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Ethnography and PRA among Gambian traditional birth attendants: a methods discussion

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ABSTRACT Ethnographers are often sceptical of employing Participatory Rapid Appraisal (PRA) tools in their research, calling them 'a quick and dirty' approach. However, ethnography has limitations as a research method. We therefore combined the two methods to enhance their strengths. Based on fieldwork in rural Gambia, this article discusses the procedure, merits and shortcomings of triangulating PRA and conventional ethnography methods to conduct research among an illiterate study population of traditional birth attendants. When tailored to suit the target study population, some PRA tools do enhance the emic perspective – thus empowering the study participants and making research results more context-relevant.

KEYWORDS: *birth attendants, ethnography, methodology, participatory rapid appraisal, triangulation*

Introduction

Ethnographic fieldwork is the hallmark of traditional anthropology (Spradley, 1979). Spending relatively long periods living in their study communities, ethnographers attempt to learn and understand diverse aspects of the inherent prevailing subculture(s). Ethnography is an approach to learning about the social and cultural life of communities, institutions and other settings that is both scientific and investigative (Le Compte and Schensul, 1999). It uses the researcher as the primary tool of data collection, and rigorous research methods and data collection techniques to avoid bias and ensure accuracy of data. The method also emphasizes and builds on the perspectives of the people in the research setting, and is inductive – building local theories for testing and adapting them for use both locally and elsewhere, and emphasizing understanding culture.

Ethnographic methods have also been criticized for their limitations (Hammersley, 1992). These include the long period of time spent in the field, their high cost and the large volumes of data generated. More significant allegations are that, due to researcher participation in data interpretation, these studies do not actually represent the social reality studied, they maintain the gap between theory and practice, and they also do little to change situations for the better. While the theoretical, abstract and academic components of anthropology cannot be denied, it is important not to over-emphasize anthropologists' reluctance to 'get their hands dirty' and become agents of social change or activists in the struggles for justice, human rights and equality. The debates about if, how, when, or to what extent and to what end, etc., researchers become involved are not dead in anthropology generally, and certainly not in medical anthropology. The work of Nancy Scheper-Hughes (1992), Paul Farmer (1993, 2003), or Merrill Singer demonstrates this.

Another criticism is that often the study participants play no role in the conceptualization or designing of ethnographic studies: setting the agenda, choosing the research topic or questions, data collection methods, research equipment, data processing, analysis or presentation of the results.

Furthermore, historically anthropologists were renowned to act as 'official spies' for colonizers in former colonies (Clifford and Marcus, 1986; Hammersley, 1992; Price, 2000; Stocking, 1994), gathering detailed accounts of their colonized participants and then relaying this information to 'inform' colonial administration, policy and service provision. A classic Africanist example is Evans-Pritchard who acted in espionage fashion on behalf of the British colonial administrators. A contemporary example is the recruitment efforts by MI5 in the United Kingdom.¹ There is a long tradition of anthropologists being themselves the subjects of government interest due to their work and politics (see Price, 2004, for a polemical discussion).

To overcome the shortcomings of the ethnographic methodology, we improvised a study design which triangulated Participatory Rapid Appraisal (PRA) techniques and ethnography to study the role of traditional birth attendants (TBAs) in The Gambia.²

Combining these approaches is a break away from mainstream anthropology which considers PRA approaches to be 'quick and dirty'. This article discusses the strengths and limitations of this research design with regards to the socio-cultural context of the study. Discussions of the study results are presented elsewhere (Nyanzi, 2005; Nyanzi et al., forthcoming).

The context

The Gambia has been a location for many and varied research studies, particularly in the areas of health, poverty alleviation and development. The majority of the population is rural. Their main income generation activity is subsistence farming, with a few petty traders. It is possible that some of the

population suffer from 'research fatigue syndrome' if they have been approached by different researchers asking academic, developmental and policy questions, and employing a range of methods. Communities have learnt how to assess researchers, gauge their potential and approximate their expectations out of the research process. Therefore, they might just give the answers they assume that researchers are expecting to hear, particularly when predictable research procedures are implemented (Shaw and Jawo, 2000).

In the area where the research was conducted, there are three main tribes: Mandinka, Wolof and Fula. Islam is the predominant religion. In the study area, total fertility rate was 7.5 births per woman, mean birth intervals were 33 months and just 9 percent of women were using traditional or modern contraception. Polygyny is common with 51 percent of women having one or more co-wives (Walraven et al., 2000). Approximately 56 percent of women aged 15–19 years are married, and just over 3 percent of women had attended primary school. TBAs attend to most of the women who seek sexual and reproductive healthcare or advice in the rural areas. The objective of our study was to gain a locally meaningful understanding of the role of TBAs in rural Gambia.

