

# Enhancing education through community engagement: Perspectives of student volunteers

C M Kell, MTechHom; F Haffejee, PhD ; J F Ducray, MMedSci

Department of Basic Medical Sciences, Faculty of Health Sciences, Durban University of Technology, South Africa

Corresponding author: F Haffejee (firozah@dut.ac.za)

**Background.** Engagement between higher education institutions and underprivileged communities holds valuable potential for mutual benefit. In a country of vast inequalities such as South Africa (SA), community engagement also has the potential, via health promotion of local communities, to alleviate some of the burden placed on the public healthcare system, while simultaneously strengthening the personal and professional development of student participants.

**Objective.** To explore the experiences, perceptions and insights of student volunteers (SVs) who assisted with a collaborative health-promotion project.

**Methods.** This qualitative study used thematic analysis of semi-structured interviews to explore the experiences of six SVs in the Faculty of Health Sciences, Durban University of Technology, SA, who assisted in educating local vulnerable women on various aspects of female reproductive health at a wellness day for such women.

**Results.** The SVs described the experience as positive and humbling, enhancing their professional and personal development. They reported that the community engagement helped them to define themselves and to grow skills they will need as future practitioners. The exposure to the challenges faced by vulnerable groups helped them to develop a sense of empathy and compassion, while igniting an eagerness to empower these groups through improved health literacy.

**Conclusion.** The insights provided by this qualitative exploration strongly support the use of community engagement to develop culturally sensitive, empathetic healthcare practitioners.

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The Denis Hurley Centre (DHC) is located 3 km from the Durban University of Technology (DUT) in inner city Durban, South Africa (SA), where it aims to serve the needs of some of the most marginalised people – refugees, the homeless and those who are destitute.<sup>[1]</sup> These populations are at high risk of substance abuse, victimisation, overcrowded housing and physical, emotional and sexual abuse, while their ability to obtain healthcare is often suboptimal.<sup>[2]</sup>

Historically, universities had two core missions, i.e. teaching and research, but currently most universities embrace a third mission as an agent of community development.<sup>[3]</sup> DUT specifically emphasises several graduate attributes that it seeks to instil in its students throughout their training. These include producing competent practitioners who are able to work collaboratively, communicate effectively and demonstrate cultural and social awareness within a local and global context. The social role v. the knowledge-building role of universities has historically been a source of tension, but ideally such collaboration in community engagement can also enhance teaching and research, helping the university to perform its core functions in a more meaningful way,<sup>[4]</sup> which has been increasingly embraced by African universities over time.<sup>[3]</sup>

Bolan<sup>[5]</sup> highlighted the importance of mutually beneficial, experiential learning in community-based settings in health education. Communities generally comprise diverse groups with different histories, cultural world views, challenges and value systems. Community engagement can provide rich understandings of this diversity rooted in real lives.<sup>[6]</sup> Furthermore, it can illuminate how community conditions and disease are impacted by social, economic and political forces.<sup>[6-8]</sup> Community engagement also

provides students with an opportunity to explore and reflect on their personal values and ethical standards,<sup>[9]</sup> which are key to primary healthcare.

One such domain, where community engagement is required, is cervical cancer, which is the second most common cancer in women worldwide and the most common cause of cancer deaths in SA.<sup>[10]</sup> In 2001, a national cervical screening programme, which provided free Pap smears, was initiated,<sup>[11]</sup> but screening rates, particularly among women who attend public sector healthcare facilities, remain suboptimal.<sup>[12,13]</sup> This low uptake is partially due to limited knowledge regarding female reproductive health in general, and cervical cancer specifically.<sup>[14]</sup> Against this backdrop, staff and students of the Department of Basic Medical Sciences at DUT, in collaboration with the DHC, embarked on a community engagement, health education and research day to educate women from a low socioeconomic community regarding various health-related matters, with a strong focus on female reproductive health and cervical cancer.

This article explores the experiences of student volunteers (SVs) involved in the outreach, and examines the potential benefits and challenges for participants and collaborators alike.

