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ABSTRACT

The demographics of the human immunodeficiency virus (HIV) epidemic have changed from impacting affluent white gay men to impacting the poor, people of color, the young, and women. Sexually transmitted diseases (STDs) disproportionately affect these same populations. One approach that stresses the inclusion of the voices of marginalized individuals--participatory learning and action (PLA)--offers an opportunity to make HIV prevention a more innovative, effective, and collaborative effort. The key to PLA is participation by local people, often in groups, in the investigation of a problem. Their participation might include open-ended sharing and analysis, which often involves visual methods such as diagraming and mapping the community environment. The second basic component is questioning the behavior and attitudes of outsiders, who are urged to listen to, learn from, and respect local people. The third component is the encouragement of creativity and flexibility over formality and codification of the techniques. Extensive use of PLA in rural areas of the global South has shown that the method generates valid and reliable quantitative and qualitative data. Advantages of the method include its ability to access members of "hidden" populations that cannot be reached by conventional survey research and the empowerment of local people. Six visual techniques used in PLA are discussed. (Contains 19 references.) (TD)

**Kim Batchelor**

# Using Visualizations in HIV Prevention Education: Lessons from the Global South

**Kim Batchelor**

# Using Visualizations in HIV Prevention Education: Lessons from the Global South

**Background:** Two of the most important threats to sexual health are the human immunodeficiency virus (HIV) and sexually transmitted diseases (STDs). HIV prevention activities in the state of Texas have typically been carried out as a process of providing knowledge through one of three educational strategies. In one strategy, outreach teams contact a person at-risk at various venues, such as parks and bars. Using a second strategy, HIV prevention educators make presentations to groups in places such as community clinic waiting rooms or drug treatment facilities. Increasingly outside of clinic settings, a third strategy is practiced by HIV prevention counselors who talk with these individuals and offer them with the option to test for the presence of HIV, emphasizing client-centered counseling with some information-sharing. In the field of STD, the emphasis has traditionally been placed upon eliciting the names of partners and treating them through aggressive partner contact tracing.

In recent years, the demographics of the HIV epidemic have changed, from impacting more affluent white gay men to impacting the poor, people of color, the young, and women. STDs have also disproportionately affected these same populations. One approach that stresses the inclusion of the voices of these often marginalized individuals, participatory learning and action (PLA), offers an opportunity to make HIV prevention a more innovative, effective, and collaborative effort.

This presentation focuses on the methods of participatory learning and action (PLA), originally known as participatory rural assessment (PRA), as it has been used around sexual health issues. The use of this approach in the field of HIV/STD prevention provides an opportunity to enhance this work, yet it also poses a challenge if it is carried out in a manner true to its philosophy. This philosophy is summarized by Chambers (1998, p. xv): "PRA stresses changes in the behavior and attitudes of outsiders, to become not teachers but facilitators, not lecturers but listeners and learners." The methods incorporated in PLA/PRA hold the potential to be used for needs assessment, planning and implementation, and monitoring and evaluation.

The purpose of this presentation is to provide a brief overview of the philosophy behind PLA/PRA, a brief history of its relatively recent evolution and to explore some of the "visual" methods used as part of PRA, particularly around issues of sexual health. These visual methods will be described as they were carried out in the global south and will include some information on recent efforts to introduce this approach to health workers in the southwest of the United States.

**History and Philosophy of Participatory Learning and Action/Participatory Rural Appraisal:** Participatory learning and action and participatory rural appraisal are the names given to a group of approaches and methods meant to empower local people. When PRA moved out of rural areas, new names emerged to described PRA methods used in urban areas. One of such terms is participatory learning and action. According to Chambers (1994a, p. 953), the roots of PLA/PRA are, "activist participatory research, agroecosystem analysis, applied anthropology, field research on farming systems, and rapid rural appraisal (RRA)." Many of the methods

adopted in PLA/PRA are not new, but have been "rediscovered" and assembled into a rapidly expanding toolbox of mostly visual methods.

PRA began in the mid-1980s in Ethiopia, India, Kenya, and Sudan and spread to be used in various countries of Asia, Africa and Latin America. PRA has also been used in Alaska with indigenous people around sanitation issues (Berardi 1998). True to its original focus on "rural" areas, the method was developed as a means to analyze farming and natural resource management issues.

The main predecessor of PRA was RRA, the use of which developed and spread through the 1970s. RRA had three principal origins:

(1) Dissatisfaction with the biases created by traditional research where elites or those more accessible (e.g., users of services) were preferred as sources of information and diplomatic considerations were primary (i.e., concerns with not wanting to offend elites by seeing poor conditions or talking with the poor). RRA also emerged as a reaction to the prevalence of "research tourism," where the convenience and comfort of the researcher took primary consideration (i.e., carrying out research during comfortable seasons and in locations with close proximity to cities and urban amenities).

(2) Disillusionment with the limitations of survey research results, when depth of information is lost

(3) The need to develop more cost-effective methods. (Chambers 1997)

In 1988, work around a Village Resource Management Plan in Kenya resulted in the first appearance of the terms "participatory rural appraisal" due to the adaptation of RRA methods during the project (Chambers 1994b).

The key to PRA/PLA is participation by local people, often in groups, in the investigation of a problem. Their participation might include open-ended sharing and analysis, which often involves visual methods such as diagraming and mapping . Some of these visual techniques are described below. Participatory methods form the major emphasis of the first basic component of PRA/PLA (Chambers 1994b).

Questioning the behavior and attitudes of outsiders forms the second basic component. Edstrom and Nowrojee (1997, p. 6) summarize these in the "Steps of Unlearning":

- Sit down with the community and 'listen, learn, and respect
- Use your own best judgement at all times; often diversity precludes set guidelines
- Believe that the community can do the work, and can understand their own needs
- Relax; be humble, accept and admit your mistakes; embrace error to learn

Outsiders, in effect, becomes the 'students' of local people. Open access to information is stressed while professional possessiveness is to be avoided.

