

Ten Best Readings on Community Participation and Health

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Abstract

This article reviews, in the opinion of the author, the 10 most influential reading on community participation and health development. The introduction notes that some of the articles do not address health directly but still do bring crucial interpretations to the topic. All articles view community participation as an intervention by which the lives of people, particularly the poor and marginalised can be improved. In addition, they all address the issue of the value of participation to equity and sustainability. The article considers the readings under four heading: concepts and theory; advocacy; critiques and case studies. It highlights the important contributions each reading makes to the understanding of participation in the wider context of health and health development. In conclusion, the article argues that participation has not met the objectives of planners and professionals, in good part, because it is questionable as to whether viewing participation as an intervention enables them to make correct assessments of its contribution to development. The bottom line is that participation is always about power and control, an issue planners and professionals do not want explicitly to address.

Key Words: community participation, health and development, participation as an intervention, empowerment.

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There is no agreement among planners and professionals about the contribution of community participation to health improvements. Some completely dismiss its value altogether while others believe that it is the "magic bullet" that will ensure health improvements especially in the context of poverty alleviation. Despite this lack of agreement, community participation has continued to be promoted as a key to health development. Although advocacy for participation waxes and wanes, today, it is once again seen by many governments, the United Nations agencies and Non-government organisations (NGO), as critical to programme planning and poverty alleviation.

At the onset, three points need to be noted. Firstly, the literature on this topic, either explicitly or implicitly regards community participation as an intervention by which the lives of people, particularly the poor and marginalised, are to be improved. Secondly, the framework in which this view has been developed is outside the health field. Many of the seminal articles have come from the work and writings in rural development. For this reason, three publications in this article^{1,2,3} do not directly address health concerns. However, they are critical to the way community participation in health has been conceived and pursued. Thirdly, I have taken the liberty to include 11 readings. The two volumes edited by Uphoff and his colleagues^{4,5} are actually companion studies and must be considered together.

In viewing community participation as an intervention, I have divided the literature be into four themes: 1) theoretical and conceptual developments 2) advocacy 3) critiques 4) case studies. The allocation of the

readings to one of these themes does not suggest the others are not addressed in the publication. Rather the allocation serves the purpose of highlighting the major contribution of the publication to the literature on community participation and health.

Theoretical and Conceptual Developments

Perhaps, the most critical writing in this category has been done by Norman Uphoff who is the Director of the Cornell International Institute for Food, Agriculture and Development (CIIFAD). Uphoff's early work with J. Cohen in an article in *World Development*² provided a framework by which community participation could be divided, examined and dissected. They suggest that community participation can best be analysed by focusing by asking the critical questions of: Who participates? Why do they participate? When to they participate? How and where do they participate? Although these questions seem obvious to those who are concerned about programme development, the Cohen-Uphoff framework enables planners/professionals to make sure they have addressed critical issues in a systematic way. This work sets the context for viewing community participation as an intervention with the incumbent expectations of controlling and predicting outcomes. The other readings, as I have noted above, I have chosen look at community participation in this context.

In the health field, Peter Oakley who also came from the field of rural development wrote the framework for examining the role of community people for the World Health Organisation (WHO). His latest publication edited with Haile Mariam Kabssey⁶ reviews both the concepts and the practice of community participation in health development. It sets down the arguments for participation which WHO calls community involvement in health (CIH) that include:

1. It is a basic right, builds self esteem and encourages a sense of responsibility.
2. It mobilises community resources in terms of human resources, money and materials.
3. It increases the possibility health programmes will

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be appropriate and sustainable.

4. It breaks the bonds of dependence and promotes confidence of people to participate in their own development.

Having presented the overview of the role and importance of community involvement, case studies of involvement in district health planning in Bolivia, Nepal and Senegal are presented. The studies are then used in the following chapters to develop more general ideas about the contribution of communities to health development and a methodology for CIH. This publication is the most current and most clear articulation of community participation in health as seen by WHO.

The book edited by Korrie de Koning and Marion Martin ⁷ entitled *Participatory Research in Health* deals with, among other things, the concept of empowerment. This concept has become more central to the discussions on participatory approaches in the last years. Looking at the definitions, goals and experiences relating to this concept, the introduction and Part 1 of the book present the history and issues concerning empowerment and participatory research. The writings here make clear that the value of this approach is not merely to get good, valid information. Equally important, it is to enable intended beneficiaries of research to have opportunities to develop their own capacities and confidence to deal with problems that affect their daily lives. One example is examination of the difference between extracting information from intended beneficiaries of health programmes and allowing the beneficiaries to generate (define, collect and analyse) the information as the basis of the programme planning is highlighted.

