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Why Communities Participate in Malaria Elimination Projects: Case Studies from Vietnam, Laos, and Cambodia

YORIKO MASUNAGA[*,**], JOAN MUELA RIBERA[†,‡], THUAN THI NGUYEN[*,**,§], DANIEL H. DE VRIES[**] & KOEN PEETERS GRIETENS[*,¥]

[*]Department of Public Health, Institute of Tropical Medicine, Socio-Ecological Health Research Unit, Antwerp, Belgium; [**]Faculty of Social and Behavioural Science, Department of Anthropology, University of Amsterdam, Amsterdam, The Netherlands; [†]PASS Suisse, Neuchâtel, Switzerland; [‡]Antropologia, Filosofia i Treball Social, Universitat Rovira i Virgili, Tarragona, Spain; [§]Parasitology and Entomology, National Institute of Malariology, Hanoi, Vietnam; [¥]School of Tropical Medicine and Global Health, Nagasaki University, Nagasaki, Japan

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ABSTRACT *The importance of community participation in malaria elimination efforts has been trumpeted in various studies; however, the reasons why communities participate are often under examined. We explored the underlying socio-cultural environment of marginalized communities in Vietnam, Laos, and Cambodia to ascertain why these groups participate in a malaria elimination project, through 12 months of ethnographic fieldwork, including in-depth interviews, focus group discussions, informal conversations, and observation. Findings show various reasonings and motivations of these communities to use participation. In Vietnam, the Stieng and M'nong ethnic minority groups used participation to protest ethnic inequalities and abuses. In Laos, the Brao ethnic minority group feigned participation to deter outside interference in their traditional spaces and identity. In Cambodia, marginalized Khmer and Cham communities actively participated in the project to tailor community development. The paper concludes that participation in health interventions was consistently* manipulated *as a strategy to protect or nurture community identity and further socio-cultural and political interests.*

KEYWORDS: Community participation; ethnic minority; marginalized community; hegemony; Malaria elimination; development

1. Introduction

Community participation is a widely used buzzword in development and global health discourse, associated with a catchall of benefits (Cleaver, 2001; Cornwall & Brock, 2005) among which include facilitating the success of any given (health) intervention and providing solutions

Correspondence Address: Yoriko Masunaga Department of Public Health, Institute of Tropical Medicine, Socio-Ecological Health Research Unit, Antwerp, Belgium. Email: yoriko.masunaga@gmail.com

to complex health issues (Wallerstein & Minkler, 2008). However, the concept of community participation leaves room for interpretation, referring to a spectrum of community involvement ranging from a community's mere acquiescence regarding intervention to full collaboration between community members and program managers in developing and implementing a given intervention (Questa et al., 2020). Regardless of where the community participation needle falls on the scale, the concept is widely viewed as a key element to sustaining communities' motivation – particularly to fight against declining diseases such as malaria (Atkinson et al., 2010) – and if successful, as a potential to empower communities and achieve greater equitability and sustainability (Whittaker & Smith, 2015).

However, the extent to which a community may participate in a given intervention is overwhelmingly determined by decisions of stakeholders situated at higher rungs on the socio-structural ladder (i.e. governments, developers, donors, implementers, and researchers), often before any communication with local communities has taken place (Cooke & Kothari, 2001). With this in mind, much of the laudable community participation in development and health policy can ironically also represent yet another mechanism of imposing and legitimizing a particular agenda on a particular group (Baird, 2008; Nyirenda et al., 2018). Already in 1969 Arnstein reminded us that participation is about power and control, and participation without redistribution of power is an empty process for the participants, allowing the powerholders to claim that all sides were considered while only some of those sides benefit (Arnstein, 1969). These patterns are still visible today. For instance, in societies that claim to recognize ethnic diversity and minority rights in participating in socio-political activities, minority groups are still excluded (e.g. from equal opportunity to enter the labor market), assimilated (e.g. into the mainstream education system), or deprived of exercising their rights within their society (Kymlicka, 1995; Kymlicka & He, 2006). Fitting these patterns, communities' actual priorities and reasons for participation are generally made unknown – not recorded or considered not crucial for facilitating development programs and clinical interventions (Geissler, 2013). Moreover, the complex and nuanced logic of communities guiding their participation is often shrouded in performative responses provided by communities to align with project objectives (Law, 2009; Masunaga, Jaiteh, et al., 2021). Previous work has shown that in the case of a malaria clinical trial in The Gambia, project participants would provide curated responses to conform to the perceived objectives of the trial, irrespective of their actual motivations to participate and real-life adherence to the intervention (Masunaga, Jaiteh, et al., 2021).

