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HOW NOT TO DO COMMUNITY-BASED PARTICIPATORY RESEARCH: MEDIA CAMPAIGN FOR SOCIAL CHANGE IN PAKISTAN'S TRIBAL DISTRICTS

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Abstract

This paper analyzes the "Pakhto Voices" project run by the Public Engagement Policy Lab, a U.K.-based non-governmental organization, in the light of Community-Based Participatory Research (CBPR) principles and approaches. The main purpose of the project is to reduce health disparities among the people of the then Federally Administered Tribal Areas (FATA—now called Tribal Districts or Merged Districts) of Pakistan through a "community-based research project." According to the World Health Organization (WHO), Pakistan is one of the three remaining polio-endemic countries in the world, along with Afghanistan and Nigeria. More than half of the polio cases emerged from the Tribal Districts where people from the Pakhtun ethnic group reside. The formative research design of the project employed a fusion of unobtrusive and obtrusive quantitative, qualitative, and ethnographic methods. The formative research design had three components: Content Analysis; Citizen Consultation, and SMS data gathering program. In this paper, we argue that the "Pakhto Voices" project does not adhere to the principles of CBPR. The authors challenge the concept of "cultural competence" used during the creation of messages and interaction with the community in this program and argue that showing "cultural humility" could have improved the outcomes of the project. The paper is divided into six sections: 1) Introduction to the problem; 2) Health Disparities in TRIBAL AREAS; 3) Pakhto Voices Project 4) CBPR Approaches 5) Discussion 6) Conclusion. Keywords: Pakistan, FATA, CBPR, health disparities.

Introduction

Pakistan remains one of the only two countries in the world with a circulating wild poliovirus, together with Afghanistan. The World Health Organization (2015) reported that in 2014 Pakistan broke all the previous records for the emergence of polio cases in one year. No less than 220 poliovirus cases were recorded in the country. In 2022, a strain of the poliovirus was detected in Pakistan's Waziristan tribal district, the first since 2019. This was one of the only three cases detected worldwide—the other two were in Afghanistan and Malawi. The one detected in Malawi was also traced back to Pakistan (Dawn, April 26, 2022, p. 5). The poliovirus eradication program has identified parts of the Khyber Pakhtunkhwa province abutting volatile Tribal Districts

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as the most at risk after the wild poliovirus was detected in their environmental samples in 2021. Ever since the U.S.-led "war on terror" in Pakistan's bordering region along Afghanistan, international humanitarian organizations like UNICEF and the WHO run expensive vaccination campaigns engaging government officials, the military, and other departments to access the conflict zone. But these campaigns have not yet resulted in the elimination of poliovirus. Since 2012, more than 50 polio workers have been killed, mostly in Khyber Pakhtunkhwa, which has remained a hotspot of the virus for many years. While the government of Pakistan is running extensive media campaigns, advertising, and billboards to educate people that the poliovirus is a threat to their children and the 'bright' future of Pakistan. Still, some parents refuse to vaccinate their children, calling vaccination a "U.S. and Zionist conspiracy" to cause infertility among children. These conspiracy theories gained credence following the news that the American CIA had used vaccination campaigns to trace al-Qaida chief Osama Bin Laden in Pakistan's garrison city of Abbottabad (Larson & Bhutta, 2013). This news reinforced fears among the conservative sections of Pashtun society that vaccination was a ploy to sterilize their children. Consequently, the Pashtun tribes, living in the bordering region of the erstwhile Federally Administered Tribal Areas (FATA), are not only doubtful about the polio eradication campaign; they are also the ones in the region whose children are mostly affected by the poliovirus. The poliovirus's persistence in Pakistan has gradually raised international concerns. In its reports, the WHO has held cultural barriers and low literacy rates responsible for the lack of effective immunization campaigns in the Tribal Districts of Pakistan, a troubled site of the U.S.-led "war on terror." A majority of the poliovirus cases emerged in this bordering conflict zone presumably because of a lack of accessibility to different areas due to the war. However, the spread of the virus could not be limited to war only. The lack of effective interventions to address or assuage the fears and suspicions of the local communities about poliovirus vaccination is also a challenge (Obregon, et al., 2009). Similarly, the local community's concerns (i.e., why OPV is brought to their doorstep when many other services are not available?) could not be addressed only through adopting medical approaches. Therefore, the challenge of polio awareness and immunization is not surmountable only by the medical supply chain to take gender-based decision-making in households. To respond to these challenges, effective communication interventions depend on strategies to reach stakeholders at the grassroots level. One such effort was made by Popular Engagement Policy Lab (PEPL), which initiated a U.K. government-funded project called "Pakhto Voices." Addressing the issue of social injustices and health disparities among Pashtun tribes in 2012, the aim of the first phase of the project was to focus on the community. To change social norms and behaviors around different issues, including vaccination rates (including poliovirus vaccination), the project's access to the local Pashtuns was made possible through designing different communication interventions divided into three parts: 1) Formative Research 2) Development of Intervention 3) Evaluation. PEPL and the government of Pakistan labeled this project a community-based research program. In this paper, we examine the project to know whether "Pashto Voices" followed the basic principles of CBPR or not and whether or not the project achieved its goals, and if not, why it failed in achieving the desired outcomes. In the light of Community-Based Participatory Research literature, we will explore to what extent this project adhered to the principles of CBPR and what could be the possible reasons for the failures of this project. However, we first provide in the following sections background information on Pakistan's Tribal Districts, a place where the project was implemented.

