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Community-Based Participatory Research: How Do Academicians Rate Success in Iran?

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Abstract
Community-based participatory research (CBPR) is believed to be a potent means for the promotion of health in the community. To that end, Iran has conducted several CBPR projects in various community research centers (CRCs). We aimed to assess the quality of some of these CBPR projects in Iran from the perspective of Iranian academicians. In this cross-sectional study, carried out during 2005, five CBPR projects implemented in Iranian CRCs (Tehran, n=3; Qazvin, n=1; and Bandar Abbas, n=1) were selected. Three academic members involved in each project were interviewed using a structured questionnaire that appraised the extent to which the research project was aligned with the principles of participatory research. Results show that the CRCs and the academic members in our CBPR projects should receive further training and consultation. Quality assessment of CBPR projects seems essential from the view point of other participants of such projects, namely community and stakeholders.

Keywords: *Community-Based participatory research, Community research center, Quality assessment, Academic members, Iran*

Introduction
A participatory, collaborative, and co-learning research methodology, community-based participatory research (CBPR) aims at equally engaging those whom the research topic influences, i.e. community members, organizational representatives, and researchers, in all aspects of the research process (1, 2).

CBPR as a model for alleviating the health-related problems of local communities through capacity building and empowerment of beneficiaries was adopted by Iran's Ministry of Health and Medical Education (MOHME) about 10 yr ago, because of which community research centers (CRCs) were for the first time designed to serve as the infrastructure for CBPR. In light of the increasing recognition of CBPR as a potent approach to addressing the health requirements of communities (3), the Undersecretary of Research and Technology of the MOHME established CRCs in medical universities with a view to elevating awareness in the general population and stakeholders in the health sector and advancing management capabilities (4).

We sought to assess the quality of 5 CBPR projects conducted by these CRCs in Iran from the perspective of academicians through a cross- sectional study which was carried out in the year 2005, to evaluate CBPR projects implemented in some Iranian CRCs. The projects comprised studies entitled 1) Women Empowerment in Life Skills, 2) The Effect of First Aid Training of Fishermen on the Reduction of Severe Injuries and Occupational Hazards, 3) Women's Neighborhood Groups: toward a Community-Based Perspective to Unemployment Eradication in Tehran, 4) Developing Child Abuse Prevention: a Participatory Approach to Reducing Child Abuse in Tehran, and 5) Enhancing the Knowledge, Attitude and Performance of Women and Health Mediators in region 17 of Tehran as regards Physical Violence, Coping Strategies

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and Available Legal Recourses. Three academicians involved in each of these five CBPR projects evaluated the project by filling a questionnaire intended to assess the extent to which the research project was in line with the principles of participatory research; 15 questionnaires were, consequently completed. Table 1 shows the detail of questionnaire and the mean rating score for each question.

Table 1: Mean rating scores of quality for CBPR studies from the perspective of 15 Iranian academicians (Maximum Score for each item= 75)

Subject	Mean Score	Ranking[1]
A-Participants and the nature of their involvement:		
1-Clear description of community of interest	35.0	Low
2-Participants have concern with the issue	50.0	High
3-Opportunities for participation are provided	51.7	High
4-Attention given to barriers of participation	51.7	High
5-Community perceive researchers commitment	43.3	Medium
6- Community enabled for contribution	25.0	Low
B-Origin of the research:		
1-Impetus for the research come from community	36.7	Medium
2-Community supported the research issue	40.0	Medium
C-Purpose of the research:		
1-Facilitate community learning	53.3	High
2-Facillitate collaboration between participants	48.3	High
3-Empwerment for addressing social determinants of health	60.0	High
4-Encompassing combination of different sectors	51.7	High
D-Process and context of research:		
1-Application of community knowledge	55.0	High
2-Community learning about research method	35.0	Medium
3-Learning about community health by researchers	45.0	High
4-Research methods flexibility	30.0	Low
5-Appraising experiences during research implementation	38.3	Medium
6-Community participation in analytic issues	38.3	Medium
E-Opportunities to address the issue of interest:		
1-Community learning potential	41.7	Medium
2-Community action potentials	40.0	Medium
3-Improvement of social action	40.0	Medium
F-Nature of the research outcome:		
1-Community benefits of research outcomes	50.0	High
2-Agreement between researchers and community for resolving any differences	46.7	High
3-Agreement between researchers and community about ownership of outcomes	45.0	High
4-Agreement between researchers and community about dissemination of outcomes	50.0	High

[1] **Less than 35=Low, 35-44=Medium, 45 and higher=High**

Conclusion

Findings of our study show the Iranian academicians who have conducted CBPR projects admit that the quality of their undertakings was nearly adjusted in terms of the participatory nature of the project although there were some items such as enabling community for contribution, research methods flexibility, clear description of community of interest, which need more consideration.

As shown in Table 1 through participating in research process, both community members, and academicians become familiar with deliberation principles. Individuals from different backgrounds and with different level of education learn to listen and understand each other ideas and concerns and concur on mutual decisions as the research develops.

CBPR should be institutionalized as a valued research methodology, but there is still a lack of understanding among key decision-makers in academic institutions (5). Participatory research is a supplementary process to traditional qualitative research methods (6); total reliance upon the latter downgrades the efficacy of community research. Our findings verify that CBPR researchers should actively formulate and try different flexible research frameworks for working with communities based on sustainable mutual trust, taking into consideration the fact that feedback from communities may call for amendments to the method. CBPR teams should therefore, be constantly on the qui vive throughout the research process, taking advantage of flexible methods and acquainting community with principles of research methods.

Learning by doing is another constituent of CBPR. Discovery, integration, application, and teaching have been described as the different forms of scholarship (7), and community scholarship is considered a valid form of scholarship that encompasses all four aspects (8), ranking scores by academicians for topics such as community learning about research method, community learning potential, facilitation of community learning during the process of CBPR confirms that although average satisfaction is achieved on mentioned topics, more efforts should be made.

The priorities implied by the CRCs mostly involve social determinants of health (unemployment, violence, and so on) rather than direct health issues. This finding comprises one of the major concerns that the CRCs go beyond the biomedical health and this differentiation between participatory research and traditional medical investigations is of utmost importance especially for health sector employees who are concerned about social determinants effects on health.

Considering environmental, cultural, and societal characteristics affect on participatory character of CBPR projects, the dissimilarities between different CBPR projects conducted in different countries are more pronounced than are those between projects carried out via more traditional (non-participatory) methods. That is what renders an assessment of CBPR projects unpredictable and even surprising. Health research planners should as a result, clearly define the goal and means to achieving it. Nonetheless, even tried and trusted interventions are known to have proved ineffective at any stage of the process, including the initial concept or planning stage (9). Planners should be aware that not only may such obstacles as inadequate access to the target population and non-compliance of the community members condemn a CBPR project to failure (10-11) but that there is also a convoluted relationship between research and policy makers, who rely upon the former in their decision-making process (12).

CRCs and academic members involved in CBPR projects should be assisted in sharing their experiences, not least the ones with respect to the levels of community participations throughout the research process. Training, consultation, and quality control are the other factors that can enhance CBPR projects in the country.

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