

These included an advocacy project for Mexican-American women (Stern 1985) and an advocacy research project focused on access to perinatal health services (Gaviria, Stern, and Schensul 1982).

In the late 1970s Stephen Schensul and Jean Schensul initiated a series of collaborative research projects in Hartford, Connecticut. As part of this process a number of community health organizations were developed (J. Schensul 1982; S. Schensul 1981). Subsequently a number of collaborative research projects were done in conjunction with these organizations, especially Hartford's Hispanic Health Council. These projects were focused on long-term community planning in health, health education, demography and minority recruitment to health careers, evaluation of community-based projects (Pelto and Schensul 1986), training community members in research (J. Schensul and Caro 1982), community needs assessment, innovative program demonstration (J. Schensul 1987), and development of culturally appropriate health education programs. These efforts served to link many community and governmental organizations and resulted in an increase in the research capacity of the ethnically diverse communities of Hartford.

There have been large numbers of research projects funded by many different local, state, and federal agencies. The research designs and methods of these projects tended to combine qualitative and quantitative data. Projects often used ethnographic research as a foundation for projects to develop rapport and increase cultural appropriateness. The projects used diverse research techniques including key informant interviews, focus groups, and surveys, among others. Studies often used probability samples and when necessary, quasi-experimental designs. That is, they used statistical analysis frequently and comparison groups and/or multiple time series measures when necessary. Community involvement in design and real concern about knowledge-utilization are defining characteristics of the approach. Elements of the research methods used can be obtained by reading the books of the seven-volume *Ethnographic Toolkit* (J. Schensul and LeCompte 1999). The authors of these books draw many examples from collaborative research projects in which they were involved.

KEY CONCEPTS IN COLLABORATIVE RESEARCH ANTHROPOLOGY

A key concept is collaboration, collaboration between anthropologists and community leadership focusing on the former's research skills and the latter's information needs. The primary reference group of the collaborative anthropologist is the community. Collaborative anthropology is an involved-in-the-action process. It is based on two fundamental assumptions. First, "Anthropological research should provide information to the population under study which contributes to the development of the com-

munity and the improvement of community life" (S. Schensul 1973:111). The research effort is often focused on the community's immediate research needs with provisions for "direct, immediate and localized" feedback. Further, the research is not intended to make a contribution to the generalized pool of scientific knowledge. A second basic assumption is that "programs for community development and improvement are most successful and effective when they are conceived and directed by knowledgeable community residents" (S. Schensul 1973:111). This assumption indicates the belief that an anthropologist's potential for success in assisting a community to achieve its goals is enhanced by working in collaboration with the community rather than an external agency. In this setting the research team works to make community-defined social action possible by providing research results that support community efforts.

The collaboration part of the process is expressed through community organization linkages. Collaborative research is conducted in "partnership with those most invested in the problem and its solution" (J. Schensul and S. Schensul 1992:162). Emphasis is placed on linking organizations that have little or no research experience with those that are experienced researchers. Inexperienced groups might include "schools and day care centers, community organizations, businesses, neighborhoods, ethnic groups, unions, and other community-based groups" (J. Schensul and S. Schensul 1992:162). These kinds of groups could be linked with universities or non-profit research organizations.

Collaborative linkages can be initiated by either the community or the researcher. A community group may ask for research assistance to help in advocacy of their goals. They can also seek this relationship to help evaluate one of their programs or help to set agendas. Researchers may initiate the process because they need the expertise of the community for their work to go forward. They may need participation to gain access. The participation of the community may be necessary for the funding agencies (J. Schensul and S. Schensul 1992:162). A mutually sustaining relationship may emerge which results in considerable growth in the process. Organizations serve their constituencies better, the groups gain political power, and community skills are built. This occurs in addition to the ostensible purpose of the specific project.

The nature of the specific project grows out of the relationship developed with the community. This relationship is multistranded and contingent upon many of the rapport building skills characteristic of anthropological fieldwork. A substantial period of time is necessary to develop effective collaboration because of the need to develop trust and understanding in the context of complex political activities. A key to effective collaboration is the manifestations of commitment on the part of the researcher. The researcher has to be prepared to allow the community to define the process.

the process. The relationship between the collaborative research anthropologist and the community is best if it is sustained.

THE COMPONENTS OF SUCCESSFUL COLLABORATION

For successful collaboration to occur, a number of principles should be followed. The relationship between researcher and activist must be symmetrical and coequal. The activists must work as co-investigators on collaborative research projects. The *principle of parity* is based not so much on democratic values, but on the fact that the activist is knowledgeable of the community and its needs, which is essential for meaningful collaborative research. Further, it is through parity that the research and data utilization skills are most effectively conveyed. It is intended that through collaboration the activist becomes a better producer and consumer of research results.

Success in collaboration is also enhanced by *community control of research operations*. Community representatives must determine if a specific research project, and its related methods, is appropriate to community needs. Community control implies an informed and involved constituency. Community control also implies a substantial amount of reformulation of the research effort during implementation.

The effectiveness of research collaboration is enhanced by wide sharing of the research effort. The sharing of effort helps insure that research will be useful to the community and its action plans. Sharing of the research effort also increases the research skills of the community.

The recipients of research results are the activists and the community members. Dissemination of results in traditional academic channels is a secondary consideration. The primary function of the research effort in collaborative terms is the furtherance of the developmental and political goals of the community. Communication of research results outside the community can only be done if it is in the interests of the community. Review of research results by community activists prior to dissemination in public contexts is advisable.

A major factor relating to the success of the collaborative research effort is the extent that the research done is an expression of community goals. Thus, real collaboration is only possible where there is substantial ideological sharing and agreement between anthropologist and activist. The quality of the collaboration is evaluated through analysis of its positive impact on the community, not its impact on the discipline of anthropology.

Researchers in collaborative relationships with a community need to be parsimonious. They must be able to identify research goals in such a way as to allow quick satisfaction of community informational needs. This means that research techniques must be time-effective. The collaborative

does not serve the goals of the community is viewed as unproductive in collaborative projects. This type of research makes use of various techniques that contribute time economies. These include large research teams, highly focused research instruments, and clear conceptualizations of research purposes. Consistent with time-effectiveness *and* the basic ideology of collaboration is direct community participation in the research effort. And, in fact, most instructional activities in this approach relate to making community members into competent researchers. The developers of the collaborative model have clearly conceptualized the contrast between applied and theoretical research, and have through their efforts, made a significant contribution to the development of anthropological methodology.

THE COLLABORATIVE ANTHROPOLOGY PROCESS

The collaborative anthropology process is conceived as having a series of steps (S. Schensul 1973).

1. Development of Rapport and Credibility of Applied Research

The initiation of the collaborative research process is seen as having three critical elements. These are "the presence, influence, and insight of an applied social science researcher, the participation of skilled knowledge-oriented activists, and an issue or problem of passionate interest to a group of individuals, institutions, or agencies" (J. Schensul and S. Schensul 1992: 180).

Traditional anthropological fieldwork approaches are very useful for developing working relationships and rapport. It also serves to develop in the researcher an operational understanding of the total setting of the problem as it is defined collaboratively.

2. The Identification of Significant, Indigenous Action Programs

The participant-observer, anthropologist-as-advocate attempts to establish a preliminary understanding of community priorities as they are related to the organization of existing and potential programs. This understanding will provide a basis for decisions that the anthropologist must make concerning involvement. The involvement process is, of course, based on some value-explicit decisions. As Schensul notes,

Unlike the traditional fieldworker, the researcher's own value system plays an important part in the kind of action he will seek to facilitate. Rather than avoid this issue the researcher must . . .

community with his own ways of looking at the world before he commits himself to any program. (S. Schensul 1973:113)

3. The Negotiation of Cooperative and Reciprocal Relationships between the Applied Researchers and the Action People

This process is most successful when the potential contribution of research to the community is quite well understood. Associated with this is the need for a clear identification of the motives of the researcher. The researchers and activists must both participate in the negotiation process. This process is calculated to produce a clear indication of the community's research needs. Additionally, the process, which increases community sensitivity toward the utility of research, can result in increased access to information in the community on the part of the researchers.

4. Initial Participation in Specific Action Programs

This step often results in the collection of case study material relevant to specific programs. The researcher should stress "rapport development" and "program assessment" in this period. Baseline data is also collected, which is useful for long-term program evaluation.

5. The Identification of Specific Informational Needs of the Action People

Participation of the community is an important factor that determines the extent of use of the research. Stephen Schensul makes a recommendation concerning this part of the process: "We have found that research results have a higher probability of being useful when people in the community who are involved in programs play an important role in the development of research concepts and strategies, and when community and program people help in the collection and analysis of data" (S. Schensul 1973:114).

6. Meeting the Needs of Long-Range Research Plans

In addition to meeting the short-term informational needs of the community, the anthropologist should develop a set of long-term research goals. These goals are more closely identified with the type of operations typical of the "theoretical" anthropologist, yet these long-term operations are also important to the goals of the community. Through these efforts

tional needs of the community. Short research projects often serve as practice for the long-term research projects.

7. Formalized Research and Data Collection Operations

As the process proceeds, less reliance is placed on the informal research strategies, such as participant-observation and key informant interviewing. As specific informational needs are identified, research operations become more structured and formal. As community members come to participate in the research effort, the process becomes more highly structured.

