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What is This?

How Community Trust Was Gained by an NGO in Malawi, Central Africa, to Mitigate the Impact of HIV/AIDS

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Abstract

Trust is valuable social capital that is essential for effective partnerships to improve a community's health. Yet, how to establish trust in culturally diverse communities is elusive for many researchers, practitioners, and agencies. The purpose of this qualitative study was to obtain perspectives of individuals working for a nongovernmental organization (NGO) about gaining community trust in Malawi in order to mitigate the impact of HIV/AIDS. Twenty-six interviews were conducted over 12 months. Content analysis revealed the relationship between NGO staff and the community is crucial to gaining community trust. Gender, social context, and religious factors influence the establishment of trust within the relationship, but NGO assumptions about the community can erode community trust. Nurses and other health professionals working with the NGOs can help create conditions to build trust in an ethically and culturally sensitive manner whereby communities can develop processes to address their own health concerns.

Keywords

community health, community-based participatory research (CBPR), participant observation, HIV/AIDS, community trust, NGO, Malawi

Nongovernmental organizations (NGOs) are often chosen as international partners to mitigate the impact of HIV/AIDS and other health and social issues (Kelly et al., 2006). The social determinants of health (environmental, social, economic, and cultural factors) create complexities in addressing community health that defy simple linear, top-down solutions (Navarro, Voetsch, Liburd, Giles, & Collins, 2007). Participatory approaches can address the community's needs rather than the researcher's or practitioner's needs (Coombe, 2006). An essential component of community participation is trust—a valuable social capital (O'Neil, 2002). Yet, how to establish trust in culturally diverse communities, particularly in international settings, is elusive for many researchers, practitioners, governmental agencies, and NGOs.

Trust

Trust "is thought of as a need, an obligation and a virtue" (Hupcey, Penrod, Morse, & Mitcham, 2001, p. 283). In nursing, trust in the clinical setting is found in the nurse–patient relationship, and in an organizational setting trust is associated with effective outcomes (Johns, 1996). In a study with American Indians (Christopher, Watts, Alma Knows His Gun McCormick, & Young, 2008), establishing trust between researchers and

community members required an acknowledgement of both personal and institutional histories, understanding the background to the research, listening, acknowledging one another's expertise, and clear communication regarding expectations. Study participants noted that one must understand the culture, deliver what is promised and leaders must "get out in the community" (Levin et al., 2009, p. 394).

For this study trust was defined as "believing that a person or organization will support words with actions," a definition generated from data and validated by study participants.

Background

In 2007, 930,000 Malawians (7.2% of the total population) were living with HIV/AIDS compared with 850,000 in 2001

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(FindTheData, 2007). Of these, 91,000 children are HIV+ (Case Studies for Global Health, 2009) and approximately 550,000 children younger than of 17 years had lost one or both parents to AIDS. The health care workforce is severely compromised with one physician for every 117,647 persons in Malawi (FCSD/Analytical Services Division Scottish Executives, 2005) and a hospital nurse–patient ratio of 1:54 (BBC News, 2006). This compares with 1:5 in California (California Progress Report, 2008).

Approximately 85% of Malawians live in rural villages, relying on subsistence farming that is at risk due to small land plots and climate changes (Index Mundi, 2008). Seventy-five percent of the population lives on less than U.S. $1.25 a day (Canadian International Development Agency, 2013). Malawians rely heavily on outside aid to meet development needs. Employees and volunteers with NGOs often act as liaisons between international donors and local communities. Community-based participatory research (CBPR) and action actively engages communities in research and practice with the aim of combining knowledge and action for social change to improve community health (Minkler, 2006; Wallerstein, 2006). The strategy is to "build on and reinforce authentic participation that ensures autonomous decision-making, promotes a sense of community and bonding, and empowers the community as a whole" (Wallerstein, 2006, p. 5). This is a major strategy of NGOs. Despite the call for equal voices in CBPR, perspectives of NGOs are conspicuously absent in the literature.

Purpose of the Study

The purpose of the study was to describe and understand the interactions between the NGO and Malawian communities to build trust and achieve mutual goals.

