The contribution of feminist approaches to health promotion research: reflections from the practice of researchers supporting social change and health improvement for vulnerable women in England

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Abstract

The contribution of feminist approaches to health promotion research are discussed throughout this chapter. We start by outlining the principles that underpin feminist research and discussing how such approaches distinguish themselves from more traditional and mainstream study techniques. Drawing out the links between feminist research strategies and their overlap with health promotion research, we reflect upon our own practice as feminist evaluators examining interventions that support social change and health improvement for vulnerable women in England. We highlight examples of the numerous ways in which we have drawn upon feminist principles to do data collection as part of our evaluation work, aiming to give voice to seldom heard women, and to privilege their lived experiences. Continuous reflection on our work has led us to critically analyse the ways in which feminist research remains challenged within a neoliberal context, is affected by researcher positionality and is a form of emotional labour for all involved. These challenges are relevant for other health promotion researchers, engaged in evaluation work and data collection with vulnerable groups.

Keywords: Feminism, Reflexivity, Participatory, Co-production, Gendered Intervention

Definitions of key concepts:

- **Feminist:** the advocacy of women's social and political rights based upon the principle of equality for all.

- **Participatory:** an approach to research based upon the principle of sharing power between researchers and participants, emphasizing their equal status and participation in the research process.
- **Reflexivity;** an approach in which qualitative researchers consider their own characteristics, role and influence within the research process.
- **Co-production;** an approach to research that aligns with participatory goals, as it involves all participants working together on a research issue without privileging any single perspective within this process e.g. academic or expert by experience
- **Gendered intervention**; an approach to interventions, support and service delivery which is tailored to gendered needs (in this instance women),

Introduction

Feminist research is a broad church that encompasses many different approaches and methods depending on the perspectives of the researchers and the issues at hand. Nevertheless, there are a number of general principles that enable us to carve out a specific research paradigm that can be labelled 'feminist'. This chapter argues the case that feminist research is closely aligned, in many ways, with health promotion research and that feminist approaches utilised within health promotion research have much to offer knowledge production in this field. This chapter will first outline what feminist research looks like, or how it is distinguishable from other approaches to research. Next it will argue the case for why feminist approaches are relevant to health promotion research. Following this we explore the application of feminist approaches in our own research practice drawing on real-life examples of research that we have carried out as illustrative. Finally, we consider the implications for how health promotion research is carried out and specifically discuss the roles that context, positionality and reflexivity have to play.

What distinguishes feminist research?

As stated in the introduction to this chapter, feminist research is a broad church that spans many different fields and disciplines. There are several different common features of feminist research that create the ties that bind feminist researchers regardless of what issues they are investigating. Primarily feminist approaches focus on gender ideology and gendered relations of power (Litosseliti, 2006) and arose as a challenge to a male-dominated, patriarchal world. However, it is not necessarily the gendered aspect of feminist approaches that we are concerned with as discussed below, although this may feature depending on the issue of concern as we shall see later in this chapter.

Crucially feminist research is located within critical approaches to exploration and shares many features with other such approaches. Critical approaches largely

reject mainstream assumptions about how knowledge is created and challenge natural science approaches to research including notions of objectivity and determinism. This includes a necessary questioning of experimental and quantitative methods of investigation and much less of a determinist focus at the individual level. Critical approaches seek to uncover the structural factors that lead to inequality and inequity in lived experiences. This inevitably means that such approaches are political in nature aiming to redress power imbalances and to hear the voices of the marginalised and disenfranchised (Bhavnani et al, 2020). Like other critical approaches, feminist research highlights the social, political and cultural dimensions of lived experience.

Feminist approaches provide three main challenges to mainstream research. Firstly, they highlight and contest male bias where, historically at least, research findings from largely male cohorts have been generalised to women; secondly, they often reject the use of quantitative methods of investigation which detract from subjective, lived experience; and thirdly, they counter the positivist approaches to mainstream research that tend to promote victim-blaming (Wilkinson, 2004). In addition, feminist approaches aim to take into consideration, and acknowledge, the impact of wider factors on experience, such as the environment (Ussher, 2006). As Blaikie (2007) argues, such approaches reject grand narratives and the notion of absolute truth, critique ideas of representation, and privilege discourse, relativism and subjective realities.

