

The historical roots and contemporary tendencies in participatory research: Implications for health care

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PART I AN HISTORICAL THEORETICAL PERSPECTIVE TO PR

2 The historical roots and contemporary tendencies in participatory research: implications for health care

Rajesh Tandon

Context

The history of human civilization is also the history of education and science. In fact, one of the most critical dimensions in which human species have distinguished themselves from other forms of life is their intellectual capacity. Both education and science are built on this foundation. Throughout human civilization, therefore, different forms, approaches, methodologies and outcomes of education have been evolved, practised and abandoned. Similarly, science, even in its modern conception, has existed throughout much of human history. It was science which allowed human civilization to live with nature; some of it became science which encouraged human beings to control nature.

Further examination of this theme could indicate also that models and paradigms of development of human civilization have also been influenced significantly by, as well as influencing, systems of education and science. It has become obvious that people-centred, participatory development as an alternative paradigm of development is not possible within the framework of modern science and modern education (Tandon 1991). In a sense, modern science is built on the premise of destroying the system of science and education which was labelled as 'traditional', 'indigenous' or 'popular'.

These issues have acquired further salience in the contemporary context. Significant changes are taking place throughout the world, and human civilization is poised for the next phase of its life, or death. Contemporary society can truly be called the knowledge society. A huge number of occupations and a large number of people are engaged in the information and information-processing industry, and in the knowledge generation, production and dissemination industry. Diverse forms of organizations, systems, networks and institutions have emerged within this knowledge society. Sophisticated specialization and evolution of methodology have taken place in the production and dissemination of

knowledge. Global dimensions of the knowledge society are increasingly influencing the research agenda within countries, universities and other institutions. In fact, the pressure to establish a globally accepted intellectual property right will be the hallmark of the culmination of the knowledge society.

History

It is within this broader contemporary reality that a critical assessment of alternative conceptualizations of science and education needs to be posited. PR, evolved over the last twenty years, is one such alternative formulation. It became visible in the early to mid 1970s. In its early formulations, PR was seen as an alternative social science research method which challenged the very premises on which traditional social-science research methodology was based: the premises of neutrality, objectivity and value-free character. The distance between the researcher and the researched, the dichotomy of the subject and object, the reliance on statistical and quantifiable techniques all were subjected to a comprehensive critique (Hall et al. 1982). As part of its history, therefore, it is important to recognize six significant trends that seem to have converged to contribute to the evolution of the concept and the practice of PR.

The first and the foremost was a debate about the sociology of knowledge and its implications for epistemological formulation (forms of knowing) throughout human civilization. This debate continues to pose the question that knowledge of human civilization is conditioned by historical context (Habermas 1971). Therefore, with human history. It is within this framework that alternative views of history, of struggle and of social transformation were posited. The most famous of these collections came to be known as Subaltern Studies. These presented a view of society, human order and human history from the position of the marginalized, the poor and the deprived as opposed to the dominant form of knowledge produced and articulated throughout history from the point of view of the rulers, the kings, the brahmins.

The second historical trend which in fact stimulated the very first articulation of the phrase 'participatory research' came from the practice of adult educators in the countries of the South. As genuine believers in adult learning and in facilitating a horizontal dialogue between the teacher and the learner, adult educators evolved a methodology of learning and education which helped to establish the control of the learner over her or his own learning process. The same adult educators, trained as professionals and engaged in systematic research, particularly around the outcomes of their own interventions, began to face the contradiction that was rooted in their training as researchers. As professionally trained researchers they began to distance themselves from

the learner, establish one-way control in their hands over the research process and pretend to carry out their research in a manner which had little or no impact on the learner him/herself. This contradiction began to result in the reformulation, both in theory and in practice, of a view of research which was sympathetic to, integrated and congruent with the premises on which the practice of adult education was rooted. It is here that, in 1974-75, the phrase 'participatory research' was first projected and disseminated through this group of adult educators and subsequently promoted through the International Council for Adult Education and its national and regional member organizations throughout the world (Tandon 1988).

The third parallel and interrelated support to the ideas and practice of PR came from the work of Paulo Freire and Ivan Illich. Illich's critique of schooling in modern societies and Freire's contribution to an alternative pedagogy became the basis for linking PR as an educational process within the framework of popular education. A number of contributions related to this theme emerged in the late 1960s and early 1970s which paved the way for strengthening the arguments in favour of PR (Freire 1982). In particular, the processes of knowing and of education were shown to be interlinked, thereby reaffirming the fundamental human faculty of knowing, learning and reflecting. This gave further reinforcement to the argument promoted by adult educators in support of participatory research.

Another trend in the history of PR which travelled in parallel for a number of decades was the contribution of action research. In particular, action research challenged the myth of a static notion of research and inquiry. It argued for 'acting' as a basis of learning and knowing. This formulation of action research, going back to the work of Kurt Lewin, was recaptured in Latin America and subsequently became the basis for participatory action research (Fals-Borda 1985). It emphasized the notion of action as a legitimate mode of knowing, thereby taking the realm of knowledge into the field of practice.

A further trend which made a significant epistemological contribution to PR came from the work of phenomenologists (Solomon 1987). These contributions legitimated experience as a basis of knowing. This gave the impetus to human emotions and feelings as valid modes of knowing, along with action and cognition. The contribution of phenomenologists thereby expanded the basis of knowing beyond mere intellectual cognition. At the same time, experiential learning was recognized as a legitimate form of knowledge that could influence practice (Kolb 1984).

