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The death of the clinic? Participatory Urban Appraisal (PUA) in a Dominican barrio

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· Introduction

This article describes the experience of participatory research in a *barrio*, La Cienaga, in Santo Domingo, the Dominican Republic. The research was undertaken as part of a larger study which aimed to explore the links between urban women's changing and multiple productive roles and their health. The central hypothesis of the research was that the way health is conceived in a Primary Health Care (PHC) clinic based model, measured by standardised health indicators, is not appropriate for women in an urban setting.

Participatory methods were chosen to allow the research team both to open up definitions of health and to challenge the quantitative systems of measurement through which current systems see and represent the world. The research thus concentrated on women's perceptions of health, providing the methods to look at causal linkages. The results of this qualitative research were then used to 'interrogate' a national, longitudinal quantitative database. The data was recategorised and analysed from an altered perspective, that of the urban women, with interesting results[1]. This article summarises the qualitative, participatory research, concentrating on the implications of PUA, in terms of method (what worked and what did not) and, where appropriate, substance (the urban debates uncovered in the process).

· Working with the women of La Cienaga: a participatory research process

The research team worked in La Cienaga for a week, during which time the author stayed in the *barrio*. Staying in the *barrio* proved to be important for uncovering the very different economic activities that were pursued by the women at different times of the day and different days of the week. A total of 43 women participated in the research; eight in semi-structured in-depth interviews and 28 in three groups organised according to work status. The research was carried out in four stages. The first stage was an attempt to map a section of the *barrio*. The following stages consisted of a set of three sequential exercises carried out with the different groups of women.

Mapping the community: space and time

An attempt was made to initiate the qualitative research through mapping both the physical space and history of La Cienaga. A wall was used opposite a small corner shop (*colmado*), on the central 'road' in the area of the *barrio* chosen for the research during earlier transect walks. The limits of the research area (two drainage gullies to the east and west) and the shop were marked and passers-by were invited to draw their homes and those of their neighbours with chalk. On the facing wall three historic events were marked: hurricane Zenon (1960), hurricane David (1979) and the most recent mass eviction in the *barrio* (1990). It was

[1] The analysis and findings of the wider study, including the results of the quantitative research are found in *The Death of the Clinic? Linkages between the changing and multiple production roles of urban women and their health status in the Dominican Republic*. (1993) M. Phil. Dissertation, Institute of Development Studies, University of Sussex. The field research team consisted of the author and two colleagues, Lilian Bobea and Taracy Rosado. The author had previously received some training in the use of participatory methods, which were passed on to colleagues during the actual process of research.

Source: RRA Notes (1994), Issue 21, pp.28–32, IIED London

hoped that a community history could be built around these three points which it had been established are important points in both individual and collective memory.

Large numbers of people passed by the chosen site. The common response was to express an interest but to be unwilling to participate. Some people did eventually draw on their homes but were either unable or unwilling to draw on those of their neighbours. The map remained on the wall during the week of the research; no attempts were made to rub it out or to add to the initial ten homes which had been depicted.

It is possible to attribute the poor participation in the mapping exercises to three principal causes; the choice of location and time, a genuine lack of community knowledge in what is a very mobile population and the influence of broader political factors in a *barrio* currently faced with a further threat of eviction. During the week, different social networks became evident which revealed the potential ability to plot other homes, although not necessarily those of neighbours. Levels of community knowledge appeared to be higher than might be deduced from this experience and had time permitted, it would have been interesting to reattempt the process in a different manner at the end of the week.

Group exercises: defining health and happiness in working lives

The objectives of the three sequential exercises and the methods used are summarised in Table 1. Selection of the three groups was a dynamic process. Initially, for the purposes of comparison, two groups were formed; a group of non-working women and a group of working women, i.e. those who are engaged in either one or more renumerated activity. During the research, it became obvious that we had not captured those women who work full time on renumerated activities inside the home and thus a third group was formed.

Group exercises were carried out within the women's homes, 'safe' locations in which the women obviously felt free to express themselves. In the case of the group of women working outside their home, the group had to be convened late at night, when the women returned from other parts of the city. Despite their long days women were keen to participate and we were able to convene the same groups over several nights.

Table 1. Research objectives and methods

Exercise	Objective	Methods
1. Defining Happiness	Identify how women prioritise work and health in their lives in relation to other issues.	• naming of causal factors • card sorting • ranking
2. Productive Roles	Assess degree of role multiplicity (renumerated and non renumerated) & relative weight given to tasks. Evaluate changes over time.	• matrix of different roles • scoring • comparative ranking
3. Health Ranking	Assess relative importance of key illnesses and identify their relation to changing productive roles described above.	• ranking of disease • linkage diagrams

Source: RRA Notes (1994), Issue 21, pp.28–32, IIED London

Defining happiness

In the first group exercise, performed with all three groups, women were asked what happiness meant for them and what factors would be important for their happiness. Figure 1 shows the results of the exercise for the group of women not engaged in reproductive activities.

