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Facilitating community engagement: Researchers' lived experiences in rural communities in the KwaZulu-Natal Ecohealth Program, South Africa

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Abstract: Community engagement approaches are case-specific, enabling communities to address health and well-being challenges. The stages of community engagement are progressive, and particularly, the early stage of community engagement ensures researchers have access to potential participants and research sites. This study aimed to document the processes, challenges and lessons learned by KwaZulu-Natal Ecohealth Program researchers in engaging with the Ingwavuma community. We used a phenomenological qualitative approach to document the KwaZulu-Natal Ecohealth Program research team's

Zinhle Mthembu

ABOUT THE AUTHORS

Zinhle Mthembu is currently finalising her PhD in Public Health at the College of Health Science, School of Nursing and Public Health at the University of KwaZulu-Natal (UKZN), Howard Campus. She is also a Lecturer in the Department of Anthropology and Development Studies, Faculty of Humanities and Social Sciences at the University of Zululand. She is teaching undergraduate and postgraduate students, and she has successfully supervised postgraduate students (Postgraduate Diploma, Honours and Masters). She has extensive experience working with various research institutions, such as Human Sciences Research Council (HSRC) in conducting research projects in rural settings. She has presented at local conferences and published papers in accredited journals. Her research interest is in the field of Development and Public Health, specializing in community engagement and empowerment, community development, youth development, reproductive health, tackling infectious diseases, university-level health interventions, HIV/AIDS interventions as well as access to health services and women's issues.

Professor Moses Chimbari holds a PhD from the University of Copenhagen, Denmark and is a full Professor with 20 years of experience in university senior leadership having served as Deputy Director and Director, Dean and possessing 30 years of conducting transdisciplinary research. Before joining Great Zimbabwe University, Professor Chimbari was a Public Health Research Professor at the School of Nursing and Public Health, University of KwaZulu-Natal (UZN). Prior to that, Prof. Chimbari was, for 5 years (2013-2018), the Dean of Research in the College of Health Sciences, UKZN. Prof Chimbari has published over 160 articles in peer-reviewed journals on diverse public health aspects. He has graduated 26 PhD and 11 Masters students. He has been featured as a UKZN Top 30 Researcher for 2017, 2018, 2019 and 2020. Prof Chimbari has a passion for capacity building and has for decades championed short courses targeting postgraduate students and early career academics. The short courses include mentorship, proposal development, manuscript, thesis and grant writing.

Margaret Macherera holds a PhD public Health and she is a Senior Lecturer at Lupane State University. She has successfully supervised PhD and Masters students and successfully published papers in accredited journals. Her skills and expertise are wildlife management, environmental science, deforestation, species diversity, land cover, qualitative methods, environmental health, occupational health, higher education research, tuberculosis and assessment.

lived experiences during community engagement process. In-depth, semi-structured interviews with researchers, staff, and the project investigator were conducted and thematically analysed. The findings revealed that the issue of language and cross-cultural interactions, which resulted in misunderstanding and incorrect interpretation of the data being communicated with communities, appeared to be a recurring issue that caused dissatisfaction in the community engagement process. Therefore, informing the community about the research study is a subjective experience that necessitates mindfulness when interacting and engaging with communities. We recommend an inclusive framework for a higher level of engagement that would give guidance to both researchers and communities to ensure active participation and a collaborative decision-making process.

Subjects: Culture & Development; Rural Development; Health & Development; Health & Society

Keywords: Community engagement; informing phase; community empowerment; KZN Ecohealth; KEP researchers

1. Introduction

Community engagement (CE) is a useful strategy to improve a community's ability to address its own health needs and health disparities with the facilitation of researchers who understand the community's priorities (Ahmed & Palermo, 2010). Globally, CE is considered as a tool that empowers research participants and improves the quality of research and its relevance. However, notwithstanding an increase in CE activities related to health research in recent years, this term still has a wide range of meanings and practices in the fields of international development, health promotion, and health-related research and programs (Adhikari et al., 2019). Essentially, when communities are engaged in research projects, they should ultimately be empowered. Despite the growing scholarship on the practice of CE in global health research, there is still debate on how effective various CE methods, approaches and models are in empowering communities. CE has been described as the process of consultation and negotiating with local authorities (community leaders) to seek guidance, interaction with various stakeholders, collaboration in decision-making, healthcare information promotion and delivery and partnership, as well as empowering action in informal and formal groups (Musesengwa et al., 2017). It is a term that describes a group's shared interests, goals and aspirations positioned as a networked series of communicative interactions and involvement (Johnston & Lane, 2018).

There have been debates and inconsistencies regarding the objectives of various forms of engagement, the implementation processes and their impact, and important contextual factors (Richardson et al., 2021). This may be due to the unpreparedness of the leaders for engaging partners and the public in CE, meaning that elected officials and community advisors may not have embraced it, which resulted in unsuccessful applications of CE (Schoch-Spana et al., 2007). Researchers frequently misinterpret how engaging community in research is characterised across different disciplines (Holliman, 2017). The key premise is that a community's knowledge and reality are produced by its members. As a result, communities can identify their problems and needs, as well as develop appropriate solutions to tackle these concerns. In this way, all projects should emerge from the realities of communities that are constantly (re)created by their members (Peralta, 2017). However, there is still a concern about how communities are engaged in research projects that will be of benefit to them. Some genomic studies conducted in Africa have applied CE prior to data collection, while others used CE throughout the duration of the study (Musesengwa et al., 2017).

