Case 42

Determining who constitutes the community

An agricultural district in a South Asian country has a population that is 30% tribal. The tribal population of this district comprises 80% of the landless poor in the country, and most live in small hamlets that are 2-3 km from the main village in the district. Only about 10% of the tribal households own land, whereas the non-tribal households have landholdings which provide sustenance but no significant surplus. Recently, because of an irrigation project, even those with small landholdings have been able to substantially raise their incomes by cultivation of fruit and vegetables. Although the daily wages of landless people have increased somewhat, they remain low in proportion to the rise in incomes of the other groups. Over the past decade, tribal people have not been engaged with the local political power structure, and local politics has come to be dominated by farmers with small and medium-sized holdings. These farmers have found willing allies in the large farmers, who belong to the same social class.

Historically, people in this district have used government health services for both primary health care needs and hospital care. The growing private sector has exposed the people to care which is high-tech (although not always appropriate). In the meantime, government services have deteriorated considerably because of lack of investment and the pressure of the growing population. The high cost of private care means that only a small proportion of the population can routinely use private hospital services; the rest still depend on the inadequate and inefficient government system for hospital care.

As part of the health-sector reforms initiated by the state, the health department has been converted into a public-sector company. Its first task is to improve efficiency. To raise funds for improvement of services, it has proposed that hospitals should institute user-charges at a rate which is approximately one third of the fees charged in the private sector for equivalent services. A multilateral agency has been approached for a loan for this project. While the agency agrees in principle with the project's goal, it would like to document people's views about the project through a participatory process. It proposes that in the event of substantial public resistance to the user-fees, some high-tech components of care should be dropped, so that services can continue to be delivered free. Accordingly, the agency directs the health systems corporation to conduct a study to elicit peoples' views about the imposition of user-charges. It provides a standard methodology – the Participatory Rural Appraisal technique – which has been used effectively in Africa.

An external agency is asked to do the study, and decides to conduct focus group discussions with representatives of the community. The protocol guidelines provided suggest that, in each selected village, a committee consisting of one local government body member, the village secretary, the local teacher, and a village elder (or priest) should select participants for the focus group discussions. The protocol stipulates that at least a third of the people in each group should be women. Most of the discussions are held in the community temple in the centre of the main village. Several such focus group discussions are held. The dominant view expressed is that people are willing to pay if the quality of services improves.

During the study, there is an outbreak of gastroenteritis in one of the tribal hamlets in a block where fieldwork is going on. That particular unit of the research team (which consists of young urban professionals) decides to help the staff of the primary health centre, which has sent a mobile unit to the hamlet. When they reach the hamlet, they find that the people are agitated about the unresponsive attitude of the government staff. When the researchers identify themselves, the local leader accuses the research team of conniving with the non-tribal political elite to privatize government services. He shows the team the poverty in which the tribal people live. The team has been unaware of these living conditions because most of their fieldwork has been limited to the main village.

Members of the team review their field notes and notice that fewer than 10% of the participants in their focus group discussions have tribal names; and that most of them are receiving aid from the government (such as loans or development grants for income-generation projects, community schools, or self-help groups). The team reports to their principal investigator, who dismisses their concerns and points out that participants were selected by a very transparent method – with complete community consent, according to an internationally accepted protocol.

Questions

1 Was the method used for selecting participants for the study faulty? If so, what alternative method could have been used? Would that have yielded different results?

2 In a culturally diverse society, with many vulnerable groups who are often minorities, who represents the community? How should representatives be chosen? What obligations does a research team have to ensure that the views of vulnerable groups and minorities are incorporated?

3 In this case, could (and should) the agency include the concerns of the young field workers in its report, and if so, how?

4 What are the obligations of the funders or sponsors with respect to the conduct of the study?

Adapted from a case study contributed by Neha Madhiwalla, Centre for Studies in Ethics and Rights, Mumbai, 2007.