



## Jobs, food, taxis and journals: Complexities of implementing Stepping Stones and Creating Futures in urban informal settlements in South Africa

Andrew Gibbs, Rachel Jewkes, Nompumelelo Mbatha, Laura Washington & Samantha Willan

To cite this article: Andrew Gibbs, Rachel Jewkes, Nompumelelo Mbatha, Laura Washington & Samantha Willan (2014) Jobs, food, taxis and journals: Complexities of implementing Stepping Stones and Creating Futures in urban informal settlements in South Africa, African Journal of AIDS Research, 13:2, 161-167, DOI: [10.2989/16085906.2014.927777](https://doi.org/10.2989/16085906.2014.927777)

To link to this article: <https://doi.org/10.2989/16085906.2014.927777>



Published online: 21 Jul 2014.



Submit your article to this journal [↗](#)



Article views: 286



View related articles [↗](#)



View Crossmark data [↗](#)



Citing articles: 15 View citing articles [↗](#)

# Jobs, food, taxis and journals: Complexities of implementing Stepping Stones and Creating Futures in urban informal settlements in South Africa

Andrew Gibbs<sup>1\*</sup>, Rachel Jewkes<sup>2</sup>, Nompumelelo Mbatha<sup>3</sup>, Laura Washington<sup>3</sup> and Samantha Willan<sup>1</sup>

<sup>1</sup>Health Economics and HIV/AIDS Research Division (HEARD), University of KwaZulu-Natal, Private Bag X54001, Durban, 4000, South Africa

<sup>2</sup>Gender and Health Unit, South African Medical Research Council, Private Bag x385, 0001 Pretoria, South Africa

<sup>3</sup>Project Empower, Room E304 Diakonia Conference Centre, 20 St Andrew's Street, Durban, South Africa

Corresponding author, email: [gibbs@ukzn.ac.za](mailto:gibbs@ukzn.ac.za)

This paper seeks to refocus debates on structural interventions away from 'assessing' their effectiveness towards understanding processes around how such interventions are implemented. Implementation Science is focused on understanding potential challenges of translating interventions from highly controlled conditions into 'real life' settings. Using the case study of Stepping Stones and Creating Futures a structural and behavioural intervention to reduce intimate partner violence and HIV risk behaviours amongst young women and men in urban informal settlements, we explore the challenges of implementing such an approach. We move beyond simply describing challenges of implementing, to understand how these challenges had an impact on the safe social space the intervention seeks to create as its underlying theory of change. We identify four major challenges of implementation: taxi fares, food provided during the intervention, young people's ongoing need to work and journals provided during the intervention. We suggest that, in different ways, these factors all impinged on the emergence of a safe social space. Understanding the challenges of implementing the intervention is critical for reflecting on scaling up interventions. Central to this is the need to work with participants to help them negotiate the challenges of participating in interventions.

**Keywords:** gender, structural intervention, implementation science, IPV, urban, youth

## Background

This paper seeks to refocus debates on structural interventions away from 'assessing' their effectiveness towards understanding processes around how interventions are implemented. This emerges from two specific sets of work. The first is the movement towards 'opening the black box' of interventions to include process evaluations. Process evaluations seek to understand why, rather than whether, interventions work or do not (Wight and Obasi 2003, Oakley et al. 2006). Some studies have focused on the fidelity of the intervention to how it was originally designed (McCreary et al. 2010), others on the role of facilitators in delivery (Campbell 2003, Hatcher et al. 2011). Such approaches are critical in understanding processes of change in interventions.

The second set of research has been labelled 'Implementation Science' (IS) (Lobb and Colidtz 2013). IS focusses on understanding the potential challenges of implementing interventions delivered in research contexts in the 'real world', as well as understanding how evidence based interventions can be integrated into existing policies and processes (Lobb and Colidtz 2013). Research around IS has typically revolved around issues such as the delivery of technical interventions (such as antiretroviral therapy (ART)) and the factors enabling or hindering uptake of

evidence based interventions (Kelly et al. 2000). In many ways this concern is not new, with a significant body of work having focused on the challenges of implementing interventions, particularly HIV prevention interventions (e.g. Campbell 2003, Hatcher et al. 2011). Yet IS explicitly flags these concerns and there has been little research on issues of implementing behavioural and structural interventions and how these challenges may undermine the theoretical approach of these interventions.

