Introduction

In South Africa, as in other countries, structural factors like poverty, migrancy, and gender inequality drive high rates of sexually-transmitted infections, including HIV [1-5]. Poverty is likely to increase HIV risk [6], partly via the way it and tends to frame choices around sexual partnerships, particularly for young South African women [7]. A history of migrant labour in South Africa has leads to higher prevalence of casual partners [8], again associated increased HIV risk [9, 10]. Gender inequalities and women’s social and economic dependency can increase risk by reducing bargaining power around decisions like sexual debut, frequency of sexual encounters, and condom use [11-15].

Improved knowledge of these structural determinants suggests the need for new models of HIV prevention aiming for collective action and social change [16-19]. Paulo Freire’s notion of ‘critical consciousness’, or the critical perception of reality that causes a group to take action [20] has the potential to inform such approaches. While critical consciousness has long been seen as key in empowerment education [21, 22], social work [23, 24], and community building [25], its application to HIV prevention is somewhat new.

Critical consciousness can influence HIV prevention in a number of ways. Critical consciousness is best viewed as a process which is analytical, constructive, and mobilising [24]. It is analytical because it encourages participants to question the everyday realities of their lives and re-examine how health risk and other problems relate to wider social forces [26][27]. For example, an HIV project in Massachusetts
encouraged dialogue about gender, race, and class among partners of injecting drug-users, and was an opportunity to examine how environment, contributed to HIV risk [28].

Critical consciousness helps to build a *constructive* understanding that change is possible, as participants reinterpret their situation as negotiable rather than fixed [11] and to develop strategies for improving it [29][30]. A project involving women in Mexico discussed ‘foto-novella’ drawings to stimulate new ways of addressing HIV vulnerability [31].

Lastly, critical consciousness is *mobilising* when it leads to collective change [32, 33]. An intervention in Nigeria, for example, engaged sex workers in formal negotiations with brothel owners to raise prices so that they could afford to refuse clients who would not use condoms [34]. Critical consciousness can also stimulate collective action to change the context of HIV risk: through development of local leaders [28, 35], changes in government policy [36], improvements to local resource management [29], and the creation of healthy peer norms [37, 38].

Despite renewed interest in critical consciousness within health education, few Freirian-inspired programmes have conducted research on the processes that promote critical consciousness [39]. The Intervention with Microfinance for AIDS and Gender Equity (IMAGE) has been reported to reduce rates of gender-based violence and sexual risk behaviour [40, 41]. It aims to foster critical consciousness among participants in order to build collective action addressing structural determinants of HIV and gender-based
violence. We aim to provide lessons for future HIV prevention programmes employing critical consciousness. Based in a densely populated rural area in Limpopo Province, South Africa, IMAGE combines microfinance with participatory education and community mobilization. Small Enterprise Foundation (SEF), a poverty-focused microfinance agency, partners with University of Witswatersrand’s Rural AIDS and Development Action Research (RADAR) programme to facilitate education and community mobilisation alongside group microfinance loans.

Once a village is identified to participate in IMAGE, community members map the relative wealth of households [42]. SEF then invites the poorest one-third of women to participate as a centre in its loan programme. Around 40 women participate in each centre, and women self-select into five women who act as guarantors for each other’s loans. The loan centre meets fortnightly to share business advice, and jointly decide when to increase funding to other groups [43].

In addition, specialised Facilitators deliver a curriculum of gender and HIV education known as ‘Sisters for Life’. Staff recruited from the local area were trained by a gender activist to conduct ten sessions on gender roles, sexual norms, partner communication, HIV prevention, and gender-based violence, employing a mixture of information-giving, whole-group discussions, and role play. A key aim of the curriculum is to encourage dialogue that builds critical consciousness [44].
Following Sisters for Life, women from each loan centre collectively choose who among them will attend a week-long ‘Natural Leaders’ training course aiming to engage them in additional reflection and leadership strategies. Upon returning to their loan centres, Natural Leaders work alongside fellow IMAGE participants in developing action plans to address HIV and gender-based violence in their communities via collective action.