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Next, we discuss details of the Pakhto Voices project itself, followed by the theoretical concepts, principles of the CBPR, and an analysis of the project.

Rationale of the study

The rationale for conducting this study is rooted in the critical need to examine the shortcomings and challenges encountered during the implementation of a media campaign for social change in Pakistan's Tribal Districts. Community-Based Participatory Research (CBPR) is a valuable approach for addressing complex social issues, but it is essential to understand what went wrong in certain instances. By analyzing a case study of a failed CBPR initiative in this context, we aim to shed light on the pitfalls, provide lessons learned, and contribute to the improvement of future interventions. This research is significant as it can help prevent the repetition of ineffective strategies and enhance the impact of community-driven initiatives in similar settings.

Problem Statement

The problem at hand is that the media campaign for social change in Pakistan's Tribal Districts, designed as a Community-Based Participatory Research project, did not achieve its intended goals and faced significant challenges. Despite the pressing issues of health disparities and cultural barriers in the region, the project fell short in realizing its objectives. Understanding the reasons behind this failure is crucial to avoid the missteps that hindered the project's success and to guide the development of more effective interventions in the future.

Research Question

The central research question for this study is as follows:

1. What were the key factors and challenges that contributed to the failure of the media campaign for social change in Pakistan's Tribal Districts, and how can these lessons inform the practice of Community-Based Participatory Research in similar contexts?"

Research Objectives

1. To identify and analyze the specific factors and obstacles that impeded the success of the media campaign for social change in Pakistan's Tribal Districts.

2. To examine the extent to which the principles of Community-Based Participatory Research (CBPR) were adhered to or disregarded during the project's implementation.

Literature Review

Tribal Districts of Pakistan

The Tribal Districts of Pakistan are a mountainous tract of land bordering war-torn Afghanistan. With a 27,500 square kilometers area divided into seven districts

(Khyber, Kurram, Orakzai, Mohmand, Bajaur, North Waziristan, and South Waziristan) and six administratively distinct frontier regions: FR Bannu, FR Dera Ismail Khan, FR Kohat, FR Lakki Marwat, FR Peshawar, FR Tank, the Tribal Areas' total population comprises five million ethnic Pashtuns. This population extends into the adjoining northwestern province of Khyber Pakhtunkhwa in Pakistan's northwest and connects across the border with Afghanistan's southern parts. Because of its location, this entire region is strategically significant for Pakistan as well as the world powers, most importantly the United States. This area had been an operational base for elements of Al Qaeda and the Afghan and Pakistani Taliban. The presence of these violent militant groups in the strategic tribal region has led to drone strikes by American CIA, which sparked complaints from the Pakistan government and anger and resentment among the local population. Hardly a day passes without any terror attack against the Pakistan government and military establishment, which often results in the state's counter-terrorism operations in the Tribal Districts while imposing a state of war on the local Pashtuns. Known in the U.S. foreign policy parlance as Af-Pak, this Pak-Afghan region has also had a long oppressive history of colonial militarization. A flashpoint during the Anglo-Russian rivalry in the 19th century, this region was included in Pakistan in 1947, the year the British withdrawal from the Indian subcontinent resulted in the inception of Pakistan and India as two separate states. With the Soviet intervention in Afghanistan in 1979, the tribal regions were used by Pakistan as a training ground for fighting a U.S. proxy war against the Soviets in Afghanistan called "the Afghan jihad." Even the Soviet defeat in 1989 did not stop this bloodshed, and a brutal civil war started on the Afghanistan side of the divide from 1989 to 1992, which also affected the entire tribal regions. Ever since violence has not stopped on both sides of the divide. In recent years, the Tribal Districts, especially the two Waziristans, have been called the 'nerve center' of international and domestic terrorism because of the presence of al-Qaida-affiliated local Taliban groups. Because of this perennial form of militarized violence, the Tribal Districts are not only the most violent place in the region, but its seven districts are also the most underdeveloped areas of the country. Poor education and lack of access to healthcare are major challenges that reinforce not only poverty but also violence (Dawn, 2014). The inhabitants of the region have strong tribal and linguistic ties with Pashtuns in Afghanistan and see little reason for the border that divides them. Pashtun identity is stronger for those in the Tribal Districts than Pakistani national identity and this, tied with very low levels of economic development, makes the local people feel less part of Pakistan than other ethnic groups (CAMP, 2006). This situation makes it difficult for the state of Pakistan, or more so international organizations, to successfully run health campaigns in the Tribal Districts.

