Participatory action research - people centred knowledge for people centred health systems

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PAR Skills session 3 Oct 1130am
Workshops 4-6 Oct, pra4equity network
PAR work in SHaPeS TWG
Health Systems many spheres of action

- Differences in exposure and vulnerability – social and material responsibility
- Socio-economic and political context, values and stratification
- Differences in access to health services
- Differences in experiences of health services
- Differences in the consequences of health outcomes
  - Power, values, HiAP, accountability
  - Prevention, IAH public health, HiAP
  - Funding, paradigm, relations, continuity
  - Financial protection, Social status and inclusion
  - Population health, equity

People centred health system

Source: author modified from Gilson, Doherty and Loewenson 2011
CBPR, action research

Community monitoring

Participatory action research

- 2000s: Qualitative, participatory methods, systems focus in research
- Mid-2000s: Genealogical model in Latin America transforming systems
- 2000s: Participatory action research (PAR) in health equity, social justice in Africa, Asia

1990s-current: Community-based participatory research (CBPR) in USA, Canada, Asia, Africa and now globally

1900s: Use of rapid rural appraisal (RRA) and participatory rural appraisal (PRA) by global agencies - UN, World Bank, in poverty appraisal

1960s–2000s: Activist researchers in decolonization, social justice

1960s–1990s: Workers PAR in international unions, Africa, Latin America

1970 1st World Symposium of Active Research, Cartagena

1960s workers' model, Italy

1963 Freire: Pedagogy of the oppressed; liberation theology, struggles in Latin America, Africa.

1970s: RRA and PRA, especially in farming systems, Asia; RRA in 'development' practice

1950s–1960s: Activist research on social issues; USA

1940s–1950s: Action research in Europe and USA
Participatory Action Research (PAR)

- Sees the aim of inquiry to explain and but also to understand and transform reality.
- Transforms those participating from research object to active researchers and agents of change - ‘no delegation’
- Researcher part of the affected community / a facilitator of the process
- Theory built from lived experience of a group with shared organisational potential
- Organises and collectively validates experience and problematising on problems, their causes and actions
- Implements, reflects on and generates knowledge from action, and consciousness of the power to transform in those affected
The process

1 Systematizing experience

2 Collectively analysing and problematizing
   Collectively analysing, reflecting on patterns, problems, causes and theory

3 Reflecting on and choosing action
   Considering alternative courses of action and identifying actions

4 Taking and evaluating action
   Acting and reviewing the course and consequences of action and change

5 Systematizing learning
   Organizing, validating and sharing new knowledge

1 Systematizing experience
   Collectively organizing and validating experience
Methods supporting process

• For drawing out, accumulating and collective review of individual observations – eg picture codes, social mapping, collective questionnaires, seasonal calendars, narratives…

• For collective validation – eg ranking and scoring, pairwise ranking, transect walks, risk maps..

• For analysing cause and relationships – eg problem trees (cause), pocket charts (distribution), venn, spider diagrams (relationships)

• For reviewing action- eg wheel charts, progress markers…
## Examples of PAR in Mexico and Zambia

<table>
<thead>
<tr>
<th></th>
<th>MEXICO - Laurell et al</th>
<th>ZAMBIA – Mbwili Muleya et al</th>
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<tbody>
<tr>
<td>‘No delegation’-group involved</td>
<td>‘homogenous groups’ of Steel factory workers in Mexico city, Local union (National miners union)</td>
<td>Community members and frontline health workers from specific clinic catchment areas in Lusaka</td>
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<td>Research facilitators</td>
<td>University social medicine dept working with the union</td>
<td>Lusaka health department health staff</td>
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<tr>
<td>Research question</td>
<td>Labour process, risks and health damage in steel work</td>
<td>Options for enhanced community voice in planning</td>
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<tr>
<td>Research process and methods</td>
<td>Collective questionnaire used to gather evidence on work, risks and health damage; proposals and negotiations on action to reduce damage</td>
<td>Various participatory tools to elicit evidence on health needs, priorities and actions within and across the two groups. Progress review on actions taken on plans</td>
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<td>Other</td>
<td>Used an individual questionnaire for comparison</td>
<td>Used a pre and post test questionnaire for comparison</td>
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Relating work process to scale of hazards and health damage to identify areas for action.
Knowledge from action