Community engagement facilitates both the identification of research needs and goals as well as the recognition of ethical difficulties associated with a study (Matthews et al., 2018). Unfortunately, the reality and the results are frequently very different. In the early stages of CE (informing phase) or tokenistic engagement from Arnstein's theory of Ladder of Citizen Participation (Arnstein, 2019), the public generally view engagement as tokenistic since they believe that decisions have already been made because of existing inequalities (Curtis et al., 2014). Tokenism is defined as the practice of making perfunctory or symbolic efforts to engage communities or patients in research projects (Hahn et al., 2017). Conversely, non-tokenism necessitates a collaborative arena, that is conducive in building positive relationships with communities, active participation and possibility for collaborators to express their opinion and critiques (Romsland et al., 2019).

The World Health Organization (WHO) emphasises the importance of CE in dealing with health issues, as illustrated in the case of the outbreak of the Ebola virus disease (EVD) in 2014. The EVD outbreak provided an opportunity to learn more about what CE strategies worked and what did not work to strengthen health systems and communities (National Academies of Sciences, 2017). Nelson (2019) states that CE work requires a deeper understanding of the intersecting experiences of marginalisation and inclusion of those most affected in order to achieve transformative impact (Nelson, 2019). However, the possible impact of community engagement and other community-engaged research on population health outcomes have received little attention in the literature (Luger et al., 2020). A systematic literature review conducted on community engagement for disaster preparedness indicated that not all community engagement approaches are helpful in creating at least some level of increased preparedness (Ryan et al., 2020). This is because those who are privileged, and with greater networks are more likely to participate, meaning that the CE process is unlikely to be entirely representative when those attempting to participate have no idea of how to do so effectively (Curtis et al., 2014). A systematic literature review conducted has shown that due to a lack of any benchmarking study, context, and skill levels of those implementing the engagement, other factors were presumed to be at fault rather than structural or conceptual issues with the technique itself (Ryan et al., 2020).

In essence, there are different forms of engaging community members in research, but they are conceptualised from different disciplinary perspectives. Community Engaged Research (CEnR) is an umbrella term or a variety of activities and methodologies (e.g., stakeholder engagement, patient engagement, public involvement, participatory action research), with Community-based participatory research (CBPR) being the most established and well-known of these in the health field (Luger et al., 2020). The popularity of CBPR indicates that researchers are becoming more involved in the communities they are researching and are dedicated to upholding social justice and preventing harm, and are committed to establishing caring relationships while conducting their research (Akondeng et al., 2022). CBPR, as a CEnR approach, refers to a collaborative research approach that equitably involves community members, researchers and other stakeholders in the research process and recognises the unique strengths that each brings (DeJonckheere et al., 2019). Collaboration with community members, community-based organisations, community leaders, and practitioners enables the research design to be grounded in diverse perspectives and knowledge while also being more responsive to community needs. However, the expectations of engagement can become too much for people to handle. According to research on participation in environmental issues, community engagement has been most successful in raising community awareness, enhancing decision quality, and educating the local community members. However, it has been much less successful in incorporating community values into decisions, resolving conflicts between competing interests, and fostering institutional trust (Curtis et al., 2014). Although all CEnR approaches draw on CBPR's emphasis on including community members as equal participants in many areas of the research process, from research questions identification and selection of priority themes, the development of data collecting materials and analytical strategies to the drafting and dissemination of findings (Gilmore et al., 2020), all CEnR approaches, including CE,

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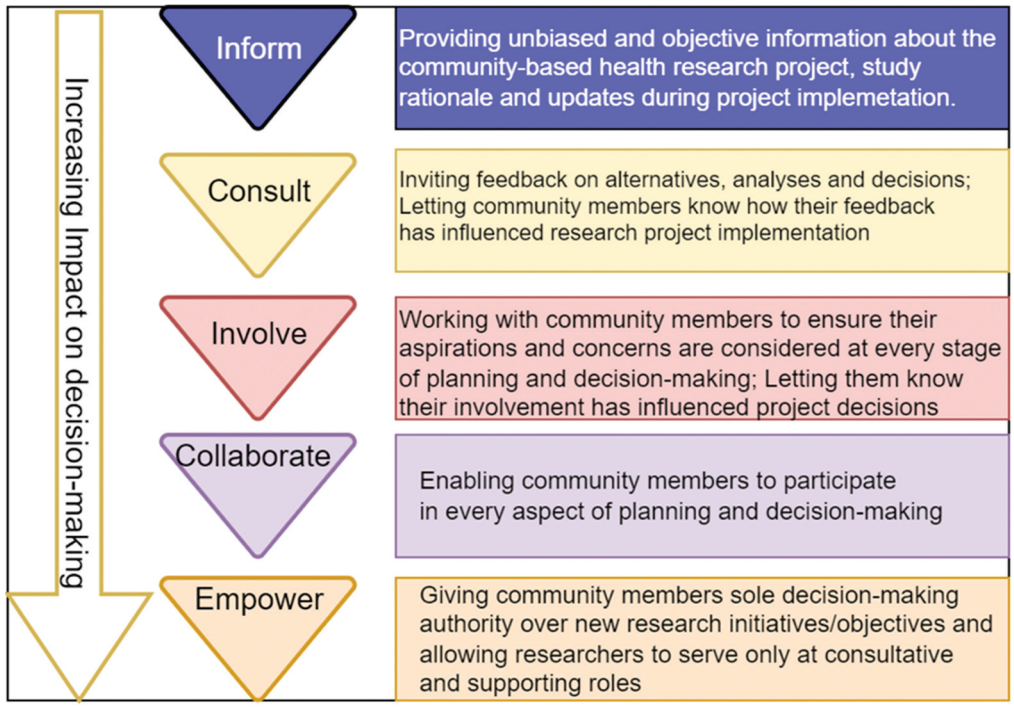


