Joss explained that the negative impact can be known as compassion fatigue or secondary trauma. Although the trauma can be secondary, it can also be that experienced primarily from the CHWs' own lives (Thomson, 2016).

Kabamba (2009) recognised that the challenges are debilitating thus, recommended that there should be formalised support programmes put in place to support CHWs. This is important because, leaving the formerly discussed challenges unattended makes the CHWs vulnerable and can result in inadequate support to their clients (Benevides-Pereira & Das Neves Alves, 2007). For this reason, Campbell, et al. (2009) argued that CHWs should feel empowered and be empowered, as empowerment is necessary for accomplishing change in them. For instance, the empowerment of CHWs will assist them to play a greater role in decision-making and leadership within their communities.

Empowerment and CHWs

To date, various studies have been conducted on the empowering effects of CHWs' work on the communities they serve, in comparison to that on the actual sense of empowerment of CHWs. Cattaneo and Chapman (2010) asserted that empowerment fits well with the consumer-oriented healthcare. Thus, this can perhaps explain the widespread research on the beneficiaries and not on providers, that is, the CHWs. Previously, in chapter one, it was asserted that placing CHWs at the forefront when describing what develops their sense of empowerment, can be a crucial driver to address power inequalities that influence their disempowerment. Empowerment involves developing people's capacities by removing the imbalances in race, class, and gender (Taylor, 1995). Hence, the knowledge of the factors that CHWs themselves regard as empowering can be valuable. Considering that there are limited studies that have allowed CHWs to describe their sense of empowerment, it may be that CHWs are only being used as "tools" to drive empowerment in other people while it may be unknown what develops their sense of empowerment. Thus, this may reflect some social injustice on the part of this cadre of health workers. This supports Young, Bantjes, and Kagee's (2016) assertion that research should be focused on disempowered groups, to give drive to the social justice agenda in South Africa.

As outlined above, literature regarding CHWs and empowerment has focused on how CHW programmes are a tool for empowering the community (Kelkar & Mahapatro, 2014; Tsolekile, et al., 2014; Wiggins et al., 2009). Literature has also focused on the work practices of CHWs that lead to the empowerment of the communities they serve (Friedman et al., 2007; Ngoma & Igira, 2015; Smith & Blumenthal, 2012). Although some studies have explored the experience of the CHWs' sense of empowerment, these have been mostly international studies. For instance, a recent international multi-country comparative study by Kane et al. (2016) focused on how CHWs' programmes affect their own experience of empowerment, that is, how organisational arrangements within the programmes can hinder or facilitate CHWs' experience of empowerment. Other factors that could develop a sense of empowerment for CHWs included: If CHWs' programmes offered some meaning specifically that derived from the nature of their work, their roles, personal experiences, and religion (Callaghan-Koru et al., 2012; Druetz, Kadio, Haddad, Kouanda, & Ridde, 2015; Kane et al., 2016); if CHWs' programmes offer new, specialised, and socially privileged knowledge (Bhatia, 2014; Ingram, Sabo, Rothers, Wennerstrom, & de Zapien, 2008; Kane et al., 2010; Kane et al., 2016; Nandi & Schneider, 2014); and if the programmes enable them to see a clear impact of their work, provide good and timely support, resources, and authority (Druetz, et al., 2010; Kane et al., 2010; Pallas et al., 2013).

While international studies have explored the experience of the CHWs' sense of empowerment, in South Africa, only one study by Mollink (2007) has been identified within the scope of CHW empowerment research. Mollink explored the perceptions of a group of lay counsellors regarding their psychological empowerment. This reflects the dearth of research, especially when comparing to the number of South African studies (Friedman et al., 2007; Ngoma & Igira, 2015; Tsolekile, et al., 2014) that have been conducted on CHWs as a source of empowerment to their communities. The demonstrable number of studies focusing on utilising CHWs to drive empowerment in the community raises the question as to why CHWs' sense of empowerment has received little attention. One can postulate that this concerns power relations between CHWs and the primary healthcare system. It may be that the knowledge and understanding of CHWs' own needs are not placed as significantly as the needs of the communities they serve. However, this is not to discredit that the prominent knowledge and understanding of the cadre of CHWs, their importance, as well as challenges, was due to the work of different researchers and authors within the primary healthcare system. Furthermore, Foucault (1982) postulated that disempowerment occurs when the knowledge of those subject to power, is subordinated to the knowledge of those who have

power. Considering that CHWs' sense of empowerment is an area where researchers and authors within the South African context have been limited, it can be a way in which CHWs become marginalised or even feel disempowered.

Whereas Mollink's (2007) study is the only identifiable on CHWs' sense of empowerment, it revealed that a more complex relationship between the community and CHW empowerment existed. Mollink found that CHWs felt empowered as a result of empowering their communities. Moreover, these CHWs also gained a sense of empowerment through having learned skills such as counselling and life skills. Consequently, Mollink found that the CHWs engaged in the counselling process with others in a confident manner, used their skills to progress in their careers, reached out to others and encouraged their empowerment, changed their perceptions of how they relate with others, and were able to take action by participating in community organisations. Essentially, these findings supported the assertion Zimmerman (1995) made, that an important relationship between critical awareness and empowerment exists. Zimmerman asserted that empowerment involves the growth of an individual's critical awareness of their communities. Mollink (2007) viewed critical awareness as knowing which resources one needs to achieve their goals, as well as how to obtain and manage the resources thereafter. Furthermore, critical awareness involved how the CHWs in Mollink's study could choose to act differently to gain greater control of their lives. Mollink's study participants had also developed an in-depth understanding of the psychosocial issues that affect their community and had greater sensitivity of the needs of the community.

Another finding from the study conducted by Mollink (2007) revealed improved self-beliefs as an indicator having gained a sense of empowerment. These improved beliefs were regarding self-worth and the importance of self-care, the ability to cope with life challenges, and the self as it relates to others. In other words, participants had increased feelings of self-worth because they were more self-aware, felt more equipped to cope with challenges, and their view of themselves was not dependent on other people's perceptions (Mollink, 2007). The finding regarding improved self-beliefs was consistent with Cattaneo and Chapman (2010), who asserted that empowerment should cause individuals to have increased feelings of self-worth, self-confidence, and self-reliance.

Summary

In this chapter, the definition of who CHWs are, the training they receive, their roles, how they fit into the primary healthcare system, and their need for empowerment were discussed. CHWs serve in marginalised areas where access to primary healthcare services is limited thus, making them a critical link of the community to these services. Their training entry level is at ancillary health care and its content is common for both CHWs from the social development and health sectors. Although their roles are less well defined, CHWs have the purpose of improving access and delivery of primary healthcare services. The use of CHWs in primary healthcare has been beneficial because they bring improvements in the delivery of services. While previous literature has documented the importance of CHWs, it has also shown that the empowerment of CHWs is a critical need because of the challenges they encounter in their line of work. These challenges are well documented; however, a limited number of studies are available within the South African context on what develops their sense of empowerment. The next chapter will discuss empowerment from a theoretical perspective.

Chapter Three
Theoretical Point of Departure

This chapter provides the theoretical stance that informed the study. It begins by offering a discussion on the theory of empowerment being relevant for the current study, then a brief history of the theory, followed by the definition of empowerment, its levels of analysis, and empowerment as a process and an outcome. The chapter is then completed by a summary. Since empowerment can be used in various ways, in this context it has been used as a theoretical framework about the phenomenon of interest, that is, CHWs' sense of empowerment.

The Theory of Empowerment in Community Psychology

Empowerment has been thought of as a significant aspect of community psychology (Christens, 2012; Fisher, Sonn, & Evans, 2007). This is because certain elements of community psychology are consistent with the empowerment orientation, especially within the South African context. Under colonialism and apartheid in South Africa, the Black population struggled to be liberated from the racialised social, economic, and industrial practices (Seedat & Lazarus, 2014). To redress the racially skewed practices, both community psychology and empowerment can be used as frameworks to address the needs of those who were disadvantaged and under-served (Macdonald, 2016; Seedat & Lazarus, 2014). Both empowerment and community psychology are informed and shaped by critical theory. The three, that is, empowerment, community psychology, and critical theory, share a concern of developing theories and practices that can solve problems and create living conditions for individuals and communities to realise their potential (Sonn & Quayle, 2012). According to an empowerment perspective, many social problems result from unequal distribution and lack of access to resources (Zimmerman, 2000). Similarly, Bond, Serrano-Garcia, and Keys (2016) asserted that community psychology recognises that the unequal distribution and lack of resources contribute to psychological and emotional distress. Furthermore, Maseko, Maunganidze, Mambende, and Maphosa (2017) perceived that an empowerment approach can also offer ways to develop interventions that enhance social change. In the same breadth, community psychology also utilises interventions (individual, group, organisational, or community) to apply its values and goals (Naidoo, et al, 2007; Visser, 2012).

Maseko et al. (2017) discussed regarding empowerment, and Visser (2012) about community psychology, that both are concerned with shifting power from the professionals (they have access to knowledge and resources) to a more interactive way with the community to generate knowledge. In chapter one, it was established that CHWs are among those who are socially and economically marginalised. Through applying empowerment theory in studying CHWs, community psychologists could help shift the knowledge about CHWs' empowerment. In other words, knowledge about empowerment has been known by the professionals, however, through exploring with CHWs their own experiences of empowerment, they too can begin to identify and challenge the problems confronting them. In community psychology, empowerment is a strengths-based and non-expert driven approach that focuses on enabling individuals and groups to participate in solving the difficult conditions they face (Baxamusa, 2008; Ozer, Newlan, Douglas, & Hubbard, 2013; Prati & Zani, 2013). Through using the perspective of the theory of empowerment, links could be made regarding how CHWs experience what develops their sense of empowerment, thus, involving them in defining and actively engaging in problem-solving and knowledge creation. Following this section is a more in-depth discussion on the theory of empowerment, and it begins by providing its history.

A Brief Historical Perspective of Empowerment Theory

Empowerment theory is rooted in the philosophical postulations of the Brazilian educator Paulo Freire (1973) who suggested that through education, the oppressed can be liberated. Freire believed that it was necessary to identify and empathise with those oppressed to understand their needs (Hipilito-Delgado & Lee, 2007). Empowerment emerged during a time of strengthening minority groups (Dolničar & Fortunati, 2014). Its emergence was a departure from the approaches of prevention and intervention, towards collaborative approaches of working with individuals, communities, and organisations (Christens, 2012). Since then, the theory of empowerment has been widely used across a variety of disciplines including community psychology (Fox, Prilleltensky, & Austin, 2009). Zimmerman (1995) explained that although empowerment is related to power, it is not power. Moscovitch and Drover (1981) argued that to understand the concept of empowerment, it is important to first distinguish between power and powerlessness. It is therefore relevant to elucidate briefly on power and powerlessness and how it relates to empowerment.

Power and Powerlessness

Power, as defined by Prilleltensky (2008) is “the capacity and opportunity to fulfil or obstruct personal, relational, or collective needs” (p. 119). Prilleltensky further asserted that power has a dual identity of being political and psychological and that it affects people in ways that are not always easy to identify because it can occur simultaneously as overt or covert, hidden or exposed, and/or pervasive and invisible. Power can determine the distribution of resources, shape cultural narratives, and change the view of legitimacy (Agner, 2017). Powerlessness, on the other hand, is an individual’s perception (Fourie, 2009) that their actions will not be effective in influencing how life events pan out, that is, they are not able to determine what happens to them or not (Kieffer, 1984). Powerlessness results from systematic disadvantages and limitations to individual and community growth, found in social structures in one’s environment (McWhirter, 1991). Thus, empowerment theory and empowerment-oriented practices relate to power by recognising how the forms and uses of power can help marginalised groups gain access to resources, promote change, and enhance community well-being (Prilleltensky, 2008). Having established the difference between the two terms, the construct empowerment is defined next.

Definition of Empowerment

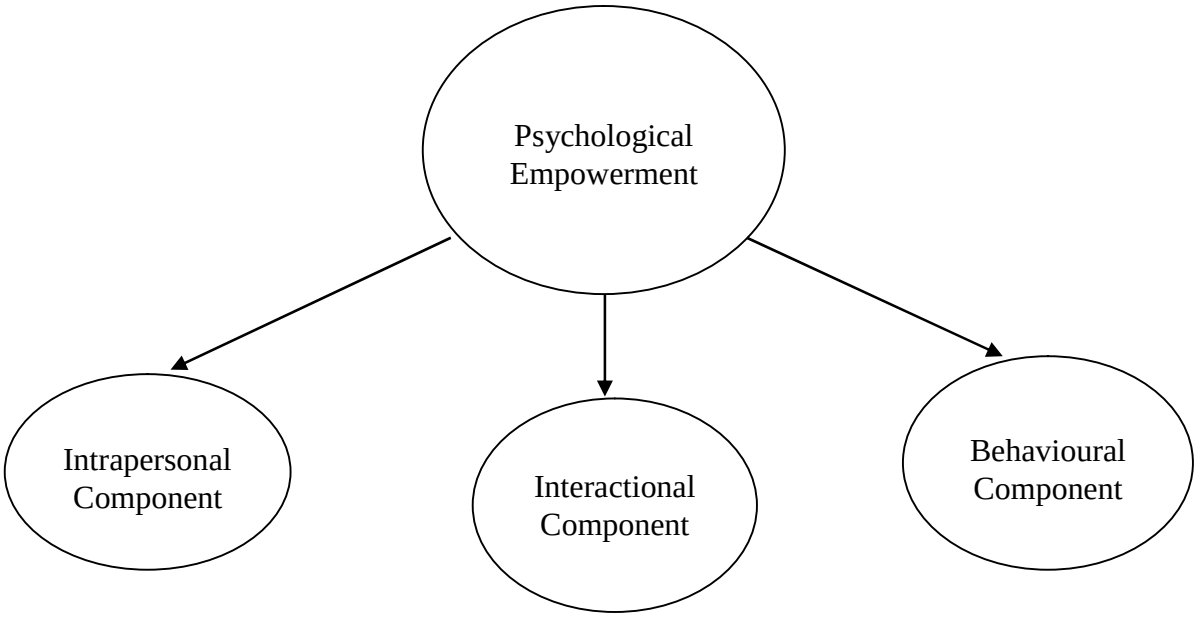
Empowerment is a social-action and participatory process, that refers to individuals, organisations, and communities gaining a sense of control over their affairs (Maton, 2008; Rappaport, 1987; Wallerstein, 1992). It is associated with a person’s strengths, competencies, and positive behaviour towards social change, political efficacy, improved quality of community life, and social justice (Rappaport, 1984; Zimmerman & Rappaport, 1988; Wallerstein, 1992). Empowerment has also included notions of agency, self-advocacy, self-efficacy, locus of control, mastery, and self-determination (Cattaneo & Chapman, 2010; Tengland, 2008). Empowerment is a multi-dimensional concept (Christens, 2012), ecological in nature (Rappaport, 1987), and occurs at three interwoven levels of analysis namely (a) the individual, (b) the organisation, and (c) the community (Zimmerman, 2000). Although discussed separately in the next sections, the three levels are inherently connected as they create non-linear cause and effect relationships with each other (Zimmerman, 2000; Christens & Lin, 2014). For instance, Hough and Paisley (2008) illustrated that a community having individuals who feel empowered may lead to an empowered community. However,

empowerment at one level does not always lead to empowerment at other levels, therefore the empowerment of individuals does not necessarily empower their organisations or communities (Radebe, 2012). These three levels are discussed next.

