CHAPTER II

Community Participation in Health Development: Notes on a Critical Issue

Introduction

Community participation as an approach to health development is not a new phenomena. The notion of community involvement in health care has a long tradition, but it is only in the past two decades or so that community participation in health development appeared as a systematic approach. At present community participation is being widely acknowledged to be essential to the development of health services such as primary health care, especially in developing countries (Oakley, 1989). At the same time, the difficulties encountered in the implementation of primary health care are forcing us to reflect on the concept of participation. Too often the ideology of 'people's involvement' was seen as an effort of individuals to assist in the implementation of plans already made and targets already set by authorities and the professionals (White, 1982).

A literature review makes it clear that it is important to clarify what we mean by 'community participation'. At the first glimpse the meaning looks obvious, but a more detailed review of the literature indicates that there are quite different interpretations of these concepts. This essay will explain the concept of participation, review the arguments, as well as the critical issues in community participation.

Key Concepts

In this study I'm using a number of key concepts which are interrelated. None of these concepts has a set definition on which scholars agree. This does not need to be troublesome, what matters is that I declare in which sense they will be used in this study.

Development: It is common to think that development is being synonymous with economic growth, or with the appearance of new social institutions. In this study I consider development as being synonymous with the process of human growth. A process by which people learn to change their own situation by identifying their own goals to improve the overall quality of their life. Development in this way is not apolitical. It is my position that the process of empowering people is in itself a political act. Development in this study is a holistic concept and is not limited to economic or social advancement. External resources can be delivered to the people, human development cannot. Development in this perspective is strongly related to "learning as an holistic process of adaptation to the worl" (Kolb, 1984, p.31).

Community: No community is homogenous and consists out of different and sometimes quite polar strata for example, males and females, youngsters, adults and elders, or poor, middle class, and rich, or employers and employees, or religious groups, or ethnic groups and so forth. Further, no community is equal in terms of structures. There are clear structured

villages, there are villages composed of loose confederations of clans, or even dispersed populations. Considering all these it becomes less clear what we mean by community. In the context of this study I use the definition of community of Anderson and Carter (1984):

> Community is a population whose members consciously identify with each other. They may occupy a common territory; they engage in common activities. They have some form of organization that provides for differentiation of functions, which allows the community to adapt to its environment thereby meeting the needs of its components. Its components include the persons, groups, families, and organizations within its population and the institutions it forms to meet its needs. Its environment is the society within which it exists and to which it adapts, and other communities and organizations outside itself that impinge upon its functioning (p. 65).

Participation: As mentioned above the essential feature of this study. There has been a wide range of publications on the concept of participation which could be classified into two main schools of thought (Oakley, 1989):

a) One school makes the assumption that:

> There is little wrong with the direction of development, but that failures are caused because people have been neglected or people did not want to become involved based on lack of information. This assumption is the driving force for focusing on provision of information and knowledge so that people become involved, commit themselves and thus help ensure success of the program (p. 1).

b) The other school argues that:

> The direction of development is fundamentally misconceived. The unreflecting way in which people have been left out of the development system and treated as passive recipients rather than active participants are the basis for failure. This argument is the driving force to seek new approaches, innovative and flexible ways,

> taking into account the existing knowledge among people. This approach is concerned with producing new knowledge, new directions and modes of organization rather than with wider dissemination of existing development procedures (p. 2).

This study is based on the second of the two concepts mentioned above, and therefore participation is not seen as an means but as an end, an ongoing process which extends beyond a research or program's life-time.

'Health' development: This is not a new phenomenon, but in the health sector, just as for other sectors, it has been an important aspect of national development plans. The declaration of Alma-Ata in 1978 contains a strong appeal to governments to address health development and to support the development of community health through socio-political and economic commitment (WHO, 1978). The lack of success in health development is partially caused by the fact that health is too often seen as the concern of the health care system only. After all, a health care system is a quite narrow base to address development of health. Community health should be the people's goal facilitated by an intersectoral concern because it is strongly affected by the activities undertaken or lacking within the different sectors of public service. This paper defines health development as the outcome of activities undertaken by the people themselves and the different public sectors affecting health directly or indirectly.