To address this dearth of knowledge surrounding 'why communities participate', we examine three cases of communities participating in a malaria elimination project in Southeast Asian countries, namely Vietnam, Laos, and Cambodia. In the highlands of these countries, marginalized groups such as ethnic minority groups have been made to participate in national development programs (e.g. cash crop production) which have been justified by the states and international institutions as improving living conditions of these groups (Bourdier, 2009). Notwithstanding the broad ethnic and linguistic variety in these areas, several studies have shown that generally the ethnic minority groups have been obliged by the states to adhere to standard development policies that exert government control and majority population culture on the inhabitants, while simultaneously excluding these communities from political engagement (Bourdier, 2009; Ireson & Ireson, 1991; Kymlicka & He, 2006; Scott, 2009). Moreover, many of these minority groups who have historically engaged in independent self-subsistence practices (e.g. slash-and-burn agriculture) were removed from their land, and have been required by the states (influenced by the international pressure on development) to engage in labor deemed more productive for national economic growth and ever-rising global demands. While some minority groups/individuals were able to cope and even benefit from these exploitative policies, others who have less connection with majority groups/society became even more marginalized (Bourdier, 2009; Clarke, 2001).

As a result of these histories, it is likely that across all these settings, there lies a significant gap between the mainstream discourse and the 'hidden transcript' – a discourse produced by the marginalized groups behind the dominant societies or spoken in disguise (Scott, 1990). This paper investigates these hidden transcripts and strives to understand communities' rationales for participating in health interventions, concerning a specific malaria elimination project initiated by Population Services International (PSI), a non-profit global health organization. We focus on the community level, rather than the individual level, in the hopes of shedding light on marginalized communities' motivations to participate, and moreover, their *manipulation* of the projects. Albeit a negative connotation often linked to the term, we simply refer to manipulation as 'the action of manipulating something in a skillful manner' (Oxford language) and to analyze the communities' use of and participation in projects.

2. Methods

2.1. Project description

PSI launched 'the Greater Mekong Subregion Elimination of Malaria through Surveillance (GEMS)' project in Cambodia, Laos, Myanmar, and Vietnam from 2016 to 2019 to contribute to the malaria elimination goal in the region. Community engagement including private sector collaboration (e.g. with health care providers like clinics and pharmacies and community-based volunteers such as malaria-workers and grocery shop owners) was the main emphasis of GEMS to foster active case detection (ACD). GEMS supplied these providers with rapid-diagnostic-tests, referral cards, and anti-malarial drugs according to the characteristics of each national health system and trained them to identify suspected cases and test, accurately treat or refer, and rapidly report cases to PSI for *Plasmodium falciparum* malaria (treating *Plasmodium vivax* requires district or higher level public health care which was beyond GEMS' capacity). The PSI office in each country tailored project strategies: in Vietnam, community members mainly at the official level developed health messages; in Laos, communities were not involved in strategy-making; and in Cambodia, community members decided to employ and elect malaria-workers from their own communities.

In mid-2018, we were requested by PSI to collaborate with them in their community engagement process in Vietnam, Laos, and Cambodia. We conducted an anthropological study to assess the effectiveness of PSI's interventions, specifically to explore the factors influencing communities and private sector participation in the GEMS project.

2.2. Data collection

Our team consisted mainly of two international researchers (a senior medical anthropologist and a pre-doc researcher) and two local research assistants in each country who were trained for the social science study prior to the data collection. Our approach focused on the iterative and interactive dialogue with community members aiming to present communities' narratives (Masunaga, Jaiteh, et al., 2021), and we therefore frequently visited and stayed in the study villages consisting of 6 villages in Bu Gia Map commune of Bin Phuc province in Vietnam, 22 villages in Phouvong district of Attapeu province in Laos, and 9 communities across Mondul Kiri, Steung Treng, Kratie, Kampong Thom, and Prah Vihear provinces in Cambodia. We collected data through participant observation, informal conversations, in-depth interviews, and group discussions until reaching data saturation (Table 1).

We were introduced to our first respondents by PSI's collaborators in the villages, village health workers (VHWs), or village leaders. We then gradually recruited further respondents using the snowball technique. Local research assistants translated all conversations (interviews, discussions, informal conversations) and helped with data collection. Some conversations were double translated by local residents or VHWs for people who do not speak the ethnic majority

Table 1. Data collection

	Vietnam	Laos	Cambodia
In-depth interviews	71	48	128
Observations & conversations	40	158	87
Group discussions	3	18	2
Period	Sept–Dec 2018	May–Aug 2019	June–Oct 2019

group language (e.g. from English to Lao, and from Lao to Brao). We refined topic guides based on literature and our findings as data collection progressed. Most interviews and conversations took place during participant observation in the study villages, worksites (e.g. plantation sites, gold mining sites, and dams), forests, health centers, pharmacies, grocery shops, and local markets. As we participated in everyday life of local populations, we paid attention to people's relationships and interactions, and their actions and reactions. We did not audio-record the conversations due to the sensitivity of some topics (e.g. ethnic tension and potentially illegal activities in the forest), but we jotted notes on our conversations in detail during fieldwork which were transformed into field data immediately afterward.

2.3. Data analysis

We continuously developed hypotheses from emerging themes and tested them during subsequent data collection. We digitalized all notes and cross-verified them with local research assistants. Two researchers agreed on the initial coding themes and coded data using NVivo qualitative data analysis software (ver.11) for in-depth analysis. Any uncertainty or ambiguity during coding were discussed among the researchers. The coding included people's socioeconomic activities, health-seeking paths and behavior, perception of malaria, medicines, and/or medical service providers, trust in health providers, and participation in village activities and PSI's project. In this paper, participation in the community engagement process (e.g. selection of PSI malaria-workers or participatory discussions with the project team and the researchers) and in the project implementation (e.g. participating in an ACD by the PSI malaria-workers) are jointly analyzed to understand what and why these marginalized groups participate.