Study procedure

Fieldwork was conducted in 2003³ among TBAs in the villages and hamlets surrounding Farafenni in the North Bank Division. We reviewed literature about the socio-cultural context, paying attention to discussions about the appropriateness of methodology. Pointer questions guided the literature review – for example, a) are questionnaire surveys suitable for illiterate rural groups? b) are group discussions suitable for tackling sensitive cultural issues in order to get locally acceptable interpretations, or is it better to utilize individual interviews so as to uncover personal experience of the phenomenon under investigation? c) given the limitations of time and funds, which methods can generate useful data simultaneously with feeding back results to the study participants? After Community Health Nurses (CHNs) had informed the TBAs about the study, we visited each of them at their homes, taking demographic details and any information about any deliveries expected within the time-frame of our fieldwork. Geographical, social and characteristic mapping of TBAs was simultaneously done during recruitment of TBAs as study participants. This provided opportunities for participant observation and often led to invitations to visit again on an informal basis.

TBAs participated in two rounds of follow-up in-depth interviews about their individual practices, experiences, values and knowledge. Thereafter, participants attended focus group discussions arranged along ethnicity and geographical proximity due to transport limitations. In addition, TBAs informed us about deliveries they were assisting so that we could attend for participant observation.

All formal interviews were conducted in the vernacular by three female local fieldworkers and recorded on audio-tape. This ethnographic phase generated a lot of rich data that took a long time to get transcribed, translated and entered into computer for data analysis, even though four staff were devoted to data processing and entry. In addition, several questions emerged during debriefing sessions and preliminary data analysis conducted with the local fieldworkers. For example, when some participants expressed opinions that tended to differ from the normative, these topics were relatively under-developed as thematic categories of analysis; and, specifically, unlike those issues that were contentious to the study participants and thus generated intense debate. Also some adverse health practices such as discouraging the use of biomedical contraceptives were observed during participant observation, as well as reported in a few in-depth interviews. However, we did not know whether many more other TBAs were also practising them.

Therefore, we chose to organize a two-part PRA session for further data collection and feedback including the emerging questions. The first part was entirely for data collection, with only TBAs. For the last part, we invited members of the Divisional Health Team, the supervisor CHNs and the whole research team to listen to the results of the PRA session, walk around and observe the results, and witness the official handing over of certificates to study participants. Two young men who were trained in PRA but unknown to the TBAs facilitated the workshop sessions,⁴ instead of the older female fieldworkers who had collected the initial ethnographic data. TBAs commonly work with relatively younger male midwives trained in the ways of the biomedical paradigm. These male midwives often offer supervision, or refresher courses, or work as counterparts with TBAs to assist women with antenatal care, childbirth and postnatal care. Therefore, they regarded the two male researchers as they would other men involved in biomedical healthcare provision. Although it is highly unlikely that TBAs would disclose their information about pregnancy, delivery and post-natal care to a lay man, the biomedical identity – justified by our affiliation with the Medical Research Council base in the area – enabled them to interact openly with the two facilitators.

While some scholars claim a lack of distinction between ethnography and PRA, our experience was that overlap occurred in application – i.e. how to conduct the two – but there were distinct differences in the actual activities engaged in. For example, interviewing, discussing, observing and participating are research skills employed in both approaches. However, ethnographic interviewing is iterative, recursive, repeated over a long period of fieldwork, unstructured and focused on pursuing emic realities.⁵ Interviewing in PRA is more succinct (though there is room for probing), straight to the point under discussion and focuses on providing knowledge geared towards specific development issues. In ethnographic participant observation, the ethnographer gets immersed in the mundane daily practice of living with the study participants so as to get a holistic picture. On the other hand, PRA involves ‘witnessing’ short-lived presentations as opposed to detailed

TABLE 1. *The research activities employed*

<i>Ethnographic activities</i>	<i>PRA activities</i>	<i>Common activities</i>
Living with TBAs for periods ⁶	Building a wall of the role of TBAs ⁷	Social, geographical and characteristic mapping
Participating in birth and naming ceremonies	Problem tree of TBAs ⁸	Transect walks
Observing TBAs for intense periods	Axes to cut the branches of the problem tree ⁹	
Repeat in-depth interviews for individuals and groups	On-spot interviewing	

in-depth observation, and 'participant tourism'¹⁰ whereby PRA specialists visit study communities, do flash assessments with a select few available people, focusing on one angle of the community life, and jump to the next far-off scenario to repeat the same.