Figure 1. The vancouver community engagement framework.

(*Source:Author*).

share a common critique which is power relations, existing inequality and the inadequacy of accountability by community members for the expenditure of public funds (Curtis et al., 2014).

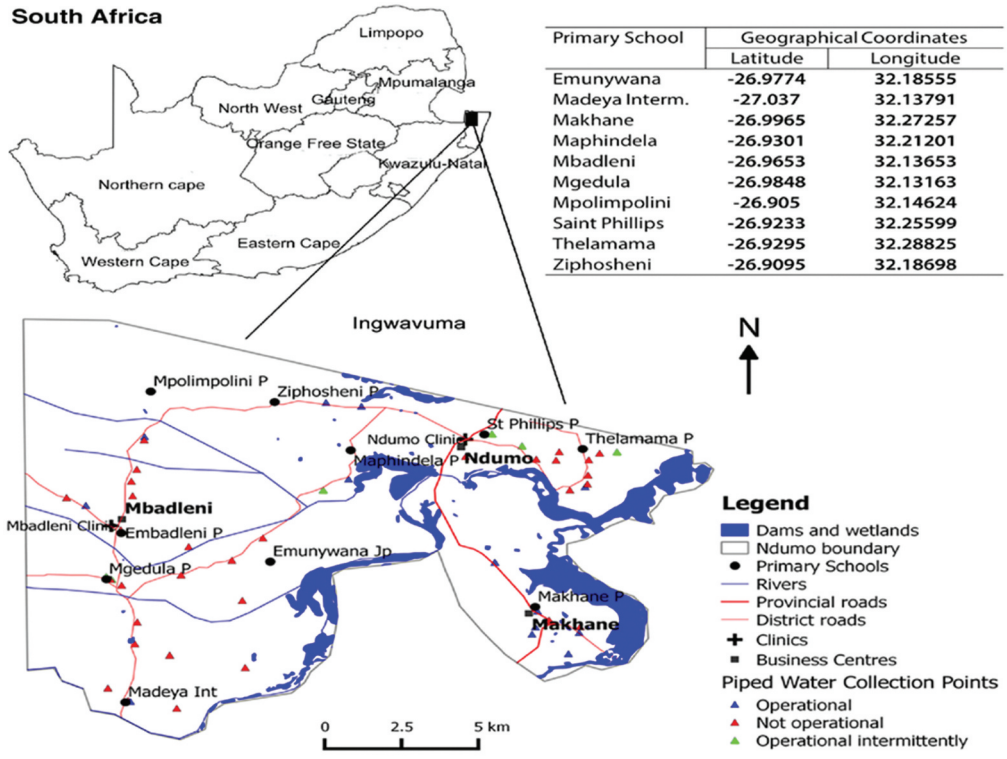
Although there are different models for community engagement, very few studies have documented the process of how researchers truly engage communities. Previous studies have indicated that there is limited contribution of the community to the engagement process (Chantler, 2012; Ryan et al., 2020). The Community Engagement Vancouver Coastal Health framework (www.vch.ca/ce), often quoted in many studies involves five distinct stages: 1) Informing the community, 2) Consulting the community, 3) Involving the community, 4) Collaborating with the community, and 5) Empowering the community (Figure 1). This framework was modified from Sherry Arnstein's theory of the Ladder of Citizen Participation and is one of the significant models and the most extensively referenced in the area of democratic public involvement (Arnstein, 2019).

Informing communities entails informing residents about local research projects. It is done to ensure that the communities are included in decision-making. Providing information prior to the initiation of a research project is a necessary requirement in the community engagement process (P. Tindana et al., 2015). Some studies have suggested that many of the researchers working with rural communities have limited understanding of the CE process and experience in engaging communities (Ahmed & Palermo, 2010). The KwaZulu-Natal Ecohealth Program (KEP) researchers claim to have applied the Vancouver Coastal Health framework in their CE processes. However, no assessment of the effectiveness of the strategy had been done before our study. We, therefore, engaged with the researchers of KEP to document the processes, the challenges and the lessons learnt in engaging with the Ingwavuma community in South Africa.