IMAGE drew upon critical consciousness as one of several guiding theories. We then applied a critical consciousness lens to assess delivery of the ‘conscientising’ elements of IMAGE. Though IMAGE was not a purely Freirian programme, we intend that our examination of its use of a critical consciousness approach may guide future interventions.

Methods

We conducted a process evaluation using a mixed-method approach to exploring the implementation of IMAGE during a trial and subsequent scale-up. During the IMAGE trial (2001-2004), we collected prospective qualitative data: researcher notes on 134 hours of observation of intervention delivery; reflective diaries of four staff delivering the intervention; focus-group discussions with clients (16); in-depth interviews with clients (15) and clients who dropped out of the programme after completing a loan cycle (19). During subsequent scale-up of the intervention (2005-2007) we collected both retrospective reflections on the trial and prospective data, and therefore many informants were interviewed more than once. Thus, we interviewed all providers with significant contact with the intervention: 7 interviews with RADAR managers (5 individuals), 33
interviews with RADAR staff (10 individuals), 16 interviews with SEF managers (12 individuals) and 14 interviews with SEF staff (14 individuals). We also collected prospective qualitative data on IMAGE during scale-up through in-depth interviews with 24 clients randomly selected from client lists covering both branches.

Qualitative data were transcribed verbatim from digital recordings or other formats and, where necessary, translated independently by two researchers from the local language (Sepedi) to English. Interview transcripts were analysed by developing a text coding structure in NVivo (QSR International). Two researchers coded the transcripts, developing codes inductively from the data, ensuring our analysis incorporated the ‘grounded’ voices of informants. The quotes cited in this paper illustrate the emerging themes, and are provided for transparency and to ease the reader in assessing the validity of our interpretation. Ethics approval was granted by the University of Witswatersrand and London School of Hygiene and Tropical Medicine. Participation in research was sought on the basis of informed consent and anonymity of informants was protected in all research outputs.

**Results**

We found that IMAGE was successful in building critical consciousness through a number of programme tools and methods. The training of Facilitators hoped to bring about personal reflection and a sense of collegiality between facilitators and future participants. Distinct elements, discussed below, were implemented to develop analytic, constructive, and mobilising aspects of critical consciousness. Figure 1 summarises the
components of IMAGE that emerged as key aspects of the intervention during our analysis.

*Insert Figure 1 here*

**Training facilitators for conscientisation**

IMAGE Facilitators had a key role to play in building critical consciousness among participants. In particular, they needed to approach participants from a co-learner stance, rather than as an expert teacher:

> Obviously, though, the role of the facilitator is critical – how you talk to them, the manner of approach, understanding the language… knowing the fact that you are not necessarily the teacher, and how to humble yourself to their knowledge so that they are open and willing to share it with you. (Manager)

To develop the skills and approach needed for building critical consciousness, Facilitators received four weeks of intensive, participatory training. Managers hoped that placing Facilitators in a participant role would help them reflect upon the content of Sisters for Life in a more critical way:

> It really puts the future facilitators in the seat of being active participants, and when they do that they’re almost forced to reflect on what they’re going to be teaching and how it impacts on their own lives. (Manager)

A time-consuming part of training Facilitators was ongoing support and mentorship by two IMAGE Managers. The Managers mentored Facilitators for nearly 18 months through a process of observing Sisters for Life sessions, critiquing the facilitation together with Facilitators, and discussing the stories that emerged from Participants:

> We would have feedback sessions and always we would try and push them to go beyond the superficial- so not just do the training activities by rote, but reflect on what were the examples that you used? How did you make it meaningful? What were the stories that came out? (Manager)

Importantly, the role of mentoring was gradually handed over to the Facilitators themselves:
And as time went on we were able to mature. They critiqued us, and we were able to critique ourselves, the four of us – this is what we are supposed to do. (Facilitator)

The training seemed to cultivate a sense of collegiality among the Facilitators. They explained that the purpose of facilitation was not to ‘teach’ the Participants, but to change their own lives at the same time:

We don’t just go there and teach these women, we have to see it ourselves are changing with related to whatever we are doing in the work. (Facilitator)

All of the Facilitators we interviewed described how the training was intensely personal and required personal reflection:

The training was so intense. It had everything to do with the sessions and everything to do with yourself, and everything to do with every faculty of your life. You had to be aware of yourself before you could actually educate somebody else. (Facilitator)

**Analysing everyday realities of health**

Since IMAGE planned to tackle deeply-rooted health issues of sexuality, HIV/AIDS, and domestic violence, its curriculum encouraged participants to examine ‘normal’ cultural practices in a new light through critical reflection. To help participants analyse the roots of health in their communities, Sisters for Life sessions were *rooted* in broader issues like cultural beliefs, gender roles, relationships and communication, and domestic violence:

They were not really aware of all the roots. And how the roots are vulnerable to those infections. So when I got to those sessions I really did my best to work very hard to make sure that they understand these issues. (Facilitator)

Participants were sometimes confused about why Facilitators brought up topics that they thought were unrelated to health. However, as the curriculum continued, many participants seemed to appreciate these broader discussions as interesting and relevant:

I used think that … health education meant diseases and ailments like flu and others. I did not know that health education also include people’s lifestyles, culture and the way we see ourselves. I have learnt many things. (Participant)
Several facilitation techniques helped promote critical consciousness. By *probing*, or asking questions of participants, the Facilitators encouraged critical analysis within Sisters for Life discussions:

So the whole process of designing the Sisters for Life training was really about helping people to ask really good questions so that they could find their own answers. (Manager)

Probing helped participants question cultural traditions that had previously seemed unchangeable:

I have realised how easy it is for people to say ‘it is our culture that I should beat my wife.’ I thought it was natural that it happens that way. I thought men were strong and women were weak. After we did a session about culture and roles, I realised that men suppress women and we use culture to justify it. (Participant)

*Role-plays* also served as an important tool for cultivating critical consciousness. One Planner explained that role-plays were envisaged as a way to encourage participants to tell stories about difficult issues:

It seemed a natural fit to think about using role plays and that kind of participation as a tool for opening up critical consciousness… getting people to tell stories around issues that are quite difficult to talk about as a way to kind of open up that consciousness. (Manager)

Role-plays and other participatory activities were used as confidence-building tools, giving women an opportunity to share their views in a public setting:

Many of these women never thought that we could talk about violence like this. It was nice because it was held in our church but even better [than church] because everyone had a chance to have a say. (Participant)

IMAGE discussions were *grounded in daily realities* of womens lives. For example, exercises were drawn from locally-relevant scenarios like fetching water or singing songs
at a wedding. Participants tended to accept Sisters for Life more when they saw that the
issues were relevant to their own lives:

I got very interested because these were the things that were happening in our
homes. I thought wow we are going to talk about issues that trouble our
homes. They do happen and they are everywhere and nobody talks about
them. (Participant)

*Constructing a new understanding of health*
IMAGE was also designed to help participants construct their own solutions to local
problems:

It’s really important for people to find their own solutions, cause that’s the
only way that solutions will be appropriate, first of all, and that they’ll be
implemented and sustainable in that framework. (Manager)

To build the constructive side of critical consciousness, IMAGE created a space where
women felt that they *share common problems* and find useful solutions:

Women have more responsibilities than before. We are living in an era where
husbands are either dead or retrenched. We carry a lot of burdens on our
shoulders. And along came SEF and says ‘you are not alone, there are other
women like you.’ Women come together and share their problems and
success stories. (Participant)

Participants emphasised how important it was to feel supported by other women who
were struggling with similar problems:

Coming to SEF made me realise that it is not healthy to keep things bottled
up inside me. We have to share our problems. We can only find solutions
when we support one another. (Participant)

IMAGE also aimed to go *beyond information-giving* by packaging discussions of HIV
inside deeper issues:

