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What is This?

**A R T I C L E**

# Active research towards the addressal of HIV/AIDS in the informal economy in Zambia

## Recognition of complicity in unfolding situations

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**A B S T R A C T**

In this article we offer an account of research undertaken for the International Labour Organization (on behalf of the National Aids Council in Zambia) in relation to HIV/AIDS and the informal economy in Zambia. We concentrate on how we tried to operate in terms of a conscious recognition of (and acceptance of responsibility for) our complicity as inquirers (together with others) in the development of the unfolding situations being explored. We indicate why we define as 'active research' the approach adopted, and how we see this as related to the broader category of 'action research'. We suggest that this kind of approach may be helpful for others wishing to engage in development programmes broadly understood and intended to support people's efforts to develop viable ways of knowing-and-living.

**K E Y  W O R D S**

- action research
- active research
- complicity
- HIV/AIDS intervention
- responsibility
- Zambian informal economy

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## Introduction

This article outlines an approach to research concerning HIV/AIDS in relation to the informal economy in Zambia, and offers reasoning for calling it 'active research'. The research was undertaken (from August 2005 to August 2006) for the International Labour Organization (ILO), on behalf of the National Aids Council in Zambia (and was also sponsored by the United Nations Development Programme). The research contract with us was set up by Mr Dennis Zulu[1] (Programme Officer for the ILO office in Zambia) in the light of his understanding of a previous four-country research study around HIV/AIDS and the informal economy (in which one of us was involved as lead consultant). The ILO in Zambia contracted 14 research assistants[2] to assist with the Zambian inquiries.

The article outlines how we conceptualize(d) ourselves in terms of our responsibilities within the inquiry process, and how we tried to engender it as an active participatory one (as in the previous ILO four-country inquiries conducted in Uganda, Ghana, Tanzania and South Africa – McKay, 2003a, 2003b). Our account of our involvement is admittedly being clarified partly through the write-up of this article.

The research followed the basic format developed for use in these countries, and involved four main stages:

- administration of a Knowledge, Attitudes, Perceptions and Behaviours questionnaire (KAPB) to a sample of 407 respondents/participants in the informal economy from across four targeted sites in Zambia, namely: Lusaka, Kafue, Mumbwa and Solwezi. (During the KAPB administration, the research assistants also elicited interest from participants in terms of attending rapid assessment workshops and potentially operating as peer educators in the informal economy.);
- rapid assessment (RA) workshops undertaken in the same areas (with about 50 participants each, selected from participants in the KAPB survey as well as from organizations deemed relevant to invite – as defined by the participants together with the research assistants);
- peer education, making use of a training brochure developed by Professor McKay and Dr Morr (a medical doctor), springing out of the earlier stages of the research (and focusing on themes/issues/misconceptions isolated as important to address);
- a national workshop aimed at disseminating and discussing the research and accompanying recommendations to date, and extending these – while also clarifying respective roles of agents/actors in carrying them forward.

Before proceeding with any of these stages, we undertook some background research to consider the way in which strategies in Zambia had thus far been directed at addressing the HIV/AIDS pandemic.[3] We examined documents

such as the national strategy for HIV/AIDS intervention (2003), the National Aids Council reports (2003, 2004), Central Statistics Office survey reports (1999, 2000, 2006), reports from the ministry of health and of finance (1999, 2004), gender policy documents (e.g., 2000), etc., as well as reports from the previous four-country inquiries. Our concern in relation to the informal sector operators was that while HIV/AIDS has a devastating effect on the precarious strategies for livelihoods and survival of small informal economic sector operators, they were not being directly targeted by HIV/AIDS mitigation programmes.[4] We also took the (starting) position that, as McKay (2003a, p. 4) puts it:

> The plight of workers in the informal economy cannot be seen independently of the widespread poverty prevailing in these countries, nor indeed can they be considered independently of the unequal gendered and economic relations.

During the course of the article, we elucidate in what sense we see the research as having been pragmatically oriented to 'making a difference' in various ways via the inquiries.[5] Before proceeding with our discussion of this, we wish to comment in the next section on certain aspects of the debate around the pragmatically directed remit of action research.

## 'Active research' as action research (in a broad sense)

We have deliberately labelled the selected research approach as 'active research' to show that we see it as warranting the label of action research only in terms of the broad definition offered by Reason and Bradbury (2001). In their Preface to their *Handbook of action research,* Reason and Bradbury state that 'we have chosen to retain the term "action research" as the term to describe the whole family of approaches to inquiry which are participative, grounded in experience, and action oriented' (2001, p. xxiv). They acknowledge that 'practically speaking, it [action research] is generally recognizable and not exclusively "owned" by one tradition'.