## Project context

Urban informal settlements are sites of high levels of social disorganisation, complexity and change (Myers 2011, Thomas et al. 2011, Hawkins et al. 2013). Residents of urban informal settlements face a range of health related challenges, including hunger, poor sanitation and water, mental ill-health, food insecurity and HIV (Hawkins et al. 2013). Recent studies locate urban informal settlements as key spaces for HIV-related vulnerability within Southern and Eastern Africa (van Renterghem and Jackson 2009, Hunter 2010, Thomas et al. 2011).

In understanding the dynamics of HIV in urban informal settlements issues of mobility, violence, poverty and gender inequalities are central (Campbell and Gibbs 2010, Hunter 2010, Thomas et al. 2011). Hunter (2010) points to how gender inequalities and poverty intersect to limit women's

ability to negotiate sexual relationships with men, with high levels of transactional sex and dependency emerging. For men, an argument is made that in high levels of poverty men fall back on a range of coercive approaches to controlling women, including violence (Campbell and Gibbs 2010, Jewkes and Morrell 2010, Gibbs et al. 2014). Despite informal settlements being key spaces for HIV prevention work, few well-evaluated studies are conducted in them, because of the challenges they pose (Gibbs et al. 2012).

### ***Stepping Stones and Creating Futures intervention***

The Stepping Stones and Creating Futures intervention is a participatory behavioural and structural intervention that seeks to reduce violence and HIV-related risks among young people (18–25 years old) living in urban informal settlements. Stepping Stones (South Africa edition) is a 10-session intervention that seeks to achieve HIV prevention through promoting gender equality and sexual and reproductive health (Jewkes et al. 2010). A large evaluation showed it reduced Herpes Simplex Virus 2 (HSV2) acquisitions by 33% in men and women and reduced men's risky drinking and perpetration of intimate partner violence (Jewkes et al. 2008). Creating Futures is an 11-session manualised structural intervention (Misselhorn et al. 2014) that encourages young people to reflect and critically analyse their livelihoods. It was developed by the Health Economics and HIV/AIDS Research Division (HEARD) of the University of KwaZulu-Natal, Project Empower and the Gender and Health Unit, Medical Research Council (MRC). While differing on content, both manuals have harmonised approaches led by trained peer facilitators. Creating Futures also provided participants with a journal for private reflection that included a series of questions related to sessions.

The intervention was implemented by Project Empower. A total of 233 young people (110 men and 123 women) were recruited, with an average age of 21.7 years. Participants were grouped into single sex/gender groups of approximately 20. Trained peer facilitators led the participants through the full 21 sessions of the intervention over approximately 12 weeks. Each group met twice a week in central Durban, close to the public taxi rank. Travel took participants about 30 to 45 minutes and they were reimbursed daily. During sessions refreshments were provided.

The adaptation discussed in this study differs significantly from the original Stepping Stones manual (Welbourn 1995). The original manual was 20 sessions, and did not include a specific focus on livelihoods, although these issues emerged. Furthermore, it had four groups, young women, young men, older women and older men, to encourage inter-generational engagement and dialogue. For reasons of cost and scalability the team used the adapted version.

### **Theory**

Participatory approaches to behaviour change, such as those underpinning Stepping Stones and Creating Futures, are heavily influenced by the work of Freire (1973) who argued that through dialogue people can start to think critically and start to envisage different ways of being and acting. Operationalising these concepts within a health

promotion framework, Campbell (2003) develops the notion of 'safe social spaces'. Such spaces are those created by interventions in which participants can engage in dialogue with liked and trusted peers (Campbell and Cornish 2010). In these spaces social differences are suspended and through the use of 'techniques' of participation — including body-mapping, community mapping and drama — facilitators encourage participants to engage and speak openly on a range of important topics, thereby developing alternative ideas about what is possible (Kesby 2005). Beyond engaging in dialogue, interventions fostering safe social spaces encourage participants to rehearse and try out alternative actions and responses before trying them in the 'real' world (Kesby 2005, Cornish 2006).