We knew early on that we didn’t want to just do the basic information giving-
that HIV stands for this and AIDS for this. We wanted to be much more
couched. (Manager)

However, comments by Facilitators and participants characterised the intervention as
centred upon information-giving. Some Facilitators felt that participants already had a
wealth of knowledge, but others described their role as sharing knowledge with women who were ‘blank’:

> If you are empty there is no way you can you can facilitate or share your knowledge with these women, because those women are blank. They only know things in general but they don’t know the facts. (Facilitator)

New information was seen as an important benefit of being an IMAGE member. Participants commented on their getting information that many of their fellow community members did not have access to:

> Today I am grateful to be fed with such knowledge because we can share it with our children. If you as a parent have your children’s best interest in your heart you will tell them to protect them from mistakes that our parents did because of lack of information. (Participant)

**Mobilising for community change**

The mobilising aspect of critical consciousness compels communities to take action to bring about concrete changes to their lives. Critical consciousness was seen as a catalyst for women to share ideas with the broader community:

> It was a sense of conscientising women and giving them skills and then letting them bring that message up in the community. (Manager)

By training a group of *Natural Leaders*, IMAGE hoped to instil a sense of empowerment so that participants could drive the process of mobilisation themselves. Natural Leaders took part in a five-day training session that personalised the curriculum and cultivated specific leadership skills for community mobilisation. This additional training gave many participants a sense of confidence and power:

> The power that those women have after being identified as Natural Leaders; they went into training and I mean they were very different – that week changed them quite a lot. And I have seen them in action in the centre meetings after they return from the training. (Facilitator)
Yet, some participants were unable to attend a week-long training due to responsibilities within their households and businesses:

- **Participant #1**: I am taking care of my school-going children.
- **Participant #2**: I am staying with my husband. Unfortunately I cannot go.
- **Participant #3**: I would love to but I would have to find someone who can help to sell my stuff so that when we get back I would be able to repay my loan. (Participant focus group discussion)

Our observations suggest that no group, such as the least educated or most poor, was systematically less empowered by the Natural Leaders training. After the five-day training course, Natural Leaders were meant to take over the role of facilitation, and in some centres they did so successfully. However, fieldnotes suggest that Facilitators continued to exercise power at loan centre meetings, rather than handing leadership over to the Natural Leaders. In some centres Natural Leaders already held an elite status, because of education or wealth, so that the training reinforced power relations that existed within the community.

Following the training of Natural Leaders, several sessions on social mobilisation were designed to foster *collective action* among participants. Collective action placed women in new roles in their community through meetings with community leaders, workshops, partnerships with local organisations and public marches. When a rape prevention committee met with local leaders, it was the first time that women had ever addressed the neighbourhood’s traditional council:

SEF women have played an important role in the community. We have organised the all-women meeting, in which we told the chief, civic leader and the police about the crime in the area. It was the day in which the ‘women against crime’ initiative was formed. (Participant)
Likewise, IMAGE was the first time that women of one village had ever taken a leading role in a protest march:

We organised a march against women abuse in our area. Many women attended it. It was even published in our local newspaper and many people knew about us. (Participant)

Collective actions took varied forms, such as couples counselling, a rape prevention association that works with local police to combat domestic violence, and a sit-in at a hospital notorious for its poor care of patients. Collective action gave one participant confidence to engage with local structures and speak out against injustice:

It was a long process because we consulted organizations in the community for advices and support. It is difficult because people have different views and some are criticizing us…The important lesson is that women need to speak with one voice. It is only then that people take us seriously and listen. (Participant)

Collective action also encountered challenges. Some participants felt frustrated in having to implement collective action on their own time, an important dynamic since the women were expected to run their own business as participants in IMAGE:

Women do not have time to leave their businesses and concentrate on community activities because SEF does not want to know whether you have spent most of your time helping the community. It wants its money when the repayment time comes. So many women sacrifice such activities for their businesses. (Participant)