The Individual Level of Analysis

The first level of analysis is the individual or psychological empowerment. Here, empowerment is evidenced as a person's ability to gain mastery and control over their life, understand their environment, exert control, and experience feelings of self-efficacy (Kieffer, 1984; Zimmerman, 2000). Christens and Lin (2014) explained that the psychological aspects of empowerment can be observed when people participate in community settings and organisational processes. Further, Christens and Lin asserted that individual empowerment occurs when people develop new perspectives and competencies. For example, if a person realises that they had allowed others to disrespect them and then develops the ability to ask for their interpersonal boundaries to be respected, this person has developed a new perspective and a new competency that will influence their relationships. According to Zimmerman's (1995) theoretical model, the attributes of individual empowerment formerly discussed can be grouped into the (a) intrapersonal, (b) interactional, and (c) behavioural components (see Figure 1).

The intrapersonal component is a self-perception of one's capacity to influence different life spheres such as socio-political contexts (Peterson, 2014). The interactional component looks at how an individual interacts with others to master their socio-political environments, use their knowledge of how to obtain the resources needed to achieve goals and having critical awareness (Peterson, 2014; Russell, Muraco, Subramaniam, & Laub, 2009). The behavioural component refers to the specific actions that an individual takes to exercise influence on their socio-political contexts through participating in community activities (Russell, et al., 2009). Christens (2012) discussed that the intrapersonal component shares a common theme with emotions, interactional with cognitions, and behavioural with actions.



- Domain specific perceived control
- Domain specific self-efficacy
- Motivation control
- Perceived competence

- Critical awareness
- Understanding casual agents
- Skill development
- Skill transfer across life domains
- Resource mobilisation

- Community involvement
- Organisational participation
- Coping behaviours

Figure 1. Nomological network for psychological empowerment with intrapersonal, interactional and behavioural components, and hypothesised elements of each component. Adapted from Nomological network for psychological empowerment by M.A. Zimmerman, 1995, *American Journal of Community Psychology, 23,* p. 588

The Organisational Level of Analysis

The next analytical level refers to the small group or organisational level (Presby, Wandersman, Florin, Rich, & Chavis, 1990; Rappaport, 1987; Zimmerman, 2000). Zimmerman (1990) proposed that empowerment in the organisational level shows itself through shared leadership, community influence, and various organisational efforts to develop skills. In other words, organisational empowerment involves the opportunities

offered by organisations for its members to generate psychological empowerment and for its effectiveness in achieving its set goals (Maton, 2008; Peterson & Zimmerman, 2004). For example, organisational empowerment can occur when an organisation employing a CHW functions in ways to increase the CHW's knowledge, allows them to partake in decision making, or help them to be aware of factors that interfere with their capability as a CHW. Peterson and Zimmerman (2004) identified that organisational empowerment can be grouped into (a) intra-organisational (internal structures and processes of the organisation), (b) inter-organisational (the relationships and collaborations between organisations), and (c) extra-organisational (the organisation's efforts to influence the larger systems which it is part of).

The Community Level of Analysis

The last level of analysis is the community level (Labonte, 1989; Rappaport, 1987). Here empowerment shows itself as the collective involvement in mobilising resources that build local power and result in increased control over local decision making (Laverack, 2006; Zimmerman, 1990). Furthermore, Zimmerman (2000) postulated that community level of empowerment refers to when the community's resources are accessible to all its members and its organisations allow their members to participate in activities to improve lives such as crime prevention and healthcare. For example, an empowered community will make efforts to address threats to their quality of life by offering free workshops to its members via various organisations. The workshops can be about teaching community members certain skills to engage in activities to improve community life. Another example is when a community facing issues of domestic violence, forms coalitions of its organisations to make their resources available for those affected and create an awareness of the general community about the issue.

Several researchers (Spreitzer, Kizilos, & Nason, 1997; Swift & Levine, 1987; Thomas & Velthouse, 1990; Zimmerman, 2000) also postulated that at each level of analysis, empowerment involves both a process and an outcome. These are discussed next.

Empowerment as a Process and an Outcome

Empowerment is a process that is changeable over time and place (Hur, 2006). Zimmerman (2000) contended that a process is empowering if it helps people to developed skills and become independent problem solvers and decision-makers. Thus, the

empowerment process enables individuals to recognise their skills and resources, while also enabling communities to take control of the issues they face (van Vlaenderen & Neves, 2004). In other words, McWhirter (1991) pointed out that an empowering process occurs through critical awareness by enabling individuals to recognise how power dynamics affect their abilities. Furthermore, McWhirter believed that once an empowering process has assisted an individual to recognise their skills or resources, empowerment can occur in the organisations or community and help them to recognise their skills or resources. For example, an emphasis on empowerment as a process leads to a focus on increasing the participation of previously excluded individuals in activities so that they can acquire new skills, learn how to solve their problems and make decisions.

On the other hand, empowerment as an outcome is about understanding the operationalisations of empowerment, by studying the consequences of empowering processes to see how it functions (Zimmerman, 2000). An empowerment process results in an empowering outcome when individuals have improved self-efficacy and participate in their communities (Stone & Levine, 1985; van Vlaenderen & Neves, 2004). McWhirter (1991) also added that when a person is aware of how low self-esteem is socially reinforced, they can direct their efforts towards managing their environment to develop more desirable characteristics. Perkins and Zimmerman (1995) asserted that in individuals empowered outcomes may be situation-specific perceived control, while for organisations these may be the development of organisational networks, and for the community, they may include the existence of organisational coalitions, and accessible community resources.

Summary

In this chapter, empowerment theory was argued for as relevant to the current study. A brief overview of the history of the theoretical underpinnings of empowerment was discussed. It was established that it is significant to discuss the terms power and powerlessness, and how they relate to empowerment. Empowerment has also been related to other terms such as self-efficacy and locus of control, however, empowerment is more than these as it is associated with participatory behaviour towards social change.

Empowerment is ecological in nature by occurring at the individual, organisational, and community levels of analysis. At the individual, empowerment can be observed through the intrapersonal, interactional, and behavioural components. At the organisational level, empowerment is generated towards psychological empowerment for its members and its

effectiveness through sharing leadership, influencing the community, and the development of skills. And at the community level, empowerment is directed towards an increased control in local decision making and making the community resources accessible to all its members.

The chapter ended with a discussion on empowerment as a process and an outcome. As a process, empowerment enables individuals, organisations, and communities to develop skills which help them take control of the issues they face. As an outcome, empowerment is concerned with the consequences of empowering processes.

In the next chapter, a description of the research methodology will be presented, including a brief discussion of qualitative research as a paradigm. Additionally, the context of the research, the choice of participants, data collection and analysis, and ethical procedures will be also discussed.

Chapter Four
Research Methodology

The purpose of this chapter is to present a summary of the research process that was used to answer the research question: What are the factors that develop CHWs' sense of empowerment? It begins with a brief discussion of qualitative research as the paradigmatic point of departure used in carrying out the study, thus, informing the choice of qualitative methods applied. This discussion is followed by the research procedures which include the contexts, sampling method, data collection and analysis. The strategies used to ensure the trustworthiness of the findings are then discussed and lastly, a brief discussion on the ethical issues that the study abided by is offered.

Paradigmatic Point of Departure

Qualitative research. According to Creswell and Poth (2018), a qualitative approach is broadly a reflective process, that is, an interpretive inquiry where researchers interpret the meanings that individuals or groups have regarding social or human problems. Moreover, qualitative research which is concerned with exploring and describing a phenomenon is typically either experiential or critical (Braun & Clarke, 2013; Creswell, 2014). Braun and Clarke (2013) explained that experiential qualitative research involves prioritising the perspective and meaning of individuals who experienced a phenomenon. In contrast, Braun and Clarke described that critical qualitative research is interrogative and is concerned with making the researcher's interpretations of the language the participants used to describe different versions of reality more important. This study took the experiential stance to qualitative research and focused on studying experiences, that is, a phenomenological stance. In short, phenomenology is concerned with how individuals describe and understand phenomena as they live in it (Bowie & Wojnar, 2015; Bryman, 2012; Langdridge, 2007; Willig, 2013; Wojnar & Swanson, 2007).

Qualitative research can be used to refer to techniques of data collection and to a wider framework for conducting research, that is, as a paradigm **(**Braun & Clarke, 2013**)**. The elements of ontology, epistemology, axiology, and methodology are important when discussing the philosophical assumptions of the qualitative research process (Creswell & Poth, 2018; Yilmaz, 2013).

Both Creswell (2007) and Yilmaz (2013) assumed that qualitative research is based on a relativist ontology, which means that reality from the participants' perspective is subjective and multiple. Creswell and Poth (2018) perceived that since the researcher offers a holistic account, multiple perspectives and a larger picture of what emerges from the experiences of participants can be provided. In practice, this means that direct quotes and themes are written in the words of CHWs who participated in this study. These will be illustrated in the next chapter.

Braun and Clarke (2013) explained that the qualitative epistemology is a relativist, meaning that knowledge is always perspectival and there is no absolute truth. The knowledge produced through research is created by the interaction of the researcher and the participants through the subjective experiences of the participants (Creswell, 2014). Thus, the researcher and the participants depend on each other, that is, they are inextricably connected (Anney, 2014; Yilmaz, 2013). To produce knowledge, the researcher familiarises themselves with the participants by staying in the field where the participants live to get first-hand information (Creswell & Poth, 2018).

The axiological assumption is made explicit when the qualitative researcher makes their values known (Creswell & Poth, 2018). Berger (2015) explained that making a researcher's values known involves describing their social position, personal experiences, as well as their political, and professional beliefs. In this study, when I discussed reflexivity and ethical considerations, I demonstrated this assumption.

From this paradigmatic perspective, the knowledge of the reality of CHWs regarding the factors that develop their sense of empowerment can be created when I enter the world of the participants and explore their experiences. Methodology, another element of the philosophical assumptions underlying qualitative research, enables the researcher to explore these factors. In other words, the ontology, epistemology, and axiology depend on each other and lead to which type of methodology is appropriate for a study (Braun & Clarke, 2013; Creswell & Poth, 2018).

A study's methodology is concerned with the process, context, interpretation, and meaning through inductive reasoning (Creswell & Poth, 2018; Yilmaz, 2013). In order words, Braun and Clarke (2013) outlined that methodology provides the researcher with a framework of making decisions regarding their study. For instance, the way of selecting participants, the data collection methods and analysis to be used, and the role of the researcher. The qualitative methodology is thus a reflective process used to obtain in-depth data from participants in their natural settings (Domegan & Fleming, 2007), through data

collection methods such as interviews to get a holistic view of their experiences, and then analyse the data to make interpretations of its meaning (Agee, 2009; Burns & Grove, 2009; Creswell, 2014). Thus, the next discussion addresses the research design and methods I followed to explore, through their experiences, the factors that develop CHWs' sense of empowerment.

Qualitative design

The purpose of this study was to explore, through their experiences, the factors that develop CHWs' sense of empowerment. Therefore, an exploratory qualitative research design was used since it offers new insights and descriptive accounts of the experiences of all participants who have experienced a phenomenon (Creswell, 2014; McLeod, 2011). The research design permits for the methods used to focus on exploring and interpreting experiences (Johnson & Christensen, 2008). The next section is a brief discussion of the contexts of the current study's participants.

Contexts

CHWs from under-resourced areas specifically Diepsloot and Woodlane village, known as Plastic View in popular vernacular, were approached to participate in this study.

Woodlane village. This is an informal settlement in Pretoria East, Gauteng Province which is an impoverished area. As a home to over 3000 people, Woodlane village has encountered situations such as extreme poor conditions (housing, water, electricity, sanitation, and health services) and security concerns (xenophobic incidents, criminal activity, and safety from harm or fires) (Pretoria East Rekord, 2016; Roux, 2012). The inhabitants of Woodlane village have been exposed to frequent acts of violence and threats to survival since the municipality can forcibly remove them (Chawane, 2016). The population comprises of different groups, mainly black African groups of Tsonga, Pedi and undocumented foreign nationals (Pretoria East Rekord, 2016).

Diepsloot. Diepsloot, an impoverished settlement bordering two municipalities, the City of Tshwane and City of Johannesburg, has an estimated population of 150 000 (Basera, Takuva, Muloongo, Tshuma, & Nyasulu, 2016; Bearak, 2009). Media reports have described the inhabitants of this settlement as constantly encountering situations such as high crime rates in Gauteng and shootings (Alamu, 2016; Bearak, 2009; Mbhele, 2016; Phagane, 2016;

Tsotetsi, 2016). Furthermore, reports of xenophobic attacks and violence against youth and women have been made (Mahajan, 2014; Malan, 2016).