2. Materials and methods

2.1. Study design and setting

A phenomenological qualitative approach was adopted to document the process of community engagement from the researchers' perspectives. Phenomenology provides complex contextual descriptions of people's experiences in a research issue (). This approach was used to gain more



Primary School	Geographical Coordinates	
	Latitude	Longitude
Emunywana	-26.9774	32.18555
Madeya Interm.	-27.037	32.13791
Makhane	-26.9965	32.27257
Maphindela	-26.9301	32.21201
Mbadleni	-26.9653	32.13653
Mgedula	-26.9848	32.13163
Mpolimpolini	-26.905	32.14624
Saint Phillips	-26.9233	32.25599
Thelamama	-26.9295	32.28825
Ziphosheni	-26.9095	32.18698

Figure 2. Map of Ingwavuma areas, uMkhanyakude District, Jozini Municipality, KwaZulu-Natal, South Africa, adapted fromKabuyaya et al. (2017).

understanding of the lived experiences of researchers and what they had in common during the initial phases of CE. The paper is based on work in a larger project which uses a participatory action research methodology. This study was conducted in the Ingwavuma community under Jozini Local Municipality in the uMkhanyakude District in the province of KwaZulu-Natal, South Africa. uMkhanyakude has traditional structures and falls within the Mngomezulu Tribal Authority (see Figure 2). The headmen (*izinduna*) are the elected gatekeepers with authority over villages and are accountable to the chiefs, the tribal council and their community (Musesengwa et al., 2017). The area is a predominately an underdeveloped, isiZulu-speaking rural community, and community members have limited access to basic services. UMkhanyakude District is the third poorest in the KwaZulu-Natal province. About 14% of the unemployed have no formal education, while only 17% have completed primary school. The majority of unemployed individuals have completed high school, and around 30% have secondary education. The district has a high rate of adult illiteracy. More than 27% of adult women and 22% of adult men have not completed any type of formal education (Mthembu & Hlophe, 2020). UMkhanyakude District was the relevant area for this particular research as it is characterised by being dry and having water systems (lakes, rivers, rain-fed systems, irrigation schemes) within dry land and endemic to malaria and schistosomiasis. The fact that uMkhanyakude shares a border with Mozambique, where malaria is still a serious issue, this district has not experienced the same success as the rest of South Africa in its efforts to control the disease. As a result, the prevalence of schistosomiasis in the district is also among the highest in the country.

3. KwaZulu-Natal Ecohealth Program (KEP)

KwaZulu-Natal Ecohealth Program (KEP) research in uMkhanyakude aims to reduce the burden of infectious diseases. Projects previously implemented by KEP in the same area include the MABISA (Malaria and Bilharzia in Southern Africa) which began in 2014 and ended in April 2017. The MABISA project produced results which gave an understanding of the way stakeholders can help control malaria and bilharzia. Through the MABISA project, a community advisory board (CAB) was established, and community research assistants (CRAs) were recruited. The CAB plays the

watchdog role of ensuring that ethical conduct is observed in the communities and that the community's needs and interests are fully considered and addressed, and not sidestepped. CRAs, on the other hand, work with researchers on data collection and assist in identifying transmission sites in the study area as well as mobilising the community. MABISA was succeeded by TIBA-SA (Tackling Infections to Benefit Africa-South Africa), which was a new project but also adopted Ecohealth approaches. Stakeholders who had been involved in the MABISA project continued to work with TIBA-SA researchers and updating the community about the progress of the TIBA-SA projects, ensuring that the community played their expected roles in project implementation. TIBA-SA, just like MABISA mainly focused on bilharzia and malaria.

4. Sampling and data collection

The KEP research team comprises researchers from different African countries, namely South Africa, Zimbabwe, Lesotho, Botswana, Nigeria and the Democratic Republic of the Congo. A total of 12 participants, comprising 9 KEP researchers, 2 administrative staff, and 1 principal investigator were purposely selected and interviewed based on the criteria that they are part of the KEP research team and have been involved in projects conducted at uMkhanyakude District. In terms of age, one participant was in the "50 and above" category. The other participants ranged between 32 and 45 years of age with 5–14 years of experience in research. Regarding qualifications, two participants had a bachelor's degree, while the remaining 10 had postgraduate qualifications. This information is summarised in Table 1. The selection of the sampling strategies was premised on the need to assess the researchers' first-hand lived experiences of CE (Smith et al., 2013). The main inclusion criteria of this study were being part of KEP and being involved in ongoing projects at the time of the study. The experiences of community-level participants such as CAB members and traditional authority are addressed in other journal papers that are part of this project, hence only the KEP research team was chosen for this study to document their lived experiences in CE. All

