

Participation and Poverty

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ABSTRACT *Robert Chambers outlines some key approaches to poverty and ways to end it through participatory approaches. He suggests that while poverty may never be made history, a sharp reduction can be achieved if powerful professionals become more participatory and get closer to and learn more from those who live their lives in poverty; and then act on what they experience, learn and feel.*

KEYWORDS *place; body; time; creativity; pluralism; pro-poor*

Misleading meanings of poverty

We have travelled far in professional views of poverty¹. It is striking how the reductionist money-metric view of poverty has been, and to some extent remains, disproportionately dominant in much development discourse. For some economists and others it is a bedrock; for others, a default mode. Reviewing the important debates on poverty and the poverty line in India, Tony Beck observed that ‘...the central preoccupation of the majority of authors on poverty has been the accuracy of the statistics and the statistical techniques used’ (1994: 16). A tempting caricature of the concept of poverty implied by such debates could be of a top-down, centre-outwards, ivory tower, mathematical construct, overfed and driven by questionnaires, statistics, computers, regressions, equations, graphs and tables. In this view, it could be seen as sustained by erudite, incestuous and self-reproducing systems of high-status organizations and departments, and by teaching, textbooks, international conferences, prestigious journals and rigorous professional peer review.

Participation and poverty

In the past decade and a half, we have come a long way in the invention, evolution and spread of participatory approaches and methods and their contributions to understanding poverty. A new pluralism of methodology and perception has opened up. A thousand flowers have bloomed. At the same time, many have turned into weeds, notably when disseminated by big bureaucracies. In parallel, though, there have been innumerable examples of good practice. Sourcebooks, guides and manuals of participatory practice have proliferated, and have then increasingly been superseded by eclectic creativity. Participatory methodologies capable of contributing to understanding poverty, and which have become best known and most widespread include: varied forms

of participatory action research like cooperative enquiry (Reason and Bradbury, 2001); PRA (originally participatory rural appraisal, now often participatory reflection and action) and the more inclusive PLA (Participatory Learning and Action) (Chambers, 1997); and Reflect (Education Action, www.reflect-action.org, accessed 17 August 2006; Archer and Newman, 2003, www.reflect-action.org, accessed 17 August 2006; Archer and Goreth, 2004). Well facilitated, these, to varying degrees, can enable and empower poor and marginalized people to conduct and learn from their own analyses, express their values and priorities, and provide insights into dimensions of poverty.

Hidden and sensitive dimensions

Participatory methods, creatively evolved and carefully facilitated, have opened up aspects of life that have usually been thought too private, sensitive or dangerous to make public or to analyse. Participatory approaches and methods have proved potent in bringing these into the open, and empowering women to take action. Gender relations, and how they have been changing, were a major theme in the Voices of the Poor study (Narayan *et al.*, 2000: chapter 6, 109–132). Much has been explored and documented as never before in *Realizing Rights: transforming approaches to sexual and reproductive well-being* (Cornwall and Welbourn, 2002). The lives and realities of those who are marginalized, despised, excluded and ignored have been brought out into the light. Sex workers, for example, come to life as people like other people, for whom respect, security and good relations matter as much, if not more, than they do for others. Participatory approaches to HIV/AIDS, especially through the group processes of Stepping Stones (Welbourn, 1995, 2002) and Reflect have brought what was hidden or unspoken into the open, with frank talk about sex and death, concern for sensitive behaviour and relationships, acceptance of HIV-positive women and men, and counselling and care for the sick and dying. Participatory approaches and methods have also been developed for HIV/AIDS work with drug users (International HIV/AIDS Alliance, 2003). Other areas

are the sexual behaviours and preferences of adolescents² and of prepubescent children (often unknown to their parents).

Participatory studies of violence in Jamaica, Guatemala and Colombia have broken new ground, revealing wide differences between beliefs of policy-makers about forms of violence and the realities experienced by ordinary people (Moser and McIlwaine, 2004). In Peru, participatory time lines, matrices and maps were used in Ayacucho as part of the Colectivo Yuyarisu ('We remember') process of the Truth Commission (Comision de la Verdad y Justicia): using these methods, over 100 groups recollected and reconstructed human rights violations that had taken place in the era of political violence 1980–1994 (Francke, 2003, mfrancke@pucp.edu.pe, and *personal communication*). In many contexts, domestic abuse and violence against women has been brought out into the open. An early example was an all-women's PRA activity in Tamil Nadu in 1990 (Sheelu Francis and John Devavaram, *personal communications*) in which women mapped households and marked with a yellow circle those where the husband was a drunkard. The Voices of the Poor study included perceived prevalence and trends of domestic violence against women. Another illustration is the Internal Learning System introduced into parts of India.³ Women individually and in groups keep visual diaries that they update every six months. In these they score from 1 to 5 for aspects of quality of life such as husbands drinking, domestic violence, Dalits having to drink from separate glasses, Dalits being made to carry dead bodies or dead animals and whether a girl can select her life partner (Vimalanathan, S. Nagasundari and H. Noponen, *personal communications*).