In the approach that was adopted in this research, we did not aim, as Coghlan and Shani suggest for action research inquiry, to set up cycles of inquiry involving 'diagnosing, planning action, taking action and evaluating action' (Coghlan & Shani, 2005, p. 534). That is, we did not put the research focus on, as they put it, 'engag[ing] in action to influence outcomes' (2005, p. 534). While arguably relevant for the kind of organizational change explored by Coghlan and Shani – where definite plans for action can be set, implemented and evaluated (with organizational members involved) within a project lifespan – we suggest that such a focus is less suitable for programmes where development goals more broadly speaking are at stake. In this respect we follow Greenwood and Levin's more nuanced view of the transformative possibilities of action research – where trajectories of change cannot be clearly determined as part of the action research

remit. As they put it: 'for us the change process has an open starting point and often no absolute final goal' (Greenwood & Levin, 1998, p. 18).

Stokols offers what we consider to be a fruitful way of broadening Lewin's (1946, 1951) definition of action research. Stokols notes that in his own extended definition, the focus of action research is not so much (as implied in Lewin's work) on 'the translation of psychological principles and findings into strategies for solving particular community problems' (2006, p. 64). The focus is more on, for example, working to address 'a broad array of shared and highly interrelated community goals (e.g. reduced levels of poverty, injustice, environmental pollution, physical and mental illness)' (2006, p. 65). Stokols outlines some of the implications of this extended view. He states that methodological challenges involve for instance, 'working on scientific and community problems at local, state and national levels'; compiling 'lessons learned' from multiple studies and translation of these into 'practical guidelines for enhancing future transdisciplinary collaborations'; and 'development of new strategies for training future transdisciplinary action researchers' (Stokols, 2006, p. 65).

In keeping with Stokols's deliberations, the inquiries in this research were geared towards developing a systemic appreciation (not bound by any traditional 'discipline' of inquiry) of factors that people in the informal economy may find challenging in terms of their vulnerabilities; and we tried to develop possibilities for working across a variety of action locations (while developing research capacity as part of the process). Moreover, in order to draw attention to the importance of not neglecting wider social and political contexts, we referred (in our final report) to Zambia's commitment to the Millennium Development Goals (MDGs) – and specifically to the way in which the mitigation of HIV/AIDS is both a specific MDG and also cuts across the other seven MDGs.[6]

## Active research conceived as linked to development programmes

One way of conceptualizing our notion of active research explored in the article is by considering that such research is intentionally aimed at contributing towards large-scale development programmes. As Ouane and McKay (2002, p. 7) indicate, programme improvements require the commitment of researchers/research participants, as well as the support of administrators and policy-makers at regional, national and international levels. These persons are responsible for decisions concerning the planning and resourcing of the implementation of the programmes. Active research as we see it aims to enable decision-makers at these levels to become more attuned to public considerations around the benefits and limitations of programmes. It is noteworthy in this regard that Collins remarks that 'the capacity to describe [consider] what's wrong with a system that has a powerful hold on one's life does not necessarily translate into the capacity to change that system' (2005, p. 27). She points out that 'households who are poor do not neces-

sarily have political power [to change social systems]' (2005, p. 27). In the light hereof she suggests that 'researchers must be alert to the possibility of unfair expectations [placed upon people] around mobilization for social change' (2005, p. 27).

One of Collins's conclusions is that 'it is important, then, for academic researchers [with (perceived) professional credentials] to share their own power and points of access to the policy process' (2005, p. 28). Our active research can be seen as encapsulating this argument of Collins's. We made provision for bringing forward public discussion and debates – such as those generated in the rapid assessment workshops – into the arena of policy-making.

The trajectory of active research (as we define it) can be seen to differ from the spiral of 'experience/action, reflection, further action and evaluation' (Coghlan, 2005, p. 96) of what could be termed more 'mainstream' action research. In active research the attempt is to spread a (more) diffuse impact across various levels of activity, taking into account their interconnection.[7] In the Zambian inquiries, we were conscious of our endeavours to impact on various levels in the programmatic effort to address HIV/AIDS, including:

- at a local level by workers in the markets themselves – as respondents/ participants in the KAPB survey and RA workshops and those reached by the peer education process were engaged in the inquiries. We aimed through the research engagement, to enable marketeers/operators to (re)problematize issues and develop accompanying options for action;
- in the relations between the marketers and local and national organizations and departments (as networking and social capital become increased);
- in the way in which policy becomes defined nationally (as voices become more vocal around problematized issues and as policy-makers themselves become drawn into the research enterprise);
- at a more global level (as the ILO report is received in Geneva and in turn fed back into relevant policy-making guidelines for affiliated countries).

Throughout the process, research participants were induced to reflect on the dominant discourses about HIV/AIDS, gender relations, sexual practices and traditions which place people at risk. The process of active research is intended not only to explore these but to transcend these through transformative action which would need to occur at the variety of (interlinked) levels or spheres of activity. In this sense, active research is concerned with the struggle over cultural meanings in relation to multiple social locations over an unknown period of time.