Table 1. Demographic characteristics of the participants

	Pseudonyms	Gender	Age (years)	Highest qualification	Nationality	Native language	Years of experience
1	Principal investigator	Male	61	PhD in Public Health	Zimbabwean	Shona	24
2	Project coordinator	Female	32	Bachelor of Arts	South African	IsiZulu	5
3	Finance officer	Female	43	Bachelor of Arts	South African	IsiZulu	7
4	Researcher 1	Male	42	PhD in Development Studies	Basotho	Sesotho	6
5	Researcher 2	Male	35	PhD in Public Administration	Zimbabwean	Shona	14
6	Researcher 3	Female	33	PhD in Public Health	South Korean	French	8
7	Researcher 4	Female	32	MSc in Biostatistics	Nigerian	Yoruba	7
8	Researcher 5	Male	32	PhD in Public Health	Zimbabwean	IsiNdebele	5
9	Researcher 6	Male	38	PhD in Public Health	Zimbabwean	IsiNdebele	10
10	Researcher 7	Male	38	PhD in Public Health	Kenyan	Swahili	8
11	Researcher 8	Male	34	MA in Economics	Zimbabwean	Shona	8
12	Researcher 9	Female	45	Masters in Psychology	South African	IsiXhosa	4

participants were assured of confidentiality and anonymity, as stipulated and carefully outlined in the informed consent they willingly signed before the interviews began. Participants were not compensated for their time during the interviews.

Data on the involvement and experiences of the participants in projects pertaining to malaria and schistosomiasis in the Ingwavuma community were collected through in-depth interviews. In this regard, questions posed to participants were on their experiences of CE and the role they played in informing the community about the various KEP projects. Participants shared their experiences of engagement activities during implementation of projects and indicated the challenges they faced. A total of four face-to-face in-depth interviews were conducted during fieldwork, and five interviews were conducted online via the Microsoft Teams platform since there was a COVID−19-induced lockdown which restricted traveling and research fieldwork activities. The interviews lasted 1 h per participant and all interviews were recorded with the participants' permission. Face-to-face interviews took place in November 2019 and the online interviews were conducted in May 2020.

5. Data analysis

The recorded interviews were transcribed precisely, and a computer-based software program (QSR International Pty Ltd, NVivo 12 Pro) was used to organise, analyse, and find insights from the convergence of information gathered through the in-depth interviews. The data were then analysed through qualitative thematic analysis to capture the experiences of the KEP research team in the CE informing process. Interview transcripts from study participants and other writings that reflect experientially on the subject of the study were used to record qualitative data, and the participants' responses to questions were coded into nodes for analysis. Recurring themes were also generated. The similarities, differences, and links among themes were identified and grouped. Then, thematic content analysis was adopted for data interpretation after the themes were captured from the in-depth interviews.

6. Trustworthiness

We did member checking to ensure appropriate trustworthiness of the study. That is a quality control process whereby the research participants were given an opportunity to look through their interview transcripts to see if they were accurate and valid, and that the written translation of their experiences was correct. At the end of each interview, the researcher summarised the points from the interview to ensure that the participants' responses had been captured accurately.

7. Ethical considerations

Ethical approval was obtained from the Humanities and Social Sciences Research Ethics Committee (HSSREC) (Protocol reference number: HSSREC/0001650/2020) of the University of KwaZulu-Natal (UKZN) before the study commenced. An informed consent form containing a detailed explanation of the various ways of ensuring anonymity and confidentiality of the study participants was developed and signed by each recruited participant. The participants who were interviewed online gave verbal consent. The participants were granted the right to participate in the study voluntarily and were allowed to withdraw from participating in the study at any time. To ensure anonymity, the participants' data were not associated with their name or any other identifier.

8. Results

KEP researchers adopted the Ecohealth research approach emphasising CE. The CE process involves five distinct stages, or phases, that are progressive as mentioned in the introduction. Three broad themes emerged from thematic analysis, namely the processes of engaging, the significance of relationships in CE, and the challenges encountered during the CE process. The experiences of the researchers are described in the following section.

9. Processes of engaging the community

Informing communities is a method of telling local people about research that is planned to take place in their area; this is done to ensure that the communities are involved in decision-making. The principal investigator (PI) shared the information that the KEP principal investigators visited the community with a prepared detailed study document before they engaged with community:

> … we already had a proposal that we had been developing to submit to the World Health Organisation so that the project will potentially be funded … (KEP Principal Investigator, aged 61)

In this methodology, it should be noted that it is the researchers who decided on the project and found a way to get the community involved by informing them about the project and engaged community members to have input on the design, methodology, and execution of the project. This engagement technique provides a community with fair and unbiased information that will aid in their understanding of the project proposed and the potential solutions.

The community liaison officer (CLO), who had previously worked for other NGO projects in the same area, was referred to the MABISA project team by the Provincial Health District, to assist during the initial phase of CE. The CLO then linked the principal investigators with the leaders of the community to introduce the ideas of the project:

> … we were able to link up with a guy who was already working in that area as a malaria liaison officer, so we recruited him as our liaison officer so that he could link us with the leadership … we introduced the ideas that we had and then we agreed on a meeting with the rest of the community for us to identify what their challenges were so that we could incorporate them into our project … (KEP Principal Investigator, aged 61)

This shows how the principal investigators were introduced to the leaders of the community and indicates that the community was informed about the MABISA project from the first phase of the project. The interactions with community leaders were through several meetings (three- or four-times per month), 3 h, over a span of a year. Each meeting was summarised in meeting minutes and memoranda that contained one or two words to remind the leaders of their practical responsibilities and provided direction for future collaboration and the research process. The project team were able to meet with the rest of the community through the headman (*induna*) of the area to inform the community about the project. The community meeting was organised by the *induna* and activities for participatory rural appraisal (PRA) were conducted to identify issues that were to be researched. The inclusion of *induna* in the initial process instilled trust in the community members while also ensuring the validity of the project and the obtaining of permission prior to project commencement. Having an *induna* who is well respected chairing the community meeting creates boundary partnership and increases the likelihood of the project being fully accepted. The project investigator also revealed that most of the KEP researchers were not part of the informing phase during the MABISA project as they had joined the project team during the implementation stage when the proposal had already been developed.