Open defaecation is another hidden and sensitive subject opened up and tackled through participatory methods. In many countries of Asia, Africa and Latin America it is a major source of sickness and illbeing. The movement of Community-Led Total Sanitation (see www.livelihoods.org/hot.topics/CLTS.html) (Kar, 2003; Kar and Pasteur, 2005; Kar and Bongartz, 2006) is based on facilitated participatory appraisal by communities using participatory mapping, transects,

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calculations of volumes of faeces produced and analyses of pathways to the mouth. Disgust and self-respect then often lead to community actions to become totally open-defaecation free.

The importance of opening up these subjects can scarcely be exaggerated. When they are not surfaced, analysed and confronted, much avoidable ill-being persists. Conversely, the potential for enhanced well-being from improving sexual and gender relations, from tackling and reducing or eliminating violence in its many forms, and from ending open defecation with gains in health and especially for the well-being not only for women and children but also for men – each of these can only be described as phenomenal. Participatory approaches and methods, well facilitated, cannot solve these alone; but there is enough evidence now to realize that they can establish bridgeheads with the possibility of becoming transformative movements that spread on their own.⁴

Neglected dimensions of poverty

Places of the poor

Participatory methods and studies have managed to reach out and work with poor people in the most remote areas. A whole chapter in *Voices of the Poor* came to be concerned with the places where poor people live and work (Narayan *et al.*, 2000: 71–88). This was not foreseen in the planning of the study, but emerged as the findings were collected and sorted. The places where poor people live suffer combinations of isolation, lack of infrastructure, lack of services, crime, pollution and vulnerability to disasters like drought, floods and landslips. Stigma of urban place can mean that place of residence must be concealed or dissembled when applying for a job. Inordinate amounts of time may be required for obtaining basics like water. The *Chronic Poverty Report 2004–05* devotes a whole chapter (CPRC, 2005: 26–35) to ‘Where do chronically poor people live?’ and does a service by describing and analysing spatial poverty traps, their ecological characteristics, poor infrastructure, weak institutions and political isolation. Place, whether rural or urban,

as an interlocking dimension of deprivation is so obvious that it is strange that it has not received more prominence. It should be harder to overlook now that it has been named.⁵

Poverty of time and energy

Some of the poorest wish they had work. A very poor woman in a Bangladesh village said:

These days I have no work,’ she complains. ‘If we had land, I would always be busy – husking rice, grinding lentils, cooking three times a day. You’ve seen how hard Jolil’s wife works, haven’t you? I have nothing to do, so I watch the children and worry. What kind of life is that? (Hartmann and Boyce, 1983: 166–167).

There can be poverty of too much time, and poverty of too little. The evidence from the *Voices of the Poor* study suggested that unwelcome surplus time was becoming more common for men with unemployment while poverty of both time and energy was becoming more common for women. This latter poverty of time and energy was recognized in the South African PPA (Participatory Poverty Assessment) (May *et al.*, 1998: 108–109). It has become more acute for many women as they have become breadwinners in addition to their domestic and reproductive roles (Narayan *et al.*, 2000: 111–114). When asked what her dream was, a poor rural woman in Zambia said that it was to be able to go to town, spend time with her friends and come back again.⁶

The body

The importance of the body, and of health and strength, to poor people shouts out from participatory study after study. The emergent categories from the *Voices of the Poor* study led to a whole chapter entitled *The Body*. From their analysis of over 250 life-stories of poor people, Parasuraman and his co-authors derive a whole chapter of *Listening to People Living in Poverty* to ‘The Labouring Body’ (2003, 274–297). This, they point out, is often the only resource a person living in poverty is able to use.

The continuous exertion of their bodies in labour that is underpaid and undervalued leaves them

exhausted. Their work is hazardous, seasonal and leaves them vulnerable to outside harm. They are forced to use and sell their bodies as an instrument. They rarely have time to recuperate or rest, and are reduced to what their bodies can do. These processes inscribe on their bodies and leave them to diseases, degenerating illnesses and death (Parasuraman *et al.*, 2003: 293).⁷

The central importance of the body to most poor people has been under-recognized. The slogan at the head of a poster of the trade union SEWA (the Self-Employed Women's Association) in India reads: OUR BODIES ARE OUR WEALTH. The body is more important to people living in poverty than it is to professionals. For many, it is their most important asset. But it is at the same time vulnerable, uninsured and indivisible. It has often been weakened by life experiences. It is exceptionally exposed and vulnerable – to hard and dangerous work and accidents, to violence, to sickness, to lack of nutrition, overwork and exhaustion. With an accident or illness it can flip suddenly from being main asset to liability, needing payment for treatment and having to be fed and cared for. It is a recurrent finding that many people fall into bad conditions of deep poverty because of what has happened to their bodies. Yet in general, the priority to poor people of quick, effective and affordable treatment has not been appreciated by professionals. In addition to human and ethical aspects, it may cost much less, and be more feasible, to provide good curative services so that poor people avoid becoming poorer than it is, once they are poorer, to enable them to claw their way back up again.

