



## International development: challenges for a world in transition

### *The Status of Knowledge*

**Narrator:**

I'd pushed Robert Chambers hard on these points. What is he really saying about the status of different kinds of knowledge?

**RC:**

Development managers of all kind go into an impoverished population, they have a certain agenda. Which for example they want maybe women to breastfeed their children. They want people to use bore hole water, rather than the mucky water from the stream. They have an interest in promoting behavioural change, based upon systems of knowledge which are often not shared by that population.

The orientation of the outsider should be one of trying to understand where people are? What they believe? What their values are? What their lives are? And of enabling them to do their own analysis. When that has happened, and that has to be facilitated without imposing our values. I mean us as outsiders. Our values, or our knowledge. When that has been done, it is then possible to enter a dialogue. But if you start with the prescription 'Breast feed'. Or 'Use bore hole water', or whatever it is. Then you're not enabling people to have the confidence to share their own view with you.

**Narrator:**

Perhaps the one great success in impoverished countries over the last 10-15 years, is the success with immunisation coverage. And that's been achieved through if you like immunisation commando operations. Where people drove out in land cruisers rounded up children, stuck injection in them and drove off. Didn't try to explain anything at all really. Doesn't that sort of contradict the thrust of your analysis? Doesn't it suggest that actually a top down technological intervention. Particularly in the health sector perhaps. Is much more effective at transforming people's lives.

**RC:**

This fails to differentiate two types of situation. The first is a situation, where there is a very standardised and controlled receiving environment. Or an environment which can be controlled. If you take in agriculture, the green revolution. The green revolution was possible, because controlled conditions which were similar to those on the research station, could be reproduced on a large scale in north west India, on farmers fields. Water, fertilisers, insecticide and improve varieties. It's similar with immunisation. The inside of the human body is a very tightly controlled and standardised environment.

**Narrator:**

So it seems to me there is always going to be this tension here. If one's going to go down a fully participatory road. In particular in the health sector, you yourself has said this is an area where local people's knowledge may not be as scientific in inverted commas as in other areas.

**RC:**

I think health professionals are particularly disabled. Because a lot of their knowledge is truly superior to that of local people. The outsiders knowledge tends to have the edge over local people's knowledge in two areas. One is with things which are very small. Microscopic things. And about the macro. What is happening in the wider environment. Which they may not know about. Thought they often know more than is supposed. If you compare health with agriculture. In the case of health, the outsiders knowledge very often is superior. Because of this superior knowledge about the micro. And this makes it much harder for health

professionals to learn from local people and to empower local people to do their own analysis. Than it is for instance for agriculturalists. Because in the case of agriculture, their knowledge is more valid and more comprehensive and more useful than is local health knowledge.

Farmers can do experiments in a way which people can't do with health. I mean with health you're dealing with a child. That's an experimental unit of one. Which is very very precious as well. And that makes it very difficult to learn experimentally from how you treat the child. But with crops, farmers experiment all the time. And the losses are relatively small.