The CHWs placed in these settings bridge the different needs of the members of the two settlements. Because the CHWs are part of these communities, they are also exposed to similar situations of violence, extremely poor conditions, security concerns, and limited resources. As a result, these can be viewed as a daily threat for them and can contribute to their disempowerment. Thus, exploring the experiences of CHWs based in Diepsloot and Woodlane Village was relevant considering the issues they face. The next section explains how the participants in the study were selected.

Sampling

Purposive sampling was used to select the participants in the study. It involves the selection of participants who illustrate some features that the study is interested in (Braun & Clarke, 2013; Bryman, 2012). In other words, purposive sampling selects participants who can help understand the problem and answer the research question (Creswell, 2014). This method of sampling was relevant for the study as the aim was to explore the factors that develop a sense of empowerment specifically in CHWs. For this reason, the participants were selected based on the following inclusion criteria:

- CHWs who work in Woodlane village and Diepsloot,
- either male or female,
- older than 18 years,
- have some work experience as a CHW for more than a month, and
- be proficient enough in English to understand the informed consent process and conduct a verbal interview.

Creswell (2014) stated that having a small number of participants is characteristic of qualitative studies since he found that they typically had a sample size of three to ten. As a result, the sample size of this study was four participants, two from Woodlane village and the other two from Diepsloot. To select the participants, I first obtained permission to conduct the study within both organisations (see Appendix A). Gatekeepers at both sites then informed the CHWs about my intention to carry out a study with them. These gatekeepers were specific individuals within each organisation (i.e. those who have contact with CHWs), whose task was to inform CHWs about the study. At Woodlane village, the CHWs

communicated their interests to take part in the study to the gatekeeper, who then arranged meetings where I first distributed the information letters (Appendix B). For those in Diepsloot, the gatekeeper arranged a meeting with the CHWs. During this meeting, information letters were distributed and those interested communicated their desire to take part in the study. The letter informed the CHWs about the purpose of the study, how data will be collected, and the benefits of taking part. Furthermore, it communicated that the participants could voluntarily take part in the study, withdraw at any time without negative consequences and that there would be confidentiality and anonymity of data. Individual interviews were then set with each volunteer from each site. The next section discusses the type of interviewing method used to collect data from each participant.

Data Collection Strategies/Procedures

Data collection following a qualitative research design often consists of semi-structured interviews with participants (Creswell, 2007). Thus, I conducted semi-structured interviews to collect the data from each participant. Braun and Clarke (2013) asserted that qualitative interviews enable a researcher to get rich, detailed, and often unanticipated accounts from participants. This type of interview format allows more room for flexibility and direction as provided by the interviewee, thereby, allowing for issues outside the interview schedule to be discussed (Bryman, 2012). Semi-structured interviews are facilitated using an interview schedule, as a guide to the conversation between the interviewer and interviewee, and to provide key questions to ask (Creswell, 2014). I developed the interview schedule (see appendix D) for this study based on the themes identified in other literature exploring the phenomenon of empowerment, as well as CHWs. Open ended questions exploring the experiences of the CHWs were used as well as probes and prompts to further elicit information regarding what develops their sense of empowerment. These types of questions allowed the participants to further expand and tell in detail their experiences without restrictions.

The individual interviews took place at a private and comfortable setting of the participants' choice. At the start of each interview, I read and explained the contents of the informed consent form (Appendix C) to the participants and allowed them to ask questions to clarify anything they regarded as unclear. The participants then signed the consent forms if they agreed with its contents. These forms included information about the aims of the study, data storage strategies, how the results and findings would be disseminated. The other

important elements included were the language in which the interviews would be conducted, the right to have their concerns addressed and the freedom to withdraw at any point in time. In the informed consent forms, participants could acknowledge if they understood and agreed with what they read. Once they agreed, I conducted, and audio recorded semi-structured interviews with each participant. I subsequently transcribed verbatim the audio-recordings of each interview for purposes of data analysis. Afterwards, I stored the transcripts and the audio recordings on a password-protected laptop, which only I had access to. The next section discusses how the transcripts were analysed to develop the themes.

Data Analysis

Experiential thematic analysis, one of the varieties of thematic analysis, focuses on how the participants experience and make sense of their world (Braun & Clarke, 2013). According to Willig (2013), thematic analysis is a method for recognising and organising patterns (i.e. themes) identified in the content of qualitative data. Further, through thematic analysis, researchers can capture the essence of the data as it relates to the research question (Braun & Clarke, 2006). The data analysis process followed the stages of thematic analysis as outlined by Braun and Clarke (2013).

The first stage. After transcribing, the analysis begins with an immersion into the data, through familiarising oneself by reading and re-reading the data (Braun & Clarke, 2013). During this step, I manually made orthographic or verbatim transcripts of each interview onto Microsoft Word documents. The orthographic style of transcription focuses on transcribing what was said and other sounds (Braun & Clarke, 2013). For instance, I wrote down all actual words and non-semantic sounds – such as ‘uhmm’, ‘mmh’, and ‘uh-huh’. I then read and re-read each transcript, jotted down initial notes about what can be potentially significant.

The second stage. The next stage involved producing initial codes from the data. Codes are the most basic elements of the raw data and be a word or a brief-phrase (label) that is meaningful to what is being explored (Boyatzis, 1998; Braun & Clarke, 2013). Verbatim or data extracts from each participant’s transcript had a coloured text font. I did this so that each participant’s verbatim could be associated with a specific coloured text as per their transcript. I then followed a complete coding process for each transcript. Complete coding helps to identify what within an entire individual dataset answers the research question (Braun & Clarke, 2013). Using the comment feature on Word, I assigned different codes to data

extracts having relevance to answering the research question: What are the factors that develop CHWs' sense of empowerment? All identified codes could either reflect the semantic content or the theoretical interpretations (latent) of the data. Braun and Clarke (2013) explained that while data-derived or semantic codes provide explicit content of the data by mirroring participants' language, the researcher-derived or latent codes provide implicit meanings within the data identified using conceptual and theoretical frameworks.

The third stage. The next stage began when all data had been coded. Braun and Clarke (2013) explained that during this stage, the different codes are sorted into candidate themes, then the researcher looks for relationships between codes, between themes, and between sub-themes. Thus, in a new Word document, I grouped all the codes from each transcript according to their content. Furthermore, I considered the different relationships between the codes, to combine them as overlapping candidate themes. Each candidate theme was made up of codes as per transcript, with the verbatim encompassing the code (see figure 2). Using the comment feature, I further refined each code upon identifying anything noteworthy. All the codes that seemed not to belong in any of the initial themes were grouped under a miscellaneous category. At this stage, a total of eighteen candidate themes were identified, including the miscellaneous category.

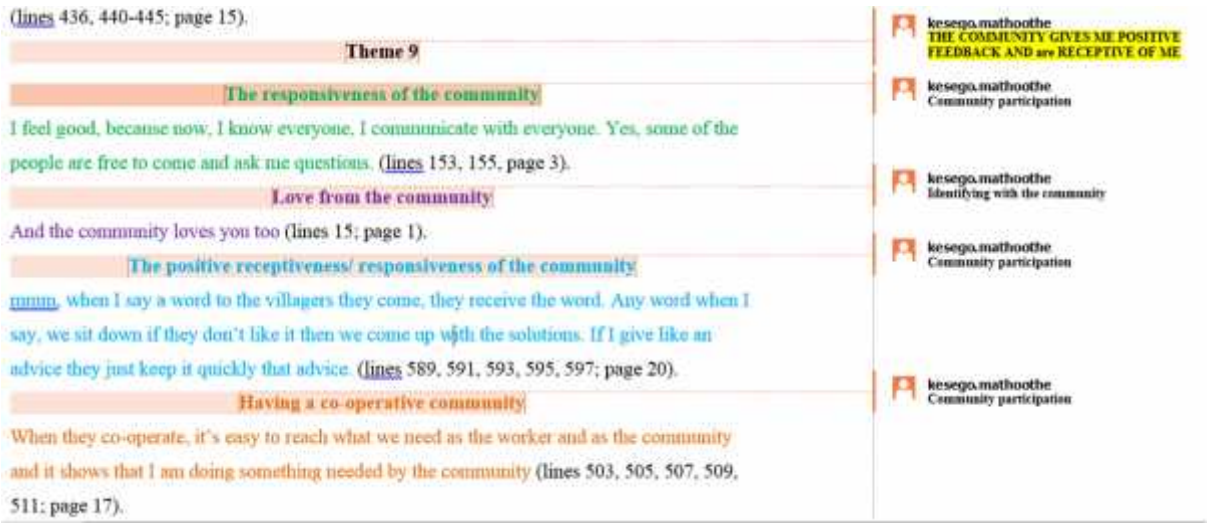


Figure 2. A screenshot depicting the third step in the thematic analysis process. This figure shows that each candidate theme was made up of codes as per transcript, with the verbatim encompassing the code.

The fourth stage. This stage involves reviewing the candidate themes by refining and integrating them into others, as well as confirming if some are themes (Braun & Clarke,

2013; Joffe, 2012). To do this, I went through each candidate theme making sure that all the coded data fits in. I re-assigned those data extracts that did not relate to a theme to a more fitting one. I also placed those that could not fit in anywhere under the miscellaneous category and later revised them. If I identified that any coded data under the miscellaneous category could be placed under any of the relevant themes or be grouped to create a new candidate theme, I did so. Those that did not fit in anywhere were discarded. Some candidate themes were then collapsed together, while those that did not capture well the meaning of the data were discarded. I revised the themes based on the coded data extracts, then I further reviewed the themes by re-reading the entire dataset. I did so to ensure that the themes captured the meaning of the dataset based on the research question. Once they were distinct and coherent, I advanced to the next phase. The themes had now been refined to eight in total at the end of this stage.

The fifth stage. The next stage involves identifying the core meaning of each theme and what aspect of the data it captured (Braun & Clarke, 2013). At this stage, I wrote definitions, which clarified the focus, scope, and purpose of each theme. The definitions also allowed me to provide a coherent and meaningful picture of the dominant patterns across the entire dataset. During this stage, I also made sub-themes within themes if there were overarching patterns that played out in different ways. Moreover, I selected data extracts across the entire dataset and used them as either illustrative or analytical examples of the extracts. Braun and Clarke (2013) explained that an illustrative approach provides a detailed description and interpretation of a theme by using examples to support the researcher's claim, without which, that is, the examples, the point would still be thorough and coherent. On the contrary, Braun and Clarke explained that with the analytic approach, the researcher must present data extracts when making interpretative claims, as, without them, the analysis would not make sense.

The sixth stage. The final stage of analysis is the production of a report, it is not a single phase because writing and analysing are interwoven in qualitative research (Braun & Clarke, 2012). According to Braun and Clarke (2013), the task of the write-up of thematic analysis is to tell a compelling story of the data in a clear, coherent, and logical manner, embedded with adequate evidence relating to the themes within the data. Thus, I used the extracts identified in the previous stage to provide an analytic narrative that answers the research question and is supported by relevant literature. This stage is illustrated in the findings and discussion chapter.

While the above stages were offered as a strategy to guide the analysis, they were not performed directly in this order. The process I used involved a back and forth repetition, that is, it was iterative. For instance, when I was drafting and re-drafting the findings and discussion, I made changes to some of the themes in terms of their definitions and the data extracts used. I did this to ensure that I developed a coherent narrative of the data. Braun and Clarke (2013) stated that generally, qualitative analysis is an iterative process that involves developing a compelling and coherent story about data. When developing a clear and concise analytic narrative, ensuring the trustworthiness of the data is important. Thus, the strategies used for increasing the trustworthiness of the current study are discussed next.

Strategies for Increasing the Trustworthiness of the Study

In qualitative research credibility, dependability, transferability, confirmability, and reflexivity are important criteria to ensure that the research is trustworthy (Creswell & Poth, 2018; Willig, 2013). In the next sessions, the measures I put in place to increase trustworthiness are discussed.

Credibility. Silverman (2017) postulated that credibility is the extent to which any claims of a study are based on evidence. Thomas and Magilvy (2011) proposed that for a study to be credible, they suggest peer debriefing or examination as one way to ensure it. Similarly, Shenton (2004) also made suggestions which included familiarising oneself with the culture of the participants before data collection and being involved in frequent supervisor-supervisee debriefing sessions. To ensure that this study was credible and that it described the experiences of the CHWs as it had intended, I made provisions in line with these strategies. The study reviewed the available literature on the phenomenon and presented them in Chapter Two. Although few previous comparable studies explored the experiences of CHWs' sense of empowerment, the procedures employed during data gathering and analysis in this study were well established within the field of qualitative research. During the presentation of the findings, I made sure to include direct quotes as evidence. Furthermore, to remain consistent with the epistemological assumption of the qualitative paradigm, I familiarised myself with the culture of the CHWs. I did this by going to their place of work to spend time with them. This opportunity allowed me to ensure that each CHW who was approached wanted to engage in the project freely. Ultimately, this would ensure honest contributions since the collected data would be from only those willing to participate in the study. Additionally, I have from the beginning of the project, consulted my supervisor. Thus,

it helped me to get feedback and broaden my outlook of the research and the interpretation of the findings. Lastly, I was involved in discussions with colleagues and other researchers, and through these conversations, I was able to incorporate any realisations into the research.

Dependability. This refers to whether the findings of a study would be similar if the research was replicated by another researcher (Shenton, 2004). Creswell (2007) asserted that dependability and confirmability (to be discussed) are ensured by auditing the research process. The research audit is an inquiry process whereby a researcher provides a complete set of notes for all the research decisions regarding the data collection and its analysis (Bowen, 2009; Korstjens & Moser, 2018). Dependability can be achieved by discussing in greater detail what was done in the field and evaluating the research process' effectiveness (Shenton, 2004). To ensure dependability, I reported in-depth the procedures I followed and include them in the sections that discuss the research design and how it was executed, and the details of the data collection.

