When is Research Participatory? Reflections on a Reproductive Health Project in Brazil

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ABSTRACT

This article addresses women's participation in an organization development project designed to improve public sector family planning and reproductive health services in Brazil. Although community women collaborated in aspects of the intervention and research, the project nonetheless raises the basic question whether such involvement of community women does or does not correspond to what scientific writers consider to be the essence of participatory research. We review key project features in the context of recent literature and conclude that although the project is committed to the sharing of power and control, it does not fully correspond to the characteristics of participatory research. Moreover, we argue that given the project's central focus on reproductive health outcomes, complete adherence to the process-oriented, pure version of participatory research would have been inappropriate.

INTRODUCTION

This article addresses women's participation in an organization development project designed to improve public sector family planning and reproductive health services in Brazil. The development field has articulated the need for such participation over the past two decades. These calls have intensified subsequent to the International Conference on Population and Development in Cairo in 1994 and the International Women's Conference in Beijing in 1995. However, although the value of participatory approaches is widely affirmed and a large number of projects have been organized seeking to enhance such participation, methodological and practical issues remain unresolved. There are numerous examples in southern and northern countries illustrating how grassroots women's organizations or other nongovernmental organizations succeed in providing high-quality reproductive health services that are attentive to women's needs.1,2 There is, however, no evidence that participation of grassroots women has been tried, let alone has succeeded, in public sector settings.

One major rationale for participatory research is to assure that health problems addressed and methods of intervention developed are congruent with local needs and priorities. When the identification of needs and the implementation of services occur without the participation of those most centrally affected, actual needs tend to be

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poorly served or neglected. In the project discussed here, local women participated in decision-making, in some aspects of the implementation process, and in articulating their experiences with and reactions to public sector health services. Although community women collaborated in the intervention and research, the project nonetheless raises a fundamental methodological issue: Is it or is it not participatory research? Does it correspond to what advocates of participatory research and scientific writers in the field consider to be its essence? If it is not participatory or not completely so, what difference does this make in reaching the project’s health objectives?

We begin by providing background about the organization and main results of the project and then address theoretical concerns, findings, and lessons related to the participatory methodology. We conclude by articulating the need to institutionalize participatory approaches as a key priority issue for action and research.

ORGANIZATION AND OVERALL RESULTS OF THE SANTA BARBARA PROJECT

An assessment of the need for contraceptive introduction in Brazil, undertaken in 1993, had noted the limited availability of family planning and related reproductive health services in the public sector, which suffers from major weaknesses in management and human and physical resources. Given these findings, the assessment concluded that there was an urgent need to organize service research focusing on the question of how contraceptive services of acceptable quality could be made more broadly available within existing public sector constraints. Subsequently, an action research project, referred to as the Santa Barbara project, was initiated in the municipality of Santa Barbara d'Oeste in the State of São Paulo in southern Brazil. The project was organized as a collaboration between this municipality and the Centre for Research on Maternal and Child Health (CEMICAMP), a nongovernmental organization linked to the University of Campinas.

(For a detailed discussion of the overall Santa Barbara project, see reference 4.)

The municipality of Santa Barbara is a predominantly low-income, literate, urban community. At the beginning of the project in 1994, the municipality had an estimated population of 170,000. Municipal health services are concentrated in 11 health posts/centers, 2 of which are secondary service delivery points. In 1993, over 116,000 visits took place, 79% of which were female.

The participatory process was formally set in motion in September 1994 through the creation of an executive committee responsible for planning and decision-making related to all aspects of the project. It consisted of the municipal health secretary and his staff, service providers, CEMICAMP representatives, and members of a local women’s organization, SOS Mulher. This women’s organization was created for the explicit purpose of participating in the Santa Barbara project. It is discussed in greater detail later. The project used an organization development approach, which entailed close collaboration among municipal authorities, service providers, researchers, and representatives of SOS Mulher in diagnosing organizational problems, identifying possible interventions, facilitating implementation, and evaluating effectiveness.