Participation and Development

The formal concept of community participation in health development seems to date from the mid-1970s and since then a wide range of publications have argued its merits and suggested the kind of changes it would bring about. It appears from the literature that the concept has been enthusiastically welcomed. In theory at least the health professionals seems to support community participation as a basic concept. If judgment would be based on the literature one might conclude that community participation is a widespread practice nowadays. "It must be acknowledged that the theory is ahead of its practice. More detailed information is needed on the practice of community participation. There is a case, therefore, for putting emphasis on practicing participation rather than on defining it..." (Oakley, 1989, p. 6).

I feel that the main reason for this situation is that participation calls for an advanced reallocation of power. A shift of power from central governments to their peripheral structures, a shift of power from health professionals and services to the people. As Klouda (1993) writes:

> Most governments and non-governmental organizations try to realize primary health care through service delivery systems. These unfortunately do not tackle the complex socio-economic and political issues which determine health. Furthermore national primary health care programs are difficult to sustain and to improve, and resources for replication are lacking... (Rohde, 1993, p. 12).

National health development strategies face the conflict between health directed needs, as determined by the health professionals and services, and health related needs, as determined by local people

themselves. "This conflict often results in an incompatibility between the two sets of needs and a lack of community interest in externally promoted health programs..." (Oakley, 1989, p. 5).

An evaluation of the Aga Khan Foundation's primary health care projects states that community mobilization is critical (Reynolds & Stinson, 1991). The evaluators are stating that: "community organization, ownership, and empowerment are not always necessary for effective primary health 'care' but probably are essential if the community is expected to sustain the services" (Reynolds & Stinson, 1991, summary, p. xxi).

It is important to realize that community participation is not just another remedy to solve the problems in development efforts, if fundamentally based on a misconceived concept of development . As Oakley (1989, p. 26) says: "Community participation can not develop if the essential support mechanisms are absent that is, political commitment, reorientation of the bureaucracy, capacity for self management and minimum basic health service coverage".

Arguments for Participation

A central aspect of the concept of primary health care is participation, which has been adopted by the World Health Organization as the organizing principle in realizing "health for all by the year 2000". At least ten distinct reasons, discussed in the literature in favor of participatory approaches in health development are summarized below (White, 1982; Paul, 1987; Oakley, 1989).

First, more will be accomplished with participation: The observation that conventional public services have not been extended to the grassroots level and the pessimistic viewpoint that in many countries governmental agencies are unlikely to change their approach, by addressing the needs of the poor, is the driving force in promoting participation. The underlying assumption is that reliance on the people's energy as the primary force in development is the way to achieve sustainable success.

Second, participation makes services more cost effective: Perhaps this is only another way of looking to the first argument. If services can be provided at a lower cost to each community, they can be provided to more communities. It is therefore important to ask who benefits from this? The assumption here is that the contributing communities themselves should benefit, but this cannot always taken for granted. Cost effectiveness in this context should be more than a reduced labor cost. It should include organizational and technical solutions which are cheaper but also more appropriate to the local social environment.

Third, participation as catalyst for further development: The assumption here is that community participation will not only lead to a more united community, but that a successful organized project in a community will provide means and the stimulus for further efforts to tackle other needs. This assumption is stressing the importance of organization and stimulus while other constraints are considered to be less important. Relevant questions to consider are: Does the external agent or agency continue to offer stimulus and help? Should local people not take over the role of stimulator to ensure sustainability? And problems need to be

recognized by the people themselves in order to avoid that further demands for contributions to communal projects face an inclined co-operation.

Fourth, participation leads to a sense of responsibility: When people take active part in problem definition, planning and action they will collectively consider the project as their own, have pride in it and a sense of responsibility for it. The argument is based on the familiarity each community member will gain from participation. Important is to be aware that individual thinking is not the same as a community response. Another critical aspect is the required support and co-operation from the public sectors. External agents or agencies who are reluctant to explore innovative and flexible ways in support and co-operation building will end up with a frustrated community.

