

The power within empowerment

A study of the outreach work performed by Mentor Mothers in
The Kingdom of Swaziland

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Abstract

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Title: The power within empowerment - A study of the outreach work performed by Mentor Mothers in The Kingdom of Swaziland

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Our aim with this thesis was to identify potential barriers and potential possibilities in the work of Mentor Mothers. Through interviews with women working in the project of Siphilile, in the Kingdom of Swaziland, we were able to identify four different areas where barriers and possibilities became visible: *practical conditions, health care, contraceptive use, and material resources*. Examples of possibilities were collaboration with the nearby medical clinic, and Mentor Mothers living in same community as clients. Barriers for performed work were gender structures, perceptions of contraceptive use among clients, and practical conditions such as heavy rain. The project of Siphilile is influenced by empowerment which is often seen as a process where powerless people gain power for self-reliance in their lives. With help from theories of power our result showed that the work of Mentor Mothers was expressions of what Michel Foucault defines as biopower, disciplinary power and pastoral power. The work of Mentor Mothers therefore becomes a dubious undertaking, since we argue that power aspects are ever present in empowerment work.

Keywords: *empowerment, power, Michel Foucault, contraceptive use, The Kingdom of Swaziland, Mentor Mother*

Foreword

We want to thank all of our respondents for their time and effort, without their participation this thesis would not have been possible. Thanks to Mats Målqvist for his will to support us during the empirical gathering. Thanks to our supervisor Anna Angelin who has helped us put all our thoughts into comprehensible words. Not only is she a very skilled teacher, she also made us laugh a lot! Finally we want to thank each other for staying good friend during the visit to Swaziland, and writing our thesis.

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1 Introduction

During the 1990s, several conferences and summits were held in order to address problems of global poverty and create conditions for sustainable global development. Meetings led to an agreement regarding these issues, and were concluded in the Millennium Summit in New York City the year 2000. The Millennium Declaration was adopted by 189 United Nations (UN) member states and one year later the declaration was formulated into eight Millennium Development Goals (MDGs), which intentions were to incorporate human development concerns and implement the declaration. Goal three, four, five and six are in related to sexual and reproductive health and rights¹ (AIV, 2011 p 13).

Policy making on global level and practical implementation of policies are topics that have caught our attention. Just as policies are one kind of framework for implementation, the individual social worker and the unique context of every country have impact on clients. Disparity between policies and practical activities becomes distinguishable when efforts are made to implement UNs MDGs in developing countries. The goals imply all countries in the world to target the goals in order to decrease for instance poverty, HIV/AIDS, mother- and child mortality. Countries as for example The Kingdom of Swaziland struggle with many different problems on a basic level. To ask Swaziland to reach the Millennium goals before the year 2015 is a major challenge that will not be accomplished (Easterly, 2009 p 26). Challenges noted by the UN for Sub-Saharan Africa are inequality between women and men, malnutrition, and maternal and infant mortality. MDGs have great impact on global discourse, which includes SRHR and issues regarding contraceptive use, in relation to the MDGs.

¹ The MGDs are: 1. Eradicate extreme poverty and hunger 2. Achieve universal primary education 3. Promote gender equality and empower women 4. Reduce child mortality 5. Improve maternal health 6. Combat HIV/AIDS, Malaria and other diseases 7. Ensure environmental sustainability 8. Global partnership for development (UN, 2014).

1.1 Problem definition

We had the opportunity to visit an outreach project based in Swaziland in southern Africa, which was initiated in part based on the MDGs. The Swedish International Development Cooperation Agency (Sida) provides economical support through the Church of Sweden to a project in The Kingdom of Swaziland. The project is called *Siphilile - Maternal and Child Health* and Siphilile, in SiSwati translates to *we are healthy* (Furberg, 2013 p 3). The project is influenced by *empowerment* and part of Siphilile's function is targeting malnourished children and health care for mothers and children in poor communities, with help of so called *Mentor Mothers*. Mentor Mothers are women who have shown will to empower themselves and have lived under similar conditions as people who now are their clients.

Empowerment can be explained as a process where people in a powerless position are helped to increase their power in order to have more influence in their lives (Askheim, 2007 p 18-19). Social work is inevitable influenced by power, which can be generated from several different positions. Most occupations that work with people imply that power relations are always present, and these power relations are not necessarily opposite with the will to help clients (Svärd & Starrin, 2006 p 248). Social workers can help generate changes in clients' lives, which are both needed and wanted by clients. Nevertheless this help still consists of elements of control. Social work is also affected by other structural dimensions which open up for discussion about how these factors, such as power and gender, penetrate everything in life for both clients and professionals.

In our contact with Siphilile, and when reading articles and evaluations about the Mentor Mother-system, the clients *and* the Mentor Mothers are referred to as *the women*. This causes confusion of our understanding of the project since there is no clear distinction of who the women are. This confusion generates questions regarding the project's intended recipient of empowerment. The project of Siphilile is an example of social work initiated on global level and performed on individual level in a southern African context. This leads us wondering how

global challenges on macro level could be targeted by empowerment and converted into a micro level.

We want to examine how Mentor Mothers in the context of Swaziland experience their work with surrounding practice including maternal and child health. The ambition of this thesis is to distinguish factors affecting the Mentor Mothers' performed work. The fact that projects similar to Siphilile are influenced by empowerment generates questions of how power affects the work performed and if empowerment could be associated with difficulties and be a dubious undertaking, since empowerment involves a shift of power.

1.2 Main purpose

The aim is to elucidate factors that can function either as possibilities or as barriers in the work of Mentor Mothers and understand these factors by means of power theories.

1.3 Problem statements

- What factors could act as potential possibilities and potential barriers in a Mentor Mother's work?
- How can the Mentor Mothers work be understood in relation to factors including power, gender and empowerment?

2 Background

2.1 Siphilile

The project Siphilile - Maternal and Child Health is part of a two-year pilot program initiated by the Church of Sweden with financial support from Sida. There is a general agreement between the Church of Sweden and Sida since 1993 and the financial support are divided among activities operated by the Church of Sweden worldwide. The pilot program consists of three different areas of knowledge, health, gender and theology. These areas are addressed with three different methods, outreach, training and master. The program was initiated to prevent the causes of high maternal and child mortality and is divided in eight projects in four different countries. The work consist of building structures in these countries to emphasis sexual and reproductive health and rights (SRHR) and gender based violence alongside maternal and child care (Furberg, 2013 p 3).

Siphilile is based on *the Philani model*, a Mentor Mother-system started in South Africa, with help from the Church of Sweden. The Philani project was started to empower mothers and women to help themselves with support from Mentor Mothers. The Philani organization has been active for over 30 years and has several clinics in Cape Town and its vicinity. The outreach activities represent major parts of Philani with rehabilitation of malnourished children in the client's homes and support to pregnant women and orphan many of them suffering from HIV/AIDS (Church of Sweden, 2014). The pervading goal for the project is to empower mothers through knowledge about health and necessary skills for income-generating work in order for the women to become self-reliant. Philani also focuses on rehabilitation of malnourished children and works to establish an educational and caring environment in the community (Kenny & Camenzind, 2007 p 28-29).

In December 2012, the Siphilile project in Swaziland was started and the first Mentor Mothers were employed. Their work involves identifying mothers-to-be,

malnourished children or other women/children with particular needs, sharing knowledge to them about health, and motivating them to make the change they need. They visit every client regularly, weigh and measure the children, and also refer clients to the clinic, if necessary. Siphilile has a close collaboration with Médecins Sans Frontières (MSF) and their local clinic that is located in the Matshapa area. The visits to the clinic are free, while visits to the government clinic are not, and this is important in the motivational empowerment work (Furberg, 2013 p 12-13). According to the evaluation made by Furberg (2013), the work of the Mentor Mothers is well received in the Matsapha area.

2.1.1 The work of Mentor Mothers

The Mentor Mothers perform home visits in their own neighborhood every day. During the home visits the Mentor Mothers talk with the clients about the health of the child and many different aspects of the client's life. Most of the clients are happy to see the Mentor Mothers but for various reasons it is sometimes difficult for them to establish contact, because of for example disinterest from family members who do not think the family needs any outside help. In several interviews the Mentor Mothers talk about the diversity of their work but also state that the main undertaking is to help children and mothers. Another aspect of being a Mentor Mother is to encourage and support the clients in tough times. In our interviews they talk about being a shoulder to cry on and how they help the clients.

To organize their daily work they have folders for every client to keep track of different health issues. They weigh the children to see that they grow well relative to their age and they use folders to note weight curves to avoid underweight. The Mentor Mothers explain that they often discuss aspects concerning family planning, contraceptives and HIV with the clients. Many of the main problems that the clients meet, the Mentor Mothers can handle, and in most cases they also refer the client to the hospital for checkups, concerning for example pregnancy and immunization.

The first group of Mentor Mothers started working in December 2012 and the second group in December 2013. The recruitment of Mentor Mothers is based on characteristics that are consistent with being a *moral authority* in the community. The project management defines a Mentor Mother as women who have “[...] *given birth to and raised children in a demanding environment but have managed to do so in a good way [...] they want to make a difference and are passionate for the situation in their community*”. They are women of different ages and life experiences, and almost everyone have children of their own. Many of the Mentor Mothers come from rural areas around Swaziland and they now live and work in one place which is near the cities of Manzini and Matshapa. Some of the Mentor Mothers have previous working experience from industrial work, office work, and caretaking. As mentioned the Mentor Mothers are women who previously have lived under the same conditions as the clients they are employed to help. Since the Mentor Mothers’ situation have changed due to employment it becomes relevant to look into the positive aspects generated by employment.

2.1.2 Empowerment

The work of Siphilile is influenced by empowerment which is relevant for our analysis. Askheim (2007) explains empowerment as a perspective that has come to be very popular during the last decades and it is often used in different parts of social work. Even though empowerment is commonly used, it is still a diffuse concept and not easy to define. The word itself stands both for strength and power. Empowerment expresses that people who are in a powerless position will gain the strength that is needed to overcome powerlessness. Through this process they will be able to counter the forces that keep them down and have more influence over their own lives (Askheim, 2007 p 18-19). Further, Askheim (2007) illustrates different positions in which empowerment can be seen, but states that what all the approaches have in common is that they share a positive view on human beings as active and knowing what is best for them. If the conditions around us are right, we want to do what is best for us (Askheim, 2007 s 19, 29). Philani, that is the predecessor of Siphilile, helps mothers and women in challenging conditions to help themselves (Church of Sweden, 2014). This also

permeates the practical work undertaken within Siphilile and the project manager explains the project's view on empowerment as *giving* responsibility rather than taking it from the clients.

Tengqvist (2007) points to three important factors that make empowerment successful: to view all people as capable if given the right circumstances; to focus on people's equal dignity and rights; and to make power structures visible so that they can be changed in order to respect people's equality and rights. She argues that many of the clients that are subject to empowerment have been taught to be powerless for a long time and within empowerment work the clients are encouraged to take responsibility and be aware of the potential choices that exist even in a confined situation (Tengqvist, 2007 p 81-82). One aspect that helps this work is when the helper has been in a similar situation as the client. To have knowledge from own experiences complement common help support but also help to meet the client on a more equal level (Tengqvist, 2007 p 85). This becomes applicable to, and is highly relevant for, the work performed by the Mentor Mothers.

2.2 The Kingdom Swaziland

The work of Mentor Mothers in Siphilile is conducted in Swaziland, one of the smallest countries in Africa, which borders South Africa and Mozambique. This autocratic monarchy is controlled by King Mswati III and has a population of around one million people (Daly, 2001 p 45). In Swaziland, the family is the dominant structure of society and it is a distinguishable patriarchy. To have many children indicates high social status in Swaziland, especially for men. As head of family, the man is the decision maker regarding the daily life, which includes aspects concerning all family members (Ziyane & Ehlers, 2007 p 5). The legal status of women is to be viewed as very limited. In order to apply for a passport for example, married women need their husband's consent and unmarried women need permission from a male relative (Ministry of Foreign Affairs, 2010 p 4).

Swaziland is one of the world's most HIV/AIDS pandemic affected countries, with a prevalence of 43 % of the population in the year 2009. The disease has been a major problem since the late 1980s and interventions have been used around the country with limited effect. A contributory factor is traditional and conservative opinions concerning contraceptive use (Ministry of Foreign Affairs, 2010 p 11). Because reproduction is valued very highly in Swaziland (Daly, 2001 p 50), use of modern contraceptives is low because it is sometimes associated with ill health and even sexually transmitted infections (STIs) (Ziyane & Ehlers, 2007 p 8).

Although the family still is a strong influential factor in Swaziland urbanization, financial difficulties and increasing individualism means that the system is facing challenges. Men are forced to leave their families behind for longer periods in order to work in cities out of the country. This means that women, who have formerly been positioned in a subservient role, now have an increased responsibility for the children and family and a rising number of women are also working outside the home (Daly, 2001 p 49, 52). Many projects in the non-governmental organization (NGO) sector are initiated to empower women to help themselves and their children in aspects concerning for example health and labor work.

