Researchers often investigate health-related behaviours through the individual-level lenses of biomedicine and behavioural psychology. However, increasingly, researchers are paying attention to the role of health initiatives in multi-contexts that integrate community perspectives into health initiatives.

Six PhD students from the Health, Community and Development programme in LSE’s Department of Social Psychology draw on data from their research to highlight how health initiatives that integrate community understanding have the potential to lead to more health-enabling communities, where people have the physical, mental and social resources they need for living.

Well functioning schools play a vital role in the lives of children. Given our socialisation, we take the meaning and the purpose of the school as a given—schools are institutions that educate. However, in a remote village in the flood swept plains of Bihar, India, schools appear to hold a different meaning. With the introduction of the Mid Day Meal Scheme (MDMS), a school feeding programme, the community has started to conceive the school as a site where free meals are provided. While the MDMS has obvious health advantages for the poverty stricken schoolchildren, the change in representations of schools can have a far reaching impact. This serves as an illustration of the impact local sense making has on the outcome of social policies.

Aparva Chauhan is interested in the processes of local sense making and knowledge creation (funded by LSE).

In a study on empowerment, HIV and AIDS in northern Tanzania, men and women described the discrimination experienced by women living with HIV in their community. It was understood that women could face violence, abandonment or being thrown out of their homes if they revealed their HIV-positive status to their male partners. Responses to men living with HIV were more accepting and supportive. Local HIV programmes often did not recognise the risks women faced, and did not connect with programmes to address violence. By failing to integrate community perspectives, health initiatives can end up unintentionally contributing towards heightened risks for their clients.

Sharon Jackson’s research centres on community participation in responses to HIV and climate change in Tanzania (funded by Economic and Social Research Council).

In Tanzania a campaign was started to encourage communities to ‘shame’ sugar daddies with the label “Fataki!” However, a narrative study with urban-poor youth showed clearly the extensive complexities of their intimate relationships and the ways in which ‘transactional sex’ is a survival strategy for many young urban-poor and their families. Therefore this “Fataki!” label along with much generalised ‘development’ discourse on ‘healthy sexual behaviours’ was found to also have the unintended consequences of shaming these youth. Sexuality is difficult to talk about but efforts need to be made to communicate better with young people to prevent their further marginalisation.

Clare Coutas is looking at dialogue and communication dynamics around youth sexualities between institutions, NGOs and communities (funded by LSE).

A historical emphasis on individual behavior change approaches to HIV/AIDS prevention often obscured from vision the influence structural and social drivers had on transmission. In 2012, Nelson Mandela Foundation launched the Dialogues for Social Justice program in two South African provinces. The program placed facilitated public dialogue at the center of a national AIDS prevention effort that aimed to specifically support community led actions to address the structural drivers of HIV/AIDS in the Eastern Cape Province. An early analysis of life story interviews conducted with facilitators, participants, and local stakeholders suggests that active citizenship, voice, and the engagement of local political stakeholders are essential components in initiatives that aim to address HIV/AIDS and its root causes.

Imara Ajani Rolston is interested in the role facilitated community-based dialogue plays in generating strategic actions to address the social and structural drivers of HIV/AIDS in South Africa.

Media is often seen as a good way to deliver health information to vulnerable communities. Yet, this approach can fail to recognize that people interpret media content in complex ways, and often draw conclusions through dialogue with others. In focus groups in South Sudan, women were asked to listen to and discuss health content from their local community radio station. They listened to a programme about ruak, a traditional belief that dictates if you become sick while pregnant, it is because you have not confessed to your pre-marital sexual relationships. Although the radio was trying to debunk ruak, the women who listened debated the issue, and ultimately decided that ruak did exist (largely because of the ‘eye-witness’ testimony of one of their group members.) This highlights that learning doesn’t happen through an information injection, and demonstrates the central role of dialogue in sense-making.

Emily LeRoux-Rutledge conducts research on the relationship between media narratives and women’s empowerment in South Sudan. (Research supported by Internews.)