

4 RESEARCH PROPOSAL

4.1 Introduction

Prior to any decision on the part of the Division d'Hygiène Familiale to initiate a program with traditional healers, the project sociologist and IDRC had independently formulated the intention to study systematically the traditional healing system in the project areas. With the imminence of a new pilot program involving traditional healers, the execution of such research becomes even more important.

In contributing to the design of a research proposal, the author has kept in mind two constraints of which he had been early warned. In the first place there is a great deal of existing data, particularly data that have been generated in the context of the Projet Intégré itself. Additional research should not only make use, where possible, of this data, but should in no case encumber or otherwise delay the analysis of these data. Secondly there are at present a number of funding constraints which would render impractical any research design calling for a massive infusion of additional funds.

During the author's residence in Meilleur with the project sociologist, a design was jointly worked out entailing the utilization of existing data as a preliminary step, and calling for the addition of less than \$500.00. The design to be presented here is a modification and further scaling down of the initial design. These modifications have been made in the wake of subsequent discussions with project personnel who correctly wish to ensure the launching of a research project that is in fact modest enough in scope to be completed in the allotted time.

The author was impressed and even somewhat astounded at the unusually rich research resources available to the project sociologist and other research personnel. There is little need, in the author's opinion, for the infusion of more resources. A high quality and programmatically useful

study can be carried out if some reallocation and redirecting of current resources are temporarily made.

The unique resources available to the project sociologist can be briefly listed:

1. a corpus of precise biomedical and social data collected on every household in the project area;
2. a total enumeration of every household in the project area, permitting the drawing of truly random samples--an extremely difficult task in most rural settings;
3. a corps of Community Agents and Community Collaborators who are
 - a. available for use as interviewers;
 - b. highly trained to carry out this task;
 - c. members of the communities and thus possessors of the local grass roots insights that minimize the occurrence of intentional or unintentional errors in the answering of questions;
4. permanent and long standing residence (by the sociologist) in the area where the research will be carried out.
5. logistical support, including transportation, office supplies, clerical support, and others.
6. a fund of good will and local rapport built up through the promotional activities which he (the sociologist) has also engaged in.

In short the project sociologist is in a position that most researchers would consider as frankly enviable, in terms of the resources and opportunities available to him for designing, executing, and publishing research. His present responsibilities also place him under certain constraints, which will be discussed below. If these constraints can be dealt with, the prognosis for successful research must be seen as very high.

4.2 Research Objectives

The project sociologist has already carried out a number of pilot studies entailing the use of the basic quantitative and descriptive techniques that will be called for in the present proposal. The compilation of his study of the most frequently used healers entailed the use of survey techniques. The preparation of the pilot study on the methods of traditional healers in addition entailed the use of the case study method and of loosely structured, open-ended interviewing. These two research strategies will be the main pillars of the research to be proposed here as well, and the project sociologist is already experienced in both. The next step is to systematize these approaches and to aim them more directly and systematically at a number of clearly defined research questions.

With the exception of a few variables in the Project's birth and death registers, little systematic data is being regularly generated on the activities of traditional healers. The data that are available suggest the continuing importance of these healers even in the area covered by the Projet Intégré. Of 152 cases of death reported in Trou Chouchou, for example, at least 45% had been first treated by a local healer, whereas only 26% had been preceded by a visit to a modern health establishment. Despite the importance of folk healing in the region, however, there is little in the data on births, deaths, pregnancies, migrations, nutritional status, and other matters currently being collected that will give insights into the structure and operation of the folk medical system. It is the task of the sociologist to generate such information.

There are two types of questions that must be answered. The first

entails a descriptive case-study method; the second calls for simple survey methodology.

4.2.1 The Techniques of Traditional Healers.

Many individuals within the Projet Intégre and within the DSPP have expressed an interest in learning more about the diagnostic and curative methods of the various types of traditional healers. The ultimate hope of at least some is to examine objectively the efficacy of folk healing, to see if cures are in fact effected, and if so, how. The assessment of the objective efficacy of folk healing techniques will not be a goal of this research; a description of those techniques, however, will.

It would be a serious methodological error to approach this question via survey techniques. Knowledge of the systematic aspects of folk-healing is at such a preliminary stage that it is not yet known which questions could be profitably included on a survey instrument. A more loosely structured case-study approach is called for. The major informants in this component of the research will be the healers themselves, rather than their patients.

4.2.2 Differential Utilization of Traditional and Modern Healers.

In addition to studying the methods of traditional healers, it is of equal--and perhaps more--programmatic importance to learn with more precision who goes to which type of healer, for what illness to receive what type of treatment at what cost. Some specific questions in this regard are:

1. Do most illness episodes in a household entail paid consultation with a specialist, be he traditional or modern?
2. Of those illness episodes that involve visiting a specialist, what proportion involve traditional healers as opposed to modern physicians?

3. Of those illness episodes involving traditional healers, what proportion involve each type of healer?
4. What proportion of healing episodes involve utilization of more than one healer type? Is the modern combined with the traditional?
5. When more than one healer is used, what is the typical sequence of utilization? Where does the health center fit into the sequence?
6. Is differential healer utilization governed more by characteristics of the illness itself, or more by patient characteristics such as age, sex, economic status, religion, or others?