2.4. Ethical considerations

We explained the aim of our research, respondents' rights, anonymity, and confidentiality to the respondents. We obtained informed consent verbally before each interview and discussion. We preferred verbal consent due to high levels of illiteracy among the study populations and to avoid sowing mistrust among communities by obliging signatures. We obtained ethics approval from the Institutional Review Board of the Institute of Tropical Medicine Antwerp and the ethics committees in Vietnam (1242/18, 0010326), Laos (1242 A/18, 038/NECHR), and Cambodia (1242B/18, REB-PSI). We respected and followed relevant guidelines and regulations, including the Code of Ethics of the American Anthropological Association.

3. Findings and discussion

3.1. Vietnam: Participation as a tool to confront oppression

The Stieng and M'nong ethnic minority populations are the main inhabitants of the Bu Gia Map commune, followed by the Kinh (the Vietnamese majority ethnicity), Tay, Nung, and Chinese ethnicities who migrated there. Bu Gia Map is located north of Ho Chi Minh city, in the central and southern highlands of Vietnam, sharing the forests and border with Cambodia.

Both the Stieng and the M'nong belong to the Mon-Khmer group. Traditionally, they were animists with a subsistence economy based primarily on slash-and-burn cultivation, supplemented by hunting and fishing. The Vietnamese (Kinh) referred to these ethnic highland groups as *Moi* (literally 'savages'), and later the French called them *Montagnards* (people of the mountain), given that their livelihoods are closely linked to the forests and mountains (Condominas, 1994; Pearson, 2009; Salemink, 1991). The Stieng and M'nong, like other ethnic highland minorities, faced various invasions by outsiders such as the Kinh, the French, and the Americans. Christian missionaries have also had influence in the region, converting many Stieng and M'nong to Protestantism. During the *American war* (as known by the Vietnamese), the Stieng and M'nong Christian converts opposed the Viet Cong who occupied the highlands as a strategic post to fight against the South Vietnamese government and the American troops (Schrock, 1966). Meanwhile, during the war, the Americans strategically offered development and emergency aid to the highland minorities 'to win the hearts and minds of the local population' (Pearson, 2009, p. 148). The Vietnamese government considered this acceptance of aid from the enemy by the minority groups as disloyal and a threat to the state, and consequently kept these minority groups away from having political power (Kymlicka & He, 2006; Scott, 2009). Supporting the Americans, and/or asserting their Christian identity signified, at least in part, a reaction by these ethnic minorities to the oppression and politico-cultural domination by the Vietnamese government (Pearson, 2009).

The Stieng and M'nong have been affected by various powers intruding and imposing themselves on traditionally Stieng and M'nong territory. For instance, their traditional subsistence practices in the forest such as slash-and-burn cultivation have been prohibited, and instead, more profitable cash crops like cashew, rubber, coffee, and pepper have been introduced by the government, producing a shift from economic self-sufficiency to dependence on the market economy mediated by the majority society population. This transition, particularly to commercial agriculture, stymied many Stieng and M'nong who did not possess the financial resources needed to develop (a) plantation(s). Consequently many were forced to borrow money, usually from Kinh possessing greater economic capital, and as a result, fell into debt or lost their land. The Stieng and M'nong we encountered referred to their homeland in the forest as 'the ancestors land' and expressed a desire to return to their traditional subsistence practices, even though these are now deemed *backward* and *illegal*, mostly by the ethnic majority populations. The below quote, by our key informant, sums up inter-ethnic tensions derived from the disadvantaged situation ethnic minority populations are posited.

> This is our homeland, and we find this unfair. [...] We are not happy with the forest management, because we are not allowed to go to our ancestors' land or create new fields. The government bans all that. [Meanwhile] the Kinh offered poor families private finance schemes with high interest. They told us the scheme was easy and the borrower can return money at any time. [...] And then the Kinh person asked the borrower to sign the loan agreement. We (Stieng/M'nong) are not well literate, many didn't know what we signed. Let's say for 2–3 years, our crops continuously failed, and the Kinh person came back and asked the borrowers to pay all the debt and interest. The borrowers couldn't, so they had to pay with their land at a much lower price. They became landless and must work for others (Kinh) in their homeland. That's why, when we interact with the Kinh, we are cautious. We are doubtful about their fluent sweet talk that will work against us someday. – Informal conversation, a Stieng man