8. Analysis of Data

Analysis techniques must be time-effective. This is a crucial attribute of the process. As Stephen Schensul notes,

Unlike more academically based research, the time within which research results are produced is vitally related to their usefulness. The "involvement in the action" strategy requires the development of procedures for the rapid analysis of data utilizing simple and easily manipulated techniques. At the same time, more sophisticated techniques are used to serve less pressing action needs as well as the long-term research goals. (S. Schensul 1973:116)

9. Data Dissemination, Evaluation, and Interpretation

The results of the research are rapidly disseminated. If the information is not effectively communicated, even the most "significant" results will not have "significant" impact on the situation. The researcher can increase communication effectiveness by increasing the number of media of presentation. Results suggest that the least effective means of communicating communicating with his clients should use a variety of presentation techniques. It is suggested that the anthropologist be an aggressive and innovative communicator. The dissemination process is thought to influence the outcome of the process significantly in that "disseminating data to community groups allows criticism, evaluation and assessment of the results to be rapidly fed back to the researcher" (S. Schensul 1973:116). The results of research, good or bad, are "exposed to scrutiny" in the community.

The collaborative researcher must be committed to creating an effective organization between researcher and community. The bases for defining community are flexible, and vary from project to project. Some examples are a geographic area, a network of programs, a specific ethnic population, and the community associated with a particular school. The initial process is one of networking the various

basis for linking activists and their organizations. Through this a potential network of collaborators can be identified and organized. "The first important criterion for success is the selection of an experienced or knowledgeable facilitator" (J. Schensul and S. Schensul 1992:181). This person needs to be knowledgeable of the communities involved and committed to community involvement in the policy process. "The second criterion is inclusion" (J. Schensul and S. Schensul 1992:181). Organizations that are relevant to the problem should be included. In some of the projects in Hartford, the number of organizations included in the project got to be quite large. It is important to be prepared to demonstrate the importance of research in the research-action process. In addition, incentives need to be included to sustain participation.

COLLABORATIVE RESEARCH IN CHICAGO'S MEXICAN-AMERICAN COMMUNITY: A CASE STUDY

The case focuses on work done by Stephen Schensul among the members of the Mexican-American community on the lower west side of Chicago. His involvement grew out of his employment in a community mental health program that had a mandate to serve the ethnically diverse population of the neighborhood. The neighborhood has "an overwhelming Mexican cultural orientation. Restaurants, taverns, groceries and supermarkets providing Mexican foods and services dominate the entrepreneurial activity" (1973:108). The intensity of Mexican-American residence makes it possible for persons to be employed in Spanish-speaking contexts. The resident Mexican-American population represents three types of individuals: immigrants from Mexico, *Tejanos* (that is, Chicanos from Texas), and Chicago-born Chicanos.

Collaborative research developed out of Schensul's increasingly close relationship with community leaders and increased distancing between him and the mental health program. Initially Schensul conceived of his role as a provider of research services to improve the understanding of the mental health program's staff of the neighborhood they were to serve. This approach did not work well. As Schensul and his team's knowledge of the community increased, so did their "contacts." This tended to legitimize them in the eyes of the mental health program's staff as anthropologists and they became increasingly free to participate in the affairs of the community. This was expressed through what was called the community research unit which was part of the community mental health program.

The unit was able to get involved in its first survey project, which involved identification of characteristics of the school population. The school project, which developed in conjunction with school staff, was to provide information that would lead to improvements in parent-school communication that would lead to determine through parental in-

terviews the nature of family, social, and economic life in a neighborhood and to discover the parents' attitudes toward the school. In addition, the research intended to determine the nature and attitudes of the teacher population as this relates to teaching Mexican-American children, and to determine the basis of the student's response toward the school situation. The research procedure used interviews, home visits, and student records applied to a random sample.

The research produced a number of interesting results that improved the researchers' understanding of the community. Through the survey they found that they had grossly underestimated the size of the Mexican-born population of the total Chicago population. The research indicated that the parents had strong preferences for bilingual and bicultural education. Although the research had little impact on school administrators, the researchers learned some lessons about effectively conveying data to program administrators.

The school survey was followed up with a similar study of a Catholic school that served the same neighborhood. The research found that the Catholic school families were residents in Chicago longer and were more bilingual. They also seemed better off socioeconomically and educationally. The Catholic school's administration offered the researchers greater opportunities to communicate to the parents. This included a session in which the researchers were allowed to address a meeting of the parents' association. The researchers used a number of different techniques including handouts of summary tables, Spanish translation, overhead projections, and parental feedback. The parents were especially interested in the demographic aspects of the study.

For a number of reasons, the research did not have any significant impact on the community or the school. The researchers felt the schools were unresponsive to this type of research because of control from outside the community, nonindigenous staff, and little interest in orienting programs toward the community. The school research had left the research team frustrated and dissatisfied.

The team's energies came to be directed at the research needs of a settlement house funded by the Presbyterian Church that served one of the neighborhoods in the corridor. Preliminary research indicated that the settlement house played an important role in the community as a meeting place for various community groups. The research for the settlement house was to focus on the "block clubs" that the settlement house was attempting to develop in their service area.

Relationships with the settlement house were quite good, based on the interaction with persons at the center that occurred during the initial period of participant-observation. Without any specific goals in mind, the research team began negotiation with the staff of the settlement house to determine the nature of the research. The team was to interview residents and perform

the necessary work to carry out a census survey. Significantly, the anthropologists were to be in contact with the block team leaders and residents in order to provide feedback of research results to decision makers.

The researchers assigned to each block were quickly drawn into the action of the block club development teams. The researchers assisted in getting community improvement petitions filed out, organizing community activities such as street dances and fiestas, and doing attitudinal research concerning community needs. The researchers also carefully documented residents' participation. The initial efforts improved researcher understanding of the community. This, coupled with the high-quality interpersonal relations that developed, did much to facilitate the application and development of the collaborative model.

As the research progressed there was a shift in emphasis from general, area-wide research for the purpose of generating basic demographic data to problem-focused, block-specific research. There were a number of issues examined. One block was faced with a problem characteristic of many American neighborhoods, a zoning change. The research team assisted in the collection of data that was useful in the resistance process. The team worked to communicate the nature of the threat to the community. They also documented the nature of the participation that was useful for further projects.

Initially, the group seemed successful in resisting the change. Unfortunately, the zoning change was approved at a meeting held by the zoning commission that was not announced in the community. Some months later the new construction took place. The anthropologists were somewhat disillusioned by this. In any case, it was a lesson in big-city politics.

The experience on the zoning project led to decreases in the participation of the research team in the community mental health program. The team became increasingly concerned with the research needs of community groups and justified their approach in terms of the preventive component of the community mental health approach. At this point they "discovered" collaboration. Although community mental health programming was intended primarily to provide mental health care directly to patients, a certain portion of resources could be allocated to alleviating community-based causes of mental health problems, such as bad schools or little economic opportunity.

The approach was successfully applied in a number of different contexts following the somewhat fortuitous "discovery" of the approach. A selection of these projects will be reviewed here. The projects selected were related to community needs and the developing data base of the research team. Additionally, the team came to be more and more tied to formally established community organizations. One of these organizations was ALAS (Aliance Latino-Americano para Adelante Social) which was one of the first and most active community action groups. ALAS dealt with a number of

crucial issues which faced Chicanos nationally and locally. More specifically, this meant increasing the quality of bilingual and bicultural programming in the Chicago school system. They were especially interested in augmenting the Teaching English as a Second Language (TESL) program. The action research team supported the efforts of ALAS in this and other realms.

Commando Anthropology

Initially, the involvement in the bilingual education issue took the form of an ALAS organized "commando raid" to assess the quality of TESL programs in the schools of the area. With no forewarning 11 separate research teams entered the schools of the community at precisely 11:00 in the morning. Each team was equipped with a data collection schedule. The teams attempted to identify the extent and quality of the TESL programs. The project revealed the fact that TESL classes were limited in time and were often not held. Additionally, TESL classes were often run by untrained substitutes or non-Spanish-speaking teachers. The space allocated to the program was determined to be of low quality. The general conclusion was that the TESL program did not meet program guidelines.

The data derived from the process of "commando research" were organized and used to support the filing of a suit with the Illinois Civil Rights Commission. The "raid" showed that it was possible to do good research under severe time constraints, if speed was planned into the research project.

THE COMMUNITY RESEARCH UNIT AND EL CENTRO DE LA CAUSA

The staff of the Eighteenth Street settlement house in the barrio had become increasingly concerned with the quality of recreation, social, and educational services that they offered. The situation had become critical because of the physical deterioration of existing community facilities. To improve the situation the settlement house staff attempted to develop a new youth program to deal with what the other social service agencies called "hard-core kids." These individuals were simply not welcome at the existing social service programs. The situation called for an alternative kind of facility. This alternative was to take form under the name of El Centro de la Causa. The key organizer was a street worker who developed a following among local gang members.

The group found an old parochial school which was not fully used. With a group of volunteers, the building was cleaned and renovated. A recreation program was organized and soon a group of Chicano students were able to offer some classes on various Chicano topics. Various local business

were able to make contributions. Some clinical services were also offered at the center. The center also drew a number of new participants. As participation increased so did the services offered. El Centro began its first "fund raisers" in 1971 with a community fiesta and carnival. Three years later, El Centro had a \$400,000 budget. The staff had been successful in acquiring funds from outside the community. Their fund-raising success was related to their skill as well as the changing relationship between Chicanos and the federal government. In the case of El Centro, these grants took the form of a drug treatment program and a mental health paraprofessional training program, as well as various other education, youth, and other social service programs. Increasingly, El Centro became a focal point for the political activism that was to sweep the Chicago Chicano community.

