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Extracts

The need to cross-check the results of wealth ranking

by N. Narayanasamy & S. Manivel

Wealth or well-being ranking is a sensitive, but widely used, PRA method to identify poorer groups using locally evolved criteria. This exercise should only be undertaken if there is a real need to distinguish different social groups and only at a stage when adequate rapport and understanding has been built up between the villagers and outsiders.

Practitioners of PRA have evolved quite a number of wealth ranking methods. These include card sorting and social mapping. Whatever method is used, the results should be triangulated with different groups in the same village or community. The purpose of the paper is to share the experiences of the Ghandigram Rural Institute (GRI) in triangulating wealth ranking.

In Palampatty village, a wealth ranking exercise was conducted with a group of seven villagers, of whom five were men and two were women. They were aged between 18 and 55 years. The group has classified the families in the village into two categories using the following criteria:

Poor
• Owning less than one acre of land;
• Possession of milch animals; and,
• Security of access to food without much difficulty.

Very Poor
• Landless;
• Agricultural labourers; and,
• Dependent on agricultural wages for food.

A card sorting method was used to identify the poor and very poor households. 82 households were recorded and the group reported that 10 households had vacated their houses and permanently migrated to other places. Left with 72 households, the group identified 46 as very poor and 26 as poor households.

This exercise was repeated on the second day with a group of five villagers. All of them were under the age of 30 years. This group classified the households into three categories based on a newly evolved set of criteria. These were:

Poor:
• Owns land;
• Possession of milch animals; and,
• Manages food without many problems.

Very Poor:
• Landless agricultural labourers; and,
• Total dependence on agricultural wages for food.

Very Very Poor:
• Landless agricultural labourers;
• Houseless; and,
• Non-possession of milch animals and other properties.

Using the card sorting method, the group identified 3 households as very, very poor, 52 households as very poor and 21 households as poor. This group reported that only six families had permanently migrated to other villages.

The results of both exercises were presented in a plenary session. The findings were interesting because we realised that people had ranked households according to different levels of poverty, rather than wealth: no rich people were identified.

The facilitators discussed the causes for the difference in detail between the findings of the two groups. The most important factor seemed to be the composition of the groups which participated in the exercises. They differed in terms of the of number participants, their ages and gender balance.

The data and information gathered through PRA exercises should be robust. While recognising the need for 'appropriate imprecision', this exercise highlighted the importance of consulting with a range of people within the village. In this example, we would need to repeat the exercise again or undertake some focal group discussions to understand why people's categories of wealth and poverty differ.

We recommend the following precautionary measures for wealth ranking:

- rapport with a group is essential;
- wealth ranking should not be done in a hurry;
- the purpose of the exercise should be clearly spelt out; and,
- the composition of the group should be noted and the exercise must be repeated with different groups to ensure findings that we can trust.

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- **N. Narayanasamy** and **S. Manivel,** PRA Team, Gandhigram Rural Institute, Dindigul Mannar, Thirumalai District, Gandhigram, 624 302, Tamil Nadu, India.

Sexuality lifelines: - participatory assessment of reproductive health

F. McConville

Little is understood about the health needs of women in Myanmar. In 1995 the country was beginning to awaken from years of closure to the outside world. NGO activity was negligible and access to people in many areas remained restricted due to political uncertainties. The concept of participation by the community, even in public meetings, remained an antithesis to the authority of the military regime. Regardless of these circumstances, there existed an enormous unmet need for health care.

World Vision Myanmar through their support of an Urban Integrated Health Programme had developed a constructive rapport with the Ministry of Health. They planned to expand their assistance to the communities of urban resettlement areas (slums) around Yangon. A 'Rapid Participatory Needs Assessment of the Health Needs of Women and their Children' was carried out in one urban poor area. Working in one of the resettlement areas, we used a combination of quantitative, and qualitative, PRA methods. The aim of the assessment was to enable 200 mothers with children under 5 years to express their unmet health needs.

A method was needed to help us understand how external factors, such as poverty, gender, culture, religion and education, influenced individual women's perceptions of their sexuality and their health. The use of sexuality lifelines proved to be an invaluable method. It promoted women's participation and provided a visual picture, or narrative, of the woman's life from her perspective.

The facilitator found a quiet space and asked one of the participants to draw a line on a simple graph, showing whether or not she had been 'happy' or 'sad' during the major events in her life that were associated with sexuality. The facilitator had key prompts on some of the key 'milestones, such as age at menarche, love, marriage, contraceptive use and childbirth etc. An example of a sexuality lifeline of one 37 year old woman, Hla Hla, is shown in Figure 1.