Fifth, participation guarantees that felt needs are involved: Communities demonstrate their needs and their willingness to support and participate by making a collective effort to organize action. This assumes a shift from needs determined by (health) professionals to needs as determined by the people themselves. Are the sector services, dominated by professionalism, ready to make this shift? Is there a danger that anomalies arise from the effect that communities compete for the limited resources?

Sixth, participation has an intrinsic value for the community: It is often argued that people simply should be able to participate actively in the process that affect them, having a voice in the decisions and actions that are taken. This would bring an intrinsic satisfaction and avoidance of the feeling of powerlessness. Participation will also contribute to an increased cooperative action and a more unified community. Important is to be

aware that increased activity can lead to occasions of friction and that participation practiced on terms defined by outsiders has little intrinsic value.

Seventh, participation ensures that things are done in the right way: If the people will take active part in the design of the systems they will use, then these systems will presumably be better adapted to their needs than if 'experts' decide without consultation. It has to be mentioned that professionals or experts are required to facilitate problem solving. One could argue that an open-minded imaginative approach by professionals involved is as important as the participation of the users.

Eighth, use of indigenous knowledge: One of the arguments for participation is that it enables progressive change to take place while making use of the existing knowledge and adapting it to new circumstances rather than discarding it and devaluing local expertise.

nineth, Freedom from dependence on professionals: The approach to community participation enables people to become free of dependence on the monopoly of expertise controlled by professionals. In the health sector, for instance, collective self-care can replace the need for comparatively expensive treatment by a doctor.

Tenth, participation brings conscientization: Participation help people to understand better the nature of the problems which are obstacles in their escape from poverty. They learn how to make more effective demands or acquire solutions to change the situation of oppression. With regard to Paulo Freire's theory on conscientization it should be mentioned

that conscientization is the start of a long and difficult process in rebuilding a society where there is justice instead of oppression.

The Support Mechanisms

With the above in mind, one may wonder whether participation has to wait for better times in many of the developing countries? Whether talking about participation is not talking about utopia? It is generally agreed that the process of community participation in health development needs the support mechanisms as mentioned above and that it would have no use proclaiming participation in places where this support is not available or unlikely to materialize in short term. Even most non-governmental organizations are not free from 'paternalistic' attitudes and, if they proclaim community involvement as a priority policy, participation is rather a means than an end. This is because, if participation would be an end, it would call for a dramatic reallocation of ownership, which is for most non-governmental organizations a sensitive matter.

From the literature it is clear that the development of appropriate methods for community participation is only in its initial stage. The issue is how to break through this rigid professionalism in health services. The health care sector can learn from the experience of other sectors and make a start to aim at effective co-ordination and cooperation for these plans and programs affecting health. Similarly a re-orientation could be very meaningful for several non-governmental organizations specialized in providing health services. Too often they are operating in isolation from

agencies working in other sectors and much could be learned from partner organizations involved in social development.

Empowering People

Finally the subject of this paper, the people, where are they in this debate? What can they do to move onwards to a more justifiable position? The public services, including health, as well as the flood of non-governmental organizations are important partners in developing the community, but change in their structures and policies is an issue which needs time to be resolved. Does this mean that communities have to continue to accept the position of being recipient for the agencies who have the power but lack the political will to change? Do communities have to accept the burden of poverty, diseases, ignorance, inability, and so forth? The answer is no, but we have to be aware that a community is not an isolated entity; that communities are sub-systems of larger settings and that socio- environmental factors can not be neglected.

Scholars such as Paulo Freire (Pedagogy of the Oppressed, 1972) have stressed the importance of 'conscientization' of communities. A proper understanding of the causal factors to undesired situations is seen as the first step to leave the stage of apathy and proceeding towards action (Park, 1993). Gaventa (1993), writes about the 'elite of knowledge' that:

> In a feudal society, the key resource is land, and those who control it, the landlords, are the key political actors. In an industrial society, power derives from the ownership and control of factories. And in an information society, knowledge, in addition to land and industry,

> becomes a product to be owned as capital (Park, Brydon-Miller, Hall & Jackson, 1993, p. 27).