This dynamic has also made these minority groups skeptical of participating in many malaria programs offered via the public health center in Bu Gia Map, which is run by Kinh medical staff some of whom have personally exploited the local minority groups and are linked to the land conflict. For example, the Stieng and M'nong refrained from participating in active case detection (ACD) efforts implemented by the Kinh populations. ACD involves health workers or health service providers (including trained non-medical persons such as PSI malaria-workers

and grocery shop owners) actively initiating malaria testing on groups/people who are considered at malaria risk. In Bu Gia Map, private outlets conducting malaria testing (the pharmacists and grocery shop owners) in collaboration with the PSI were all Kinh-owned, making the Stieng and M'nong reluctant to visit these outlets for healthcare-seeking (Masunaga, Muela Ribera, Nguyen, Tesfazghi, & Peeters Grietens, 2021). In contrast, the Stieng and M'nong respondents readily participated in our study once it became clear that we were foreign researchers who were not involved in the conflict. This willingness to participate in our study was likely a similar mechanism used by the Stieng and M'nong as when many joined Christianity – a symbolic means to both clearly distinguish themselves from the mainstream (i.e. Buddhism among the Kinh) and to voice their grievances. This form of evasion of and resistance to the mainstream has been illustrated in various other contexts. For example, the Tshidi people of the South Africa-Botswana borderland use the Zionist church (elements of Christianity adapted into their tradition) to resist Westernised state oppression when their identity and traditions were threatened (Comaroff, 1985). We analyzed that for the Stieng and M'nong to reject programs led by official health services but agree to participate in a study conducted by foreigners serves as a strategy to implicitly manifest resistance (Scott, 1985).

However, Stieng and M'nong's participation in an external agency is not solely an act of resistance towards dominance. In their inextricably intertwined history and relations with dominant groups and foreigners, the Stieng and M'nong have been first resisting and then making alliances with outside forces and seeking outside resources to meet their needs (Salemink, 2015; Schrock, 1966), inclusive of (perceived) better health care. Our Stieng and M'nong respondents emphasized that if they perceive a health provider as good (e.g. promptly treat diseases, communicate well with the patient, and respect the patient), they would visit the health provider, regardless of their ethnicity. Unfortunately, there were no other non-Kinh organizations or governmental civil society groups active in the area during our study to compare against. However, the below quote, extracted from a conversation on available health care services among Stieng and M'nong key informants, describes their practical reasons for seeking (perceived) better health care. Nevertheless, it can be seen that their health-seeking decisions are significantly influenced by the distrust that has been sown throughout the years.

> Our priority is to have a good cure. [...] Healthcare is like a business – we will invest if we know it would bring benefits and we will not invest if we see the risk. Why people do not prioritize seeking medical treatment [at the Kinh-run health center] is because deep down we know we would not receive the treatment as expected. We would spend all our money and still not be cured. – Group discussion, Stieng and M'nong residents

3.2. Laos: Mask participation to protect ethnic identity

The Brao are the main residents of Phouvong district in southern Laos close to the Vietnam border, followed by other ethnic groups such as the Kayong, Jeng, and Sadang. They all belong to the Mon-Khmer speaking group, once referred to as *Kha* (associated with 'slaves') or now categorized as highlanders or *Lao Theung* (people of midland/mountain-slope) (Ireson & Ireson, 1991; Ovesen, 2002; Pholsena, 2002). In this context, the identification and categorization of ethnic groups have consistently and deliberately been used as political ploys by the state both to promote nationalism and simultaneously advertise ethnic inclusiveness and cultural diversity to the international community (Pholsena, 2002). Conversely, these labels have also been used to propagate the respective superiority of the Lao (the ethnic majority) versus the inferiority of other ethnicities, and to exert Lao state control over ethnic minorities (Ireson & Ireson, 1991). Most Brao and other minority groups in the highlands practice animism and engage in slash-and-burn agriculture, both of which are considered backward and destructive to the environment by mainstream (Lao) society (Ireson & Ireson, 1991). This idea provided a justification for the government to displace the minority groups from the forest (which contains

valuable resources the state is keen on accessing (Ireson & Ireson, 1991)) and encourage them to transition to paddy farming to have ethnic minority groups assimilate to more Lao-like lifestyles and to control and manage economic resources (Goudineau, 2000; Ireson & Ireson, 1991; Ovesen, 2002). In addition to Lao state control, the Brao have been deeply influenced by various colonial powers such as the French, Siamese, Japanese, Vietnamese, Americans, and Khmer (Baird, 2008; Goudineau, 2000; Pholsena, 2002), as well as various external agencies that have promoted development (Baird, 2008; Ireson & Ireson, 1991). In the name of *development* and *civilization*, these ethnic minorities were ultimately 'deterritorialized in an irreversible manner' (Goudineau, 2000, p. 27). The Brao in the Phouvong district have experienced such deterritorialization having been displaced from the forest into administrative villages. These villages are led by Brao village heads who manage and deal with a wide range of village development activities such as agriculture, health, and education promoted by the state and external (both national and international) organizations.

While acquiescing to the new village, the Brao endeavor to maintain traditional social organization, such as preserving the roles of shamans and the assembly of elders, albeit unofficially. Animist beliefs are an important element of Brao's social organization, which delineate the boundaries between the sacred (the forests) and the profane (Baird, 2008). For example, in our study, we observed *Kato* – a community/territory consisting of small groups of people (usually family members) in or near the deep forest where the Brao spend most of their time cultivating rice. By staying in these *Kato,* the Brao have better access to the forest for hunting and fishing, and a better connection to the spirits they worship and fear. According to a key informant in our study, the Brao are not allowed to speak Lao in the mountains or forests for fear of forgetting their identity and therefore offending the spirits. Maintaining the Brao identity and livelihood is important to preserve harmony with the spirits. Moreover, we noted from our field study that the Brao more readily shared their thoughts when they were in the *Kato* whereas in the village they tended to be more apprehensive of being overheard by Lao authorities. Given this dynamic, we argue that the Brao have created dual social organizations: the formal and administrative Lao-like organization, and the informal and traditional Brao organization. One of our fieldnotes included that: *'when the Brao go to the mountain they follow the shaman and when they come back to the village, they follow the village head'*.