It was in conjunction with the program at El Centro that the collaboration was most effective. The research team's activities grew, expanded, and increased in complexity. Their relationship with El Centro was multifaceted in that it included a wide range of activities and responsibilities. While the ultimate goals of the collaboration must be in the hands of the community leaders, the researcher has to be involved in all phases of the action. This implies that the anthropologist using this approach activates a number of roles beyond that of researcher. The El Centro project made use of the anthropologist's research skills very early, but soon these activities were supplemented. Members of the research team participated with activists in strategy planning and policy making. The team was also given the responsibility of providing historic documentation, and a major role in "facilitating communication with outside groups" (S. Schensul 1974:205). The team's involvement included "identifying potential sources of funding, participating in meetings with representatives of a number of institutions and funding agencies, using research data on health, mental health, drugs, drug use, youth organizations, community structure, and demography in reports and discussions in which the community "case" was presented, and "collaborating with community activists in writing formal proposals for funds to private institutions and federal funding sources" (S. Schensul 1974:206).

Through the research team, El Centro was better able to present its case to relevant agencies. The developing data base of the center collected by the team was useful in preparing proposals which served to legitimate the presence of the research team. The data which proved useful was quite variable, including such things as ethnographic studies of Mexican folk medicine found in the literature, data relating to evaluation of local health care facilities, and information dealing with sources of additional grant funds. Although research skills are important, they can only be made useful through an ability to communicate. The researchers were the means by which the community could express its ideas and plans. "The applied re-

searcher must demonstrate the ability not only to describe the research results, but also to write effectively and economically about program structures, treatment plans, training schedules and other components of community programs" (Schensul, 1974:206).

Increasingly, the team was drawn into all aspects of program operations and management. This related to a general tendency of the researchers and the activists to become more and more alike. The researchers were taught action skills in organization of the community and bureaucratic manipulation. The activists learned to be competent researchers. Ultimately, they could develop research protocols and analyze research data.

As the program at El Centro increased in complexity, the team was called upon to carry out more focused research. Often a staff member would communicate a specific research problem in conjunction with a program development need.

For example, the youth service staff decided that, before developing a program that would be based on their own preconceptions, they needed a survey of youth attitudes and behavior. Together, we constructed an extensive questionnaire that was eventually administered to more than eight hundred youngsters (aged thirteen to fifteen) in the community. (Schensul 1974:206)

Similar activities developed in association with a program of treatment for Chicano drug addicts.

Research skills increased and the team developed a good workable understanding of the collaborative process. The team discovered that a key to research success was to negotiate research methodology with staff and activists. According to Stephen Schensul, negotiation "can increase the relevance of the information collected, make activists more receptive to the resulting data and create more sensitivity to the inevitable problems and delays in data collection" (1974:207). The team also attempted to carry out research both in terms of long-term and short-term needs so that each short-term project would result in an increase of their data base. The effectiveness of this approach increased as the team learned how to better predict future information needs. The team discovered that the well-designed, methodologically clean project often did not meet the needs of the situation. The results were often not available at the correct time. At times, in order to be effective, the researchers had to go into a "quick and dirty" mode.

As the relationship between the researchers and the El Centro activists improved, there came to be an increasing focus on internal research activities. This grew out of a need to institutionalize the research effort of El Centro. In response to this, an internal research unit was created. The unit engaged in a number of significant research problems.

The team continued to . . .

directed at a wide range of increasingly concrete action programs. Each was addressed to specific needs identified within the Chicano community. El Centro de la Causa continues to be involved in social action in Mexican-American neighborhoods in Chicago today. Anthropologists continue to collaborate with the organization.

SUMMARY

Collaborative anthropology represents a set of anthropological activities that are well adapted to working in direct relationship with community organizations as opposed to working through an intervening agency. The role of the collaborative anthropologist is focused on the expressed needs of the community, usually expressed through its leadership. Usually this involves work as a researcher, research trainer, and proposal writer. Collaboration does not usually call for the anthropologist to be directly involved in change-producing decision making. The collaborative anthropologist is, as Schensul says, involved in the action, but as an auxiliary to community leadership. Collaboration means using one's research skills to support the attainment of community goals. This simple, but very useful idea can be expressed in many ways. The case presented here represents a good model of the collaborative role. It is clear that the collaborative anthropologist must be able to reduce somewhat his or her use of the discipline as a reference group. The reference group is the community. Professional achievement is measured in reference to the community's achievement of its goals. This is not an easy task, but when it occurs it can yield powerful satisfactions on the part of the anthropologist, while increasing community capabilities. While there are a number of skills which are useful to the anthropologist working collaboratively, proposal writing often is crucial. This can both help achieve the goals of the community and provide the means for the continued involvement of the anthropologist.

FURTHER READING

- Schensul, Jean J. and Stephen L. Schensul. Collaborative Research: Methods of Inquiry for Social Change. In *The Handbook of Qualitative Research in Education*. Margaret D. LeCompte, Wendy L. Millroy, and Judith Preissle, eds. San Diego, Calif.: Academic Press, 1992. This provides a historic overview and summary of the important aspects of collaborative research.
- Stull, Donald D. and Jean J. Schensul, eds. *Collaborative Research and Social Change: Applied Anthropology in Action*. Boulder, Colo.: Westview Press, 1987. The volume contains good documentation on a number of projects involving collaboration.

Chapter 8

Participatory Rural Appraisal

One of the most useful methodological developments in applied anthropology in the last 25 years are the models for doing useful research more rapidly. At this point there are a wide variety of techniques being applied in a variety of different contexts. This chapter is focused on the use of these approaches in the realm of agriculture. There are examples from public health, nutrition, and housing, among many other sectors. One of these methods is participatory rural appraisal.

Participatory rural appraisal (PRA) is one of a family of participatory research methods widely used to plan or assess development projects and programs. PRA is an important part of the tool kit of the contemporary development professional that enables "rural people to share, enhance, and analyze their knowledge of life and conditions, to plan, and to act" (Chambers 1994:953). Through PRA and with the cooperation of community members, development professionals can discover and document local conditions that are relevant to planning programs and projects that are culturally appropriate and consistent with local needs and priorities. As a method PRA is consistent with the historic pattern of anthropological research practice. Many anthropologists have contributed to the development of the method.

PRA utilizes a large number of data collection and documentation techniques within the context of a strong commitment to participation. The specialized techniques done by community members include mapping the

This chapter is written by John van Willigen and Hussein Mahmoud. John van Willigen has used rapid assessment in an agricultural development setting in Kentucky and Aceh Province, Indonesia. Hussein Mahmoud participated in PRA projects and training at Egerton College in Kenya, where he is a faculty member.

institutions or physical setting of a community and constructing seasonal calendars, health and wealth rankings, and rating community preferences (Rietbergen-McCracken and Narayan 1998). These data collection practices are richly innovative and useful in many contexts. PRA can be used in a wide range of sectors such as natural resource utilization and management, poverty assessment, agriculture, health and nutrition, urban needs assessment, and food security (Chambers 1994).

WHY USE PRA?

The development literature documents a large percentage of failed projects. One way that the rate of success may be increased is by understanding the community circumstances of the project. This can be carried further by having the community actually be involved in the planning process. PRA can increase the potential that the project is suitable for local conditions and is culturally appropriate.

Achieving success in development is quite difficult. One source is the lack of enough reliable information with which to plan the project. Research can be defective in a number of ways. First it can be framed in terms of the concepts and priorities of persons from outside the community or expressed in overly technical language so that it is difficult to apply. In this way local needs and concerns are not addressed. Second, research can be delivered too late. Time effectiveness is an important aspect of having an impact. Third, the research may be done by specialists who are not in very effective communication with either the community or the research users. The use of PRA increases the likelihood that the research will reflect the understandings and priorities of the community. When doing PRA it is very important to keep these general goals in mind. There is always a concern that PRA is done for its own sake or perhaps done with too much attention to formal requirements of a set of steps or processes. Technical manuals about the PRA process can be dangerous because they encourage rote learning, ritualized performance of PRA, and imposition of outsider perspectives on communities (Chambers 1994:116). The key is "use your own best judgement at all times" (Chambers 1994:116). Always remember what the point of this is.

Because of the increased range of application of PRA, the label participatory rural appraisal has become a misnomer (Rietbergen-McCracken and Narayan 1998). To start, PRA practice can vary a great deal in terms of quality of participation, ranging from information sharing through consultation, collaboration, and empowerment. The technique is used in urban as well as rural settings. The approach is used for an increasing variety of purposes beyond that of appraisal of a community's situation prior to design and implementation of a development project.

PRA's practical applications are evident in many fields. The sectors identified by Chambers (1997:119-122) are:

Natural resources management including watersheds, and soil and water conservation; land tenure and policy; forestry; coastal resources and fisheries; people, parks and biodiversity; community plans. Agriculture including farmer participatory research; livestock and animal husbandry; irrigation; integrated pest management. People, poverty and livelihood including women and gender; selection [for program participation]; livelihood analysis; participatory poverty assessments. Health and nutrition including health (general); food security and nutrition assessment and monitoring; water and sanitation assessment, planning and location; sexual and reproductive health. Urban needs assessment; community participation; urban poverty and violence.

Other areas of PRA applicability and acceptance mentioned by Chambers include adult literacy, children, education, emergency and refugee problems, and participatory management and evaluation.

We have cited a few specific examples that are documented in recent published literature. These include PRA being done with forestry cooperatives in Vietnam (Bardolf 1998), village planning in Indonesia (Muketjce 1998), women in development planning in Morocco (Gandhi 1996), urban poverty and violence in Jamaica (Moser and Holland 1995), risk analysis in fishing in South India (Ramesh, Narayanasamy and Boraiyan 1997), and poverty assessment in Kenya (Narayan and Nyamwaya 1996).