Between November 1994 and March 1995, CEMICAMP researchers implemented a baseline evaluation of municipal reproductive health services in order to assess community perspectives and needs, availability of and access to services, quality of care, the human and physical resources, and the management system. This baseline diagnosis used several methodologies including focus group discussions, clinic-based interviews with clients, in-depth interviews with providers and administrators in Santa Barbara and with regional, state, and federal health officials, patient flow analysis, and observational techniques. Findings revealed major constraints in availability of and access to reproductive health services for women, in particular in family planning, as well as severe deficiencies in quality of care.

Interventions designed to address these weaknesses within the resource constraints of the public sector focused on training, restructuring of provider roles and service delivery patterns, the creation of a referral center, the introduction of injectable contraceptive and vasectomy services, and the management process. The executive committee had discussed and initiated some of the needed interventions before completion of the diagnostic evaluation. Interventions were further discussed by the executive committee in light of the findings from the diagnostic evaluation. In-
Interventions were started sequentially beginning with training and the restructuring of services and provider roles, followed by the creation of a reproductive health referral center. Toward the end of the second project year, between July and September 1996, a formal evaluation was conducted using the same instruments and approaches as the baseline diagnostic study.

After more than 3 years of implementing this approach, family planning services in the municipality of Santa Barbara have seen major improvements. Public sector services have shifted from a dysfunctional system focused predominantly on inefficient mechanisms to cope with excessive demand and inadequate supplies of services to a more woman-centered and problem-solving approach that assures expanded contraceptive options. Health services have been restructured to ensure that a broad range of contraceptive options is now available through the referral center. Recruitment of additional gynecological personnel and improved organization of service delivery at the health centers have increased the availability of reproductive health services including family planning. Training has updated personnel on both technical and interpersonal dimensions of quality of care.

A PARTICIPATORY METHODOLOGY?

Beginning with the early planning stages, interest in involvement of community women in the Santa Barbara project was strong. This commitment had two major origins. First, the strategic approach to contraceptive introduction, in which this project is anchored, is strongly committed to participatory processes involving women. Second, the commitment to women’s participation derives from a broader philosophical appreciation of the need for women-centered approaches to public sector service improvement.

The rationale of calling for women’s participation at all levels in policy and program development is closely tied to explanations of why development programs generally and health service provision particularly often fail to serve women’s needs. Kabeer, in a radical critique of development and service programs in southern countries, sees the roots of failure in the absence of community women’s voices in the definition of need, in the shaping of policies, and in the design and implementation of programs. Women are typically seen as “passive clients in need of enlightenment and uplifting” not as “competent but socially constrained actors who are capable of making choices, articulating priorities and taking responsibility.” Her point of view aptly describes the dynamics of policy development and program implementation in family planning programs in southern countries. Women are viewed as clients, as patients, as recipients of services that someone else decides are good for them. Most programs create little, if any, organizational space for the active involvement of local women or for women organized in advocacy groups. Women’s sense of agency is considered to be extremely limited.

The baseline diagnostic evaluation established that availability of reproductive health services was severely constrained and that municipal staff used a complex system of appointment scheduling to ration the extremely limited services. Women had to reach the health post in the middle of the night and stand in line for several hours to see a physician or to make an appointment for care. As a consequence, women in the community equated being able to schedule a reproductive health appointment with municipal services as tantamount to winning the lottery. Moreover, when services were made available, they were limited in scope and poor in quality. Participation of local women, who are actual or potential clients of municipal health services, was seen as one mechanism for ensuring that these conditions would change in the course of a project committed to a process of diagnosis, intervention, and evaluation of service innovations.

Given the project’s commitment to the involvement of community women in various dimensions of the project and given its broader collaboration with municipal authorities, it would seem logical that the project should be considered participatory research. However, current discussions in the literature suggest that such a conclusion would not necessarily be accepted by researchers in this field. We examine the Santa Barbara project in the context of the literature to clarify if it is or is not participatory research.