## Materials and methods

### The community engagement project

A wellness day was held at the DHC in Durban in September 2018. The research team collaborated with the DHC, the Department of Food and Nutrition at DUT and various non-governmental organisations, such as the Cancer Association of South Africa (CANSA), the South African Depression and Anxiety Group (SADAG), Alcoholics Anonymous (AA and

Al-Anon), the Islamic Medical Association and ‘Two Weeks’, a UK partner, to provide health information to women who attend the DHC for social support. The academic team was assisted by 8 SVs, 6 of whom were senior undergraduate students and 2 postgraduate students – all provided educational sessions on human female anatomy, HIV, cervical cancer and Pap smears. Hand massages were also provided. The DHC provided free refreshments throughout the day.

## Research

A qualitative research design was used to gain an in-depth understanding of the experiences of SVs in the community engagement project. This design allowed the SVs to freely express their thoughts and feelings regarding the volunteer work.<sup>[15]</sup> The objective of this qualitative study was to explore the experiences, perceptions and insights of SVs who assisted with the collaborative health-promotion project via semi-structured interviews. An interview guide was developed by the researchers, in accordance with the objectives, to gather in-depth information about the experiences of the SVs regarding the combination of education, community engagement and research at the wellness day. The interview guide was thoroughly interrogated by the research team, prior to it being reviewed by two members of the ethics committee. The interview guide contained the following questions:

- How did you feel about participating?
- What were your perceptions of the population?
- Can you describe some interactions with participants?
- What feedback, if any, did the participants give you during and after the education session?
- What was their perception of the intervention?
- What was your experience of the community engagement and what did you take away from the experience?
- What challenges did you face and are there any changes you would make?

All 8 SVs who assisted the academic team with the community engagement project were invited to participate in the research. Information letters, which provided details regarding the research, were emailed to them after completion of the project. Participation was voluntary and none of the SVs was coerced to participate in the study. Signed consent was provided by those willing to participate.

Six interviews were conducted with the SVs. Four were conducted in a private setting in the office of one of the researchers. The interviewer asked open-ended questions and allowed the SVs to speak freely, interjecting only when necessary to seek clarity. To maintain confidentiality, the blinds were closed and the office door was locked. Two SVs were no longer in KwaZulu-Natal Province and responded to the interview questions via email. All SVs who were approached agreed to be interviewed. The interviews were audio recorded and subsequently transcribed verbatim by a research assistant. The data collected were analysed thematically using Tesch’s approach.<sup>[16]</sup> After transcribing the audio files, all transcriptions were thoroughly read and compared with the audio-taped interviews. Each transcript was subsequently re-read, noting key points. Similar lists of topics were clustered together as themes by the principal investigator (CMK). The topics/themes were written as codes next to the relevant portions of each transcript. As each transcript was read and analysed, the researcher checked for the emergence of new themes. These were then re-read by the other investigators to confirm that all themes were correctly categorised. Data

saturation was achieved, as no new information emerged after analysing the six scripts; hence, further interviews were not held. Some direct quotes from these interviews are provided to substantiate the findings.

## Ethical considerations

Ethical clearance for the study was obtained from the relevant Institutional Research Ethics Committee (ref. no. IREC 97/17). Written, informed consent was obtained from participants. Participation was voluntary. Names and other personal identifying information were not collected.

## Findings and discussion

### Demographics

Two male and 4 female SVs were interviewed, all of whom were between 18 and 30 years old. Four were SA citizens and 2 were Zimbabwean. Three were fluent in isiZulu, the indigenous language of KwaZulu-Natal Province, where the community engagement was conducted.

### Information gathered from research assistant interviews

In-depth information on SV perspectives of the triangulation of data from education, community engagement and research was obtained. The interviews also provided details about their interaction with and feedback from the wellness day participants.