DEVELOPMENT OF THE APPROACH

PRA was a development out of the rapid appraisal methods used in development planning. Rapid appraisal methods emerged under various names in the late 1970s and had gained widespread acceptance among those working in agricultural development.¹ These rapid assessment procedures were known by various names including informal survey (Rhoades 1982), reconnaissance survey (van Willigen and DeWalt 1985), *sondeo* (Hildebrand 1980), and perhaps the most widely used term, rapid rural appraisal (RRA). These methods spread from what was largely a tropical agriculture arena to other contexts. A similar approach, rapid assessment procedure (RAP), came to be used in health and nutrition (Scrimsshaw and Hurrado 1987).

THE RRA PROCESS

RRA represents a middle ground between ethnographic practice and survey methodology. RRA's main thrust lies in its ability to enable outsiders

1. Chambers uses the International Conference on Rapid Rural Appraisal held at the University of Khon Kaen in Thailand in 1985 as an indicator of widespread acceptance of the method (Chambers 1997:112).

to learn from insiders (Chambers 1983) in a rapid and reliable way. Some of the general properties of reconnaissance surveys are described below.

An important component of the RRA process is the collection of secondary data. This may include reports on previous research projects, local statistical sources, maps and aerial photographs, satellite images, as well as the usual articles and books. While training Indonesian agricultural scientists in RRA, we had them go to a government agency, Kantor Statistik to find relevant data on the villages within which they were going to do their field work. We have found highly specific information about some places where we have done RRA on the Internet. While secondary data is important to the process, it is important to use it critically. RRA, in part, was developed to overcome the problems caused by the problems associated with the use of this kind of data.

Interviews are often carried out by "information users" themselves rather than enumerators as often occurs in survey research. Usually interviews are done by teams. The teams themselves will consist of persons of different disciplinary backgrounds. For example, in work with Kentucky farmers, the larger team included anthropologists, sociologists, agronomists, horticulturalists, soil scientists, animal scientists, and extension workers. The interview teams of two to three persons usually included a social scientist, an agricultural scientist, and usually an extension worker. The persons grouped in the teams changed everyday. The daily rotation increased the cross-disciplinary learning. This part of the process is very valuable. The interviews tend to be much more interactive than the interviews associated with typical surveys. Kentucky farmers would often ask the participating agricultural scientist questions about farming practices and would get advice. While the interviews are usually guided by topical outlines, the interviewers modify the line of questioning in response to what is being learned in the interview. Needless to say, formal interview schedules in which each question is presented in a strictly standardized format are not used. Documentation usually involves the compilation of simple "jot notes" that may or may not be expanded later. Some technical statements on the process go so far as to say that written field notes should not be used (Hildebrand 1980) and one should rely on "head notes."

The selection of people to interview is purposeful rather than random. Often a quota approach is used. Let's say the RRA is being done to help understand farm production constraints in a specific region in order to design improved agricultural technology directed at dealing with the constraints. In cases like this, the research planners might develop a quota matrix so that farm households of different income levels and ecological zones might be contacted. In using RRA with Kentucky farmers, we conceptualized different types of farmers based on what we knew about Kentucky farm communities and came up with a "rough cut" of four different farming systems. These were small grain producers, dairy farmers, and to-

bacco and livestock producers. These categories combined with concern for ecological diversity were used to select the early persons to interview. As we learned more, we added "retirement farmers" to the mix. The initial categories were derived from our experiences in these types of communities and consultation with people from the community like agricultural extension agents.

Data collection is dynamic and iterative. It's like ethnography: as you observe and interview key informants, you learn. What you learn changes what questions you ask. Survey methods require you to consistently ask the same questions in the same way from start to finish. This is one of the reasons why RRA is so enjoyable. When you are doing it you are continually learning. For example, in our work with Kentucky farmers, we soon discovered that the farmers had no problems with getting "production credit" so we stopped asking about it. In order for the data collection process to be dynamic and iterative, data analysis has to start right away. The foundation of data analysis is research team group discussions that occur frequently. The group consists of all the people that were involved as interviewers. These sessions result in the preliminary conclusions that reshape the inquiry for the next day.

As the RRA is completed, it may result in a more elaborate survey. In fact, sometimes RRA is done specifically to inform a survey. Later in this chapter we will discuss this approach in the context of a specific program in Peru. In that case they used the term "informal survey" (Rhoades 1982).

RRA AND PRA COMPARED

RRA and PRA are closely related, yet they are different in significant ways. When we think of RRA, I think first of rapid and reliable research done by research scientists. The role of the outsider is central to the process and consists mostly of eliciting information. Early discussions of this approach stress lower cost, rapid completion, and making use of information. RRA was conceived as an alternative to the formal standardized survey. An important motivation for the development and use of RRA was avoidance of the cost and delay caused by most other research methods rather than participation as such.

With PRA we think of participation of the men and women of a community in the appraisal that occurs prior to a development effort. Instead of experts making sense of their field notes and memories, visualize typical community members diagramming a village's physical resources using a stick to scratch maps in the compacted soil under a tree at the center of their village. The role of the outsider is primarily as a facilitator and far less central than in RRA.

The purposes of these approaches are very similar. Both are intended to improve understanding of a particular place and the social... ..

to help plan or evaluate a project. PRA represents a development out of RRA. While some literature seems to critique RRA as being insufficiently participatory, I think it is best to retain both techniques in one's personal tool kit. RRA continues to provide a time and cost effective method for understanding communities on their own terms. Nevertheless, as Chambers reminds us, RRA "entails outsiders obtaining information, taking it away and analyzing it" and therefore it can be thought of as extractive (1997: 113).

PRA has many of the same goals but places much greater importance on community participation in the research process. The PRA approach gradually became more widely used. It is important that it combined various participatory approaches that were developed previously. Concern about participation was part of the discourse of development practitioners for a long time. It became part of the concerns of those using RRA in the 1980s. At the Khon Kaen Conference participants discussed something that they called "participatory RRA." Chambers sees "five streams" that influence PRA. These are "action-reflection research; agro-ecosystem analysis; applied anthropology; field research on farming systems; and rapid rural appraisal (RRA)" (1994:106). These content areas continue to influence PRA.

In "action-reflection research," Chambers combines two overlapping categories. These are participatory action research (Fals-Borda and Rahman 1991) and the critical consciousness idea of Paulo Freire (Freire 1970). These contributed to the idea of "personal commitment and empowerment" to PRA practice.

Field research in farming systems done by various disciplines influenced the development of PRA. Farming systems research became increasingly participatory from its beginnings. In Chambers' view this research tradition helped people understand the complexity, diversity, and risky nature of many farming systems; the knowledge, rationality and innovativeness of poor farmers; and farmer's substantial capacity to experiment and to do their own analysis (1994:110).

Agro-ecosystem research provided many analytical tools for PRA. These methods use aspects of systems, space, time, flows and relationships, relative values, and decisions in their approach. These include "visual representation and analysis; transects (systematic walks and observation); informal mapping (sketch maps drawn on site); diagramming (seasonal calendars, flow and causal diagrams, bar charts, Venn diagrams); and innovation assessment (scoring and ranking different actions) (Chambers 1997: 109). All these practices are not very technical and assist in seeing relationships. The method, initiated in Thailand in the late 1970s, grew and spread to other areas of the world. Agro-ecosystem analysis encompasses much of ecological as well as system properties, and this makes it appropriate to be adopted by participatory approaches that endeavor to

Farming systems research recognizes the capability of farmers in understanding their complex environments through performing experiments, appraisal, and analyses. It is the recognition by farming systems approach of farmers' awareness and capability of understanding their environment which PRA borrowed and instituted in its methodological procedures. It is imperative to acknowledge the fact that farmers are well acquainted with their diverse and unpredictable situations and environments. The contribution of farming systems to the progress of PRA is particularly notable.

All of these emerging research practices were influenced by anthropology. The participant observation and intensive, long-term fieldwork of social anthropology are consistent with the research needs of rural development (Chambers 1997). These aspects of anthropology were very appealing to users of participatory approaches. Applied anthropology recognizes local knowledge, distinctions between emic and etic perspectives, and the value of learning from local people that is so much a part of the motivation of those committed to participatory approaches.

THE PRA APPROACH

PRA has gained popularity and wide acceptance as a development approach in many rural as well as urban settings in many different countries. It is, like RRA, a viable alternative to questionnaire surveys. Conventional questionnaire surveys, besides involving high costs in time and money, are or not used (Chambers 1997). PRA attempts to overcome this shortcoming in several aspects, including aid in gaining insights in local scenarios, identifying social and economic differences, monitoring and evaluation, and employing quantitative analysis.

PRA opens up new avenues of participatory development in which local people's capabilities are not only enhanced, but also appreciated. Furthermore, in the PRA approach the value of relaxed rapport is cherished; diagramming and visual sharing are employed in data capture and analysis; and the power of sequences of methods is put to use. In the PRA environment, researchers are trained in such a way that communication with the local people is enhanced in ways that facilitate understanding of one another, and local people are encouraged to define problems in their own terms. This develops a relaxed environment of learning from each other, that is, between the researcher and the informant. This kind of training has been lacking among engineers, economists, and agriculturalists, and the results have been poor communication that often led to failure and abandonment of projects (Gardner and Lewis 1996). In the past, development processes have been constrained in many ways that the PRA approach attempts to solve.

quality control, which is believed to have caused extensive problems. This involves what Chambers calls "chameleon consultants," whose numbers have been on the rise, and who pretend to be competent in PRA training and consultancy while the truth is that they possess very little or no knowledge of PRA methodology (1997). He calls them opportunistic consultants. This jeopardizes the quality of PRA approach, which has become a requirement in many donor- as well as bilateral-funded projects. Secondly, problems of behavior and attitudes are looming in PRA circles. In this regard, PRA facilitators and trainers sometimes have been slow in learning not to dominate. The third problem involves field practice and ethics. Numerous mistakes are made in the field, which include dominant and superior behavior, rushing through the PRA process without taking time to earn trust and build rapport, sticking to routines and disregarding other options, and bias against some sections of the community, especially women, the poor, the old, and the vulnerable. Other ethical problems include little or no compensation for people's time, effort, and help, a failure to honor pledges, and raising the expectations of the people, which are seldom met (Chambers 1997). Gardner and Lewis (1996) examine how the PRA approach can be abused in practice. They particularly question the problem of time, and their main concern is how the PRA approach can gain insights into a community's functioning in about two weeks when an anthropologist would need at least a year to understand the various aspects of community life. The particular question raised here is how can we capture diverse community issues in such a short span of time? It is true that some issues may be overlooked in a rapid assessment, but on the other hand, with participation of the community concerned, important insights and issues can be learned in a relatively short period of time. Frequent visits to the site can help overcome the problem of time.