Figure 1. Sexuality life line

SEXUALITY LIFE LINE – 'Hla Hla' 37 YEARS
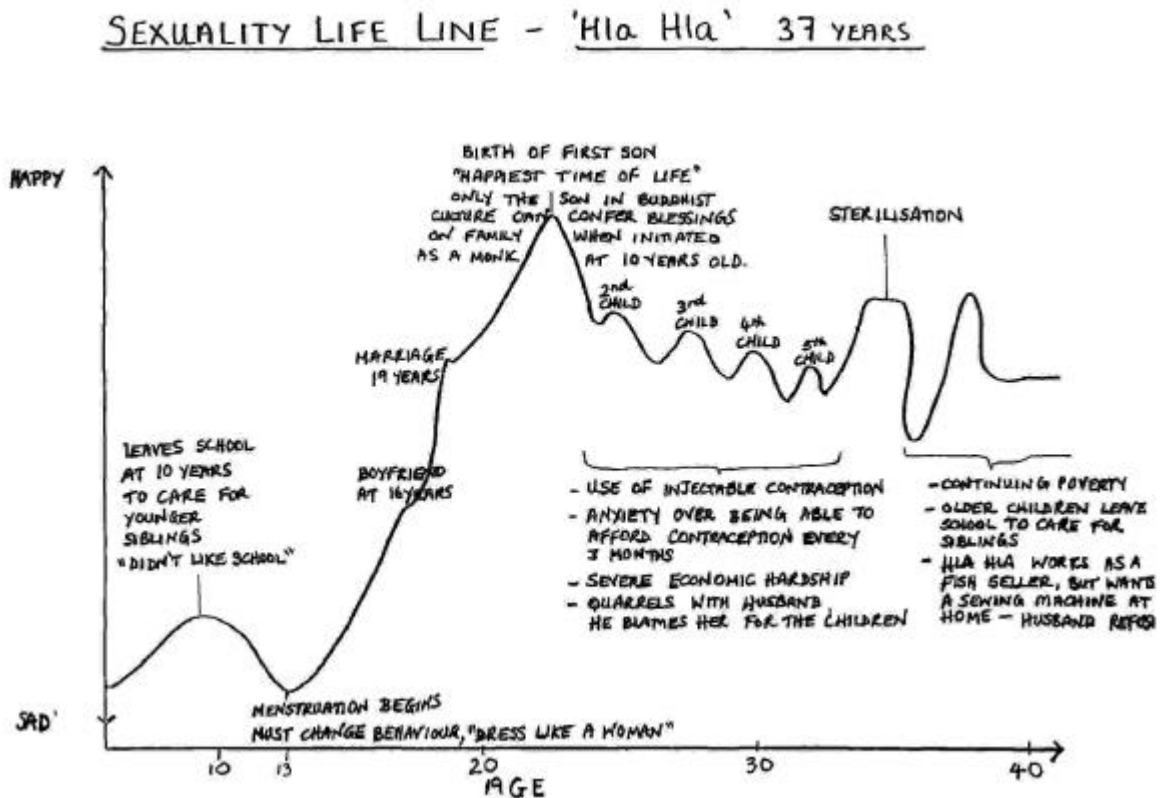
It was found that women related the major events in their lives to economic issues, gender, religion and education. Through these lifelines, we identified that:

- in theory, gender equality existed in education and employment (a point frequently made by officials). But in practice, it is the girl child who leaves school to look after younger siblings, and boys who are favoured because only a boy can confer the blessing of Buddha on the family at the time of becoming a monk;
- a woman's first menstruation was associated with visible change in manner of dress (the wearing of the wrap around skirt instead of baggy trousers) and with a sense of 'becoming a woman';
- women expressed concern over long term use of injectable contraceptives and were concerned about secondary infertility; and,
- women related poverty and hardship to an increase in the number of children and times when children were born.

In summary, sexuality lifelines provided a rapid means of enabling individuals to represent pictorially what the reality of life is really like (in this case, for poor women). However, they must be undertaken sensitively and used only where there is good rapport and sense of trust between 'insiders' and 'outsiders'.

The information gained in the Dawpon study challenges the assumptions previously made about gender, culture, poverty and education. It also raises issues directly related to health service provision, and in this example, strengthens the case for increased access to good quality reproductive health services.

- **Francis McConville,** 32 Kings Road, Mumbles, Swansea SA3 4AL, Wales.