Pashto Voices Project

The Pakhto Voices project sought to improve, through an integrated radio, print, and SMS communications program, the two-way communication flow between those living in the Tribal Districts region as well as displaced citizens living in the Khyber Pakhtunkhwa Province. This communication initiative had two key objectives: 1) To present and support socially positive examples of contemporary peace-building activities, role models, and behavior; 2) To encourage popular exploration of "much-eroded" elements of traditional Pashtun culture. To achieve these objectives, six radio stations and three newspapers were part of the project from October 2012 to February

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2013.

Methodological Approach

The formative research design of the project employed a mixture of unobtrusive and obtrusive quantitative, qualitative and ethnographic methods. The formative research design had three components: 1) content analysis; 2) citizen consultation 3) SMS data gathering program.

Content Analysis

The objectives of the content analysis were to determine the quantity and quality of reporting on predetermined health topics, both ongoing (permanent) and topical in a sample of media available to local citizens. Content analysis was used as a research technique for the objective, systematic and quantitative description of the manifest content of communication. Content analysis was conducted on six radio stations and three newspapers for the total five months duration of the project.

The Tribal Districts' citizen consultation component was drawn on two strands of research. These strands include secondary studies and interviews with Tribal Districts' citizens.

Secondary Sources. A review of the current studies and research available on the health habits and the causes of resistance to poliovirus vaccination campaigns by the tribes was carried out to examine the insights these existing studies could lend to the *Pakhto Voices*. Existing studies and reports were collected and analyzed in order to add context and depth to the primary research. The assembly and analysis of secondary data triangulated the team's understanding of how Tribal Areas' citizens use media resources and how they communicate with each other.

Tribal Areas' citizens' interviews. The objectives of the interviews with Tribal Areas' citizens' strand were to understand how the local people communicate with each other on a day-to-day basis. Examining how people in Tribal Areas use media, in particular their mobile phones, to get information about health issues, especially polio. The interviews were conducted also to identify which topics are of interest to the interviewers. Two field researchers, aided by two local facilitators, carried out 60 face-to-face in-depth interviews across the four tribes of Tribal Areas and the Khyber Pakhtunkhwa region**.**

The field researchers conducted the interviews in two of four areas (or blocks) of the Tribal Areas region each month. All the 60 interviewees were screened to determine that they have direct access to at least radio, television, print or mobile. Among the 60 interviewees, there was a quota required to speak to a minimum number of citizens within three important sub-groups: media rich (15), mainstream (30) and media deprived. Half of each sub-group were women.

The Intervention

Based on the formative research, the project produced radio and print messages and disseminated those messages through local radio stations and newspapers. The

messages were tailored according to the local culture and catered to the health information needs of the members of the tribes. The messages on radio stations were delivered in the shape of radio dramas and sponsored newspaper features.

Citizen Panel

The citizen panel part of the project had two components: citizens' interviews and observations. The objectives of the citizens' panel strand were to supplement the interviews with Tribal Areas citizens by understanding the success of the radio, print and SMS output of the PEPL project and to determine the profile of the Tribal Areas' citizens who make direct contact with the PEPL project. Each month the Pakhto Voice project expected to receive text messages from Tribal Areas' citizens who had heard their radio output or read their monthly magazine. These texts were the feedback on the content, entering competitions etc. The texts were facilitated and stored by iMedia software. The process from SMS to Citizen Panel included four steps:

1. A Tribal Areas citizen texted the Pakhto Voices project in response to radio or print content.

2. The Tribal Areas' citizens received a reply from Pakhto Voices thanking them and enquiring whether they were willing to take part in a listener panel.