Definition of participatory research in the current literature

Cornwall and Jewkes have provided the most comprehensive review of participatory research. The essence of such research, the authors argue,
is its commitment to the sharing of power with the people with and for whom researchers work. Whereas in conventional research, control over the research process rests entirely in the hands of the researchers, participatory research implies that at least some of this control rests with local people. Such nontraditional, participatory methodologies cover a range of approaches.

At one end of the continuum of participatory methodologies lies participatory action research (PAR), which could be considered a purist form of participatory research. PAR emphasizes that research cannot be considered participatory unless it is committed to radical social change and to a community-defined and community-directed process. PAR is inspired by the writings and teaching of Paulo Freire. As Maguire sees it, the pure form of participatory research constitutes an alternative paradigm driven by a rejection of existing social conditions and by the need to transform society, to analyze structural conflict, and to create more equitable social systems capable of serving basic human needs. It is committed to alternative ways of knowing and is critical of conventional social research in which

...ordinary people are rarely considered knowledgeable, in the scientific sense, or capable of knowing about their own reality. They are excluded from the increasingly more specialized research industry, barred by requirements of the "scientific method," and by intimidating concepts and jargon, money, time, skills and experience. In addition to being excluded from meaningful participation in knowledge creation processes, oppressed and ordinary people are subjected to research processes which treat them as objects and things. Hence, traditional research processes are often alienating and dehumanizing.

According to this conception, participatory research seeks to return the knowledge creation process to ordinary people and, therefore, is committed to ensuring that the problem definition arises from within the community and that local people function as colearners in the research process.

Cornwall and Jewkes summarized key differences between the two polar extremes in a table contrasting the role of local people in the shared knowledge creation process of participatory research with conventional approaches driven by researchers and institutional interests. They acknowledge the variety of combinations in which the elements coexist in both intention and practice. Cornwall and Jewkes also note the contentious nature of the debate and the position of some practitioners that the polar extreme is the only version deserving the label of participatory research.

Locating the Santa Barbara project within a comparative framework of participatory and conventional research

In practice, few research endeavors correspond to the pure form of participatory research. Although some of the literature implies that this pure version is the only one deserving that label, we concur with Cornwall and Jewkes that participatory methodologies should be viewed more broadly. In fact, it is of interest to identify where a given project is located within a comparative framework of participatory and conventional research. Table 1 presents such an analysis for the Santa Barbara project.

The Santa Barbara project in many respects fits squarely within both the participatory and the conventional paradigms. The research serves both local people and institutional and professional interests, the knowledge of both local people and scientists counts, the topic choice is influenced by local priorities and institutional agendas, and so on. The Santa Barbara project is focused on the reproductive health needs of local women. At the same time, however, the research also tests the viability of the strategic approach to contraceptive introduction and, in that sense, pursues a larger institutional agenda. As one of the fundamental concerns of the strategic approach is to redirect research related to contraceptive introduction toward greater attention to women's real needs, there is complete overlap between the institutional agenda and the needs of local people.

Both the knowledge of local people and that of the researcher are critical in this project. Community people's perspectives on municipal services were ascertained through a series of dialogues with members of the community. However, service conditions were also assessed by researchers through participant observations of provider-patient exchanges. The logic of relying on the knowledge of both local people and researchers is to emphasize the importance of ap-
### Table 1. Locating the Santa Barbara Project (SBP) Within Participatory and Conventional Research as Defined by Cornwall and Jewkes

<table>
<thead>
<tr>
<th>SBP&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Participatory research</th>
<th>SBP&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Conventional research</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the research for?</td>
<td>• • • • Action</td>
<td>Understanding with perhaps action later</td>
<td>Institutional, personal, and professional interests</td>
</tr>
<tr>
<td>Who is the research for?</td>
<td>• • Local people</td>
<td></td>
<td>Scientists</td>
</tr>
<tr>
<td>Whose knowledge counts?</td>
<td>• • Local people</td>
<td></td>
<td>Funding priorities, institutional agendas, professional interests</td>
</tr>
<tr>
<td>Topic choice influenced by?</td>
<td>• • Local priorities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methodology chosen for?</td>
<td>• Empowerment, mutual learning</td>
<td></td>
<td>Disciplinary conventions, objectivity, truth</td>
</tr>
</tbody>
</table>