Method

Design

A qualitative, descriptive design was used with face-to-face semistructured interviews and participant observation to collect data. As with our previous work, the authors used a public ethnographic approach because of its emphasis on mitigating inequitable practices and stimulating positive changes through dialogue (MacIntyre et al., 2013). Bailey (2008) maintains that a public ethnography involves in-depth field research for the purposes of redressing social injustice, challenging unjust social structures, mitigating repressive conditions, and ensuring that study findings extend beyond the audience of academic circles to include the public at large. Participants were informed that study findings would be available to them through a local NGO. Principles of CBPR provided a framework for the study in that study participants were involved in shaping study questions, transcribing interviews, validating data analysis, and by having access

to study findings for further dialogue and dissemination. Data analysis involved an iterative process; participant feedback was obtained to help ensure the accuracy of the conclusions.

Setting/Social Context

Malawi's economy is based heavily in agriculture, with a densely packed, though largely rural population (Index Mundi, 2008). Food insecurity and limited access to health care are major community issues.

The NGO studied was founded in 2000 and receives funding and board governance from its U.S. entity, while programs, designed to mitigate the effects of HIV, are designed and run by the Malawi part of the NGO organizational chart (see Figure 1). The NGO has a nursing scholarship program that pays tuition and a stipend to nursing students. In exchange, recipients make a 3- to 4-year commitment to work in a government-operated hospital or clinic on graduation. This program helps build the health system infrastructure of Malawi. The majority of Malawians who work for the NGO and were interviewed for this study have family members who live in the rural villages of Malawi. These participants represent the "elite," a Malawian expression for the relatively small number of individuals that comprise the middle class in Malawi. However, many of the participants discussed their strong ties to their home villages and expectations from their communities to improve village life because of their "privileged" education and economic status.

Sample

Participants consisted of 17 staff (65%), 7 volunteers (27%), and 2 board members (8%) associated with the NGO or its partner organizations. Characteristics of the participants are presented in Table 1.

Data Collection Procedure

The study received approval from the university's Committee on Human Research and the Board of Trustees of the NGO. Data were collected over a 12-month period. Interviews lasted 1 to 2 hours and were conducted at locations identified by the participants including NGO offices, religious facilities, residences, and rural village settings. Open-ended interview questions included the following: How do you build trust with community leaders and members? What are some of your successes? What do you think is the most important action in building trust? What are some situations where trust was broken and the response to this?

Participant observation occurred during an event where over 40 Malawian chiefs of rural villages, several Malawian government officials, and Malawians from 20 villages gathered to launch a partnership between the NGO and villages in rural Malawi to address HIV/AIDS education, home-based
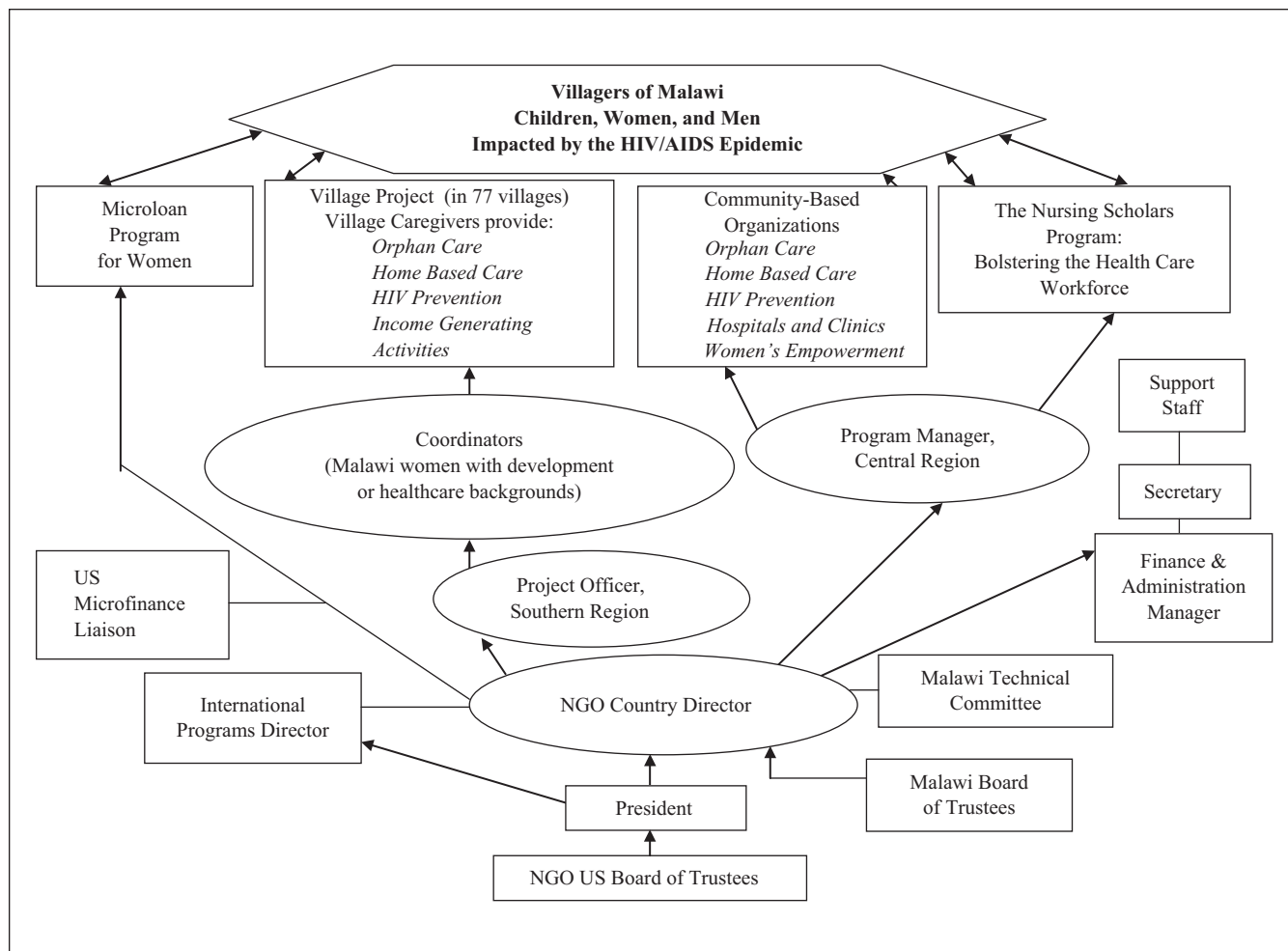
Figure 1. NGO organizational chart.

