

Female Democratic Agency: Lessons from Rural Haiti

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Abstract

Rural Haiti provides an excellent case to study the human security crisis threatening women. Haitian women are often single mothers, leading average households of 4-6. In elected positions, female leadership is seldom recognized. With only 3.5% of parliament comprised of female leaders, policies decided at the state level seldom address the challenges women face in the countryside (HDI, 2017). Haiti has the highest mortality rate for children below the age of 5 and expectant mothers in the Western Hemisphere (WHO, 2017). This crisis is a significant one. When a mother struggles, both her life and her child's are threatened.

Yet the human security crisis is not all we can learn from rural Haiti. We can also examine the unique ways women have chosen to respond to this crisis and the potential for female democratic agency. There is a significant lack of elected female officials in Haiti. This fact invites us to consider the impact rural Haitian females, such as the *famn chay*, are potentially making in Haiti. *Famn chay* are traditional birth attendants who assist mothers in their home deliveries. They are also first responders in times of crisis, providing meals to hungry families and using their collective resources to benefit children in need. Some *famn chay*, I suggest, are promoting an innovative form of democratic agency through their local community council, *konsey kominote*. Such form of agency does not focus on formal mechanisms of representation. Instead, threatened by growing social and income inequalities, this particular group has chosen to organize to address the human security crisis currently threatening women in rural Haiti.

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General Audience Abstract

The human security crisis threatening women and children in rural Haiti has motivated Haitian traditional birth attendants known as the *famn chay*, to generate a response relative to the crisis and generate social change. This crisis is a significant one. When a mother struggles in childbirth, both the life of her and her child's are threatened. Women in rural Haiti also face gender and economic inequalities. Despite these realities, the *famn chay* have chosen to mobilize and create what is known as a *konsey kominote*. *Konsey kominote* are community groups found throughout rural Haiti and are a key entry points for citizen engagement for many rural Haitians. This study seeks to examine the unique ways the *famn chay* have chosen to respond to the crisis through their *konsey kominote* and the potential for female democratic agency. There is a significant lack of elected female officials in Haiti. The historical roots of female gender discrimination stretch as far back as Haiti's independence. By researching the impact rural Haitian females, such as the *famn chay*, are making in Haiti, we can begin to discover the potential for female democratic agency existing in rural Haiti.

Acknowledgements

I would like to thank the *famn chay* of the Grand Colline, Haiti who participated in this study. For nearly four years they have invited me to walk alongside them, to hear their story in the remote mountains of rural Haiti, and to see firsthand how Haitian women are mobilizing to face a real and present human security crisis. Because of their relentless determination and strong hope for their people, I remain optimistic Haitian female political participation will increase.

I would also like to thank Haiti Healthcare Partners, the non-profit through which I was introduced to the *famn chay* in 2015. Haiti Healthcare Partners has been working relentlessly to support Haitian led primary healthcare in the Grand Colline since 2006. Without the efforts of the US board and the Haitian staff through which regional maternal healthcare has thrived for the previous 12 years, I would not have had access to the context, dialogues, and stories of the *famn chay*. I could not have undertaken this effort without the help and kindness of Pere Fred, Marie, Mono, Donna, and Bob who walked with me throughout this process. To my friends and family who have supported and encouraged me, thank you!

Thank you to my committee for your advice and support throughout this endeavor. Thank you to Dr. Zanotti, my advisor, for pushing me to work harder so the work of the *famn chay* was brought to light. Under her leadership, she inspired to think more critically and write more consciously of the social concerns we as researchers strive to bring awareness to.

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Key Terms

Kominote: A Haitian Creole term used to refer to “community”. *Kominote* implies not only a group sharing a common culture, history, and locality; but common purpose and ideals. It is in the sharing of life, common needs, and in turn meeting such needs in which we come to discover the meaning of *kominote*.

Famn chay: Pronounced “fam-shy”, this is the Haitian Creole word for midwife, it is translated as “woman of the house”. *Famn chay* are traditional birth attendants who help mothers deliver their babies in their homes, most often in rural Haiti. They are also known as *matwons*. While this is a more commonly used term, for the purposes of this study I will use the term *famn chay* as this is how I originally came to know these women.

Konbit: A popular term known throughout Haiti referring to the getting together for the common good of the community, most often in rural Haitian communities.

Human security: For the purpose of this case study, I will embrace Caroline Thomas (2001) definition. Human security includes the security against economic and social inequalities and a guarantee of fundamental human rights such as stated under Article 25, as the right to adequate healthcare or under Article 3, the right to life and security of person (UN, 2018).