In this paper we seek to understand what factors shaped the implementation of the Stepping Stones and Creating Futures intervention and how these factors affected the emergence and sustaining of safe social spaces. Given the centrality of safe social spaces as a theoretical concept in Stepping Stones and Creating Futures, understanding challenges of implementing the intervention in urban informal settlements is critical to the intervention's future scale-up.

### **Methods**

Data for this paper are drawn from qualitative in-depth interviews and focus group discussions (FGDs) conducted during and after the implementation of the intervention. During the intervention data were collected from four sources. First, 13 short interviews (4 men, 9 women) with randomly selected participants attending the intervention were undertaken during a two-week period. Interviews lasted 5 to 15 minutes and focused on initial impressions of the intervention and barriers to attendance. After the last session of the intervention, we conducted five FGDs with groups, three with men and two with women, around their initial thoughts of the intervention and how their experiences during it. Weekly FGDs were conducted with facilitators to understand their experiences of implementing the intervention. Finally, we identified several participants with relatively poor attendance and undertook brief interviews with them writing them up as fieldwork notes.

After the intervention was completed additional interviews were conducted. At baseline, 20 men and 10 women were randomly selected to form a qualitative cohort study. Interviews were conducted with them at baseline, 6 months and 12 months. Data from interviews at 6 months is included in this analysis; a total of 16 men and 9 women were included. The focus of the interviews included experiences of the intervention as well as ongoing decisions and choices that the young people had made. Men were oversampled in this study as part of a sub-study embedded in this work, exploring men's responses to a combined structural and behavioural intervention (see Gibbs et al. 2014).

Ethical approval was given by the South African Medical Research Council (EC003-175 2/2012) and the University of KwaZulu-Natal's Human and Social Science Ethics Committees (HSS/0789/011 and HSS/1273/011D). Written informed consent was obtained from all participants.

Pseudonyms of participants and locations protect participants' identities.

All interviews and FGDs were conducted in isiZulu. They were electronically recorded and then translated and transcribed into English. Data were analysed using thematic network analysis (Attride-Stirling 2001). This approach identifies codes — short sentences and words — before grouping these together to produce sub-themes. Sub-themes are then grouped into themes. Such an approach allows a theoretical integration of the data as well as description (Attride-Stirling 2001).

## Results

Four factors emerged as important to how the Stepping Stones and Creating Futures intervention was implemented: jobs, taxis, food and journals. We discuss each of these themes in turn.

### Jobs

Young people in South Africa, and particularly those living in urban informal settlements, experience high levels of poverty and unemployment (Hunter 2010). For many young people, daily survival was a priority. While formal and informal strategies existed for survival, including being given money by friends and family, and working in the illegal economy, most were also actively searching for formal, temporary employment. Work was typically ad hoc and poorly paid (Gibbs et al. 2014). Young people's desire and need for work was critical in shaping how they participated and engaged in the intervention.

Project Empower led the process of recruiting participants. They have extensive experience in recruiting young people for similar interventions in ways that ensure expectations are minimised. Strategies to recruit participants included flyers and community meetings; the emphasis was that this was a training intervention and not employment. Many young people arrived understanding what the intervention was with no expectations of employment:

Interviewer: *'How did you find the programme, and what made you decide to be involved in the project?'*  
Mondli: *'I was at home doing nothing so I decided to come through because who know maybe something might come out of this and other things I might learn.'*

Despite the team's extensive efforts to clarify this was not a job, several young people arrived assuming they were applying for a job. Young people's overwhelming desire to find work meant that they potentially 'misread' training as a job opportunity. Obviously, young people who thought they were applying for a job were disappointed when they discovered it was 'only' training, however, some found the training useful:

Amahle (female): *'The way it was explained to me I thought it was employment.'*

Interviewer: *'What was said?'*

Amahle: *'When he told me he said there was a vacancy for which I had to go and register.'*