Feminist research therefore often means taking discursive approaches to data generation. It is difficult to hear or appreciate people's lived experiences and subjectivities without talking to people. For this reason, feminist research frequently (but not always) privileges qualitative means of discovery - discursive methods necessitating dialogue of some kind, although of course, quantitative means of investigation can also be used for feminist purposes (Loksee et al., 2019). Feminist approaches to research offer opportunities to examine existing structures of power and dominant knowledge, and to challenge these.

The research 'relationship' in feminist research also distinguishes it from other, more mainstream approaches. Crucially feminist researchers recognise that the research process is permeated by issues of power, as is the relationship between the 'researcher' and the 'researched' (Fine, 2012). Power can be considered within many domains – the power of research, the power of the researcher, and the power of the researched. Feminist approaches seek to privilege the latter whilst acknowledging that 'the power imbalance between the researcher and the researched is inescapable' (Cross and Warwick-Booth, 2016: 8). The research methods employed therefore have a role in minimising this imbalance through the co-production of knowledge whereby the participant(s) are positioned as co-researchers and power is shared (Fisher, 2016). Reciprocal, participant-led, collaborative means of investigation sit well within such approaches (Miller and Boulton, 2007), for example, using peer-researcher investigation (Woodall et al., 2018b).

Why is feminist research relevant to health promotion research?

The rational, objective, hypothetico-deductive scientific model of investigation simply does not fit with the ethos of health promotion as we see it. In keeping with the view of Dixey (2013: xi) we view health promotion as a 'social movement' that is primarily concerned with 'bringing about greater social justice' and with people's empowerment which means working *with* people and challenging top-down, expert-led approaches as well as the politics that drive them. Feminist approaches provide a framework for research which is much more in keeping with the principles that guide health promotion and acknowledge that the way we understand the world is never value-free. Health promotion practice and research is underpinned by a set of values that informs what we do, how we do it and why.

Feminist approaches also challenge the notion that research is carried out 'on' or 'done to' people. The participatory, co-produced knowledge approaches that are used align with the philosophy of empowerment that is central to what health promotion is concerned with. Like health promotion, feminist approaches view power and the (re)production of it as pivotal to how the world operates. This enables a focus on issues of inequality and injustice, and the potential to challenge social norms (Lazar, 2005) which are also central to health promotion. Feminist researchers privilege women's stories and experiences exploring these in order to identify and challenge issues of gender inequality (Stainton-Rogers, 2011). Whilst health promotion research does not focus exclusively on women (although most of the authors' own research does) the attendant focus on inequality is where the commonality lies such that it is 'generally characterised by working with, and alongside, those facing inequalities or exclusion from society' (Woodall et al., 2018b: 176).

The participatory nature of feminist and health promotion research is another common feature. Our own approach to research recognises that we, as the researchers, are not playing a neutral part in the process (Ryan-Flood and Gill, 2010). We are therefore more actively involved in the research process, working alongside women and in turn giving more of ourselves in the context of our research relationships. In seeking to promote meaningful participation in the research process and to foster inclusion, our feminist stance sits alongside the core values in health promotion research (Woodall et al., 2018a).

The direct parallels with feminist research can be seen within the four areas of distinction of health promotion outlined in a paper by Woodall et al. (2018b). Firstly, the application to real-world contexts. Critical approaches to research advocate for change to happen as a result of the research rather than simply undertaking research for research's sake. The central purpose of both feminist and health promotion research is to seek to promote positive changes in society. For feminists this is about challenging the patriarchy and transforming women's experiences and opportunities. For health promoters this is about challenging inequalities in health and transforming people's opportunities to take control over their lives and health, as outlined in the definition of health promotion provided by the seminal Ottawa

Charter (World Health Organization, 1986). Secondly, a set of clear underpinning values drive the research process some of which align very closely in both disciplinary fields, for example, participation, empowerment, and the centrality of lay perspectives. Thirdly, the nature of the research relationship where power and control are shared, lay perspectives are central, and knowledge is co-produced, inform our data collection approach and techniques. Finally, the diversity of methods that are used which includes those that are more qualitative and participatory in nature. This often calls for pluralistic approaches (Loksee et al., 2019) and approaches that are more socially oriented in nature such as participatory action-research which is typically designed to improve situations and provide solutions (Koshy et al., 2010). In short, feminist and health promotion research have much in common, the most vital aspect of which is aiming to bring about some kind of transformation (Kaur and Nagaich, 2019).