Konsej Kominote: A Haitian Creole term referring to ‘community councils’ typically found in rural Haiti.

Gwopman Peyizan (GP): ‘peasant groupings’ found throughout rural Haiti and are another form of community group association.

Chapter 1

Problem Statement and Introduction

“Ordinary People want the simple opportunity to live a decent life, to have proper shelter, and food to eat, to be able to care for their children and to live with dignity, to have a good education for their charges, their health needs cared for and to have access to employment.”

Nelson Mandela

Haiti’s Human Security Crisis: Rural Inequalities, Poverty, and Healthcare

‘Moun andeye yo’ (Haitian Creole for ‘people out there’) is how the urban population refers to rural citizens. Nevertheless, the mountains are home to some of Haiti’s most resourceful citizens, both economically and politically. While the larger cities such as Cap Haitian and Port-au-Prince boast of their relatively established economies and welcome youth to their universities, rural homes help supply urban Haiti with countless street merchants to support their economy and youth throughout university classrooms. Hardly disconnected, far from being ‘people out there’, Haiti’s rural citizens are integrated into everyday Haitian urban society. An estimated 40% of Haiti’s total 10.25 million people were living in rural areas in 2016 (World Bank, 2018).

I was originally introduced to the *famn chay* in 2015, while working with the non-profit Haiti Healthcare Partners. As I spoke with women and *famn chay* throughout the Grand Colline region, I became more aware of the inequalities rural Haitian women are facing. The human security crisis the *famn chay* are responding to is one engrained in great gender, economic, and healthcare inequalities.

Gender discrimination is one obstacle Haitian women, such as the *famn chay*, encounter. The exclusion of women from politics and the public sector is deeply rooted in Haitian history. Alyssa Sepinwall (2013) has noted Haiti's constitution makes little reference to Haitian women. It mentions the good Haitian was a soldier, but says little of the good *Haitiennes*. Haitian women have been prohibited from owning land since the country gained its independence from France. During the early 19th century, Haiti was divided into two separate kingdoms, with the north ruled by Henri Christophe and the south under the leadership of Alexander Petion. Notwithstanding the different style of government of these two rulers, not everyone in the republic of Haiti was liberated. For instance, Alexander Petion in the south provided land to war veterans who had fought to liberate the island and end slavery, while women received no land (Sepinwall, 2013). As a result, the republic under Petion was a republic of male obligation and female marginalization. While being widespread in Haitian society, gender related inequalities are particularly striking in the countryside. Women are mostly barren from accessing education and often asked to leave school at a young age to work for the family farm. A USAID public opinion survey regarding leadership of marginalized groups, reported only 24.8% of Haitians believed women were fit to exercise political leadership (Gelineau and Zechmeister, 2014). Patriarchal power systems in Haiti have also molded participation and institutional arrangements. Haitian women have begun to form more groups on their own in response. As one rural female citizen has summarized, "When we look around, we see that the men get all the opportunities while, women are slaying away, without their value being recognized. Women are half, men are half, we must reclaim our rights as women" (Smith 2001, p.159).