## Our (ethical) thinking in regard to our complicity in the unfolding social situations

As will become clearer from the examples that follow, we considered it part of our research ethics that we needed to acknowledge responsibility for our

potential complicity in the unfolding situations of which we, with research assistants and involved participants, were part. Taking our cue from the previous four-country inquiries, we did not try to shirk from taking some responsibility for the potential consequences of the way questions in the survey were framed (and closed- and open-ended responses invited); for the way research assistants were encouraged to engage with respondents/participants; for the way themes were developed and pursued in rapid assessment workshops; for the way learning processes could be (further) engendered via the peer education process; for the way that the national workshop was set up; and finally, for the way in which our report might be received.

Of course we are aware, as Romm cautions (2006, p. 70), that there is no means of 'checking' in an unmediated way (unmediated by people's interpretations and perceptions of actions) how processes of inquiry are indeed generating social impacts. Nonetheless, it is important (as a matter of accountability) to work with the understanding that ways of organizing inquiries will have consequences for which some responsibility needs to be taken (see also Romm, 2001, 2002a, 2002b). This article provides our account of the way we engaged in the process in accordance with our acknowledgement of our complicity (with others) in the developing situation, and highlights our sense of responsibility for such complicity.

Before we begin to outline the various stages of the process, we would like to note that our focus is on the potential impacts created at each stage as well as through the build up of the stages.

## The Knowledge, Attitudes, Perceptions and Behaviours (KAPB) survey

The first stage of the inquiries involved the design (or rather, customization) of a KAPB questionnaire as a mode of exploring some of the ways in which participants indicated their perception of issues in relation to HIV/AIDS, with attention also to considering the context of their work experience. The phrase 'indicated their perception' is used to show that we understood that the way in which respondents/participants offered responses during the KAPB was a function of the questions asked as well as the interaction with the research assistants – and in this sense the results obtained were *generated* rather than 'found' via the KAPB/ research engagement. This is in line with a constructivist understanding of the research process: see for example, Lincoln (2001, pp. 125–130), and Romm (2001, pp. 196–202 and pp. 272–279).

After experimenting with the KAPB survey as applied to truck drivers[8] (McKay et al., 2002), commercial sex workers (McKay & Mokotong, 2002) and informal sector workers in South Africa (McKay, Mokotong, & Sham, 2003), the

methodology was expanded to include an interventionist approach comprising the rapid assessment (RA) workshop approach, a peer educator training intervention and participatory national workshops (see McKay, 2003a).[9] The expanded methodological protocol was then applied in 2003 in South Africa, Uganda, Tanzania and Ghana, and in 2006 it was further customized (by us) for application in the Zambian context.

While the KAPB instrument itself was similar to conventional KAPB surveys in that it contained the standard indicators employed in KAPB surveys, it was, however, expanded (in various applications cited above) to include a range of open-ended and qualitative questions. The survey was intended to generate information pertaining to:

- biographical data on the selected respondents/participants
- respondents'/participants' experiences at work
- sexual history with regular, casual, or commercial sex workers
- knowledge about HIV/AIDS and STDs
- attitudes to, misconceptions of, and prejudices towards HIV/AIDS, STDs and condom use
- actual condom practices
- health problems and health-seeking behaviours
- self-reported perceptions of risk

What we wish to highlight in relation to the KAPB as part of an 'active' research agenda is our acknowledgement that *already by its being 'administered', it would generate impacts in relation to people's lives*. Two (brief) examples are given below of how this acknowledgement imbued the development of the phrasing of the *questions*, as well as our *suggested modes of interaction* with respondents/participants.

## Example one: Emphasizing the (gender) politics of condom usage

The phrasing of the fixed-choice options (with which people could agree, disagree or state they were unsure) for reasons for not using a condom was meant to cater for a large variety of reasons – 25 in all – as well as an 'other' category. Four of the options provided for in the instrument were developed (drawing upon and elaborating previous KAPB surveys) to provide for the expression of various possibilities around the experience of *being forced* and/or not having the skills/power to *negotiate condom use* with their sexual partners.[10] The exact phrasing was as follows:

- I sometimes feel forced to have sex without a condom
- I can't negotiate with my partner to use a condom
- My partner doesn't like me to use a condom
- I don't know how to ask my partner to use a condom

The 'questioning' in terms of these possibilities in the KAPB survey can be seen as already serving the purpose of raising for attention topics normally considered not easy to speak about or raise (and not normally dealt with in behavioural change campaigns). The responses given during the KAPB administration were analysed (by us) via a gender breakdown, which offered points of difference between men and women's likely answers. The analysis brought to the fore that while men felt that they could not easily open negotiations on condom usage, women were more likely to feel forced, to state that their partner was unwilling to use a condom (and therefore they engaged in condomless sex), and to indicate that they did not know how to request their partner to use a condom. (This was also borne out by the qualitative responses that people gave when asked about their 'risk behaviour'.)