3. The Tribal Areas' citizens replied with a 'yes' or 'no' text

4. Pakhto Voices selected a panel of Tribal Areas' citizens to carry out qualitative telephone interviews.

The research team aimed to have a broad-based sample of local citizens in the panel, varying in age, gender, media access and social standing. The panel interviews were carried out on an ongoing basis. The team aimed to conduct approximately 20 interviews with members of the SMS panel every month. The research was carried out on a weekly basis throughout the duration of the project.

Observation: An ethnographic strand of the local citizens' research that involved field researchers observing and documenting the day-to-day communication patterns of local citizens.

Listener Groups: Pre-arranged groups of local citizens were brought together and presented with the Pakhto Voices radio and print content to provide spontaneous feedback on the output of the project.

Public Engagement Policy Lab. officials advertised this project as community-based participatory research. The officials claimed that since the feedback of the members of the tribes was taken in the development and improvement of the communication intervention, their project was a Community-Based Participatory Research. According to the Department of Health, the government of Pakistan, the project failed to achieve its goals (DOH, 2015) and was, therefore, closed after two years of operation when the World Health Organization reported that despite the investment of millions of dollars and many campaigns the poliovirus vaccination rate declined among children of the Pakhtun tribes residing in the Federally Administered

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Tribal Areas of Pakistan. Before going into the discussion section, we would first define the concept and principles of Community Based Participatory Research.

Community Based Participatory Research (CBPR)

Community Based Participatory Research is a "collaborative approach to research, [CBPR] equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities," (Minkler & Wallerstein, 2003, p. 4). CBPR in public health is a partnership approach to research that equitably involves, community members, organizational representatives, and researchers in all aspects of the research process and in which all partners contribute expertise and share decision making and ownership (Israel et al., 2008). Israel, Scholz, & Parker (2005) have outlined some principles of CBPR. The principles are: 1) CBPR acknowledges community as a unity of identity; 2) CBPR builds on the strengths and resources within the community; 3) CBPR facilitates a collaborative, equitable partnership in all phases of research, involving an empowering and power-sharing process that attends to social inequalities; 4) CBPR fosters co-learning and capacity building among all partners; 5) CBPR integrates and achieves a balance between knowledge generation and intervention for the mutual benefit of all partners; 6) CBPR focuses on the local relevance of public health problems and on ecological perspectives that attend to the multiples determinants of health; 7) CBPR involves systems development using a cyclical and iterative process; 8) CBPR disseminates results to all partners and involves them in the wider dissemination of results; and 9) CBPR involves a long-term process and commitment to sustainability. These principles form the core of CBPR. Minkler (2004) argued that even when the principles of CBPR are followed difficult ethical issues often arise that must be carefully addressed. Some of those ethical issues are: 1) who decides the research question? 2) Who truly represents the community? She argued that such questions can be dealt with professionally. In the next section, I will analyze Pakhto Voices project in light of these principles of CBPR. In the following part of the paper, we will discuss whether or not this project follows the basic principles of CBPR described by Israel, Eng. Schulz, & Parker (2005).

Discussion

Pakhto Voices project included a comprehensive health campaign consisting of formative research, audience segmentation, intervention, and evaluation all the major steps described by Mainbach & Krepps (2002). However, it must adhere to the CBPR principles in order to be labeled as a CBPR project. According to the authors, "CBPR builds on strengths and resources within a community." In other words, CBPR researchers try to explore the strengths of the community and the existing resources available to them. The resources consist of but are not limited to financial resources, local knowledge, and culture and values. The Pashto Voices project, however, does not look at the strengths or resources of the local communities. As formative research, the first part of the Pakhto Voices project looked into what kind of medium the tribesmen use to communicate with each other. The citizen panel and interviews were done with certain presumptions like the people residing in those tribes are "illiterate", the term "tribal culture" is used in comparison to the modern culture (Western culture) in the

final report presented by Public Engagement Policy Lab., the organization that carried out the project. The project also did not take into account the prejudices and institutional racism the tribal men face in the Federally Administered Tribal Areas of Pakistan.