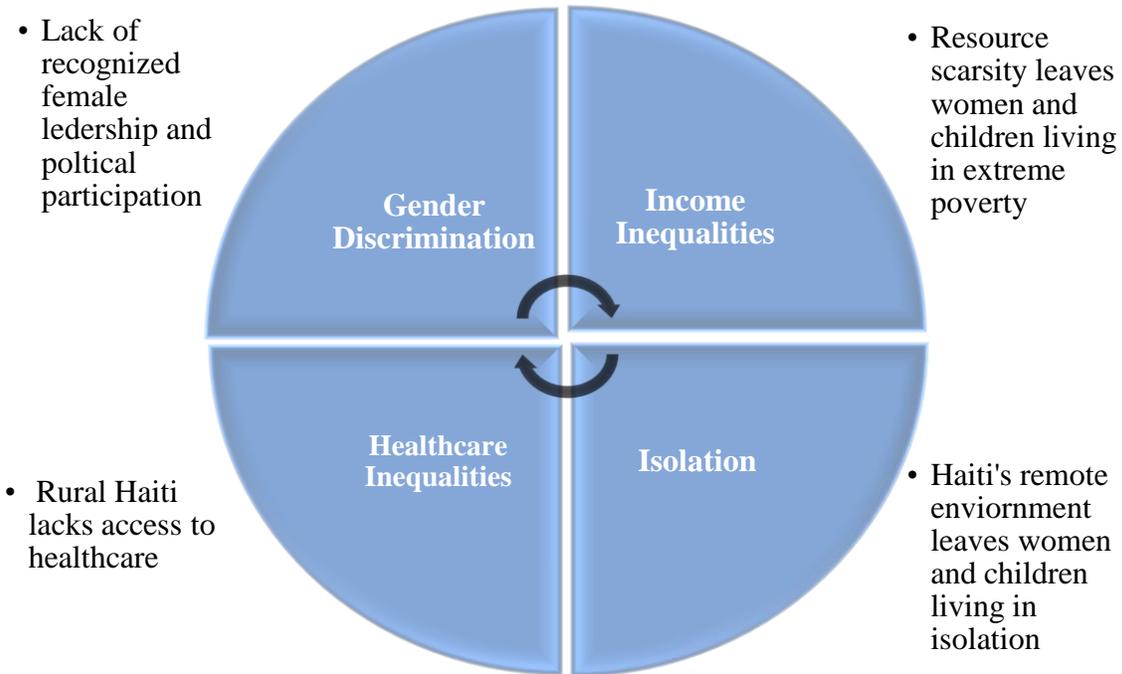
Rural Haiti also faces a security crisis which threatens many lives due to a lack of healthcare. For example, only 30% of Haiti's 5 million rural inhabitants have access to any sort of healthcare provider (Guilbaud and Preston, 2006). Access to energy, including energy for healthcare facilities, is available for only 11% of Haiti's countryside compared with 63% in the major cities (World Bank, 2014). Only 16% of Haiti's rural population has access to improved latrines as opposed to nearly 50% of the urban populations (World Bank, 2014). According to the World Health Organization (2018), Haiti has the highest mortality in the Western hemisphere for newborns, children below the age of 5, and expectant mothers.

According to the World Bank and the National Poverty and Social Exclusion Observatory (2014), "extreme poverty rates have been going down in Haiti from 31% to 24% between 2000 and 2012, mainly due to progress in cities, where poverty rates decreased from 21% to 12% in the same period. In rural areas; however, the extreme poverty rate has remained largely the same for 12 years." Although the situation seems to be improving in Haiti's larger cities, the threats to human security generated by extreme poverty are deepening in Haiti's countryside. In 2001, 58% of all rural Haitian households earned US\$1 per day on average (World Bank, 2001). The deep poverty threatening rural Haiti is likely to affect women more than men as it is 11% more probable for women to experience poverty than men (World Bank, 2001). The *famn chay*, who are often first responders in times of maternal health emergency, are also women living in extreme poverty.

The realities of inequality in Haiti are hard to ignore. The diverse and unregulated nature of basic-service provision in Haiti can be exploited by political interests that use access as a means of bestowing patronage, garnering support, and gaining leverage (World

Bank, 2007). While extreme poverty and inequality are exacerbated by patriarchy, Haitian women have also shown a relentless capacity for resilience in the context of neglect.

Table 1: Summary of Haiti’s Rural Human Security Crisis



Source: Author

The following research question guided my inquiry:

How have the famn chay understood democracy and how has their understanding generated a response addressing Haiti’s rural human security crisis?

Rural Haitian Democracy: Revisiting our Perspective

Schumpeter defines democracy as “the institutional arrangement for arriving at political decisions in which individuals acquire the power to decide by means of a competitive struggle for the people’s vote” (Baviskar and Malone, 2004, p.2). Western

conceptualizations of democracy have become increasingly associated with neoliberal ideologies which emphasize profits, efficiency, and market economies. Instead, the notion of democracy seeming to emerge from rural Haiti focuses on mobilizing collective means in response to a human security crisis. Differently from Schumpeter's institutionalist view of democracy, my study of rural female democratic agency reveals that a different meaning of this term appears to be generating from rural Haiti.

Gaventa and Martorano (2016) view intimidation as inequalities in participation as rooted in rising economic disparities and further argue such inequalities are connected through visible, hidden, and invisible forms of power. Furthermore, Gaventa and Martorano (2016) argue it is important to move beyond the study of inequality and conventional forms of participation in the formal process, and seek to understand how hidden and invisible forms of power may influence citizen's aspirations to participate. Hidden power is evident through actors exercising control over or shaping the decision-making process of others such as the lack of state policies protecting women and children in rural Haiti (Gaventa and Martorano, 2016). Invisible forms of power manifest through the acceptance of norms and behaviors although they are not always in the best interest of citizens (Gaventa and Martorano, 2016). Invisible forms of power also produce structures which in turn create bureaucratic organizations (Oosterom and Scott-Villiers, 2016). Gender discrimination is one example of how rural Haitian women are threatened by invisible forms of power. It is difficult to change the ways in which the power of bureaucracies creates helplessness in those who encounter them and serve as a means to establish order in society (Oosterom and Scott-Villiers, 2016).