care, and orphan assistance. This was the first event for the NGO that demonstrated community and governmental support on such a large scale. Other participant observation included a Malawian village gathering for the distribution of supplies for orphans in the rural Mulanje District; a site visit to a community-based organization (CBO) for people living with AIDS in rural Zomba; and visits to churches, schools, hospital/medical facilities, Malawi homes, and the NGO offices in Malawi.

Data Analysis

Verbatim transcripts were derived from audiotapes of the interviews. Handwritten notes from participant observation, field notes, and memos were also analyzed. The transcripts were imported and coded electronically with Atlas.ti, a data management software program. Codes were categorized into conceptual themes using an iterative, content analysis process. The conceptual themes were discussed with participants in order to obtain clarification and understanding of the interview

data and to ensure as much as possible that study results concur with participants' perspectives (Englund, 2006).

Findings

Findings indicate the relationship between NGO staff and the community is crucial to gaining community trust in Malawian communities. Gender, social context, and religious factors influence the establishment of trust within the relationship. Community trust can be eroded by the NGO's assumptions about the Malawian community and by not obtaining community support for NGO activities.

Gaining Community Trust

Trust increases through the sharing of common goals and an ongoing commitment between individuals and organizations. Participants emphasized the community must be "behind" any program or project if it is to succeed. One NGO staff member explained,

Table 1. Participant Characteristics.

Characteristic	Country of Origin	
	Malawi (*n* = 16)	United States and Other Countries (*n* = 10)
Location of interview		
United States	1	5
Malawi	15	5
NGO association		
Staff	13	4
Board of trustees	0	2
Volunteer	3	4
Number of years with NGO		
≤5	6	5
6-10	4	3
11-20	4	0
>20	2	0
Age range (*M* = 48 years)	27-65	28-78
Race/ethnicity		
Black	16	1
White	0	8
Asian	0	1
Education		
Certificate/diploma/ associates	4	1
Bachelor's degree	4	1
Master's degree	6	2
PhD/doctorate	2	3
MD	0	2
JD	0	1
Gender		
Female	6	7
Male	10	3
Marital status		
Single	4	2
Married	9	8
Widower	2	0
Unknown	1	0

Note: NGO = nongovernmental organization.

> If you go out there, be with the people—know what they want, do it the way they like doing it, you are very likely to be trusted. But the only problem that I find, which is a very big problem, is the top-bottom approach. When [NGOs use] the top-bottom approach, you have to be careful to really know what issues are on the ground because once people are not involved, they don't trust you, they might pretend to trust you because they want to benefit from you. (NGO Malawi Staff, male)

Trust could not be assumed by the NGO staff, due in part to historical influences of colonialism in Malawi, which has led to Malawians' skepticism of "outsiders" (Englund, 2006). Community trust is achieved in part through respect for cultural norms and a clear invitation to the community to be part of the process:

> You have to build that bridge, especially if they see white people. If the process started with them sharing in small groups and [they prioritize their concerns and how they should address them], then you are likely to get more results and trust from the people because they are part of the process . . . part and parcel of what is being built on the ground. They will trust you because if they don't trust you they don't trust themselves! (NGO Malawi Staff, male)

Participants identified three factors that influence the establishment of trust: gender, social context, and religion.