The Brao make strict use of these boundaries and perform a Lao-like lifestyle in the village and remove their Lao-like mask in the *Kato*. Like Goffman's frontstage (e.g. the village) and backstage (e.g. the *Kato*) concept, people display a series of masks and acting roles determined by situations and whom they are interacting with (Goffman, 1959). This technique was apparent in how Brao interacted with outsiders, including us as researchers from a malaria project. For instance, all official meetings had to take place in the villages, and never in the *Kato*. We frequently observed village heads attending meetings after meeting at the village communal house, with external visitors who represented different projects. At the village, the Brao readily provided placating responses and suggestions to outsiders to block the latter from accessing their sacred lands. For instance, if any given malaria program were planning active testing, the Brao would advise the program to inform the village 5–7 days beforehand so that community members could wait in the village communal house to participate in the program. Moreover, when conversations moved beyond standard *templates* and community members were no longer able to give prepared answers, they would refer the program to their village head who had received education within the Lao system and who was better prepared to interact with outsiders.

> We prefer [malaria testing] at the meeting house. Health staff may visit our house, but they must walk around while some people can be absent from home. They'll waste their time. It's better if the staff asked people to come to the meeting house and make health promotions. [...] We prefer to make an appointment and come back to the village to test. It's difficult for health staff to go to the forest, it's far. [...] [For further opinions on the program], it's

better you talk to the village head. If you want to improve your strategy, talk to the village head. We don't have ideas. – Group discussion, Brao women

Such responses represent a mechanism of averting outsiders from reaching *Kato* to protect Brao culture. While assuring researchers of their willingness to participate, inhabitants frequently (choose to) forget the appointment and ultimately do not participate. Our fieldnote from an informal conversation with a group of residents stated: *'the journey between the village and Kato takes time, and no one has time to come back to the village just for malaria testing'*. Moreover, the fieldnote continues: *'for the Brao, community participation can be dangerous. They don't know how it can offend the spirits'*.

Ultimately, the Brao used their structural duality to put on a Lao-like mask and feign participation to satisfy project implementers while walling off the hegemony of the Lao-like way of life and safeguarding their Brao identity. Being marginalized and boxed in between powers that have continuously tried to reorganize the Brao socially and spatially, the Brao have adopted this strategy of placation and diversion to cope with and preserve their identity (Baird, 2008). Therefore, for instance, implementing ACD activities for Brao has been difficult because they gently but firmly repel outsiders. The more intensively malaria projects are in trying to actively detect Brao patients, the more likely the Brao will be to hide in their land or feign participation. Forced participation can only create resistance, mistrust, and ultimately failure (Campbell & Jovchelovitch, 2000). In addition to such backdrop, unfortunately, current practice by the national health system to appoint and train village health workers (VHWs) is not optimal under real-life conditions due to, e.g.: i) frequent disruption in supply of diagnostic and treatment tools; ii) VHWs' work requirements in *Kato,* which render bringing diagnostic tools to these sites impractical; and iii) some *Kato* are located far from each other, whereby access to *Kato* where VHWs work can still prove difficult.

3.3. Cambodia: Facilitate participation to construct a tailored community

The Khmer (majority population in Cambodia) and Cham (Cham also known as Khmer-Muslim) have migrated to newly established unofficial communities across the provinces of Mondul Kiri, Steung Treng, Kratie, Kampong Thom, and Prah Vihear of Cambodia. For decades, migrants have been drawn to the area in the hopes of acquiring larger pieces of land for housing and cultivation in the remote forests and at forest fringes. When these migrants found an unoccupied (often isolated) space, they cleared the forests and settled to build new homes. This resettlement process is partially a result of a historical disturbance in the region and the unsettlement of land ownership. During the rule of the Communist Party of Kampuchea (a.k.a. the Khmer Rouge), private ownership of land and properties was abolished, which partly triggered land rights disputes in the country. Even during the post-Khmer Rouge era, land possession and ownership rights have remained obscure, allowing people with wealth, connections, and power to claim lands (Un & So, 2011) and 'set the stage for land grabbing and power abuses' (UNDP 2007 report extracted from Un & So, 2011, p. 2). The most recent land law reform was in 2001 aiming to address the rising number of land transactions and land conflicts, and protect areas of public interest (Un & So, 2011). However, it also enabled large portions of land to be leased out for natural resource extraction and plantations under the name of economic development and poverty reduction, which ironically resulted in the eviction of many poor from their homeland and their relocation to informal settlements (Ironside, 2009; Un & So, 2011). Simultaneously, it is also possible that many of these marginalized people chose such remote and isolated sites to resettle to evade state control (Scott, 2009), and political and economic pressure. The communities we visited consisted of individuals who gave various explanations for moving to these informal settlements:

We have lived here for 20 years. It was under the Pol Pot [Khmer Rouge] regime and Pol Pot was [around this area]. During these periods, if we moved around, we were considered