Strengths of triangulating PRA and ethnography

The ethnographic fieldwork process enriched our contextual knowledge and appreciation of the daily reality of TBAs. The insights gained during the ethnographic data collection impacted our approach to and design of the PRA activities. Access to the TBAs was initially organized through the supervisor CHNs. Participant selection was purposive, often excluding TBAs who were untrained, retired, new recruits to the profession, or those who were known to be anti-establishment or to maintain less bio-medically-approved techniques based on lay theories of reproductive health. 'Controversial' TBAs were also excluded from this initial sample. An understanding of these selection criteria was gained gradually during ethnographic interaction with the CHNs and TBAs. Therefore, all these excluded categories were specifically included and invited to attend the PRA workshop. Due to the publicity and linkages created during the fieldwork (see also McGee, 1997), we did not have any non-consenters for the PRA workshop.

Rather than merely employing PRA tools during the pilot phase or to only collect baseline data, we chose to use them to generate emic data for comparative purposes. We prepared three PRA activities – namely, 'building the roles wall', 'problem tree' and 'axes for the branches of the problem tree'. Using locally available materials, TBAs were asked to answer the questions:

- What is the role of TBAs in this area?
- What challenges do TBAs face?
- How do TBAs solve these challenges?

Unlike the individual interviews, focus group discussions or participant observation sessions, the PRA session was intended to provide an environment in which the TBAs were able to relax and felt free to confirm or challenge and criticize each other's opinion as well as the prevailing health system. They were also empowered by determining the direction, duration, depth and diversity of the discussions and activities since the facilitators withdrew into the background, letting the TBAs drive the sessions.

Using PRA techniques at the end of the data collection process – specifically after the ethnographic fieldwork – meant that questions which arose during the debriefing sessions and preliminary analysis were answered collectively. Issues that needed further clarification were explained by the collective body of TBAs, thereby generating a richer and more diverse emic explanation. However, diversity is not always guaranteed in PRA because collective bodies can be very limiting in some cases – for example, when participants feel pressure (subtle or explicit) to agree with the predominant opinions and socially accepted norms, or where power dynamics limit some from active involvement.

Ethnographic data collection was limited to concentrating on studying more homogenous group members at a time, because of differences in language that created communication barriers between some TBAs, and the distances between the villages or hamlets where the TBAs lived. However, the PRA workshop provided an opportunity for the different TBAs to come together and interact, giving feedback to each other's presentations. This gave the researchers an opportunity to further pursue data comparison between and among the different ethnic groups that were usually located apart from each other. Each of the PRA workshop facilitators spoke more than three local vernacular languages fluently. Thus, they were able to communicate to and across the different groups. They also spontaneously translated information between, within and across the groups, facilitating greater comparison and understanding even where language barriers existed.

The participatory nature of PRA made the workshop fun and interesting for the TBAs, capturing their attention and presence for 12 hours. In addition to the prayers, collective singing, eating and drinking together, the activities required the TBAs to move around as they picked and gathered materials, drew in the ground, positioned items, etc. Each of the participants was involved in the group activities. The spontaneity, adaptability and excitement of the PRA activities broke the stale precedent of many prevalent research procedures, lending a new freshness to the participants' perception of health research. Several themes emergent from the preliminary analysis of the ethnographic data were variously discussed during the PRA sessions; indeed a rapid assessment of issues! However, the TBAs neither seemed to notice nor complain about the volume of work they covered and the passage of time, although many could only afford one hour of formal interviewing during the ethnographic fieldwork. PRA seemed more in tune with their lay paradigms of working together and sharing.

The PRA workshop enhanced mutual feedback between the researchers and the researched. We were able to present to the TBAs a summary of the initial findings generated from the ethnographic data, giving them a chance to either confirm, critique or refute the validity of the results. Similarly, they asked us questions that they needed clarification about. We also had a chance to present the results of the PRA workshop to members of the Divisional Health Team (who are the link between the TBAs and the national policy-makers and implementers in The Gambia), and the CHNs who supervise the TBAs.