In participation much emphasis is given to gaining knowledge by the people, to empower them by using knowledge to improve their own situation. The political aspect in the participatory approach can not be denied, but one should be aware to handle it with care, to avoid the experience of others by ending up in isolated initiatives, who hardly sustain and which do have a risk of becoming a frustrating experience for the people involved.

Participation is Not Apolitical

As pointed out by Freedman (1994), the concept of participation is based on the political idea that all individuals should have a voice in decision making, which is the philosophy of democracy.

If we look to the developing counties, the question may arise how many of these countries are ready to practice democracy? The political instability in Bangladesh today, the country were the study area for participatory action research is situated, indicates that the Bengali society is facing difficulties in practicing democracy. Therefore one should question to which extend a community is ready to practice participation and how to approach it. As Abecassis (1990) mentioned: "Bengali follow a leader rather than an ideology and leadership by committee is a strange and new idea for rural Bangladesh..." (p. 109). Based on my personal experience in Bangladesh I agree with Abecassis. For years I practiced the principles of

participation in planning and implementing projects, I focused strongly on the human activity system, and it worked, it was successful, but reflecting on it I have to admit that the local people I worked with admired me as their leader, and therefore accepted to exercise the strange idea of participation.

In conclusion I would say that indeed participation is not apolitical, it is based on the ideology of democracy, therefore in practicing participation one should not rock the boat too abruptly. A careful examination of the target community is important to find the entree points. Leadership is one of the key elements in implementing participation.

Participatory Research and Health Development

Participatory researchers (Fals-Borda & Raman, 1991; Freedman, 1994) argue that diversity in membership in a participatory approach is not desired. Where there are concentrations of wealth and where dramatic differences exist between poor and rich, participatory evaluation groups can not pretend to effectively serve both. I accept this argument for certain settings, where there are dramatic differences for example, gay movement, feminist movement, working with prisoners, oppressed religious minorities, oppressed ethnic minorities and so forth. If the focus is rather a village instead of a strata, and where differences are less dramatic or significant, I believe that working with the underprivileged only tends to end up in missionary-like activities, which create islands or enforce sub-cultures, but have little impact on the structure of the community as a whole. Allowing a workable diversity is utilizing the potential of solidarity building, and

utilizing optimal the local resources as well could be an application of participatory research in health development. Further I would argue that if participation is a democratic principle all stakeholders should have a voice, the common people and the elite. Nichter (1984) argues that:

> Participatory research as a first step towards community involvement in primary health care is needed if the rhetoric of community participation in health development is to be turned into reality. Participatory research creates an opportunity for community representatives to reflect on their experience of life, to share their reflections with others and to stimulate the development of problem solving skills within the community itself (p. 237).

Cohen and Purcal (1989) in contrast with sholars argue that:

> The philosophy and methods of participatory research offer considerable potentials for the development of genuine community participation in health. The philosophy of participatory research has had a profound influence on non-governmental organizations working among the poor in developing countries, including the field of primary health care. However, the process of exerting political influence to acquire resources is not without dilemmas. Should co-operatives include only the poor and thereby minimize internal dissension or should they include members of the village elite who have the external contacts to increase material resources? The use of political brokers such as party politicians has the potentials for access to substantial resources (p. 15)

I would say that participatory action research has strong potentials to initiate active community participation in health development. The basic concept in participatory action research is to empower people. This potential of participatory action research could facilitate a shift of the community's role from being recipient to becoming initiator in ensuring health for all. Similarly it calls for a shift in the sectors role from being initiator to becoming facilitator. This re-allocation of roles has its political consequences for the public services and the agencies involved.