Much of the health promotion research on women has been dominated by positivist models which decontextualize women's experience and fail to consider the socio-cultural context in which they live their lives. We emphasise the importance of qualitative feminist approaches to data collection, attempting to give voice to those whose experiences are less visible (e.g. marginalised women experiencing domestic abuse). There is a need to privilege women's experiences, detail their own perspectives and enable them to be heard through the research process, which is essential to promote health. The next section details the application of feminist principles in our own research practice outlining how such approaches can inform health promotion research and knowledge production.

Application of feminist principles in our own practice

We have aimed to apply feminist principles in our evaluation work which examines the effectiveness of third-sector interventions designed to improve women's health and lives. Whilst the interventions we evaluate differ in focus in terms of their target audience (for example, the age of women included) and inclusion criteria for service support (complex needs, vulnerability and multiple disadvantages, domestic abuse and/or mental health needs) their intended outcomes are similar. We collect data from a number of sources during each evaluation, but we primarily attempt to use methods that place women's voices at the forefront of our findings by directly eliciting their experiences and perspectives. We contend that qualitative methods are best suited to exploring women's subjective experiences in a supportive and co-productive way, particularly where women have complex needs, and live in difficult circumstances (Cross and Warwick-Booth, 2016; Warwick-Booth and Cross, 2020d).

We use feminist principles to enable women to be actively involved in the research and to privilege their own voices. Involving service users in evaluation can work to empower women who have experienced abuse and add to their sense of achievement (Valpied et al., 2014), and survivor voice about women's experiences

of multiple disadvantage and abuse is notably missing from the evidence-base (National Commission on Domestic Violence and Multiple Disadvantage, 2019). Our feminist research done by women, for women is driven by our own political and ideological stance through which we aim towards transformation as part of accepted research practice within health promotion. Applying qualitative research techniques has enabled us to illustrate some of the 'softer' outcomes perceived as important from a service user viewpoint, but which are not possible to capture using quantitative tools. Our intention is that the views of women with experiences of complex needs can be used to guide funders and practitioners in providing evidence-based gender-specific support (Warwick-Booth and Cross, 2020d).

We have used a mixture of focus group discussions, observations and individual interviews within our practice. In some instances, our tools (interview and focus group schedules) have been co-produced with service user input because we aim to design data collection activities to facilitate an inclusive, flexible and non-threatening approach, underpinned by health promotion values. Our approaches aim to provide a mechanism to generate richer data and a more meaningful experience for those being 'researched' (Cross and Warwick-Booth, 2016).

We have employed creative methods as a mechanism to enable women to explore and discuss their experiences (Warwick-Booth and Coan, 2020c). For example, we used a group activity (in which we also participated) with images from magazines, stickers and coloured pens to produce an individual storyboard during conversations with young women. We explored their journeys by asking them to report on their issues at the start of their engagement with the intervention, their present status at the time of the data collection, and their future goals (Cross and Warwick-Booth, 2016). In the context of another evaluation, we asked women to participate in a creative exercise to give a message to other women in similar circumstances, following their participation in a focus group discussion. Women wrote down their advice to others using message cards to write their thoughts, with prompts on, such as 'my message to a woman in a similar situation is…'. We captured these messages in photographs and used them to produce a slide show with accompanying narrative (Warwick-Booth and Coan, 2020b).

We have also explored measures of success from the viewpoint of service-users, for example, we asked women what they thought were the important outcomes that needed to be measured within our evaluation. They highlighted outcomes such as the importance of improved sleep, feelings of positivity and their improved ability to stay safe (Warwick-Booth and Coan, 2020a).

Finally, we have trained women as peer researchers, to facilitate greater service user participation in co-production. Relinquishing researcher control is a distinctive feature of both health promotion and feminist research (Woodall et al, 2018a). However, despite our attempts to be inclusive, support participation by involving service users and relinquish some control, our evaluation data sets are based upon small sample sizes, without peer researcher data collection. This reflects that research with vulnerable, marginalised women is difficult because of the nature of their lives and

their ability to engage with formalised activities (Balaam et al., 2018), such as focus group discussions.