Role of Gender

Participants explained that because Malawi is a male-dominated culture it is necessary to have a male NGO leader who could work with male leaders in the community. However, the majority of NGO staff and community leaders are women. The quote below is representative of participants' views about the need to seek approval from male leaders in order for the NGO to establish trust:

> You need a man to talk with the chiefs because if the chiefs don't go along with the proposed intervention, it will never happen. They [NGO staff] asked the chiefs to nominate 10 women in each of the villages from whom the women coordinators chose five. When the [women] were chosen, they were put on stipends and undertook several weeks of training. (NGO U.S. Staff, male)

Women are seen as the key to reducing the incidence and effects of HIV/AIDS in Malawi, despite their low social status, risk for physical and sexual violence, and lack of economic independence (Rankin, Lindgren, Rankin, & Ng'Oma, 2005). When asked how the NGO approached community building in Malawi, the response was, "Through the women, the women *are* the community . . . we're not changing the status of women, we're changing communities" (NGO U.S. Trustee, male).

> Everything is focused for us on the villages and women. Almost everything we do has to do with "empowering women." I realize how condescending and trite that sounds, especially coming from a white male, but the women are the people who can turn this thing around. (NGO U.S. Staff, male)

Malawi women have little social power, yet they have a prevailing influence on ameliorating the impact of HIV/AIDS on their communities. NGO staff trained women coordinators and provided support by giving them the authority to make decisions and responsibility for program implementation. These coordinators organized health talks in the villages, worked with individuals to answer questions, encouraged testing, and helped link individuals with

resources. Independent of the NGO U.S. staff, the NGO Malawi staff conceived the idea of conducting follow-up visits to each dwelling to reinforce HIV education and encourage testing. A staff participant stated that in an evaluation of the program they found that 65% of community members reported that the first time they heard about HIV/AIDS was from these women, despite numerous public health campaigns.

Role of Social Context

Social determinants of health can be a barrier to building community trust during the program planning process. Poverty is a major social challenge in Malawi. One participant stated,

> Every disease as you know is contextually, socially situated. You *cannot* deal with HIV and AIDS without dealing with the social issues that cause it, which is chiefly poverty; it's dealing with the poverty issues, helping people become economically empowered, so that they're not as subject to the conditions that create this. (NGO U.S. Staff, female)

The central problem of poverty was inextricably linked to HIV/AIDS by a female NGO Malawi staff counterpart who noted that some women will have sexual relationships just to get food to feed their families placing themselves at risk for HIV/AIDS.

One NGO leader stated that the first rule is to "do no harm to the community." The second is to

> start with what the community knows best. The community has resources. The people can work to change things *on their own*. They don't need outsiders. People have been taught not to trust themselves, but to defer to the experts. They become suspicious if someone who has had training or taken classes and comes into the community and asks them what they know. The expectation is for those who have training to provide the answers and the community doesn't value its own knowledge. (NGO Malawi Staff, male)

The community's own knowledge has been undermined by outside experts. This Malawian leader observed that many NGOs begin by developing trust, but the danger is that they slip into top-down roles. He cautioned that developing trust takes time and that it is costly if NGOs do not plan well and noted that communities are suspicious and think that experts are "spying" on them as they have been "brainwashed into thinking that others know better." He further explained,

> We are from the village, what else can we know? But they [community] know a lot of things, therefore [it takes] patience. They don't believe [in] themselves and they don't know all these books have [been] written by their knowledge. (NGO Malawi Staff, male)

Community trust is achieved through participation with and in the community. Many of the NGO's staff invited community members to participate in planning and provided much-needed materials and supplies. Communication and clear messages to the whole community regarding the NGO's work form the basis of their collaborative work:

> We build trust in the communities. Like in Mulanje we are doing HIV prevention and care and women empowerment. We usually call people to come for village meetings. The way they participate in the meeting shows that they are interested and they know the project is a benefit to them. When we give the kids some items, and before we give the items to the kids we address the community caregivers [and explain] that the items should be used for community orphans because if they don't have clothes, blankets and other items, the orphans cannot go to school. We are taking the responsibility of the guardians in the communities so that they may become self-reliant after completing their education. We have our community caregivers in the villages who supervise if the orphans are really using their items and they write a report to the coordinators and [the] coordinator writes a monthly report to my office. (NGO Malawi Staff, female)

Observations of the NGO Malawi staff overseeing the distribution of supplies for orphans in a community-wide event, visiting schools and orphans supported by the NGO, and visiting CBOs funded by the NGO provided clear evidence that relationships of trust have been established through the practical provision of goods and services to ameliorate the impact of HIV/AIDS within Malawian communities. The key characteristic of the NGO staff, both in the United States and in Malawi, is their passion for the community. Participant observation validated community members were clear regarding their role, the role of the NGO, and the well-being of the community. The community's gratitude was clearly evident.

Role of Religion

Religion plays a primary role in Malawi where 79.9% the people are Christians, 12.8% are Muslims, 3% are affiliated with other religions, and 4.3% have no religious affiliation (Index Mundi, 2008). Religion plays a pervasive role in day-to-day Malawian life. One participant explains that "everyone" in Malawi belongs to a church or a mosque. Religion cannot be fully separated from the social context. Stigma surrounding HIV/AIDS is both a social and a religious barrier that is addressed by the NGO in order to effectively accomplish its goals to mitigate the impact of HIV/AIDS in the community. The NGO gained trust by recognizing the importance of religion in Malawi and working with religious leaders to provide education about HIV/AIDS to help reduce stigma.

> It wasn't easy. We had to call a group of boys, a group of girls; we could call them on different days so that those religious leaders, when preaching in their churches or mosques, they have

to deliver the messages about stigma, HIV/AIDS and sharing responsibilities in their homes. We had to call these different communities and train them [and] as a result the message about stigma, HIV/AIDS and responsibility sharing in the families [was well-received]. (NGO Malawi Staff, female)

Participants explain that community trust was earned in part because the NGO works with both Christian and Muslim groups and requires no particular religious affiliation or beliefs to receive its support. The NGO supports collaborative activities whereby Christians and Muslims work together. One participant stated,

> The one thing that I do love about this organization is one: we don't proselytize, so we are not promoting one religion over the other, thus being inter-faith; and two: we really try to listen, as opposed to us going there and saying "you should be doing this, and you should be doing that." So personally I couldn't because we already had that colonial imperialistic approach and it doesn't work, so that is why I have been very comfortable [working with the NGO]. (NGO U.S. Trustee, female)

Eroding Community Trust

Community trust can be eroded by an NGO's misuse of power, privileging its assumptions about the Malawian community, and not obtaining community support for NGO activities. Participants unanimously agreed that these barriers to gaining community trust must be continuously monitored and addressed internally by the NGO.

Power and Assumptions About the Community

An NGO's "privileging its assumptions" about Malawian communities refers to a power differential whereby an NGO perceives itself as the expert and dismisses, denigrates, or ignores the community's knowledge and expertise. One participant gave an example of this. He explained,

> So many social workers have failed because of their education. They think they can dominate people by telling them what to do, but [the community] will not *own* that. I'll give you a good example. I visited in Zimbabwe at that time and in the villages, people didn't have toilets. So, the government decided to establish communal toilets in the villages. The people were not taught, they were ordered, and so these toilets were built. After some time when social workers visited the toilets [public latrines], they found the toilets to be very clean. And [the social workers] asked them, "These toilets are very clean. How do you clean them?" The [villagers] said, "Well, you know we clean them all the time [but] we don't use them." The social workers said, "You don't use them?" They said, "Yes, we don't use them because these are your toilets, so when you come, you want to see them clean and they are clean. We clean them and that's it. We are not using them" (laughing). I actually saw those toilets myself. Until [the social workers] went in and educated the people, assisted the people and worked *with* them together is

when the villagers accepted those toilets and they started using them. (NGO Malawi staff, male)

Not Obtaining Community Support

An NGO's assumptions can lead to eroding community trust by not obtaining community support or "buy-in" and engaging in activities that benefit the NGO and other outsiders rather than the Malawian community. The community is approached as an object to be manipulated in order to achieve goals set by the NGO, ostensibly for the betterment of the community. Participants explained that programs initiated under this approach may or may not achieve the NGO's intended goals; however, community trust is not obtained. The following quote is from a Malawian NGO leader who uses the participatory approach to teach staff members how to build community trust and relationships.