**Who takes part in the stages of the research process?**

| Problem identification | • Local people | • • • Researcher |
| Data collection | • Local people | • • • Researcher, enumerator |
| Interpretation | • Local concepts and frameworks | • • • Disciplinary concepts and frameworks |
| Analysis | • Local people | • • • Researcher |
| Presentation of findings | • Locally accessible and useful | • • By researchers to other academics or funding body |
| Action on findings | • • • Integral to the process | Separate and may not happen |
| Who takes action? | • • Local people, with or without external support | • • External agencies |
| Who owns the results? | • Shared | • • The researcher |
| What is emphasized? | • Process | • • Outcomes |

<sup>a</sup>This table adapts the table presented by Cornwall and Jewkes<sup>b</sup> by adding scores for the Santa Barbara Project.  
<sup>b</sup>The bullets confer the degree to which the SBP fits the various dimensions of participatory versus conventional research. For instance, on the first dimension “What is the research for?”, there are four bullets to indicate that the SBP can be considered exclusively participatory research. On the second dimension “Who is the research for?”, two bullets under each type of research show that the SBP is research to serve both local people and institutional, personal, and professional interests. For the third dimension “Whose knowledge counts?”, one bullet under participatory research and three under conventional research signify that the research is more directed by scientists than by local people and, hence, is more heavily weighted on the conventional research side.

Approaching issues from a variety of perspectives, the two perspectives are complementary. Even though the users of services cannot necessarily assess the technical competence of care, their perspective is essential to understanding how they experience the service system.

In two areas the project falls entirely into one or the other mode of research, however. In terms of its orientation to action, the Santa Barbara project fits squarely within the participatory model. The central purpose of the project is to improve public sector services for women. In regard to the data collection, by contrast, the project fits only in the conventional mode. Data collection related to the baseline diagnosis and evaluation was entirely the responsibility of the scientific team from CERICAMP.

The number of bullets in Table 1 shows, however, that although the Santa Barbara project has elements of both the participatory and the conventional modes of research, greater emphasis can be placed on one rather than the other. When taking the degree of emphasis into account, it is clear that the project is more centrally located within the conventional model of research than in the participatory one. Researchers play a stronger role in the process of problem identification, interpretation, and analysis of results than local people. Similarly and very importantly so, the Santa Barbara project emphasizes outcomes...
more than process. The fundamental goal is to improve access, availability, and quality of care. Although valued, the participatory process is predominantly intended to ensure that appropriate interventions are undertaken.

The emphasis on process in participatory research must be seen in terms of its roots in educational research and action. In those fields, process is essentially an end in and of itself. However, in action research designed to improve access to and the quality of women's health services, outcomes are of the highest priority, even though the commitment to involving the community is strong. The support and participation of local people in the research enterprise depend in large measure on this emphasis on outcomes. As we discuss in greater detail later, the very survival of the Santa Barbara project was due in large measure to its success in accomplishing such service improvements.

Local people and local health authorities/providers

The Cornwall and Jewkes framework establishes a dichotomy between local people and researchers/scientists. The central actors in the Santa Barbara project are not completely captured by this dichotomy. It leaves out the local health authorities and health providers with whom the project collaborates in the process of diagnostic research, the design of interventions, and their evaluation. Local health authorities originated the project by requesting support from CEMICAMP in achieving improvements in municipal health services for women. Researchers from CEMICAMP used their involvement with WHO's new strategy for contraceptive introduction as a mechanism for blending their interest in working with this new approach while at the same time responding to the needs of local health authorities in Santa Barbara.