Interviewer: *'So how did you feel when you discovered that there was no employment, in fact you were going to be taught?'*

Amahle: *'I felt bad at the beginning when I heard we were going to be taught but when it was explained further, I felt alright.'*

As with many interventions there was a slow decline in overall attendance as the intervention progressed and more widely participants would attend a few sessions then miss a few more before coming back. A range of factors shaped this including travel to rural homes, childcare and sickness. However, the dominant factor was young people seeking work. During facilitator meetings the difficulties this posed was highlighted:

Facilitator 1 (male): *'...another issue is about part-time jobs. Many of my participants have got part-time jobs. Sometimes they go on Tuesdays, sometimes on Wednesdays. Sometimes they even call them, on and off.'*

Facilitator 2 (male): *'Ya, I am experiencing the same thing, they have part-time jobs.'*

Work opportunities available to participants were poorly paid and casual. The casualised nature of work meant they would often be called to work at short notice with no regular hours, as our field worker notes made clear: *'He [Siyi] does not have any specific days he's working. They contact him by phone when they need him to work.'* Moreover, young people were willing to travel for employment — such as one male participant going to Johannesburg when offered a job as a security guard — undermining their ability to participate.

Another participant explained how she had to choose between attending sessions and surviving. While she had enjoyed the sessions, the stress of needing to work was too much as she had to prioritise short-term financial survival:

*'Apparently she's been so stressed "financially". She said that she's been out job hunting and that is why she's not part of the intervention. She says that she has twins and needs to look after them.'*

A main aim of the intervention was to build young people's capacity to seek and engage in work. Yet, the nature of poverty in young people's lives meant that some participants had to make decisions around whether to attend the intervention or seek work.

### Taxis

The intervention was held in central Durban, a 30–45 minute minibus taxi ride away from participants' communities. To get there participants used public minibus taxis, costing approximately R20 (US\$2) each way. Throughout it was made clear to participants that they would be reimbursed every time they attended a session. Few participants had savings to cover the upfront cost of this trip. As such, participants borrowed R20 off friends, family or neighbours to attend sessions. For many this was not a problem as they were reimbursed immediately:

Zanele: *'Yes I always borrow it [taxi fare]. It is not me alone. We are many that borrow from people and they know us by now. So they give us because they know we will bring it back.'*

Interviewer: *'So they don't complain?'*

Zanele: *'No they don't.'*

Others struggled with the continual need to borrow money. One central factor underlying this was that social

networks were often incredibly poor. One female participant described how she could not borrow money from her family as they rarely had spare money they could lend her:

*'She said she fails to get money and since she stays with her unemployed mother and her siblings, it highly difficult to borrow money, unless we make means for them to get money in advance.'*

As has been widely noted, women were often in economically dependent relationships with their male partners, who controlled their decisions and movement (Jewkes and Morrell 2012). This dependency was a key reason the intervention was seeking to build economic power. Yet, women's economic dependency meant the person they often borrowed money from was their male partner. Relationships were also often embedded in suspicion and mistrust and as such women were often loath to speak openly to their partners about the intervention. This made it difficult for them to borrow money to attend:

Interviewer: *'So he was aware that you go to the Cathedral [training venue]?'*

Zama: *'He knows that I go to school but he doesn't know where.'*

Interviewer: *'Did you tell him what you do there?'*

Zama: *'Yes I used to tell him. He would also see the book on Creating Futures and also would look at my homework. When I explained to him I would say the way we are taught, it is like social work. So he said he wanted to see the certificate. When I had just started attending the sessions, he would give me transport money. Eventually I told him not to give me any money. He then asked what kind of a school that was. I couldn't really explain to him what kind of a school that was but he knows about it.'*

In discussions with facilitators women's high levels of economic dependency on partners was also flagged as a barrier to their participation. Indeed, some facilitators reported that several women had been effectively 'banned' from attending the interventions by their male partners, who simply refused to lend them money for taxi fare. In general, accessing taxi fare was easier for men, who tended to have greater economic autonomy.