The KEP researchers were involved in the informing phase when the project transitioned into TIBA-SA. One of the KEP researchers mentioned that the informing was previously completed during the MABISA project, but, before TIBA-SA project commenced the research team engaged with the community through focus group discussions (FGDs) to re-inform, introduce, and discuss the TIBA-SA project initiatives:

> … given that the MABISA project has been in existence for three years before TIBA-SA was introduced, the informing was already being done and partnership were established with communities. Following that, we had focus group discussions with members of the community to inform them about TIBA-SA project and to discuss how they will participate in the

> dissemination of research findings and how the information given to them will be managed. (KEP Researcher 7, aged 38)

This implies that most of the KEP researchers at the time this study was conducted were not part of the conceptualisation and implementation of MABISA. However, since they were working with different communities in Ingwavuma during fieldwork, they had built cordial relationships with those communities. The community engagement process necessitates the sharing or provision of information prior to the start of a research study. There are numerous ways that communities can be informed and participate in a research project being conducted in their area. Individual interviews, meetings, workshops, focus group discussions, and community advisory boards can all be used to accomplish this. When communities are provided with concise and objective information, they are more likely to make an informed decision about their participation. Informing communities eliminates the misconceptions about the proposed research.

However, one of the participants noted that before they could carry out any research activities, they had to learn from the community during the informing phase as they had no prior experience working in the specific areas of those communities. She further mentioned that, at times, the researchers would go to some areas of the community without informing the leaders, which created problems for the team as they would be perceived as strangers in the area:

> … We were somewhere around Mkhuze, and we just went to start scooping snail species for my project and one man came to us and told us we were under arrest. We asked why? So, he took us to Inkosi's house. We had to prove ourselves, gave the letter and all that, and so since then they accepted us and I also think that maybe that should have been part of the procedure to, first, see the Inkosi of the area … (KEP Researcher 4, aged 32)

Researchers emphasised the significance of notifying the traditional leaders (gatekeepers) of the village before they begin the project, even after informing the communities at a district level about the activity occurring in the areas. Working in rural areas necessitates being aware of one's objectives and behaviours when immersed in a community. The study that is given local legitimacy ensures adequate participation and efficient data collecting, and allows entry into remote communities through the acknowledgment and involvement of reliable leaders and accessible individuals of rural communities.

10. The significance of relationships in CE

The participants reported that the amicable relationships already in place with communities helped to make the initial stages of community engagement seamless as communities were updated about the information found in their surroundings. The community embraced the subsequent project since they had been informed at project conclusion about the potential for a new initiative, TIBA-SA:

> … I would say the people have been welcoming to the best of my knowledge, and I think it's also because of the background work and the relationships that have been built over the years, and the trust that people have for us as researchers. And the respect we give back to them in terms of giving them feedback on what we found in the environment. (KEP Researcher 4, aged 32)

The researchers felt welcomed by the community, which allowed them to easily obtain community entry. This was expressed by one of the researchers:

> … But because of the turnout in our first community meeting when we were launching TIBA and the fact that almost 80% of izinduna (headmen) in that area attended that meeting including iNkosi (a Chief). iNkosi put in a good word about the project, involvement changed from that day. (KEP Project Coordinator, aged 32)

Traditional leaders are particularly crucial in getting the community involved in projects due to the respect they command. However, the transition from the MABISA to the TIBA-SA project created some confusion for the community as people were initially not sure of what value the new project TIBA-SA would add to their communities. The MABISA project yielded findings which gave an understanding of the way stakeholders can help manage and keep track of the presence of the disease in their areas. Hence, TIBA-SA, a new initiative, was launched, and the stakeholders who had been recruited continued to collaborate with TIBA-SA researchers, inform the community of the project's progress, and make sure that the community played their expected roles in the project's implementation.

> … I joined toward the end of MABISA when the project's principal investigators were informing the community about the MABISA coming to an end … the community was really not happy about the ending of MABISA … the community was somewhat confused by the change from the MABISA to the TIBA-SA projects since no one was initially sure what value the new project TIBA-SA would offer. (KEP Researcher 3, aged 33)

It was determined that failing to provide valuable clear information during project closure causes confusion in the community, discouraging them from participating in future research and jeopardising any future rural research opportunities in the same area. As a result, informing the community was critical at this stage and resulted in community buy-in.