In PRA, theory is articulated with practice, and moreover, PRA is based on the philosophy of "handing over the stick" to beneficiaries (Chambers 1994). PRA promotes practical engagement with local communities in ways that encourage openness to complexity and diversity. PRA also addresses the question of decentralization and empowerment. Its distinctive nature lies in its concentration on changing conventional professional behavior in a top-down setting to enhancing and supporting analysis and action by local people, empowering those who are peripheral and weak (1994). Chambers writes that PRA "has three foundations or pillars: the behavior and attitude of outsiders, who facilitate, not dominate; the methods, which shift the normal balance from closed to open, from individual to group, from verbal to visual, and from measuring to comparing; and partnership and sharing of information, experience, food and trainings, between insiders and outsiders, and between organizations" (1997:104-106). In essence, PRA seeks to empower the marginalized sections of the community, which

include women, minorities, the poor, the weak and the old, as well as the vulnerable (1997:104-105).

PRA METHODS

Semistructured interviewing is central to the PRA process. Like RRA practices, interviews are based on a flexible interview guide. The interviews themselves should be somewhat conversational to allow the introduction of new topics. Interviews can be carried out either with persons from the community, persons with specialized knowledge, key informants, or randomly encountered or systematically selected groups. Interviews are often done in teams of two to four persons. One person will serve as the note-taker on a rotating basis.

Participatory mapping is extensively used in PRA. In addition to documenting the physical attributes of the community, the maps also reveal a great deal about how people perceive the community. Local people and the PRA team engage the process in public. This may involve scratching the map on the ground or drawing it with chalk on a large sheet of paper. This process attracts many people who participate in a useful debate. Discussion of the completed map is an important part of the process. The map needs to be recorded of course. There are many different types of maps used. These include historical maps done to document and discuss changes, and social maps used to chart different kinds of households or sections of the community.

PRA often involves inquiry into the different groups and organizations within a community. This is often referenced to decision making and power associated with a problem area and accomplished through a mapping process. In this case Venn diagrams (perhaps drawn on the ground) are used to show both relative importance (through size) and relationships (through the extent of overlap). This can be done in a group context or individually. The mapping process can be used to address questions about change by comparing past and present. Goals can be explored by comparing the present with a desired future.

There are several different techniques used to identify local views of problems and their relative importance. Using a small group discussion format it is possible to simply have the participants list and rank community problems. A somewhat more complex approach is pairwise ranking.

This involves writing problems down on cards and then having the facilitator hold up problem cards two at a time and ask which of the two is most important. Participants are asked to compare. Their responses are recorded on a matrix (all problems x all problems). The problems then are listed in terms of the number of times they were selected as most important in the comparison. If done in a group the rankings proceed...

Similar approaches can be used to rank development alternatives. A matrix can be established in which the primary alternatives are listed on one side of the matrix and the comparative dimensions are listed on the other. Some examples of things to compare include income-generating activities, various health care possibilities, or different crops. Not all alternatives or preference dimensions can be listed because of time and space constraints. A ranking done during a PRA with a group of village women in India serves as an example (Mascarenhas 1992). They were asked to rank their preferences for seven different income-generating activities (brick making, producing certain agricultural commodities, gathering firewood, and shoe-making). These were then rated using a 1 to 5 rating system in terms of time consumption, potential profits, labor, credit availability, and difficulty of the work.

The construction of seasonal calendars can be done in PRA. These are useful for understanding the economic cycle and often help identify difficult periods of the year like the "hungry times" found in some places. Group participation in the discussion process that leads to the calendar improves the quality of the result. A wide range of data can be included in the calendar. These can include "rainfall, crop sequences, labor demand, availability of paid employment, out-migration, incidence of human diseases, expenditure levels, and so on" (Rietbergen-McCracken and Narayan 1998). This may be very important for project planning purposes. The seasonal calendar can be cross-checked throughout the field work.

In order to put these practices in context, we have selected for discussion the Farmer-Back-To-Farmer Model. Both RRA and PRA have been used in this context under various names.

THE FARMER-BACK-TO-FARMER MODEL: A CASE STUDY

Farmer-Back-to-Farmer (FBTF) is an approach to farm technology development which is based on close collaboration between farmers and the technology developers. This means that the technology development process starts with joint researcher-farmer identification of the problems that can be solved through technology and ends with on-farm evaluation of the resulting technical solution with full farmer participation. Between the start and finish of the process, there is continual farmer-researcher collaboration. In general terms it is consistent with the worldview and values of farming systems research (Shaner, Phillips, and Schmehl 1982) is similar to a perspective called "farmer-first" (Chambers, Pacey, and Thrupp 1989). The FBTF process incorporates rapid assessment techniques.

The FBTF approach was developed by anthropologist Robert Rhoades and agricultural technology designer Robert Booth as part of the technology development program of the International Potato Center (CIP) in the early 1980s (Rhoades and Booth 1982a). Today the FBTF model serves as

the basis for the work of the Sustainable Agriculture and Natural Resource Management—Collaborative Research Support Program (SANREM CRSP).

The key to understanding FBTF is a statement by Rhoades, "Successful adaptive interdisciplinary research must BEGIN and END with the farmer, farm household, and community" (Rhoades 1984:33). Most researchers always have a set of research questions which if they had some money they would set about working on. They do not necessarily start the process by finding out what is needed. Usually the research questions taken up by agricultural researchers are planned outside of the context of the farmer community without much reference to the consequences of the research.

The FBTF model consists of a "potentially recycling" series of four "targets or goals" (Rhoades 1984:33). The diagram of the process shows this. These targets are diagnosis, identifying solutions, testing, and adaptation (Rhoades 1984:33). The process starts with understanding the problems that farmers have. As these problems come to be better understood, technological innovations are developed that solve the problem. The development and testing of the technology is done under conditions as much like the farmer's situation as possible. Much is done on farms with intense participation of farmers. The process starts with the researcher learning about the circumstances of the farmer. In the farmer-back-to-farmer approach there is emphasis on understanding the viewpoint of the farmer. It requires "putting oneself as much as possible into the farmer's shoes to understand how they view the problem in both technical and socio-cultural terms" (1984:35). This early phase involves a wide range of different research methods. These include rapid appraisal (called informal surveys), formal questionnaire-based surveys, farmer field days, farmer advisory boards, and participant observation. Participation of the researchers in the life of farmers is important. Rhoades advocates that "scientists work hand-in-hand with farmers in their fields in exchange for information" (1984:35). Each of the different participants, farmers and scientists, contributes to the process based on their skills and knowledge.

In highland Peru potatoes are the staple food and market crop. A CIP anthropologist studied post-harvest storage. Potatoes are subject to potentially significant losses. He found that the farmers' conception of post-harvest loss was different from the researchers'. For one thing, the researcher found that farmers were less concerned than he was with the deterioration of potatoes for household consumption or marketing. People use the potatoes for a variety of things in spite of what the researchers regarded as post-harvest loss. The farmers did not look at post-harvest deterioration of potatoes for the market in the same way as the researchers. According to a CIP staff member, "We scientists often perceive technical problems through different eyes than farmers." I

essarily losses to farmers" (Rhoades 1982:129). All potatoes were used in some form—fed to animals, or dried for storage.

It turned out after extensive diagnostic work in the communities that the CIP came to understand that farmers *were* concerned with post-harvest losses of seed potatoes. The traditional mode of storage resulted in extensive sprouting while in storage. Removing sprouts increased the amount of work for farm households while it decreased the quality of the seed. Improvement of storage of seed potatoes became the problem that the researchers and the farmers came to share.

Traditionally the farmers stored all potatoes, whether for seed, marketing, or consumption, the same way—in a dark room. Dark room storage was implicated in the sprouting. The designers proposed the use of diffuse light storage.

In diffuse light, sprouting is suppressed. It is not possible to use diffuse light storage for market or consumption potatoes because the light causes "greening." Greening renders potatoes unmarketable and inedible but still useful as seed. The green is chlorophyll produced by the potato to get ready to grow as a plant. Also produced in the greening process is the alkaloid *solanine*, a natural pesticide which is poisonous. The experiments demonstrated that diffuse light storage reduced sprout length, improved tuber quality, and increased yields.

At this point many things remained to be done to implement this technology. The anthropologist attempted to identify low-cost ways that storage could be achieved. He did not advocate modifying the traditional dark room storage technology. He conceived of the storage of seed potatoes under the veranda of the traditional highland Peru home using experiment station seed trays. Potatoes stored in this way were also subjected to a yields test and performed well. Field research indicated that the solution would not be adopted because of the cost of the seed tray innovation. The storage system was redesigned for a lower cost. The evaluation indicated that the system was widely used at various sites in Peru and in 25 other countries in Latin America, Asia, and Africa (Rhoades 1984).