When local leadership was supportive of initiatives, women were successful in implementing collective action. However, local leadership sometimes discouraged activities that did not fall in line with their views, as when one centre planned to march on the local clinic and the chief discouraged it because he feared a march would cause clinic staff to quit. Lastly, participants felt frustrated that they were not given financial resources to take collective action forward:
She does not understand why they were told that they should identify community problems if they were not going to be helped to solve them. In her case, she has a project in mind that she would like to start to benefit her community and she wonders what kind of financial assistance IMAGE would give her. (Participant)

In lieu of collective action, many participants built confidence and shared lessons from IMAGE through *individual action*. Participants described speaking within the household to partners and children about taboo subjects like sexuality:

“They brought health talks to us and lives have been completely transformed. Many parents have difficulties in talking to their children about relationships and other intimate issues. But health talk made us challenge our fears.” (Participant)

Participants also shared information with the broader community by organising talks with neighbourhood children and speaking with friends and relatives. Participants played a central role in mitigating family conflict in their neighbourhoods. They also shared the information they had learned with people at their work, in savings groups (called stockvels), and at their churches:

“I shared health education with other health care members, particularly issues on HIV/AIDS and gender-based violence. My colleagues say I am more enlightened and useful and I attribute most of it to SEF education.” (Participant)

A common narrative was that many participants felt compelled to share the knowledge they had acquired through IMAGE:

“I am now able to talk to people at home. I am not saying it was easy but it is the information you cannot sit with. It burns you to talk about it.” (Participant)

Participants described how individual information-sharing cultivated a sense of empowerment and self-efficacy:

“I felt so proud that I managed to say something which made a change in someone’s life.” (Participant)
Discussion

Our findings suggest that IMAGE promoted critical consciousness through a number of concrete programme activities, but that several elements met challenges and may be worth re-envisioning in future programmes. We aim here to contribute to the health promotion field by highlighting promising aspects of IMAGE as potential tools for encouraging critical consciousness. We then critically assess the challenges of building critical consciousness within IMAGE and offer suggestions for future health interventions and research efforts.

Curricular tools for critical consciousness

Whereas traditional models of HIV prevention give people information, with the assumption that increased knowledge will lead to behaviour change [45, 46], alternative models recognise that broader societal and cultural issues influence HIV risk [5]. The IMAGE curriculum was successful in sparking critical analysis of cultural and gender norms around HIV. IMAGE emphasised the process of rooting Sisters for Life in a broader discussion about culture, a process that reflects new ‘best practice’ ideas around HIV prevention [4]. To foster discussions that were rooted in the local context, IMAGE hired and trained staff from the local area who were culturally and linguistically similar to women participants. This decision aligns with research that suggests programmes with oppressed women should be led by facilitators who are part of the local community [31].

The facilitation technique of probing aligns with Freire’s theory of problem-posing education: people can only identify viable solutions once they have been able to critically reflect on the problems that they face [47]. For IMAGE participants, the feeling that loan
centres provided a safe space for sharing common problems was central to their acceptance of the intervention. Like other consciousness-raising programmes, this process helped them to view difficulties not as “personal failures and shortcomings, but as being rooted in structures affecting the life of every woman alike” [48].

Encouraging critical analysis is particularly important in South Africa, where studies have shown that men tend to control sexual activity [7, 13] and that women feel a need to ‘play dumb’ when talking about sex so that they are not perceived as loose [49]. A culture of silence around sex and sexuality inhibits HIV prevention efforts [50]. Relating discussions about personal problems to broader societal issues can be difficult, as facilitators sometimes lack the nuanced social insights necessary to promote critical discussions [27]. Our findings suggest that intensive training and ongoing mentoring of facilitators can encourage the social insights required to promote critical discussion. This process IMAGE took a great deal of time and drew greatly from the daily experiences of Facilitators themselves. It involved an intensive sessions that focussed on emotional aspects of Sisters for Life, rather than facilitation skills. This time-intensive process aligns with Freirian pedagogy [22, 51, 52], but may be difficult to replicate in future HIV interventions which receive short-term funding.

