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Module B3.6 – Immersion communautaire

Abstract - Gr. n°50-51

No top-down without bottom-up: an ethnographic survey of rural populations in Sriniketan area (West Bengal, India)

Matthieu Abbet, Solène Benoit, Annick Budry, Vittoria Guareschi, Miloch Jovic, Chiara Mazzarelli

Introduction

Assuming that "members of a social group know their reality better than people outside the group" (1), we conducted our research in Sriniketan (West Bengal, India) and interviewed the people we met about their health resources and needs, in order to establish a community diagnosis. According to the WHO definition, a community diagnosis is "a quantitative and qualitative description of the health of citizens and the factors which influence their health. It identifies problems, proposes areas for improvement and stimulates action" (2). The analysis of our results makes it possible to outline the first step of a community diagnosis, namely the qualitative part aimed at identifying the health resources and needs defined by the village communities of Sriniketan and the surrounding area. We present the results of our research in two abstracts: the methodology and its ethnographic approach on the one hand, and the results of the analysis on the other.

Methodology

By seeking to distance ourselves from a top-down approach that would apprehend a field of research using a pre-established reading grid, we experimented with an inductive qualitative research method from an ethnographic and interprofessional perspective. Methodology has been a constant subject of reflection throughout our fieldwork and we have decided to devote abstract no. 50 to it (sampling, types of interviews, feasibility and biases, as well as methodological reflexivity).

Results

Based on the data collected in the field, we coded our verbatim and observations into 28 subcategories, then grouped these subcategories into 10 categories, then finally conceived 3 main overarching themes: lifestyle, resources and services, and the natural environment. All the data were analysed through 3 transversal approaches: problems of access to resources correlated to socio-economic status, prevention issues thought by or for villagers, and finally the transitions experienced between tradition and modernity.

Financial resources play a major role in several aspects of the lives of the villagers interviewed. Their eating habits seem to be partly determined by their financial means. When the climate is favorable, villagers prefer to cultivate a kitchen garden, which reduces market expenses and avoids pesticide contamination. In order to ensure satisfactory living conditions, the poor villagers stressed the need to work hard. As a result, their conception of good health is determined by their ability to work and health issues seem to be secondary. The concepts of health and education have often been combined. Young people without access to education would then be deprived of school-based prevention and information about health and available facilities. While knowledge and education are useful in maintaining health, they do not guarantee access to health care facilities. Problems related to transport costs have often been identified. Similarly, the price of medicines and the forms of corruption and discrimination that some villagers face are a barrier to their care.

Regarding the transversal approach to prevention issues, we were able to identify actions carried out by external agents, such as government, schools or NGOs, as well as actions undertaken by villagers according to their own representations of health issues. Concerning this latter set of actions, it was possible to highlight some preventive behaviours that are adopted by villagers, such as favouring a vegetarian diet, relaying information within the community through viva voce or meetings, engaging in physical activity and maintaining a clean household. The use of protective objects and rituals is also an important primary prevention aspect in the communities encountered. With regard to prevention actions designed for villagers, the data emphasize the success of prevention activities carried out in schools, which can be adapted to the educational context while integrating into daily habits. However, top-down actions by the government, such as the construction of toilets, seem less successful. Due to the lack of explanation provided on the risks of open defecation, brick cabinets are often used as sheds.

We were able to highlight in the data a thematic saturation of the concept of transition. These multidimensional transitions impact our 3 main themes. In terms of generational transition, it appears that young people have greater access to new technologies and aspire to better living conditions. They seek to leave the village to

pursue higher education and change their lifestyles, sometimes in opposition to those of their elders. Nevertheless, globalization permeates all age groups. Regarding the impact on the choice of available health resources and services, many people use local knowledge and modern resources. A generational dichotomy seems to emerge: young people are making greater use of allopathic medicine and rejecting local knowledge, while older people are adopting therapeutic pluralism. As an external disruptive factor, globalization also changes the natural environment of the rural population by bringing its share of environmental pollution. The use of pesticides in agriculture is often mentioned as a source of health problems.

Discussion

In order to identify the health needs and resources of villagers, it is not sufficient to focus exclusively on cultural or behavioural factors (3). Villagers behaviours seem to reflect how their health conditions are related to the resources at their disposal. Disadvantaged households prioritize other expenditures over health concerns (4). One of the proposed solutions would be to establish community participation by integrating rural populations into health system development strategies (4). Similarly, facilitating transport in rural areas seems essential to ensure access to health care.