Methodologically the FBTF model is flexible and adaptable to the local situation. Under these circumstances it is clear that this approach builds on local knowledge rather than replacing it. Solutions are not found on the "shelf" of the scientific technology producers. The "solutions" that are available are inconsistent with the problems. As FBTF process-based solution emerges there has to be continued contact between the technology producers and the users, the farmers. Rhoades speaks of "constant on-the-spot" exchange which was so apparent in the potato storage case (1984:35). This can involve redefinition and abandonment of ideas. It is important to maintain this exchange to continue to link the researchers at the experiment station with the farmers. They work together to solve problems. When a solution is developed, the process proceeds to testing and adapting.

The farmer acts as an advisor to the process of fitting the newly developed technology to local conditions. This reverses the classic top-down approach in which some expert tells the farmer what to do. The initial testing and adaptation then proceeds to "on-farm trials" as was done to identify the impact of the storage strategy on yields.

The FBTF approach involves turning the farmer into a researcher. The products of the process are evaluated in three ways: agronomically, economically, and socioculturally. In the case of potato storage, the farmers wanted it to be cheaper.

Part of the evaluation process is to compare the new technology to traditional methods. Further, the developed technology is evaluated on-farm with the participation of farmers to see if it will work. Involvement of farmers in on-farm trials can be difficult in many parts of the developing world because farmers may defer to the prestigious status of the researchers. The circle of the process is closed with follow-up evaluations. The key here is observation of the innovation in the context of use by the farmers in the natural setting of their farms. There should be concern about the impacts of the adoption. As Rhoades says, "data must be collected on the reception of the technology by farmers, the ultimate judges as to the appropriateness of a proposed technology" (1984:36).

As indicated at the beginning of the discussion of FBTF the approach is used as a guiding principal by the SANREM CRSP. SANREM, based at the University of Georgia, is a participatory natural resource research, training, and information exchange program. It focuses on development and dissemination of information to support decision makers who use natural resources in sustainable ways. Currently SANREM has conducted research for sustainable development in Burkina Faso, Ecuador, the Philippines, Cape Verde, and Morocco. Funded in 1992 for an initial ten-year period by the U.S. Agency for International Development, SANREM is focused on building the capacity of local people to make effective decisions about the environment (SANREM CRSP 2001).

SANREM developed a participatory research method for use in their research for development program. The method is Participatory Landscape/Lifescap Appraisal (PLLA) (Espaldon and Magsino 2001). It is derived from PRA, RRA, and farming systems research. PLLA is a rapid research method that helps one understand local knowledge, understandings, and perspectives of the landscape. The key difference between PRA and PLLA is the focus on the landscape rather than the farm. PLLA was used to help understand human-environment relationships within the landscape as well as understanding constraints for sustainable agriculture. A goal was to facilitate the community identification of the natural resources and their linkages in the landscape in which they lived. These serve as foundation for attempts to both understand the landscape and to help bring the whole range of local community members into the process. It is a way of pro-

ducing participation. Along with this, PLLA helped begin the process of dialogue between the community and the SANREM researchers. Like PRA, PLLA is often thought to complement quantitative data. PLLA involves ground truthing of existing demographic or biophysical data. PLLAs have been done at all SANREM sites early in the project. Because they provide a "snapshot" of the landscape at a particular time, PLLAs are repeated annually to update understandings.

The problems with PLLA are similar to those associated with RRA/PRA. They can be incomplete and do not produce very precise information about frequency. In addition, because they make use of small group interaction to collect data and research conclusions, the biases of the person in the facilitator role can influence the outcome. Finally, the communities involved in the process can have raised expectations about the prospects of development.

SUMMARY

RRA and PRA are useful innovations in research method. These approaches have come into wide use in development settings. The initial motivation was the saving of time and money so as to allow the input of community members. Without RRA or PRA methods, project staff were subject to costly time delays associated with the use of both traditional survey approaches. Robert Chambers referred to this as the problem of "survey slavery" (Chambers 1983). Development projects that were designed to include research as part of initial planning faced long and costly delays because of the time it took to design the survey, implement it, and do the analysis. The development research community was quick to recognize the need to increase the level of community participation in the research process. This led to the emergence of PRA. One can argue that PRA and participation have emerged to a kind of social movement and that many PRA specialists are quite zealous. In any case all the participatory techniques share a great deal and resonate with each other.

FURTHER READING

Chambers, Robert. *Whose Reality Counts? Putting the First Last*. London: Intermediate Technology Publications, 1997. In this and other books Chambers describes the argument for participatory approaches.

Rhoades, Robert E. *Breaking New Ground: Agricultural Anthropology*. Lima, Peru: International Potato Center, 1984. Highly instructive case study of the use of anthropology in the development of new potato technology.

Cultural Brokerage

Chapter 9

Anthropologists often mediate between people of different cultures. Usually referred to as cultural brokerage, this takes a number of different forms. The most common is the situation where the anthropologist serves to mediate between health care providers and individuals or communities that are ethnically distinctive. In these settings anthropologists sometimes provide the service directly or support other staff through training, research, or the development of media. Other examples of cultural brokerage can be found in cultural resource management where the anthropologist links government agencies involved in the construction of a project and the community being impacted (Downum and Price 1999:233).

A more recently developed idea that is closely linked to cultural brokerage is cultural competency. A person who is culturally competent has increased understanding and appreciation of cultural differences and the capacity to provide culturally appropriate services. This view is most typical in situations in which the provision of culturally appropriate health care is the goal. Both concepts, cultural brokerage and competency, are aspects of the same process. The first focuses on role and the second on knowledge and practice. The idea of cultural brokerage developed within anthropology, while cultural competency developed in other disciplines. While the literature on these ideas tends to use one or the other, it is clear that an effective culture broker is necessarily culturally competent. In this chapter we discuss both perspectives. The treatment presented here of culture brokerage is based on the seminal work of the notable medical anthropologist, Hazel Weidman. Her treatment of the topic is conceptually rich and based on a well-designed research and service program which she and her colleagues carried out in Miami, Florida. The discussion of cultural brokerage

tency is based on materials from a number of different U.S. government agencies and some of the work of anthropologist Jean Gilbert who was the Director of the Department for Cultural Competence for Kaiser Permanente, a very large health maintenance organization.

THE DEVELOPMENT OF A CULTURAL BROKERAGE MODEL

One model for cultural brokerage is that developed by Hazel Weidman (Lelley and Besman 1984:120; Weidman 1973). She based her concept on the idea developed originally by Eric Wolf to account for those persons who served as links between two cultural systems (1956) but modified and extended it to serve socially useful purposes. Wolf's view of culture broker was conceptualized in the context of his research into the linkage between peasant communities and national life in Mexico. The broker provides the individual link between sociocultural units.

It is this concept of role that forms the basis of the cultural brokerage model. Cultural brokerage is an intervention strategy of research, training, and service that links persons of two or more sociocultural systems through an individual, with the primary goals of making community service programs more open and responsive to the needs of the community, and of improving the community's access to resources. While other types of intervention affect the community in substantial ways, cultural brokerage substantially affects the service providers. In other words the focus of change processes are the agencies themselves.

CONCEPTS IN CULTURAL BROKERAGE

There are five concepts that are essential to understanding the cultural brokerage approach (Weidman 1975:312). These concepts are culture, health culture, coculture, culture broker, and culture mediation. The conceptualization used for culture is "the learned patterns of thought and behavior characteristic of a population or society—a society's repertory of behavioral, cognitive, and emotional patterns" (Marvin Harris, in Weidman 1975:312). The concepts used in the project provided a means by which project personnel could think about the cultural complexity in the community without engaging in an evaluative comparison of the alternative systems. This represents an important conceptual innovation that is an essential aspect of Weidman's transcultural perspective. This perspective places the anthropologist at the margins of the cultures of both the health care providers and the community (Weidman 1982:203; 1979:86).

The project's conceptual structure is quite well developed and internally consistent and rather more explicit than some of the other conceptual

schemes discussed in this text. Importantly, the health care providers were able to respond well to these ideas because they made sense to them.

Coupled with the culture concept is the health culture concept which is defined as "all the phenomena associated with the maintenance of well-being and problems of sickness with which people cope in traditional ways within their own social networks" (Weidman 1975:313). Health culture encompasses both "the cognitive and social-system aspects of folk therapies" (Weidman 1975:313). Cognitively, this includes health values and beliefs, guides for health action, and the relevant folk theories of "health maintenance, disease etiology, prevention, diagnosis, treatment and cure" (Weidman 1975:313). The social component of the concept deals with the structural-functional aspects of health related social statuses and roles.

An essential aspect of cultural brokerage is the concept of *coculture*. Coculture is a conceptual substitute for "subculture," though it is different in very important ways. Most importantly it stresses parity. Cocultures are equal in value to their participants. As expressed by Weidman, the concept of subculture implies that one group is subordinate to another. The role of the culture broker is introduced to accommodate the link between cocultures. The role concept is appropriate to the "parity of cultures" notion. To quote Weidman, "The label seems applicable whenever there is need to recognize the existence of separate cultural or subcultural systems and to acknowledge a particular person's role in establishing useful links between them" (1975:313). The parity idea, and the responsiveness, respect, and support that it produces, contributes to the acceptance of the approach to community members. Parity does not mean that the cultures are the same. As Weidman states, use of the concept results in the juxtaposition of cultural systems that "provides the basis for comparison of congruent and non-congruent elements in them" (1982:210). This perspective is consistent with the comparative method of anthropology as a research science (Weidman 1982:210).

The concept, as noted above, developed out of research and teaching activities at the hospital and was ultimately expressed in project organization; that is, persons were hired as culture brokers. The culture broker's linkage activities occurred in two frameworks. The broker served to link the community health culture and the orthodox health care system so as to facilitate the provision of orthodox care that is "coculturally informed." The second arena for linkages is the community and the "broader social, economic, and political system" (Weidman 1975:314).

