(Re)Constructing Our Africa Experience

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Abstract

We recount, reconstruct, and reflect on our experiences as evaluators in a cross-cultural setting, with a principal focus on the serendipitous ethical and methodological issues that arose while in a remote South African village. As most ethical issues go, there is not always a clear solution. Therefore, the authors spend time critically considering the soundness of the decisions that were made, from the lack of diversity of the research team, to the ways we interacted with local citizens, to research design issues. We tell our story using performance narrative and autoethnographic methods.

Keywords: AIDS, ethics, informed consent, IRB, performance autoethnography, remote South Africa, responsive evaluation
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Picture a village that has been utterly ravaged by the AIDS epidemic, really quite bleak. Mass graves span beyond the eye’s limits. A row of new graves is prematurely dug each week for the expected tens of children who will perish the following week, some infants, some a few years old, others middle school aged. The local pastor spends the whole of each and every Saturday conducting funeral services. This inevitable ritual goes on each week without end. Keep in mind that this village does not have housing in the way you and I define it. Rather, the homes resemble sheds, as they are constructed from sheet metal, tiny structures with no indoor plumbing or facilities. This is a scary place—a place of sickness, uncertainty, and discouragement. This is a place where the mostly white research team was hastily hauled out of the community for their before-dark rule (and we’re talking hours before dark). None of us knew what happened after dark, but we probably did not want to know.

This is a place where Grannies (what natives call their grandmothers) are charged with raising their grandchildren, because in countless instances both parents have succumbed to AIDS. In many cases, the Granny is responsible for a group of children, not just one or two. The Grannies simply cannot afford to provide adequate nourishment for the children, so oftentimes the whole family goes hungry. Equally as important, competent medical care is simply not available to these children; hence, the reason for the outreach center, which did its best to provide warm meals and medical care to the children.
Our Story

We were two members of a nine-person evaluation team, assembled to conduct a formative evaluation on the effectiveness of a new outreach center and program in this remote South African village. While we will include interesting and heart wrenching anecdotes as part of our story, our primary purpose is to illuminate and reflect on the numerous and unique ethical issues that arose during the course of our time in the field.

We begin our endeavor into (re)constructing our experiences by capturing the environment with research poetry (e.g., Teman, 2010, 2011; Teman & Lahman, 2012) and a photograph. Then we convey our individual researcher stances, as well as our co-written, co-researcher stance. We incorporate performance ethnography throughout (Denzin, 2003). With these perspectives, we hope to share who we are, what we believe, and what biases are innate parts of our beings. We then separately consider the diverse set of ethical conundrums that we faced prior to, during, and after our in-country research.

Sense of Place

What is this place?

I’ve never seen anything comparable

Nine Americans standing…silent…some beginning to sob

Others appearing somber

Is this real?

What monsters allow this to happen?

Death…new death…as far as the eye can see.
Researcher Stances

Eric.

What can I bring to this evaluation team?

The opportunity to conduct a cross-cultural evaluation!

This would be unmatched by any other practice experience.

I think I’m qualified…

I have numerous doctoral-level research methods courses under my belt.

I’ve even published both qualitative and quantitative articles.

But…I’m gay.

Will that be OK in remote South Africa?

Would the native males pick up on this?
How would I be treated?

Would I be safe?

All I want is to conduct this research in the most ethical way possible?

But what does that mean?

Ethicality is so subjective….

**Veronica.** I always wanted to go to Africa. Why? I am not sure. In many ways it was a far off dream I never thought would come true. Then while my personal life shattered around me, I saw a flier inviting advanced degree students to be a part of a program evaluation team going to South Africa. I signed up for the course and trip. Being a doctoral candidate in research methods and in the final phase of my dissertation processes, I knew this experience would permit me to use the skills and information I had been learning for the last four years and would enable me to learn even more. Also appealing was the prospect of working with a team of researchers. My past experiences working with other researchers were amazing. I learned so much about myself and others. I could not wait to get started!

Ethical issues were an ever-present phenomenon in my studies; however, I did not immediately think about the ethical impact of my whiteness, my femininity (or lack thereof), my religious beliefs, or my lesbian identity. Plus, considering cultural issues and the ethics associated with cultural research, when in a position of power, is quite difficult—awkward, naïve, and, in many ways, cut off from that which is ever-present for those who are *Othered* (e.g., Liamputtong, 2007; Teman & Lahman, 2013) and oppressed. Although I strived to be as ethical as possible throughout this experience, who I was, and am, framed how I viewed this experience.
Co-researchers.