The third basic component is the encouragement of creativity and flexibility over formality and codification of the techniques (Chambers 1994b).

PLA/PRA methods present alternatives in two dimensions: depth and richness of information and analysis (often found lacking in survey research), and (2) the generation of numerical information (Chambers 1994b). Using PLA/PRA methods, local people rank and describe situations and physical structures in their community. Although the methods are especially useful for low-literacy populations, they can be used to elicit discussions and creativity from sectors of any community.

In India, RRA/PRA methods were tested as an alternative to or complement to a survey for collecting general demographic information. These methods were found to generate "valid and reliable quantitative as well as qualitative data," for most variables (Chambers 1994b, p. 1443).

The difference between RRA and PRA can be best articulated using a "continuum model" illustrated in Chambers (1994b): (1) the "mode" can range from 'extractive' (solely RRA) to 'elicitive' to sharing to empowering (solely PRA); (2) the outsiders' role can range from pure investigation (RRA) to solely facilitating (PRA); (3) information may range from being owned, analyzed, and used by outsiders (RRA) or by local people (PRA); and (4) the methods used are from mainly RRA with some PRA (relying on secondary sources, interviews, conversation and observation and less visual methods) to mainly PRA plus some RRA (relying on visual methods with some used of secondary sources, interviewing and observation). "RRA methods are more verbal, with outsiders more active, while PRA methods are more visual, with local people more active, but the methods are now largely shared" (Chambers 1994a, p. 959).

**PLA and Participatory Action Research:** Holland and Blackburn (1998, p. 5) explained the relationship between PLA/PRA and PAR:

> [They] share the same epistemological and ethical roots, even though their longer-term goals may differ. PAR sees itself as part of a broader movement of helping to shape popular movements pressing for social and political change; PRA is more concerned with the intricacies of recognizing the complex knowledge systems and rationales of local people, and providing them with the tools to design and evaluate their own specific projects.

**Visual Techniques:** In their description of a PRA workshop conducted in Sri Lanka, Edstrom and Nowrojee (1997, p. i) grouped PRA tools into six broad categories:

(1) mapping (spatial, visual or "locational" relationships);

(2) assessing change (temporal relationships);

(3) analyzing systems (causal, logical and other "dynamic" relationships)

(4) differentiating--by sex, age or wealth (differential relationships);

(5) prioritizing and comparing (proportional and weighted relationships), and

(6) interviewing (techniques for "oral inquiry)

***Mapping***--According to Cornwall (1992), the purpose of mapping is to locate ecological and social features that are part of the community environment. These features are then used as a guide to the spaces in which people live and work, and also serve as a shared source of reference for interviews and discussions. Mapping can take various forms, from mapping the community to mapping the body.

***Assessing Change/Temporal Relationships***--Several tools exist in the PRA toolbox to analyze temporal changes:

> [in order] to assess changes at the community or individual level, to assess changes in resources, perceptions and behaviors, and to assess the impact of seasons on various aspects of community life, allowing participants to draw links between different aspects of sexuality and gender. (Edstrom and Nowrojee 1997, p. 47)

More specifically, these tools include:

- Daily activity charts or 24 hour activity clocks
- Seasonality analysis
- Monthly sexuality/sexual health cycles
- Trend Analysis
- Historical time lines/profiles
- Personal lifelines

***Analyzing Systems***--The tools used in analyzing systems deal with what Edstrom and Nowrojee (1997, p. 15) as "static dynamics," tools that "examine the inter-relatedness of specifically identified components in an system." Family trees, organizational charts, process flow charts and "diagnostic flow diagrams" are also included as potential tools for analysis.

***Differentiating, Prioritizing and Comparing***--The activities associated with differentiating, prioritizing and comparing are largely ranking exercises. Power and control matrices can assist in looking at power differentials, wealth ranking explores the impact of socioeconomic status, and disease ranking illuminates whether the disease of interest appears as a concern to participants.

**Conclusion:** In HIV prevention, as in many other fields, a great deal of value is placed upon questionnaires regarding risk behaviors completed by a random sample of individuals. Although results from surveys can be generated meeting statistical requirements for "significance," the results may be meaningless if members of "hidden" populations cannot be reached to be randomized; e.g., by randomized phone survey. In a break-out session of the 1998 National STD Conference sponsored by the Centers for Disease Control, Robert Fullilove, Ph.D., who has researched women crack users, cautioned against the over reliance on survey research in the study of HIV, AIDS and STD in populations at most risk.

The PLA/PRA approach, in which local people carry out the research, holds promise as an innovative way to elicit information and develop and evaluate programs, especially in the health field. There is a danger in PLA/PRA visual methods being used in an "RRA fashion" (where knowledge is gained for the benefit of outsiders), when fascination with PRA tools results in superficial use of them without true collaboration with the affected communities. They can even be reduced to being used as a type of intervention. Also, while participatory methods may provide substantial information to those working in prevention, the collaboration part so essential

in PRA/PLA may be left out for convenience or simply for organizations to maintain control. Finally, as with many innovations, old habits die hard.

Given those cautionary statements, my initial experience with training on PLA/PRA methods to HIV prevention and other health workers give some hope that this collaboration can come about, at least with some working in the field. The New Mexico training especially demonstrated this as it seems to mesh very well with the philosophy demonstrated by the participants from Indian communities, including Alaska. Chamber and Guijt (p. 7) have cautioned that training alone is not the answer. Strategies to continue to inform and motivate are called for if the approach is to take root.

## Resources


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