Though change is difficult, change is possible by revealing power-infused social structures and by 'undressing' the pernicious social pathologies which have infected the

whole body (Oosterom and Scott-Villiers, 2016, p. 8). Realizing the broader setting in which rural Haitian women seek to understand democracy invites us to consider under what conditions citizen engagement might be possible. Such a realization also challenges us to consider the entry points for new forms of collective action. As Gaventa and Matorano (2016) suggest, recent evidence also points to the emergence of new forms of social resistance to inequality, outside the institutionalized spheres of participation.

Inequalities, as I have come to observe them in rural Haiti, are also referred to by Haitian women as *intimidation*. I have chosen to include intimidation as a theme in my analysis as it appears to be a catalyst of democratic agency, triggering a response by the *famn chay*. For the purpose of this inquiry I have defined intimidation as *the presence of discrimination, poverty, and threats against women in rural Haiti*.

There are many different associations through which rural Haitian citizens find means to participate locally. From spending time with the *famn chay*, I observed they create what is known as *konsey kominote* (literally ‘community councils’). The *famn chay* created their *konsey kominote* in July 2015 when the local clinic, *Clinique Jean Wilfrid Albert*, invited all interested *famn chay* for monthly gatherings. Led by the women, these gatherings focused on discussing the maternal health concerns of the remote villages serviced by the *famn chay*. The clinic has served as an important platform for the *famn chay* in expressing democratic agency. The more time I spent in rural Haiti, the more I came to appreciate the approach of Haiti Healthcare Partners in supporting citizen participation. Haiti Healthcare Partners has provided a positive example of how development and democracy can partner together effectively. Along with the *famn chay*, the clinic staff has co-facilitated the monthly gatherings for the *famn chay* since 2015, providing a central space for the women to mobilize

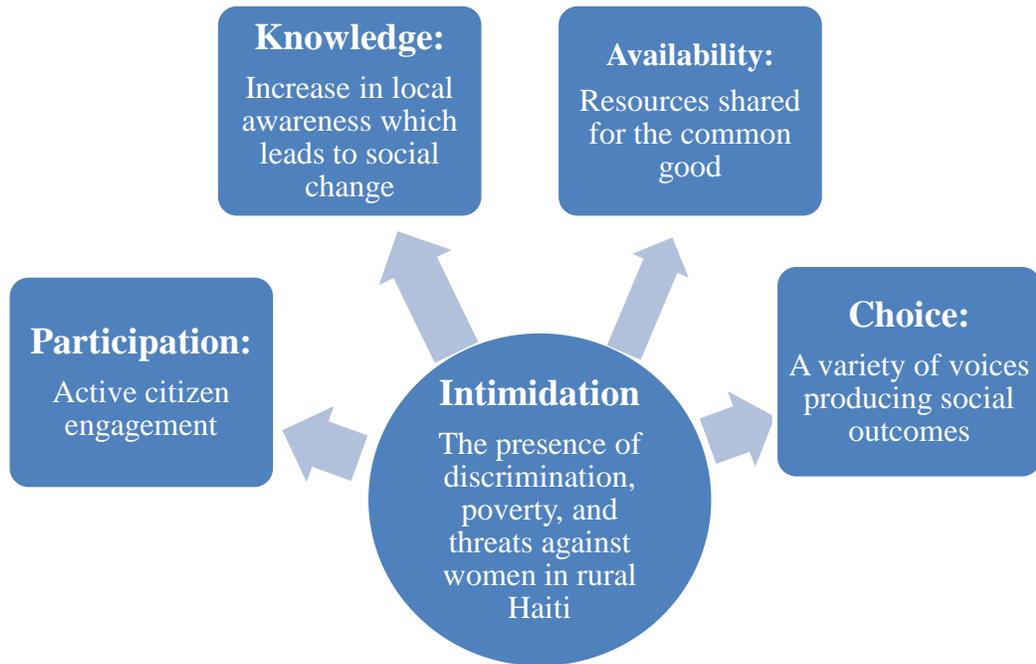
themselves. The clinic's staff has also supported the *famn chay* through answering important questions relating to maternal healthcare, education, and resources such as clean birth kits for use in their home births. As the *famn chay* talk through concerns or suggestions, the clinic midwife may observe and choose to sit silently. This is the important platform which the clinic provides the *famn chay* and through which their *konsey kominote* found its roots in 2015.

