

## **Research Methods in Health Promotion**

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**Week 10**

### **Lecture 50: Community-Based Participatory Research in context to Health Promotion (Part V)**

We are continuing our discussion on community-based participatory research in context with health promotion. In the next few minutes, we will be discussing about the entire process of CBPAR summarizing it as the iterative cycle of research, analysis, action, reflection and evaluation. This has been long used in sociology and for other disciplines, but it is increasingly being realized and its importance is being felt in the field of public health and in future more and more such actions need to be taken. We will also discuss the differences of paradigms between traditional research and participatory action research. Some challenges, no method is without its own challenges. So, the challenges of CBPAR and the applications of CBPAR.

So, participatory action research basically we have to remember differs from traditional research because its aim is not only to gather data, its aim is to foster capacity, develop the community, empower the community, provide access for the community, foster a social justice and lead the community or facilitate participation by the community right from the beginning till the end. So, obviously it will involve a cyclic process. This process involves research, reflection and action and this problem is again the problem which is studied is and should be determined by the people who believe and feel that this problem is really their problem in the local setting. Something which is imposed on them from outsiders or by outsiders, they do not identify with it so easily, but when they come up with their own problems and when that is aligned with the issue which is under consideration that becomes easier to do.

So, this is what it looks like. We have talked about research, but the main thing is that based on this research an action cycle needs to be generated in the community. Now, in this diagram you would see that this word co-design, co-generation, co-analysis is commonly used which means we do nothing alone. The researcher does not do it in isolation. The design of the research agenda and the process is done by the key stakeholders within the community.

This is the initial starting point which again has to be revisited from time to time and continued on from. So, this is the iterative cycle of research, analysis, reflection and evaluation. The synonym or the acronym being rare. It is very rare to do it very successfully, but then attempts are giving very good results. So, next comes co-generation of knowledge and evidence.

Somebody does not analyze data and take it and tell them that well this is what has happened. They generate the data as well. They participate in co-generation of knowledge and data and evidence. Then comes co-analysis. If the data has been generated, the analysis too has to be done by the community or the key stakeholders whoever they are.

And finally, having seen that this is happening, one goes for reflection. What has led to this data, these sorts of data or this situation? So, reflection on the research findings and finally, evaluation. So, what can we do about it? If this is what we have done and this is what has happened, how can we do it differently or how can this cycle change? So, in this action cycle, we start with knowledge. We of course, try to find out the desired changes, the wicked problems which means not very easily solved or embedded in the social norms, socio-cultural context, the socio-ecological contexts. Then comes the social conditions, the community feedback, all this is very important when we move from the in this cycle from the existing knowledge to the research questions or what we really want to know further.

Having decided on the question, we embark on this process of research. In this research, we basically do a lot of data collection by the community in different formats, analyze them, reflect upon them and come to conclusions. Well, this is then what is happening. Having seen it and having discussed about it, the community comes up or the key stakeholders come up with recommendations in the form of a report. And this is then conveyed to policy makers, decision makers, leadership and to the community themselves through advocacy and awareness for further action.

And again, the cycle goes on. This action cycle again is then based on plan, observe, reflect and act. So, this is the basis of the community action cycle which is the purpose of CBPAR. As you will see that in the planning phase, it is important to identify the priority settings. There might be many such places where such action is required, but again the researcher and the stakeholders together have to identify the priority settings or prioritize which is which will be the area where we will be starting work.

And design, the research design, the action design or other considerations, the procedures which are to be followed, then the measures which can and should be taken because the community has an idea and will give you information about its resources, assets, etcetera and the problems there in. So, from that practical feasible measures have to be identified and depending upon all these factors, we develop interventions. So, in each of this, we need an element of planning, planning for prioritization, planning for design, planning for procedures, planning for measures to be taken and planning obviously for intervention development. Now next comes action. Sometimes when we do the work in large communities, we do not go and jump in and do the whole thing all together.