The remaining chapters mainly review experiences of pursuing and conducting participatory research in a variety of settings in both North and South. They highlight the trials and tribulations of pursuing objectives of empowerment in situations in which stakeholders often misunderstand and mistrust the value of this approach. Participatory research is gaining popularity in the field of health and development. This book is one of the first to examine and analyse its potential contribution.

A review of the theoretical constructs in participatory approaches in health planning and promotion has been published by the Health Development Authority in the United Kingdom ⁸. This publication is a state of the arts analysis linking the conceptual views to the development of participatory methods and their use in actual field activities. The book suggests that community participation needs to be viewed in the historical progression of three theoretical constructs. The first is that of community development that argues community participation should be developed to support to the existing socio-economic context by mobilising local people. This construct was popular during the period that followed the end of World War II. The second construct, peoples' participation emerging in the 1960s and argues that community participation needs to be directed toward transforming social and economic situations that cause poverty, oppression and inequity. The most current construct, that of empowerment, promotes participation as the means by which individuals within community contexts have opportunities to gain experience and skills to transform their own lives and their living situation.

The review then looks at applications, methods and tools of participatory approaches and examples from experience where these approaches were applied. It concludes that the value of these approaches depends on the project preparation, project design, and the issues surrounding power and control (we shall return to this latter issue in the conclusion of the article).

Advocacy

It is difficult to clearly divide those writing on the theoretical and conceptual developments from those who advocate the need for participation. However, the work of Robert Chambers, an experienced academic from the field of rural development, argues that community participation is the key to successful development programmes. His book, *Whose Reality Counts?* ¹ is a good summary of his theoretical and conceptual work over the past decade and half. Here he details the need for professionals to rethink the way in which they value the views of community people and the consequences of only accepting the professional's judgement. Reviewing the failures in development programmes due to the imposition of plans of the professionals, he argues development depends on intended beneficiaries becoming responsible and accountable for their own improvements. The role of the professional is to facilitate this experience providing help and technical support when asked and creating an environment where participation can develop. Clearly and compellingly presented, it creates an energy and belief in this concept as a panacea to poverty alleviation. Chambers writings and advocacy have greatly influenced the United Nations and particularly the World Bank. Because his arguments have a conviction of the need to "listen to the poor" and deal with their own experiences and concerns as a moral imperative, only recently has critique about this view been placed in the public domain.

In the health field, advocacy has been promoted by the publication of *PLA Notes* ⁹, a type of newsletter that covers a range of topics (most of which come from other areas of rural development) including conceptual developments as well as practical experiences. Issues 16 (1992) is devoted to health; Issue 37 to sexual and reproductive health. These issues are made available free to those in the South and can be ordered by writing:

International Institute of Environment and Development, 3 Endsleigh Street, London WC1 ODD.

In addition, PLA produces topic packs that can be obtained by writing the Participation Group, Institute of Development Studies, University of Sussex, Falmer, Brighton BN1 9RE UNITED KINGDOM. Few of these articles are critical of the participatory concepts and the specific use of participatory methods. They take the stance that the participatory intervention is correct and the problem is with "fine tuning" the intervention.

Critiques

On one hand, professionals, perhaps particularly in the field of health and health care, have a healthy scepticism about the involvement of lay people in a field that deals with life and death. It has always been an uphill battle to convince health professionals that those who have experience but not the training have something sensible to say about health improvements. On the other

hand, as we have discussed above, the experiential and, more critically, the moral stance on the need of participation is compelling. As both these views are often come from an emotionally rather than analytically formulated opinion, serious critiques that address issues with a view to improve the participatory intervention are not many. A good critique that has only been published in 2001 clearly lays out issues that must be addressed in advocating participation for development³. Drawing both academic and field experience, the book is a compilation of papers from a conference. The chapters highlight the influence of culture, environment and political expediency on participatory methods and probe the question of whether participatory approaches are a methodology or simply a way of talking about things. Under the title Participation: the new tyranny?, the book puts forward evidence and arguments that challenge the views that: 1) participation is the key to sustainability and equity 2) participation always leads to empowerment not manipulation 3) participation overcomes is a liberating process that can overcome the constraints and demands of professionals and planners for project outputs.

The articles in the book confront many of the assumptions on which Chambers¹ and his colleagues build their advocacy and does not shy from pointing out discrepancies. It also questions the capacity of such organisations as the World Bank (that must provide a product to show the value of their investment) to accept and promote participation in the Chambers context and suggests that these agencies rely on the rhetoric rather than addressing the reality of the situation. Having published concerns that have so far been only expressed in discussions or in the grey literature, this book is bound to have an influence on the thinking about participatory approaches. It will be imperative in the future that those using these approaches are in a position to answer concerns raised in this volume.