The dissertation *Not the whole story* (Hallonsten, 2012) addresses the discourses that characterize HIV in Southern Africa and Swaziland and also focuses on HIV-positive persons experiences in church and society. This study is relevant for our thesis as it explains the context of Swaziland and gives us an understanding of questions regarding gender and health aspects. Hallonsten (2012) distinguishes two different discourses found in Swaziland and calls them global *bio-medical* and contextual Swazi *socio-religious* discourses, which she argues struggle against each other within the HIV-field to define the cause and treatment of HIV. She also points out how the collective forces women and children to be silent in order to keep secrets within the group and Hallonsten tries to break this silence in order to find the whole story on HIV (Hallonsten, 2012 p 333-344). The dissertation is extensive and generates new knowledge significant for the understanding of influencing factors regarding the HIV-epidemic in Swaziland.

Although our thesis does not intend to focus on HIV/AIDS in particular, it is a subject that inevitably arises when discussing matters concerning sexual and reproductive health. Hallonsten's contribution has helped us in understanding underlying causes and discourses in the Swazi culture, not only concerning HIV, but also questions regarding gender and male domination.

The place for a woman is within the private sphere and she is dependent on men in her proximity. There are two legal systems in Swaziland and even though the new legal system has granted women slightly higher legal status, the customary Swazi laws are still used, which rest on a patriarchal structure (Hallonsten, 2012 p 147-148). The inequality between women and men affects women's exposure to HIV. There are big gender differences concerning multiple sexual partners and sexual risk taking in Swaziland which leads to women getting infected by HIV as a result of their male partner's sexual behavior. Men are permitted to having polygamous relationships, and are even encouraged to have many girlfriends and wives, but women are expected to be monogamous (Hallonsten, 2012 p 155). Hallonsten's conclusion is that by legal, cultural, financial and religious restrictions women are disempowered, which generates vulnerability for HIV.

2.2.1 Gender

When reading Hallonsten's work the aspect of gender becomes relevant. Gender power is always present and the understanding of gender relations is important for our analysis. We assume, consistent with Hirdman (2004), that the division between women and men are socially constructed, not naturally given. One aspect that is essential in our approach to gender is the idea of women as subordinate to men. Yvonne Hirdman (2007) argues that in some cases it can be seen as shameful to be a woman in a long marriage with children, living a happy life and then be called subordinate, that the word itself can make women feel bad about themselves and therefore the word becomes contra productive. Hirdman argues for the importance of talking about subordination and thereby turn the shame into anger (Hirdman, 2007 p 52). Hirdman also gives examples on how women's subordination can be linked to the body. She shows how menstruation, sex and

reproduction are kept quiet and gives examples of this from interviews she conducted with different women. The Swedish women who participate in these interviews explain their early experiences concerning sex. There was a general agreement, among Hirdman's respondents, that sex was something they did not talk about and it was a shameful thing. Several women stated that they did not even know that contraceptives existed and if you were too curious about it, you would seem promiscuous. Sex was something for men to enjoy, while women were expected to save themselves (Hirdman, 2007 p 55-58). Hirdman (2007) points out that both men and women are maintaining the structure that separates the sexes and this separation makes the male norm legitimized (Hirdman, 2007 p 153; Hirdman, 2004 p 53). The traditional relationship between women and men, where women's existence is characterized by control and giving birth to children, can be named a *gender system* in order to understand how women have been repressed. For subordination to vanish society needs to shed light on aspects that keep the sexes separate (Hirdman, 2007 p 219, 221).

3 Previous research

When research is performed, there is great reason to explore the research field prior to the conducted study. Varying results from different fields of research can help position the conducted study and become an important part of the writing process. With help from Lund University Libraries search system *LUBsearch* we have been able to access resources such as articles, journals, books and theses. We have used the key words *Millennium Development Goals**, *gender** and *Swaziland** to find basic information about our topic and to focus our research problem. Key word including *employment**, *power** and *Foucault** have been used in order to broaden our theoretical framework.

3.1 Topics related to our field of study

Part of the previous research found concerning the MDGs consists in critique of the policy design. For example, Yamin and Boulanger (2013) argue that the field of sexual and reproductive health has been narrowed down to maternal health which has an impact on the discourse of development. The authors problematize the fact that the global targets are treated as a course of action on a national level which was not the intention to begin with (Yamin & Boulanger, 2013 p 74, 76). Perry and Jaggernath (2012) point to MDGs as a useful tool to promote development, however the goals are formulated in a way that fails to address structural problems such as violence against women (VAW), used as an example in the article. The authors see VAW as a result of disempowerment and gender inequality and argue that MDGs are not suitable to direct these matters (Perry & Jaggernath, 2012 p 30). These two articles are linked to our assumption that global policies are difficult to adapt to the prevailing context in each country. Even though the MDGs have been criticized in several ways, especially as a tool of development, the goals have proven to be a good generator for communication concerning current topics, which has increased the awareness all over the world (Norren, 2012 p 825).

The setting for our thesis is a project located in the Kingdom of Swaziland and parts of the Swaziland context has been explained in the background chapter. Since our study includes social worker, performed social work and focuses on sexual and reproductive health, research on health care services in Swaziland and perception of health providers becomes relevant for us. The thesis “Adolescent Pregnancy and Parenthood in Swaziland - quality of care, community support and health care service needs” (T. Mngadi, 2007) points to views and needs related to SRHR services in Swaziland (T. Mngadi, 2007 p 9). With both qualitative and quantitative research methods, the author has addressed three different target groups including adolescent mothers, adolescent fathers and health care providers. The findings show that the adolescents had knowledge of contraceptives but failed to use them during intercourse. Attitudes towards condoms were negative and condom use implied lack of trust in a partner and condoms were thought to be artificial (T. Mngadi, 2007 p 43-44). Common service for the nurses/midwives participating in the study were mainly tests for HIV/AIDS and other STIs, counseling contraceptive use and none of the participants had continued education in SRHR (T. Mngadi, 2007 p 49). T. Mngadi also states that health providers’ attitudes towards their young clients are an important factor in SRHR-work and she emphasizes importance of explanation to the young mothers and humbleness when giving care (T. Mngadi, 2007 p 49). This view is important for our research since it recognizes that power positions could have impact on health services and the thesis also addresses the work similar to the respondents in our study. The attitudes concerning contraceptive use among adolescents is an important indicator how future development work should be addressed. T. Mngadi et al (2008) states that there is a need for nurse/midwifery participation, advocacy and leadership when focusing these matters in the development work (T. Mngadi et al, 2008 p 148).

In our thesis we problematize the work of social workers in the context of Swaziland. We also aim to understand the work and what the work itself could generate among the employed women in the project. Nakkeeran (2003) states how employment for women can have positive effects on gender equality and also bring other advantages for women. The article aims to examine how employment can affect status for women, and how demographical factors and health issues can

be included (Nakkeeran, 2003). In the article “Sweeping is women’s work: employment and empowerment opportunities for women through engagement in solid waste management in Tanzania and Zambia” (Fosters et al, 2012) the researchers put forward women’s feelings of empowerment. Women in the conducted study felt empowered by their employment and felt more control in their lives partly due to increased income (Foster et al, 2012 p 215). Previous research regarding the understanding of empowerment in relation to power is specified in the theory chapter.

The research field related to the project of Philani in Cape Town is extensive (see for example: Austin & Mbewu, 2009, Rotheram-Borus et al, 2011). Kenny and Camenzind (2007) argue that local NGOs have received the responsibility for empowerment of women from historically patriarchal governments. The authors view the Philani project as a successful example of empowerment and community development and they state work on a local level as a contributing factor (Kenny & Camenzind, 2007 s 36). They also recognize the HIV-pandemic as a reason for multinational aid in the African context, which results in big reliance on Western bio-medical ideas. Noted challenges for continued efforts are greater inclusion of men in these programs to break down gender structures in Swaziland (Kenny & Camenzind, 2007 s 36). This position relates to our understanding of gender which will be used in the forthcoming analysis chapter. Describing the research field in brief, involves compromises and presented above is only a fraction of conducted research. Our thesis take place in a small country which differs from the South African context, where Philani has developed and therefore our study becomes relevant since it examine a newly created project less explored.

4 Research methods

This thesis aim is to identify potential possibilities or potential barriers for the Mentor Mothers' performed work in the project Siphilile - Maternal and Child Health. To answer these questions we have chosen a qualitative approach, and we aim to interpret the respondent's answers. In studies where interpretation are essential, qualitative methods are usually best suited. Interviews were conducted with eleven Mentor Mothers and one with the project manager. The practical work of Siphilile was also observed during home visits together with a Mentor Mother.

4.1 Qualitative research

The division between qualitative and quantitative methods can be perceived simpler than it is. The concept of quality can have several different meanings and a study does not need to be purely qualitative or quantitative. In our study we use a qualitative material gathering method, and we also analyze the empirical material in a qualitative manner since we search for understanding rather than explaining causation, which usually is an important part of a quantitative method (Levin, 2008 p 38). Qualitative researchers are assuming that the subject matter of social science, such as people and their surroundings differ from the aspects of natural science. This means that, the social world needs other research techniques and procedures that emphasize the distinctiveness of humans and their interpretation of the world. Social sciences are also more concerned with the understanding of human behavior, than to *explain* the same behavior (Bryman, 2012 p 28). Bryman (2012) defines this epistemological position as interpretivist, which means that we as researchers are trying to understand the social world of people that participate in our study, which requires us to examine their interpretation of their world (Bryman, 2012 p 380).

Even though the qualitative and the quantitative approach should not be positioned against each other, this is often what happens. Qualitative research is

talked about in terms of what it is *not* by its opponent, and is for example criticized for being too subjective. The critics argue that it is difficult to distinguish how the researcher chooses what is significant or important in a qualitative study, and that some studies lack transparency. Another critique is that it is sometimes impossible to replicate a qualitative study, and that there is problem with the generalization. Replication is for a qualitative researcher nothing desirable; never the less lack of replication is often mentioned as critique. Bryman (2012) argues that qualitative research try not to generalize findings about the population but try to generalize theory (Bryman, 2012 p 405-406).

Validity and reliability are useful measurement tools of quality in quantitative studies, but their relevance in qualitative research can be discussed. Bryman (2012) means that measurements are an important part of quantitative research and he has elaborated different concepts in order to clarify the understanding of validity and reliability in qualitative studies (Bryman, 2012 p 389-390) and we have chosen a few of these concepts which are essential in our thesis. *Conformability* is a way of getting closer to objectivity, even if objectivity is considered impossible in social research. This means that, researchers do not let personal values affect the data collected in the field or affect the analysis of the empirical material (Bryman, 2012 p 392-393). *Reflexivity* is another concept that is useful when the interviews take place in a context different from a context known by the researcher. The stories the respondents tell are based on circumstances specific for the country they live in. Reflexivity means that researchers should show sensitivity to the cultural, political and social context, as it may affect the way we relate to the empirical material (Bryman, 2012 p 393). These concepts have shown to be useful for our study and our ambition is to be aware of the deficiencies that come with choosing qualitative research methods.

4.1.1 Theory of knowledge

Qualitative research is often referred to central ideas of hermeneutics, which in its original form was used for understanding and interpretation of theological texts. Today the central meaning is described as a view where the researcher is sensitive to the social and historical context of the empirical material and the researcher

“[...] *must bring out the meaning of a text from the perspective of its author*” (Bryman, 2012 p 560). The hermeneutic approach has been most influential for interpretivism, and is to be regarded as contrasting the epistemology of positivism (Bryman, 2012 p 28). Another intellectual tradition that also could be positioned in opposition to positivism is phenomenology. This tradition is best described as a philosophy that studies the question of how people, or the respondent, make sense of the world that surrounds them, and how the researchers’ own perception of the world affect the study. The researcher's job is, within phenomenology, to look upon the respondent’s action and social world from *their point of view*, since social reality has meaning for humans and therefore human action is meaningful (Bryman, 2012 p 30).

The hermeneutic-phenomenological tradition is in many ways similar to the symbolic interactionism, due to their interpretative approaches. Symbolic interactionism is a perspective which focuses on how people create meaning in life through social interaction. This is an important perspective in our study, since we are gathering data through qualitative interviews, which is a type of social interaction between the interviewer and the respondent. We analyze the interviews with the Mentor Mothers by interpreting how they position themselves in relation to specific topics (Eliasson-Lappalainen & Szebehely, 2008 p 60-61). To sum up our approach, we argue that interaction is of essence, and that individuals always interpret the symbolic meaning of their own surroundings. Individuals base their actions on this meaning and we view the hermeneutic-phenomenological tradition as a general approach of its own (Bryman, 2012 p 31). Bryman (2012) makes clear that, in an interpretative stance there is a double interpretation and that we as researchers interpret *other* interpretations, and in a third way our readers will interpret the written text. In opposite to a positivist scientific model which usually strives towards objectivity, this thesis aims to capture the subjective meaning of the studied social action (Bryman, 2011 p 32).