It is important to note that with this exercise, as with all the others, the different groups emphasised different factors and conceptualised in different ways although broad outcomes were similar. For example health was seen by all three groups as the key to happiness.

A discussion over definitions and causes ensued, and the facilitator noted key words on cards. In a second stage of the exercise, women were asked to rank their ideas in order of importance and explain to the facilitator their reasons. Amongst all groups health was prioritised and defined in the broadest possible terms, which included stress and violence. Spontaneous discussions on violence, both at the community and domestic level took up a considerable proportion of the discussion. Widening the discussion in this way was a direct outcome of the fact that the women felt comfortable with the participatory methods, as were the offers to introduce the team to meet traditional healers and other 'alternative' health personnel, usually difficult to meet in the Dominican context.

Working roles, time and pressure

In the second exercise, women were asked to list their daily activities into three pre-defined categories; renumerated work, unrenumerated work and leisure. The wide range of activities, many of which had not been named in individual interviews, can be seen in the example shown in Figure 2. Women were then asked to show which tasks they considered to be the most burdensome (*pessado*). The definition encompassed both ideas of time and stress, thus a high score might not necessarily indicate an activity which absorbs the most time, but rather one which the women least like doing. Women placed beans on their diagrams in a scoring exercise; a high score shows a task considered to be a heavy burden.

In a second stage of the exercise, using the riots of 1984 as a reference point, women were asked to show how their diagrams would have looked nine years ago. Some women added additional activities, but in the majority of cases the women's lives had changed to such an extent (different partner, different homes, younger/fewer children, in addition to different work roles), they could not be shown on the same diagram.

In terms of methodology, it is important to note that although the exercise did not produce successful maps/diagrams, the arguments and discussions between the women as they attempted to diagram were perhaps the most revealing and important aspect of the week's research. The results of this exercise were very important in illustrating the dynamic complexity of the women's lives and the difficulty of theories related to health, empowerment and other issues that assume a linear accumulation of roles. Women were also able to illustrate the effects of changing economic roles of other women within the household, pointing to the inadequacy of debates that focus on headship, at the expense of intra-household relationships.

