Designing and Evaluating Action Research:
analysis through an ethical lens

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Action research in public health

- Comparative research on the conditions and effects of various forms of social action
- Dual commitment
  - to study a system to generate knowledge
  - to collaborate with members of the system in changing it in what is together regarded as a desirable direction

Are the commitments conflicting?

The dual commitments: what they entail?

- ***to study a system to generate knowledge***
  - **Effectiveness, efficacy, processes of community based interventions**
  - **Using experimental methods to compare outcomes in intervention v/s control groups**
- ***to collaborate with members of the system in changing it in what is together regarded as a desirable direction***
  - **Social, behavioural, biomedical interventions identified to address needs**
  - **‘Action’ from knowledge – programmes & policies for the ‘public’**

Case Study
The Reduction of Low Birth Weight Project

The Context of Jharkhand

Formed in 2000, predominantly tribal, rich in natural resources, hilly terrain with scattered settlements

- **Maternal and Child Health Indicators: a dismal scenario**

Undernutrition among children (0-5 years) (underweight)	54.6%
Low birth weight	41.7%
Undernutrition among women (15-49 years) (BMI <18.5)	42.6% *
Anaemia among women (15-49 years)	70.6%
Anaemia among pregnant women	68.4% *

- **Health Infrastructure: significant shortfalls**

Health sub-centre (HSC)	38%
Primary health centres (PHC)	64%
Community health centres (CHC)	82%

The Project – an introduction

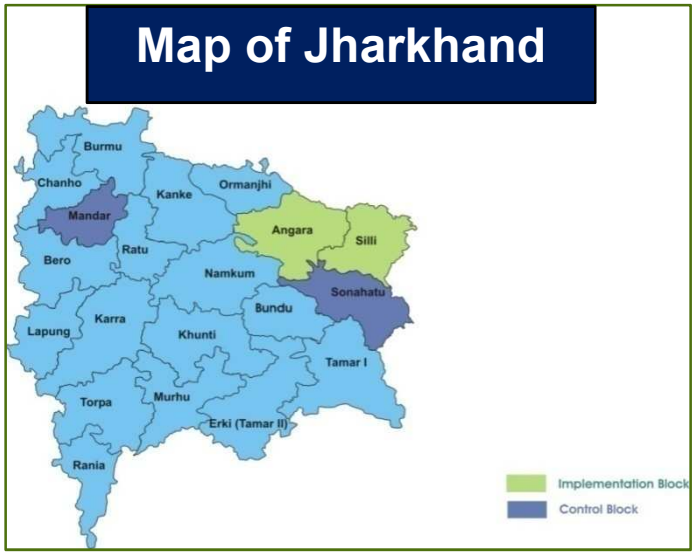
- **Aim**

  To study the effectiveness of lifecycle-based community level interventions in reducing the incidence of low birth weight and improving maternal, child and adolescent health in an area where mandated public health & related services are ensured.