4.1.2 View of reality

How researchers view the nature of social entities are of importance when writing a thesis. The outcome and analysis of empirical material would differ greatly if

researchers view the world as a reality external to social actors, or as a construction created from the actions and interactions of these social actors (Bryman, 2012 p 32). Due to our epistemological approach as interpretivists, it is logical for us to merge with the constructionism as ontological position. We mean that the social world and its categories are produced by people as social actors and that this social world is constantly revised and appear different in diverse contexts. Constructionism is antithetical to objectivism, which emphasizes that social phenomenon exist without being dependent on social actors (Bryman, 2012 p 33). We argue that our version of reality as researchers is to be viewed as a construction rather than as definitive. Our ontology approach has influenced the way our research questions are put together and how the whole research is carried out (Bryman, 2012 p 33-34). Our constructionist approach affects our view on the work conducted in Siphilile. We argue that the Mentor Mothers constantly influence the implementation of the Siphilile project and therefore also are creators of the work they do.

We have chosen to conduct semi-structured interviews as main research method, which will be discussed further below, and with this method comes essential ontological deliberations. We ask if it is possible to conduct interviews in a *pure context* and receive exact reflection of respondent's social reality. Are the respondent's answers just a repetition of the meaning their culture has taught them or are constructions created between respondent and interviewer? We align with the more constructive view of knowledge and this does not imply that we think of the findings as meaningless beyond the context we are examining. We suggest that it is possible to learn about other people's social world, in a context we are not familiar to, if we use appropriate tools for the analysis (Miller & Glassner, 2011 p 131-132). To *deconstruct* a construction is possible, a construction is not necessarily a fiction, the respondents in the interviews have gathered their perceptions in their social world, and for this reason perceptions are of interest to analyze (Thurén, 2007 p 142, 146).

4.1.3 Preconception

Preconceptions about a phenomenon are a part of research and could generate misunderstandings between researchers and respondents. One person could be socialized into one context which could have different meaning for a person that grew up in a different society and culture (Thurén, 2007 p 97). This is relevant for us, since we are writing of a context different from ours in a country we never visited before. During interviews the Mentor Mothers described situations based on their own experiences with their own words. When we started to encode the material, our preconceptions had an impact on our interpretation, and other researchers could have argued differently.

Attribution of meaning is problematic. For researchers it is important to question which knowledge we take for granted, and what kind of preconceptions we have. Being a human being and also a researcher means combining our everyday life with the scientific world. The more the researcher is familiar with the surroundings, and the field that is being explored, the more comprehension she has about how, where and why something takes place. This means that it is difficult to view a familiar world with different *glasses* and one could therefore overlook important pieces of knowledge (Aspers, 2007 s 33-34). Our empirical material is gathered in the Kingdom of Swaziland that neither of us researchers had visited before we started our study. In one way this facilitated the problem of being too familiar with the study field and our comprehension could be described as *tabula rasa*. Preconceptions could to begin with be based on ideas about the phenomenon, and the more researchers learn about their topic, the more old knowledge gives way to new experience. The relationship between understanding, experience and the discovery of new elements in the research area is usually called the hermeneutic circle (Thurén, 2007 p 60-61). This thesis involves sexual and reproductive health which we have a distinct way of relating to. Our understanding of contraceptives and family planning is coherent with the project of Siphilile's approach, which may influence the research process. We strive to be aware of our views and we try not to think in terms of right and wrong in these matters. Our view will however inevitably permeate the whole text.

Kvale and Brinkmann (2009) states that researchers have to be cautious when they are conducting interviews in unfamiliar cultures and this becomes relevant in our study (Kvale & Brinkmann, 2009 p 144-145). Since we visited Swaziland for a short period of time, this makes it difficult for us to reach a profound understanding of the country and its culture. We did not spend enough time to learn if we said something or used gestures that were received in a way that was not intended (Kvale & Brinkmann, 2009 p 144-145). In order to avoid insensitivity in the furthest extent possible, we consulted people who live in the country and asked for tips and advice on accepted culture behavior. Aspens (2007) argues that, another problem arises when the researcher visit a new surrounding, if she applies knowledge from her own culture, in this new context it could generate misunderstandings. Our ambition is to generate new questions and with these questions be able to pay attention to knowledge we take for granted (Aspens, 2007 p 35). Bryman (2012) states that the contextual behavior must be understood in the specific environment it exists, and behavior that seems particular could make sense if the context is understood. This is why it is important for a qualitative researcher to try to see through the respondents' eyes (Bryman, 2012 s 400-401).

A deductive approach involves a theory tested empirically by one or more hypotheses. The inductive approach however, begins with the researcher gathering empirical material in the field and derives theories from that material (Bryman, 2011 p 26). Our approach do not relate to one or the other, instead we find ourselves somewhere in between these two positions. We gathered our empirical material without knowing which answers we were to receive. However, when formulating the research questions, we had certain beliefs about the outcome and why our problem was worth researching. There is a constant process between theory and empirical material in our writing process, and this approach placed between induction and deduction is called abduction (Bryman, 2011 p 29, Bryman, 2012 p 401, Aspens, 2011 p 265).

4.2 Our performed study

When conducting material gathering and writing a thesis transparency in research design is important. As stated above, our method is of qualitative nature and we will further argue for the choice of semi-structured interviews.

In one way, our research design is similar to a *case study* in the sense that we focus on a single specific organization and use interviews as main method (Kvale & Brinkmann, 2009 p 117). When using the word case in writing, it indicates that the study concerns a location, a community or an organization (Bryman, 2012 p 67). The term case could be confusing and are used in various ways in the scientific world and therefore Gobo (2011) argues that the organization is rather to be viewed as the setting. This thesis is not about Siphilile per se, and although we are interested in the surrounding context, we examine the behavior and the thoughts of the people working in the project (e.g. Gobo, 2011 p 30). The term case study Bryman (2012) argues should be reserved for when the case is the focus itself. Siphilile, and the country of Swaziland, provide a background to the findings and are not in focus by themselves. If the research design is not clear almost every kind of research could be a case study, since one way or another the researcher studies a case (Bryman, 2012 p 68-69).

Bryman (2012) states that a purposive sample in qualitative methods is the most common way to choose your participants, and is often used when the organization or the participants are in focus of the study (Bryman, 2012 p 416). In the beginning of this thesis, we searched for projects and organizations that were suitable for our research questions concerning SRHR and empowerment. Our sampling method is to be viewed as purposive and the respondents in the interviews, and the project we visited, contribute with the material that helps answer the research questions (Bryman, 2012 p 418). Our sampling approach is a *generic purposive sampling* and Bryman (2012) explains how this sampling method establishes criteria for the sampling before it is conducted, rather than being contingent on data gathered. This is a sampling method relatively free from fixed constraints, still including fixed and conditional criteria in advance (Bryman, 2012 p 422).

4.2.1 Semi-structured interviews

For qualitative researchers there are different methods to choose from when conducting a study. Participant observation, different kind of interviews, focus groups and content analysis are some of the more common methods, and researchers often use several methods in a study (Bryman, 2012 p 383). Interviews are common in qualitative research and the approach chosen by the researcher determines what kind of interview is suitable. There are different degrees of structure to choose from which decides how prominent the researcher's role should be (Aspers, 2007 p 136-137). Semi-structured interviews were chosen since we wanted our respondents to be fairly free in their answers and threads of interest could be elucidated. Bryman (2012) also states that semi-structured interviews are often used when more than one researcher are involved in the fieldwork, which is the case in our study. We used an interview guide, with specific topics to be covered such as the project, contraception and background (see appendix 1) (Bryman, 2012 p 471-472). An interview guide is written from the researcher's point of view which gives the respondents' limited opportunity to speak about their own perspective of interest which is a negative aspect of using an interview guide (Aspers, 2007 p 137). We handled this difficulty by adding a final question, asking the respondents to add topics not mentioned during the interview, and some respondents took the opportunity which led to significant outcome. During the interviews we focused on how the Mentor Mothers understand and relate to issues they meet in their daily work. We also captured what they felt was important to share or explain to us as researchers (e.g. Bryman, 2012 p 471). The outcome became a result of how the questions were asked and how we as interviewers behaved during the interviews, not only from how the interview guide were designed. Half way through our interviews, we decided to add a question of whether or not the Mentor Mothers felt that they make a difference in their clients' lives. We felt that the question was important to ask since the answers could indicate a sense of possibility for change. When asking questions to the respondents, we alternated between introducing question like "*would you like to tell me about challenges in your work?*" and direct questions such as "*what is a family to you?*" When reading our empirical material we found that many of the Mentor Mothers' answers were similar. Since we only conducted

eleven interviews, there are most certainly new angles to be explored and saturation was not reached (e.g. Bryman, 2012; Aspers, 2011 p 200-202). There is coherence in the respondents' statement and the outcome of our analysis is not certain to be affected by the number of interviews.

All the interviews except one were conducted in English, which is one of the official languages in Swaziland. Most of the respondents' mother tongue is siSwati and all of them speak English fluently. The interview with the project manager was held in Swedish, since all of us are from Sweden. Moments of silence were found useful during the interviews since the respondents' had an opportunity to think about what was being said (e.g. Bryman, 2012 p 478). Allowing moments of silence were easier in English, which is not our mother tongue.

We examined the project of Siphilile on micro level, through semi-structured interviews. If we had the aim to explore projects like Siphilile on a structural level, we could have chosen policy analysis or discourse analysis as research methods, focusing on the decision making process within the UN, for example. In addition to our conducted interviews, we gained further insight in the Mentor Mothers work, since we joined one Mentor Mother for four of her home visits. The advantages with participant observation are the access to the field and the people of interest, and the method could lead to many unexpected findings harder to reach through interviews. The researcher does not have to rely on the words of the respondents, since the researcher becomes an observer of the subject of interest. Participant observations are often seen as a method of being closer to the explored subject and reach the natural setting of members in the study (Bryman, 2012 p 493-494). Interviews are in a way unnatural and people easily react and talk in manners they think is desired. Members in observations are in their natural environment and act to a further extent like they usually do (Bryman, 2012 p 494). During our visit, the Mentor Mothers went through refreshment training, which could have been of great interest. All training was held, however, in siSwati and it was impossible for us to participate. Observations during a long time can bring knowledge about the examined field as the daily routines are explored and the researcher learns to be observant on details (Aspers, 2011 p 119-120). We did not

spend enough time in the field to get an in-depth impression of the Mentor Mothers' working process. Even if our experience does not fully comply with the definition of an observation, our observations may still help us understand parts of the work conducted by the Mentor Mothers. The observations are useful complements to our interviews, and give us an idea of the practical conditions for the project as well as an insight in who the clients are and how they live.

4.2.2 Practical aspects

The practical conditions are of importance when conducting an interview session (Bryman, 2012 p 473). We conducted in total twelve interviews, eleven with the Mentor Mothers, and the twelfth with the project manager of Siphilile. The Mentor Mothers were all women of different ages between 20 years and 55 years, who had worked in the project for 18 months or less. We had access to a local office where we could conduct all interviews which was convenient. The office was also convenient for the Mentor Mothers, since they could speak with us in a familiar and private environment. The office was one room with a door where we held the interviews one on one. The down side to this arrangement was that the office was next to a primary school, this led to too much outside noise affecting the voice recording and when transcribing the material there were unfortunately some words and sentences lost due to high pitched child voices. Bryman (2012) states that interviews are audio-recorded and transcribed whenever possible, mainly because the researcher besides wanting to know what people say about a subject also want to capture the *way* they say it. Another reason is that the researcher is not able to be fully alert during a whole interview if she also has to take notes (Bryman, 2012 p 482).

Kvale and Brinkmann (2009) emphasizes that transcribing is a complex task, where live discussion between two people is narrowed down to written text, and therefore peeled off of gestures, tone of voice and pace in the conversation. We chose to use audio recorders in every interview, which is preferable when the interviewer want to be able to focus on the conversation and just take some notes if anything special happens (Kvale and Brinkmann, 2009 p 177-179). Written text

is a working material that becomes necessary in the coding and analysis process, which is why interview tape recordings are not enough (Aspers, 2007 p 149). There are different ways of transcribing interviews, we chose to write in a more formal way than word-by-word and therefore did not write down words, such as *mhm* (Kvale and Brinkmann, 2009 p 181). Interpretations of conversation vary which may affect the final text, and we are aware that we could have different ways of perceiving parts of the conversations (Kvale and Brinkmann, 2009 p 184-187). We transcribed the interviews in similar ways so the difference between our transcriptions would be minor. One big advantage by transcribing the material for ourselves, instead of using a program, is that we were allowed to be aware of emerging themes in our empirical material (e.g. Bryman, 2012 p 484). When we heard the interviews several times, we became observant of aspects we previously had neglected and the analyzing phase started during the transcribing. We are two researchers conducting this study. We held the interviews with each respondent separately, with only one interviewer, since we did not want to make the respondent feel uncomfortable by being outnumbered by us. By being two different persons it is inevitable to attain identical interviews, and that is why we chose the form of semi-structured interviews, since it allowed us to be variant and flexible.