Transferability. Korstjens & Moser (2018) postulated that the responsibility of researchers is to provide a thick description of the participants and the process of the research, to enable the reader to assess if the findings are transferable to their settings. In other words: Will other CHWs elsewhere report similar experiences to those in this study? According to Shenton (2004), transferability can be enhanced by providing a detailed description of the population and context of the participants as well as ensuring that readers receive an in-depth illustration of the study's phenomenon of interest. Anney (2014) explained that another way a study can ensure transferability is through purposive sampling. Earlier in this chapter, I informed the readers about the research settings of Woodlane village and Diepsloot, the sample and its size, as well as the interview procedure as a means of data collection. To continue to describe the sample of CHWs, in the next chapter a brief discussion on each of the participants will be provided. Additionally, I presented a review of the literature regarding CHWs' empowerment and further used the empowerment theory in interpreting their experiences. In the next chapter, I will provide reports of the CHWs' experiences, to give a context of their experiences. Lastly, I used purposive sampling using specific criteria that the participants should meet and outlined these in the discussion about sampling. However, the transferability of the data may be limited because the study is about individual experiences and had a small sample size.

Confirmability. This strategy is concerned with the extent to which the findings reflect the aims of the study (Creswell, 2007). To do this, the researcher avoids basing interpretations on their preferences and viewpoints, but on the data (Korstjens & Moser,

2018). However, considering that in the study, the interpretations of the findings are influenced by the researcher's own experience and subjectivity, the process of reflexivity helps monitor this influence. I describe this process in the subsequent section. Furthermore, as previously mentioned, the audit trail can be used in establishing confirmability. An audit trail can be followed from the sections discussing sampling through to how the data collected was analysed.

Reflexivity. I adopted this strategy as an attempt to clarify the bias that I bring. Reflexivity refers to how researchers become aware and reflective of the impact their reactions have on the insight and understanding of the research findings (Willig, 2013). After the first two interviews, I went over the transcripts to study how I was influencing the direction of the interviews, and to check the areas that I could improve on when asking questions such as to ask the participants for clarification. Moreover, I documented subjective reflections in a journal that had entries of every step during the research process. The reflections included my experiences which can all shape how the sense of empowerment is interpreted. During the analysis, this journal was consulted to make an allowance for the way I was feeling. In this way, the trustworthiness of the research can be ensured.

Reflexive statement. My approach to reflexivity will be through two forms—functional and personal (Wilkinson, 1988). Braun and Clarke (2013) explained that functional reflexivity gives critical attention to the way one's research tools and process may have influenced the research, whereas personal reflexivity, brings the researcher into the research, by making them a visible as part of the research process. I will first present the personal reflexivity and later combine it with the functional reflexivity.

For most of my childhood years, I grew up in Botswana. However, during my teenage years, I lived in Zimbabwe, then later returned home to Botswana. Although the cultures of both countries are quite diverse, there was one similarity I experienced; there was a divide between males and females. This division was in terms of the roles they play and the power ascribed to either gender. In other words, both had aspects of patriarchal systems, where men held power that women could not. Even at a young age, children were taught this, thus, shaping their view of the world.

I believe it was only later when feminism and human rights movements grew within Botswana, that I became exposed to empowerment. My interaction with and understanding of the concept of empowerment was introduced to me through media. I suppose, to redress the inequality caused to women in the past, a common narrative in media was women empowerment. Loosely, my understanding of women empowerment was that women were

now being enabled to engage in activities or areas where they previously were not allowed. I also understood it as wanting to help women to become self-directing and do things by their own will or choice. I was also familiar with youth empowerment, which was to help youth to achieve their goals in terms of business and careers. Thus, before beginning this study, this was my understanding of empowerment.

When working on my proposal during the MA Counselling Psychology program, the idea of exploring the construct came when studying community psychology. The need was identified through a project my classmates and I were supposed to run. Although empowerment was now a common term in the media and society, during the initial phases of exploring it, it was completely difficult to understand. Thus, my basic knowledge from women and youth empowerment, empowering employees, and black economic empowerment was what framed my perspective.

It became hard to transition to work solely with the data without allowing what I knew regarding empowerment, little as it may have been, to influence the study. As a result, when working with the participants, all women, I could identify with them. When reading some of the participants' comments, being a female myself, I was able to identify that some of the meanings were about challenging power inequalities that are remnants of patriarchal systems in societies to date. Additionally, I became aware that my culture is different from all the participants. It is possible that our differences could have made me miss meanings of their experiences which were noteworthy to them. I am from Botswana, two were from a neighbouring country, and the other two were South African. Given the backgrounds of each of the countries, our meaning and understanding of empowerment can be completely different.

Furthermore, our education backgrounds were also different. This difference proved to be quite significant as issues of power could come into play. Thus, it required me to constantly interrogate my position and behaviour concerning my qualifications. I was afraid of appearing to the participants as feeling superior because I'm doing my Master's, thus possibly ruining the rapport I was supposed to establish with them. As a result, I became apologetic and modest when communicating that I am an MA student, or even when they asked me where I stayed. I later realised that, to two of the participants, they were motivated by this, and wanted to see themselves furthering their studies one day.

Still, in terms of power, I needed to be able to reflect on the researcher role I take when writing about the experiences of the participants. This was highlighting a very critical element regarding ethical issues and the considerations I had to make. In other words, I had to

remember to stay as close as possible to represent the participants' experiences, as that had been my intention with carrying out a qualitative study focusing on experiences. Furthermore, I needed to be aware that the participants may be a group of people whose stories have been ignored, dismissed, or silenced. Thus, in writing about them, I needed to tread carefully, such that if they were to read what I wrote about them, they would not be discouraged to share their experiences again, nor expose them to people who would silence them. This awareness was helped by my position as a student psychologist which taught me that my role can be to advocate for the agency for my clients.

Being previously embedded in a quantitative research background, I found it difficult to do qualitative research. During my undergraduate years, my research project was a quantitative study exploring aggression, and in honours, I carried out yet another a quantitative study on traumatic brain injuries. Thus, my perspective on research was mostly, measurable or quantifiable. This came across in the words I used in the beginning phases of writing my proposal, as from time to time I would use words more associated with the quantitative perspective. I will admit, even after working from a qualitative perspective for over two years now, it still comes across in my writing.

Fortunately, it helped to have a supervisor who was aware of the research perspective I had been familiar with and helped to make me aware when I still quantitatively approached the study. As previously mentioned, after interviewing my first two participants, I reviewed their transcripts. This revision was influenced largely by wanting to see what my contribution to questioning was with participants. This reflection helped me identify that the quantitative perspective was still coming out in the manner I asked questions. Thus, to get richer and thicker data, I worked on what I can do to ask questions that will elicit the participants' experiences as much as possible.

My experiences, as a woman, intern psychologist, and theoretical knowledge of empowerment, all played a role in the analysis of each participant's transcripts. However, the themes identified were largely those driven from the understanding of the participants' experiences. In the next section, the ethical considerations of the research process are discussed.

Ethical Considerations

In this study, issues such as informed consent, confidentiality, and protection of participants were strictly observed.

Permission. To begin with, the permission to conduct the study was granted from the University of Pretoria through the Humanities Faculty Research Ethics Committee. Permission was also obtained from both organisations in Woodlane village and Diepsloot (see Appendix A).

Informed consent. To observe the informed consent procedure, I discussed the informed consent forms with participants before the interviews took place. This was done to ensure that participants were fully aware of the procedures as well as the purpose of the study. All participants were informed that their involvement in the study would be entirely voluntary and that they could at any point during the study choose to withdraw without any consequences. Gravetter and Forzano (2009) stressed that it is important for the participant to know that their participation is voluntary and that they can withdraw at any time from the research if they wish.

Confidentiality. Consent forms should address confidentiality for the participants (Bryman, 2012). As a result, the respect for the dignity of participants was ensured through protecting them using pseudonyms. Doing so ensured that individuals along with their organisations were not identifiable and that their names remained confidential (Bryman, 2012).

Storage of research data. During the study, I stored all audio-recordings and transcriptions on a password-protected computer, which only I had access to. My reflective journal was also stored along with the audio recordings and transcriptions on the password-protected computer. As outlined in the consent forms, data will be securely stored in the Department of Psychology, University of Pretoria (i.e., HSB 11-24) for reuse and archiving for a minimum period of 15 years until 2033. During this period other researchers may also have access to the anonymised transcripts for further use.

Risks and possible disadvantages to the participants. Any participant who experienced some distress as a result of completing the interview would have been referred for debriefing (Appendix E). The debriefing would be an appointment set with a psychologist (see permission approval Appendix E), for the participant to be offered free counselling to address their concerns. There was no form of remuneration for participation in this study that was offered.

Summary

The chapter provided an overview of the research methodology. The research adhered to a qualitative research paradigm. The elements of ontology, epistemology, axiology, and methodology were integral when discussing the philosophical assumptions of the qualitative research process. The study also used a qualitative approach to allow the CHWs to provide their descriptive accounts of their experiences of empowerment. The research context was provided by discussing the sites, Diepsloot and Woodlane village, where the study took place. The study employed the use of purposive sampling based on specific inclusion criterions to select its participants. The selected CHWs were then interviewed individually using semi-structured interviews. Following this, the interviews were made into transcripts then analysed using an experiential thematic analysis. The strategies used to ensure trustworthiness such as credibility, dependability, transferability, confirmability, and reflexivity were also discussed. Lastly, the ethical considerations ensured during the research process were discussed. In the next chapter, the findings of the study integrated with a discussion are presented.

Chapter Five
Findings and Discussion

This chapter presents the findings and discussion of the current study. A brief introduction of the community health workers (CHWs) that were participants is first provided. Then, the themes and sub-themes developed during the analysis process are presented in a tabular format (Table 1). Each theme is further discussed by including verbatim extracts from the interviews with each participant. Moreover, a discussion based on other literature will be integrated with the findings.

The participants

In this section, an overview of the participants, that is, their background and where they are based is provided. As outlined in the previous chapter, their names were replaced with pseudonyms to maintain confidentiality and anonymity. All the participants had job titles that fell under the cadre of CHW (refer to chapter two) and had been working in the role for a minimum of a year. They were all women and had been employed full time in the communities they resided in.

Boikhutso. At the time of data collection, she had worked as a CHW for a year and a half in Woodlane village. She migrated from her home country in the southern Africa region some years ago in search of work. Leaving her family and children behind, Boikhutso ended up settling in Woodlane village. Since staying in the village, she generated her livelihood from ad hoc job opportunities, until she came across the CHW position. Boikhutso then became interested in finding out what a CHW does and to learn from it. Eventually, she was hired. She reported that she enjoyed working in the community and with her colleagues. Boikhutso enthusiastically participated in the data collection interview.

Maatla. A CHW based in Woodlane Village started working in this role in February 2017, when she was offered an opportunity to enrol for a domestic worker course offered by a faith-based organisation. She is a mother, and moved from her home country, in the southern Africa region, in pursuit of a job. After the domestic worker course, she was selected to be a CHW and has since enrolled for more courses including being trained to use a telephonic system for registering patients. Maatla enjoyed her work in the community and felt that she was more educated in comparison to when she first began her work.

Hope. Being the eldest child when her mother passed away, Hope took over the responsibility to take care of her siblings. At the time she was still a child and attending school, but that did not stop her from finding after-school work or even holiday work. Through this, she was able to raise money to sustain her family as much as she could. Hope then became involved in working with the community through volunteering, and her then director recognised her passion. As a result, she enrolled for and completed an auxiliary worker short course, then later found a job where she is currently employed in Diepsloot. At the first instance, Hope showed her eagerness as she jumped to the opportunity to be interviewed for the study, and she seemed keen to share her story.

Refentse. Working as an auxiliary worker in Diepsloot, she was the most experienced of the participants as she had been in this role for seven years. She was motivated to become an auxiliary worker because she grew up as an orphan and realised that at the time, she did not get the information she was supposed to receive. As a result, she became an auxiliary worker to provide those from her home village with more information. She previously worked in restaurants while saving money to further her education. Refentse was also keen to be part of the study as she communicated her readiness for the interview to be conducted upon our first contact.

Findings and Discussion

A total of five main themes and thirteen sub-themes were identified after analysing the interviews of the four participants. They are displayed in a tabular format (see Table 1 below), which offers a summary of the factors that develop CHWs' sense of empowerment. Following the table, the descriptions and discussions of each theme, including its sub-themes are provided. Existing literature on the empowerment of CHWs and empowerment theory will be incorporated to elucidate the findings of the current study. Due to the limited number of studies regarding CHWs' sense of empowerment, some of the findings discussed will be of studies working with non-CHW populations.

Table 1

Summary of themes and sub-themes developed regarding the factors that develop CHWs' sense of empowerment

Main themes	Sub-themes
Individual factors	• The types of thoughts I have concerning my abilities • The kind of emotions I experience • I am aware of the limitations of my role as a CHW to my sense of empowerment
Our opportunities to acquire new skills, knowledge, and information	• I can add to my growth/ competence • I enrol for short courses, seminars, and workshops • I acquire knowledge and skills that can be used in multiple contexts
Effective support structures for us	• Support in groups • I get support in the workplace • I use communal/ corporate worship as support
The interaction between us and our community	• I understand my community's needs • I am recognised as a source of information • My community appreciates my work
Factors in our organisations	• I have a good work culture

Individual Factors

The first theme refers to the role that the participants' emotions, thoughts, and awareness of their limitations played in developing their sense of empowerment. Through exploring their experiences of being CHWs, the findings revealed that certain individual factors made them feel empowered. Additionally, these individual factors facilitated the development of a sense of empowerment in the participants. In other words, these were the dimensions of psychological empowerment that is, intrapersonal, interactional, and behavioural components (Zimmerman, 1995). The three sub-themes that emerged under this theme were namely (a) the types of thoughts I have concerning my abilities, (b) the kind of emotions I experience, and (c) being aware of the limitations of their role as CHWs to their sense of empowerment. Each sub-theme is discussed below.

The types of thoughts I have concerning my abilities. This sub-theme revealed findings that were both reflective of the process and outcome of empowerment (Zimmerman, 2000). It refers to the thoughts or beliefs about their abilities, perceived control and competence, their power to influence, as well as self-determination. These thoughts resulted as the participants felt empowered (outcome) but they were also a factor that developed a sense of empowerment in them (process).