### Food

The intervention provided refreshments for participants, to enable them to concentrate for the three-hour sessions. For women, but not men, food became an unexpectedly contentious issue, highlighting both the high levels of poverty and hunger experienced by female participants and how they were enmeshed in social obligations where they were expected to provide for their children. Food provided was quite basic and limited: apples, bread, polony (processed meat) and maybe biscuits. It was reported that there were many arguments amongst women about how to divide the food up in the group, including any leftover food:

Interviewer: *'Can you tell me what happened in the group?'*

Promise: *'In most cases they would fight over food. Also the leftover food.'*

Interviewer: *'What about leftover food?'*

Promise: *'They would fight over who should take it.'*

Arguments about food extended to whether to provide food for children who were brought to sessions. About two-thirds of women participants had a biological child and not all children lived with them. Some women arranged for child care during sessions, primarily with family members, while others brought the children to sessions. This led to arguments about how to feed these children; should they be given their own portion of food, or should they share the portion of the person who brought them?

Interviewer: *'Can you tell me about one incident of what happened?'*

Nomusa: *'At times people have problems with food.'*

Interviewer: *'Like what for instance?'*

Nomusa: *'Maybe a person would have complaints when other people give children pieces of meat. She would want children to be given by their mothers from their plates, things like that.'*

Interviewer: *'So they mustn't take it from your share?'*

Nomusa: *'Yes' (female, short interviews).*

Central to this was a framing of equity in how food should be divided in contexts of high levels of poverty and the demands placed on women to care and provide for their children, which men did not have to face.

### Journals

During Creating Futures, journals were provided to participants. These journals played several roles. They provided basic information about social grants and so forth, they reinforced the learning and skills in sessions through having activities and they also provided a private reflective space for participants to write or draw and reflect on the issues the intervention raised. In essence, journals were intended to create a safe social space for participants to engage in private dialogue with themselves and continue processes of change the intervention encouraged. When journals were introduced to participants there was a discussion about privacy and not necessarily writing everything in it, given the potential risks for participants if it was discovered.

Participants reported that they liked and valued the journals. Initially there was a concern about the limited levels of literacy of participants, but this did not seem to affect their use. Journals were well designed and enabled them to 'show' to other people that they were engaged in something important. Moreover, many used the journals as a space to write down reflections linked to their lives and the intervention. In meetings facilitators reflected that journals came to constitute a private space for reflection for participants:

Interviewer: *'...I just really wanted to ask about journals your experience in people's use of journals, do you think people like their journals? What do they like?'*

Facilitators [all speaking at once]: *'People love them!'*

Interviewer: *'So what do they love about them?'*

Facilitator (male): *'Most of their stuff is written there. Important stuff, like very important because they don't want us even to touch the journal because they write very important stuff.'*

Facilitator (female): *'It's like a diary to them because they write personal stuff, because we told them that that you should be faithful to yourself because no one is going to read them just feel free to write.'*

Similarly participants, male and female, also emphasised journals provided them with a private space to 'think things through' that existed outside of the formal sessions that the intervention provided:

Interviewer: *'Did you find it easy to tackle the difficulties that you face?'*

Thabo: *'Yes, because we were given journals. If you look at them carefully, there are things that you are given to read, if I was facing any difficulty I would just go to my journal and note down everything and that reminds me of this and that, and I just say let me try it and see if it can work.'*

Interviewer: *'Does it help though?'*

Thabo: *'Yes it does.'*

Diaries and journals presuppose those using them have private spaces to place journals. Housing in informal settlements were typically single rooms and shared, with limited privacy. The process of the intervention also required that participants brought the journals into the sessions regularly. One female participant frantically phoned her facilitator shortly after finishing a session to ask whether she had left her journal behind. This was discussed at the regular facilitator meetings:

Facilitator 1 (female): *'Did you find her journal or not?'*

Facilitator 2 (female): *'No we haven't, but I think someone who lives closer to her might have taken it and given it to her.'*

Facilitator 1 (female): *'She forgot her journal and made a point to phone and say: "Oh my God I forgot my journal". She didn't say but I was wondering if she is putting her intimate stuff and maybe she is worried that someone is going to read it.'*