In addition, the information as gleaned by the research assistants through their interactions with the respondents/participants during the KAPB survey informed their (co)facilitation (with participants) of the rapid assessment workshops – where gender relations were discussed and people had opportunities to consider others' sense of their felt vulnerabilities and how this created risks for both parties. Following the rapid assessment workshops and also the peer education (pilot) process, we suggested in both the national workshop and in our final report that behavioural change campaigns would need to include discussion groups where people could discuss more openly how they arrived at decisions around condom usage.[11] We also suggested (following the rapid assessment workshop discussions), that dedicated micro-finance options for women, as well as business skilling for them (to help correct current identified imbalances) needed to be increased as part of the ILO 'decent work' agenda.

In any case, this example illustrates how the phrasing of the questions and the optional responses to questions in the KAPB survey were themselves not neutral in their consequences – the options identified as 'framed responses' to the questions can be argued to have brought to (increased) awareness, as well as opened up space for (more) deliberation around, the issues raised by the questions.

## Example two: Setting the stage for rethinking practices of 'dry sex'

The Zambian National Aids Council (NAC) report (2004) cites a number of traditional practices that can be singled out as having had deleterious effects in terms of people's vulnerability to HIV/AIDS. One of these practices is that of 'dry sex', which amounts to trying to keep the vagina dry during the sexual encounter. The NAC report notes that 'a number of women continue to practise dry sex, which can increase vulnerability to HIV transmission by creating bruising and laceration' (2004, p. 38).

Following from discussions with the research assistants, we decided to try to open the space for rethinking the practice by introducing a question into the

KAPB questionnaire phrased as: 'Have you ever thought that dry sex could increase the risk of getting HIV/Aids?' Although only 'yes' or 'no' response options were provided, we regarded this question as raising awareness of the increased risks of dry sex and also as a precursor to our raising of this issue in the RA workshops. The survey results indicated that 42 percent of the sample did not believe that dry sex could increase their risk of HIV/AIDS.[12] Qualitative information recorded by the research assistants also pointed to people stating that 'dry sex' is helpful in preventing transmission of HIV/AIDS, which they tend to believe is transmitted through fluids. In the rapid assessment workshops people expressed some reluctance to open up a full discussion on this practice – while noting in general that 'good' (as opposed to harmful) traditional practices needed to be nurtured. But it was discussed in the peer education process (with our training brochure making explicit provision for this). Feedback from the research assistants in this regard indicated that the peer educators had 'discovered' that men do not necessarily always prefer dry sex and could be amenable to discouraging this practice (by indicating to women that 'it is OK not to use the drying powders') – once made aware that dry sex could indeed increase the risk of transmitting HIV.

What we wish to draw attention to here is that by asking respondents/participants in the survey to indicate whether they have ever thought that dry sex could increase the risk of getting HIV/AIDS, we pointed to this as at least potentially problematic – recognizing that we were trying to inject an aspect of 'reflection' already into the process of administering the KAPB questionnaire.

Before proceeding to discuss the further stages of the research, we would like to comment on some of the research assistants' (recounted) relationship with the respondents/participants as developed via the KAPB process.

## Considering the KAPB administration as an 'active' encounter

Space in this article does not permit us to explore in any depth the research assistants' involvement with respondents/participants (as recounted via narratives we asked them to construct and also in later group discussion around their experiences). However, we wish to point here to a few pertinent points relevant to our own felt responsibilities in guiding and working with the research assistants.[13]

As part of the development of an active, human encounter, we advised the research assistants that, immediately after the respondents/participants had answered the questions posed in the questionnaire, the assistants could and should engage with them around issues of concern that may have arisen during the interview. This meant that if respondents/participants wished to open further discussion (and/or seek advice), the research assistants could be helpful. We also

made provision for the research assistants to point out to respondents/participants (already in the beginning of the interview) that this was not to be a one-off fleeting encounter but that continued interaction was being set up for those interested (for example, via the workshops and the peer education process).

In the group discussions that we held with the research assistants, many pointed to ways in which they felt that they had managed to turn around a (previous) distrust of researchers by engaging 'humanly' with the respondents/participants.

In her narration of the process as she experienced it, Elizabeth Phiri states well how she considered the questionnaire administration as being one of mutual engagement:

> The questionnaire administering exercise proved to be very insightful for both the respondents and me in different ways. Some of these people never really get a chance to examine how they feel about certain issues especially HIV and so this was an opportunity for them to do this.

The research assistants also pointed out to us that it had also been helpful (to the human relationship) to mention that the questionnaire administration was to be followed by other stages.[14] This is indicated, for instance, in Zangiwe Banda's summary of her experience:

> After the interview, the interviewees were accorded chances to ask questions. Examples of the most frequent ones are: those based on dry sex and mosquito bites. Most men thought dry sex is safer seeing that there are no fluids 'directly' involved during intercourse. The interview also prompted interviewees to look forward to the Rapid Assessment Workshop.