Thus, the project is participatory in two senses. It collaborates with local authorities while at the same time involving members of the local community in the research process. Clearly, health authorities and health providers are not what most authors consider local people. That concept typically refers to ordinary members of local communities in the sense that they are not health professionals, officials, or researchers (later, we discuss the complexities involved in the concept of local community). Nonetheless, the collaboration with local health authorities and providers is participatory in the sense that bridges are built from the research community to the actual users of research. This participatory nature is further reinforced by the fact that such collaboration with municipal health authorities represents a local collaboration in which local authorities chose to solicit the help of researchers to accomplish service improvements.

From the researcher's perspective, such tripartite collaboration magnifies the burden of work while at the same time providing the foundation on which successful interventions can be built. The contrasting dimensions of the participatory and conventional research processes identified by Cornwall and Jewkes could be raised with regard to the collaboration with local health authorities and providers as well. It is not our purpose to do so. We merely wish to draw attention to the tripartite nature of the collaboration as the background against which the participatory relationship with members of the local community can be understood and appreciated.

FINDINGS FROM THE PARTICIPATORY PROCESS

Patterns of participation over time

In summarizing major trends in participatory research, Cornwall and Jewkes observe that "the research process is neither continuous nor predictable." They point out that the Santa Barbara project, the dynamics of involving local women produced several surprises.

The first surprise was the spontaneity and speed of the community's response. Shortly after the newly appointed municipal coordinator for women's health requested participation through a meeting of community forums, the local women's group SOS Mulher was formed. The explicit purpose of the organization was to participate in the new project. Leadership was provided by women who had been active in other local organizations—a teacher's association, as well as the local Rotary and Lions Clubs. Most of the other members of SOS Mulher were also of relatively high social and economic status. The group began meeting twice a month and consisted of approximately 50 women at its height. A meeting place for SOS Mulher was made available in the house of a local woman, three representatives for the project's executive committee were selected, and
after a short basic training course in reproductive health from CEMICAMP trainers, members of SOS Mulher initiated educational activities in municipal health posts. The swift response to the call for participation was undoubtedly a reflection of the strong culture of grassroots women’s activism in Brazil. Although the municipality of Santa Barbara d’Oeste did not have a local women’s group focused on health at the initiation of the project, hundreds of such organizations existed throughout Brazil. Clearly, the call for participation had struck a responsive chord, reflecting a strong local need and desire for involvement with the effort to change municipal services for women’s health.

The second surprise came with the realization that women’s participation was relatively short-lived. Although the start of the educational activities was rather vigorous, involvement of most members of SOS Mulher gradually decreased after the first year. Participation in the project’s executive committee became less frequent, and educational activities began to be more sporadic. Only one participant, whose role is discussed later, stayed extremely active. As the search began for possible reasons for this decline, it became necessary to take a closer look at the participatory process, particularly the nature of the group’s composition.

The progressive decline in participation was linked to two factors: first, the social composition of SOS Mulher and what this implied for the motivation to participate; and second, the municipal electoral process. The membership of SOS Mulher did not represent the users of municipal health services but instead came from better-off social backgrounds. One member of the executive committee explained that membership in SOS Mulher for many participants was motivated by a desire to gain social prestige through association with a municipal project. Because sustained involvement in shaping the municipal health service system was not the motivating force, participation was relatively short-lived.

This experience reflects the complexities involved in seeking to assure the participation of local people. Not all local people have the same interests, motivations, or abilities to participate in project activities. The tendency to attribute a degree of sameness to local people or communities borders on fiction. In almost all social settings, local communities are comprised of heterogeneous groups of individuals, varying in social background, economic status, culture, political affiliation, and interests. Decisions related to the selection of participants in the research process thus imply critical choices influencing both the nature and the outcomes of the participatory process.

The spontaneous creation of SOS Mulher was fortuitous because it implied that local people took strong initiatives in response to the call for participation. Such local initiative reflects authentic participation and fits well within the overall model of participatory research. However, this process also confirms the observation that “unless a definite commitment to working with the powerless is part of the process, those who are relatively inaccessible, unorganized and fragmented can be easily left out.” In retrospect, it might have been appropriate to make an effort to solicit the involvement of women who more closely represented the class of local people who use public sector health services, yet we also know that participation of such women has inherent limits. They are least likely to be in a position to donate their time and energy.