> First thing for me is when you go into the community, you have to lower yourself to be at the level of that community. You are not going with [the] rich knowledge of all your experiences and education. No! You empathize with the people. You become one of them. For you to be accepted and in that way they should start revealing their secrets to you; it is not an easy fit. Most of the field workers do not achieve that because we want to tell the people what to do. But most of the people in the community, in the villages, have experiences, very rich experiences. And they gain that experience through problems that they have been going through. (NGO Malawi Staff, male)

A female participant of the NGO U.S. Board of Trustees states, "[Malawians] know their culture, they know what works, they know what they want to do, and they are very resourceful and have great ideas, but just don't have any money." Another participant describes how a community event can be successful if the NGO is inclusive of and respects the community's perspective.

> Yes, the reception in Mulanje; it is not fake, it is real. Our approach and how we consult the people, how we work together with them, how we start with the needs assessment. We work with the people . . . right? So when it comes to things like what you saw, there is an obvious indicator that yes, the program in the first place has been received, but the workers who are there have also been received. (NGO Malawi Staff, male)

Discussion

This study reflects the perspectives of individuals working with one U.S. NGO in Malawi, and thus, it is not representative of all NGOs. Although the majority of Malawian participants remain connected with extended families in rural villages, they are educationally and economically advantaged compared with most Malawians. Therefore, the study findings are limited and generalizations cannot be made beyond this particular NGO.

Study findings indicated that a participatory bottom-up approach to establish community trust is typically a better strategy than a top-down approach even when the latter approach seems more feasible. Participants warned that it is easy for NGOs to slip into top-down roles with communities, but they must address this challenge by continuing to solicit input from the community to direct its work. The main lesson that the NGO learned by working with the Malawians is that building community trust is a process during which influencing factors, such as gender, social context, and religion must be taken into consideration in order to mitigate the impact of HIV/AIDS. Women are less well-regarded than men in Malawi, yet they are effective change agents (MacIntyre et al., 2013). NGOs that want to be supportive of women must not further jeopardize their safety.

Respect for the community's social hierarchy and protocol are essential to establish trust, develop rapport, and build relationships. The community must be approached with respect and an appreciation of its sociocultural values to help decrease the suspicion of "outsiders." Otherwise, community trust can be eroded by the NGO's misuse of power and privileging of its assumptions about the community. Failing to obtain community support can be detrimental to NGO activities. Before moving forward with implementation, approval of the NGO's activities was given by several key stakeholders, for example, chiefs in the villages, district health commissioner, other government officials, and community gatekeepers. Pfeiffer et al. (2008) criticize the practice of NGOs for not supporting public health and governmental activities in poor countries. The NGO in this study provides a nurse scholarship program that contributes to the workforce and the health system infrastructure.

Nurses consulting with NGOs can assist NGOs to build trust and collaborate mutually with communities in an ethical and culturally sensitive manner through community building and organizing. For a public/community health nurse, trust must be established both with individuals and at community/organizational levels. According to Minkler (2006), the role of health professionals is to help create conditions whereby communities develop processes to address their own health concerns. The health care professional assumes the role of facilitator rather than expert, and the emphasis is on process as well as outcomes.

Relationships are the basis of community trust. Multiple dyad relationships were established between an NGO staff member and a community member. Each dyad relationship influenced the level of trust at a systems level between the NGO and the community, either positively or negatively. Our study findings concur with the findings by Christopher et al. (2008): "One of the major benefits of the trust building process was that an increased level of safety developed over time" (p. 1403). As trust is established, the NGO becomes more effective in addressing community health needs.

Maintaining trust is an ongoing process that requires a commitment from both the NGO and the community to better understand each other as they work together to create positive community health changes. One outcome of the commitment between the NGO and the community is that the NGO's Malawian community caregivers were supported in their proposal to provide door-to-door follow-up visits on health education topics. Individuals in the villages expressed their concerns about HIV/AIDS and other sensitive issues openly in these visits and education and advice was provided. This participatory strategy helped build trust of the NGO at a household level.

Participants who work for the NGO in this study provided practical support in the form of tangible goods such as soap and clothing for orphans, and this helped establish a relationship of trust between the NGO and the community. The NGO was then able to help the community address its health issues and concerns with sustainable results. The many successes outlined above represent a strong trust between the NGO and the communities it serves. Positive changes in health outcomes that are achieved through a partnership approach between an NGO and a community are perhaps the strongest indicators of community trust.

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