It is better to do a little bit of pilot testing in the beginning, see how it goes and based on this learnings, we go in for implementation on a larger scale. So, implementing again, planning after planning comes implementing which involves pilot testing and followed by scaled up interventions. Next comes the stage of observation. Observation means not just sitting and observing, it means analyzing. Whatever we have collected, we will analyze, we will prepare reports and we will share or disseminate these to the appropriate key stakeholders.

At each of these stages, it requires planning again, nothing happens ad hoc or on the spot, it needs plans. Finally when we have all this and we have done till this part, we sit back and reflect with the key stakeholders including the community, we sit back and reflect to evaluate what has happened till now, what has been successful, what has not, what are the good learnings, what are the bad learnings from here. The issue of sustainability, can these interventions be sustained? What else would be required for sustainability etcetera and then revisiting it from time to time. These are all iterative cycles which never end in one cycle. You have to go on and on and on to make it effective, to make it sustainable.

So, coming back to plan again. So, in the lower diagram as you see, there are three big circles where we keep on planning at we start in a small way for planning, acting, observing, reflecting. Based on that we go to a bigger scale, a slightly bigger scale of the same things planning, acting, observing and reflecting and finally, we can scale it up in a large community or elsewhere as well, but again following the same iterative cycle again and again. So, as we said we are now moving beyond the traditional research paradigm. There are differences between a traditional research paradigm and a participatory action research paradigm and unless we internalize these differences, it will be difficult for us to actually do participatory action research in its true sense.

So, the first thing in traditional research was the attitude was we will learn about the research subjects. We decide on a sample, we go with some formats of data collection to learn things about them. Here is not only learning about participatory means not only learning about, but learning from them which is more important. So, learning from and learning about that is the important difference in learning. Second thing in traditional research paradigm, we always value objectivity.

So, the individual variations among the subjects and the subjective elements which are there we it is undermined in traditional research paradigms usually. It is more we go for statistical test, numbers, objectivity that is given more importance. Whereas, in PARs subjective experiences of subjects are more valued. The communities subjective experiences, their feelings, their beliefs, their opinions it is these which are more important or to know in this type of research. The third difference is that in traditional research, the researcher comes as a professional.

I have specific skills in doing certain things. So, I am a researcher, I have come here, I will do this thing and provide this information or use this information for some. So, it is I, it is based on the researcher. Whereas, in participatory research, the researcher is just the educator, the facilitator or the consultant. The community does it, the researcher helps when and where they are asked for help.

So, you do not jump in and provide information, you do not jump in and provide your views, you do not jump in and try to do it yourself. You will help the community to do it by themselves, just holding hands whenever such help is or support is necessary. So, that is very difficult to learn, it is a skill which the researcher has to acquire once they embark on participatory action research. In traditional research, research is conducted by outsiders. You go to a community, you do the usual procedures of acceptance, entrance etcetera and then you do it and come back.

But, in participatory action research, the research must have the inputs from insiders. So, here it is the insiders who are collecting information, analyzing information, preparing in coming to inferences, recommendations and deciding on the action as well. So, it is a wide variation or very different from what traditional research has been doing, at least in the field of public health. Finally, here the subjects are only research subjects in traditional research. You have selected them, they will come and give you the information and then they go away.

They do not really have any other role except perhaps if you later on do some awareness amongst them or any such advocacy with them. So, then they might have a role to come and sit as the audience. But, in participatory action research, they are the subjects and they are the researchers. So, here lies the beauty of participatory action research, whatever you have gathered is by the community or by the stakeholder, for the stakeholder to be implemented by the stakeholders, evaluated, monitored and structurally or other corrections done by the stakeholders in subsequent cycles. So, it becomes a much easier job once the ball starts rolling properly.

Here the subjects are passive objects of study in traditional research. They do not contribute to the research process. Whereas, in participatory research subjects are actively involved right from the conceptualization and how the study will be done, the design, the implementation, the interpretation as we have been talking about repeatedly. In traditional paradigm, it is controlled experimental research. Whereas, participatory paradigm, it is mostly qualitative ethnographic studies.