The assumption that journals could be fully private spaces outside of anyone else's gaze was difficult to sustain, especially in contexts where women often had controlling male partners. Several female participants reported that their partners would read through the journals. For some this enabled them to start a conversation with a partner, something that may not otherwise have occurred:

Interviewer: *'Did you tell your boyfriend what you were doing at the Cathedral [training venue]?''*

Promise: *'He used to read my journal and then he would ask me what we were doing. I would explain to him and tell him how the whole thing works.'*

For others, male partners were less supportive. A few women reported that what they wrote in their journal led to arguments with their partners:

Interviewer: *'What did your boyfriend say about the journal?'*

Nozipho: *'Wow! He did not like it. There was a time where we had to write about our lives. I also wrote about my life. He shouted at me about that. He even tore one page and yet I had written something true.'*

Interviewer: *'Why did he do that?'*

Nozipho: *'He said I had involved his name.'*

Interviewer: *'What did you say about him?'*

Nozipho: *'I didn't say anything bad about him. I was just describing him as I have been telling you.'*

Nozipho: *'That he wants to hit you when you ask him questions.'*

Nozipho: *'Yes.'*

The journals did become private reflective spaces for participants. However, the very relational nature of life in an informal settlement that left few private spaces to keep journals and men's power over women meant that the assumption of secrecy was often flawed.

## Discussion/conclusion

Understanding the challenges of implementing interventions and how this may have an impact on their 'theory of change' is critical for developing a stronger sense of the complexities of scaling-up interventions. The IS field has primarily focused around the implementation of technical approaches such as ART, with less consideration of applying these approaches to behavioural and structural interventions and how the challenges of implementing interventions may impact on theories of change. Many structural and behavioural interventions to reduce violence and HIV risk implicitly draw on Freire's (1973) model of building safe social spaces (Dworkin et al. 2013). This case study suggests how broad social factors may undermine such idealised social spaces.

Poverty remained a critical barrier to building and sustaining safe social spaces. The intervention was focused on alleviating poverty through supporting young people's critical thinking and action around livelihoods and initial evaluation suggested this occurred. Yet, poverty undermined young people's ability to participate in the intervention, trading off short-term work and survival, with potentially longer-term rewards of participation and struggling to access taxi fare to attend sessions. This meant many participants did not attend the 'whole' intervention and with participants 'dropping in and out' of the intervention (Gibbs et al., Under Review), sustaining a safe space predicated on trust was complicated for facilitators who each session had new participant dynamics to deal with. Similar challenges have been identified in evaluations of behavioural interventions in other contexts (Campbell and Cornish 2010).

The intervention also assumed that there would be safe social spaces emerging outside of the group sessions for reflection — primarily with journals. However, young women with little social and economic autonomy in relation to men meant that journals were not necessarily the safe social space anticipated. Without such opportunities the processes through which change happens may be limited. Furthermore, it brings into question the practical usefulness of journals as a way of developing critical thinking and reflection, even though they have been applied as a research tool in similar contexts (Meth 2009).

Finally, women participants were enmeshed in a range of social obligations that became linked to how they could engage in the intervention; again a key aim of the intervention was to disrupt these relationships. Women were often highly dependent on male partners to provide them with support (social and economic) to attend sessions.

This meant they were reliant on appeasing these relationships, reinforcing rather than challenging gendered hierarchies. More widely they were also placed under significant pressure to care for and provide for their children, leading to arguments around sharing food during sessions, undermining the ideals of trust and dialogue the intervention strove to achieve.

In this paper we explored the challenges of implementing the Stepping Stones and Creating Futures intervention in urban informal settlements. We located these challenges as shaped by the social context in which the intervention operated; contexts that participants and the intervention could not step out of. Indeed, the factors undermining the implementation of the intervention — high levels of poverty, dense social networks, unequal gender relationships — are key factors driving high HIV incidence in these communities.