We see several benefits of being two interviewers; we were able to capture different themes due to two pair of glasses and the transcription went twice as fast. During the writing of this thesis we have worked together in every step of the whole process, from gathering of the empirical material through writing every chapter to the concluding work. With help from Google Documents (Google Inc., 2014) we have been able to write together simultaneously which have facilitated the work. Every word in the thesis has carefully been considered by both of us.

4.2.3 Ethical considerations

In the beginning of this study we explored the possibility to conduct interviews with clients within an empowerment project. However, we found it impossible due to ethical considerations to do so. We as researchers do not know what

process our questions generate within the clients. This also applies to the respondents selected i.e. the Mentor Mothers, but we view clients to be in a more vulnerable position since the Mentor Mothers hold a professional role.

When using interviews as main method, there are several ethical aspects to take in consideration. The Swedish Science Council (2002) requires the researcher to inform the respondent about that statements are only to be used in purpose of the study and that participation is confidential (The Swedish Science Council, 2002 p 6). Before every interview we presented the respondent with a consent form (appendix 2). In this consent form we informed about the study, that participation was voluntary and that participating did not affect their employment in the Siphilile project. In order to make it impossible to distinguish the respondent's answers we decoded the respondent's answers and used different letters instead of names to separate the interviews.

When formulating the interview guide we used topics related to the respondents' work, and not their personal life, in order to avoid discussions that were too private. However, the final interview guide consisted of questions including SRHR and gender structures. These questions could have been perceived by the respondents as sensitive which could have resulted in discomfort for them. To address the sensitive nature of some questions we sent a draft of our interview guide to the project manager before conducting the interviews. This led to some revisions and our opinion is that all the questions in the interview guide were acceptable among our respondents.

4.2.4 Encoding and analyzing method

Interviews generate much empirical material, and it is necessary to encode the material for a forthcoming analysis. We used a sort of qualitative *content analysis* to divide the material and make the findings easier to overlook. Codes can be derived from chosen theory or from the material gathered on the field (Aspers, 2011 p 165). Since we aim to identify potential possibilities and potential barriers, we used codes connected to our empirical material. Many of the Mentor Mothers talked about family and family dynamics, we therefore used *family dynamics* as a

code to identify quotations regarding family structures. In a next coding step we discussed how family dynamics could be seen as either a possibility or a barrier, and why. Other examples of codes based on the interviews are poverty, access to health care and contraceptive use, and we also used codes derived from our theory to categorize quotations connected to power relations. This is a way of collecting different factors that surrounds the subject examined, which is found in the so called *perspective analysis* (Jönson, 2010 p 25). Parts from the perspective analysis method are useful for us when examining the possibilities and barriers for the Mentor Mothers in their work. To use this method in our analysis, we examined the components of the problem. Components that are used in Jönson's (2010) perspective analysis are; what are the reasons for the problems? What consequences may it bring? What is the solution to the problems? (Jönson, 2010 p 26-27). Jönson (2010) states that different components are useful in different studies, and that this way of approaching the research problem hopefully will generate new knowledge about how, when and why problems occurred and what can be done to meet them? Not all of Jönson's components are used in the encoding process, but we have been influenced by his approach.

5 Theory

5.1 Power

The word *power* is ambiguous and power is complicated to talk or write about since power is ascribed to different meanings and significance differs. In encounter with our respondents, power was a constantly recurring theme which made power a good choice for our theoretical framework even though power is complex. Below, we will present our definition of power and the understanding we have of power which will be used as a framework in the forthcoming analysis. Power is often talked about as something an individual *has* or *has not*. The most basic power relation is when a person has power over another person, and with force can make this person do something she does not want to do. The first person possesses power, and the second person is in lack of power. If society views equality as positive and worth striving for, power relations are negative and undesirable (Börjesson & Rehn, 2009 p 18-19). Ahead, we will argue that power is not only to be considered negatively, and power is more than to force someone to do an undesirable action.

5.2 Michel Foucault's theories of power

In our understanding of power we have used theories from one theorist, among many, that is closely related to writings about power. Michel Foucault's (1926-1984) work helped to develop the view on power and power relations since he emphasized that power is something that is constantly reformed and always is necessarily developed. Foucault's works have been written about in many various contexts and have been referred to even more. We have used secondary sources as support for our understanding of the complex work of Foucault. Using secondary sources is difficult since it entails interpretation of an interpretation. We have accumulated our knowledge of Foucault's thoughts through original sources, and have referred to secondary sources when used.

Foucault presents a worldview where he regards us all entangled in networks of power, and where power is not exclusive for specific groups in society, but exists everywhere. Power is not about oppression and limits only, but a productive force that gives people pleasure and forms knowledge. Power/knowledge is, according to Foucault, closely connected. Through knowledge power is entitled and power permits statements about knowledge. Power/knowledge is used for discipline and control, since lack of knowledge suggest inability to respond in certain matters (Börjesson & Rhen, 2009 p 44-47). Power and knowledge are dependent of one another, how this relationship is constituted and how the relationship affects for example institutions, practices and system is of interest and one way to reach greater understanding of power (Nilsson, 2008 p 84).

Foucault's analysis is based on the assumption that *the truth* is not to be understood as objective, nor that knowledge can be separated from power. The work of Foucault is not a search of true or false in an epistemological sense, since his analysis focuses on *production* of what people think of as true (Nilsson, 2008 p 81). The production of truth in each context Foucault argues is an effect of various discursive and institutional practitioners and Foucault wonders why truths concerning for example psychiatric disease and sexuality have varied throughout the centuries. Foucault's work includes theories about how truth about medicine is created in hospitals, and how truth about criminals is created in prisons, which are examples of Foucault's theories of discourse, developed in institutional context with the production of truth (Nilsson, 2008 p 82). These discourses, rules about how to act, talk etc, are not created from above and forced upon member of an institution, but a process that takes place in the local context which assembles these rules into a bigger discourse. The discourse is reproduced and internalized within everyone who then starts to discipline themselves (Börjesson & Rehn, 2009 p 46-47). Foucault puts forward power as not possessed by an individual but instead power is relational. The state is perceived by many to be the ultimate sign of power, but Foucault argues that the state is an *effect* of the power relations which make the state possible (Nilsson, 2008 p 83-84). An aspect of Foucault's view on power is his argument that power is non-intentional. Power is practiced within a position which is of interest when examining power, not the subject in the position. Although a person is often aware of the power position she

possesses, she could never control all consequences of her actions (Nilsson, 2008 p 87). Another important aspect that is essential when using theories on power as theoretical framework, is that power itself, according to Foucault, is neutral. Power does not have to be oppression, but a productive force in a society which is one reason for accepting power and not resisting power use at all cause (Nilsson, 2008 p 88-89).

Within social work power is always present between the helper and the client. However, it is more common to talk about help the client receives and omit parts that consist of power practice. Skau (2007) writes that this is interesting considered that power is an inextricable part of social work, and that the helping part *could* appear but does not have to. One explanation to this, Skau argues, is because power is seen as a negative word. Social workers are more comfortable talking about the help they give rather than the power they use (Skau, 2007 p 35). Part of social workers' routines can be home visits. Visits in clients' homes are double edged by nature, since the visits take place in the client's territory but on the helper's premises, they are a good example of the social workers' wielding of power (Skau, 2007 p 65-66). Understanding the ever present exercise of power, and what this power could trigger in others, is important in the social workers' professional role since people they visit often are in a vulnerable situation. Another important task commonly practiced by social workers is keeping a journal. Skau (2007) suggests that keeping a journal could be a way of establishing a sense of reality, if something is written down it is hard for the clients to contradict. Social workers alone have the possibility to write in the journal, which make the relationship between the clients and the helper unequal. The social worker is obligated to write in a professional manner and within the frames of the journal, but they have the right to prevail and what is written is written. Clients rarely read their own journals, and if they do these journals are infrequently revised (Skau, 2007 p 68-69). Despite these aspects of power in record keeping, the journal is an important tool within social work. Journals are a base for communication, not only between social workers and clients, but also in relation to other stakeholders such as schools, doctors and nurses. Knowing your own medical history, or your child's, could be a way of taking charge of your situation and a ground for making change. Theories based on Foucault's work

would also argue that keeping a journal is a sign of discipline and closely connected to *biopower*.

5.2.1 Biopower

Foucault (2002) states that the foundation of biopower has its beginning in 17th and 18th century, and discipline of the body and regulations of populations have created two fields where power over life has been developed to what we call biopower. The first field focuses on the individual and the accomplishments of the body; the other concerns our species and the process of life. During the 18th century, schools and other institutions became a part of daily life, which in this context can be seen as a *technique* where the submission of the body began and also seen as practical aspects of, what above is mentioned as, the first field (Foucault, 2002 p 140-141). The bodies now disciplined, needed to be controlled for when problems in the population, such as health issues occurred. This is when the second field, the control over the populations began, which led to more institutions were created. Discipline over the body, and institutions to control the population were the start for *the biopower-era* (Foucault, 2002 p 141). The biopower-era took place as people started to be more aware of life itself, rather than always having death as an imminent threat. Life became, as Foucault puts it, less biological and more political and it also made people increase their knowledge of life. Life was no longer random, instead moved to an area where knowledge and power intervened (Foucault, 2002 p 143). On one hand, biopower is control of the body, and on the other hand biopower is a part of population control. Issues concerning gender inequality for example, can be explained by both approaches as gender brings together the two fields which constitute biopower. Techniques in the performance of biopower is both controlling of the body and regulation of the population, for example biopower justifies examining women's bodies for the sake of improving children's health or even the society welfare (Foucault, 2002 p 146-147). Foucault states that biopower is a new approach to power of life. Through history *power of life* has consisted of executions and death. The biopower today is rather to control peoples' lives

instead of just controlling executions and ways to end their lives (Foucault, 2002 p 140).

Together with disciplinary power, biopower affects our daily lives and includes techniques, technologies and institutions which in different ways control, regulates and analyze our behavior and our bodies. Institutions that are connected to birth or health can be examples of how biopower is exercised. This is a way of governing the society that not only includes general regulations, but affect what we eat and how many times we give birth. In this sense, the body is subdued to the governing power and we are controlled our entire lives (Nilsson, 2008 p 123). To explain biopower in a wider sense, Foucault stated that these regulations and this control that represents biopower, appears to have helped the preconditions for capitalism. How the body is controlled affects how many children we give birth to, which affect the economic processes in our society (Foucault, 2002 p 142). Foucault meant that, biopower often is a positive productive force, but can also lead to extreme examples, like conflicts connected to ethnic differences. Biopower is a dimension of power characterized by people being controlled by it, punishment and penalties do not seem to be as effective as the internalized control (Nilsson, 2008 p 124). In line with the emergence of biopower the legal system changed, and the norms started to play a bigger part in our society. Since biopower is to utilize life, the law no longer can threat with execution since the aim is to keep people alive and healthy. The law should not be erased, but the function of law is closer connected to norms, and legal institutions are connected to, for example, medical and administrative regulated apparatus (Foucault, 2002 p 144-145).

Gender structure, as well as biopower, overshadows the entire work that the Mentor Mothers are working to achieve. Foucault's theories are criticized for not showing the importance of gender in his power theories. Järvinen (1996) argues that when Foucault writes that body and sexuality are central concepts of biopower, he should also be aware of gender differences, which surround and affect our society every day. Criticism also points to that, even if power is explained as relational by Foucault the subjects within biopower are described as passive and helpless under a governing power (Järvinen, 1996 p 53).

5.2.2 Disciplinary power

Foucault argued that the disciplinary power is a different kind of power than the sovereign power that is constituted by the law. In disciplinary power, power exists in two types: power as discipline and power as the law. The law is still connected to prohibition and penalty and the discipline is characterized by normalization (Nilsson, 2008 p 100). The discipline is around us at all times and cannot be specified into one type of agency or one type of authority. Discipline is provided by many different institutions that use discipline to organize their work. Foucault uses the terms physics of power, the anatomy of power, and technology to describe discipline (Foucault, 1987 p 251 in Nilsson, 2008 p 101). The discipline seeks to align people, to make them fit a certain shape and also to be individuals, which can be seen as a paradox. People do not have to be the same; we are all *shaped* into being different individuals (Nilsson, 2008 p 104). These techniques, like discipline, are representing the modern human being and by understanding the techniques we also learn to understand the people around us. Foucault means that, discipline works through small corrections, instructions and agendas and also with encouragement and rewards, to bring people to act in a certain way. The power in this context is invisible, which differs from how power has appeared in history (Nilsson, 2008 p 105).