Reviewing the health experiences, Zakus and Lysack¹⁰ have written a critique of programme implementation. They start by summarising views about the value of community participation then look at problems in conceptualisation and evaluation. They look at a number of projects and assess what leads to success and failures. One useful contribution is checklist of conditions that make it more likely community participation in projects will succeed. In their analysis they suggest that the meanings placed on the terminologies of "community", "participation" and "empowerment" are barriers to meeting planners' expectations. They examine briefly the relationship of community participation to health promotion and empowerment and suggest the latter two concepts may be at odds with the idea of "community". They argue that community, as previously defined, puts forward a notion of co-operation while health promotion and empowerment stress ideas of advocacy and social activism based on autonomy and conflict.

Case Studies

This theme certainly contains the greatest amount of literature and a widest range of quality of publications. Also as we have noted, case studies have been used in the literature described above to promote the ideas in the conceptual, critical and promotive contexts. From

the large amount of material published, the first I have selected is the two volume study from Uphoff and his colleagues because one volume describes the case studies and the second uses these studies to analyse critical issues in participation. These publications include case studies from the health sector.

Compiled by Uphoff and his colleagues, Reasons for Hope⁴ describes a range of rural development programmes that have seen community participation as a key element. This book examines a variety of programmes written by participants within these programmes. They look at the policy environment in which the programme grew and also how the programme was able to change that environment. In Reasons for Success⁵ the authors argue that a reductionist approach that only seeks single factors to identify achievements distorts the understanding of what works. They emphasise there are no formulas but a wide range of recipes that make a good strong broth of community development. These different recipes when combined and re-enforced bring about transformative change.

The second selection is the World Bank publication, The World Bank participation sourcebook.¹¹ It emerges from the Bank's concern with human capacity building and sustainability of projects. It might be described as a reference for those who want to pursue participatory approaches and need some easily accessible guidelines. The case studies address issues that professional planners and technical experts must confront when establishing development programmes. While it contradicts the arguments of the Uphoff group, it also commands great influence because of its predominant role in funding development projects. That the Bank has spent so much time and money on examining participation is certainly encouraging. Whether the expectations of sustainability and equity will be achieved by the approaches outlined here is questionable.

CONCLUSION

A critical review of all these publication shows that they give valuable insights to the strengths and challenges of community participation for health improvement. They also assume community participation is best examined as an intervention that has controllable and predictable outcomes. However, it is questionable as to whether viewing community participation in this context is realistic. There are several reasons that it may not be:

- 1) As Zakus and Lysack (10) point out community participation is a process within the community. It happens whether planners recognise and choose to work with it or not. Planners consistently try to manipulate people to gain the objective they have set. They have neither time nor reason to become social anthropologists to assess culture and environment. They want output. The results, however, are not predictable. There is simply no way of knowing, without doing a full scale social analysis and even then it is not for sure, whether outputs are achievable and sustainable.
- 2) Secondly much of the writing does not explicitly address participation as a political factor. For example, for the World Bank where output is priority, planners make no attempt to deal with this issue. For advocates like Chambers and the PLA supporters

where the underlying ethos of the history of socialism is dominant the restructuring social relationships that will transform society is a given. They do not question the political implications or whether "society" wants to be transformed or not. Both these positions are also unrealistic.

- 3) Finally the fundamental expectation is that planners/professionals can understand, articulate and thereby control change. Anyone who has been involved in community work would not hold this illusion. Change is inevitable. All one can do to improve the situation, whether professional or lay people, is to contribute to that change in a positive way. To argue as some do that participatory approaches should be discounted because they do not contribute to sustainable improvement. Or that they should be used only to "empower" people is not helpful. In the case of the former, it shows the vulnerability of those who cannot predict results and thus do not want to make contributions to change. In the case of the latter, the argument can be used to deny communities, especially the poor, knowledge, tools and experience that just might open new opportunities to improve their lives. In both cases, they highlight the need of planners/professionals to try to remain in charge of the direction and/or outcome of change.

So in the end participation is really about power and control. Planners/professionals will have to recognise participation is not an intervention; it is an existing condition among members of any community and this condition cannot be controlled except in a totalitarian state (and then not very successfully or for very long). The most important contribution planners/professionals can make, perhaps, is to accept this situation and to move from a dominant to a supportive role in development programmes. Community participation will happen with or without professionals. The challenge is how can professionals support efforts for participation, empowerment and democracy that they continue to advocate but hesitate to act upon.

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