Negative synergies

These neglected dimensions, like others, interact with negative synergies. A poor woman in the Gambia, referring to what could happen during the agricultural season of the rains, said: 'Sometimes we are overcome by weeds through sickness or accidents' (Haswell, 1975). With seasonal vulnerability of the body, in places that are isolated or cut-off, and with seasonal poverty of time and energy when time and energy have high opportunity costs, the disadvantages are compounded,

but in ways that are not readily visible to professionals. The power and privileges of others make it worse. It is a cruel twist that poor people are kept waiting in clinics while better dressed middle-class people see health staff straight away.⁸ Counted as human well-being foregone by waiting, the time of the poor people can be worth so much more than that of those who are better-off. But this is neither recognized nor acted on. Following any logic of optimizing well-being, it is the middle classes who should have to wait.

Participation, creativity and pluralism: A pro-poor paradigm?

Participation goes with changing power relations and behaviours, and sharing; pluralism goes with openness, mutual learning, eclectic improvisation and creativity; and a plurality of perceptions of poverty are those both of professionals and of people living in poverty. In this paradigm, it is the experience, conditions and realities of poor people, and their analysis and expression of these, that come first. For this to happen well, professional *unlearning* has its part to play. As with PPAs, with sensitive and hidden topics, with nets or webs of disadvantage, with participatory numbers, and with listening, learning and immersions, the primary role of professionals is to convene, facilitate, learn and then later communicate. This is not to undervalue trained professional competences. It is not to substitute one fundamentalism for another. It is, rather, to correct an imbalance. It is to start in another place, upending the normal and empowering those who lack power by enabling them to conduct their own analysis and supporting them. It is then that the diversity of deprivations becomes more evident, and the many forms that multidimensional poverty can take. It is then, too, that we may conclude that there is no one final best set of concepts, ideas, perceptions, methods or behaviours, but only continuous mixing, adoption, adaptation, improving, improvizing and creativity, energized by commitment and informed by search, practice, doubt and reflection. Participation and poverty both take many forms. And the potentials for combining them to enhance the well-being of those who suffer multiple

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deprivations have scarcely begun to be tapped. Poverty may never be made history. But we can ask whether a precondition for its sharp reduction is that powerful professionals become

more participatory and get closer to and learn more from those who live their lives in poverty; and then act on what they experience, learn and feel.

Acknowledgements

This article is based on and contains extracts from a longer study, 'Participation, Pluralism and Perceptions of Poverty', in Nanak Kakwani and Jacques Silber (eds.), *Many Dimensions of Poverty*, Palgrave Macmillan, reproduced with permission of the publishers. I am very grateful to Wendy Harcourt and the Rome-based team for their editing work.

Notes

- 1 I recognize that many usages are possible. In another context, I used deprivation to encompass more than poverty. Poverty was 'a condition of lack of physical necessities, assets and income. It includes, but is more than, income-poverty. Poverty can be distinguished from other dimensions of deprivation'. Deprivation was 'lacking what is needed for well-being. Deprivation has dimensions that are physical, social, economic, political and psychological/spiritual. It includes forms of disadvantage such as social inferiority, physical weakness, isolation, poverty, vulnerability, powerlessness and humiliation' (Chambers, 1997: xv, xiv).
- 2 For example, a group of seven school girls in Mtendere Compound, Lusaka, matrix scored a typology of sex partners and preferences, with 16 categories of male partners scored against five criteria (Shah, 1999: 52).
- 3 For the Internal Learning System, see chapters by Nagasundari, Narendranath and Noponen in Brock and Pettit (2007).
- 4 For more on the multiple adverse interactions of tropical seasonality for poor people, see Chambers *et al.* (1981). For an update, see Chambers (1993: chapter 4), which also has a short bibliography. This remains a lamentably neglected subject despite its profound policy implications for pro-poor policy and practice.
- 5 This is not to suggest at all that this is a new insight. For the UK, for example, see Engels (1845) and Dickens (1854). The question is whether the multiple interactions of disadvantage that have spatial dimensions have been adequately appreciated by professionals.
- 6 The source is a video of a PRA training in Zambia in 1993, entitled *The PRA Report*, made by World Vision, Australia.
- 7 The authors refer at the end of this paragraph to Scarry (1985), but these conclusions flow too from their own analysis.
- 8 This was a repeated complaint in focus groups in the Voices of the Poor study (Narayan *et al.*, 2000: chapter 5).

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