

## **Reflective Assignment: Positionality and Reflexivity in Participatory Public Health Research**

Participatory methods in public health research are slowly gaining leverage due to their attempt to conduct research and acquire insights on more equal terms with the participants. It often involves collective, self-reflective enquiry on both the researchers' and participants' parts so that they can subjectively understand and participate in the research. It is also known as community-based participatory research as it encourages community interest in health inequities and collective action on social determinants of health (Baum, 2016). Despite the wide range of advantages this type of research offers, it has been observed that factors such as gender, race, ethnic group, and socio-economic class may create disparities between academic researchers and study participants, and affect the outcome of the research study (Muhammad et al., 2015). In this paper, I attempt to explore my positionality related to participatory public health research, and the assumptions and insights I have gained through the process.

It has been shown that identity is a complex, dynamic, and multi-layered phenomenon retaining certain core characteristics. These characteristics may be ascribed such as race, gender, and cultural background; or acquired such as education, job, and social position. Our personality is shaped by both how we perceive our identities as well as how others perceive us. Several studies have demonstrated that these identities may influence methods, ethics, and knowledge-based decisions in a participatory study. Depending on the researcher's relationship to the community setting and the research study, the role of power and privilege may come into play and the researcher may take on the label of an outsider in the study (Muhammad et al., 2015).

In the context of participatory methods of research, there are two different approaches, etic and emic. Etic refers to the perspective of an outsider or an observer and emic refers to the perspective of an insider or a subject. At the start of the term, my positionality was emic as I participated in research studies as an insider. I thought like participants and focused on what was relevant to me as a participant. However, now I can take a neutral approach to a research study and approach it from an outsider's perspectives. I can objectively analyze responses from the participants and divide them into appropriate categories for further analysis and implementation.

The role of positionality is often defined in a research setting by asking "Who am I?" in relation to the study and the participants. The answer to this question may be different based on the research context and perspective. One of the most important identities associated with a person is gender. Any cross-gender research study is open to several lines of analysis and interpretation as relationships between the researchers and the study may vary immensely. Studies have shown that in public health research where the researcher's gender is different from that of the participants, the impact of this gender discrepancy is central and marginal to the research study. This is because gender dynamically interacts with other social and cultural factors, thus influencing participatory methods of research (Galam, 2015).

As a female researcher, I have found that throughout the public health study, my gender has had an immense impact on my approach and participation in the study. First of all, the cross-gender

nature of my study limited my access to physical spaces such as men-only healthcare facilities. In such cases, I had to interview the male patients' female family members, and this could have introduced a bias in the study outcomes. Also, the topics that I could discuss with men interviewees were limited and I had to be careful about asking questions on reproductive wellness and sexual health. This was also dependent on the participants' cultural backgrounds as some cultures promote strict compliance with gender division. The sample ratio in terms of male and female participants was not equal, as men had several inhibitions in participating in a public health study with a female researcher. This skewed up the numbers and the final study participants comprised of more women than men.

Considering how gender affected my public health study, the impact on my research can be summed up as follows. My gender affected the type of questions that I asked male participants. It affected the extent to which I probed and how comfortable the participants and I were during the interview. As this was a health-related study, I assume that men participants may have withheld sensitive information that they would otherwise have told to a male researcher. Another important factor that I discovered during the study was the impact of my marital status and status of parenthood. When the participants found out that I was an unmarried student, they assumed that I would not be able to comprehend most of the health challenges that came with working or parenthood. Finally, while recruiting participants for the study, most men had qualms about talking to a female person and being misjudged by people from their community for sexual misconduct. This caused a lot of men to back out from the study as they wanted to avoid awkward confrontations with their family members. Having identified all these factors that could have an impact on the study outcomes, I have since realized that any participatory study, and especially one in public health research, should have a male and female representation for interactions with the community.

Apart from gender and related factors, other factors such as cultural and social also play a very important role in participatory research outcomes. Historically, transcultural and transnational studies have usually been conducted with participants in their own cultural settings and native language. This has shown to have the maximum participation and interaction qualities from the community. However, it places a huge burden on the researchers to ensure that they consider the diversity of the participants, their perceptions of health and wellness, and their thought processes regarding participation in research before recruiting people for the study (D'Silva et al., 2016).

When I was recruiting participants for my public health study, I found that interacting with culturally diverse people in the community created unforeseen challenges for me. As each group had its own thought-processes that I needed to navigate before confirming participation, my interaction with each participant was distinctively different from the other. Added to that was my accent and native language, that also played a role in the participants' perceptions of the study. Through this experience, I have realized that researchers' cultural, ethnic, and national backgrounds have an immense impact on the extent to which participants share their health problems with their interviewers. Although it is better to select culturally compatible researchers for a health study, it might not always be possible when probing minority or marginalized populations. In such cases, it should be noted that a bias may be introduced in the study outcomes due to cultural and social discrepancies between the researchers and participants.

Finally, some of the less important factors that affect a public health study are education and socio-economic status of the researchers. Most public health research is conducted to identify health perceptions, approach to medications, hygiene and sanitation conditions, and accessibility to healthcare services in low-income groups of the community. This automatically creates a divide between the participants belonging to low-income families and researchers who have had the privilege of education and a job. In such a scenario, it might become difficult for the researcher to comprehend and empathize with the participants and their living conditions. Conversely, the researchers' incomprehensibility may be identified by the participants and they may become reluctant to share details that might make them seem poor and uneducated. Factors such as gender, age, cultural and social backgrounds, and nationality may be accounted for by choosing compatible researchers for a public health study. However, it is difficult to remove an economic divide between the participants and researchers for the sole reason that it will always be there regardless of gender and nationality. Hence, in public health studies conducted with low-income groups in the community, sufficient steps should be taken to ensure that this economic disparity has a minimum effect on the outcomes of the research study.

To conclude, throughout my involvement with the participatory public health study, I have identified several factors that have affected my position as a researcher in the study. My gender has played an immense role in recruiting participants for the study as well as collecting sensitive health-related information. I have observed that even in cross-gender studies, the age, marital status, and status of parenthood of the researcher impacts participants' involvement in the study. Apart from this, cultural, racial, ethnic, and national factors affect the extent to which participants share culturally relevant information with the researchers. Health perceptions vary among different groups of the community and researchers belonging to the same cultural group are more likely to understand and record participants' views and perspectives on health. Finally, differences in socio-economic background also have an impact on public health research outcomes. All these factors based on the positionality of researchers need to be taken into consideration to minimize bias in the outcomes.

## References

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