The KAPB administration as well as the rapid assessment workshop facilitation both paved the way for helping to uncover issues of specific interest for people in the informal economy, and also to offer an indication of certain misconceptions. For example, issues that were highlighted were: problems of harassment in the markets (also by officials); poor sanitation; stigmatization; women's specific vulnerabilities (e.g. their perceived lack of negotiating power with males to use condoms); misconceptions around dry sex, tuberculosis, and mosquito bites as factors in HIV/AIDS; and misconceptions around anti-retroviral drugs (ARVs). These issues (inter alia) were in turn taken up in further stages of the research.

## The Rapid Assessment (RA) workshops

The kind of participatory approaches that were utilized in the workshops are well documented in the literature on facilitation of participatory process (see, for example, Chambers, 1993, 1997; Chambers & Blackburn, 1996; Flood & Romm, 1996; Gregory & Romm, 2004; McIntyre-Mills, 2004; McKay & Romm, 1992;

Swantz, Ndedya, & Masaiganah, 2001; Weil, 1998). The research assistants were 'trained' in terms of a set of guidelines used in the four-country study on HIV/AIDS cited above. (Some of the assistants had already had some experience in participatory facilitation, and we divided the groups of assistants so that some more experienced facilitators could be present in each workshop. Co-facilitators were also chosen within the workshop.)

While facilitation of large group processes as forms of action research are often regarded as needing to take place over some period of time, these workshops were meant to be *rapid assessments*, aimed at sharing and generating information over a period of two days each (with workshops set up in the four different sites) – so that the experiences could in turn be fed into further inquiry-and-action stages. We will only briefly – due to space limitations – outline their main purposes below.

## Purposes of the workshops

The workshops can be conceived as having four main purposes:

First, they were designed to complement the KAPB survey. As in the previous four-country studies, the idea was that in order to prepare for any meaningful Information, Education and Communication (IEC) interventions, the meanings that people attribute to their perceptions and behaviours needed to be understood in a more socially contextual way than could be generated via the KAPB process. The short durations and low cost of RA workshops made it possible to carry out the RAs across all the research sites to generate a more nuanced appreciation of people's understandings of HIV/AIDS – crucial for the design of IEC interventions (such as our own pilot and others).

Second, another significant feature of the inclusion of the RA workshops was to obtain understandings from a broad range of participants who were drawn from a cross-section of the workers, their organizations, caring organizations and other previously defined stakeholders. Thus the RA workshops provided opportunities for people to reflect together on the various issues (and their interconnection), and to set up networking possibilities with organizations.

Third, the discussions developed via the workshops (especially the recommendations arising) were also used to inform proposed holistic intervention into (sectoral and national) HIV/AIDS policies for this sector and were presented – via ourselves, the research assistants and some representatives from the markets – to the delegates at the proposed national workshop.

Fourth, the detailed discussions that took place in the workshops were recorded by the research assistants and in turn incorporated (while acknowledging their authorship) in our final report. This meant that the report included in-depth accounts of the concerns as felt by the participants, including recommendations that arose from the encounters. We also created a summary of the

links between the recommendations springing from all four RA workshops and the national workshop (where the former were extended and specific actors/ organizations' roles clarified). The RA workshops thus featured strongly in our report and its recommendations.

## Methods utilized

The RA workshops utilized a variety of methods, which included:

- *A mapping exercise (of the sites of business)*. These maps were useful for illustrating locations and sites of work, possible sites for training, resources, markets, etc. As people participated in constructing the maps, so their range of experiences around various co-ordinates on the map could be drawn out. The mapping exercise as one of the initial RA activities was intended both as an ice-breaker and as a method of establishing the participatory nature of the workshop. The approach also enabled the participation of those operators who were not functionally literate.
- *Focus group discussions*. We advised the research assistants that during such discussions, each group should appoint a facilitator, scribe, and rapporteur. We also advised that where appropriate the groups could report to plenary. While the research assistants utilised a semi-structured schedule, they were encouraged to 'allow the discussions' to be directed by the issues raised by the respondents.
- *Presentations*. For example, these were offered by certain organizations identified as relevant; by community nurses; by micro-financiers; by marketers offering narratives of their experiences in the market place; and by people providing 'testimonies' of their living with HIV/AIDS.

The variety of methods employed at the workshops provided an opportunity for all participants to engage in deep discussion around the issues that arose, while establishing networking opportunities too.

## The pilot peer education process

The KAPB survey and RA workshops were intended inter alia to identify the learning content needs within the sector, as well as to enable the peer educators to define a mode of teaching that might be workable within the informal working context. The research assistants (who had located suitable potential peer educators via the KAPB survey process and the RA workshops) held training meetings with a set of peer educators (having first been 'trained' by us in terms of participatory role playing and peer educator techniques). The intention was that the peer educators would remain as a resource within the relevant markets and would

also establish points for the distribution of condoms along with the training brochure, while assisting where possible by making referrals. According to the feedback, both the condoms and the training brochures ran out very quickly. (In order to cater for the 'demand' for brochures, peer educators chose to set up specific venues in the market place where people could access brochures as well as come together for purposes of discussing issues around HIV/AIDS.)