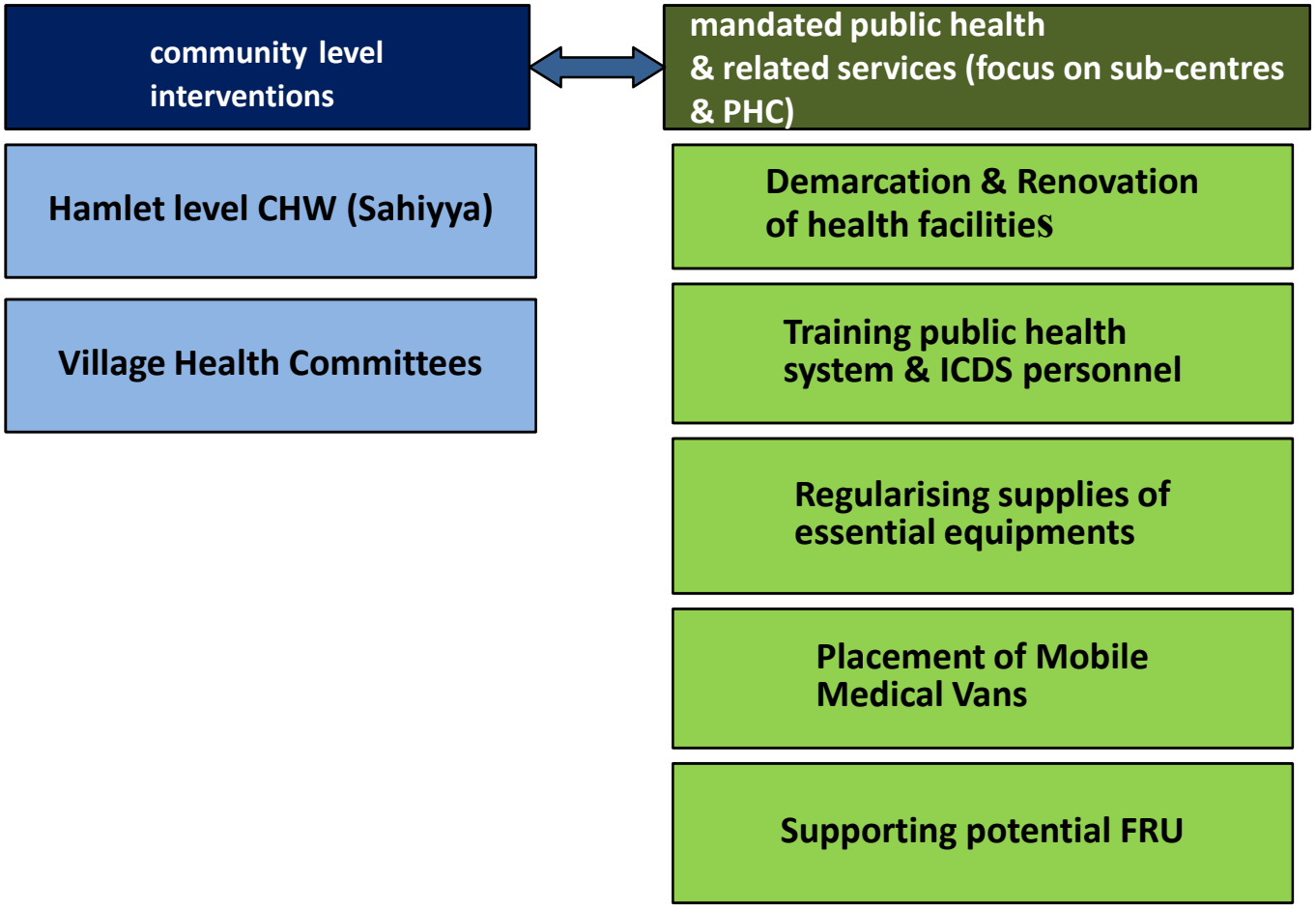
- **Project Period - 2003 – 2008**
- **Project Intervention Area**

  Angara & Sili blocks, Ranchi district, Jharkhand (200,000 population approx)