So, that does not have a controlled experimental setup. In traditional, the subjects involvement in research ends when data collection is complete. But, here the subjects become the change agents. They convert the results of research into new policy programmatic or research initiatives. It has a sort of an element of activism built into it.

You generate activists for their own change and more healthier well being of the community. Finally, the research agenda in traditional research is shaped by either professional or with socio-political forces. Whereas, here research agenda is influenced directly by the concerns of so many more people including that the end users which is so very important. Because, mostly we now realize I think that is a common realization that this is what makes all the difference. So, PAR or participatory action research is collaborative research.

We have many hands contributing to this research. It involves collaborative education, it involves collaborative action as well to gather information, to use for change or social or environmental issues. It involves people who are concerned about or affected by an issue the stakeholders that is how we define stakeholders. Taking a leading role, so the role of course, it is research, but the primary role is not played by the researcher, it is played by the stakeholders who are affected by the issue and they produce and use the knowledge to improve their conditions or promote their health. Now, there are several challenges of PAR.

Obviously, you can understand it is a complex research, we are unaccustomed to it as health professionals we have not been using it much. Firstly, was the diversity in meaning, it has been used for various in various scopes and potentials in various disciplines in different ways. Communication of community members in the research team, which means these members might have difference in commitments, might have divergence in perspective. So, you have to get all of them along, help them to get along, help them to work together. Issues of power imbalances, again we all know that there is hierarchy, there is a social hierarchy, there is an official hierarchy, there are professional hierarchies, but there might be stakeholders at different levels of hierarchy.

So, that again becomes an issue which has to be managed very carefully and access into the community of interest, sometimes it becomes very difficult that a prioritized setting community might not have easy access. So, these are some of the challenges of PAR. Now coming to the applications, applications of community based PAR are more common in health promotion than in other areas of research, because it is basically involved with prevention, management, awareness building, so that is all health promotion deals with. So, I have shared some of these studies, so that you can have a look those of you who would want to apply CBP-AR in their upcoming researches or upcoming projects. One was on diabetes, the community based participatory research to design a faith enhanced diabetes prevention program, which they named the better me within randomized trial.

It has been published in contemporary clinical trials, you can go and have a look at it. The second one was there are many I have just selected a few. The second one was on HIV AIDS, community based participatory research a new and not so new approach to HIV AIDS prevention care and treatment. This has been published in the AIDS education and prevention journal. The third one was on cancer, I have selected the studies from different areas to show

you that it can be applicable and should be applicable in many different disciplines, many different issues.

So, cancer community based participatory research, its role in future cancer research in public health practice published in preventing chronic disease. Then comes one on HPV vaccination, assessing the acceptability of self sampling for HPV among Haitian immigrant women. So, these are CBP-AR's applications. Research with the population from ethnic minorities and marginalized groups like autistic individuals, this they did on how consultation benefits everyone. So, you see it is very varied the way and community is not only defined by geographical locations, it depends upon your particular issue, it depends upon different settings.

So, all these can be used for community based participatory action research. So, these often use CBP-AR approach for its strength. The strength of CBP-AR lies in building trust, in promoting acceptance and engagement. When we are doing something for our own benefit of course, the involvement engagement and sustainability is more if we can do it correctly. So, CBP-AR is an iterative cycle, this has to be remembered.

The basic cycle is one of research, analysis, action, reflection and evaluation. Then there are several differences in the paradigms between traditional research and participatory action research which has been discussed. Examples of this type of research include the difficulties of involving the community, they have divergence of perspectives, they have power imbalances and many more such barriers. And the applications of CBP-AR are more common in health promotion for prevention management and awareness building, because what health promotion wants is strengthening community action that is one of the essential principles of health promotion, one of the essential strategies through which it goes through. So, the CBP-AR strength in building trust, acceptance and engagement of the community comes in very handy for health promotion research.

So, these are some of the references which has been used. Thank you very much.