Through the MABISA project, the CAB was formulated during community meetings without interference from the project team. Allowing community members to choose and appoint their representatives during community meetings delegates some authority within the research process in recognition of community knowledge; it creates multiple opportunities for community members to voice their concerns, which may help to prevent unrest; and it fosters trust in researchers and community organisations. The CAB members are the eyes of the study; they serve as a community telecommunications base station, taking community messages to the project and from the project to the community. CRAs work with the research team facilitating access to households and assisting with data collection. Participants were asked about the role of CAB members and CRAs in the informing stage and the impact of their working relationship. One had this to say:

> … I think CAB members help in mobilising the community to keep on welcoming us in the community to do research work … guess it will be a bit challenging to sort of establishing relationships in the community. So, they sort of make it easier for us to be able to get into the villages to do the work which is similar to the work of the CRAs. (KEP Researcher 5, aged 32)

Participants reported that CAB members played a crucial role in mobilising the community, which helped to build relationships between the researchers and the community. Furthermore, unlike CRAs, CAB members were more useful during the informing phase. This was affirmed by one of the participants who reported that

> The CAB was a very valuable resource in that they were able to open doors that we as a research team would have struggled to open… they were helpful in advocating for us…. So, we went to an area without informing the Nduna of the location, and we ended up in his space. However, our association with CAB members provided him with information about who we are and what we were doing. (KEP Researchers 6, aged 38)

This demonstrates how CAB members were helpful in containing the damage done and the mistakes made by researchers that would have otherwise jeopardised the study. The importance of CABs in the informing phase cannot be overstated. The way the researchers establish connections to acquire access to the community has a significant impact on the efforts and how well the project turns out.

11. Challenges in CE

Participants reported challenges encountered during the informing stage, such as cultural and language barriers, as well as miscommunication and misinterpretation. One of the aspects that caused dissatisfaction in the community engagement process was cultural differences. Since the KEP research team comprised researchers from different African countries, language was sometimes a barrier that created communication problems. A participant expressed their experience of working with the team leader, who at the time of the project being implemented did not speak the local language: " … at times the contingent of people who did not speak the local language was large including in my case where the team leader did not speak the local language … " (KEP Researcher 9, aged 45). A participant who did not speak the local language also attested to this: " … the language barrier was also a challenge … personally, I am not speaking isiZulu … so the language barrier is sort of a challenge because our research sites are in the rural areas" (KEP Researcher 2, aged 36).

The fact that the language barrier was one of the difficulties researchers faced throughout the community engagement process had a detrimental impact on the informing process because the community did not understand what was being communicated to them. As a result, the research team had to be in contact with the CRAs for assistance in terms of passing messages to the community. The presence of those research team members who knew the culture and language provided an assurance that the study did not have malicious intent. One of the participants mentioned the importance of understanding and speaking the local language when working with local people from rural areas:

> … I think what is also important when conducting research in a rural setting should be the value of being able to speak and understand the local language … as activities of doing community work involves stakeholder engagement. (KEP Researcher 8, aged 34)

Another participant stated that they had to consider cultural differences and that knowledge of the local language was found to be an important skill: " … one of the main attributes was being culturally sensitive. I think by far that's one attribute that stood out" (KEP Researcher 1, aged 38). This is important because the work was in rural areas where knowledge of the local language was imperative. Participants also shared the view that involving local people in their studies, and being in an environment where people think differently, assisted them in seeing problems in different ways. In order to employ a CE strategy that stresses cultural distinctiveness and competency, the study team must include research scientists and important stakeholders from that particular culture. Another important factor to consider is the suitability of the study questions or language used in a culturally particular CE.

When engaging with community leaders in rural settings, the appropriate attire was a crucial issue. One of the researchers said: " … we had to make sure that we dressed appropriately when talking with the *induna*. During fieldwork, our everyday clothing code was long skirts and dresses … " (KEP Researcher 7, aged 38). It was also reported that respect was shown by adhering to cultural norms, such as dress code, procedure, and utilising clan names, when interacting with the community.

Misinterpretation of what had been communicated with the local community members regarding the potential research project to be conducted in the area was also found to be a challenge during the informing dialogue. As one of the participants expressed: "… it was observed in some of the instances that the community failed to understand what was communicated to them during the informing community meeting … " (KEP Researcher 3, aged 33). This issue becomes more difficult when it comes to gaining trust from the community and inaccurate information is presented; misinformation could lead to incorrect interpretation of data and this problem becomes more difficult to solve.

12. Discussion

The findings revealed the significance of understanding how the researchers engage with the community prior to initiating a study and what entails community entry. Sharing and providing information before the initiation of a research project is a requirement in the community engagement process (P. Tindana et al., 2015). The initial stage of community engagement, particularly, the informing phase emphasises the value of collaborative effort where researchers become part of the community and the community members become part of the research team with the purpose of learning from each other to address the identified phenomenon.