Time and space are two important factors in order to keep discipline functioning and effective. Every school or office has their specific schedule and their distinct location, if you are in the wrong classroom when school starts it is an aberration. The discipline is built on a hierarchical supervision where there is always one person who is watching the other. The supervision operates by normalized reviews, which define who are a good student or ambitious worker (Nilsson, 2008 p 106). Beronius (1986) points out the importance of space, with a job as a teacher for example, there is a certain salary, specific tasks and knowledge requirements, which can work as disciplinary power (Beronius, 1986 p 111).

5.2.3 Pastoral power

Foucault also uses an additional technology of power, which he calls *pastoral power*. His theories regarding this specific type of power emerge from medieval monasteries, and he considers pastoral power an individualizing type of power. The term entails power that addresses a well-defined social community. Foucault uses a metaphor, where he in the metaphor views the Lord as *the good shepherd* who watches over the herd and care for it. Foucault states four different aspects that characterize the pastoral power: first, the shepherd has the responsibility for every member of the herd and has to be prepared to sacrifice herself for the wellbeing of the herd; second, every member has to submit to the shepherd; and third, the shepherd has to know every member of the herd's *secrets* in order to know the conditions of the whole herd; finally the pastoral power will lead to the individual's own work for her own salvation (Nilsson, 2008 p 146-147).

Pastoral power today is characterized by individual salvation, not in our next life, but here and now. The focus of pastoral power consist of analyzing the individual's problem and shortcomings, and are today mainly conducted not so much by priest, but by social workers, nurses and doctors. These professions work to increase the wellbeing, health and life quality of their clients by controlling/helping them. In that sense, this kind of power could be viewed as productive and could offer good progress for the client. This help however, is nevertheless a technology of power, which is difficult for the client to turn against. Essential tools for the pastoral power are journals and protocols, used by professionals in order to control/help the client. These journals determine the truth, out of the professional perspective, and help create and construct the client as a help receiver (Järvinen, 2002 p 257-258, e.g. Skau, 2007 p 68-69).

5.3 The will to empower

Barbara Cruikshank argues in her book *The will to empower: democratic citizens and other subjects* (1999), that the will to empower is a government strategy. She uses theories from Foucault and deliberates her thesis with help from

empowerment. She states that government strategy can make social workers “*act upon others by getting them to act in their own interest*” (Cruikshank, 1999 p 68). Political ambitions to help people, through for example empowerment-programs, can be seen as technologies that are used to shape citizens (*technologies of citizenship*). These empowerment-programs can have good intentions and help citizens, but are still a way of shaping and construct them (Cruikshank, 1999 p 2, 123). The technologies include both voluntary and coercive elements; the citizen can be independent in her actions, but only within certain frames, which are constituted of the technologies. Therefore, the citizen is both the tool and the effect of liberal governance (Cruikshank, 1999 p 4). Cruikshank argues that powerlessness cannot be both cause and effect of problems related to political structures. People are shaped through different technologies and she means that people therefore could be reshaped. These technologies govern us to become more autonomous, and make us politically active, and the intention is to “*help people to help themselves*” (Cruikshank, 1999 p 4). Cruikshank also clarifies that, when she talks about how citizens are shaped and constructed through governing, she does not mean by the government itself, but through institutions, programs or administrative operators that lie within the framework of our society (Cruikshank, 1999 p 3-4). The technologies are characterized through guidance, rather than control and punishment, through voluntary participation in programs initiated to better peoples’ lives in different ways. In terms of empowerment we are not controlled by power but convinced to act by power (Cruikshank, 1999 p 3, 40-41).

5.3.1 Empowerment and power in previous research

Above we have presented our theoretical framework, which is used in the analysis. The research field consists of several articles and much research that examine empowerment in relation to power. In order to illustrate parts of the understanding of empowerment, and position empowerment as a sometimes dubious undertaking we have chosen two articles presented below.

By examining how empowerment works in tenant associations, Kim McKee and Vickie Cooper (2008) sort out some ambiguous parts of the term empowerment in

the article “The paradox of tenant empowerment: regulatory and liberatory possibilities”. They explain how aims of active citizens, local control and collective decision making have increased. Social housing within the UK is a good example of this new way of governing. The research questions in the article concern the relationship between participation and power. The authors of the paper do not aim to examine whether the participation empower the tenants or not. They try to reach deeper understanding of empowerment with help from Foucault’s theories, and they explore empowerment in relation to how citizens are governed (McKee & Cooper, 2008 p 132-133).

The article puts empowerment in the light of Foucault’s thoughts of how governing is a *conduct of conduct*, which controls people and direct them into taking decisions towards specific ends. The authors suggest that local tenant control is a way of making tenants act in tenants’ own interest, while also internalizing goals determined by professionals within social housing in UK. This does not decrease the use of power but merely gives it a new shape. Although the tenants have more control concerning the decision making, power is still is being used to get people to act in certain ways (McKee & Cooper, 2008 p 139).

Juritzen, Engebretsen and Heggen (2013) argue that, empowerment is a redistribution of power rather than an abolition of power, and the article aims to examine what the consequences with empowerment as a new form of power can be. Their study is a text analysis of a program plan focused on empowerment in health care, with examples from a nursing home (Juritzen, Engebretsen and Heggen, 2013 p 443). Their conclusions points to that empowerment could be an exercise of power easy to overlook (Juritzen, Engebretsen and Heggen, 2013 p 454) which is similar to McKee and Cooper’s (2008) results.

There is extensive research on both power and empowerment and we have presented only a fraction of this research. We hope that this fraction however, will work as a pre-understanding for our thesis in the forthcoming analysis.

6 Analysis

The aim of our thesis is to identify potential possibilities or potential barriers for the Mentor Mothers, in the outreach work with their clients. We aim to analyze if there are practical, emotional, structural or other factors that affect their work, and how the work is performed. The Mentor Mothers have immediate contact with different people every day, and since they talk about sensitive topics, they are affected by various influences. Their work means contradictions since they are near clients, both emotionally and physically, and also are required to have distance to clients in their role as social workers. There are layers to a project-based work as Siphilile, ranging from the underlying MDGs, which operates on a macro level, to clients' needs on micro level. Between these layers there are structural dimensions to take in consideration, for both management and the Mentor Mothers themselves. The range of the Mentor Mothers' work includes various aspects and we have, from the empirical material, been able to distinguish four different areas. In these areas our respondents have mentioned what we point out to be possibilities and barriers associated with their work. We have named these areas: *practical conditions*; *health care*; *contraceptive use*; and *material resources*. A fifth area, important for our analysis, is *the Mentor Mother's dual role*, which will be presented on its own. We have used theories of power in order to analyze these areas, to extract an additional dimension. We analyze the Mentor Mothers' own statements, which are the most important source for us to understand their work, and we use quotes to substantiate our analysis that is based on the five areas mentioned above. Answers from our interviews are captures of subjective meaning among our respondents', which generate understanding for social actions within the project.

6.1 Practical conditions

When analyzing the material by terms of possibilities and barriers in the Mentor Mother's work, practical conditions are the first elementary aspect that comes to mind. In the interviews, both weather and communication are mentioned as

features that have impact on the outreach work. These aspects, presented below, have dual influence since they could work as both a possibility and a barrier for the performed work. The respondents' answers indicate that Mentor Mothers meet challenges in their work, and they also receive consent and appreciation from their clients.

“I describe my work as it’s not a very easy work. It’s challenging and there are challenges which we have to face, each and every day, with different people and we are building relationships on one and one with those people in that area.”
(Interview Z)

“[...] I say most people, they put hope on you as you talk to them [...].” (Interview X)

6.1.1 Possibilities

Respondents talked about communication as an important tool in their work. Being able to communicate with clients in a respectful and comfortable way is crucial in order to build relationships that the continuous work can rest on. For example talking about sex is considered taboo in some African contexts (Hallonsten, 2012 p 154) which makes the Mentor Mothers role demanding.

“I learned that you must always respect yourself and respect others. And communication is a very good thing. If you can’t communicate you can’t do your job because you have to be like talkative, or to communicate that person to build that relationship with that person.” (Interview Z)

Experience from a similar background indicates that the Mentor Mothers have knowledge of used language among clients, such as choices of words which increase accessibility for clients. Addressed matters by the Mentor Mothers include health care which could consist of words not understood by some clients. To be able to explain these words in an understandable way is important for the Mentor Mothers.

Accessibility is relevant in more than one way. To reach clients the Mentor Mothers adopt their time schedules to suit some of their clients. Respondents state that it often can be difficult to see and talk with clients who are working during weekdays. The respondents also state that many women have to discuss their participation within the Siphilile project with their husbands, before they agree to meet with a Mentor Mother. In order to work around this barrier, the Mentor Mothers are able to schedule their own work time, which leads to them working on irregular hours. This is a way of showing clients respect, and meet the clients on their terms. Irregular hours for the Mentor Mothers are also a way to reach employed clients who due to the Mentor Mothers flexibility become able to receive information and support from the Mentor Mothers even if they are not at home during weekdays.

“Okay, when the husband is here, because there was a time I met a client and she said “no I can’t let you open a folder for me, come on this day my husband will be here”. Then I came you see, maybe her husband wouldn’t allow her to see me so I said “no ask him for me, then I come” she said “no come on Saturday then my husband will be home”.” (Interview U)

The Mentor Mothers are working in their own community and they sometimes run in to their clients unexpected. These encounters are used as a way of scheduling meetings with the clients which facilitates the outreach work, and save time for the Mentor Mothers. Another aspect of work in their own community is that the Mentor Mothers have good local knowledge which helps in all sorts of local issues.

6.1.2 Barriers

Since the Mentor Mothers walk around in the community, when they perform their work, they have to relate to outdoor conditions every day. When the weather shifts, so does the availability for the Mentor Mothers to reach clients. Heavy rains are common in Swaziland, and may cause difficulties for people living near

rivers since they may not be able to cross it. Clients oppose weighing of children when it is cold as they worry that the children will be sick if undressed. Weighing children is one of the most important undertakings of a Mentor Mother, cold weather could therefore work as a significant barrier.

“It’s hard when it’s raining. Sometimes people won’t even open their doors when you want to weigh children for when you weigh children they have to unclothe them so one time the parents would complain “oh my child will catch fever, it’s cold so I can’t undress her” you see that’s would be a problem. And you walk in mountains or rocky, you cross river and when it rains rivers are flooded for example where I am staying there is a river that I have to cross at least one river that are flooded down so I didn’t cross [...].” (Interview V)

Another challenge, associated to practical conditions, is to access the clients’ homes. Sometimes there are dogs guarding the gates, barking at everyone who approaches the house, which may lead to the Mentor Mothers not being able to enter.

“Yes, the dogs [laughing] are a very big challenge. Because when it’s raining everyone is in their house and you have to wait in the gate and the first person to see you is the dog and they will be coming for you so that is a very big challenge.” (Interview U)

Practical conditions are challenging for everyone who work outside. In Swaziland however, the outdoor conditions such as extreme weather and lack of infrastructure, becomes significant for the performed work. The Mentor Mothers walk by foot and are dependent on mini buses, *combies*, to reach clients and if the combies are full of people or if they do not show up the Mentor Mothers are sometimes stranded. These conditions require patience and endurance from the Mentor Mothers.

6.2 Health care

When asked about the definition of a Mentor Mother, many of our respondents mention personal characteristics as being humble, kind and patient. Almost all of the respondents answer that their main undertaking is to give care to the clients who they meet in the community.

“I think to be a Mentor Mother is to give care. And to be kind and patient [...]”

(Interview T)

“Definition of a Mentor Mother? We are taking care, we also do counseling if there is need for counseling.” (Interview Q)

To care could mean several of things, and some important aspects of being a Mentor Mother mentioned by the respondents, are counseling, giving information, confidentiality and laughter. Since their work revolves around maternal and child health, health care is a significant part of their care giving. They are not trained nurses so many Mentor Mothers do referrals to the Médecins Sans Frontières (MSF)-clinic. Referrals to the clinic are mentioned as a way of helping clients in matters concerning health.

“[...] when it concerns the clinic or hospital we easily can help that person”

(Interview Z)

6.2.1 Possibilities

The close collaboration, between the Siphilile project and the MSF-clinic, is identified by us as a possibility for the Mentor Mothers in their work. Referrals to the MSF-clinic are an important tool for their work, and many of the clients' health problems are remedied at the clinic, where they perform test and treatments. MSF has strong structure in Swaziland, and the visits at MSF-clinic are free, or cost a small amount of money compared to government health care (Furberg, 2013 p 13). When a Mentor Mother identifies pregnant women, or

children who have not been immunized, she writes referrals to the clinic and she informs clients of the procedure in the clinic. Health monitoring, regularly meeting with a nurse during pregnancy or ensure children immunizations shots are ways for clients to care for themselves, which is encouraged by the Mentor Mothers. For those who are infected with HIV/AIDS there are treatment options available at the clinic. Some clients take antiviral medicines, which are the medications to inhibit HIV/AIDS, and therefore visit the clinic frequently. For clients who state that they are HIV-positive and not on treatment, the Mentor Mothers encourage clinic visits and if antiviral medicine is taken with correct dose, and at the right time. HIV/AIDS could be stabilized but it requires clients to keep up with the complicated treatment (Furberg, 2013 p 17). Access to continuous health care is a direct undertaking of MDGs four, five and six, which could generate productive change for individuals. In order to determine who needs referrals, the Mentor Mothers have to undergo training, this new knowledge work as an enabling factor for the performed work. The new gained knowledge of the Mentor Mothers is passed on to clients. This could lead to clients in the future knowing when to visit the clinic, or how to handle health matters.