The training brochure designed for this intervention was aimed at destigmatizing the discussion of HIV/AIDS – as stigma had been a recurring and heartfelt theme in the previous stages of the research (as in other country inquiries). To this end, the brochure was designed in terms of 'guidelines to run a healthy business', thus offering tips on how to run businesses, supplying lists of organizations geared to providing skills/training and micro-finance, as well as providing information on HIV/AIDS and associated organizations.

The interspersing of business with health/HIV/AIDS issues, served as a mechanism to deflect from the focus only on HIV/AIDS, thus making it easier for peer educators to proceed with the training (in terms of existing taboos and stigmas). Also, we realized (as in other countries) that workers would be reluctant to give up time only for HIV/AIDS discussions, but that a more generalized training and a general brochure which included guidelines for running a business would be a more attractive option.

The information on HIV/AIDS was presented in a format that allowed for an interactive process between the peer educators and the workers – for example, the development of a 'quiz' required active participation on the part of workers in thinking through their own answers in relation to the answers provided in the brochure. The quiz (and related answers) was geared around clarifying some of the issues and dealing with some of the misconceptions, which our KAPB study (together with researchers' informal discussions with participants in conducting the survey) had brought to the fore. It was also geared to offering information that people had indicated was important to them; and it offered advice on voluntary counselling and testing (VCT) as well as on anti-retroviral therapy (ART).

It should be noted that although we did not overstate the issue of our own epistemological perspective in regard to the construction of reality via social dialogue (see Edwards, 1997; Freire, 1985; Gadotti, 1998; hooks, 2001; McKay, 1997; McKay & Romm, 1992), we did suggest (and try to 'model') in our interaction with the research assistants that they should themselves try to focus on developing the peer education process as one of mutual learning. The fact that peer educators (rather than, say, community nurses or others who might have been seen as 'higher' in a knowledge hierarchy) were chosen to guide the process already meant that we made provision for a more horizontal learning encounter, where peers would feel freer to ask one another and pursue answers together. Also, through this arrangement, the capacitated peer educators were available as resources in the piloted market sites after the 'formal' research process had ended.

In the brief example that we offer below, we point to what we see as an indication (admittedly via only one selected exemplar) of people's being enabled to participate actively in the inquiry processes – working with as well as past the information offered in the brochure. As Jacqueline Simonda (one of the research assistants) reported on her understanding of the pilot process, the encounters could be seen as an opportunity for people to 'express and discuss their reactions and emotions towards the information'.

## Example: The notion that 'one can tell [whether a person is infected] by looking'

One of the questions that we included in our quiz was phrased as: 'I can see if a person has AIDS'. This kind of question (or issue) was also addressed in the KAPB survey, but at that stage it was raised without the option for discussion of the sort developed in the peer education process – hence it was phrased differently at that point. The quiz question in the peer education training brochure allowed people to consider this issue anew. The 'answer' given in the brochure (to this question) was that 'people may look healthy and cool, but they could be HIV positive. On the other hand, people who look thin and sick may not be infected with the virus. Only an HIV test can tell you if you have the virus in your body or if you are free from infection'.

By employing this way of phrasing the answer, our idea was to encourage people to be *wary of taking (unnecessary) risks with partners who may look healthy*. For us, the notion that 'healthy looking persons can't have HIV/AIDS' could and should be subjected to rethinking (in discourse with others) in terms of its relevance for more considered decision-making.

Interestingly, feedback that we received from the research assistants in regard to the peer education process indicated that some workers had pointed to added unclarity (around the notion that 'you can't tell by looking') that had been introduced with the recent introduction of free anti-retroviral therapy (ART) in Zambia. Some workers indicated that with the introduction of ART (as more readily available to people), it is more difficult to be able to distinguish between those who are sick and those who are well (as the ART according to them disguises the illness). Those who might have thought that they can tell by looking (and thus believe that they can avoid the risk as long as they are attentive to the signs) now indicated to the peer educators that it is more difficult for them to tell. The research assistants stated that the peer educators had worked with this notion that was being expressed – but tried to show that in any case risk-taking needs to be minimized as it is always unclear whether a person is infected. In terms of our own epistemology, the peer educators rightly chose to 'work with' (and around) their peers' arguments, while drawing out action implications of holding onto different conceptions.

Overall feedback that we received from the peer education process (along with recommendations for expanding its scope as well as its methodology) was that workers had generally been enthusiastic to open up discussions on the issues (especially connected to their wider business concerns) and that increased awareness around 'healthy living and working' was being generated in the markets. Our discussions in the national workshop and in our report regarding the need for extension of the peer education process (in the pilot markets as well as in others) incorporated this feedback – with the report offering detailed suggestions for carrying the process forward.