**Information-giving as a key aspect of health programming**

While some Facilitators emphasised the importance of ‘learning from’ rather than ‘teaching to’ participants, others found it difficult to go beyond information giving and help participants generate their own knowledge. This dynamic may emerge from the didactic-style of education that is the norm within South Africa [27] and health
programmes more broadly [53]. The tendency to give information may have also resulted from a weakness in the development of ‘collegiality’ between Facilitators and Participants. Collegiality is central to the constructive aspect of critical consciousness because it ensures that new knowledge is generated by participants, rather than being handed to them by teachers [52, 54], but this process is often difficult and time-consuming [51], particularly within a programme that aims to provide information as well as enable critical consciousness.

At the same time, participants valued new information, and saw it as a tangible benefit of taking part in IMAGE. Despite an effort by the programme to go beyond information-giving, we argue that providing health information remains an important and beneficial component of HIV interventions. What is crucial is to involve programme facilitators in a process of building collegiality, so that information is not seen as an endpoint, but an initial tool for spurring behaviour change and social action.

**Strategies for individual and collective action**

Community mobilisation is a sustainable and impactful part of IMAGE, insofar as it prioritises local context over external solutions and is tailored to the unique needs of communities [18, 35, 55, 56]. Some collective action by IMAGE participants will likely create long-term change (e.g. creating new committees, partnering with local institutions) while other action may remain once-off activities (e.g. meetings, presentations, marches). Despite many successes, IMAGE also faced important challenges in encouraging collective action among participants. The women participants were poorer than fellow
community members, a pre-condition for joining the programme, and therefore faced competing demands on their time and energy. In a programme combining microfinance and community mobilization, there were sometimes tensions between the individual imperative to work to repay loans and the collective imperative to mobilise. Participants in other health projects have faced competing priorities [52] and therefore receive incentives for participating [31]. We suggest incorporating a ‘seed grant’ process that gives resources to participants for implementing mobilisation plans.

While these women clearly had tremendous resourcefulness in managing their own lives and support for their families, the Natural Leaders Training was not always adequate in providing women with necessary resources to engage in mobilisation activities, something previously documented in other projects working with marginalised populations [52, 57]. As with other community development interventions we also note the challenges in some participants having more ‘voice’ than others. We suggest linking not only a few selected ‘Natural Leaders’ but the broader group of participants to resources and continued opportunities for leadership roles in future interventions.

Involving marginalised groups in social action is also difficult because people with more power tend to dominate decision-making [29, 58][16]. We would argue that long-term partnership with local communities is essential for programmes that promote critical consciousness, particularly to ensure that groups have access to the support and resources needed to engender real systemic change. Indeed, community partnership has long been viewed as central to structural health programming [18, 35, 59], but it should also be
incorporated into the research process itself by drawing from emerging fields of community-based and emancipatory action research [60-62]. While our own research was not informed by such approaches, our use of qualitative methods alongside the quantitative methods employed in the trial did at least enable an examination of the intervention building on the perspectives of those involved, rather than merely gauging participants’ responses to constructs developed by the researchers.

Our research has demonstrated that individual action can be a successful strategy for engendering change within the short timeframe of intensive health programmes. The recognition of the individual component of community mobilisation may help programmes be more realistic in their approach to mobilising communities. IMAGE participants preferred individual strategies, like speaking with friends and children, because they could occur alongside normal day-to-day activities, did not require much preparation, and were inexpensive to implement. Other empowering health programmes have prioritised individual strategies, such as in-group presentations [63], mutual support around individual changes [64] and harm-reduction plans [65, 66]. Likewise, microfinance programmes [67] and activism projects [68] often view community mobilisation as a culmination of many individual actions.