6.2.2 Barriers

One significant barrier when encouraging clients to seek health care is that the work could be aggravated by economic aspects that work as a catch 22. Although the MSF-clinic visits are free of charge, other clinics cost money and many of the clients live a good distance away from the nearest clinic. Taxi fares could be expensive, and if there are little or no means to pay the transport to the clinic, let alone the visit, incentives to make these visits are small.

“...if you say they must immunize the child they will tell you “I don’t have money to go to the clinic and do the immunization for the child.” (Interview S)

“It’s hard because sometimes they say that “today I don’t have food, I don’t have money to go to the clinic.” (Interview T)

Our interviews show that, the Mentor Mothers are successful in motivating the clients to seek health care. Clients want or intend to visit the clinic, for several reasons, such as testing for HIV/AIDS, prescription of contraceptives, immunization of their children or routine health examinations, but are prevented to visit due to lack of financial resources. The extracts from interviews above show that lack of economical means could be one obstacle. The Mentor Mothers mention other reasons for not going to the clinic as well; including that some clients do not know when their children should be immunized. Clients' lack of knowledge in health matters is viewed by the Mentor Mothers as a contributing factor for clients' decreased health, and this lack of knowledge is a factor that prevents clients from visiting the clinic. Mothers more frequently than fathers bring their children to the clinic, since men do not enjoy waiting in line as one of our respondents stated. The family structure, where women have responsibility for children and home, where men are seen as head of family, may also be a contributing factor for clients not visiting the clinic. The head of family has responsibility for every event and aspect of family life, including clinic visits and use of financial means, which could result in women and children not having access to health care.

Fear of being exposed as HIV-positive prevents clients from visit the clinic in other health matters as well. When a person visits the clinic, she gets a clinic card from the doctor that specifies important information about her health. This card also states if a person is infected by HIV/AIDS, if there have been a testing, and the Mentor Mothers often ask to see this card when visit clients. Clients sometimes claim that they have lost the card, or not been to the clinic, in order to avoid exposure of their HIV-status. Stigmatization concerning HIV/AIDS could therefore also work as a barrier for the Mentor Mothers when they aim to empower clients to take better care of themselves. When discussing HIV/AIDS with the Mentor Mothers, it becomes clear that they experience several difficulties in their work directly connected to stigmatization surrounding the disease. This stigmatization leads to that some clients do not want to share their HIV-status. Hallonsten (2012) writes that perceived stigmatization for the individual relates to fear of being exposed to stigmatization within the family or within the

church/congregation, and this fear prevents the individual to tell anyone about her status (Hallonsten, 2012 p 258).

The Mentor Mothers point out that they have to accept that not all of the clients want to talk about their status. Some clients do not trust the Mentor Mothers with their status information because the Mentor Mothers walk around in the community and there is a risk they would tell the other neighbors.

“Some don’t want you to come because some you find that they are HIV-positive. Because we are working in the community, where we are staying, some they think once you know they are HIV-positive they can’t trust anyone with their status.”
(Interview U)

HIV/AIDS can lead to death and is widely spread in Swaziland, and many prefer to deny the existence of the disease, which leads to stigmatization of those infected (Hallonsten, 2012 p 154). This stigmatization is a clear barrier for the Mentor Mothers’ work.

6.2.3 Power aspects

The Mentor Mothers’ referrals to clinics could be viewed as a clear example of Foucault's definition of biopower. The Mentor Mothers and their work become part of the institutions that regulate and control the human body (Foucault, 2002 p 142). Biopower is a productive force which could help society and the individual to stay healthy. The project of Siphilile is a consequence of Western bio-medical ideas (Kenny & Camenzind, 2007 s 36) and the Mentor Mothers becomes sustainers of biopower. Global policies, such as MDGs are focused on increased health in world, and similar to Foucault’s theories on biopower, we argue that the MDGs are a direct consequence of the structures and discourse we live in. Empowering the clients to seek health care is part of the biopower, and a disciplinary technique, to govern the society and to control the clients’ bodies (Nilsson, 2008 p 123). Cruikshank (1999) argues that guidance, rather than control and punishment, are technologies of power. The Mentor Mothers

encourage clients to voluntarily utilize health services available and in terms of empowerment, this can be viewed as control and actions of power and we are convinced to act because of power (Cruikshank, 1999 p 3, 40-41). Crucial for this type of power is clients internalizing the will to, for example seek health care. Empowerment could for this reason be viewed as an exercise of power, easy to overlook (Juritzen, Engebretsen and Heggen, 2012 p 454).

The Mentor Mothers work of identifying people in need of health care, we argue, also could be an example of pastoral power. The Mentor Mothers are, according to us, to be viewed as *good shepherds*, whose chore is to surge the well being and the life quality for the clients or their *herd*. The Mentor Mothers' work is to correct problems and shortcomings of the clients by controlling/help them (e.g. Järvinen, 2002 p 257-258). The aim to empower clients to seek health care for themselves, is an example of strive for salvation for the individual within the pastoral power (Nilsson, 2008 p 146-147). The theory of pastoral power is not fully applicable as clients deny the Mentor Mothers all of their *secrets*. Knowing the herd's secrets is an important aspect of pastoral power and the power of the good shepherd. It seems that fear of stigmatization for the clients are greater than the power relations characterized by pastoral power.

Discipline works through encouragement in order to bring people to act in a certain way and because discipline in this way becomes invisible it is difficult for example the clients of Siphilile to turn against this power use (Nilsson, 2008 p 105). Within disciplinary power there are aspects of time and space that are important in our understanding of the conducted work. When clients visit the clinic, they are forced to attend certain facilities at a certain time, and with certain professionals. Not participating in these actions becomes an aberration, not suitable within the discipline built on hierarchical supervision. The Mentor Mothers are supervisors, controlling actions of their clients.

The Mentors Mothers journal-keeping and the clinic cards, could also be viewed as an aspect of power, which not only work as a disciplinary force but also could be a distinct way of stating the unequal relationship between the helper and the client, since only the helper are allowed to write in these journals and also have

access to them (Skau, 2007 p 68-69). Mentor Mothers' potential access to clinic cards frightens the clients, which becomes an exercise of power. Journal-keeping could also be viewed as a tool within the pastoral power because it enables professional to determine the clients' veracity within, in this case, health care (Järvinen, 2002 p 258).

6.3 Contraceptive use

The project of Siphilile aims to help women with matters concerning pregnancy and maternal health. Therefore, we asked questions to the respondents about family planning, contraceptive use and HIV/AIDS to find how these issues influence their work. Contraceptive use and family planning are stated as important parts of conversations with clients during home visits. The respondents emphasize several reasons why they encourage clients to think about family planning and to use contraceptives.

"[...] I teach them that for them to not get the unplanned pregnancies they should use contraceptives the first thing they should use is a condom because a condom is double contraception because it prevents HIV and STI at the same time it prevents unwanted pregnancies." (Interview U)

The Mentor Mothers state that, clients have more children than they can handle financially and the respondents view contraceptives as an important way for women to space their children. According to the respondents, women in Swaziland give birth to five or six children, and pregnancy and labor could have severe effect on female health, both physically and psychically.

6.3.1 Possibilities

One ambition with the work of Siphilile is to inform clients about benefits of contraceptive use, so clients can take active decisions and prevent spread of HIV/AIDS, and other STIs. There are a variety of anti-conception methods available in Swaziland, which the Mentor Mothers frequently advise their clients

to use. Since several different contraceptive methods are available, the clients are hoped to find one that is suitable for them.

“It would be your choice which one is suitable for you. You see you have to choose because you see family planning is very very important.” (Interview Y)

An interesting perspective is that anti conception has held a position in Western society as emancipating for women since hormonal contraceptives were launched during the 1960s. It seems to us that, this view is clearly present within the project of Siphilile and the project manager emphasizes that contraceptives is as a way of reaching independence for women in relation to conception.

“[...] it is not a health struggle above all. It is a struggle for women's' autonomy. Before the man decided when and how the women would conceive [...] [translation from Swedish] (Interview O)

Contraceptive use and discussions about family planning, is an important tool for the Mentor Mothers for helping clients facilitate vulnerable situations. The Mentor Mothers bring condoms when they walk in the community, and they give condoms to clients for free. This gives clients opportunity to access one contraceptive method, and therefore protect themselves during intercourse. For example, HIV/AIDS and other STIs could be prevented if condoms were used. Active choices of women's' sexual life are compromised by culture and the prevailing gender power. Speaking about sex and contraceptive use with clients means breaking a taboo, and could lead to women gaining more knowledge and information about sexual and reproductive health (Hallonsten, 2012 p 154-155). This could work as an important factor in the empowering work of the Mentor Mothers since knowledge is an important part of gaining power (Nilsson, 2008 p 84). In this way, speaking of and providing contraceptives becomes an important possibility for the Mentor Mothers in their work. Speaking about subjects or issues that are sensitive could also be a way for the Mentor Mothers to establish deeper and more profound relationships with the clients, if done respectful.

The possibilities for Mentor Mothers to perform their work, for example in relation to increased contraceptive use, are built on clients themselves taking the responsibility for the change (e.g. Cruikshank, 1999 p 4, Tengqvist, 2007 p 81-82). We found however, from the empirical material, that women in Swaziland are not always in a position where they can control their own conception.

6.3.2 Barriers

Hallonsten (2012) states that in Swazi culture it is expected of men to have many sexual partners, and that communications between partners concerning sexual issues, are inadequate due to norms and social roles. Traditional custom for men is to have polygamous relationships, and contrary to men women in Swaziland are to stay monogamous within the marriage (Hallonsten, 2012 p 154-155).

Reasons for not using hormonal contraceptives of different forms, stated by the respondents, are side effects such as weight gain and increased lubrication among women. This is also, among men, unwanted side effects for women. These opinions among both women and men, lead to women not using hormonal contraceptives of different forms. The fact that increased lubrication is not wanted among Swaziland men indicates that women's sexual pleasures are not being considered during intercourse. Lubrication is a sign of women being aroused, and is a physical necessity for pleasurable intercourse for woman.

R: "I don't want to use the injections or the pills because sometimes when I'm using the injection or the pill I become more wet in my vagina and very wet and the husband don't like that or I become fat [...]"

I: "I'm curious about one thing, why isn't a good thing to be wet during intercourse? Why doesn't the husbands like that?"

R: "I don't know".

I: "Is it because it's dangerous with the HIV or is it...?"

R: "No when Swazi men, when they think you are wet in our culture it means the husband will say "you have slept with another man" --- even though you haven't

slept with anyone is just that this thing makes you to be wet so it just denied for that.” (Interview S)

Above citation illustrates that women becomes object of suspicion to infidelity if they are lubricated during intercourse. We do not know if contraceptives make lubrication increase among women, but clients perception of the effects of contraceptives, have impact on the use.

As stated the attitudes towards contraceptive use are diverse among clients and this act as a barrier for the Mentor Mothers in their work. When speaking about side effects from hormonal contraceptives, no one of our respondents speak about physical effects as a problem *for the women*. They talk about these side effects as a barrier for *the use* of contraceptives.

“[...] she will tell sometimes that “I have veins, veins back of her legs so the clinic they say it’s dangerous for me to have contraceptives” [...].” (Interview S)

This aspect that physical effects are not thought of as a problem for the women, even if contraceptive use could cause suffering is interesting. The Mentor Mothers attitudes indicate that anti conception is a more relevant and important question, than perceived comfort of contraceptive use for woman.

In the legal system of Swaziland, women’s’ rights compared to men are very limited (Ministry of Foreign Affairs, 2010 p 4). The legal system is also reflected in family structure, since men are considered head of family and decision maker (Ziyane & Ehlers, 2007 p 5). If choices are limited, as described above, it is not surprising that the Mentor Mothers experience barriers concerning the contraceptives use, since women have little room for maneuver. How the family is structured, with men as head of family, is a fact stated by all of our respondents and is illustrated in following citation.

“It depends but in most families, as I said, men are head and whatever is said by the men goes.” (Interview U)

“Sometimes this mothers do understand when...easily understand this protection but, but I found when talking to them that the problem is the fathers. Here in Swaziland, fathers of the child, they don't like to protect.” (Interview P)

For Mentor Mothers, whose main function is to identify pregnant women or malnourished children in a family, the family structure makes it difficult for them to perform their daily work. If husbands tell their wives that they do not approve of contraceptive use, or contact with Siphilile, the wives must listen. Family structure therefore can affect the Mentor Mothers work. Mentor Mothers have to stop visit clients, when it is required by husbands or elderly in the family.