## The national workshop

The national workshop followed the protocol established for the other four-country ILO/AIDS research – by bringing together members of government, strategic aid agencies, informal worker associations and HIV/AIDS bodies to participate in determining their respective roles in mitigating the impact of HIV/AIDS in the informal economy. The workshop provided an opportunity for discussion of the research process and results generated to date, and for stakeholders to provide inputs therein. The workshop also enabled stakeholders to extend the discussion of specific recommendations (that were brought forward having sprung from earlier stages of the research) that could be activated at a national or sectoral level.

At the workshop there were 50 stakeholders, including ourselves as research consultants. Participants from the following were at the workshop (some organizations had more than one representative): ILO representatives (including some of the research assistants); informal sector operators (ISOs) from a number of markets; NGOs working with HIV/AIDS (including some from which peer educators had been chosen); faith-based organizations (FBOs); Support clubs for those living with HIV/AIDS; NZP+ (Network of People Living with HIV/AIDS); clinics (including mobile clinics); home-based care organizations; University of Kwazulu Natal students; NAC Zambia (National Aids Council); MLSS (Ministry of Labour and Social Security); MCDSS (Ministry of Community Development and Social Services); PSMD (Public Service Management Division); ZFE (Zambian Federation of Employers); GTZ (German Technical aid for Zambia); International HIV/AIDS Alliance; UNAIDS (Joint United Nations Programme on Aids, 2004); UNDP (United Nations Development Programme); UNECA (United Nations Economic Commission for Africa); WHO (World Health Organization); and Media (radio and newspapers).

Addresses were given at the workshop by the Director of the ILO office in Zambia; by a UNDP representative (HIV advisor for UNDP); by an Employers' Representative (from ZFE); by the Director General of NAC; and by a Govern-

ment Representative (from the Ministry of Labour and Social Security). This was followed by our own presentation with discussion thereof, which in turn was followed by small group breakaways (to discuss recommendations) and reporting/discussion at 'plenary'.

Space in this article does not permit a discussion of how the workshop discussion proceeded. But what we would like to highlight is the opportunity provided through the workshop for us, along with others, to bring forward arguments and concerns as had arisen in previous stages of the inquiry – thus enabling ensuing recommendations discussed at the national workshop to be suitably 'grounded'. The co-ordination of actions to address the myriad interconnected issues was also focused upon – with roles and responsibilities determined in the light hereof. And as indicated earlier, triggering activities had already been created at various points throughout the inquiries and provided further 'groundwork' for the identification of responsibilities.

## Conclusion

In this article we outlined an approach to the exploration/addressal of HIV/AIDS in relation to the informal sector in Zambia and we concentrated on why we consider the research as warranting the label of 'active'. We suggest that in dealing with development goals that can be conceived as all interconnected and as needing to be addressed in a holistic manner (as, for example, the Millennium Development Goals – one of which is the mitigation of HIV/AIDS), it is worth considering our account of 'active research' as a viable inquiry option. Our paper highlights how through the process of active research trajectories of action are triggered at various levels (or spheres of action) – from the level of the local/personalized worker/respondent/participant to the level of national and international policy-maker. In terms of the focus of broad *programmatic* research (which can be contrasted with the more limited focus of *project* research) we suggest that the exploration of the issues at stake gives, and will give, rise to a range of both intended and unintended impacts – in the short, medium, and long term.

In the short term, it is contended that (as intended) the inquiries have capacitated individuals at a local level and have also contributed to the development of research and peer educator capacity in the pilot market sites. The processes that were adopted (with suggestions for extension and development) could feed into ILO policy for informal workers in Zambia and elsewhere, and into government policy-making in relation to targeting HIV/AIDS-related programmes for the sector (in the short, medium and long term[15]).

In our elucidating of the research process, we pointed to the rationale of the design. We highlighted ways in which our recognition of our complicity in 'making a difference' was intended to be built into the inquiry process and how it

was instantiated in this case – with the various stages all geared to open the way for renewed reflection and participation by those involved, grounded in felt experiences and concerns. Of course, the details of the design itself (with the four stages that we outlined in this article) could be modified for use in other contexts of engagement in 'active research'. The design as discussed in this article was meant to serve as an example of how one can adopt an 'active research' approach which takes account of Greenwood and Levin's caution not to slip into short-term interventionist styles in which the 'action intervention' is seen as a 'fixed episode' (to use their words – 1998, p. 18). The aim was to contribute towards activating across an array of spheres of action (more) diffuse processes of critical awareness and action towards addressing a range of development goals.

## Notes

1   Mr Zulu himself assisted this Zambian investigation by providing helpful advice; helping to define the sample for the research; arranging meetings with the research assistants; and organizing/co-ordinating aspects of their work. He also arranged, co-ordinated, and facilitated a national workshop.