The process of linkage is labeled *culture mediation*. In practical terms this means the provision of culturally appropriate services. Effective mediation facilitates better interaction between representatives of the cocultures represented in a community. The basis for cultural mediation is the culture broker's knowledge of the involved cultures. This requires a strong commitment to synthesis of various health cultural traditions as well as

various scientific disciplines. The process of mediation will be discussed below.

THE CULTURE BROKER ROLE

The culture broker is to be viewed as an important player in the interactions between two parts of a larger cultural system. In the scientific literature on brokerage, the broker links traditional and modern, national and local, or European and "native." Weidman stresses the buffering and mediation that serves to facilitate harmony and equality between cocultures, while they recognize that their approach restructures community services. The conception of the broker's role includes a purposive and intentional aspect that does not appear in the original conception (Weidman 1985).

The application of the cultural brokerage approach is motivated by the need to increase accessibility to basic medical care in the United States. There exists in every complex society a range of alternative health care systems that typically are in competition. Different viable health cultures are found throughout the world in isolated rural areas and in dense urban settlements. In one way or another, the therapeutic practices that are part of these health cultures are in competition with each other and modern medicine. The position of Western medicine in this competition is unique. As Weidman noted, "Since it emerged in the Western world, that social institution called 'scientific' or 'modern' medicine has been sanctioned internationally as being ultimately responsible for the health of national populations" (1979:85). In the total scope of human history this is a relatively recent event. Throughout the world much health maintenance behavior is based not on "scientific" medicine but on traditional health culture. According to Weidman, "Our field of inquiry is a culturally plural one. In every urban center in the world today we must recognize a 'pluriverse' of health cultures, one of which is our own or that of Western medicine, all of which are interacting or inhibiting from interacting on the basis of reciprocal images of each other" (Weidman 1973:8).

In these settings the culture broker links alternative systems that are equivalent. This, of course, relates to the discussion of coculture indicated above. The relationship between the systems is thought to be symmetrical. The parity concept is what distinguishes the culture broker from the more common outreach worker. This more typical role is consistent with the view that Western medicine is dominant and the cultural alternatives are to be aided, displaced, or changed because of their impotence. Typical outreach workers are usually agents for the dominant culture and often work in an inherently compromised political position.

Paradoxically the culture brokers are thought to operate between two systems

at parity, the broker's function calls for substantial knowledge of the two systems involved. Therefore brokerage requires ongoing research.

THE PROCESS OF CULTURAL BROKERAGE

The process of cultural brokerage includes the establishment and maintenance of a system of interaction, mutual support, and communication between cocultures expressed through the culture broker's role. The process of mediation protects the cultural values of the involved ethnic groups. It is within this framework that change occurs. Change is toward increased cultural appropriateness, access to resources, better health, and more compliance with medical regimens (Weidman 1985). The potential for change goes much beyond health, social, and economic conditions and may also be positively influenced. The basic process can include a variety of strategies that benefit community members, including many of the strategies discussed in this section of the book, such as advocacy.

PHASES OF THE PROCESS

1. The compilation of research data on the health culture of all the cocultures in the community. This includes both the traditional and orthodox health systems.
2. The training of brokers in aspects of community life. Culture brokers are usually members of the ethnic group being related to, as well as being trained social scientists. The primary reference in the training is health culture. The training may involve participation in the initial research.
3. Early activation of the culture broker role usually involves collaboration with institutionally based health care personnel to assist in providing culturally more appropriate health care. In addition, the broker fosters referral relationships with traditional health practitioners and trains community people to assume broker roles. These activities are associated with continual involvement in research to increase the project's database and support community action projects.
4. The brokerage efforts cause change in both the community and the orthodox health care system. These include increased knowledge of the culture of the community on the part of the health care providers and improvements in the community's resource base. Overall improvements in mental health levels occur.

Prior to implementation of a culture broker program, interactions between community members and the health care facility are based largely on decisions of the individual community member. There are no outreach or other efforts at linkage. The institution does not possess any significant knowledge about the patient's way of life. This way of life is conceptualized in subcultural terms that...

stitutional or dominant culture. The little information about patient subculture is obtained on a nonsystematic, ad hoc basis. Encounters between health care institutions and the community are almost always between therapist and "sick person." That is, the interactions are single-stranded.

In the early phase of implementation a new formal role is created, the culture broker, and the culture parity concept is asserted. The parity concept is an ideological commitment to be operationalized programmatically. Parity may not be manifested in the relationship between the two cocultures in the larger political realm. Later, the culture broker comes to be more thoroughly integrated into both cocultures, serving as a knowledge resource for both.

A CASE STUDY: THE MIAMI COMMUNITY MENTAL HEALTH PROGRAM

The Miami Community Mental Health Program was designed to serve the mental health needs of a large, ethnically diverse area of Miami (Lefley and Bestman 1984:122). The area was inhabited by five major ethnic groups: Bahamians, Cubans, Haitians, Puerto Ricans, and African Americans. Diverse ethnically, this population exhibited many of the stresses typical of low-income, inner-city populations. The area had higher rates of crime and unemployment and much substandard housing. Program designers felt that the standard "medical model" approach would be inadequate for achieving mental health improvements. It was felt that the traditional approach would not produce culturally appropriate health care. The diversity of causes of ill health and the cultural complexities of the community would not yield to the orthodox treatments available in the hospital.

The Miami model was built upon a thorough community research project. An important research finding was documentation of the distinctive differences in knowledge and behavior of the five ethnic groups vis-à-vis mental health. The diverse conditions under which they lived produced culturally patterned health conditions, including a number of culture-bound syndromes not recognized by the biomedically trained care providers. In the community "alternative healing modalities were widely used, often in conjunction with orthodox medical treatment" (Lefley and Bestman 1984:121). "Differential perceptions of causation and remediation of illness" were identified (Lefley and Bestman 1984:121). The most fundamental and far-reaching conclusion from the research was that "culturally specific therapeutic interventions were needed to deal with ethnic variables in these diverse groups" (Lefley 1975:317).

Basing their approach on the existing mental health services of the hospital, the project attempted to develop a culturally appropriate approach. The county-owned hospital is a 1,250-bed general hospital serving an area

pressed area manifests significant numbers of mental health problems. Although the hospital seems in the middle of things, it is somewhat inaccessible to the residents of the catchment area. Public transportation is, for example, inadequate for getting patients to the clinic. The service is impersonal and culturally inappropriate. The diagnosis procedure is based on white middle-class conceptions of symptoms. Patients tended to come to the hospital only when they were desperate, when "They have been stabbed or shot or otherwise injured, when they are critically ill, or when they are so behaviorally deranged that the police deliver them to our doorstep" (Sussex and Weidman 1975:307).

The hospital's psychiatric service had operated as a disease-focused mental health service that viewed health in terms of the biomedical model. That is, care was based on

the assumption that a given *disease* should be treated in a certain generally accepted way because it always has the same cause, . . . and always responds (or should respond) to a particular type of treatment. So the standard nomenclature is used, the usual signs and symptoms of the mental-status examination are duly elicited and recorded, and the customary therapeutic procedures are prescribed. (Sussex and Weidman 1975:307)

The psychiatric service had a rather high case load largely derived from a busy emergency service. The goal of the service was behavior control, mostly through the use of drugs. Patients who did not respond were typically sent to a state hospital. Case management was made more difficult by limitations in after-care treatment.

As the project evolved, an action component was added. This effort emerged directly from the work of five field teams that were ethnically identical to the different communities. As is often the case with ethnographic field work, the teams developed good rapport with community members. Although not necessarily intended, the teams' efforts resulted in increased sensitivity to the possibilities for improved mental health services for the community. As an outgrowth of this, there was increased demand for appropriate services. The funding for action allowed the placement of five ethnically specific teams. The five teams were ultimately supplemented with teams representing the substantial elderly Anglo-American and African-American populations. The efforts of each of the ethnically specific teams were coordinated by a community advisory board that assisted in defining program goals and team personnel recruitment. Each team was directed by a social scientist trained, in most cases, to the Ph.D. level. These directors were the culture brokers referred to as the key component of this approach.

One important role of the culture broker is to serve as a bridge between the community and the hospital. This effort included

tween community leaders and the hospital. There was to be a special effort at serving as a link between the different kinds of physicians and community members who face particular health problems. The broker was to serve as both a researcher and a teacher in the program. As teachers, the brokers were engaged in augmenting courses in various hospital training programs, instructing in community orientation classes for hospital staff, consulting on the health problems of individual patients, and assisting students on projects. Further, the culture brokers were to act as trainers of community representatives in various areas, as well as training various health professionals as culture brokers.

The other important aspect of the broker role developed in the community where they organized community groups with social action goals. These efforts often started with assessments of community needs that were used for community planning and proposal development. The brokers could be thought of as social change catalysts that acted primarily through their research. Research was done in support of many different goals that the community related to mental health problems. These included research in support of day care centers, hot lunch programs, and changes in housing policy. These community involvements also included acting as resource specialists to bring consumers together with service providers in Miami. This helped community members to act when agencies were lacking or inadequate (Lefley 1975:318).

Each ethnic community has its own pattern of program development, although each team provides "essential psychiatric services" (Lefley and Bestman 1984:127). Much of the content of program activities was based on advice given by community advisory boards. Some of the early efforts included research done on behalf of community groups (Lefley and Bestman 1984:127). It is important to remember that the teams functioned both in the hospital and community frameworks.

The Miami Project was based on the capacity of a group of anthropologists to effectively mediate between the cultures found in Miami and the culture of the care providers in a large public hospital. The precedents established in this project have been expressed in public-sector community mental health programming. For example, Dr. Evalina Bestman, one of the early culture brokers, continues to serve as the Director of the New Horizons Community Mental Health Center in Miami (Weidman 2001). This required skills and knowledge that subsequently came to be referred to as cultural competency. In the next section of this chapter, this emerging concept is discussed.