The villages visited are confronted with the presence of governmental and non-governmental actors, who carry out public health and prevention actions within their community. Our results highlight gaps between these actions and their effects. Prevention strategies developed by villagers seem to be more widely adopted and shared. Strengthening access to legitimate public spaces where they can express their needs and discuss potential solutions (5) seems to us to be a fundamental tool for rethinking certain prevention strategies.

Resulting from the movements of modernization and globalization experienced in this part of West Bengal (5), the multidimensional transitions highlighted provoke generational and community breaks, but also allow identity reconfigurations and knowledge transfers (6,7).

An academic and community feedback took place at the University of Visva-Bharati at the end of our research, which met the ethical criteria of IMCO and the Craft Council of West Bengal.

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Keywords : Community diagnosis ; health resources and needs ; Sriniketan, West Bengal - India ; rural communities ; interprofessional

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Module B3.6 – Immersion communautaire

Abstract - Gr. n°50-51

How fieldwork reshapes a research question and methodology.

Matthieu Abbet, Solène Benoit, Annick Budry, Vittoria Guareschi, Miloch Jovic, Chiara Mazzarelli

Introduction

Methodology held a central place in the joint project of groups n°50 and 51. It seems pertinent to devote one of the two abstracts solely to methodology and the reflexive perspective that emerged as the project evolved. In this paper we will detail how from an initially constructed methodologic perspective, such as the one presented in our research protocols, we developed a methodological model more adapted to our fieldwork by integrating various concepts which we will expose.

Methodology

The focus on methodology considered for this work, what we call “meta-methodology”, is primarily the consequence of reflexive group discussions during debrief sessions in the evenings after fieldwork in rural villages. The data considered here are the notes taken during the whole process of the study, debriefs and fieldwork, as well as the coding process. The following paragraphs retrace the successive stages of this project and examine how fieldwork and group discussions can reflexively modify the methodology of ethnographic fieldwork.

Results

1. *Preliminary Work*

During the semester leading up to the fieldwork in India, two distinct projects were elaborated each with their own research question, target population, and research protocol. The research questions were bottom-up definitions of health needs and resources among distinct rural populations: young Santals for one group, and community-anchored Santals for the other. A review of literature yielded one article concerning Santali health which detailed the cultural and historical background of Santals, but of which we decided not to assimilate the findings in our research, so as to avoid confirmation bias once on the field (1). We used various sources pertaining to inductive methods; as well as grounded theory (2,3).

2. *Reflection on ethnographic research*

The concept of reflexivity (4), which is transversal to the whole project, is essential to ensure the validity of data produced during the fieldwork. Anthropology is a discipline that has historically imposed its Western vision on other cultures and, even nowadays, often continues to be influenced by the researcher’s presuppositions. To overcome this asymmetrical power relationship, we must consider the principle of reciprocity: by conceiving field research as an encounter of two cultures, with constant emergence of an intersubjective and bidirectional dialogue which can valorize the community’s viewpoint on their needs and health resources (5). Bottom-up methodology is founded on the ethical models of discussion and autonomy of the participants (6), wherein valorization of the speech of participants is crucial, e.g. by the presentation we gave at Visva-Bharati.

3. *Ethnographic work*

The fieldwork that took place during this research project can be described as inductive ethnographic fieldwork (3). Interviews were conducted in nine villages, of which one Muslim, one Hindu and the rest Santali; and took the form of informal or semi-directive interviews, often with focus groups as neighbors or family members joined the conversations. Participant observation was also useful to collect indirect data. Participants were mostly engaged by a snowball sampling method. Some villagers remembered past projects and this may introduce some bias, as they were used to talking about health with students. Heat and humidity were extreme, and this implied limitations to accessibility: interviews had to be conducted in the morning. One key element of this fieldwork was the difficulty to access women’s voices, due to the fact that our three interpreters were men and that male villagers would often join conversations and monopolize the discussion. We could try to remedy to this obstacle through observational data or with rare, direct conversations in English when possible.