Implications for how research is done

Whilst we have used feminist principles to give voice to seldom heard women, it remains that case that the wider context in which we conduct health promotion research is framed by a neo-liberal imperative. Gendered interventions serve as a mechanism of neo-liberal governance encouraging women to conform to what it means to be a good citizen and a good woman (defined as family-focused, health-conscious and in control of one's self). Conformity to these expectations is taken as a measure of each intervention's success by funders, project workers and women alike (Cross and Warwick-Booth, 2018). As evaluators we have attempted to balance the need for evidence of success against our own concerns about interventions re-inscribing the hegemonic conditions of women's circumstances and neglecting to address the social, economic and cultural context in which their lives are played out. However, funders and service providers alike remain keen to evidence quantifiable change resulting from gendered interventions supporting 'vulnerable' women (Cross and Warwick-Booth, 2018). Brown et al (2017:423) note that policies designed to address vulnerabilities are 'a persuasive feature of the political landscape', with this discourse being used to support interventions with moral and ethical intentions. Brown (2014) contends that such interventions are used to manage and classify individuals and groups. The learning that we have gathered from this evaluation work is that those who do not engage with interventions can be labelled as problematic, and those in receipt of services are rarely asked about what matters to them in terms of the results of the support that they are given. Outcome measures are determined by funders and service providers, who tend to remain concerned with showing a positivist view of success such as the numbers of women supported by their programme, and value for money achieved through cost savings estimates.

Furthermore, the evaluation team in all instances consisted of white, middle-aged female academics, with employment status defining them as middle-class professionals. Inevitably, this positionality was present despite our attempts to co-produce knowledge via 'dialogic communication' (Blaikie, 2007: 201), and position ourselves as being alongside participants (Cross and Warwick-Booth, 2016). Power imbalances between researchers and those who we work with (the researched) are inescapable and tensions remained (Humphries et al., 2000) despite our attempts to minimise these, which included dressing in less formal ways during data collection, meeting women in places of their choice (community locations) and participating in activities with them. On one occasion a member of the evaluation team was asked by a service user if they were a Police Officer, despite the introduction of us as a team from the university. Researcher positionality and power is an under-explored area in health promotion research and warrants further attention.

Finally, the importance of researcher self-care also needs consideration in that emotional labour has been an increasing concern for us as evaluators working with

women who talk to us about their complex, harrowing and very upsetting circumstances. Reflexivity has been proposed as a mechanism to deal with the self in qualitative research, though it remains complex and debated (Delderfield 2018). Delderfield (2018) also outlines the need for researchers to employ a myriad of strategies to support their own emotional processing and practical processing. Our strategies include debrief, writing reflective notes and self-care. However, the affective components of co-production and working with vulnerable communities need more recognition because despite the use of such strategies, the stories we hear are upsetting and uncomfortable, and cause an emotional response. Furthermore, as researchers, we align ourselves to certain theories on an emotional level: we are passionate feminists who position ourselves as gendered subjects within our research practice (Cameron 2018). Other health promotion researchers may engage in data collection that affects their own emotional state given the focus of health promotion research on inequalities and disadvantage. Therefore, researcher self-care and the management of emotions again needs on-going discussion as part of the development of the evidence base.

Concluding comments

We have argued that feminist research is hugely varied, but that the broad principles which it encompasses are useful for us as gendered subjects researching the effectiveness of third-sector interventions designed to improve women's health and lives. We see our feminist research as closely aligned, in many ways, with health promotion research and therefore attempt to use our evaluation practice to support knowledge production in this field. Throughout this chapter, we have outlined the ways in which we have applied feminist principles in our data collection and tried to enable service user participation in the co-production of evidence. However, context serves to influence the data produced, and our own positionality remains a challenge despite our continuing attempts to minimise power dynamics. Emotional labour also remains an ongoing aspect of our work, with these wider issues being of concern more generally for health promotion researchers.

The discussion that we have presented in this chapter is important for structuring the field of health promotion research because it highlights the political nature of practice in terms of our own micro-political stance within the wider social space of a neoliberal policy climate. Therefore, we conclude that we should use health promotion research as a tool to both measure change in relation to interventions, but also to facilitate positive outcomes by creating space to hear the voice of seldom heard groups.

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