From experiences Hope believed that by being goal-driven, it helped her have a vision, thus, allowed her to take actions when needed: "because you can focus on your own goal, you'll have a vision and then that vision will take it [*sic*] an action" (lines 287-288; p. 7). The extract also reflected that Hope believed having visionary ideas provided her with a perceived sense of control, as she could then take relevant actions based on personal goals. Hope's experience agrees with findings by Wang, Zhang, and Jackson (2013), which revealed that an internal locus of control was related to greater empowerment of teachers. Contradictory to the finding, Li, Wei, Ren, and Di (2015) found that empowerment helped individuals with their self-efficacy and autonomy, thus providing an internal sense of control. It, therefore seems that there is a circular cause-and-effect relationship between locus of control and empowerment; empowerment contributes to a better focus on internal locus of control, while an increased locus of control facilitates empowerment. Thus, these findings as they relate to Hope suggested that since she had an internal locus of control, it contributed to the development of her sense of empowerment, or that her sense of empowerment contributed to an internal locus of control. Additionally, Hope believed that by having visionary ideas, she avoided being disempowered by others, when they make

decisions for her: “if you [don’t] have a vision and then you can’t stand on your own, you can’t take action, everybody will tell you what’s good for you, what’s not good for you... and then even with self-esteem it will be low” (lines 288-291; p. 7). The quote encompassed an experience which reflected that Hope believed having a vision helped her to take self-determined action. In other words, to achieve her goals, she needed to take appropriate actions. This finding was coherent with the assertion made by Cattaneo and Chapman (2010), who postulated that to achieve goals, one must take the necessary actions driven by goals, motivations, beliefs about one’s abilities, and informed by knowledge.

Refentse’s experiences also revealed that thoughts were both a process and an outcome of empowerment (Zimmerman, 2000). In other words, some of her thoughts were a result of feeling empowered while some were also a factor that developed her sense of empowerment. Refentse used some cognitive strategies to facilitate her empowerment. Her self-perception of being able to persevere through challenges was one strategy: “don’t [*sic*] allow [myself] to be defeated easily” (line 472; p. 16). Appraising herself as a persevering person contributed to how she cognitively framed challenges and their solutions: “if there is [*sic*] challenges, challenges is [*sic*] there and even the solution is there” (line 475; p. 16). Thus, the way Refentse framed the challenges she faced, and their solutions was another strategy that facilitated her empowerment. Seeing others overcome their challenges contributed to Refentse’s belief that she too, can overcome her own: “yeah, if someone has made it to those challenges you also can make it” (lines 472-473; p. 16). Thus, this developed a sense of empowerment in her. She also demonstrated that she felt empowered to overcome solutions by framing them as temporary: “the challenges doesn’t [*sic*] stay forever... you have to face things” (lines 475-478; p. 16). Having such a positive attitude then brought her hope: “knowing that at the end of the day you will make it” (lines 478; p. 16). These findings were consistent with those identified by Tengland (2008), who found out that increases in one’s beliefs about their abilities, such as autonomy, self-efficacy, and self-esteem, results in increases in empowerment.

Tengland (2008) further asserted that there is a direct relationship between an individual’s beliefs in their abilities and their control. In other words, increases in one’s beliefs regarding their abilities, increases their control over the quality of life determinants (such as one’s health, home, work, close relationships, values, and leisure time). Similarly, a decrease in one’s beliefs about their abilities decreases their control. This seemed to have been Refentse’s experience as she shared that she was independent because she was

empowered. In other words, her independence was highlighting the increase in control over the quality of life determinants:

> I'm independent... yes you have to be independent because when you rely to [*sic*] some of other people, if it happens that person is no more or is no longer helping you, then you go back to stage zero again (lines 178-181; p. 6).

Her experience seemed to also reflect more than independence for her as an individual, but, that when she helps people and they get empowered, it further empowers her:

> So when you are independent, people when they see you they learn something and when you help people, when they get empowered they also empower you even though they give you anything [*sic*] but inside you are empowered when you see them, you see in life I have helped someone (lines 181-184; p. 6).

This reflects a recursive process of empowerment.

The kind of emotions I experience. Like the first sub-theme, the current sub-theme revealed findings that were both reflective of the process and outcomes of empowerment (Zimmerman, 2000). It refers to the participants' emotions as they felt empowered (outcome) and how these emotions developed their sense of empowerment (process).

Maatla's experiences highlighted the role of her emotions in the process of empowerment. She discussed that when some of the community members sought for information from her, she felt good: "I feel good because now, I know everyone, I communicate with everyone... Yes, some of the people are free to come and ask me questions" (lines 153-155; p. 3). Although the meaning of Maatla's experience can be two-fold: how the community perceived her and the feelings that resulted due to her work in the community— the focus for this discussion shall be on the latter aspect of her experience. The second part of Maatla's quote above highlights that by feeling good about herself as a CHW; it facilitated the process of feeling confident, welcoming, and competent, as people came to her seeking for answers to their questions.

Boikhutso indicated that making a difference in others' lives energised her: "I feel happy... I feel like energetic that I'm doing something in someone's life" (lines 227-229; p. 8) and made her feel proud of herself: "so I'm feeling impressed" (line 233; p. 8). Her ability to make a difference and feel proud of herself was directly related to her work as a CHW: "I'm happy, with the, with my job, it makes a difference... I'm making a difference in other people's lives, so it helps me" (lines 818-819, 834; pp. 27-28). It empowered Boikhutso that those she helped were now fine: "actually those kids those twins... they were with malnutrional [*sic*]... then I started to take care of them, they're fine now" (lines 502-506; p.

17). Thus, it appeared that the feelings Boikhutso experienced were influenced by the impact of her work, which led her to feel a sense of empowerment. In other words, her empowerment was directly related to the positive impact of her work and her emotions thereafter. According to Cattaneo and Chapman (2010) impact is one of the elements of the empowerment process. Impact is the assessment of what happens after an individual takes actions to influence or make a difference in their organisation or community (Cattaneo & Chapman, 2010; Hur, 2006). Boikhutso thus appraises impact as a factor that increases her sense of empowerment.

The relationship between the impact of their work and their emotions with empowerment was also apparent in Refentse's experience. She felt an increase in motivation when she saw that her influence on the community was bearing fruit, that is, it created change: "what motivate [sic] me is when people they are showing that this thing of working with them is helping them... it motivates me to keep on" (lines 776-779; p. 26). It also made her feel a sense of accomplishment "yes, it's like I meet my goal because this person is what she is today because of what I did the week after" (lines 64-65; p. 3). Further, Refentse felt a sense of purpose: "you feel that there's a purpose why you are on earth" (line 191; p. 3) when she could positively impact people's lives: "you feel wherever you go or people around you, you feel that you can give life to people" (line 195; p. 7). She also perceived that: "where there's no light you can bring light" (line 197; p. 7), indicating that she felt a sense of usefulness or relevance. These findings agreed with findings of various studies (Druetz et al., 2010; Kane et al., 2010; Pallas et al., 2013), which showed that empowerment is developed when CHWs can see a clear impact of their work. Through impact, the CHWs in this study were able to reflect on the positive results of their actions and thus began to feel a sense of empowerment.

I am also aware of the limitations of my role as a CHW to my sense of empowerment. From the participants' experiences, knowing what it is that they were not able to do facilitated how they developed a sense of empowerment. When the CHWs acknowledged the limits of their knowledge, they felt more empowered than if they did not.

The recognition of what limits them reduced their sense of powerlessness. For instance, Boikhutso described that she recognised that her limits were in terms of the influence she can have over her community: "some of the people I can't, some of the things I can't control... them in the village" (lines 699-701; p. 23). Being reflective about the limitations of the interventions she can undertake in her role as a CHW, it encourages a sense of empowerment in Boikhutso, as she can correctly appraise the limits of her role. As a result,

Boikhutso may not feel powerless in cases where she identifies that her intervention was not as successful as she expected. Additionally, by recognising the limits of her influence—where she ends and where others start— she can create healthy boundaries and become less enmeshed with the community's well-being: "because you know people are different, they have different minds... so some of the people I don't, some of the things I don't control it" (lines 701-703; p. 23).

Refentse also perceived that accepting the limitations of her role as a CHW causes her to work better: "the only thing is just to accept... if it's something that cannot change, you just accept and move on... It will make me just to work better because when you accept you just move on" (lines 935-945; p. 31). At the same time, Refentse believed that if she does not accept the CHW limitations, she may feel disempowered and overwhelmed, thus impacting her influence and responsibility: "if you don't accept they will disturb you to do some of the other things... like working providing the, the full service to the community" (lines 945-948; p. 31). Hope, also stressed that knowing one's limitations helps to prevent them from being overwhelmed: "it help [sic] me because I won't fall apart like when I knock off [from work], I'm not gonna carry all the burden back at home and after that I'm not gonna keep on whining whining in my head" (lines 408-410; p. 9). When Hope reaches her limits, she refers the community members to those who can help or empower them: "so for their sake, I just have to try to refer them or show them how can they [*sic*] can deal with their situation" (lines 412-413; p. 9). In this way she is not overburdened "because how many burdens of other families that I can carry... because I'll break down myself... so I just do that not to break down" (lines 413-417; pp. 9-10).

These three CHWs were thus, highlighting the importance of critical awareness in their experiences of empowerment. Agner (2017) asserted that critical awareness as a tenet of empowerment involves an increasing recognition of barriers that limit agency. Through recognising these limitations, CHWs can confront the issues and the people causing them. For instance, Refentse's experience with her employer made her angry: "the way the management treat other people... like some feel, it feels like they are important than other people... it's something that can be changed" (lines 847-851; p. 28). However, because she had experienced empowerment, thus, had critical awareness, Refentse had been able to identify this as a limitation and how it resulted in segregation in the workplace: "like it end up like dividing other people" (line 853; p. 28). Her need was for fairness within the workplace: "like when I'm talking about treating the same like if I'm wrong, I did something wrong and someone did the same thing let us be disciplined, let us get the same discipline"

(line 874-875; p. 29). Although she had not implemented them yet, Refentse had ideas about what needed to change so that there could be equal treatment: “if that one can change just accepting everyone the same... then it will also make us feel that we feel that we are in control” (lines 855-857; p. 28).

One of Refentse’s ideas was for the management to be transparent. She believed this was important because, if the organisation faces difficulties, she as a CHW can be involved in finding solutions right from the start. Instead, her management only involved her when they had failed and needed other people’s input:

> Then another thing that I can change, they’re not, let’s say they’re not open to us... they are hiding other things you know, they just come to you and they see that this thing is worse now... so that we can come with the solutions (lines 857-863; p. 28-29).

Further, she had realised that if her management was fair, the effect would be improved teamwork and an effective organisation: “So it’s something that maybe I can change so that we can have teamwork... We are here with the same goal, for teamwork it will help us to reach the goal that we have” (lines 879-884; p. 29). Similarly, Prati and Zani (2013), revealed that when employees identify with their organisation, they can end up feeling a sense of we, which can lead them to perceiving that they have some form of power. It can be that by having this sense of we, that is togetherness, it can help Refentse not feel powerless, but feel part of the organisation. Thus, this would encourage her to speak up and offer her ideas.

The second theme, the opportunity of the CHWs to acquire new skills, knowledge, and information is discussed next.

My Opportunities to Acquire New Skills, Knowledge, and Information

The second theme shows that the CHWs’ sense of empowerment is developed by having access to, and the opportunity to use new skills, knowledge, and information. Three sub-themes that emerged under this theme were namely (a) I can add my growth/ competence, (b) I enrol for short courses, seminars, and workshops, and (c) I acquire multi-purpose knowledge. These are discussed below:

I can add to my growth/ competence. As they reflected on their experiences of being CHWs, the participants conveyed that their sense of empowerment was developed when they acquired the skills and knowledge that allowed them to be able to perform their tasks.

It empowered Boikhutso that as a CHW she could acquire a vast range of knowledge: “because now I’m learning like on the trainings [sic] days, I’m learning like how, of malnutritional or flu or burns or what” (lines 498-499; p. 17). She perceived that the knowledge kept her performing well in her role as a CHW: “so I just like, I just want to keep my job going” (line 498; p. 17). Boikhutso’s experiences have been described in the literature as competence, which refers to when an individual has the ability and skills to perform their work (Cattaneo & Chapman, 2010). Similarly, her competence was informed by knowledge and skills.

In another participant's experience, Maatla had not been formally trained in midwifery. However, she described how as a CHW, she learned how to deliver infants: “and I learned about how to receive a new baby when somebody is delivering” (lines 140-141; p. 3). She accentuated that attaining new skills concerning how to care for infants gave her a lot of satisfaction and increased her self-esteem: “I feel good... because myself, I learn a lot of things about this... especially new babies... I learn how to clean them” (lines 128-136; p. 3). The experience revealed that when Maatla gained skills, it had a reciprocal relationship with self-esteem and action. In other words, when she attained any relevant skill, it increased her self-esteem. Maatla’s increased self-esteem caused her to take action thereby, refining her skills, and further increasing her sense of competence. Similarly, Cattaneo and Chapman (2010) also asserted that the success or failure of gaining skills has a reciprocal relationship with other elements of the empowerment process such as competence and action. Maatla also described a similar experience when using computers for the first time: “I feel nice because, since all my life, it’s the first time to work with computers. So, I feel good” (lines 163-164; p. 3). This finding reflects that providing CHWs with innovative technology empowers them (Buehler, Ruggiero, & Mehta, 2013), as they can use the technology to learn more about health issues (Trause et al., 2014).

A similar relationship between knowledge and empowerment was experienced by Refentse, who believed that the knowledge she gained through her role as a CHW, holistically empowered her: “like it has empowered me a lot... mentally, physically, [and] emotionally” (lines 966-968; p. 32). An important aspect that Refentse gained was that she is more sensitive to diversity and has greater cross-cultural competency: “it has empowered me... how to talk with other people... how to, to understand their values, their cultures. It’s not only your culture that is important, everyone’s culture is” (lines 976-982; p. 32). This cross-cultural competency can be helpful when working in her diverse cultured community so that she can understand them. Moreover, Refentse gave a specific example of substance

abuse knowledge and that having gained this helped her: “now I know that substance abuse, all the substance abuse are [*sic*] not good, then it helps” (lines 972, 976; p. 32). She also felt empowered by knowing the places in her community that she or even for her clients could go to when seeking help: “now I know that when I’m abused where to go” (line 970; p. 32).