During my initial observations, I took note of how the *famn chay* chose to mobilize and make decisions. Equally interesting to me, was the ability of the women to acquire knowledge and resources. I noticed key themes arising from their interactions. These themes are *participation*, *knowledge*, *availability*, and *choice*. A further example of these themes as they constitute ways to react to *intimidation* is best summed in the following statement by one *famn chay*:

Now, all of us are putting our heads together to do this work to help mothers and babies. We have to keep working together to prevent mothers and babies from dying. Without our efforts mothers and babies will die. It is our group, the *famn chay*, who work together to arrive at better health and find alternatives to the crisis babies are facing. How then can they eat if they do not have anything, if we do not give them food? It is our obligation as *matwons* to make a greater awareness, to better serve one another and to open access for more lives. - *famn Chay*, Grand Colline, Haiti

Notice above the reference to *participation* ("putting our heads together", "working together", *knowledge* ("find alternatives", "greater awareness"), *choice* ("we have to", "how can they if we do not..."), *availability* ("open access", "better health", "food"), and finally *intimidation* ("dying", "die", "crisis", "do not have").

In the light of these initial observations it appears that intimidation triggered agency along four main trajectories, as represented in the graph below. Table 2: Summary of Initial Observations of Intimidation as a Trigger for Haitian Female Democratic Agency in Rural Haiti



Source: Author

Chapter 2

Literature review: Exploring Haitian Female Democratic Agency through *Konsej Kominote*

Part I: Democratic Agency: Participation, Knowledge, Availability, and Choice

Participation: Citizen Engagement Strengthening Democracy and Development

“Do you know what the biggest problem we have in this country is, Djani? If I can eat and another person can't, how are you supposed to build a democracy on that? How do you think we can *mete tet ansamn* (place our heads together) like that? No, we have to be more uniform (Smith, 2001, p. 147).”

–*Rural Haitian community group leader*

Cornwall and Gaventa (2000) define participation as citizen engagement which leads to a contribution to social processes. Barrett and Gaventa (2012) note change can occur through multiple types of citizen engagement such as associations and social institutions beyond state formation. Such active participation, where citizenship translates into effective change, incentivizes people to mobilize in order to create solutions to problems they encounter. As Gaventa (2009) points out, citizens can play a critical role through articulating voice, mobilizing pressure for change, and monitoring government performance.

In addition to direct citizen engagement, development programs may encourage opportunities for local citizen participation. If these programs are approached without local knowledge, lasting outcomes are slim. Guilbard and Preston (2006) note development programs can promote positive outcomes if they stress both the improvement of healthcare and health participation by consumers. Dr. Laura Zanotti (2010) writes about the success stories of development in Haiti, through two particular development organizations and attributes part of this success to their local roots and their emphasis on local accountability.

Haiti Healthcare Partners (HHP), the non-profit which supports *Clinique Jean Wilfrid Albert*, is an example of one development program which has encouraged opportunities for local citizen participation. The international intervention by Haiti Healthcare Partners has encouraged an environment for community groups such as the *konsey kominote* which the *famn chay* created to thrive. Haiti Healthcare Partners' vision, "Haitians helping Haiti through healthcare", has supported indigenous participatory efforts, and developed medical professionals in rural Haiti. HHP focused on developing and training locals such as the *famn chay* and positioned Haitian medical staff to serve as the primary guides and educators in that process. From spending time with the *famn chay*, my initial understanding of participation as defined in this case study is, *mobilization and contribution for the betterment of the community*.

Knowledge as a Mechanism for Change

Participation has been a large focus in recent years regarding its relevance to democracy. However, "citizen participation alone is insufficient to democratic development in citizen agency. What is also needed is an increase in knowledge which leads to engagement, as citizens may not see themselves with agency and power to act" (Barrett and Gaventa, 2010, p. 2402).

Gaventa and Cornwall (2009) suggest that knowledge, power, and freedom are inextricably intertwined. As Thomas (2001) notes, human insecurity results from existing structures of power determining who enjoys entitlement to security and who does not and that these structures can be identified at the local, state, and global levels. The solution to these inequalities requires much more than providing individuals with resources; it is also

demands ensuring access to basic human rights and equipping individuals with knowledge which enables them to make life transforming choices. The human security crisis which the *famn chay* are facing motivated them to gain access to knowledge which helps them overcome the power structures which limit their access to resources.