In the context of this study, both community and researchers had a common shared vision to address the burden of infectious diseases and better the current situation. The Ecohealth approach, which is participatory in nature, was adopted during the CE process as the core element of engaging the community to ensure the active participation and adoption of the project by ensuring full ownership of both parties. The MABISA project started with Rapid Rural Appraisals (RRA) where communities were given information on the project using participatory methods of problem identification, stakeholder analysis and community mapping among others. This gave the communities information on research and the need to have gatekeepers since they were also given information on research ethics. After being equipped with the knowledge they were left to make informed decisions on whom they wanted to be CAB members. The selection of the CAB members was left to the community and the research team did not facilitate the selection process. The RRA meetings were meant to allow the communities to make informed decisions and therefore select people who would be beneficial to the project according to their own expectations. Then, KEP researchers were offered opportunities to work with different communities and, as a result, positive working relationships were built with those communities to address infectious diseases through collaborative effort. Through these relationships, the communities were involved in all project decision-making and subsequently enhanced their research understanding, built rapport, and empowered all parties. The established relationships built trust with the formal and informal leadership, and sought the commitment of community leaders in mobilising the community (McCloskey et al., 2011).

In this study, the community was represented in all CE stages by their leaders, namely *izinduna* and CAB members because of their inherent influence in the community. The CAB members for the MABISA project were also members of the WARD Health Team. The criteria used for selection was the same as that for the KEP which was based on the influence of the CAB members in the society. The authors emphasise that community leaders are considered as an important structure and as gatekeepers in rural settings (Ramsbottom et al., 2018). Gatekeepers can ensure researchers gain access to research sites and potential participants, as well as influence the research progress through facilitating the running of research activities to completion (McFadyen & Rankin, 2016). The informing phase in this context is the foundation of collaborative conceptualisation and the planning of the identified research project to reach consensus and attain the desired sets goals that are beneficial to all parties involved. The emphasis is that informing phase sees communication as a two-way process and mechanism to acknowledge the needs of communities without underestimating their capacities to provide possible solutions to the success of the project (Ramsbottom et al., 2018).

The study revealed that researchers are perceived by community members as solely experts in the research project, which creates one-way information flow from the research that hinders communities to be part of the decision-making process. This leads to non-active participation and less ownership of the project. Evidence from the literature suggests that the first phase of engagement should lead to a genuine collaborative partnership, reciprocal relationships, mutual respect and acceptance of differences and shared power, vision, and decision-making, contributing to greater community acceptance of research (Anderson et al., 2012).

The researchers in the field of CE and CBPR perceive communities or participants as source of data without being mindful that communities can generate knowledge based on their lived experiences. The study portrays that researchers habitually engage communities with pre-

empting ideas and answers, which undermines the insights and lived experiences of communities. The findings echo existing literature indicating that researchers frequently lack community engagement from the perspective of service users (communities), and interventions may not fully reflect community priorities and lived experiences (Baptiste et al., 2020). This suggests that researchers are expected to create an environment where the community will provide their thoughts from the conceptual phase and be able to reflect on the initial stage of CE before moving to the next stage of the project. Furthermore, this enhances the value of local and indigenous knowledge that could be used by researchers to provide remedies to problems of the community. This further allows researchers and community members to become equal partners in the process, as a result of proactively, cautiously and conscientiously seeking the community's opinion in the research project initiated (Musesengwa et al., 2017).

The study confirms that most researchers acknowledged their limitation on how to engage communities during the informing phase. Previous studies have demonstrated that early interaction with community leaders can give important context for later interviews with community members and unanticipated challenges can be avoided (Bergen & Labonté, 2020). However, the main challenges encountered by the KEP researchers were not being familiar with the cultural practices and not fluent in isiZulu as the local language. However, CRAs understood the local language as they were part of the communities and were always available to assist the researchers with data collection in all the villages. Some scholars argue that engaging communities in the research context requires an understanding of indigenous or local language and cultural practices as it yield positive results of the research project and contribute to mutual benefit (Bracic, 2018; Ramachandra et al., 2014; P. O. Tindana et al., 2020). A lack of cultural and language sensitivity may have a negative effect on the quality and equity of the research project on the delivery of healthcare in monolingual communities (Peled, 2018). Previous research also observed that researchers working in the rural areas need to understand the cultural dynamics of specific groups and institutions in order to build relationships, identify ways to effectively collaborate, and build respect and trust (Mthembu & Hlophe, 2020).

13. Conclusion

The study confirms that researchers overlook the significance of the initial phase of CE (informing phase), as evidently shown that many research engaged projects fail due to poor communication, inadequate consultation, and poor design and implementation, which systematically demonstrate passive participation towards the researched communities. Therefore, we conclude that in engaging researched communities, a higher level of engagement in the initial stage of CE is essential and is a crucial stage that should not be neglected during research procedures. Overall, the study acknowledged that the informing phase as the initial stage of CE is a significant process of engagement which creates meaningful long-term relationships with the researched communities and stakeholders who have interest and influence in the engaged research-based projects. The understanding of cultural and language differences in the process of community engagement is crucial to ensure meaningful communication and active participation to have a balanced collaboration that is beneficial to all parties who have an interest in the project.

Apart from extensive literature in CE, there is a dearth of empirical research on the initial stage of CE and its role to effectively execute CE without overlooking any of the phases. Therefore, the study recommends the formulation guidelines specifically for the informing phase for both researchers and communities to ensure that no one is disregarded during the conceptualisation stage.

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