The participants’ experiences of knowledge increasing their sense of empowerment are like the findings from a study on youth empowerment (Russell, et al., 2009), which also revealed that empowerment is developed by access to and the knowledge of how to use information. Tengland (2008) also found that increases in varying forms of knowledge often contributed to an increase in empowerment. This is because such an increase can result in an individual having more control, whether through understanding their social context, power dynamics, or even what resources are needed and how they can be attained (Cattaneo & Chapman, 2010). The relationship between empowerment and control according to the empowerment theory is that empowerment means having a sense of control (Rappaport, 1987). Therefore, an increase in control can reflect that an individual is empowered.

Given that the participants’ ability to use information developed their sense of empowerment, they were also clear on the type of information they wanted to acquire. Knowledge on providing better mental health services featured strongly Refentse’s narrative. When reflecting on the information that could empower her, Refentse highlighted a desire for more information on counselling sexually abused children in her community:

> The counselling to the, those who are sexually abused... maybe the children... mostly children the counselling that I can give them myself [*sic*]. But they [employer] can empower me with the information of counselling them [sexually abused children] until they feel back [better] again (lines 542-548; p. 18).

Refentse also believed that more knowledge on supporting community members with mental health challenges will be empowering: “so another information that I want, these people that are mental [*sic*] disturbed... how can we deal with them” (lines 561-564; p. 19) especially assisting with: “the stresses and the anxiety... you know many challenges start by stress, depression... mentally whatever they affect the mind” (lines 557-561; p. 19). Like Refentse’s beliefs about her empowerment, other studies (Bhatia, 2014; Ingram, et al., 2008; Nandi & Schneider, 2014) have shown that gaining new, specialised, and socially privileged knowledge added to a sense of empowerment in the CHWs that were studied.

I enrol for short courses, seminars, and workshops. This sub-theme referred to the means through which the participants had opportunities to gain knowledge and skills, that is,

through work-related workshops, courses, and seminars. Through these ways, the CHWs perceived that these opportunities were a factor that developed their sense of empowerment.

Maatla, for instance, discussed that she found it useful that they were being offered opportunities to do different courses free of charge:

> They help us because they started to do [*sic*] us, mmh course... domestic worker course... and we do different things in that course... for free things... we do health, to know what is HIV... after that they teach us how to cook, they teach us how to do home-based care (lines 344-356; p. 7).

The free of charge element which Maatla spoke of, highlighted that these courses were open to those who were interested in taking part, and not necessarily only those who were privileged to pay for them. Considering that she is within a low-resource community, with limited access to privileged knowledge and skills, she regarded these opportunities as a factor that empowered her.

Boikhutso's employer, also offered regular training which she attended because it feeds her sense of empowerment to have the knowledge of a range of job-related fields: "but mostly I came for trainings every Thursday, they train us... breastfeeding, HIV, counselling, different types of trainings" (lines 68-73; p. 3). After acquiring new skills, how she uses them benefits both the community and her as a CHW. For instance, such as when Boikhutso uses her skills to support community members living with HIV: "after training for HIV people... I have that education... I go to the village, when I'm in the village I find somebody with difficulties, with HIV... I sit down with that person then we talk, I encourage that person" (lines 80-85; p. 3). By using her skill, she refines it further.

Refentse also highlighted that workshops and being trained developed her sense of empowerment: "we have the workshop sometimes... they just train us about this thing of HIV and AIDS, gender-base [violence], all the topics" (lines 426-428; p. 14). Further, she perceived that her sense of empowerment could be developed by any other entity or persons with relevant information: "is [*sic*] through like anyone who have this information... yeah, [they] can give me the information... anyone who have [*sic*] the information can empower me with the information" (lines 595-599; p. 20). The quote, also highlighted that Refentse perceived taking up any relevant knowledge, was useful in dealing with the overwhelming feelings that can result from lacking the knowledge.

Like the experiences of the current study's participants, Callaghan-Koru et al. (2012) found that having an opportunity to develop skills, was empowering for CHWs. Having opportunities means that it could allow the CHWs to grow and to experience themselves as

capable. Further, the three quotes of the CHWs were reflective of their empowerment occurring at the organisational level of analysis. This is because their organisations offered them empowering opportunities and presumably for the organisation's effectiveness. This finding is like Maton's (2008) description of organisational empowerment being about organisations offering its members opportunities to generate psychological empowerment and for its effectiveness.

I acquire knowledge and skills that can be used in multiple contexts. Most of the participants discussed gaining skills and knowledge applied to other contexts, that is, transferrable knowledge and skills, as a factor that developed their sense of empowerment.

Maatla used an example with the skills she gained since being a CHW, about how they could be useful upon returning to her home country to assist others in child delivery: "it's helped me because when I go back to our country, neh, I know now... If somebody is delivered [*sic*], so I know what I'm going to do" (lines 183-185; p. 4). The quote also highlighted that as a result of her empowerment, she was able to identify where there was a need and how she could be resourceful in meeting it. Refentse too felt empowered by the knowledge gained from her training as a CHW and used it to help her family: "even in my family... I am implementing this knowledge, it helps" (lines 989-991; p. 33). She could also use the knowledge when dealing with her colleagues at work: "yeah, after understanding what I'm doing, like one day I brief people about something, a new topic... yeah maybe at work" (lines 768-771; pp. 25-26). Maatla and Refentse;s experiences highlighted that they believed they were able to influence change and improve the experiences of others, such as using midwifery skills, when they are empowered themselves. Similarly, Ngoma and Igira (2015) emphasised that to improve their impact, CHWs need to be empowered. Ngoma and Igira's results revealed that once the CHWs were empowered, it led to measurable improvements in record management regarding childbirths, follow-ups, and increased referrals to the health centre for child delivery.

Being empowered herself, Boikhutso pointed out that the information gained from her work was also useful for people in other contexts than where she worked as a CHW, such as her family and church members: "as a CHW I'm learning a lot of things I can also go and teach my kids, home my family, my colleagues, my church members" (lines 447-448; p. 15). Having this knowledge can help in challenging the power inequalities that can exist in oppressive relationship dynamics in patriarchal systems: "I can just jump in when I see something, let's say in our church or in our family... I can raise a point saying no you don't do like this, we do like this" (lines 450-453; p. 15). As a result, Boikhutso's assertiveness

increases and she ultimately gets opportunities to participate in activities through asserting her opinion: “I can raise a point... I know it, I used to work like this, this job” (lines 452-453; p. 15). Campbell et al. (2009) also asserted that CHWs need to be/feel empowered themselves to challenge power inequalities in personal, social, economic, political, and cultural situations thereby facilitating change.

Furthermore, Boikhutso vicariously uses the skills she was taught at work, like the team-building skills, to empower her community: “and because we are also doing this team-building... I take some of those things we learnt from the team-building... I use it in the village” (lines 289-294; p. 10). Thus, according to empowerment theory (Zimmerman, 1995), the sense of empowerment of the current study’s participants increased when they took specific actions to exercise influence. For instance, this was illustrated by the different actions CHWs took to exercise influence, such as when Boikhutso formed a support group for weight loss: “I have a support group for how to lose weight... there are so many people in the village who want to lose weight but they don’t know how” (lines 255-258; p. 9). As a part of the group, Boikhutso also went in as someone who had learned some skills and then transferred them into the group: “after trainings [sic] from here... I go to the village and I look for a group of people who want to lose weight” (lines 258-260; p. 9).

A discussion on the next main theme effective support structures for the CHWs is next.

Effective Support Structures for Us

This theme refers to how the participants felt empowered when they received support from various sources, to successfully manage the demands and pressures of their work. At the same time, some forms of support facilitated the process of empowerment for the participants. The three sub-themes that emerged under effective support system were, namely (a) support in groups, (b) I get support in the workplace, and (c) I use communal/ corporate worship as support. They are described below:

Support in groups. The participants shared their experiences regarding receiving support in groups and how this contributed to their sense of empowerment.

Maatla perceived that by being part of a support group that allowed for discussions on various topics, she gained information that was useful in tackling the challenges she encountered: “and at support group we learn different things... like violence, domestic violence... then which type of food is good to eat... and how to pray if you have problems...

and how to keep our kids" (lines 362-372; p. 7). Zorn, Roper, Broadfoot, and Weaver (2009) found that empowerment often results by way of interactions through dialogue in groups. In the current study, the dialogue was facilitated as Maatla was part of a support group, where she discussed with other members about violence, nutrition, prayer, and parenting. The term dialogue has been linked to Paulo Freire (1921-1997), who postulated that it is the basic item in knowledge structure (Durakoğlu, 2013). In other words, it can be through dialogue that Maatla and the other group members get to share knowledge, their experiences, and possibly challenge power hierarchies existing in their lives. Additionally, as they exchange their thoughts with each other through dialogue, they are not only co-learners but co-teachers. Considering the background of Maatla's community, it can be that certain knowledge forms may be dominating, and others marginalised. Through dialogue, however, newer liberating forms of knowledge can be introduced to members of the group as they dialogue with others. This can empower them as individuals and/or as a group.

Like Maatla, Hope perceived that her sense of empowerment may be developed by having regular group debriefing (dialogue) sessions, which could serve her as a form of self-care since she focused so much on the community and not enough on herself: "we make our own debriefing because that, those days you find that you even forget about ourselves for a moment our focus is just in the community" (lines 465-467; p.11). Additionally, she experienced that debriefing offered her a sense of support: "we do our own [de]briefing... it's what I even suggested to the manager that if on Fridays because we are not going for home visits for us as auxi [auxiliary workers], we just do them [debriefing sessions] on Friday" (lines 465, 476-477; p. 11). Mutual support and dialogue through debriefing groups resulted in a perception of power and facilitated a sense of empowerment in Hope since she can suggest her ideas to the manager.

Many studies supported the empowerment process through dialogue and group support. Mhlongo (2010), for example, showed that through being in a group, divorced women became a voice of authority, had a personal sense of taking charge, an ability to be assertive, and thus were able to take some actions. Cakir and Guneri (2011) focused on social support as a factor that contributed to empowerment among Turkish migrant women, where they found that drawing on support from groups was associated with higher levels of empowerment. Cakir and Guneri further highlighted that when there is perceived social support, individuals can possess the resources needed to cope with stressful events and ultimately attain empowerment. Applying empowerment theory (Zimmerman, 1995), the sense of empowerment of the CHWs in this study was developed when they were in dialogue

with other group members, thus gaining a critical understanding of what shapes their issues, and the awareness of the necessary resources needed to make changes in their own lives.

I get support in the workplace. This sub-theme discussed the workplace context and the types of relationships within the environment that develop a sense of empowerment.

Maatla indicated that she felt that she was in an environment where she could ask for input: “yah if I don’t know how to answer them then I come and ask our nurse, our boss... Then I go back with [an] answer. So, I learn a lot of things” (lines 157-159; p. 3). Since her environment encourages her to consult when stuck, this enables Maatla to take an active role and participate in asking for the input, thus, not shying away: “so I share... then I get some answer, then [it] helps me” (lines 658-660; pp. 12-13). It can be that through participation, Maatla can get the chance to be part of the decision-making process with her leaders. Thus, helping her to feel less alienated and more competent as she continues to share her opinion. Similarly, Kaysin (2010) found that when volunteer health workers had a safe and supportive environment that encouraged participation and experiential learning, their empowerment increased.

Hope highlighted that she could rely on her colleagues since they had more experience in comparison to her own: “no it’s very good... because we assist each other... and especially for me because they’ve been here for years and years, so they assist me” (lines 500-505; pp. 11-12). Further, what allowed her to approach them was that they understood each other: “so we are very supportive to each other... because we know that we are dealing with the same thing” (lines 507-509; p. 12). It then made it easier for Hope to approach her colleagues when she felt overwhelmed: “as we are three auxi [auxiliary workers], if I feel that it’s too much I will go to one of the auxi and say oh, you see today I have got this problem of this client” (lines 459-460; p. 11).

Boikhutso had a pool of multi-disciplinary team members at her workplace, who could offer the support she needed: “like you see that Sister, Sister Priscilla* (pseudonym), I have doctors, I have dieticians, [and] I have volunteers who came to our clinic to help us... I look for advice from them” (lines 286-289; p. 10). Having this variety of sources to consult from, makes Boikhutso feel that people around her support the work she does: “so there are many people helping us” (line 296; p. 10). When she has support, she feels less burdened or helpless in comparison to how she would, if she were to seek for help and not receive it. Thus, this helps her to participate actively in her tasks and work as best as she can, knowing that when she gets stuck, she will receive help. At the same time, having different sources

means that she exposed to varying knowledge, that can add to her skills or even allow her to transfer them elsewhere.

I use communal/ corporate worship as support. This sub-theme refers to how certain spiritual beliefs and practices of the participants were a factor in the process of developing their empowerment.

Maatla regarded that the church, which is also her employer, and their practice of praying: “they pray for us” (line 664; p. 13), as an essential part in her work: “yah prayer is important for me” (line 668; p. 13). She believed that through prayer, she becomes empowered to perform well in her tasks: “because I can’t do anything without prayer” (line 670; p. 13). Whereas she felt powerless without prayer, engaging in prayer brought about a sense of power and control. It seemed that through prayer Maatla could get clarity or guidance on what to do. She would then adapt these as personal visionary ideas and pursue them as goals. Cattaneo and Chapman (2010) postulated that although goals may not be explicitly part of empowerment definitions, the process of empowerment is strongly motivated by goals. In other words, whenever Maatla engages in prayer, she can get a sense of direction or guidance regarding what to do in her work. When she decides to pursue the guiding ideas as a goal, it can motivate the process of her empowerment. Likewise, Mhlongo (2010) revealed that spiritual beliefs, including belief in God or a higher power, were among the factors that positively influenced the process of empowerment in a group situation.

Hope also used prayer daily before she started her work since she believed that it could assist in her to do work-related tasks: “and then again the other thing it assist [sic] is that when we do our prayer in the morning” (line 481; p. 11). She found that taking part in communal worship activities, such as reading the bible then sharing with others, brought about a sense of comfort, thus, enabled her to do more of her tasks:

> If you do [*sic*] a sharing it gives you time to go through the Bible then you can even console yourself because you can just pick the verse that you know that when you preach about it, it will console you (lines 489-491; p. 11).