Another important surprise emerged as the municipality of Santa Barbara d’Oeste began to prepare for upcoming local elections. During the election campaign, local women—those who had created SOS Mulher as well as others—explained that they did not wish to participate because project activities could not be separated from politics. Although the CEMICAMP research team attempted to maintain a professional and neutral stance, the electoral process was so all-encompassing that in the eyes of the community there could be no neutral activities during that time, especially not as the health secretary of the municipality was running for mayor. Community women did not wish to be involved in a participatory project that appeared to be tied to a larger political agenda. The fear was that parties or the government would use local people’s support for the project for their own political gains.

This pattern distinguishes the participatory process in the public sector from other community-based participatory processes involving
women. Women understand where their interests lie and when it does or does not serve their interests to participate.

**What participation contributed**

The participation of community women in the Santa Barbara project contributed a great deal in some areas and much less than expected in others. Community participants in the executive committee did not add as extensively to the decision-making process as had been expected. Several factors explain the passive stance most representatives of SOS Mulher took toward deliberations in the executive committee. First, because participation in the shaping of policy and programs is so unusual, it is unrealistic to expect that change can be brought about simply by inviting participation without at least some attention to a screening process. However, such screening implies greater proactive direction on the part of the researcher, illustrating once again the myriad complexities and even contradictions implied in the commitment to participatory research.

Second, retrospective analysis also revealed a high degree of initiative and direction on the part of the research group rather than an emphasis on the nurturing and facilitation of a participatory process. Bringing about changes in the availability, access, and quality of care of reproductive health services in the municipality often took precedence over encouragement of a more active participatory process. The time and effort required to cultivate and nurture meaningful participation can place more extensive demands on the researchers than can be accommodated.

In another area, however, participation of community women was unexpectedly high. Members of SOS Mulher elected to organize educational sessions on breastfeeding and related reproductive health topics in municipal health posts and a local hospital. Although these activities fit broadly within the scope of the project, they were clearly activities that SOS Mulher members sought to accomplish. Their approach to correcting the gaps in reproductive health was through health education rather than through more active participation in the decision-making processes of the executive committee. Their preference for focusing on education may also be evidence of a discrepancy between what local people and what scholars/researchers consider of prime importance.

An important level of participation by ordinary local women was attained through dialogue with community members that took place in the context of focus groups. As part of the baseline diagnostic phase, a series of focus groups was organized to assess how local people evaluated municipal health services. The process of identifying potential participants for these focus groups was facilitated by one of the members of the executive committee, who used her influence in the community to persuade local leaders of the significance of this undertaking. As a result, people joined the discussions with a clear understanding that they were contributing toward the improvement of municipal health services. Thus, although the typical focus group format was on the whole maintained, the process was seen as a channel through which local people, most though not all of whom were women, could exert their influence. Members of focus groups participated with the expectation that their views would be heard and that there would be improvements in the availability and quality of reproductive health services. Such changes did indeed occur, partly because with the strong statements from local people in hand, the need for change could be argued persuasively.

_Dona Geni, community anchor and project champion_

The final surprise and critical lesson from the participatory process was represented by Dona Geni, a natural leader from the community. She surpassed all expectations about the potential for women's involvement in transforming reproductive health services at the municipal level. A local leader long before the project started, she discovered in the research team a natural ally for her own mission and, therefore, put her full weight behind the effort. She used her work at a local radio station for regular broadcasts about the project, thereby increasing public awareness about its existence and its impact. Even though her radio station was run by one of the opposition parties during the previous political regime, she put all concerns for politics aside and regularly spoke about the project and invited municipal authorities to appear on the station even when they belonged to another party.