Finally, in the mid and late 1970s the debate on the development paradigm raised the question of participation - people's participation, women's participation, community participation, participation of those

this juncture is the very definition of health and the location of responsibility in maintaining and improving the same. As in many other fields, the rise of expertise, specialization, technology and commercialization in the area of health care has also resulted in the very narrow definition of health as an issue only in situations where disease or ill-health occurs. Therefore, medicines, doctors, hospitals, surgery and treatment become important in any programme of health care far more than the people whose health is the purpose of any effort. It is similar to the question of trainers, training institutions and training technology acquiring far more significance than the learners and their learning in an educational enterprise. In that framework, one of the first implications of the above dimensions of PR in the context of health care is a redefinition of health as part of life and as a dimension of lifestyle. Human health is not something independent of human life and human lifestyle. Therefore, meeting the essential prerequisites of life and living and ensuring a sustainable lifestyle become key variables affecting the status of health in any community. Highly consumptive, over-exploitative lifestyles are bound to be associated with numerous dimensions of ill-health. As PR has made amply clear, education, knowledge and learning are part of life and lifestyle. Health as part of a human variable is, therefore, no different.

The second implication of PR in health care is to find the value of relevant indigenous practices and knowledge systems. It is of great interest to participatory researchers that traditional health care practices and indigenous knowledge in child-bearing, the treatment of diseases and maintenance of harmony in the human body have been eroded and destroyed with the rise of modern medicine immediately after the Second World War. But in the last ten years, fresh interest in and the relevance of indigenous knowledge and practices have emerged. This renewed interest clearly testifies to the validity and appropriateness of indigenous knowledge in the area of health care. The most telling example of this, of course, is the return of breastfeeding, despite the attack from the 'bottle'.

A third significant implication for practitioners and promoters of health care in the light of the framework of PR is the need for demystification of, for example, modern knowledge, technology and medicine which are making the human being a dependent patient as opposed to an active agent in pursuit of her/his own health. To the extent that people themselves can be responsible for their health care, they must not be afraid of or confused by the rise of modern science and knowledge. Demystification of that modern science and knowledge and its easy, popular access become necessary factors in ensuring their ability to take responsibility for their health.

In the light of the above, the need to struggle to demand and acquire the right to know on the part of human beings and communities becomes

evident. As applied to health care, this means the right to know about such things as health status, the causes of ill-health, the nature and type of treatment and resources available to improve health. This can then become a part of the larger societal struggle of human beings' right to know about themselves, their communities and events and factors that affect their life.

The implications of PR in improvements in the field of health care can only be amplified further when we look at the needs of people and communities for new knowledge with respect to health. It is true that health issues needs have become far more complex now than they were a few decades ago. As a result, people and communities need to acquire the capacities to understand issues related to health care. As has been demonstrated amply in the practice of participatory training, new knowledge and skills can only be accumulated and learned if they build on existing knowledge and skills. Acceptance of people's current state of knowledge and skills with respect to health and health care and recognition of its value in their life become prerequisite for creating conditions for new knowledge and skills to be acquired by them.

The fundamental question that PR has raised is the question of the political economy of knowledge, science and education. Whose interests do knowledge, research, science and education serve? It is a question that continues to be raised and debated because it is a perpetual enquiry in human endeavour. As has been demonstrated earlier, knowledge, science, research and education are not neutral human endeavours. Similarly health, health care and health care provision are not neutral human activities. A fundamental issue, therefore, is whose interests health sciences, research in health care, knowledge about health care and health practices serve? Who has control over health, health care, health science, health research? If in the final analysis, research in health and health sciences and practices only serves the interests of the medical profession, the pharmaceutical firms and other commercial networks associated with the same, then it will serve to perpetuate the current system of inequality and injustice related to health and health care. It is only when the issues of control over health and the political economy of research in health sciences are addressed, both in our practice and in our theory, that we will be able to make health a truly human endeavour, and not one that is limited to experts, scientists, laboratories and medicines.

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3 Proposing a more feminist participatory research: knowing and being embraced openly¹

Patricia Maguire

For years I have been nibbling around the edges of the question of what more could the many feminisms contribute to participatory research (PR) practices, theories and debates. Put another way, how might PR and its advocates be any different if feminism was incorporated more intentionally? This is to move beyond exposing the androcentric or male-centred filter of published accounts, if not some of the work itself, of participatory research's ground-breaking work (Maguire 1987). It is a shift from the question 'how PR might be human-centred, not man-centred?' (Hall 1981:17), for there is contention that the centre has been decentred. I want to promote dialogue on how feminist theories, practices, research and activism might influence PR, not merely PR by or about women but by and about all of us. It is time to explore feminisms' potential contributions to PR that are so much more expansive than the contribution of 'interactive knowledge' (Park 1993).

A similar shift is already taking place in rethinking or reframing development. This shift moves us from the early Women in Development (WID) questions, such as how to make development assistance more responsive to and inclusive of women's issues, to a total rethinking of development itself from feminist perspectives, particularly those of feminists of the South. I am referring to alternative visions for development proposed by groups such as DAWN - Development Alternatives with Women for a New Era (Sen & Grown 1987).

Totally reframing PR is beyond this chapter's scope. Nonetheless, a more feminist PR adds consciously the ontological² to the methodological and theoretical perspectives when discussing 'what is PR?' (Park 1993:6).

Any consideration of a more feminist PR invariably starts with a definition of feminism. For me this includes a recognition that there is not one monolithic feminist perspective, but rather many feminisms. A definition of feminism is followed by a brief review of my earlier critique of PR (Maguire 1987). Finally, after an overview of PR, I raise questions for future exploration so we might consider what an intentionally more feminist participatory research brings to table. Can there truly be emancipatory PR or PR advocates without incorporation of feminisms' perspectives and issues?