Strategic review and power to change within those directly affected - “For us, this was an eye opener. It has become clear to us that we can plan according to our needs”

Namibia informal settlement member in Hofnie Hoebes 2007

Linking services to communities on PHC

Bringing local knowledge and multiple sources of evidence to planning, services and standards- eg Zambia, USA

Leung, Yen and Minkler 2004: N. Carolina popular epidemiology on hog facilities, water and illness
Contributions of PAR in HPSR

Can raise new evidence, questions, thinking, practice

- Raises knowledge on social determinants, risks, perceptions and potentials of and inequities in health systems
- Integrates multiple causes and outcomes—relevant for real problems, holistic paradigms
- Embeds awareness, knowledge, power to transform in those directly involved
- Strengthens communication, mutual respect, trust across those in health systems
- Knowledge from action directly addresses issues of practice, institutional change and innovation
### Challenges: research quality

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<thead>
<tr>
<th>Fixed designs (positivist)</th>
<th>Flexible designs (Constructivist)</th>
<th>Participatory action research</th>
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<tr>
<td>Reliability: Is your variable measure reliable?</td>
<td>Confirmability: Do the data confirm the findings and their implications?</td>
<td>Was the process of community validation well described? Were the findings reviewed after actions?</td>
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<td>Construct validity: Are you measuring what you think you are measuring?</td>
<td>Dependability: Was the research process logical and well documented?</td>
<td>Was the research process participatory for all members of the group? Was it logical and well documented?</td>
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<td>Internal validity: Does the study plausibly demonstrate a causal relationship?</td>
<td>Credibility: Does the researcher construction match participants’ views?</td>
<td>Was the process for validating findings, analysis participatory for all? Did it adequately review outliers and differences?</td>
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<td>External validity: Are the findings statistically generalizable?</td>
<td>Transferability: Are the insights from findings transferable to other settings?</td>
<td>Do the findings generate insights or motivations for action or reflection that are transferable to other settings?</td>
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Gilson et al 2012; Loewenson et al., 2014
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<th>Challenges</th>
<th>Areas for development</th>
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<td>Ethical issues</td>
<td>Explicit recognition of power</td>
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<td>Ethical principles in joint agreements</td>
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<td>Sustaining processes and relations</td>
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<td>Learning from action</td>
<td>Sustaining and institutionalising processes</td>
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<td>Methods for learning <em>from</em> action</td>
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<td>Local specificity and generalisability</td>
<td>Making context, methods clear, peer review;</td>
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<td>Meta-analysis of multi-country sites</td>
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<td>Triangulate PAR with evidence from other methods</td>
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<td>Not an easy fit to funding, ethical</td>
<td>Embed within other processes</td>
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<td>review frameworks</td>
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<td>Alliances with university programmes</td>
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<td>Learning networks</td>
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<td>Not an easy fit to current journal and</td>
<td>Engaging journals</td>
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<td>report writing conventions</td>
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<td>Other publication and ‘knowledge repository’ options</td>
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New opportunities for PAR

Visual technologies, cell phones for mapping evidence –

- **photovoice, videovoice** – as codes, mapping, documenting
- **participatory GIS mapping** - linking experiential evidence from PAR with spatial evidence from handheld devices

- New information technologies and social platforms used to share information may support collective validation and analysis at wider scale
People’s knowledge and role in the *production* of new knowledge is a critical driver of people centred health systems…

For HSG:

- How far are we building system change on the experience, reflection on action and knowledge of those directly involved?
- What are we doing to nourish it?
  - Use in policy dialogue
  - Enabling good practice - ethical review frameworks, methods, sustained resources
  - Sharing knowledge - publication, learning networks