Another barrier considered is the already mentioned HIV-stigmatization. Since the Mentor Mothers walk in the neighborhood, some clients are scared of talking about HIV/AIDS out of fear of stigmatization from the community (Hallonsten, 2012 p 258). This leads to difficulties in the support of clients in these matters. Hallonsten (2012) acknowledges two different discourses in Swaziland regarding the HIV-pandemic, and argues that there is a struggle between the bio-medical discourse and the socio-religious discourse (Hallonsten, 2012 p 306). The Mentor Mother-role could be positioned within these discourses somewhere in between the two. They are agents within the Siphilile project, which have roots in Church of Sweden, and could therefore be described as advocacy for the bio-medical discourse. Mentor Mothers are also women who have lived their lives in a context imbued by the socio-religious discourse. The respondent's answers to our questions are constructions of their surrounding context (e.g. Thurén 2007, p 142, 146) and they have been influenced by in this example two by Hallonsten distinguished discourses. How our respondents have been influenced by these two different discourses and the struggle between them is nothing we can establish, merely that this struggle creates a dissonance for the Mentor Mothers to handle.

6.3.3 Power aspects

Clients, who do not like one contraceptive method, are encouraged by the Mentor Mothers to change method. To encourage use of contraceptives, and to encourage protection from diseases are ways to control the body and the population, which can be connected to biopower. Pastoral power can also be applied since the Mentor Mothers are the ones who help people to help themselves and through a sympathetic and nice approach get the clients to act in a desirable way (Nilsson, 2008 p 146-147).

Encouragement is a way of reproducing *truth* about, for example sexual health, and a way of maintaining this truth (Nilsson, 2008 p 81). In the context of Siphilile, contraceptive use is viewed as a necessity to prevent HIV/AIDS, and could be connected to the bio-medical discourse presented by Hallonsten (2012). The production of truth is an effect, for contraceptives in this example, of the various discursive and institutional practitioners within field of SRHR. If the context would differ, so would the truth about contraceptives. Production of truth is crucial when implementing work in unfamiliar context, we argue, and it is important to be observant of its impact.

To make people to act in certain ways, and using encouragement instead of punishment, is emphasized by Foucault in his work on disciplinary power. A positive approach can make the disciplinary power a productive force, which helps people to take action (Nilsson, 2008 p 105). In order for power to be a productive force, it is required that the helper is seen as legitimate and proficient, by the recipient. If clients do not trust or believe in information provided by the Mentor Mothers, the clients are not likely to internalize the new knowledge or be disciplined. Foucault stated that power and knowledge are closely connected, and are part of the discipline and control (Börjesson & Rehn, 2009 p 44-47). The Mentor Mothers gained new knowledge during their previous training, which strengthen their power position according to biopower. The biopower does not have to exclude clients being helped. On the contrary, biopower brings knowledge to clients which can strengthen them. Järvinen (1996) argues that in order for biopower to be a productive force, there must be aspects of free choice involved.

If one person oppresses the other part, there is no productivity anymore and the productivity and ability to exercise resistance is questionable (Järvinen, 1996 p 54). We consider clients of Siphilile to be free of choice, in the sense that they are capable to take own decisions. However, there are other factors present affecting the clients freedom of choice, some visible for us and some not.

We argue that gender structures are superior to other power structures present in Swaziland. When clients are encouraged to protect themselves from unwanted pregnancies and diseases, this can be viewed as examples of biopower, disciplinary power and pastoral power. If women after all, become pregnant, they are responsible to care for effects of the pregnancy and later, to care for the child. Care of their bodies, is expected of women due to gender roles, and within this care of the body there are expectations of control and responsibility. Both control and responsibility are difficult for women to obtain since men in families have control over all decision making, including family planning. Biopower, disciplinary power and pastoral power, exercised by the Mentor Mothers and internalized within the clients, becomes subordinate to gender structures in this sense (e.g. Järvinen, 1996 p 53). The gender structures can therefore be seen as the largest barrier in the Mentor Mothers' work.

6.4 Material resources

Many Swaziland citizens are facing poverty, and because of gender structures which characterize the country, poverty strikes hard against women and children (Furberg, 2013 p 18). The Mentor Mothers meet poverty every day among their clients, which affect their work in several ways. The respondents all mentioned clients speaking of food shortage and lack of economical means. These statements make material resources important to analyze.

6.4.1 Possibilities

The Siphilile project does not provide any tangible assistance to the clients. However, the Mentor Mothers are able to determine together with the project

coordinator, if families are in urgent need of food or nutrition. If so, these families receive bottles of vitamins for the children and small portions of porridge, thought as a short-term solution. The assistance does not require any specific achievement from these clients and are based on voluntary participation. The project manager says that the aim with the small amount of food is to encourage the client to take necessary actions. Clients who have nothing at all receive aid so they can regain strength for future empowerment.

“It would be presumptuous to say that everything can be solved as long as you just want it to. That is certainly not the case. So therefore it is a fact that sometimes you actually need to distribute food and we tried a little bit so [...] it must be a tool then. Rather than a solution” [translation from Swedish]
(Interview O)

Small amounts of food can be a way of establish a contact with new clients for the Mentor Mothers, and a tool to reach clients who have not been interested in the project before. But as the citation above illustrates the food is not meant to be a routine within the project. As they have limited access to food distribution, most Mentor Mothers are trying to find other ways to help the clients. They encourage women in the community to plow and grow food outside their house. The Mentor Mothers also advise their clients to perform smaller housework for other neighbors and by that earn some money. To what extent the clients take this advice from the Mentor Mothers and grow their own food or perform smaller house labor, are not established. However, it is stated by our respondents as a way to increase their self-sufficiency.

6.4.2 Barriers

Insufficient resources for the clients are mentioned as a major concern among the Mentor Mothers. An example is the earlier mentioned antiviral medicine that the Mentor Mothers encourage the HIV-positive clients to take. The medicine requires food intake and if there is no food available, there is nothing the Mentor Mother can do to help, since the mentioned food distribution is very limited.

Clients lacking means for taxi fares, clinic visits, immunization or other medical costs are not a factor the Mentor Mother can overcome. Poverty for clients is therefore a crucial practical barrier for the Mentor Mothers. Respondents also express that poverty makes them, as helpers, to feel inadequate and poverty is one of the largest challenges they meet on an emotional level. When speaking about their work, the respondents are referring to *their duty* as Mentor Mothers which consists of helping their clients. This is an interesting finding since it shows that the Mentor Mothers feel obligated in their role to help, and to give back to their community.

“If it’s a challenge that needs money I feel sorry, I feel, I don’t know what to say. It’s like I’m a failure. I’m not able to help that person, not like that.” (Interview Z)

Even if matters such as pregnancy, breast feeding and family planning, are important in a person’s life they can still be minor issues compared to not having anything to eat. If basic needs are not fulfilled, how do we find the strength to take care of other issues? In summary, the Mentor Mothers state that they are placed in a difficult position where they not have sufficient funds to assist clients with, and there are a constant will to give more, from the Mentor Mothers. The interviews showed that the respondents often are close with their clients, who after all are their neighbors. This seems to increase the understanding of insufficient resources. For many clients it becomes vital if projects distribute aid or not. Some clients resist involvement in the project of Siphilile since they will not receive any material support.

“Some ask funny questions like [...] “what will we get? Okay, we talk to you and then, what will we get? [...] you are just talking, you don’t offer us anything.”” (Interview W)

6.4.3 Power aspects

The Mentor Mothers states that the poverty they meet is a big challenge, and their role is to find ways to help and encourage clients to handle difficult situations.

Tengqvist (2007) argues that seeing people as capable is an important aspect of empowering, as well as having own experiences could be a significant factor in empowering others (Tengqvist, 2007 p 82, 85). This becomes an important factor for the project of Siphilile, since the basic idea is to benefit from the capacity and knowledge of women with the same background and experience as the clients. Seeing people as capable is a key step in the empowerment process, and it is important to remember that it also includes elements of power. As Cruikshank (1999) points out, empowerment programs can be seen as techniques to shape people to be good citizens. In our specific research this can be applied to how Mentor Mothers teach clients how to act in order to help them. One idea with the project is that clients, with initiative taken from Mentor Mothers, learn how to become self-sufficient. Through this initiative, self-sufficiency becomes an own interest of the clients, if they internalize the idea, and in the end this leads to them being good citizens. This process could lead to clients adopting beliefs of the project, which in the end serves the best of the community and also the clients (Cruikshank, 1999 p 68). Once again the disciplinary power can be applied, since the Mentor Mothers are the ones who structure and guide clients in how they are supposed to act (Nilsson, 2008 p 128). The Mentor Mothers provide a framework for how to be a good citizen, and this includes for example decreasing poverty for the clients.

To fulfill criteria and accessing help is a significant part of the pastoral power (Nilsson, 2008). If clients show themselves as motivated to be empowered, they become worthy of the *good shepherd's help*. The citation which expresses a Mentor Mothers feeling like a failure, when not helping clients out of poverty, can be assimilated with the good shepherd's will to sacrifice herself for the wellbeing of the herd/client. Not being able to help clients fill the Mentor Mothers with a sense of powerlessness which indicates that if she could have helped, she would have exercised power.

The project of Siphilile and the Mentor Mothers do not have any legal sanctions, or enforced methods to use in the contact with clients. This becomes crucial in our understanding of power aspects present in the project. If financial aid had been an essential part of the work, it would have been difficult to determine whether the

clients' participation was voluntary or not. The Mentor Mothers *offer* their help to the clients which means that the clients have the opportunity to decline. Nevertheless, it is important to consider the clients' actual ability to decline a project like Siphilile. There could also be other influencing factors that affect clients' participation.

Discussing material resources, and the impact they have on both clients and the work of a Mentor Mother, make gender structures relevant, we argue. As mentioned, the gender roles are very conservative in Swaziland and women take big responsibility for home and children. We argue that these structures works as a huge barrier since men are the decision makers in a Swazi family but not included in the work of the Siphilile. Since male family members are not involved in the project to any greater extent, the project implementation suffers (e.g. Kenny & Camenzind, 2007 s 36).

6.5 A Mentor Mother's dual role

In this section, we have chosen not to divide our text into possibilities and barriers since we consider the dual role to be independent of those two concepts. Articles and discussions (e.g. Rotheram-Borus et al., 2011) of the Mentor Mother-system often emphasize that experiences from the same community and similar context makes a unique opportunity to help and empower clients (e.g. Tengqvist, 2007 p 85). Since Mentor Mothers have local knowledge of their community they can help clients obtain information they need (Rotheram-Borus et al, 2011 p 373). To understand hardships and problems of clients is an important tool for Mentor Mothers, since they work with difficult subjects such as life and death. Skau (2007) argues, that being professional means to be able to diverse your personal life from the life of others. She also writes, that as a social worker, to have issues in your life could cause eruption of hidden feeling in meetings with clients, which is undesirable (Skau, 2007 p 61). To help navigate in their work, the Mentor Mothers receive help from coordinators and the managers of the project. There are dubious aspects of working in a personal environment together with neighbors. Firstly, this can create a process of trust and understanding between helper and

client, and Mentor Mothers can use their experiences as tools in their work. Personal experience could be a way of transfer personal competence to clients (Skau, 2007 p 63). Skau (2007) argues that the friendly, humanitarian aspect of working among people you know and love does not have to be mutually exclusive to professionalism. On the contrary, caring for your clients is an important component of professional work (Skau, 2007 p 33). Secondly, working in a known environment could be difficult for the Mentor Mothers since this could create a so called *emotional dilemma*. Questions that arise could be if they always are on duty, or how they handle neighbors' misery and despair, or what happens to them if the temporary project of Siphilile is ended. It could also be difficult for the Mentor Mothers to be just a neighbor again, and to let go of their professional role, and their ambiguous role could also affect the clients.

6.5.1 Who is being empowered?

A Mentor Mother is described by our respondents as a care giving person. To give care and be able to give advice in for example health matter, Mentor Mothers need medical competence which they have received from their employment. This competence is a positive aspect with empowering features (e.g. Nakkeeran, 2003), not necessarily for the clients, but for the Mentor Mothers themselves. Foucault's thoughts of knowledge as not separated from power is important remember when exploring the dual role of Mentor Mothers. They obtain new knowledge through project training, and this knowledge will also gain them power, according to Foucault. This power/knowledge has impact on the relationship between Mentor Mothers and clients. Gained power/knowledge could be seen as a contributing factor for an uneven relationship (Nilsson, 2008 p 81). A result of their employment in the Siphilile project, empowerment and higher equality could be generated for the Mentor Mothers (e.g. Foster et al. 2012). The respondents also state that they have contracted higher status, as a Mentor Mother, in their communities and are now greeted positively by their neighbors in their new professional role. When they are on duty, they wear specific work clothes which include a shirt with the projects' logo and a backpack. They also carry scales, journals and notepads, which all could be viewed as attributes associated with

their professional role. These attributes could also function as invigorating for the Mentor Mothers in their role, which could empower them to perform their work.