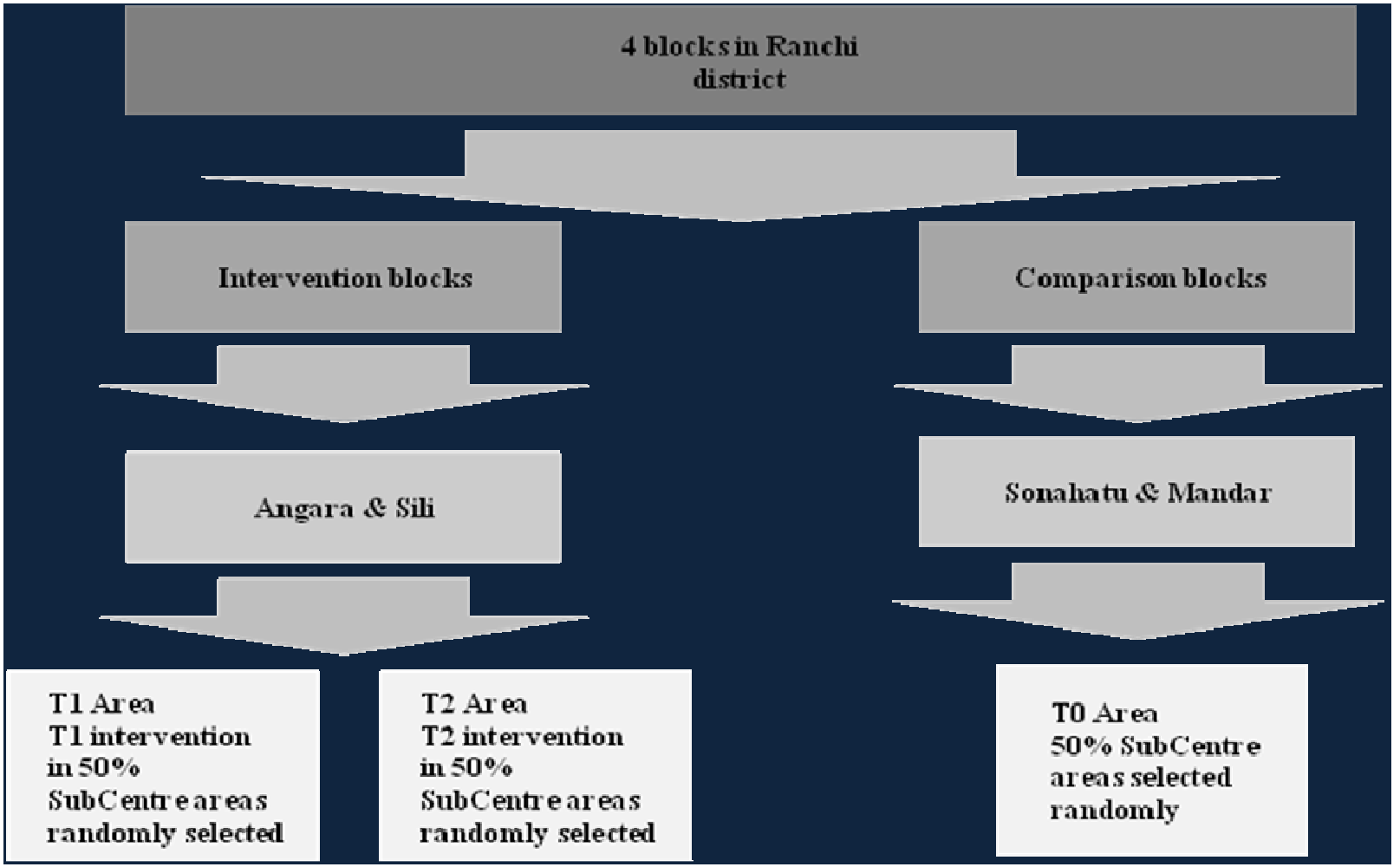
- **Project Partners**
  - **Krishi Gram Vikas Kendra**
  - **Child in Need in Institute**
  - **ICICI Centre for Child Health & Nutrition**
  - **Government of Jharkhand**