Veronica and I met for the first time in an educational ethnography course in our doctoral programs. The class was quite small (maybe there were six or seven of us). As I remember it, we hit it off right away. I do not know if it was because we were both gay, or if it was more than that. But we would meet for coffee or lunch as often as we could as busy graduate students, discussing our research and our future as college professors. “You can work with others,” our professor said. I remember Eric decided to do an ethnographic study of the LGBTQ Center on our campus. I wanted in on this research! Thinking back, maybe I just wanted to work with someone who, like me, had a life outside the norm. We did not get to work with each other as researchers in this class; however, Eric and I became closer—as friends and as co-researchers. We met outside of classes, sharing our struggles, our successes, and the best pizza in town! I valued our time together as we pondered research and our future.

Ethical Considerations

Pre-evaluation Preparation in US

This research process began for us during the university’s advanced evaluation course. In this course, we received background information on the program we were to evaluate. This formative evaluation was designed to provide the stakeholders with information to make program revisions where needed and to train various emic leaders to conduct similar research in the future, fostering responsive processes and growth. After
determining our focus, we reviewed related scholarly articles and course textbooks, and began constructing the various materials we would need: quantitative surveys, questioning routes for individual interviews and focus groups, and internal review board (IRB) applications and consent forms. We tried to communicate as much as possible with local informants, but these communications were few and far between. As such, we were left to rely on the discoveries of previous cross-cultural researchers and our brief correspondence with local informants. We were briefed, however, by a South African guest speaker prior to departing the US. We asked questions and tried to absorb the information and subtle nuances we would soon be experiencing. Beyond this, we had no social, psychological, or cultural basis for truly understanding or really even empathizing with the people or the lasting effects of Apartheid.

Because the research we were embarking upon was university related, the research team was required to obtain institutional review board (IRB) approval. We distinguished between three main research aims: several years of quantitative data regarding orphan participation with The Center (a small brick building that housed the local preacher’s office, as well as a kitchen to prepare before- and after-school meals, and a place for children to receive homework help, and a safe haven for them to play), qualitative individual interviews with Grannies regarding the children’s home life, and qualitative data from various focus groups including teachers and principals who had attended the program training. We requested an expedited review because of the research topic (AIDS). The basic standard with that level of scrutiny is that the research should involve “no more than minimal risk.” No one on the team seemed to have any qualms with this level of review. We began vehemently writing our IRB narratives, submitted
them, and eagerly awaited the decision. After several minor revisions, the application was approved with the exception of the consent forms.

The main issue with the consent forms came with the contact person regarding participants’ rights and who they would contact if they felt their rights were violated. We had originally placed a key informant, a liaison between the natives and the program administrators and the University IRB contact information. However, the University IRB committee did not agree with using the liaison. We went back and forth with the committee until we were in-country. We shared related research on the topic and the importance of an in-country contact to no avail. The in-country contact person was taken off the consent forms and we received final approval. We would not understand the weight of this issue until one week later when in the research site.

The major issue here is what “minimal risk” actually means. I think we need to think much more broadly about this term, as opposed to the narrow way in which it is usually considered during routine educational research.

**Fluid Consent**

Uncomfortable?

Yes, that’s how I feel.

I find some comfort in “fluid consent” (Bhattacharya, 2007).

To what extent does fluid consent exist across languages?

Across cultures?

The multilayered voices are so loud!
In the end, “the consent form and consenting are contingent on varied negotiations of multiple subject positions, life events, and a shifting understanding of research” (Bhattacharya, 2007, p. 1105).

**In-country**

Our first order of business in-country was to train identified natives in the research procedures and practices we had planned. Our overriding goal was to train this group to be the researchers, thinking that the participants would be more at ease in the research experience. When in the research site, we then would help guide the process, but would be in the background. In these trainings, we first worked to establish rapport. We engaged in several group processes to get to know each other and begin developing trust (Bhattacharya, 2007). Then we introduced the content process as clearly as possible, having the local leaders practice as researchers and participants. Through this, we gained invaluable insight about the wording of our surveys and interview questions so we could make revisions prior to collecting data.

Once we arrived at the research site—IRB approval in hand—we began doing what evaluators do. We observed behavior, interviewed participants, conducted focus groups, and maintained researcher journals. As Lincoln and Guba (2013) so eloquently stated, we maintain reflexive journals “to come to know, continually, the nature and shape of prior constructions, including most especially those which are held tacitly, and which may be previously unknown to the inquirer” (p. 57). It is precisely these thoughtful reflections that have allowed Veronica and I to reconstruct these memories.
Regarding data collection, some of the evaluators gathered survey data and began analyzing, while others began conducting focus groups, interviews with Grannies, and interviews with Center leaders and volunteers.