Inherent conflicts

While prior interaction with the TBAs meant that they were comfortable with us and often freely spoke their minds, it also evidently had a negative consequence in cases where fieldworkers were biased against including some of the study participants who 'digressed and talked too much', 'were naturally argumentative', 'dominate group discussions', or 'do not know anything right'. Therefore, in order to avoid facilitator-bias, two researchers unknown to the TBAs were asked to facilitate the workshop sessions. There was a tension between familiarity borne out of in-depth ethnographic interaction with the study participants, and the need to keep researcher-distance necessary to 'objectively' facilitate PRA activities without influencing the information that participants gave. Therefore, while the ethnographic fieldworkers were well known to the participants and did not need to spend time building rapport, their knowledge and biases could have coloured the results obtained from the PRA workshop. Likewise, even though the PRA workshop facilitators were well trained in PRA philosophy and experienced in using the techniques, they were distanced from the TBAs, needed ice-breakers to initiate rapport with the women, and lacked insider knowledge about their characters.

Based on an emancipatory model, PRA philosophy argues for the empowerment of the communities that are researched. It can lead to social action, positive transformation or a change for the better of the study participants (Chambers, 1994). PRA methods are associated with the inception, monitoring and evaluation of development programmes and projects. Ethnography on the other hand tends to describe the multiple realities as they are encountered in the field. It does not have pretensions of emancipating the researched, but is rather extractive: conduct the field work, get the data, analyse and record them and leave things as they are. Ethnographers strive as much as possible not to influence the social contexts that they study. In order to balance these two extremes, the ethnographic fieldwork preceded the PRA phase. Furthermore, we clearly explained to the TBAs that we were researchers and not development workers, whenever they raised the question of compensation.

The PRA session dealt with any issues of false expectations raised during the ethnographic fieldwork. Some TBAs linked our research team to projects which are known to give their study participants 'token appreciation' both in cash and

kind, particularly when they learnt that we were working with the UK-funded MRC. Therefore, when discussing problems encountered in the course of their work, many TBAs emphasized how they hoped that we (the research team) or the government would help them solve these issues. However, the participatory sessions opened a space where the TBAs moved from looking outward (the government, foreigners, non-governmental organizations) to provide them with solutions towards looking into themselves for possible practicable solutions based within themselves as individuals, a collective and a society. Without handing out tokens, affirmation of the 'power within' (Cornwall and Welbourn, 2000) to bring about change occurred during the PRA sessions.

All the TBAs in the study were illiterate. During the ethnographic fieldwork, they tended to look up to the fieldworkers who could read and write, spoke English and were known to work in a bio-medical research organization. They passively answered questions designed in an office away from their social reality. They did not contribute to the data analysis. Akin to other ethnography, the social distance between the researched and the researchers was evident. However, as discussed earlier, the TBAs actively participated in the process of the PRA workshop. This was made easier by changing facilitators, as well as empowering the TBAs through explanation to take charge of the workshop.

Lessons learnt

This article presents triangulation of two research methodologies: ethnography and PRA. The aim of the study was academic investigation into the daily realities of TBAs, with an intention to publish the findings in scientific journals. This is perhaps a major departure away from the traditional objective of PRA, which is aimed at social action, promises for social reform and empowering development projects. However, academic researchers are turning more frequently to adopting PRA methods for research purposes. Rather than extrapolate our findings to development practice, our article can perhaps contribute to methodological discussions about practicalities of combining PRA and ethnography.

Important issues to consider and negotiate before actual triangulation:

- The disparity in the theoretical frameworks for the two approaches – while PRA is based on empowerment principles and social change, ethnography pays allegiance to studying contexts as they are, with as little researcher-initiated change as possible. What theoretical position will be taken?
- In the research design, will fieldwork be parallel or sequential? And if sequential, which method will precede the other? This is largely determined by the justification for the methods – for example, is PRA for piloting the study, or confirming results or evaluative feedback?
- The extractive nature of traditional ethnographic analyses where the researcher dominates data processing and interpretation, which are often conducted away from the study site. PRA study participants on the other hand do on-spot analysis of the data gathered while still in the field.

- Whether to retain one team of local fieldworkers for both methodologies, or to change them like we did. This depends on specific research resource contexts. In our case it was difficult for the long-experienced medical research fieldworkers to restrain themselves from actively playing the lead role of asking questions, handing over authority to the TBAs and receding into the background. Thus the need for other fieldworkers.
- Availability of resources for the combination, including funds; manpower with the skills for fieldwork and analysis; and time, particularly for intensive fieldwork.
- Outlets for publication are often polarized between applied and pure research. Journal reviewers are often limited by disciplinary centrism which limit their appreciation of multiple use of approaches outside their terrain of operation. Thus, will your research team have the power it takes to humbly explain seemingly obvious or simple technical jargon, (for example, 'emic' or 'transect walk') in media that are accessible to the other discipline?