> spies and jailed. I came here for gold mining, and I was afraid of being caught on the way home, so I decided to stay here. – Interview, a Khmer woman

> It's been just 7 months since we moved here. We've been married for 5 months, and we didn't have land back home, so we've decided to move here to have our land. [...] We were just told that here is the 'forest' so we expected nothing to be here, no water, no electricity. It was like an adventure for us. – Interview, Cham couple

The remoteness of these locations with virtually impenetrable forests makes access to main roads or towns in provinces arduous. Some communities become entirely inaccessible by car or even motorbikes during the rainy season. In addition to difficulties of physical and geographical access, the informal status of the communities excludes them from basic state services such as education and health care. According to residents in these communities, a community needs a minimum of 150 households to fulfill the requirement to be formally registered; however, some communities face challenges of expansion due to land-use restrictions, such as the ban to engage in logging, hunting, mining, land cultivation, and the building of new houses. The government or the plantation companies control the activities and movements of these settlers, and they can be penalized for infractions against these bans, making it almost impossible to obtain formal status.

To cope, residents in these communities have constructed social structures that enhance their reciprocal supporting system. For instance, clearing land or repairing/rebuilding houses requires considerable manpower, so neighbors, close friends, and relatives generally assist in this process. Additionally, residents have organized a service among themselves in which people can hire others (e.g. 30,000KHR (7US$)/per day/person or 600,000KHR (145US$)/per hectare) or make verbal contracts in exchange for help (i.e. entering into a reciprocal agreement in which labor is offered now in exchange for similar help in the future). Moreover, structures are in place to disseminate information, such as advertising for help or searching for work: by word-of-mouth, through the community head, leader of the cluster of households, or through Imams and mosques. Similar support organization for health assistance was also evident.

> Last year I got sick. The neighbors in this community contributed money for me to go to the hospital. The doctor said it's typhoid fever and stomach problems. I didn't have money for medicine, so I took herbal medicine. I consulted people who had a similar condition and asked what herbs are required. I couldn't find these herbs myself, so people looked for the herbs for me. [...] Someone informed other people that I was sick and having a financial issue. Then they visited households [in the community] to collect money. I tell my neighbors and the community head that I'm sick, then the community takes care of me. – Interview, Khmer elderly man

These unregistered communities, if an opportunity arises, rely on organizations or external forces that can influence policy change in their favor, such as the PSI. PSI offers malaria-related health services in these remote and informal communities and has made persistent efforts to convince provincial officials to permit its malaria care services (to test and treat) to be able to cross provincial borders, which initially was prohibited. For this reason, inhabitants of these communities were willing to participate in the PSI malaria project because of the perceived benefits, particularly when living in a setting where quality health services are otherwise out of reach. Moreover, in some cases, participation in the PSI project served as a means to appeal to communities' political recognition. For example, having a PSI malaria-worker elected from one's community, amongst neighboring communities, became important not only to increase access to malaria services but also to augment the presence of the community in the project. Participating in development activities offered by outside bodies can provide an opportunity for informal and marginalized communities to be involved and potentially influence community development, especially since the state-sponsored development in Cambodia has been promoted without involving these communities (Ironside, 2009). Active participation by these informal communities in receiving services was frequently observed during our field study. For instance,

Cham communities participated in promoting Islamic teaching and received support from other countries (e.g. United Arab Emirates and Malaysia) to build mosques, wells, and Quranic schools. On another occasion, a community participated in NGO-led meetings to discuss the potential promotion of ecotourism (which, according to the community head, has not yet happened). It has become important for these communities to have a favorable link with an influential body, such as PSI, to achieve their goals of constructing and tailoring their community development.

4. Conclusion

We have illustrated how and why certain communities participate as a strategy to *manipulate* project or community engagement processes for their benefit. This opportunistic use and manipulation of participation are socially embedded and influenced by historic power relations and dynamics, particularly for the marginalized communities whose ideology and activities have continually been affected by pushes for hegemony (Crehan, 2002; Quintin & Smith, 1971) and whose identity has been threatened by state efforts toward homogenization (Kymlicka & He, 2006). Communities assessed the potential benefits and risks and determined (how) to manipulate and participate in the project, contrary to the frequent portrayal of the grateful recipients of aid: in Vietnam, to manifest everyday forms of resistance to the oppression and demonstrate their identity; in Laos, to counter-hegemony and protect their identity; and in Cambodia, to tailor development and advance community identity.

Above results tell us that is vital to understand the historical and social dynamics that influence community participation in any and every given setting. We must give serious thought to whether participation in many of the presently designed health interventions effectively leads to the positive (health) outcomes as foreseen by these interventions, in the absence of a deeper understanding and valuing of local contexts and objectives for participation. For example, our results showed that the active malaria case detection in ethnic minority groups requires careful consideration due to sensitive inter-ethnic tensions. Instead of forcefully and superficially pushing for participation in a project, it is important to be aware of the dynamics that shape these communities. Only then, can we know whether certain approaches, believed to improve participation can work in sensitive settings where state control and hegemony prevails. As an example, in Brao communities in Laos, insights into *Kato* (locations, make-up of members of each *Kato*, relationships between different *Kato*, etc.) following identifying key actors who are trusted, active, and preferably mobile can be a first step towards more malaria testing, only if the Brao allows it. Moreover, we should not underestimate the structural coercion that can affect a community's decisions to participate (Nyirenda et al., 2020), and their ability to perform and manipulate participation to navigate these power relations (Scott, 1990).