The project also failed to take into account the power dynamics in those tribes. The tribesmen in the Federally Administered Tribal Areas of Pakistan have been oppressed historically and are governed by the state of Pakistan through the "draconian" Frontier Crimes Regulations. They don't have any basic health facilities and they have to travel to the major cities in Pakistan even for the treatment of minor diseases. However, the project ignores the power dynamics and institutionalized racism. With regard to power, institutionalized racism includes "differential access to information, including one's own history, resources, and voice, and differential representation in government and the media" (Chavez, Duran, Baker, Avila, & Wallerstein, 2008). Not recognizing those issues as part of the problems, the project could not look into the oppression that these tribes might have gone through and the way it influences their communication choices. It is importance to look at the oppression in the local context and with the eyes of the victims in order to understand it and its implications as "oppression may look similar across cultures and generations, its mechanisms are historically and locally determined and change over time and place, depending on domination and resistance (Chavez, et al., 2008). Without counting such conditions of oppression in the selection or production of text is tantamount to decontextualizing the process of communication from the conditions of existence and, therefore, turns media making an apolitical activity.

Another principle of CBPR is that it involves community members as equitable partners in all phases of research (Israel, et al., 2005). Pakhto Voice project, on the other hand, did not involve community members as partners at stage. The community members were used as units of analysis. Data was gathered from community members, but their advice and opinion were never taken or valued at any stage. Rather the researchers reached the community members with a position of power and treated them as "Others" during the whole research process as described in the final report of the project presented to the government of Pakistan in (2014). The final report describes the tribesmen as "people living in the stone-age era, who do not value modern education." This bureaucratic approach does not fit into the community media model keeping in view the equality demands of the latter in the process of communication.

The third basic principle of CBPR is that it empowers the communities. Wallerstein (2002) described powerlessness as the unifying factor among all unfavorable social conditions. Empowerment then takes "precedence over other theoretical frameworks used to eliminate health disparities" (Wiggins, Johnson, Avila, Farquhar, Michael, Rios, & Lopez, 2009). Israel et al., (1994, p. 152) define empowerment as 'the ability of people to gain understanding and control over personal, social, economic, and political forces in order to take action to improve their life situations'. Various aspects of empowerment have been shown to be associated with improved health conditions. No steps were taken by the researchers to empower the community.

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The research never discussed their positionality at any point of the research. Wildman and Davis (1996) argued that power structures are hegemonic societal contexts and disadvantages and the underprivileged cannot be understood until the mechanisms of power and privilege are un-explored and unearthed. Diane Wolf presented three perspectives on power depending on the researcher's positionality of outsider, insider-outsider, or outsider-within. Muhammad, Wallerstein, Sussman, Avila, Belone, & Duran, (2014) added a fourth perspective on power i.e. epistemology of power. "Awareness and reflexivity of one's identity (or identities), as one of the more salient constructs of positionality, therefore can provide a guide to researchers in each of these four issues," (Muhammad et al., 2014). The Pakhto Voices project officials claim in their research design and the final report presented to the government of Pakistan (2014) that researchers involved in the project were "culturally competent" in the tribal culture of the Federally Administered Tribal Areas. The term "cultural competence" is an endpoint in itself and CBPR scholars agree that one cannot be competent in a culture other than his/her own. CBPR scholars prefer using the term "cultural humility", which refers to "lifelong commitment self-evaluation and self-critique to develop and maintain mutually respectful and dynamic partnerships with the communities" (Tervalon & Murray-Garcia, 1998, p.118). Hook, Davis, Owen, Worthington, & Utsey (2013) defined cultural humility as having an interpersonal stance that is other-oriented rather than self-focused, characterized by respect and lack of superiority toward an individual's cultural background and experience. Israel et al., (2005) contended that achieving cultural humility involved acknowledging institutional racism and changing organizations. From the above discussion, we can safely infer that the Pakhto Voices project did not follow the principles of CBPR.

Conclusion

Pakhto Voices project was advertised by the Popular Engagement Policy Lab. Officials as Community Based Participatory Research (CBPR). However, it did not adhere to the basic principles of CBPR. CBPR is an alternative approach to reducing health disparities with complex dynamics and relationships, unlike projects that follow dominant paradigms. The Pakhto Voice project did not involve the community as equal partners at any stage. The formative research done in the shape of content analysis and interviews focused on getting information about the habits of the native Pakhtun tribes. The project did not take into account local history, context, and culture as well.

The evaluation of the project through mobile feedback and citizen panels was also problematic. The researchers went into the project with a position of power and tried to impose their knowledge on the community and disregarded not only the local culture but also could not benefit from the local knowledge. The researchers also did not take into account the institutional and internalized racism the Pakhtun tribes are going through. Given these weaknesses of the project, we suggest that positive outcomes of such community-oriented projects depend on community-based inputs in accordance with the principles and processes of CBPR.

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