I: “Do you feel that you make a difference?”

R: “Yes. A big one because the ones that want you, the ones that need your help, they even waits for you sometimes. They even call you when you are at home, “come and see my child.”” (Interview U)

Apart from the new knowledge and empowering aspects that employment can generate, the Mentor Mothers also have high salaries compared to work performed in the industries. High salaries are motivated, by the project management, with the great responsibility Mentor Mothers have in relation to clients. The fact that they have new gained knowledge together with previous experience also motivates their salaries. Increased income itself could be a good way of being empowered. As discussed, the Mentor Mothers themselves view economical means as a way of changing lives, and we can only speculate in what the Mentor Mothers income can create opportunities for. For example, some of the respondents mentioned that they were obligated to support their parents and younger siblings with their income.

“The children, my sister, my brother...they depend on me. Because the last born she is doing grade three. I'm the one who take care of them...school fees, clothes, everything.” (Interview T)

High wages may also increase the incentive to perform the work well, which is desirable for the management. However, it could be hard to tell if their commitment to the project assignment, helping women and children, is genuine or if they are motivated by the high salary and we do not know if this could make a difference for outcome of the project. During an interview with the project manager, we discussed the characteristics of a Mentor Mothers and what qualities the management was searching for in the recruitment process.

“The idea is that it should be a mother that is respected in the area she lives in and who’s got moral authority if you can call it that? Moral authority and a good example” [translation from Swedish] (Interview O)

When management of the project choose to employ mothers who are well respected in the community this indicates, we argue, that this person is well internalized in the society. Since biopower aims to control people and shape them to be good citizens, it is positive if the person, who reproduces biopower, is aware of what it means to be a good citizen. As the Mentor Mothers are part of society and the surrounding structures, biopower are also internalized in their clients since the clients have direct contact with representatives of biopower, in our example Mentor Mothers.

This example work the other way around as well since the Mentor Mothers can internalize the ideas and discourse of the project of Siphilile. The Mentor Mothers are disciplined as a result of employment, through power exercises like certain salary, specific tasks and knowledge requirements (e.g. Beronius, 1986). The aspect of hierarchical supervision is present in the Mentor Mothers’ employment since they are controlled by the management with journal statistics. As previously mentioned, the clients are controlled with folders by the Mentor Mothers. To ensure that home visits are conducted, and everything is in order, they fill out a report every month. The reports are read together with the project coordinator and the Mentor Mothers so that everything is filled out correct (e.g. Skau, 2007 p 68-69). Since we argue that the Mentor Mothers’ employments have led to empowerment it is also obvious for us to argue that the Mentor Mothers at the same time are being disciplined.

7 Concluding discussion

When performing a study like ours, it means doing deliberations in choice of theory and research questions. Aspects that are worth to further examine which we have not focused on in our thesis are many. Primarily, one unexamined focus is to understand the impact that Sweden through Church of Sweden have on people who are subject to the project's target group. Implementation of projects, initiated on global level, is complex. With for example post-colonial theories the outcome could be very rendering and generate a whole different thesis. With another group of respondents the outcome could also differ and interviews with clients of Siphilile, who were not chosen of research ethical reasons, could have generated interesting results.

Working as Mentor Mothers consists of both possibilities and barriers. Through interviews with our respondents, whom all are involved in the project of Siphilile, we were able to identify four different areas where these barriers and possibilities became extra visible. Example of factors, which create possibilities for the Mentor Mothers in their work, could be the Siphilile project's close collaboration with the MSF-clinic. In matters regarding health care, the clinic works as a good complement to the social work of Mentor Mothers. Another factor that creates possibilities is the unique role the Mentor Mothers possess. Since they work and live in their own community, their dual role gives them understanding and knowledge of their clients' situation. This role could also work as a barrier for the Mentor Mothers, since working with your neighbors could create a wish to help more than possible. Lack of resources to decrease poverty among clients is something that almost all our respondents mentioned as a barrier. Other barriers could be more of practical character, such as heavy rain and barking dogs. The most significant barrier we argue however is the existing gender structures in Swaziland. Our empirical material shows that almost all the undertakings of the project are compromised by the superior role the male partners or male relatives possess.

We have chosen to analyze our empirical material with theories of power. The outcome shows that Mentor Mothers actions could be viewed as aspects of power. The whole concept of the Mentor Mother-function is to keep clients healthy, and this is example of what Michel Foucault defines as pastoral power. Within the pastoral power according to Foucault, the good shepherd cares for the herd in order to keep it safe. Keeping you healthy, or helping others to stay healthy, could be understood as actions of power. Disciplinary power and biopower is closely connected to how the society internalizes control over the body, without sanctions of corporal punishment. In our understanding of projects like Siphilile, we view the encouragement and the work to enable people to become self-reliant as forms of pastoral power, disciplinary power and biopower. We argue like Foucault, that power is relational and since empowerment is viewed as a tool for powerless people to endure more power in their life. This generates a view of Siphilile's work to empower their clients, as a paradox since the undertone consists of traditional power use, customary and integrated in all social work. The imbalance of power is ever present when help is given and according to Foucault the power aspect is to be considered productive rather than oppressive. Empowerment we argue needs to be called by its right name. The work of Siphilile contains of power actions which result in positive change for the clients, in means of increased health for women and children, improved sexual and reproductive health, and amplified knowledge concerning malnutrition and pregnancies in the community. However, we would like to emphasize the importance of identifying these power aspects in order to avoid accidental misuse of power.

7.1 Reflections of the project intentions

Throughout our analysis, we have emphasized the work the Mentor Mothers perform and contemplated aspects of implementing projects like Siphilile. In this concluding discussion we try to accentuate aspects of the perceived legitimacy the Mentor Mothers hold among the recipients of the outreach project Siphilile.

We argue that it is crucial when working with changes within a project like Siphilile, that the clients accept the social worker's communicated knowledge.

Every individual has an understanding of what is most suitable for her and if there is resistance against new ideas, it is not likely for the individual to internalize any new knowledge. The understanding of matters managed by the Mentor Mothers could differ among the clients and also between clients and the project, which will affect the implementation of Siphilile. For example the perception of women in Swaziland as objects of influence is multidimensional, and although they have limited options in life they still hold a *form* of agency.

Who can be an agent in another person's life? is a question we struggled with during the work of our thesis. When working for changes in a client's life, we ask if the Mentor Mothers have the legitimate power to be a part of changes in clients' lives and if these changes even are desirable among the clients? The Mentor Mothers services are voluntary, and there are no sanctions or penalties for not participating, which makes the view of the Mentor Mothers legitimacy highly relevant. In our analysis we argued that power can be a productive force, but *how* is it productive and for *whom* is it productive? For us, it has proven easy to equate productivity with something desirable and the project emphasizes that maternal- and child health can be improved and change for the clients are possible. Who has power and prerogative to say that the situation should change and could improve? The goals of improvement is prescriptive and we ask to what extent the clients, and the Mentor Mothers, have been part of the formulation of the projects objectives since this could be vital for the understanding of power as legitimate (e.g. T. Mngadi et al, 2008 p 148). In one way, the Mentor Mothers influence the implementation of the work conducted, since they are social actors who create own meaning in their work context. This differs however from having actual impact on organizational goals.

The Mentor Mothers are employed after criteria of being a moral authority and being able to handle situations in a good way. The characteristics of a moral authority are chosen by the management of Siphilile which may not be coherent for all of the clients. What does it really mean to manage a situation in a *good way*? Could a good way differ between clients and the project? For example, it could be more rational for women to give birth to many children since big families generate high status in the community, and provide assurance for when

clients age. This perception contrasts with information shared by the Mentor Mothers who suggest clients to space their children. We have not been able to distinguish the voice of clients in this power relation, since our empirical material does not include client statements.

We write in the analysis that the Mentor Mothers experience that clients fail to handle their own family planning. In relation to matter of legitimacy, this could be viewed as a *conscious resistance* from the clients. If they do not agree with the knowledge the Mentor Mothers communicate, and do not believe in the effects of contraceptives they will not adopt the behavior asked of them. We argue that it becomes important for the understanding of the project of Siphilile how the clients internalize the disciplinary power performed by the Mentor Mothers. That the clients are *unable to* merge with the knowledge, communicated by the Mentor Mothers, could be another reason for not using contraceptives. Patriarchal structures affect the opportunity for the female clients to be agents in their own lives, as they are not able to make decisions regarding family and their life without the husband's consent. We have argued, in the analysis, that patriarchal structures are a barrier for the Mentor Mothers in their work, since the husbands can prevent any further contact with the Mentor Mothers. This also generates consequences for female clients since they are kept, by the patriarchal structures, from merging with new knowledge presented by the Mentor Mothers. An example to illustrate this could be when a Mentor Mother meets with a female client and gives her information of contraceptives, and this woman has no, or little, opportunity of taking decisions for herself. Being a woman in a pronounced patriarchy implies reduced opportunity of intervention in your own life. Since empowerment are based on the idea of being an agent for yourself, and to possess the power in your own life, we suggest that it becomes a paradox that Siphilile not are including husbands and boyfriends in greater extent in the empowering work, since men are a key to power shift.

Women are surrounded by biopower and are exposed to its influence in various forms. The project of Siphilile could have a different understanding of SRHR than the clients are familiar with, since the project origins from Sweden and Church of Sweden. Within the Siphilile management there is for example, a prevailing

notion that contraceptives could act liberating for the female clients. SHRH is a complex matter and it is not obvious for clients to abandon habitual beliefs regarding childbirth for the sake of a project. Taking advice from your relatives and close friends in SRHR-matters is maybe closer at hand for the clients than trusting a Mentor Mother. We ask if the prevailing notion within Siphilile regarding contraceptives is applicable in the context with the clients that the Mentor Mothers are working with. Can contraceptives act liberating for the clients when the gender power relations are constructed the way they are in Swaziland?

Another important aspect of the power relations that we have identified in the project is that power can be viewed as non-intentional. This becomes relevant when the female clients have to consider opinions of both their male partners/relatives and opinions from the Mentor Mothers. According to us, power possessed by Mentor Mothers may affect the clients in a sense were they receive information but are not able to apply the ideas in their daily lives. The client is positioned between the will of their husbands and the advice they get from the Mentor Mothers, and are unable to make a decision that suit both. The notion of non-intentional power could be applied on processes created among clients, by a project like Siphilile. The clients may very well be aware of the benefits of increased health, and see ways of reaching desired effects, but still not be able to accomplish the changes. What kinds of emotions are brought on the clients with these non-intentional actions?

In this concluding chapter we have discussed several questions. These questions are meant to bring further interest to the work of Mentor Mothers and in projects like Siphilile. We have learned much from this writing process and we are impressed by the strength within the woman we had the chance to encounter during the spring of 2014.

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Appendix 1: Interview guide

Siphilile

- If you were to describe your work for a friend, how would you describe it?
- What is the definition of a Mentor mother?
- Would you like to tell me about challenges that you meet in your work?
Do you have independence in your work to handle these challenges?
- What have you learned from working with Siphilile?

Definition

- What is a family to you?
- What does equality mean to you?

Contraceptives

- Do you talk with your clients about family planning, contraception, HIV?
- How do residents of Swaziland get information about contraceptives?
Which contraceptives are available in Swaziland?
- What reasons could there be for not using contraceptives?
- Who has the reproductive responsibility in a family?

Background

- Name
 - Age
 - Family
 - Previous work experience
 - Born in rural/urban area?
-
- Is there something you want to add that we haven't talked about?

Appendix 2: Consent form

Hello,

We are students from Lund's University in Sweden. Our name is Matilda Berggren and Sanne Modin. Thank you very much for your cooperation and your willingness to participate in our study. Your answers are important to us. You are not obligated to continue your participation and you can withdraw at any time.

The purpose of this study is to explore the Siphilile project and learn more about your work. Mentor Mothers are a unique way of reaching people in need. It is of value to our study to examine how the project is managed and how the daily work is performed. Subject of interest is also how family planning and contraceptive use is spoken about in Swaziland. We would like to interview you in order to gather this information directly from a Mentor Mother.

If you agree to this, one of us will interview you for approximately one hour, and we will use an audio recorder. The answers you will give us will only be used for research purpose and it will not be possible to identify you or your individual responses. Your answers are anonymous and your involvement will not affect your work as a Mentor Mother in any way. The research data and your recording will only be used by us and we will dispose it when the study is completed.

Once again thank you for your participation in our study!

Matilda Berggren, matilda.berggren@outlook.com, + 46 705 XXX XXX

Sanne Modin, sanne_modin@outlook.com, + 46 768 XXX XXX

Interview consent form

I, the undersigned, have read and understood the information above.

I understand that I can withdraw from the study at any time if I wish.

I understand that my words may be quoted but my name will not be used.

Name of Participant Date

Researcher signature