PRA and ethnography are not necessarily incompatible. When tailored to suit the needs of the target study population, some PRA tools do enhance the emic perspective – thus empowering the study participants and thereby making research results more appropriate and context relevant.

NOTES

1. We are grateful to an anonymous reviewer for this insightful contribution to the contemporary aspect of the 'spying role' of anthropologists.
2. See McGee (1997) and Shaw and Jawo (2000) for examples of other ethnography-PRA combinations.
3. While the ethnography of sexuality and reproductive health is ongoing for five years since 2003, the actual study focusing on TBAs occurred for six months starting in March 2003.
4. These are the two local co-authors – Ousman Bah and Sulayman Joof. The gender choice here was determined by the gender differentiation of available skilled qualified manpower in The Gambia. After attempting to source for locally available people to facilitate these workshops, the most practicable and efficient decision was to re-train these two who had already been working as ethnographic field assistants to the anthropologist.
5. The emic approach to research focuses on drawing out native explanations, lay concepts and the insider's view or interpretations of reality. In contrast an etic perspective presents what is familiar to the researcher.
6. As an anthropologist, the first author left Uganda in East Africa specifically to live in The Gambia for ethnographic participant observation for five years. The local research counterparts had to spend periods of time living with TBAs.
7. This was a creative activity where the groups of TBAs used stones and papers to visually build a wall on the ground, with each brick representing a role that they played in their villages.
8. The TBAs used fresh twigs or green paper or sticks to visually create a tree, each branch presenting a problem.
9. After making 'the problem tree', the TBAs got axes for the branches, representing solutions to the problems.
10. 'Participant tourism' is an adaptation of Robert Chambers' (1994) concept of 'development tourists'

REFERENCES

- Chambers, R. (1994) 'Participatory Rural Appraisal (PRA): Challenges, Potential and Paradigm', *World Development* 22(10): 1437–54.
- Clifford, J. and Marcus, G. (eds) (1986) *Writing Culture*. Berkeley, CA: University of California Press.
- Cornwall, A. and Wellbourn, A. (2000) 'From Reproduction to Rights: Participatory Approaches to Sexual and Reproductive Health', *PLA Notes* 37: 14–21.
- Farmer, P. (1993) *AIDS and Accusation: Haiti and the Geography of Blame*. Berkeley and Los Angeles, CA: University of California Press.
- Farmer, P. (2003) *Pathologies of Power: Health, Human Rights and the New War on the Poor*. Berkeley and Los Angeles, CA: University of California Press.
- Hammersley, M. (1992) *What's Wrong with Ethnography?* London: Routledge.
- Le Compte, M. and Schensul, J. (1999) *Analyzing and Interpreting Ethnographic Data: The Ethnographer's Toolkit*. Walnut Creek, CA: Alta Mira Press.
- McGee, R. (1997) 'Ethnography and Rapid Appraisal in Doctoral Research on Poverty', *PLA Notes* 28: 55–8.
- Nyanzi, S. (2005) 'Empowering Traditional Birth Attendants in The Gambia: A Local Strategy to Address Issues of Access, Equity and Sustainability?', in M. Sama (ed.) *Governing the African Health System*, pp. 56–68. Dakar: CODESRIA Health Institute Report.
- Nyanzi, S., Manneh, H. and Walraven, G. (forthcoming) 'Traditional Birth Attendants in Rural Gambia: Beyond Health to Social Cohesion', *African Journal of Reproductive Health*.
- Price, D. (2000) 'Anthropologists as Spies', *The Nation* 20 November.
- Price, D. (2004) *Threatening Anthropology: McCarthyism and the FBI's Investigation of American Anthropologists*. Durham, MD: Duke University Press.
- Scheper-Hughes, N. (1992) *Death without Weeping: The Violence of Everyday Life in Brazil*. Berkeley, CA: University of California Press.
- Shaw, M. and Jawo, M. (2000) 'Gambian Experiences with Stepping Stones: 1996–99', *PLA Notes* 37: 73–8.
- Spradley, J.P. (1979) *The Ethnographic Interview*. Belmont, CA: Wadsworth/Thomson Learning.
- Stocking, G. (ed.) (1994) *Colonial Situations: Essays on the Contextualisation on Ethnographic Knowledge*. Madison, WI: University of Wisconsin Press.
- Walraven, G., Telfer, M., Rowley, J. and Ronsmans, C. (2000) 'Maternal Mortality in Rural Gambia: Levels, Causes and Contributing Factors', *Bulletin of the World Health Organisation* 78(5): 603–13.

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