At the same time, it is important to note that most Freirian scholars see conscientisation as necessarily a group process [64, 69-71]. Adding up individual actions may not adequately address the goal of achieving community mobilisation that addresses power relations between disadvantaged groups and the larger society [18]. There is a tension
between achieving outcomes within a programmatic timeframe and working towards real structural change. On its own, community mobilisation within marginalised populations is unlikely to produce the structural change necessary to reduce HIV and other health risks [5, 11] particularly in the light of the limitations of donor-funded development interventions. Our findings suggest a two-pronged approach involving both community mobilisation as well as broader structural interventions addressing institutional, legal and other structural drivers of vulnerability.

**Measuring the process of conscientisation**

Our framework delineates critical consciousness into three distinct elements for ease of conceptualisation: analytical, constructive, and mobilising. Freire, on the other hand, viewed conscientisation as a fluid process, without a finite endpoint [24, 72]. While conscientisation in IMAGE was not linear, it did seem to build towards mobilisation as the high point of the intervention, with important feedback loops throughout the process. For example, *Natural Leaders* training returned to the *analytical* techniques of the Sisters for Life curriculum. Likewise, *individual* and *collective action* seemed to draw participants back to sharing common problems with one another, and translating the *information* they learned into meaningful conversations with family and friends. This is consistent with Freirian pedagogy, in that social action should naturally loop back to analysis and dialogue [39]. Freire called this concept ‘praxis’, or the blend of reflection and social action that causes a group to move from reflection to action, and back to reflection [47, 71]. Figure 2 shows the circular pathways of praxis that emerged during critical consciousness building in IMAGE.
Measuring a process of change is challenging, particularly within the lifetime of health programmes, which are often brief and intensive. While we have not attempted to link the health impact of IMAGE directly to measures of critical consciousness, it is likely that health outcomes were influenced by the development of critical consciousness among participants. IMAGE outcomes like the halving of intimate partner violence [73], a reduction in unprotected sex among young women [41], and improved communication between participants and their children around sex [74] can all be theoretically linked to the development of critical consciousness in participants. Further research would be needed to demonstrate how significantly critical consciousness influenced these outcomes and to describe the process of change within individual participants.

**Advancing health through critical consciousness**

In the context of traditional health promotion, IMAGE is an innovative, community-based approach to HIV prevention that reduces gender-based violence and sexual risk behaviour [40, 41]. At the same time, the programme falls somewhat short of the Freirian ideal for building critical consciousness in a collegial and collective way. For example, the microfinance component of IMAGE was crucial in attracting women to participate in the programme [43], but the expectation that women mobilise their community while running a small business may have created undue pressure for participants. Nevertheless, our findings suggest that distinct programme tools were successful at moving IMAGE participants towards critical consciousness.
As alternative models for HIV and violence prevention are tested, practitioners and researchers now have the crucial task of teasing out the programme elements that lead to health outcomes. By examining the concrete processes of IMAGE, we have taken a first step towards translating critical consciousness into practical lessons for the health promotion field. We have much to learn from the resourcefulness of women engaged in conscientising programmes such as IMAGE, and further work should unpack precisely how critical consciousness can influence behaviour change, group dynamics, and broader structural drivers of health.

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Figure 1: IMAGE programme tools for critical consciousness

**Analytical**
- **Rooted**: Linking discussion to broader societal issues and root causes of ill-health
- **Probing**: Probing, or asking questions to encourage critical reflection
- **Role-plays**: Enacting role-plays and other participatory activities to illicit dialogue
- **Grounded**: Choosing topics that are applicable to daily realities of women’s lives

**Constructive**
- **Share common probs**: Creating a space where participants felt comfortable sharing struggles
- **Go beyond info-giving**: Encouraging critical reflection instead of disseminating information

**Mobilising**
- **Natural Leaders**: Ask women to select a small group who receive additional training
- **Individual action**: Acts of individual women sharing advice, support, info with others
- **Collective action**: Acts of social mobilisation by entire loan centre in broader community
Figure 2: Praxis within IMAGE conscientisation process

- Analytical
  - Rooted discussion
  - Probing
  - Role-plays
  - Grounded in daily life

- Constructive
  - Share common probs
  - Go beyond info-giving

- Mobilising
  - Natural Leaders
  - Individual action
  - Collective action