Almost immediately, however, ethical issues presented themselves. Despite Krueger and Casey’s (2009) incredibly helpful framework for approaching international focus group work and Harkness, Van de Vijver, and Mohler’s (2003) advice on cross-cultural quantitative research, there is no amount of reading that could have adequately prepared us for our endeavor in South Africa. Being in the moment, and experiencing events as they occur is not teachable and speaks to the issue of culturally responsive relational reflexive ethics in research (Lahman, Geist, Rodriguez, Graglia, & DeRoche, 2011).

Now, this is where it gets interesting, because we could have simply ignored these issues. After all, who was going to check up on us? But our team—and hopefully most researchers out there—approached these issues in a more active, tactful, and thoughtful way.

**The Team**

White.

Our evaluation team is White, except for one…

No one is black.

How will our evaluation be successful?

Apartheid.

Four white males.

The older, native population is notoriously leery of us.
The younger generation seems OK….

**Initial Experience**

Once in-country, we do not believe any of us felt shunned or unwelcome. If anything, it really was the exact opposite: we were welcomed with open arms by most of the natives. The children and adolescents, especially, were ecstatic to have us there. But we could feel the tension with the teachers of the local school as well as the Grannies. No one was rude, but it was clear that our presence was impacting their daily lives.

**Eric.**

Children….

There are so many children.

Soccer (or football, as they say).

All the others join in the game.

I can’t kick a ball to save my life…

Embarrassment would ensue if I didn’t find something else to do….

**Veronica.**

I remember being at The Center where the children, ages 7–14, coming up and hugging me and asking all of us to play with them. How could we turn them down? When I brought out my computer to print some consent forms, suddenly I had five little ones on my lap wanting to see the screen.

This welcome notwithstanding, I, too, remember one of the principals saying to me, “Veronica, when you are in Africa and the white person speaks, the conversation stops.” I continue to think about the significance of this comment even today. Along with this lingering phrase came the issue of social desirability. Given the color of our skin and
the status that came with our nationality and education, I wonder: How much were the participants addressing the research questions versus the power of our presence? Could they see past our whiteness?

Another related issue arose during my (Eric’s) first interview for an assistant professor position, where I presented the methodological approaches of the South Africa evaluation. An audience member posed a question. He asked if there was a better approach we could have used to conduct this evaluation. I, of course, was nervous and did not have a real answer for him. His suggestion was that we could have empowered the natives to conduct their own evaluation from the beginning, with our only involvement being indirect, i.e., not actually going to the village and The Center, but rather training the stakeholders and native researchers from afar. I thought this to be a valid suggestion. I cannot help but wonder how the evaluation results would have been different under this scenario.

The Stakeholders

The primary stakeholders and the directors of The Center, interestingly, are both white women and former professors from the US. They entered the township years prior to our evaluation and gained the trust of the entire community, the school leaders, religious leaders, and monetary stakeholders. The trust came forth in a daycare program for orphans whose parents suffered and died from AIDS, from a teaching program designed to value children.

We did not begin to contemplate related ethical issues concerning the stakeholders until after the evaluation. Years later, we are left with questions:
One day, when ruminating possible paper topics, I began to write down the ethical issues that we experienced during the South Africa study. I then began to wonder about the potential negative effects of the outreach center.

Americanization…

Is that what we accomplished?

I hope not….

But I can’t help but wonder.

Were we reshaping tradition?

Culture?

I hope not….

The issue goes a bit further. What if the “Americanization method” was the only feasible means to save this village? Does that make it copacetic? Or, alternatively, was this, in essence, a futile attempt that would not last, as it was essentially altering the culture of this village? The answer remains unknown and perhaps unknowable.

Emergency Contacts

The first issue that arose was that one of the researchers realized that the emergency contact number on the consent form was a person at our university. While this did not present itself as an issue when we wrote the IRB, it most certainly did when presenting the consent forms to participants for their signatures. Think about it: if a participant had an issue or concern to report, would he or she actually have access to a phone to make an international call? Probably not. But assuming the answer were yes, would the participant feel comfortable calling someone in the US? Again, probably not.
Our instinct was to immediately contact our IRB reviewer and ask for advice. The agreed upon solution was to include a contact within South Africa? But whom? The university there did not have anything equivalent to an IRB. We had to settle for a local contact who was an interested party in The Center we were studying, but not intimately so. Though not a perfect answer, it was ostensibly our only option. I really do not think anyone felt comfortable with this as the solution, but there was little we could do at this point.

We understood that “the consent form is just a starting point from where multiple negotiations would take place through the course of the research” (Bhattacharya, 2007, p. 1111). However, finessing this across cultures was the real issue; how would this work? Could it work?