2   Their names are as follows: Zangiwe Banda; Martin Chanda; Felix Chitongwa; Musonda Chipala Evans; Chileshe Kapwepwe; Noella Kunda; Titamenji Lungu; Grace Mumbere; Monde Mutendango; Elizabeth TN Phiri; Lesigo Shalala; Noah Simpasa; Jacqueline Simonda; and Danny Sinyangwe. In the report that we wrote for the ILO, we pointed out where the research assistants had written up their group reports as well as (some) personal reports in regard to the community workshops. For the national workshop, we drew on these reports and summarized the recommendations that we saw as springing from all four of the workshops (in Lusaka, Kafue, Mumbwa and Solwezi). We also pointed out in the national workshop that we regarded the research assistants as now skilled to operate as researchers, facilitators, and trainers of peer educators in the informal economy.

3   It was estimated in 2004 that 920,000 adults of all ages and children in Zambia were living with HIV/AIDS (Joint United Nations Programme on HIV/AIDS, 2004).

4   According to the World Bank report (2003) the informal sector accounts for over 70% of employment in Zambia, while current estimates as portrayed at the national workshop (by a representative from the Zambian Federation of Employers) are around 80%.

5   For an elaboration of how one might argue that attention to moral issues cannot be avoided in (accountable) social inquiry, see Romm's response (1997) to Hammersley and Gomm's article (1997) on bias in social research and also Romm (2001). In terms of our ethical position adopted in the inquiries, we concur with Coghlan and Shani's exhortation (citing Gellerman, Frankel, & Ladenson, 1990) to operate 'so we do not increase power by more powerful stakeholders over less powerful' (Coghlan & Shani, 2005, p. 540).

6   In September 2000, 191 member states of the United Nations adopted the Millennium Declaration, committing their nations to stronger global efforts to

reduce poverty, improve health and promote peace, human rights and sustainable environment (UNDP, 2003). The Millennium Development Goals (MDGs) that emerged from the Declaration range from halving poverty to halting the spread of HIV/AIDS and providing universal primary education to be achieved by the year 2015. These targets bind countries and leading development institutions to do more in fighting unequal income distribution, widespread hunger, illiteracy, gender inequality (with emphasis upon women's centrality in development processes), environmental deterioration, lack of education, health care and clean water – while adapting the goals to country-specific development. In September 2005, heads of states and governments convened the 2005 World Summit to reiterate their commitment to achieving the MDGs by 2015.

7   When discussing the 'action research cycle' in view of what he calls 'Ignatian spirituality' Coghlan admits that one would also need to somehow consider the 'outer context' which is the 'socio-political and cultural context in which the individual lives, a world where there is endemic injustice, poverty and social exclusion' (2005, p. 96). Our categorization of our efforts in the Zambian case offers a pointer to how one might direct 'active' action research towards addressing such contexts.

8   The University of South Africa (UNISA) team comprised McKay, Mokotong, Sarakinsky, Sekgobela and Sham with the EU team comprising Morr and Barradas (2001).

9   The understanding of 'intervention' as invoked here is associated with a dialogical approach – as, for example, in McKay and Romm (1992); Midgely (2000, 2003); Romm (1996a, 1996b, 1998).

10   The research assistants contributed to the phrasing, as did a UNDP advisor; and the phrasing also emerged partly from the piloting process undertaken in Lusaka.

11   It was suggested in a number of rapid assessment workshops that voluntary counselling and testing centres could be extended/altered to include a variety of forms of primary care and also to include discussion group arrangements where people could at least open for discussion the topic of condom usage and consider the issues jointly in mixed gender groups. One of the research assistants (Grace Mumbere) already set in motion such a process (by approaching a funding body in Mumbwa and developing a proposal as suggested by them).

12   This can be accounted for in terms of research that has been undertaken in the SADC region by Bailies and Bujra (2002); Jackson (2002) and McKay et al. (2001). The research suggests that people perceive dry sex to be 'less dangerous' because they believe that vaginal fluids released by the female are carriers of the HIV virus.

13   In our way of guiding/conversing with the assistants around this, we drew upon the understanding (and definition) of 'active interviewing' developed by Holstein and Gubrium (1995). Holstein and Gubrium see such interviewing as an opportunity for *exchange/generation of ideas between the parties,* rather than one of 'extracting' information. For a discussion of various ways of practising interviewing encounters as 'active' ones, see Czarniawska (2002); Denzin (2001); Ellis and Berger (2002); Enosh (2005); Romm and Adman (2004); Romm and Hsu (2002); Tomm (1988). We now suggest that these arguments about (qualitative) interviewing can be extended to apply also to the possibility for exchange/generation of ideas via survey research (which then becomes an encounter in which provision is made for meaningful exchanges).

14   Chileshe Kapwepwe, a research assistant, offers an interesting/indicative com-

ment when he points out that participants 'praised the UNDP/ILO through the facilitators for identifying people or respondents who were interviewed in the KAPB study to be part of the [rapid assessment] workshop'.
15  Some examples of the long term impacts of such research are evidenced three years after the South African and Tanzanian studies – where both governments have introduced schemes aimed at the mitigation of HIV/AIDS in these sectors, and in South Africa much of the emerging policy is directed towards enabling the mainstreaming of micro-informal businesses.

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