4. *Translation and mediation*

Three Social Work students from Visva-Bharati acted as interpreters and cultural mediators; and contributed to the interprofessional character of the project with their own academic perspective. Biases related to this process were primarily linguistic. The successive steps in translation from French to English to Bengali and Santali, and back to French, all pose the potential for misunderstandings and biases. We propose a few

solutions to this problem: firstly, observational data is direct and requires at most some cultural mediation to contextualize the observed phenomena. Secondly, some villagers spoke English, which yielded rich verbatim data. Thirdly, a "terminological approach", which consists of acquiring vernacular terms on the field, e.g. "hormo" which translates to "body", and then subsequently using these terms on the field to assure mutual understanding and familiarity; this approach was intuitive and emerged on the field. Lastly, establishing an honest relationship with the participants, and built on mutual trust and respect, is crucial to avoid the risk of silencing topics by fear of judgement or discomfort and to valorize the speech of all participants (6).

5. *Debriefing*

Ethnographic research is divided into two phases: first cultural immersion, and then reflection on the data produced along with external sources of information. The daily debriefs were part of this second phase: we would adopt a distanced perspective on our fieldwork and integrate our data with the input from our interprofessional tutors. The intersubjective character of this project is useful in that it acts as a buffer to presuppositions stemming from academic belonging. This moment of collective reflection was crucial to reshape our research questions and method. Being confronted to the reality of the fieldwork made us realize that our initial plan had to be adapted to fit the actual environmental circumstances. For example, an adaptative measure we took was to visit Hindu and Muslim villages given the fact that Santals live and work in contact with these other communities, notably in schools. Furthermore, the observation that interviews would include young and elderly Santals, local and commuting workers, and that these populations were not as distinct as our protocols suggested, led us to unite both groups and broaden the target population to rural communities of the region.

6. *Coding*

From more than 50 interviews, each lasting from 30 minutes to 2 hours, we began with initial individual coding to form preliminary sub-categories e.g. "rice" or "vegetables", then a second phase of focused coding to form categories, e.g. "food". These two steps were iterative in time: comparing categories to the *in vivo codes* from the field is necessary to avoid confirmation bias (wanting to fit data into the categories in a top down process). During all this, analytic memos were formulated transversely as hypotheses or observations on the coding process and the codes themselves. Then came the intercoder agreement, wherein we compiled our individual findings to converge on acceptable sub-categories and categories (2). During this process we also consulted our tutors and the three social work students to formulate three central themes, as well as three themes that appeared transversely to the three central ones, such as "economic status".

Discussion

An important concept, which emerged from the interprofessional nature of this project as well as from the early need for reflexive thought, is "inter-reflexivity", an iterative, individual and mutual sharing and questioning process applied to the data collected, as well as to the methods employed to collect them, and which is crucial in adapting the methodology of an inductive ethnographic research on a field marked by tangible obstacles such as heat, time-dependent interviews, and accessibility of participants.

The concept of "καιρος" (7), in Greek: "opportune moment", seems to us also central to ethnographic research and requires adaptability, observation, and open-mindedness whilst on the field, as these moments can be neither anticipated nor sought out.

The integration of these two concepts yielded the meta-methodology that describes our approach on and off the field.

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Keywords : ethnography, inductive, methodology, grounded theory, health needs, Rural, Sriniketan West Bengal

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Programme MICS: (Médecine individu-communauté-société), Module 3.6 Immersion communautaire
Groupes n° 50 & 51
Matthieu Abbet, Solène Benoit, Annick Budry, Vittoria Guareschi, Miloch Jovic, Chiara Mazzarelli

কোনোকিছু গড়ে তোলার অগেই তাকে ভেঙে ফেলা যায় না*

« Health is wealth »

Bandlo Banga village, 23 y/o man

Lack of financial resources impacts on :

- ✧ Food habits
- ✧ Workplace in dailylife
- ✧ Access to education
- ✧ Access to health care

₹

Field notes:
Villagers behaviours seem to reflect how their health conditions are related to the resources at their disposal.

« Government says : Keep your country clean, I say : Keep your home clean »

Ghosal Danga village, 37 y/o man

Actions BY the villagers :

- ✧ Food habits
- ✧ Community information relay
- ✧ Local rituals and objects
- ✧ Physical activity
- ✧ Cleaning the household

Actions FOR the villagers :

- ✧ School prevention
- ✧ Government health prevention strategies
- ✧ NGO health prevention actions

« I am concerned about the health of future generations. »

Kiruli village, 45 y/o man

Transitions and ruptures between :

- ✧ Younger and older generation
- ✧ City and countryside
- ✧ Students and farmers

Globalization impacts on :

- ✧ Lifestyle : activities, new technologies, culture of money
- ✧ Resources and health services : therapeutic pluralism, reject of local health practices
- ✧ Natural environment : pesticides and chemicals

TRANSVERSAL ANALYSIS

RESOURCES AND HEALTH SERVICES	LIFESTYLE	NATURAL ENVIRONMENT
Allopathic medecine Local health practices Information and education	Activities Nutrition Hygiene Substances	Pesticides / chemicals Nature as sickness vector Climate

How villagers in the region of Sriniketan, West Bengal India, define their health needs ?