CULTURAL COMPETENCE

Cultural competence consists of the skills, knowledge, and policies that allow a person or organization to provide services effectively in a cross-

cultural situation.¹ This idea has become an important concern in American medicine since the 1980s and was manifested in a number of ways. Professional associations such as the American Medical Association have published recommendations on how to offer culturally competent health care for specific types of clients (American Medical Association 2001). Federal agencies such as the Administration on Aging have developed guides for the provision of culturally competent services for older people (U.S. Administration on Aging 2001). The U.S. Public Health Service supported research toward the development of national standards for culturally and linguistically appropriate health care (Office of Minority Health, U.S. Public Health Service n.d.). The Medicaid Program, through its administrative agency, the Health Care Financing Administration (HCFA), has proposed regulations mandating that state Medicaid programs develop guidance for the provision of culturally competent care in Medicaid funded programs. Some large health care organizations, such as Kaiser Permanente, are addressing cultural diversity issues in service provision through training programs, education of staff, and publication of handbooks in order to achieve their quality of care and marketing goals. There are national associations that are serving as information clearing houses on these issues.

Concern for the impact of cultural differences on health care outcomes has drawn "the attention of regulatory and accrediting agencies" (Gilbert 1998:3). Some states have included specific cultural and linguistic conditions in their contract payments to organizations providing care for Medicaid recipients that come into effect when the population of a cultural group reaches a certain level (Gilbert 1998:3). Cultural training for health care professionals is now recommended by the Joint Commission for the Accreditation of Healthcare Organizations (Gilbert 1998).

The provision is achieved in many ways in health care organizations. Often discussed is support of the process of increasing cross-cultural knowledge and sensitivity resulting in respect for cultural diversity. In addition, the following activities are often included in cultural competency-enhancing programming: hiring members of the community to provide health care; offering patient education materials and signage in languages of the patients; developing a participatory relationship with the community; publication of handbooks that describe population characteristics for providers; including cultural competency content in continuing medical education; providing for and working effectively with translators; and assessing the organization's cultural competency.

The development of concern for cultural competency on the part of biomedicine is a corollary of increasing cultural diversity nationally. That is, there is increasing interest in these issues because of the changing nature of

1. This definition is based on a statement definition from the Child Development Center, Georgetown University (1989).

the American population through immigration resulting in many different ethnic communities in the United States and the changing political significance of ethnicity. These same forces also relate to the increased acceptance directed toward alternative or complementary medicine. Health care providers who are culturally competent will also tend to advocate certain kinds of alternative medicines. In addition, traditional healers may be incorporated in health care provider cultural competency training.

Concepts from anthropology are important in the cultural competency movement. Needless to say, the most important of these ideas is culture. The definition used in the U.S. Administration on Aging (AoA) publication, *Achieving Cultural Competence: A Guidebook for Providers of Services to Older Americans*, uses this definition of culture: "the shared values, traditions, norms, customs, arts, history, folklore, and institutions of a group of people" (2001:8). From the perspective of contemporary anthropology this definition appears inadequate and anachronistic because it assumes cultural homogeneity and does not recognize the creative impact of individual practices in cultural settings. It is likely that as the cultural competency literature expands, it will recapitulate many of the same conceptual developments in anthropological usage of the culture concept. The AoA Guidebook exemplifies this by noting that the "broad" ethnic and racial groupings that are often used such as African-American, Hispanic, and American Indian are "sometimes misleading" (2001:8). These categories reflect bureaucratic convenience and certainly mask tremendous significant diversity. Refinement of their use of the culture concept can be seen in their recognition of "factors that influence culture." The Administration on Aging's guidebook suggests that "the cultures of patients and providers may be affected by: educational level; income level; geographic residence; identification with community religious, professional, community service, political groups; individual experiences; place of birth; length of residency in the [United States], age" (2001:8).

While the goal of instilling cultural competency in health programs is good, it is not without potential negative consequences. The line between racial profiling and cultural competency is a fine one. There is a potential problem of ethnic stereotyping. Because of the problem of stereotyping, it is necessary to base the process upon which culturally competent care is provided on individual patient assessment rather than applying broad culturally specific guidelines about some ethnic group. Nevertheless, it is important for health care providers to have knowledge of the cultures of their clients in order to comprehend what is possible and what questions to ask. However much cultural knowledge is valued, it is important to recognize the individual. This means that interview practices that result in the identification of the client's circumstance are vitally important to providing culturally appropriate care. Also problematic is the potential that concern about cultural variables will mask the structural constraints that keep many

ethnic minorities from having access to health care. These populations may also have limited income, no insurance, limited education, transportation problems, and substantial impairments. Poverty is not ethnicity.

KAISER PERMANENTE CULTURAL COMPETENCY PROGRAM: A CASE STUDY

Kaiser Permanente is the nation's largest not-for-profit health maintenance organization with over 8 million members in many states. The organization is interesting because of its role in pioneering the use of group practice prepayment for health services. This was done initially to provide health care for workers involved in Depression era public works construction in California and Washington and wartime ship construction in California. With the end of World War II, its membership was open to the public. Kaiser Permanente now provides health care in many states and is committed to addressing cultural issues (Kaiser Permanente 1996).

Kaiser Permanente's cultural competency programming is focused on training of staff and documentation of characteristics of the diverse populations represented among their members. Kaiser Permanente uses seminars to provide training in culturally appropriate clinical practice. The core of the training is scripted scenarios presented by an in-course acting group. These depict positive and negative clinical encounters between persons of different cultures and allow for discussion. Medical anthropologist, M. Jean Gilbert, at the time the Director of the Office of Cultural Competence for Kaiser Permanente, describes this training: "The use of acted scenarios provides an opportunity to bring up many subtle and not so subtle issues that may be barriers to good communication between patients and health professionals. Cultural misunderstandings are vividly portrayed. Preparation of the scripts requires the combined skills of the scriptwriter, physician and medical anthropologist" (Gilbert 1998).

In addition to training, Kaiser Permanente has developed a series of handbooks focused on the documentation of ethnic and cultural groups in its membership. These handbooks were prepared under the leadership of a Kaiser Permanente staff physician from the ethnic group. He or she works with a team of writers, researchers, and reviewer physicians. The documents include information about the demographics of the group, health beliefs, risk factors, and epidemiological data in an easy-to-use format.

SUMMARY

The ideas behind the cultural competency movement are parallel and consistent with cultural brokerage. The two approaches are similar in terms of purpose, values, and foundation concepts. The differences appear to be a matter of emphasis and perspective and disciplinary location. Cultural

brokerage, focuses on a specific role. Being an effective culture broker in the sense discussed by Weidman involves cultural competency skills. The basic strategy of the cultural competency movement is to disseminate training that allows brokerage to occur within an organization.

The approaches presented in this chapter represent useful strategies for applying anthropological knowledge to a wide range of contexts. It, quite obviously, has had its utility demonstrated in health and medical programs. Its primary purpose is linking the culture of the agency with that of both individual users or communities, with the intent of increasing the cultural appropriateness of services and increasing the resource base of the community.

Cultural brokerage functions have long been a part of the applied anthropologist's role. What has come to be called cultural competency has always been part of the anthropological scheme of things, though unnamed. These approaches seem especially useful where there is a need to link a service-providing organization with an ethnic community, and where there is a commitment to cultural pluralism.

FURTHER READING

- Kleinman, Arthur. *Patients and Healers in the Context of Culture*. Berkeley: University of California Press, 1980. This remains a classic statement on the issues associated with culture and health. It is frequently cited in the cultural competency literature.
- MacArthur, John R., Sandra Dudley, and Holly Ann Williams. Approaches to Facilitating Health Care Acceptance: A Case Example from Karenian Refugees. In *Caring for Those in Crisis: Integrating Anthropology and Public Health in Complex Humanitarian Emergencies*. Holly Ann Williams, ed. NAPA Bulletin 21. Washington, D.C.: American Anthropological Association, 2001.
- This publication reports recent cultural brokerage work in a Thailand refugee camp.

Chapter 10

Social Marketing

Social marketing is a social change strategy that combines commercial marketing techniques with applied social science to promote voluntary behavior change that is socially beneficial. Although social marketing can be used for a wide variety of purposes, it has been most widely adopted by public health professionals (Ling, Franklin, Lindsteadt, and Searon 1992). Examples of healthy behaviors promoted using social marketing include condom use (Fishbein, Guenther-Grey, Johnson, Wolitski, and McAlister 1997; Smith and Middlestadt 1993), prevention of smoking (Hastings, MacFadyen, Mackintosh, and Lowry 1998), and contraceptive use (Ran-gun and Karim 1991).

Used in both the developed and developing countries (Manoff 1985: 221), social marketing represents a synthesis of "marketing, mass communication, instructional design, health education, behavioral analysis, anthropology, and related social sciences" (Academy for Educational Development 1987:67). Commercial marketing provides the conceptual framework and analytical techniques for segmenting market audiences, developing, pricing, testing, and distributing products.

This conceptual framework views the consumer at the center of an exchange process in which s/he is acting primarily out of self-interest—attempting to maximize their ability to satisfy wants and needs and minimize what they must sacrifice to obtain them (Kotler and Armstrong 1996). This framework includes five key concepts involved in the exchange process: the product (the health behavior being promoted) and its competition (the risk behavior currently practiced); the price (social, emotional, and monetary costs exchanged for the product's benefits); place (where the exchange takes place and/or the target behavior is practiced); and promotion (activities used to facilitate the exchange process).