Seeing the fuller picture of community participation, both from the project side (e.g. relevance of employing community participation in the project implementation) and from the community side (e.g. reasonings for communities to participate) is an important starting point for the negotiation of how, but also if health interventions should be implemented (Masunaga, Muela Ribera, et al., 2021). Ultimately, and not unimportantly, as outside stakeholders, we should also be ready to respect communities' choice not to participate (Hammer, 2009) in projects that overlook community's socio-political environment and specific needs.

5. Limitations

Despite various sub-groups existing within an ethnic group (e.g. the subgroups of Gar, Cil, Rlam, Prong, Kuen, and more among the M'nong), this study treated these sub-groups as one, and hence it generalized the participation logic and may have failed to adequately illustrate the subtle variations and forms of participation among specific subgroups. Moreover, analysis of

participation was limited to participation in a specific malaria project. Further research is needed to understand why and how these communities *manipulate* and react to different types of (health) interventions.

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ORCID

Yoriko Masunaga http://orcid.org/0000-0003-2648-5440
Thuan Thi Nguyen http://orcid.org/0000-0002-5531-4483
Koen Peeters Grietens http://orcid.org/0000-0001-6570-9887

Data availability statement

The datasets generated and/or analyzed during the current study are not publicly available as participants did not consent to have their full transcripts made public. However, the NVivo database with excerpts of the transcripts relevant to the study is available from the corresponding author upon formal request.

References

Arnstein, S. R. (1969). A ladder of citizen participation. *Journal of the American Institute of Planners*, *35*(4), 216–224. doi:10.1080/01944366908977225

Atkinson, J.-A. M., Fitzgerald, L., Toaliu, H., Taleo, G., Tynan, A., Whittaker, M., … Vallely, A. (2010). Community participation for malaria elimination in Tafea Province, Vanuatu: Part I. Maintaining motivation for prevention practices in the context of disappearing disease. *Malaria Journal*, *9*(1), 93. doi:10.1186/1475-2875-9-93

Baird, I. G. (2008). *Various forms of colonialism: The social and spatial re-organisation of the Brao in southern Laos and northeastern Cambodia*. Vancouver: University of British Columbia. doi:10.14288/1.0066509

Bourdier, F. (2009). On development issues and indigenous societies: Recent conceptual and methodological perspectives. In F. Bourdier (Ed.), *Development and dominion, indigenous peoples in Laos, Cambodia and Vietnam* (pp. 1–52). Bangkok: White Lotus.

Campbell, C., & Jovchelovitch, S. (2000). Health, community and development: Towards a social psychology of participation. *Journal of Community & Applied Social Psychology*, *10*(4), 255–270. doi:10.1002/1099-1298(200007/08)10:4<255::AID-CASP582>3.0.CO;2-M

Clarke, G. (2001). From ethnocide to ethnodevelopment? Ethnic minorities and indigenous peoples in Southeast Asia. *Third World Quarterly*, *22*(3), 413–436. doi:10.1080/01436590120061688