**Language Barriers**

**Consent.**

Wait a minute!

The consent forms are in English!

Some of our participants don’t speak great English.

Would everyone understand “consent”?

Would their rights be violated?

What is the “correct” course of action?

So many things get lost in translation!

**Interviewing non-English speakers.**

Unanticipated participants

A different meaning
Granny interviews were not planned!

But the emergent nature (Patton, 2015) of research

Did the valuable information outweigh the possible harm?

Wait a minute!

Let’s get a native female to interview and translate!

But I was there…in the room…a white male.

What effect?

**Transcription.** The interviews with the Grannies were recorded in Afrikaans. As no one on the evaluation team spoke the language, we were unable to transcribe the interviews verbatim. The ethical issues that arose here were twofold. First, we simply had to rely on the local translator to be accurate and complete. Second, we could have asked the local translator to do a verbatim translation for us. Each has its own set of consequences.

We chose to only have the local translator roughly translate the responses in Afrikaans during the interview. For example, when the participant would speak in Afrikaans, the translator would then translate that response into English. No Afrikaans to English translation was done after the interview. The consequences of this approach almost certainly meant that at least some important information as lost in translation. Perhaps the local translator was making judgment calls as to what she thought was important to restate. In fact, it could have been the minor words and utterances that were most important but did not translate (Creswell, 2013).

The alternative was to have the translator sit down after the interview and type up the verbatim the Afrikaans to English transcript. This would have taken hours and would
not have been an appropriate request of the volunteer. Therefore, we had to settle for the potential of important lost information. However, in staying true to the original purpose, we were empowering the natives to successfully conduct their own interviews. So, in the future, for instance, the interviewer would only need to create a verbatim transcript in Afrikaans and analyze it in the native language. The English translation really only would have benefitted the evaluation team and immediate stakeholders.

**Methodological Appropriateness**

In effect, we conducted a responsive (or client-centered) evaluation (Stufflebeam, 2001). To do this, we applied Patton’s (2008) utilization-focused evaluation. Specifically, with this approach, the evaluators were not “iconoclast, but rather the intended users’ servant” (Stufflebeam, p. 77). We essentially worked with the participants of the outreach center to determine the appropriate direction for the evaluation, with an end goal of maximizing evaluation impact. With this particular approach, a postmodern view was adopted. That is, we were not looking for any one best answer for the stakeholders; instead, we strove for subjective information. Oftentimes, when this method is applied, conflicting information results. However, it is up to the stakeholders to interpret our findings (Stufflebeam, 2001).

Our primary goal was to empower the local constituents who run the outreach center to conduct their own internal evaluations once we left. The client-centered model helped guide these endeavors. The team heavily interacted with the volunteers as well as The Center’s children. We provided some of the research tools necessary for The Center to conduct component evaluations on their own. For example, we held an all-day workshop, where many of us lectured on basic qualitative and quantitative data collection
and analysis techniques. Then, we had The Center volunteers actively apply their newly learned research techniques.

Eric (I) taught one of the volunteers how to conduct in-depth, semi-structured face-to-face interviews and how to analyze and implement the newly learned information into practice. We went through the process of conducting a real interview with an actual member of the community. Then we transcribed this interview and analyzed it for themes.

**Curtain**

**Eric**: So, Vee, what’s the answer?

**Veronica**: I think we did the best we could.

**Eric**: But, is that good enough?

**Veronica**: We have to realize that there is little to guide us in terms of procedural ethics. It is the “ethics in practice” that we should have more carefully considered (Guillemin & Gillam, 2004).

**Eric**: Yes, we certainly had our share of ethical dilemmas in the field!

**Veronica**: I think that perhaps our interaction in the field should have been more limited, especially since we did not have sufficient time to develop an emic perspective.

**Eric**: I agree, but these stakeholders needed data. What alternative did we have?

**Veronica**: I don’t feel that there is real answer. I think that we are still thinking about this five years later is telling, though.

**Hey, Did You Know?**

Just the other day, and five years after our return from South Africa, I was speaking with the professor who led the group. She always tells of her experience
driving through South Africa, with my (Eric) being the only one “brave enough” to sit in
the passenger seat! In telling the story to another professor, with my standing there, she
recounts the following as well:

   We got a flat tire

   On our way back from The Center.

   No spare was to be found,

   No patch kit,

   No help.

   Had we not made it back

   to a larger town

   We would all be dead!

   Because we didn’t belong.

I guess I now understand why we were all escorted out of the town hours before darkness
fell upon the rural town.
References