The dilemma of addressing the oppressed only, or including the community's elite, is indeed not always easy. The scholars are very clear: In participatory action research one has to choose. The only exception they all agree on is ensuring the gender differences. Groups should actively recruit women to ensure a balance in the number of women and men. I wonder why scholars are so flexible on this aspect, because the oppression of women by men has a world-wide long history. Further the literature offers evidence (Oakley, 1989; Abecassin, 1990) that working with the oppressed only is not without problems. Often these initiatives undertaken by non-governmental organizations end up in charity or creating a new form of dependency. I do not intend to argue with the scholars on this point, but as mentioned above in this paper, I advocate the practice of participatory approaches at a community level even if that would include the village elite. I agree with Oakley (1989) who argued that:

> Emphasis in research into community participation in health development should be defining the concept on the basis of practice rather than seeking data and information to confirm a predetermined interpretation. An attempt should be made to derive theory from practice rather than then other way round (p. 67).

Creating a New Dependence

Non-governmental organizations do have certain advantages over governments in supporting participatory approaches. They tend to be less bound by bureaucratic procedures and more flexible in dealing with an changing environment. Many non-governmental organizations have been adopting the concepts of participation in their programs, but a striking

contradiction in developmental activities with the rural poor is that several of these organizations tend to become a substitute for the traditional patron-client relationships. A new type of dependence grows between the self-help initiators and the target groups, who tend to become 'recipients' of development while the non-governmental organizations themselves take over the functions of government and politicians (Oakley, 1989; Abecassis, 1990).

The role of non-governmental organizations should be preparing the ground for community participation so that necessary change in a society can take place. This organizations could be useful as brokers, helping communities plan and implement their programs and linking them up with government programs.

Required Community Characteristics

Among the pre-conditions that facilitate participation are strong, competent leadership, a relative homogeneous population, and previous positive experience of participation. To plan for an approach to community participation in pubic service programs that recognizes the variation in communities, requires access of the agencies to information essential to understanding community characteristics. According Isely (1986, p. 18) those essential characteristics appear to be: (1) a past history of participation, not necessarily in projects but as part of tradition, and (2) effective roles of leadership, (3) existence of organizations in the community (traditional, cultural and political party structures), (4) any history of

voluntarism, (5) the existence of people with required skills and (6) economic resources and their distribution. These characteristics when combined form a profile of relative readiness to participate.

It is evident that understanding of the community's characteristics is an essential component in preparing participatory approaches. Participation is a concept and application of it must recognize the specific situation and characteristics of the community.

Conclusion

My conclusion from the literature review is that the concept of community participation is widely accepted as a valuable factor in health development, that there are many ways to look at participation depending on the assumptions applied to development, and that there is no universal model to practice participation. Each local community has its own characteristics and identity which need to be explored carefully, because this exercise will offer the information on how to initiate participation in specific settings and their social environment.

As discussed above there are many arguments for participation, and depending on the situation, each of these arguments can be used as objective. It is my position that the strength of participation is its potential to develop a holistic approach in dealing with problems and the actions to solve them. An important pre-condition here is that participation can only grow if there is a mutual empathy, trust, and respect among the

stakeholders involved. After all, participation is not a technique; it is rather a part of a way of life, a *weltanschauung.*

Despite the difficulties and obstacles pointed out in this paper, I believe that the philosophy of participatory problem solving approaches offer considerable potentials for: (1) ensuring the active role of the community in decision making, planning and implementing activities affecting people' s quality of life, (2) linking the (health) sector directed needs with community health related needs and, therefore, (3) improving the health development process. If the health care system wants to move away from the impasse of facing non-co-operation from the community and the other sectors in aiming at health for all, it will have to open the door for dialogue with 'non-professionals'. Professionals have to consider the need to balance the sector and holistic approaches. The way to do so is participation of the community and collaboration with the other public sectors. The option of genuine community participation include political consequences and the realization of it will take time. This does not mean that the process of changing the development approach is a single top to bottom movement, and that change can not be initiated as long political commitment is not established. Communities do not have to accept the burden of poverty, diseases, ignorance and inability. Community leaders or non-governmental agencies could play a role as broker to initiate community participation and in this way create a bottom to top movement. With the assistance of agents of change, communities can learn to plan and implement actions and linking them up with government programs.

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