The emergent themes (mentioned below) (Fig. 1) are similar to those found by Furze *et al.*,<sup>[17]</sup> who explored student perceptions of community engagement on social responsibility and professional transformation. The value of real-life experience and patient challenges was highlighted, in corroboration with Kloppers *et al.*<sup>[18]</sup>

### Professional development of student volunteers

There is a need to develop the research capacity of the Global South in general, and Africa in particular. The SVs were able to experience the research process first hand:

‘I got an opportunity to see how research is done in terms of a community and getting a sense of people’s general knowledge on health issues as we were doing this study.’ [SV2]

The SVs were also exposed to people from disadvantaged backgrounds. This exposure highlighted the low levels of health literacy and common misconceptions found in these groups:

‘Quite a lot of them, you know, looked shocked. The expressions on their faces showed that they looked surprised at things that I said to them, that I felt would have been general knowledge in my own understanding.’ [SV4]

‘The women felt that cervical cancer was more likely to happen with other races like Caucasian race and it seemed as if they weren’t worried about it as much. And they were like: it’s not really our thing and won’t happen to us.’ [SV4]

<b>Professional development</b> <ul style="list-style-type: none"> <li>• Gaining research experience</li> <li>• Development of professional communication skills</li> <li>• Gaining insights into healthcare challenges and need for health promotion</li> </ul>	<b>Personal development</b> <ul style="list-style-type: none"> <li>• Expanding world view</li> <li>• Developing respect and empathy for others</li> <li>• Gaining a sense of purpose</li> </ul>	<b>Dealing with challenges</b> <ul style="list-style-type: none"> <li>• Language barriers</li> <li>• Cultural barriers</li> <li>• Age and gender considerations</li> <li>• Challenges related to literacy</li> </ul>
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Fig. 1. Themes and subthemes that emerged from qualitative interviews.

The exposure of SVs helped them to refine their communication skills and enhance future patient interaction:

‘The way I deal with my patients in clinic is kind of the same way because I now understand where they are coming from and I can be patient and listen to them. And I just think, it gives a better clinical acumen as to how to treat people and to see just beyond a patient and an actual individual in front of you and share in their emotions so it was really, really good.’ [SV4]

The exposure provided insight into current challenges within the SA healthcare system that might prevent vulnerable people from seeking healthcare. One of the SVs shared how the interaction with nurses was a barrier to accessing health services and medication:

‘The majority of them raised some concerns about the government clinics and hospitals, stating that they fear going there because they feel judged and the treatment is often aggressive. They stated that nurses there are always harsh and their language is unpleasant.’ [SV5]

These contemplations bring to the fore the complex issues that perpetuate health risks in vulnerable communities. Similar barriers to accessing healthcare in SA have been reported previously and engagement with communities advocated for enhancement of health.<sup>[19]</sup> Envisioning health problems within a broader context and working as teachers in this space promoted the students’ development as future healthcare professionals.

## Personal development of students

The SVs’ world views were expanded by developing insight into the lives of vulnerable women:

‘It helps you get a perspective of real-life circumstances of general populations.’ [SV2]

Many of the women who attended the wellness day had experienced abuse, rape and other emotional challenges. One of the SVs remarked that the women seemed tough:

‘They are tough individuals. They are go-at-it, and get-on-with-it people so obviously that could be due to some of the adversities that they perhaps face.’ [SV2]

Contrasting views of such challenges have, however, been reported to undermine the role of women, making them feel worthless.<sup>[20]</sup> Nevertheless, these women expressed gratitude to be in a country that was without civil unrest:

‘Where they came from in terms of their nation, it was really, really bad. So, they were appreciative of being here as compared to the war-torn [Democratic Republic of the Congo] DRC and wherever they were coming from.’ [SV2]

The development of social awareness is one of DUT’s desired graduate attributes. All the SVs reported the experience as positive and humbling. Seeing the circumstances of such a vulnerable population group gave them a sense of gratitude and empathy. Some of them felt that the community engagement helped them to grow as future practitioners, as they explored the concept and practise of non-judgement of others:

‘The life that they are living, you are not allowed to judge.’ [SV3]

Perceiving such divergent health challenges can eventually invite transformation,<sup>[19]</sup> as students develop from passive recipients to active learners. The attainment of such skills would be permanent, as the journey for lifelong contemplative learning has been facilitated.<sup>[21]</sup>

The SV team was aware that they had a positive impact on others when engaging in programmes such as these:

‘When somebody came and they didn’t have that insight to develop a certain cancer, in their thinking it’s not even a part of my ways, it’s not going to happen to me, for you to explain it’s not about your race. There are lifestyle factors, there’s environmental factors, it was like removing scales from their eyes it felt like very thrilling for me, I was making a difference in people’s lives where they actually understand – okay this thing I need to do, there’s things I need to take in order to get a better stamp on my health and my family’s health, my friends. It was really, really beautiful to be part of such a programme.’ [SV4]