Source: RRA Notes (1994), Issue 21, pp.28–32, IIED London

Figure 1. Defining happiness

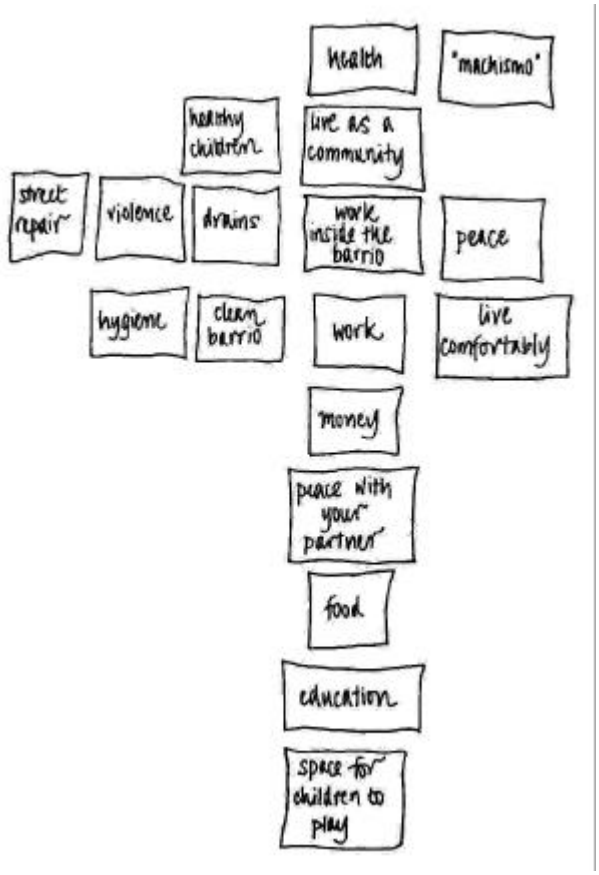
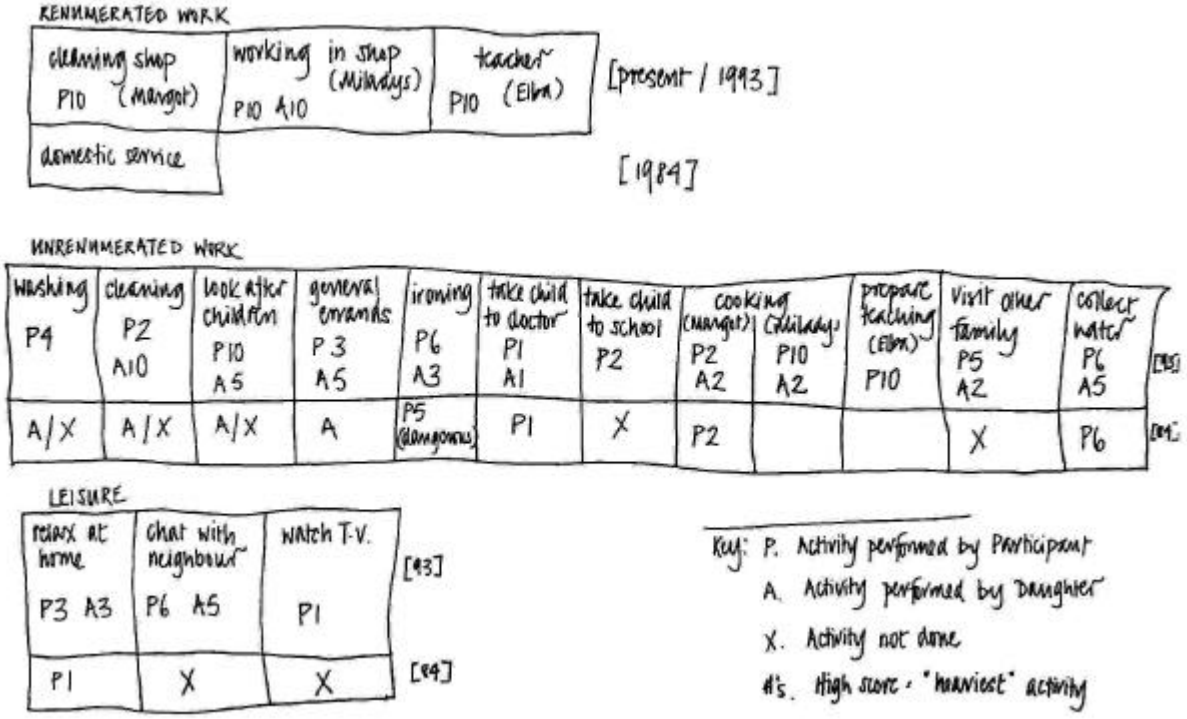


Figure 2. The allocation and scoring



Source: RRA Notes (1994), Issue 21, pp.28–32, IIED London

Figure 3. Health ranking

Linking changing health profiles to working lives

In the third and final exercise women were asked to rank the ten most important health concerns that had emerged during previous discussions (Figure 3). The ranking exercise worked easily since women were now familiar with the idea.

Attempts to establish links between work and health were not successful. The majority of the women argued that the direction of causality was not from work to health (as assumed by the author), but rather in the opposite direction. The women's concern was that they might become too ill to work rather than that their work might cause severe health problems. Women were thus asked to depict the links between health and production, working from the opposite direction. Again, this exercise was not successful; much of the discussion was similar to earlier health discussions and no causal/linkage maps were drawn. It is hard to know whether this was because the women did not see these linkages as important, or whether the inexperience of the author with PUA precluded the use of other methods which might have led to more interesting and conclusive results.

· Some conclusions

- With the exception of mapping, all these methods could be successfully used in an urban setting. The experience with the mapping exercise perhaps points to the need to reconsider the definition of the urban 'community', beyond spatial mapping, and the need to work in a 'safe' place in the urban setting. Mapping is probably not the best introductory exercise in the *barrio*.
- The levels of information shared and the quality of discussion and self reflection (for example the discussions that arose on domestic violence) illustrate the potential of the methods for understanding complex urban realities.

Source: RRA Notes (1994), Issue 21, pp.28–32, IIED London

- The usefulness of the methods for working with different social groups within urban areas (differentiating in this case women by productive roles, income/well-being and age) is particularly important in urban areas characterised by their socio-economic heterogeneity.
- The fact that the methods allow one to work without predefining terms or issues is particularly important in urban areas where there has been a tendency on the part of both development researchers and practitioners to import concepts and projects developed in rural settings (for example, the PHC model as in this case).
- The ability of the methods to challenge quantitative research is similarly of importance in an urban setting, where the poorer residents are frequently invisible to a questionnaire whose questions were designed with another situation in mind. The poor are inaccessible, living behind their wealthier neighbours and working hours that do not make them available to the average household interviewer.

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Source: RRA Notes (1994), Issue 21, pp.28–32, IIED London