As Linda Smith has found, “research through ‘imperial eyes’ describes an approach which assumes Western ideas about the most fundamental things are the only ideas possible to hold, certainly the only rational ideas, and the only ideas which can make sense of the world, of reality, of social life, and of human beings” (Smith, 1999, p. 56). Haitians have been aware of how western institutions of knowledge have often produced little useful outcomes for local people. In rural Haiti, it appears that the knowledge which the *famn chay* have acquired has been built upon both traditional expertise and social exchange, the latter facilitated by the meetings at the Clinic. Therefore, I have defined knowledge as: *knowledge which is communally constructed, socially exchanged, and participatory in nature; the traditions and education which the famn chay have acquired and are utilizing to address the rural human security crisis.*

Availability: Community Resources for Social Change

Gaventa (2004) defines availability in terms of citizens and governments coming together to develop solutions in response to social, economic, and community development issues whereby active citizen participation creates access to the services they need. As

Cornwall and Gaventa (2000) write,

Through creating their own models and approaches of self-organization and provisioning, users also develop their own identities as actors on their own affairs, rather than as mere passive beneficiaries of abstract rights granted by the broader society. In this sense, particular groups are able to make strategic use of identities that

they themselves play a part in defining; in order to gain or improve access to the services they need (p. 51).

The inequalities of gender, income, and access to health care in rural Haiti which women and children are suffering from have often been portrayed as an issue of resource *insufficiency*. Contrary to these interpretations, Paul Farmer points instead at the issue of unequal *distribution* of such resources. As Farmer (2001) writes,

We keep hearing that we live in a ‘time of limited resources’... The wealth of the world has not dried up; it has simply become unavailable to those who need it most. Show us the data to prove that there are fewer resources than in previous decades, when we did not have effective therapies for many diseases. The struggle for social and economic rights for the poor must become central to every aspect of AIDS research and treatment. Our challenge, therefore, is not merely to draw attention to the widening outcome gap, but also to attack it, to dissect it, and to work with it with all our capacity to reduce this gap (p.19).

In rural Haiti, the government is virtually absent. Rural Haitian citizens work collectively to minimize the uneven distribution of resources. Life is a shared experience for Haitian peasants. Driving through some of the most remote areas of Haiti, one can observe people working on the mountain side and fields, together. The laboring together is central to the preservation of the community. Cooperative labor also entails looking out for another’s needs. As Jennie Smith (2001) writes, after all our fields are planted, if there is a neighbor who needs some help, we will work for her/him. She or he will give us a *tichoutchou* [a little something] (Smith, 2001, pg. 83).”

In the context of government neglect in rural Haiti, I have redefined availability as *resulting from self-organizing processes of coming together at the communal level to garner resources*.

Choice by a Variety of Voices

Cornwall and Gaventa (2000) define choice as the involvement of citizens in decisions which affect their lives with such direct involvement that citizens demonstrate their ability to be ‘active agents’ in the services they receive rather than just mere consumers. Citizen engagement through broader participatory processes opens space for Haitian citizens such as the *famn chay* to exercise voice and implement change. As Gaventa (2004) notes, participatory methods ought to include a concern over the involvement of diverse partnerships which help to expand ownership during the decision-making process. Citizen choice also helps widen the conceptualization of democratic participation. For instance, “right of participation in decision making in social, economic, cultural and political life should be included in the nexus of basic human agency in the political arena, broadly defined: citizenship as right enables people to act as agents” (Cornwall and Gaventa, 2000, p. 54).

The pairing of participation with choice, where citizens become direct agents in the decision-making process, invites us to consider how such involvement might affect citizen’s lives. Cornwall and Gaventa (2000) suggest the quality and method of deliberation, including the use of knowledge and dialogue, are central to building stronger citizen engagement. Cornwall and Gaventa (2000) note direct involvement of citizens in decision-making processes reveals their ability to be active agents rather than simply consumers in society. In addition, choice through active participation helps actors in developing their own identities as citizens eventually making use of such identities towards playing a key part in improving access to the services they require (Cornwall and Gaventa, 2000).

The relationship between participation and choice is shown in a song from a rural community group gathering. Music is a powerful tool used in rural Haiti to express voice. Rural Haitian community groups use songs such as the one below (Smith, 2001, p. 161-162) to invite members toward taking initiative to address their situation.