This sense of community impact aligns with the study by Furze *et al.*,<sup>[17]</sup> where students gained greater insight into the community and were less self-focused. This demonstrates the importance of such engagement in the development of social responsibility and professional duty for all healthcare workers. It encourages critical contemplation of the challenges encountered by societies, with the emergence of problem-solving skills to tackle these challenges. Partnering with those who are less privileged is stimulating, thus augmenting professional development and leadership.<sup>[19]</sup>

## Challenges encountered during the engagement process

Despite a fairly diverse team of SVs, there were language barriers. Some of the Nigerian participants spoke French. Not all the SVs were fluent in isiZulu, which resulted in suboptimal communication between the SV and the participant. A non-isiZulu speaker expressed his frustration, as he felt that this barrier limited his ability to educate the participants:

‘The language barrier was kind of keeping them from gaining as much knowledge as they would have if they have been told in their own native language.’ [SV4]

While attempts were made to educate the attendees as far as possible, in some cases the language barrier could not be overcome:

‘I’m not Zulu but some of them wanted education in isiZulu and I had to try and find some Zulu in me, so I could explain it a bit further but they still didn’t understand.’ [SV4]

An isiZulu speaker also highlighted the importance of inclusion and educating people in a language that they understand:

‘Things make more sense when they are explained to you in a language that you are fluent in. Therefore, if we were to have more medical context out there in isiZulu or any other African indigenous language that would be of great help.’ [SV5]

Cultural challenges included an unwillingness to answer questions of a sexual nature:

‘Because of culture some of them will say: “I only met one person that I got married to”, but because of culture you couldn’t ask more questions than that. When you were asking more about the sexual related questions, they will actually look down and not want to engage but with other questions they were answering just right.’ [SV3]

Further challenges were related to age and gender. In most African cultures, respect for elders is paramount, which posed some difficulties, as older participants were less likely to answer difficult questions:

'I know it's more difficult with the age of the people because of certain cultural issues, so I didn't get any information from some of the older participants.' [SV2]

'This was compounded as this SV was also male; '... and that would have been a big challenge because they would never share certain information with a young man.' [SV2]

Future work should take cognisance of this and only female educators should be used in community engagement projects that focus solely on females, especially with vulnerable groups. Literacy was a concern with older attendees unable to read and write:

'Lots of them needed assistance with going through the questionnaire page by page, especially older participants.' [SV3]

This problem is possibly due to the legacy of apartheid education and should be considered when planning future interventions.

## Study limitations

Student assistance at the wellness day was voluntary and not part of the curriculum. This could have created a sampling bias, as the type of student who was interested in an outreach to disadvantaged groups would be more likely to report a positive experience. Two SVs responded to the interview questions electronically. Therefore, the opportunities to ask these participants probing questions were lost, as there were no further engagement with them.

## Conclusion

The community engagement at the wellness day organised jointly by DUT and the DHC, despite some challenges, was successful in terms of serving a disadvantaged community and the students who assisted with the project.

In the future, health service providers must help to overcome the social determinants that prevent access to healthcare. In an unequal country such as SA, comprehensive healthcare that is sensitive and respectful needs to be provided to marginalised communities including refugees, the homeless and those who are impoverished.

Universities have a social responsibility to serve underprivileged communities within their geographical area. Our findings show the importance of involving students in collaborative community projects for mutual benefit. This 2-day educational project developed not only the traditional academic skills required by healthcare providers, but also the 'soft skills', such as communication, humility and compassion, which are needed when caring for the vulnerable. It also highlighted how language barriers can limit access to meaningful health education. This problem should be considered by universities, and health-focused indigenous language modules should be included in the undergraduate curricula.

The insights provided by this qualitative exploration of the experiences of SVs strongly support the potential benefits for all parties when embarking on a multipronged community engagement resting on collaboration between an educational institution and a well-established non-governmental organisation, such as the DHC.

## Recommendation

Activities that serve underprivileged communities should not only be used for volunteer work, but must be included as part of the curriculum in the form of experiential learning.

**Declaration.** None.

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