When the project initiated a program of activities and services for adolescents, it was Dona Geni who opened doors to educational institu-
tions and authorities in the community. Her standing in the community and the respect she had gained from municipal authorities facilitated innovations that otherwise would have taken much longer to achieve. Her most crucial contribution, however, occurred during the process of electoral change. She steered the project through the difficult period of the electoral campaign and was essential to its ability to survive a change in government in which the health secretary, who originally sponsored the project was defeated by his political opponent for mayor.

CONCLUSIONS

In concluding this review of the Santa Barbara project as participatory research, we first wish to suggest that the answer to the central question we posed is: Yes, indeed, the project should be considered participatory research. At the same time, however, we want to clarify that the project does not and never set out to follow the traditions of the pure version. Participatory research covers a spectrum of endeavors dedicated to the involvement of local people in the research process. To use, once again, the words of Cornwall and Jewkes, "Ultimately participatory research is about respecting and understanding the people with and for whom researchers work." There are many meaningful forms of achieving participatory research, not all of which have or should have the characteristics of its purest form. Hybrids are both appropriate and productive and may, in fact, be the norm rather than the exception.

Engagement in a participatory process forces researchers to confront complex choices and multiple contradictions. Clearly, the overall conclusion must be that research aimed at improving women's health should be committed to the sharing of power and control. As long as there is such authentic commitment, there is no one single best way of conducting participatory research, but the nature and degree of participation must be tailored appropriately to the specific research enterprise.

This leads us back to the question we raised at the outset: Would a greater degree of participation by local people have made the project more productive in reaching its health objectives? The answer is both yes and no. Although community participation was essential to the project's success and survival, a greater degree of participation by local people in the project's decision-making process, in mobilizing community action that demands public sector service improvements, and in otherwise furthering the specific objectives of the project would have produced even greater impact.

On the other hand, it must be recognized that research with the goals of the Santa Barbara project cannot be purely participatory in the sense that it has been defined by Cornwall and Jewkes. The project is centrally committed to the attainment of specific outcomes regarding the improvement of health services and to collaboration with local and international health authorities in the implementation of a reproductive health agenda. Although these goals are congruent with local needs and perceptions, they are expert driven and did not arise out of the type of community-led process considered ideal by the pure form of participatory research. By defining these broad outcome-oriented goals and objectives of research, local and international health authorities and researchers set limits on the participatory process involving community people. Resource constraints, in turn, limited the extent to which energy could be invested in nurturing participation. Local participation was further curtailed because the project was committed to a participatory process involving both local people and health authorities, thus engaging a more complex level of interaction than is anticipated in the pure model of participatory research. The literature will benefit from a broadened articulation of participatory research to include the important role of local authorities as well as by further clarification of what is meant by local people. In addition, it should be considered that measures of successful participation be at least partially defined by local people themselves.

Other important insights derived from the project relate to the nature of the participatory process. One of the assumptions behind participatory research is that it empowers local people to initiate social change. However, in Santa Barbara, the most central contribution in the participatory process came from someone who was already empowered, who had a vision of the common good, and who was actively engaged in working toward social problem solving. Her support and defense of the project during the trying days of the electoral campaign and its aftermath stood in contrast to those who chose to withdraw
from active involvement at this time. It is important to note that both are intelligent moves, and both should be viewed as examples of participation.

In our view, the most central priority for research and action relates to the institutionalizing of participatory processes. We know a great deal about the essential characteristics of participatory research, but we know nothing about how such participatory processes can be institutionalized. What is needed to sustain participatory processes over time, especially when external support is withdrawn? How can such endeavors be replicated? We have no answers because these questions themselves are just now beginning to be articulated.

As part of the strategic approach to contraceptive introduction, CEMICAMP is studying mechanisms for the transfer of participatory approaches from Santa Barbara to other municipalities. A great deal has been learned about participatory research since the Santa Barbara project was initiated. However, the extent to which sharing of power and control in the research process can be more broadly applied and sustained over time remains an unanswered question with which we continue to struggle. Certainly, this is an area that should be considered an important priority for research.

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