*Eske nou vle rete tout tan
Ap pase tou tan, tout tan ap di
Bondye bon?
Se nou ki konnin
Si n pa organize n
Se nou ki konnin*

Do we want to remain like this forever
Passing away the time, always saying,
“God is good.”
We’re the ones who must decide
If we don’t get organized
We’re the ones who decide.

*Eske nou vle rete tou tan
Ap mache tout tan, tout tan
Nan pwen lopital?
Se nou ki konnin
Si n pa organize
Se nou ki konnin*

Do we want to remain like this forever
Trying to get by all the time, without
Decent medical care?
We’re the ones who must decide
If we don’t get organized
We’re the ones who must decide.

*Eske nou vle rete tout tan
Ap mache tout tan, tout tan
Pa gen bon lekòl?
Se nou ki konnin
Si n pa organize
Se nou ki konnin*

Do we want to remain like this forever.
Struggling along all the time without
Adequate schools?
We’re the ones who must decide
If we don’t get organized
We’re the one who must decide.

To further explore the relationship between participation and choice as it relates to the *famn chay*, I sought to understand more about the choices the *famn chay* make during their *konsey koimnote*. For this research, I have defined choice as *conclusions or resolutions reached after considerations by an individual or group consensus*.

Part II: *Konsej Kominote* Central Expressions of Haitian Female Democratic Agency

History of Konsej Kominote

The roots of Haitian democratic movements began with the emergence of *konsej kominote* during the 1960's (Smith, 2001). Rural community groups have had a profound local and national impact. They were central in raising national awareness and peasant-mobilization efforts during the Duvalier regime, in the democratization campaigns which followed the Duvalier's departure, in the push for a new constitution, in the election of President Aristide, and in seeking to bring about his return following the 1991 *coup d'etat* (Smith, 2001).

The *Konsej-kominote*, paradoxically, were created by Francois Duvalier in 1962, when he called for "the creation of local administrative councils to govern the rural sections through principles of community action" (Smith, 2001, p.148). While establishing community councils may appear to be a move towards creating more autonomy in rural Haiti, as Smith (2001) notes, these councils also served as a means for President Duvalier to gain greater surveillance in the countryside. During the Duvalier years, council members recall that their public meetings were held mostly to discuss road development (Chochotte, 2017). This was important because working roads helped ensure the capital remain connected with remote areas of the country. As long as peasants were working on the roads, President Duvalier maintained control in rural sections of Haiti. Through food for work programs, the Duvalier regime helped ensure these roads were kept in a good state of maintenance (Smith, 2001). Eventually, international organizations served a large role in the development of community groups. As Smucker (1983) explains:

The national planning council of 1963 (CONADEP) included community development as part of its national policy and remained devoted to integrating rural

communities into the ‘rhythm of national progress’. Literacy programs, rural social centers, potable water systems, and steps to improve local roads were all key parts of this rural development plan by the agency called ONEC. During the 1960’s, Protestant and Catholic missions along with private voluntary agencies organized numerous rural community councils, most of which were of American origin (p. 379).

The *konsey kominote* have come a long way since their ‘pro-Duvalier’ origins.

During the 1970’s they began to join other community groups and later helped to organize local voting booths for the election of President Aristide (Smith, 2001). As contradictory as it may seem to witness the roots of Haitian democratization begin under Duvalier and later mobilize to help place into office President Aristide, what’s essential rather is to understand the elements of social participation unifying this movement.

Konsey Komointe: A Platform for Haitian Democracy to Thrive

Konsey kominote embody much of the civic ties and collective activities which bind rural Haitian communities. As Smith (2001) notes, “it is not uncommon to find a ‘kominote-a’ (a community group) conducting a house- roofing *kove* (collective work), carrying a sick member to the hospital in Jeremie, or providing the coffin, rum, sugar, oil, and soap for the wake of one of its members” (Smith, 2001, p. 150). Such community councils serve as a sort of bond in rural Haitian society, holding together what otherwise would be a deeply fragmented and disconnected socio landscape. These councils and community groups are the expression of close- knit groups of people, dwelling together, sharing common ideals and deeply held beliefs. More broadly, Smith (2001) suggests *konsey kominote* aim to bring about social, economic, or political change in Haiti and that such groups have “provided the rural an opportunity to expose and analyze the structural causes of their impoverishment and disempowerment” (Smith, 2001, p. 142).