Community immersion, qualitative research, ethnographic perspective, inductive approach (see poster n° 50)
Medical, nursing, anthropologist students and local social workers all working together in an interprofessionnal approach.

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* « No top-down without bottom-up »

UNIL, Faculté de biologie et de médecine, 3e année de médecine
Programme MICS: (Médecine individu-communauté-société), Module 3.6 Immersion communautaire
Groupes n° 50 - 51
Matthieu Abbet, Solène Benoit, Annick Budry, Vittoria Guareschi, Miloch Jovic, Chiara Mazzarelli

Methodo in Vivo

Before India

- 2 projects
- Lack of experience and prospection

NEED FOR

- Adaptability
- Preemptive reflexivity

Reflexivity

- Transversal to the whole research project
- Reflection on the ethical implications of ethnography and on the position of the researcher
- Essential to ensure the validity of the data produced

Methodology

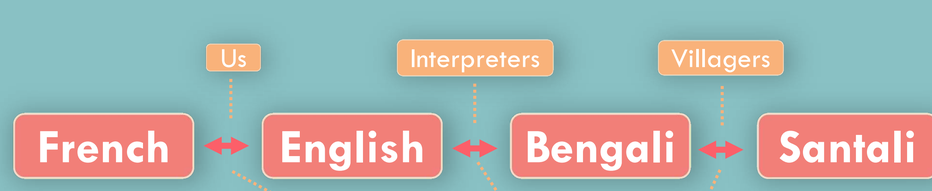
- 9 villages (Santali, Hindu, Muslim)
- Snowball sampling
- Informal and semi-directive interviews
- Participant observation

Sources of bias

- Heat and harsh conditions
- Time restriction: interviews in the morning
- Act of taking notes as students
- 4th year of fieldwork in the same villages

Women's voices: hard to access

- Male interpreters
- Male villagers
- Often busy
- Cultural limitations
- Few effective remedies



Potential linguistic or interpretational biases

Proposed remedies

- Observational data
- Direct English communication
- Honest relationships built on mutual trust and respect
- Terminological approach

- E.g. Santali: "hormo" = "body"
- "adimoj hormo" = "good body"
- Semantic coordination and familiarity

FIELDWORK → FIELD → DATA → TRANSLATION

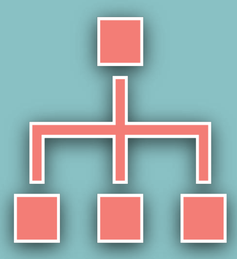
Central Discussion

- Inter-reflexivity: iterative, individual and mutual sharing and questioning process applied to data and methods, in an interprofessional context
- Embracing ΚΑΙΡΟΣ ("opportune moment") requires adaptability, observation, open-mindedness

- How fieldwork phenomena led us to consider a "meta-methodology" to fine-tune the inductive ethnographic approach during our project

See poster n°51 for results analysis

RESULTS ← CODES ← CODING ← ANALYTIC MEMOS ← DEBRIEFING



- *Themes*
- *Categories*
- *Sub-categories*
- *Field notes*

Lifestyle / *Food* / *Rice* / *"rice" [verbatim]*

- Look for patterns
- Explore hypotheses
- Loose comparisons

- Discussions promoting the plurality of viewpoints and interprofessionality
- A cathartic exercise where we could discuss the events of the day

Iterative method

- Discussion about the data produced on the fieldwork
- Reflections on the feasibility of the project
- Adaptation of our research question and method to the realities of the field

Intercoder agreement

- Mutual compilation
- Output: agreed-upon conceptual map

Focused coding

- Thematic saturation
- Relations (covariance, causality, etc.)
- Transversal approach

Initial open coding

- Over 60 interviews
- Individual work
- Linear approach

Acknowledgements : Thanks to all the villagers, Pr. Kumkum & Ranjit Bhattachrya, Daniel Widmer, Ilario Rossi, Patrick Ouvrard, Blaise Guinchard, Kevin Morisod, Abhishek Chanda, Shyam Sundar Ghosh, Baidyanath Sarkar. Thank you to the Département de la formation, de la jeunesse et de la culture, DGES for sponsoring this project.