It appeared that Hope interpreted consolation through her religion, as a mechanism that helped with the disempowering situations she comes across in her day-to-day experiences.

A discussion on the next main theme, the interaction between the CHWs and their community, follows.

The Interaction between Us and Our Community

This refers to how the CHWs interacted with the community they work and reside in and how this interaction facilitated the CHWs' sense of empowerment. The three sub-themes that emerged were namely (a) I understand my community's needs, (b) I am recognised as a source of information, and (c) my community appreciates my work. Each sub-theme is discussed below:

I understand my community's needs. As the name suggests, this sub-theme refers to the CHWs understanding what their community's needs entail. Understanding one's community needs is consistent with psychological empowerment (Kieffer, 1984; Zimmerman, 2000). It appeared that for three of the participants, it was important to recognise and understand the needs of the community they serve as it facilitated their process of empowerment. Having gone through similar circumstances to their communities, the participants too could understand the needs of the people they served, which made it easier to identify how to help them.

Hope expressed that: "because I lost my biological mother... [In] 1990... I had to learn how to take care of my siblings... learn how to clean, cook at the [sic] early age and do everything to become a mother" (lines 66-72; p. 2). Out of that need to provide for her siblings, she became exposed to the community as she was working in it: "so now where it motivated me to go and search, to like to empower myself by going around knocking at the different doors" (lines 102-103; p. 2), and she began with volunteering: "I started volunteering there in 2011" (line 10; p. 1). It was through volunteering in the community that she was able to identify what the community members' needs were: "every week like I go to different clinics and then I go to the schools and then that's where I learnt that uhm, most of our community members they're lacking some information" (lines 38-39; p. 1) and thus now she is able to provide what is relevant for them. The sense of 'I understand what it is like to go through that', was a factor that facilitated Hope's process of empowerment. Maatla believed that being a good CHW, one should be compassionate: "to have a heart" (line 429; p. 8), as she believed that it enabled her to understand her community and not be ignorant: "it's important because sometimes when I don't have heart [sic]... I'm going to have a, a what, ignorance to community [sic] you see so I need to have a more heart" (lines 433-436; p. 8).

The reason Refentse began working in the community was clear: "my parents passed away... I was staying at [sic] rural areas... There was no, like less of more information when

you're an orphan... so I just decided if I can be an auxiliary worker, I will give people more information" (lines 6-11; p. 1). She wanted those in similar circumstances not to go through what she did: "it is the thing that encourage[s] you [her], just to keep on telling them, don't be like me" (lines 117-119; p. 4). She desired to provide them with what they needed: "you just enjoying that this generation; it will never, like have like less information" (line 47; p. 2). Similarly, Wiggins et al. (2009) revealed that, as an outcome of their empowerment, the CHWs in the study desired to advocate for their community. Refentse had experienced through her own family that it felt good to empower someone: "they're empowered now... so you just feel great at least in life you have empowered somebody else" (lines 162-168; p. 6). She also felt good when she could see her family financially independent and surviving: "I'm no longer supporting them... your family they can depend on their own... not asking you" (lines 166-172; p. 6). This motivated her, and so she wanted to do the same for others. Additionally, she knew what to look for in communities for her to address their needs: "We have to see the need of the community first... before we can come up with the campaign" (lines 301-303; p. 10).

According to empowerment theory (Zimmerman, 2000), the CHWs in this study showed a developed sense of empowerment, when they had a critical awareness regarding how to exert their power to influence change in their communities. In other words, the finding that the CHWs' understood their communities' needs and what they could do in their roles to meet those needs, was an empowerment outcome. This outcome was also an empowerment process in the sense that, whenever the CHWs intended to meet the needs of their communities, it became a goal to them. This goal had personal meanings to the CHWs because of their backgrounds and their first-hand experiences. When the participants began to take the action to meet their goals, they learned the necessary skills and acquired the relevant knowledge needed to help their communities. Engaging in the skills time and again also increased other aspects of the empowerment process such as self-efficacy and competence. Furthermore, it seemed that when the CHWs reflected on the impact of their actions on their communities, it developed their sense of empowerment.

I am recognised as a source of information. The participants reported that when they felt needed and valued by the community as sources of information, it made them feel empowered.

Whenever the community members referred each other to Hope, it made her feel recognised and regarded as a source of information: "no it helps me a lot because, eh, if they can see one of the neighbour[s] is struggling and doesn't know information about the

organisation, they talk, and they bring them to the organisation" (lines 551-552; p. 13). The previous quote reflected that some of her community members were well-informed. Further, the quote also reflected that Hope perceived her influence increased help-seeking behaviour in her community: "and if they're able to refer to us, it means, uhm, they can spread the word among themselves... where to get help, if they need one" (lines 560-562; p. 13). In other words, Hope's role allows the community to identify for themselves the issues they face, then approach her for help. It can be that through this, the community also develops a greater degree of autonomy and control. The help-seeking and autonomous behaviours of the community, as well as being well-informed, points to empowerment on the community level (Braunack-Mayer & Louise, 2008; Lawson & Kearns, 2014).

Boikhutso felt a sense of connectedness to her community: "I am in touch with the community" (line 613; p. 20) since they would initiate conversations with her to acquire empowering information: "it's like almost every day when they see me, hmm, they just want to ask questions... they just want advice... they just want to counsel" (lines 613-618; p. 20). The interaction between Boikhutso and her community reflected that there was some mutual participatory behaviour from both parties. It may be that, the more Boikhutso felt connected to her community and they engaged with her, the more involved she became. Likewise, the more she engaged with her community, the more involved they became. The mutuality between Boikhutso and her community can point to individual and community level empowerment (Christens & Lin, 2014; Zimmerman, 2000). Moreover, Wiggins et al. (2009) revealed that as an outcome of empowerment, CHWs became more involved and gained a sense of identification to their communities.

Refentse identified that both the community she served and the people from her home village, acknowledged her as a source of information: "as I've said... people at Jo'burg [Johannesburg] it's much better but at home whenever they call me they know some of the other people they know I'm in this field" (lines 75-78; p. 3). Such recognition helped her feel competent and able "when they called, we just give them like the answers as I know now the answer" (line 80; p. 3). As shown by the participants' experiences in this sub-theme, when they are recognised as sources of information by the communities, it motivates them to be more participative in their work. In other words, recognition gets more of the same actions out of the CHWs. When individuals re-engage in their actions, it breeds a sense of competence, increases self-efficacy, refines their skills, improves their knowledge and they meet their goals, all the while developing a sense of empowerment in them (Cattaneo & Chapman, 2010).

My community appreciates my work. This sub-theme refers to how the participants perceived that the community they serve was receptive of their work as CHWs. Furthermore, it referred to how the CHWs' process of empowerment was facilitated by the positive receptiveness of their community members.

Maatla discussed feeling a sense of support and loyalty from her community when they communicated that they were pleased with the services she provided: "they support me because sometimes, some of the people... they are complaining about Private* (pseudonym) Park Clinic, but here at our clinic they don't have any complaining [sic]" (lines 304-307; p. 6). She considered that the community members approved of her work: "they are happy with our clinic... so you see that our community, they support us" (lines 309-311; p. 6).

Hope felt a sense of appreciation from her community members, whenever they provided her with positive feedback regarding the work she does for them: "and then even the community they were coming back, bringing the feedback to the office that what I'm doing at the clinics, how much I'm assisting the patients" (lines 56-57, 60-61; p. 2). Additionally, Hope felt that her community was welcoming: "it welcomes you" (line 547; p. 12). Thus, it was an environment that encouraged her and other CHWs to make new suggestions to the community members: "no, the positives of working with the communities is, some of the people they are very willing... to welcome people in the houses and they're very willing to have those suggestions" (lines 532-535; p. 12). A sense of belonging enabled Hope to be involved in making changes in her community when needed.

Essentially, both participants were pointing out that their goals of reaching and impacting their communities were being fulfilled in the community members. Cattaneo and Chapman (2010) argued that when an environmental response matches an individual's goals, it will increase their self-efficacy. Hence, it can be that when the community were positively receptive of the work of the CHWs, it facilitated the process of empowerment in the CHWs.

Similarly, Boikhutso's goals too were being fulfilled in her community, because the members had admitted to her that they were seeing the difference made by the CHWs. Boikhutso interpreted this to mean that she was influential since she makes changes in her community: "they see a difference since we start with this community health worker [job]... they see a great change" (lines 784-788; p. 26). Additionally, it encouraged Boikhutso that when she gave her community information, they received it: "When I say a word to the villagers, they come... they receive the word" (lines 590-592; p. 20). The community members also showed Boikhutso that they were able to negotiate with her when they disagreed with her point of view: "any word when I say, we sit down if they don't like it then

we come up with the solutions" (lines 594-596; p. 20). The latter part of the preceding quote reflected being solution-focused. That is, they identified the problem, then came up with the ideas to solve them. Since the community members could also say when they disagreed, it reflected that Boikhutso's role was not a one-way expert point of view but revealed that some empowerment had been transferred to the community too.

Refentse also felt a sense of appreciation coming from the community, thus, motivating her: "and it shows that I am doing something needed by the community... when they appreciate what you are doing it gives you that strength to keep on doing the best" (lines 511-513; p 17). Moreover, she felt a sense of acceptance: "it feels that the service that we are doing is useful to them... you feel so wanted" (lines 516-518; p. 17). Having such a sense, encouraged Refentse to do more and further empower herself with other skills and knowledge: "you feel like the field that you are in is the right career and assisting the community... yeah. It also encourage [*sic*] you to go to school... and learn more" (lines 518-523; p. 17).

The receptiveness of the communities the CHWs served, appeared to be an integral factor in how the participants' sense of empowerment was developed. This is because, through the positive receptiveness of their communities, the CHWs became motivated to do their job. Whenever the community provided the CHWs with positive feedback regarding their good performance, the CHWs became increasingly involved and committed to improving themselves. This would ensure that the CHWs could continue to serve their communities better. It seems that the constant encouragement from the community had an impact on how the CHWs kept refining their goals, to continue serving the community to the best of their abilities. Through this reciprocal process, the CHWs' sense of empowerment is reinforced. The last main theme regarding organisational factors is discussed.

Factors in Our Organisations

The final theme reflects how the organisations that employed the participants contributed to the development of the CHWs' sense of empowerment. It was through the exploration of the CHWs' experiences, that this study's findings revealed results consistent with Nelson and Prilleltensky's (2010) postulation that organisations can be both empowering and empowered. Organisational factors referred to how the types of relationships CHWs had in their work environment and the role of the participants'

identification with their organisations, could develop their sense of empowerment. The sub-theme identified was: the CHWs having a good work culture.

I have a good work culture. This theme refers to how the participants perceived that their sense of empowerment was developed through the kind of relationships they had with their colleagues, employers, and to their organisations in general.

Maatla expressed that her employers cared for their well-being: “if we have any complaints, they understand us” (line 300; p. 6). It appeared that when Maatla perceived her employers as approachable and wanting the best for her, it built her assertiveness thus making it easier for her to take part in the organisation’s activities. Moreover, experienced this care and concern from how her employers treated her:

> We work some little hours... so we don’t work hard... and they support us with different things... If we do overtimes [*sic*] they supply us with some tokens to go and buy clothes... so that I go and help my kids... you see (lines 288-298; p. 6).

Similarly, employees perceived that the process of their sense of empowerment was facilitated when their leaders incorporated empowering behaviours in their leadership styles, such as showing concern by listening and attending to their employees (Bester, Stander, & van Zyl, 2015; MacPhee et al., 2014). Refentse perceived that she felt a sense of empowerment when being appreciated at work: “in this field when maybe at work they appreciate my work it’s also motivating me... It might not be the management only even the people that I work with... it also motivating me” (lines 781-785; p. 26). When Refentse felt appreciated, her feelings of self-efficacy became enhanced, thus, resulting in an increased motivation to participate more in her tasks. The more she engaged in the tasks and performed well in them, the more she experienced a sense of empowerment.

Boikhutso perceived that it was empowering when her workplace cultivated an environment for learning, that is, when it provided them with adequate skills: “as I say from my organisation... they help us with the skills” (lines 628-630; p. 21). Likewise, MacPhee et al. (2014) found that employees experience feelings of empowerment when their employers invest in their development. It can also be that, when Boikhutso’s organisation invested in developing her skills, she became more loyal and participative in achieving its goals. In addition, Boikhutso found that through learning from the values of her organisation, she decided to treat her community with love the same way the organisation treated her: “love from my organisation, it also helps me to do my job well... because it’s like I learn love from my organisation and I also give that love to the village” (lines 332-334; p. 11). She also treated them with care “starting from my organisation... they care for sick people... then they

give it to me that care... they also give that care to me... then if I see somebody in the village who needs care, I also care" (lines 337-347; pp. 11-12). This sub-theme offered strong support to the view of Prati and Zani (2013) who found that identifying with one's organisation leads to empowerment. Prati and Zani also explained that by identifying with one's organisation, the employee is provided with greater responsibility and opportunities to participate in decision making thus, they tend to accept the goals of their organisation as their own.

Summary

The chapter began with a brief discussion on the four participants who took part in the study. This discussion was then followed by a presentation of the themes in a tabular form. Thereafter, a total of five main themes along with their sub-themes were outlined. The main themes were (a) the CHWs' characteristics, (b) opportunities to acquire new skills, knowledge, and information, (c) effective support structures for the CHWs, (d) the interaction between the CHWs and their community, and (e) organisational factors. Empowerment theory was utilised in this chapter to explain the experiences of the CHWs. Further, various literature was also used to illustrate how consistent or inconsistent the experiences of the CHWs in this study were from other previous findings. In the next chapter, the study is concluded by a discussion on the conclusion, limitations of this study, and recommendations for future research.

Chapter Six
Conclusion, Limitations, and Recommendations

The broad aim of this study was to explore the experiences of CHWs regarding the factors that develop their sense of empowerment. To begin the chapter, the conclusions of the current study are presented followed by the study's limitations, and lastly, the recommendations are provided.