In scaling-up interventions such as Stepping Stones and Creating Futures, how to overcome the challenges of implementation must be considered. Practically, this could take a range of different approaches; the original Stepping Stones manual (Welbourn 1995) suggested providing childcare facilitates to enable women to participate. Other approaches could include providing a 'training stipend' to participants, reducing the trade-off between attending sessions and undertaking work to survive, although this has significant cost implications for scale-up. As women were in economically and socially dependent relationships with men, there may be some potential in working with women to engage male partners in the intervention, overcoming barriers to women's attendance (Bruce et al. 2011) However, this raises significant ethical issues around couples work where the man is violent (Pettifor et al. 2013). More widely, interventions need to include working with participants to negotiate some of the challenges linked to implementation of interventions, if participatory interventions are to be successful both in terms of how they are implemented and how they affect young people's lives.

*Acknowledgements:* Thanks are due to the other team members on the larger study of which this is a part, namely: Alison Misselhorn, Yandisa Sikweyiya, Nwabisa Jama-Shai and Milly Mushinga. Thanks are also due to the research team and participants and to the reviewers for their perceptive comments.

## Notes

<sup>1</sup> Our use of single sex/gender groups was shaped by participants' decisions on how groups formed. We did not enquire about how people they identified themselves in terms of gender identity or 'sex' as a biological categorisation of male or female, rather participants self-selected into groups as male or female.

*The authors* — Andrew Gibbs (MSc), works as a Researcher at HEARD at the University of KwaZulu-Natal. His research interests are around masculinities, gender transformation and evaluating participatory interventions.

Rachel Jewkes, PhD, is Director of the Gender and Health Research Unit at the Medical Research Council, South Africa. Her interests are around gender-based violence, HIV and evaluation of gender transformative interventions using a variety of methodologies.

Nompumelelo Mbatha works at Project Empower. She has extensive experience implementing gender transformative

interventions in urban informal settlements with young women and men.

Laura Washington works at Project Empower as the Programmes Manager. She has worked on gender transformative and livelihoods interventions for over 15 years.

Samantha Willan is the Gender Equality and Health Programme Manager at HEARD at the University of KwaZulu-Natal. She has published widely on gender and HIV and is interested in understanding how participatory interventions work.

## References

- Attride-Stirling J. 2001. Thematic networks — an analytical tool for qualitative research. *Qualitative Research* 1: 385–405.
- Bruce J, Haberland N, Joyce A, Roca E, Sapiano T. 2011. Poverty, gender and youth: First generation of gender and HIV programs: Seeking clarity and synergy. Washington, D.C.: Population Council.
- Campbell C. 2003. *Letting them die: Why HIV interventions fail*. Oxford: James Currey.
- Campbell C, Cornish F. 2010. Towards a 'fourth generation' of approaches to HIV/AIDS management: Creating contexts for effective community mobilization. *AIDS Care* 22: 1569 – 1579.
- Campbell C, Gibbs A. 2010. Poverty, AIDS and gender. In: Chant S (ed.), *International handbook on poverty and gender*. Cheltenham: Edward Elgar. pp 327–332.
- Cornish F. 2006. Challenging the stigma of sex work in India: Material context and symbolic change. *Journal of Community & Applied Social Psychology* 16: 462–471.
- Dworkin SL, Treves-Kagan S, Lippman SA. 2013. Gender-transformative interventions to reduce HIV risks and violence with heterosexually-active men: a review of the global evidence. *AIDS and Behavior* 17: 2845–2863, doi:10.1007/s10461-013-0565-2.
- Freire P. 1973. *Pedagogy of the oppressed*. New York: Continuum.
- Gibbs A, Jewkes R, Sikweyiya Y, Willan S. Under Review. Reconstructing masculinity? A qualitative evaluation of the Stepping Stones and Creating Futures intervention in urban informal settlements in South Africa.
- Gibbs A, Sikweyiya Y, Jewkes R. 2014. "Men value their dignity": securing respect and identity construction in urban informal settlements in South Africa. *Global Health Action* 7: 23676.
- Gibbs A, Willan S, Misselhorn A, Mangoma J. 2012. Combined structural interventions for gender equality and livelihood security: a critical review of the evidence from southern and eastern Africa and the implications for young people. *Journal of the International AIDS Society* 15: 17362.
- Hatcher AM, De Wet J, Bonell CP, Strange V, Phetla G, Pronyk P, Kim J, Morison LA, Porter JD, Busza J, Watts C, Hargraves J. 2011. Promoting critical consciousness and social mobilization in HIV/AIDS programmes: lessons and curricular tools from a South African intervention. *Health Education Research* 26: 542–555.
- Hawkins K, Macgregor H, Oronje R. 2013. The health of women and girls in urban areas with a focus on Kenya and South Africa: A review. Brighton, UK: Institute of Development Studies.
- Hunter M. 2010. *Love in the time of AIDS: Inequality, gender, and rights in South Africa*. Durban: University of KwaZulu-Natal Press.
- Jewkes R, Morrell R. 2010. Gender and sexuality: emerging perspectives from the heterosexual epidemic in South Africa and implications for HIV risk and prevention. *Journal of the International AIDS Society* 13: 6.
- Jewkes R, Morrell R. 2012. Sexuality and the limits of agency among South African teenage women: theorising femininities and their connections to HIV risk practices. *Social Science & Medicine* 74: 1729–1737.