In short the objective will be to gather reliable empirical information on the typical sequence (or alternative sequences) of events triggered off by illness in the rural household. Such a study would make important contributions into understanding the factors inducing people to utilize--or to avoid--modern health facilities. At present reliable information on these programmatically important questions is virtually nonexistent.

For this objective, simple survey techniques will be highly appropriate. But a great deal of creative pre-testing and revision will be necessary to field an instrument that effectively generates data on illness episodes. In this regard, three cautions are necessary.

1. The data should be gathered, not from healers, but from households within the population at large. Healers--especially modern sector ones--may not know what other specialists their patients utilize.
2. Respondents should not be asked to generalize. That is, the research should not pose questions such as "What do people in this house do for diarrhea." The research strategy should be rather to elicit specific morbidity and mortality episodes in a household and to gather data on what healers were in fact utilized. Generalizations from the study should, in other words, be based on tabulation of actual

illness episodes rather than on respondent generalizations.

3. The instrument will be basically retrospective in nature. The availability of Agents Communitaires and Collaborateurs Communitaires in the research area would permit actual monitoring, during several months, of illness episodes in a selected sample of households. But to enhance the generalizability of the methodology produced by the study, the study should not assume the existence of a sophisticated research structure such as exists in the Projet Intégré area. The author feels that the construction of a reliable retrospective instrument will enhance the likelihood that the study will be repeated in other areas of Haiti where research facilities are not as abundant.

4.3 Time Constraints and Time Budgeting.

The sociologist has indicated that there has been a conflict between the demands of promotional activities and the demands of research, and that the latter has suffered in the process. It is not unfair to state that the sociologist has been more of an animateur than an investigateur, and that if this pattern continues the Projet Intégré may reach its termination without having produced much systematic information of a social/cultural nature. In making this judgment, the author assumes that the Projet Intégré wants to produce social data that are of the same relative (i.e. within the canons of sociology and anthropology) quality and publishability as the biomedical and demographic data being generated by other components of the Projet. If such is the intention of IDRC, then the sociologist must be permitted and encouraged to radically reschedule his activities and make a determined effort to complete a research project. This means fewer one-day sorties to make speeches to work gangs or Conseils Communitaires (as the author found himself obliged to do in Meilleur), and more low-profile, extended immersion in villages. This will

furthermore entail less hobnobbing with village leaders, less reliance on their rounding up and corralling informants to be interviewed (as has been the basic methodology followed up till now in the study of healing methods), and more simple interaction with villagers and healers in their own homes. The rapport enjoyed by the sociologist should now be used in research.

The Division d'Hygiène Familiale has requested a termination date of late September or early October for at least the first part of the study. In view of the preliminary and somewhat unsystematic nature of the social research component of the *Projet Intégré*, and the time lag that may be produced as the sociologist switches from the role of animateur to investigator, the author does not feel that any complete or publishable research project can be terminated by early October. What can be produced by that date is a preliminary report that will orient the Division in its selection and training of folk healers for the project discussed earlier in this report. This preliminary research can furthermore provide the instruments and procedures that would enable the sociologist, in seven or eight months, and without additional funding infusions that exceed \$500, to produce a study that is reliable, complete, and at least reasonably definitive in a focused area. Since it is unlikely that the sociologist will actually engage in genuine full-time research, because of other project commitments that have developed, it is probably unrealistic to aim for a termination date before June 30, 1978.

In the author's opinion, the *Projet Intégré* and IDRC must make a decision concerning the quality and publishability of the findings to be generated by the study of traditional healers and differential utilization of healers. Some programmatically useful impressions can be produced in a brief period of time--have in fact already been produced. But if the objective is to

produce research that, in addition to being programmatically useful, also meets empirical standards that permit publication in international channels, then a two-phase project must be undertaken, in which the October deadline will constitute the instrumentation and pre-testing stage, and June 30, 1978, would constitute the deadline for final analysis of the data. The choice to be made by IDRC is the choice between a "quick and dirty" field report intended for internal consumption of the *Projet Intégré* and a somewhat more systematic piece of research suitable for eventual publication.

In view of the unique research facilities available to the sociologist, the author feels it would be unfortunate were the sociologist not encouraged to take advantage of the scientific and professional opportunities available to him to make a permanent contribution to the understanding of sickness and healing in rural Haiti. In this light the proposal will assume that the sociologist will in fact continue his labors at least until mid-1978.

The objectives will then be to produce a preliminary report in early October of 1977, and to have executed by July of 1978 a modest research project which

1. answers in a reasonably definitive fashion a number of questions about the methods and popular utilization of traditional healers;
2. provides a tested methodology which others can apply in Haiti and perhaps elsewhere;
3. provides substantive findings of enough scientific interest and reliability to merit publication as a monograph or series of journal articles available to Haitian and foreign professionals.

If such objectives are successfully achieved, IDRC will have made an important contribution to enhancing the research capacity of Haitian institutions..