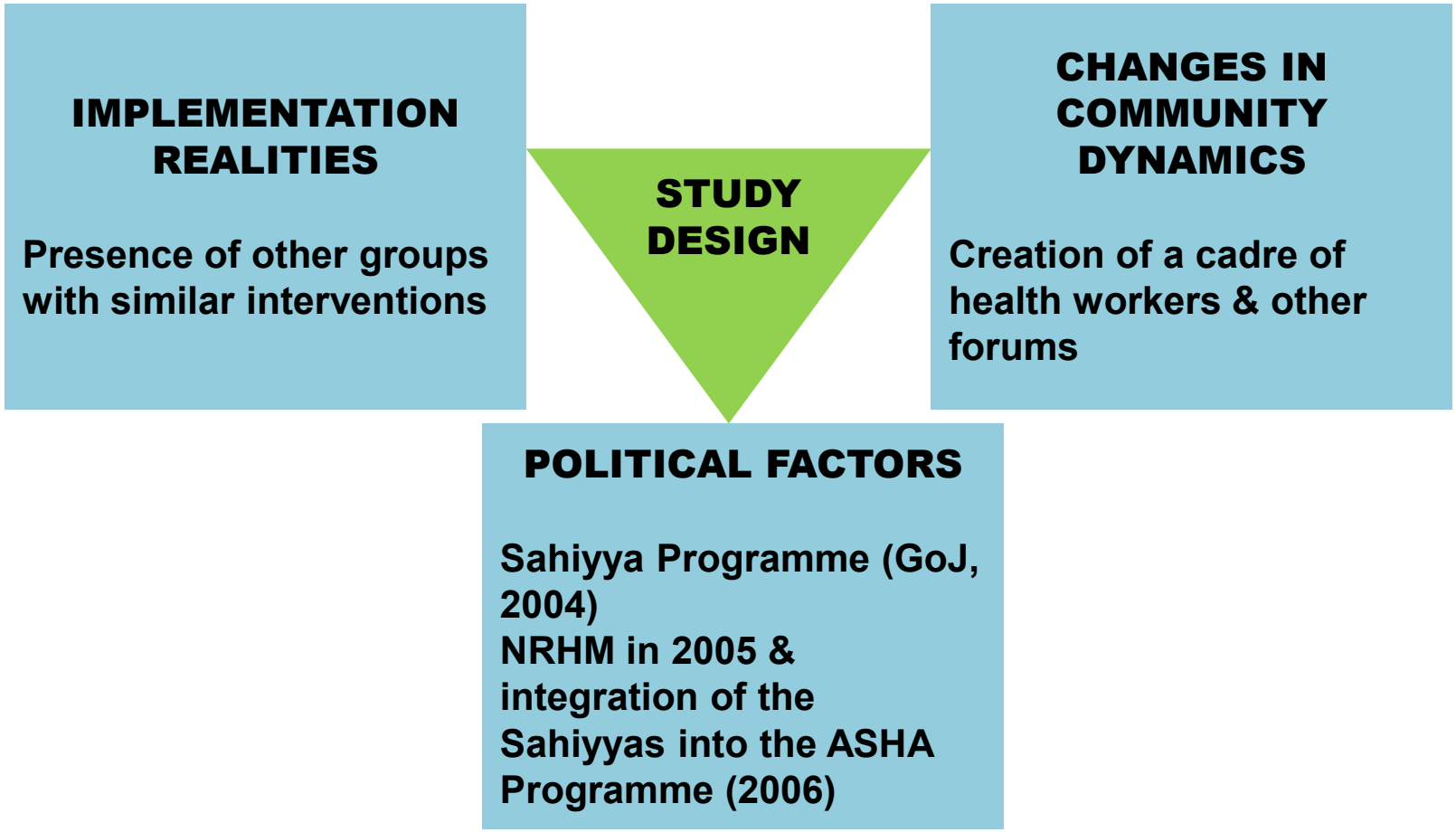
Key interventions



The study design



How the study design evolved…

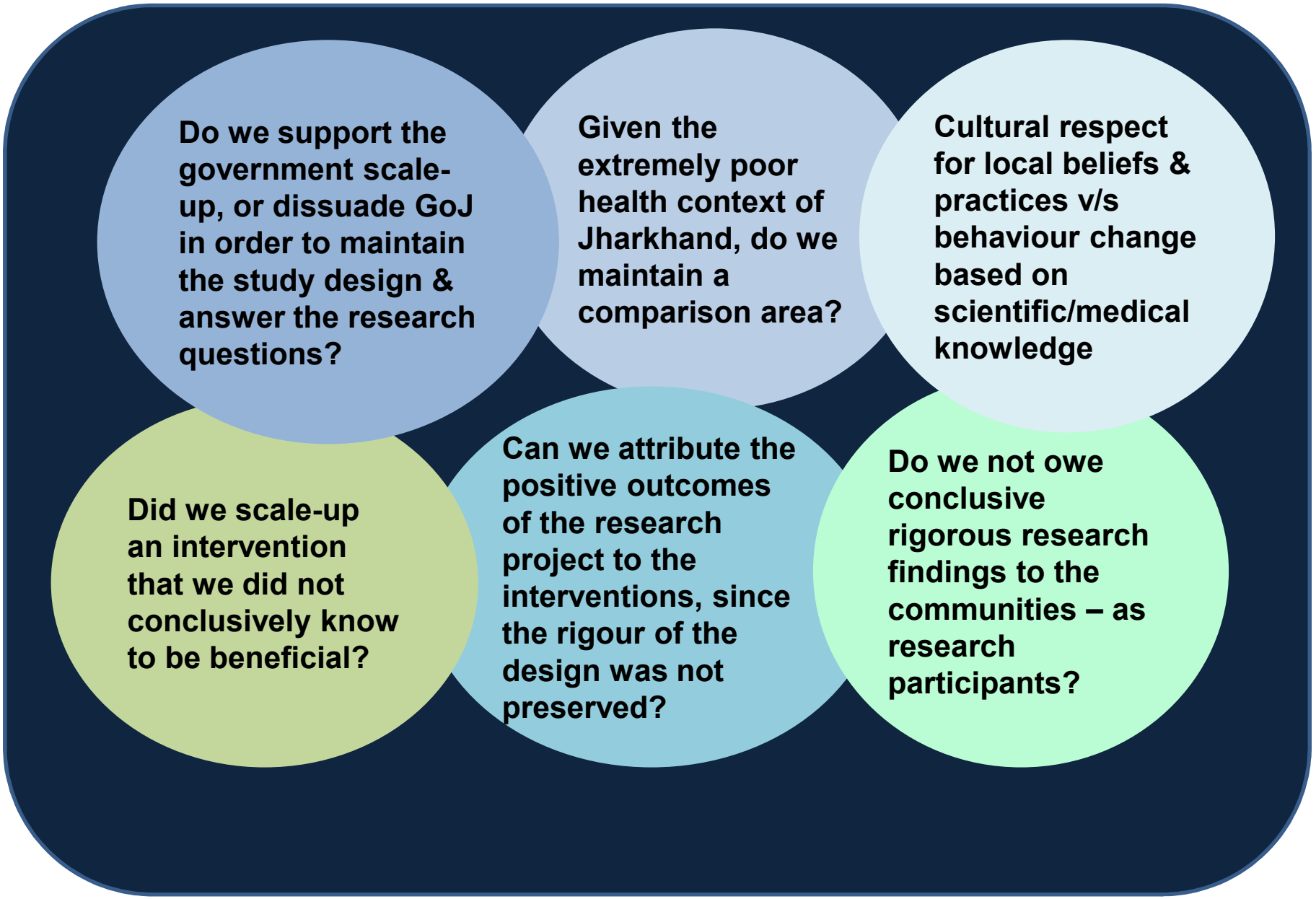


Sahiyyas & VHCs ("T2 – collective action") intervention across all blocks in Jharkhand, including T1 and T0 areas

Ethical enquiry

- **Principles of biomedical ethics proposed by Beauchamp and Childress (1979)**
  - ***Beneficence*** **- which denotes the obligation to provide benefits and balance benefits against risks**
  - ***Non-maleficence*** **- which signifies the obligation to avoid the causation of harm**
  - ***Autonomy*** **- the obligation to respect the decision-making capacities of autonomous persons. Associated with several ideas, such as, privacy, voluntariness, choosing freely, participating, and accepting responsibility for one's choices**
  - ***Justice*** **- indicates the obligations of fairness in the distribution of benefits and burdens. Justice, as an ethical principle, attends to the wider inequalities in health and health care provision**

Ethical dilemmas faced…



Ethical dilemmas in action research for public health

AUTONOMY	Research design: allocating ‘intervention’ & ‘control’ to communities randomly
	Intervention design: based on theories assuming community needs
BENEFICENCE	How do we establish what is ‘most beneficial’ without research?
	In the context of poverty, vulnerability & information asymmetry, can the community make an informed choice?
NON-MALEFICENCE	In asking research questions, some people will be denied the (seemingly beneficial) intervention
	Could it be harmful to have scaled-up/universalised public health interventions without ‘evidence’?
JUSTICE	Do we compromise beneficence (through pursuit of knowledge) for justice (through universalisation of the intervention?
	If the evidence of a beneficial intervention is not translated to practice and made available & accessible to all

Re-thinking ethics, public health and research

- Positivist approach to research, action and health
- Ethical reductionism?
- Principlism versus communitarianism – moving beyond individualistic biases
- Ethical relativism v/s ethical universalism

Rethinking the 4 ethical principles

- ***Autonomy*** – Not simply to make one's own choices, but to distinguish between a good and a bad choice
- ***Non-Maleficence*** – Not simply the prevention of physical harm or interference with liberty, but also threats posed to values. Social relationships and political welfare
- ***Beneficence*** – To include community reflection and support to determine what is beneficial
- ***Justice*** – Not only a judgment about what constitutes a fair distribution of health resources, but, especially in the context of scarce resources, determine what constitutes appropriate resources to distribute or should be created through research

Thank You