Cleaver, F. (2001). Institutions, agency and the limitations of participatory approaches to development. In B. Cooke & U. Kothari (Eds.), *Participation: The new tyranny* (pp. 36–55). London: Zed Books.
Comaroff, J. (1985). *Body of power, spirit of resistance: The culture and history of a South African People*. Chicago and London: University of Chicago Press. doi:10.2307/481818
Condominas, G. (1994). *We have eaten the forest: The story of a Montagnard village in the Central Highlands of Vietnam*. New York: Kodansha International.
Cooke, B., & Kothari, U. (2001). *Participation: The New Tyranny* (B. Cooke & U. Kothari, Eds.). London: Zed Books.
Cornwall, A., & Brock, K. (2005). What do buzzwords do for development policy? A critical look at "participation", "empowerment" and "poverty reduction. *Third World Quarterly*, *26*(7), 1043–1060. doi:10.1080/01436590500235603
Crehan, K. (2002). *Gramsci, culture and anthropology*. Berkeley: Pluto Press.
Geissler, P. W. (2013). Public secrets in public health: Knowing not to know while making scientific knowledge. *American Ethnologist*, *40*(1), 13–34. doi:10.1111/amet.12002
Goffman, E. (1959). The presentation of self in everyday life (1959). In *1-259*. New York: Doubleday Anchor Books.
Goudineau, Y. (2000). Ethnicité et déterritorialisation dans la péninsule indochinoise: considérations à partir du Laos. In M. J. Jolivet (Ed.), *Logiques identitaires, logiques territoriales* (pp. 17–32). Saint-Étienne: Éditions de L'Aube.
Hammer, P. J. (2009). Development as tragedy: The Asian Development Bank and Indigenous People in Cambodia. In P. J. Hammer (Ed.), *Living on the margins: Minorities and borderlines in Cambodia and Southeast Asia* (pp. 7–18). Siem Reap: The Center of Khmer Studies.
Ireson, C. J., & Ireson, W. R. (1991). Ethnicity and Development in Laos. *Asian Survey*, *31*(10), 920–937. doi:10.2307/2645064
Ironside, J. (2009). Development - in whose name? Cambodia's economic development and its indigenous communities - from self reliance to uncertainty. In P. J. Hammer (Ed.), *Living on margins: Minorities and borderlines in Cambodia and Southeast Asia* (pp. 91–128). Siem Reap: The Center of Khmer Studies.
Kymlicka, W. (1995). *Multicultural citizenship: A liberal theory of minority rights*. Oxford: Oxford University Press.
Kymlicka, W., & He, B. (2006). *Multiculturalism in Asia*. Oxford: Oxford University Press. doi:10.1093/0199277621.001.0001
Law, J. (2009). Seeing like a survey. *Cultural Sociology*, *3*(2), 239–256. doi:10.1177/1749975509105533
Masunaga, Y., Jaiteh, F., Manneh, E., Balen, J., Okebe, J., D''Alessandro, U., … Muela Ribera, J. (2021). The community lab of ideas for health: Community-based transdisciplinary solutions in a Malaria Elimination Trial in The Gambia. *Frontiers in Public Health*, *9*, 637714. doi:10.3389/fpubh.2021.637714
Masunaga, Y., Muela Ribera, J., Nguyen, T. T., Tesfazghi, K., & Peeters Grietens, K. (2021). In search of the last malaria cases: Ethnographic methods for community and private-sector engagement in malaria elimination in Vietnam, Laos, and Cambodia. *Malaria Journal*, *20*(1), 370. doi:10.1186/S12936-021-03903-Y
Nyirenda, D., Gooding, K., Sambakunsi, R., Seyama, L., Mfutso-Bengo, J., Manda Taylor, L., … Parker, M. (2018). Strengthening ethical community engagement in contemporary Malawi. *Wellcome Open Research*, *3*, 115. doi:10.12688/wellcomeopenres.14793.2
Nyirenda, D., Sariola, S., Kingori, P., Squire, B., Bandawe, C., Parker, M., & Desmond, N. (2020). Structural coercion in the context of community engagement in global health research conducted in a low resource setting in Africa. *BMC Medical Ethics*, *21*(1), 90. doi:10.1186/s12910-020-00530-1
Ovesen, J. (2002). Indigenous peoples and development in Laos: Ideologies and Ironies. *Moussons*, *6*(6), 69–97. doi:10.4000/moussons.2589
Pearson, T. (2009). *Missions and conversions: Creating the Montagnard-Dega refugee community*. New York: Palgrave Macmillan. doi:10.1093/jrs/fer041
Pholsena, V. (2002). Nation/representation: Ethnic classification and mapping nationhood in Contemporary Laos. *Asian Ethnicity*, *3*(2), 175–197. doi:10.1080/14631360220132727
Questa, K., Das, M., King, R., Everitt, M., Rassi, C., Cartwright, C., … Elsey, H. (2020). Community engagement interventions for communicable disease control in low- and lower- middle-income countries: Evidence from a review of systematic reviews. *International Journal for Equity in Health*, *19*(1), 5. doi:10.1186/s12939-020-01169-5
Quintin, H., & Smith, G. N. (1971). *Selections from the Prison Notebooks of Antonio Gramsci* (H. Quintin & G. N. Smith, Eds.). London: Lawrence & Wishart.
Salemink, O. (1991). Mois and Moquis: The invention and appropriation of Vietnam's montagnards from Sabatier to the CIA. In G. W. Jr. Stocking (Ed.), *Colonial situations: Essays on the contextualization of ethnographic knowledge* (pp. 243–284). Chicago: The University of Wisconsin Press.
Salemink, O. (2015). Revolutionary and Christian Ecumenes and Desire for modernity in the vietnamese highlands. *The Asia Pacific Journal of Anthropology*, *16*(4), 388–409. doi:10.1080/14442213.2015.1054866
Schrock, J. L. (1966). *Minority groups in the republic of Vietnam*. Vietnam: Headquarters, Department of the Army.
Scott, J. (1985). *Weapons of the weak: Everyday forms of peasant resistance*. New Haven: Yale University Press.
Scott, J. (1990). *Domination and the Arts of resistance: Hidden transcripts*. New Haven: Yale University Press. doi:10.2307/2166185

Scott, J. (2009). *The Art of not being governed: An anarchist history of Upland Southeast Asia* (J. C. Scott, Ed.). New Haven: Yale University Press.

Un, K., & So, S. (2011). Land rights in Cambodia: How neopatrimonial politics restricts land policy reform. *Pacific Affairs*, *84*(2), 289–308. doi:10.5509/2011842289

Wallerstein, M., & Minkler, N. (2008). *Community-based participatory research for health: From process to outcomes* (2nd ed.). San Francisco: Jossey-Bass.

Whittaker, M., & Smith, C. (2015). Reimagining malaria: Five reasons to strengthen community engagement in the lead up to malaria elimination. *Malaria Journal*, *14*(1), 410. doi:10.1186/s12936-015-0931-9