Conclusions

The study developed five themes which reflected CHWs' experiences of the factors that developed their sense of empowerment. The first theme, individual factors, included the types of thoughts they had regarding their abilities, the kind of emotions they experienced, and being aware of the limitations of their role as a CHW that limit their sense of empowerment. Through these individual factors, the CHWs felt a sense of empowerment and perceived that the factors would help develop their sense of empowerment. Previous literature classified these as the dimensions of psychological empowerment: intrapersonal, interactional, and behavioural components (Zimmerman, 1995).

The second theme referred to the opportunity to acquire new skills, knowledge, and information through enrolling for short courses, seminars, and workshops. Essentially the participants' experiences indicated that having leaning opportunities added to their growth/ competence and helped them acquire knowledge and skills that can be used in multiple contexts. Through this, their sense of empowerment was being developed.

The third theme was having effective support systems from support in groups, support in the workplace, and communal/ corporate worship as support. These sources of support made the CHWs feel empowered but at the same time, the forms of support were also a factor that facilitated the process of empowerment for the participants.

The fourth theme that was developed showed that the interactions between the CHWs and their community can be a factor that increased their sense of empowerment. The theme included the CHWs' understanding of their communities' needs, being recognised as a source of information by their communities, and the appreciation of their communities for the work done by the CHWs. The participants thus perceived that these positive types of interactions with their communities contributed to their sense of empowerment.

The last theme reflected how the organisations employing the CHWs contributed to the development of the CHWs' sense of empowerment. The organisations' contributions were through the good work culture they provided for the CHWs.

In other words, according to the CHWs' experiences in the current study, empowerment occurred across all three levels of analysis, the individual, organisation, and community. Despite residing in areas that had limited physical and financial resources, security concerns such as crime, violence, and threats to survival, the CHWs had experienced feelings of empowerment in many ways because of their roles as CHWs.

As CHWs, they were exposed to privileged knowledge and skills that were not easily accessible to the community at large. Their communities were also more empowered because of the CHWs' empowerment— the privileged knowledge is spread through the work of the CHWs thus illustrating the third level of empowerment, the community level.

Much of the CHWs' sense of empowerment can also be attributed to the role that their organisations played in supporting them as much as possible, that is, the second level of analysis, the organisational level. Radebe (2012) stated that empowerment cannot be given but must be taken. Thus, the participants themselves were key in developing the sense of empowerment they experienced. This is because they used the opportunities provided for them, actively participated in their communities, and wanted to better their lives and their communities.

Considering that this is the first study within the South African context to explore the factors that develop CHWs' sense of empowerment, the findings are noteworthy. They have implications for organisations employing CHWs, community psychologists, and other professions that work closely with CHWs such a nursing and social work. Additionally, this study showed that it is also important to focus on those who are the "tools" of community empowerment, and not just on community empowerment.

Limitations

While this study was based on a small sample size due to the scope of the mini-dissertation, it provided noteworthy findings that would benefit from further research with a larger sample. Perhaps this may provide more evidence in support of the findings identified by this study and thus, provide more insight into the factors that develop CHWs' sense of empowerment.

The second limitation was that the interviews were conducted in English which is a second language for all the participants and I. Although I ensured that only participants who could articulate themselves would take part, it is possible that the meaning and essence of their experiences were lost through using English. Additionally, the language barrier at times resulted in thin descriptions from the participants. Consequently, after the first two interviews, I reviewed the transcripts to adapt the interview guide to allow for a deeper exploration for the next two interviewees' experiences.

The dearth of research regarding CHWs' empowerment in South Africa was the third limitation. Because little is known regarding the factors that develop their sense of empowerment, the research process encountered some challenges. Thus, it was difficult to compare or find literature, which resulted in the use of outdated literature, especially on empowerment theory.

Recommendations

This study revealed the importance of CHWs' being allowed to acquire new skills, knowledge, and information, having effective support systems, and a good work culture in developing their sense of empowerment. Thus, this can have implications for the organisations employing the CHWs. Based on the findings of the current study, the following recommendations are made to organisations that employ CHWs:

- It may be beneficial for those organisations to provide CHWs with new skills and knowledge through various ways such as training or workshops.
- Further, the participants in the current study seemed to benefit a lot from support groups initiated by their employers thus, other organisations employing CHWs may form support groups where CHWs can be debriefed and receive some support.
- Additionally, it seemed to benefit the CHWs when they had a good work culture. Thus, organisations can cultivate a working environment where the CHWs' well-being is promoted, leaders engage in empowering behaviours, and CHWs participate in decision making.

Perhaps these findings can serve community psychologists as well as any other professions, and associations that work closely with CHWs. Since these different entities may want to work with CHWs, the following recommendations are made to them:

- It may be beneficial for the CHWs if community psychologists initiate interventions to help improve the perception of CHWs regarding their abilities and to help them experience more positive feelings. These interventions can be groups and they can also make CHWs feel supported.
- Since communal worship was theme identified in this study, faith-based organisations could engage with organisations employing CHWs to initiate programs relevant to the needs of those seeking such kind of support.
- Other associations or professionals in communities can also help promote a good interaction between the community and CHWs by endorsing the work of CHWs.

Future research on this topic is encouraged in different contexts in South Africa to elucidate the importance of the factors that develop a sense of empowerment to CHWs in various settings. This recommendation also extends to international studies.

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Faculty of Humanities
Department of Psychology

APPENDIX A- Permission Letter to Organisations

12 February 2018

To Whom It May Concern

Dear Sir/Madam

RE: PERMISSION TO CONDUCT RESEARCH IN YOUR ORGANISATION

My name is Kesego Mathoothe, a student conducting research as part of the requirements for a master's degree in Counselling Psychology at the University of Pretoria. The study explores the factors that develop community health workers' (CHWs) sense of empowerment.

I would like to invite CHWs from your organisation to participate in the research project through individual interviews. Such a study is important as it can contribute to assessing how to equip CHWs with requisite skills for their job. It can also provide knowledge to different professionals working with CHWs and aid in bringing about change for CHWs.

I would also like it if you could be a gatekeeper between the CHWs and I. What this entails is that you would inform the CHWs about my intention to carry out a study with them and arrange a meeting where I can distribute information letters to them. Lastly, the name of your organisation will remain confidential unless if your organisation does not wish for it to be so.

I am willing to provide you with a copy of the complete research paper and I would be grateful if an opportunity could be given to me to conduct the proposed study in your organisation. If there are any concerns about the research, please contact me on 078 261 4739 or mkesegoduduetsang@gmail.com or my study supervisor (Dr. van der Westhuizen) at the University of Pretoria on 012 420 5206.

Regards,

Kesego Duduetsang Mathoothe — **Researcher**

Dr. Amanda van der Westhuizen — **Supervisor**

APPENDIX B- Information Letter

12 February 2018

To Whom It May Concern

Dear Participant

RE: INFORMATION FOR PARTICIPANTS

You are invited to participate in the following research project: **Factors that develop a sense of empowerment: The experiences of community health workers (CHWs).**

This study aims to explore, through your experiences, the factors that develop CHWs' sense of empowerment. The information gathered will be meaningful as you will be contributing to knowledge that currently exists with regards to the factors that develop CHWs' sense of empowerment. The knowledge can also be useful to professionals who work with CHWs. This knowledge can aid in bringing change such as assessing how to equip CHWs with requisite skills for their job.

You are not obliged to answer questions or disclose information that you do not wish to. Furthermore, you are entitled to withdraw from the study at any time without providing reasons. This withdrawal will not have any negative repercussions for you. In addition, your identity and the name of your organisation/affiliation will be kept confidential unless if you or the organisation do not wish so. It is possible that you might not experience any advantages during the study, however the information gathered will be meaningful as previously discussed.

The process of data gathering that you will be involved in entails one interview that will last for approximately an hour. The interview will occur in a private and comfortable setting of your choice. The interview will be audio recorded and the recording will be transcribed. The transcript will be kept for the next 15 years in a secure venue at the Department of Psychology and will be destroyed at the end of the given time. During this duration, it may be

used for other research purposes.

You are encouraged to ask any questions that you might have in connection with this research study at any stage, and I will gladly answer your question(s). Should you at any stage feel unhappy, uncomfortable, or concerned about the research, please contact me on 078 261 4739 or mkesegoduduetsang@gmail.com or my study supervisor (Dr. van der Westhuizen) at the University of Pretoria on 012 420 5206.

Regards,

Kesego Duduetsang Mathoothe

Researcher

Dr. Amanda van der Westhuizen

Supervisor

APPENDIX C- Informed Consent Form

12 February 2018

To Whom It May Concern

Dear Participant

RE: INFORMED CONSENT FORM

Study Title: Factors that develop a sense of empowerment: The experiences of community health workers (CHWs).

I (participant's name) _____voluntarily agree to participate in the research project of Kesego Mathoothe entitled (Factors that develop a sense of empowerment: The experiences of community health workers (CHWs)), which explores, through their experiences, the factors that develop CHWs' sense of empowerment.

I understand that:

1. The researcher, Kesego Mathoothe is a student conducting research as part of the requirements for a master's degree in Counselling Psychology at the University of Pretoria. The researcher may be contacted on 078 261 4739 or mkesegoduduetsang@gmail.com. The research is under the supervision of Dr. Amanda van der Westhuizen of the Department of Psychology of the University of Pretoria who may be contacted at amanda.vanderwesthuizen@up.ac.za or on 012- 420 5206
2. The researcher is interested in exploring, through their experiences, the factors that develop CHWs' sense of empowerment.
3. Confidentiality will be maintained of all participants. This means that the identity of the participants will not be disclosed. To achieve this, pseudonyms will be used in interview transcripts and any reporting of results.
4. The raw data will be securely stored at the Department of Psychology's storage room (HSB 11 - 24) for a minimum period of 15 years for archiving and reuse. During this period, from May 2018 to May 2033, the raw data might also be used for further research by other researchers.

5. The results and findings of this research will be used for dissemination in the researcher's Master's mini-dissertation, scientific journals, and conferences.
6. No harm will befall research participants as a direct or indirect consequence of the research. If participants are affected by their participation in the study, counselling will be arranged for them. Participants will be given a referral letter to take to a counselling psychologist who has agreed to provide the debriefing. The researcher will also provide the participant with the counselling psychologist's contact details and physical address to arrange for sessions.
7. The interviews will be conducted in English.
8. The research is conducted to gain knowledge regarding the factors that develop CHWs' sense of empowerment. It is not carried out for remuneration purposes.
9. My participation will involve attending an audio-recorded interview session in which I will discuss the account of my experiences with the factors that develop CHWs' sense of empowerment.
10. I am invited to voice to the researcher any concerns I have about my participation in the study, or consequences I may experience as a result of my participation, and to have these addressed to my satisfaction.
11. I understand that participation in the study is voluntary and that I am free to withdraw from the study at any time without prejudice and having to provide reasons.
12. I have had an opportunity to ask the researcher questions where I needed clarity.

Signed on (date): _____

Participant: _____ Researcher: _____

APPENDIX D- Interview schedule

1. How did you become a CHW?
2. Can you please describe your experiences in working as a CHW?

   Probe:
   a. Tell me about a day in your work, what is your routine?
   b. What is it like working with the community? With your colleagues?
3. What adds to the knowledge or skills you have as a CHW that enables you to be able to do your job well?
4. What keeps you motivated to work as a CHW (provide examples)?
5. In your experience, what has contributed seeing yourself as an effective CHW?

   Probe:

   a. What do you think would make a difference for you to feel able/ motivated/ in control?
   b. What has being a CHW enabled you to achieve in your work?
   c. What do you think enabled you to achieve this?
6. In your experience, how has being a CHW changed the way you feel about yourself?

   Prompt:
   a. Doing your work well, taking initiative, being proud of how you completed tasks, happy with impact of work on community, contributed to effectiveness of organisation's work?

APPENDIX E- Counselling Services Permission Letter

12 February 2018

Jessica Versfeld

Dear Ms Versfeld

RE: PERMISSION TO OFFER FREE COUNSELLING SERVICES TO RESEARCH PARTICIPANTS

My name is Kesego Mathoothe, a student conducting research as part of the requirements for a master's degree in Counselling Psychology at the University of Pretoria. I am conducting a research project which explores the factors that develop community health workers' (CHWs) sense of empowerment. This study involves interviewing community health workers. If participants are negatively affected by their participation in the study, i.e. have psychological distress, I would like to seek services from you to offer counselling free of charge to them. Should a participant require counselling, I will give them a referral letter to you. I will also provide them with your contact details as well as your address for them to arrange for sessions with you.

I would greatly appreciate the help we can receive from you. Should there be any questions, please contact me on 078 261 4739 or mkesegoduduetsang@gmail.com or my study supervisor (Dr. van der Westhuizen) at the University of Pretoria on 012 420 5206.

Regards,

Kesego Duduetsang Mathoothe — **Researcher**

Dr. Amanda van der Westhuizen — **Supervisor**

Counselling Psychologist – Jessica du Plessis (Versfeld)
BA(UP) BSocSci Hons (UP) MA (UP)
PR No – 0617261
HPCSA No - 0130362
jessica@sapsychologists.com | 084 207 7743

SA PSYCHOLOGISTS
JESSICA VERSFELD

For Attention: Kesego Duduetsang Mathoothe
Department of Psychology
University of Pretoria

Dear Ms Mathoothe,

I hereby formally agree to the following as it relates to the participants involved in the MA Counselling study entitled: Factors that develop a sense of empowerment: The experiences of community health workers (CHWs).

- I agree—in my capacity as a counselling psychologist in private practice who is registered with the Health Professions Council of South Africa—to provide psychological debriefing services to anyone who has participated in the abovementioned study and who requests such services.
- I agree that my professional contact details may be shared with participants in the abovementioned study who request such services, for the purposes of referral.
- I agree to consult with these participants/clients as priority cases.
- I agree to provide these psychological services on an exclusively pro bono basis (free of charge).
- I also declare that I am an independent party, and that I am in no way involved in any capacity in the research referred to above.

Sincerely,

Jessica du Plessis
MA Counselling Psychology (University of Pretoria),
Counselling Psychologist
PS[0617261]