- Jewkes R, Nduna M, Jama-Shai N. 2010. *Stepping Stones South Africa: A training manual for sexual and reproductive health communication and relationship skills*. Pretoria: MRC.
- Jewkes R, Nduna M, Levin, J., Jama, N., Dunkle, K., Puren, A. & Duvvury, N. 2008. Impact of Stepping Stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. *British Medical Journal* 337: a506, doi:10.1136/bmj.a506.
- Kelly J, Somlai A, Difrancesco W, Otto-Salaj L, Hackl K, Heckman T, Holtgrave D, Rompa D. 2000. Bridging the gap between the science and service of HIV prevention: transferring effective research-based HIV prevention interventions to community AIDS service providers. *American Journal of Public Health* 90: 1082–1088.
- Kesby M. 2005. Rethorizing empowerment-through-participation as a performance in space: Beyond tyranny to transformation. *Signs* 30: 1–11.
- Lobb R, Colidtz G. 2013. Implementation science and its application to population health. *Annual Review of Public Health* 34: 235–251.
- Mccreary L, Kaponda C, Kafulafula U, Ngalande R, Kumbani D, Norr J, Norr K. 2010. Process evaluation of HIV prevention peer groups in Malawi: a look inside the black box. *Health Education Research* 25: 965–978.
- Meth P. 2009. Marginalised men's emotions: Politics and place. *Geoforum* 40: 853–863.
- Misselhorn A, Jama-Shai N, Mushinga M, Washington L. 2014. Creating futures: Supporting young people in building their livelihoods. *Sex Education*. Available at <http://www.tandfonline.com/toc/csed20/current> [accessed 30 June 2014].
- Myers G. 2011. *African cities: Alternative visions of urban theory and practice*. London: Zed Books.
- Oakley A, Bonell CP, Allen E., Stephenson J. 2006. Process evaluation in randomised controlled trials of complex interventions. *British Medical Journal* 332: 413.
- Pettifor AE, Macphail C, Nguyen N, Rosenberg M, Parker L, Sibeko J. 2013. Feasibility and acceptability of Project Connect: A couples-based HIV-risk reduction intervention among young couples in Johannesburg, South Africa. *AIDS Care* 26: 476–82, doi:10.1080/09540121.2013.841827.
- Thomas L, Vearey J, Mahlangu P. 2011. Making a difference to health in slums: an HIV and African perspective. *Lancet* 377: 1571–1572.
- Van Renterghem H, Jackson H. 2009. AIDS and the city: intensifying the response to HIV and AIDS in urban areas in sub-Saharan Africa. Durban: HEARD.
- Welbourn A. 1995. *Stepping Stones: A training package in HIV/AIDS, communication and relationship skills*. London: Strategies for Hope.
- Wight D, Obasi AI. 2003. Unpacking the 'black box': the importance of process data to explain outcomes. In: Stephenson J, Imrie J, Bonell CP (eds), *Effective sexual health interventions: Issues in experimental evaluation*. Oxford: Oxford Scholarship Online. pp 197–206.