As mentioned above, music is commonly used in rural Haiti to evoke particular messages. Songs also can be used to critique leadership, and in this way expose social injustices. Below is an example of one song from a community group gathering used to express the group's ideals concerning democracy strictly linked to getting organized and working together to bring about change (Smith, 2001, p. 156-157).

Lapli Demokrasi

*Lapli demokrasi tonbe
Lavalas espwa desann
Li le pou m al oganize nou
Nan tan pase, nou te gaye
Makout te divize nou
Kounye a nou gen libete
Li le pou n al oganize nou
Yon sel, nou fe feb
Ansamn nou gen fos
Ansamn, Ansamn
Nou se lavalas
Pou n dekouche tout sa ki ma
Pou n plante tout sa ki bon
Li le pou n al oganize nou*

The Rain of Democracy

The rain of democracy is falling
The cleansing floods of hope are descending
The time has arrived to get organized
In the past we were dispersed
The *tonton makout-s* had divided us
But now we are liberated
Its time to get organized
Alone we are weak,
together we are strong
Together- Together
We are a cleansing flood
We'll uproot all that is bad
So we can plant all that is good
The time has arrived to get organized.

Local institutions, such as the *konsey kominote*, are central for mutual protection, deliberation, and participation. Smith (2001) sheds light on the interconnectedness of the terms *democracy* and *development*. In her view, community members from rural Haiti believe you cannot have one without the other. As one rural Haitian community group member explains, “they are different things, but you cannot have one without the other. Really, democracy is development. You cannot have development without democracy. You cannot have democracy without development (Smith, 200, p. 147)”.

Many community members have noted they “know what needs to happen” in order to bring about democracy and development, and they readily acknowledge that they did not have the resources to support the needed development without further assistance (Smith,

2001). Still, as one group member has best stated, “if in a region where democracy hasn’t lit the lamp of respect, development cannot be done” (Smith, 2001, p.147).

Contribution of this study

Smith (2001) has suggested that studies of democratization in Haiti tends to focus on larger organizations with political power links or on the ones based in urban areas, leaving studies of rural community groups scarce. This study contributes to fill this gap. My exploration of the *famn chay* who are members of the *konsey kominote* in the Grand Colline might provide a fuller understanding of female democratic agency throughout Haiti. Literature focusing on the *famn chay* and/or *matwons* is also limited. My study contributes to understanding the work of the *famn chay*, so policy makers can more adequately assess rural maternal healthcare policy needs.

Chapter 3 Research Design and Methods

Epistemic Framework

Research Question: *How have the famn chay understood democracy and how has their understanding generated a response addressing the rural human security crisis?*

Hypothesis: *I hypothesize konsey kominote is central to expressing democratic agency by the famn chay in response to the rural human security crisis.*

The qualitative research methods of data collection I've incorporated into my research include interviews and participant observations. According to Saldana (2011), qualitative researchers interview people and rely on first hand experiences to gather data for their particular research purposes. Likewise, I have relied on firsthand experiences when gathering data and writing this case study.

In participant observation, it is important to maintain a sense of objectivity through distance (Saldana, 2001). Participant observation is further explained by Kawulich (2005) as:

the process of establishing rapport within a community and learning to act in such a way as to blend into the community so that its members will act naturally, then removing oneself from the setting or community to immerse oneself in the data to understand what is going on and be able to write about it (Kawulich, 2005, p.1).

I recognize profound differences exist between the *famn chay* and myself as an American white female. While conducting this study I was also a consultant with Haiti Healthcare Partners. This alone makes it difficult to remain detached from my case study and working in such a position could make me sympathetic to the group I am studying. While a degree of bias is inevitable, I have come to learn in my 23 years of working alongside the Haitian people, how vital it is to keep an open nonjudgmental attitude while striving to be a careful observer and good listener. I have taken time to build rapport with the communities where

the *famn chay* work and learn to act in a manner which builds mutual trust and respect. Being that they were the experts in the field of rural maternal healthcare, I made it clear from the start I was their student and the Grand Colline my class room and it was their knowledge, skills, and experiences which would guide me through this inquiry.

Justification of Sample group and Site descriptions

I conducted interviews in a region of Haiti known as the Grand, Colline; home to a small village known as Cherident. Where the *Clinic Jean Wilfrid Alert* is located, the *konsey kominote* meets. Cherident is one of the many small farming villages which make up the Grand Colline region of Haiti. Each village similar to the next, yet Cherident is home to a thriving clinic and good schools. Families walk up to 6 hours to reach the clinic. The villages throughout the Grand Colline, where the *famn chay* live and work, are small and quaint. Many households are led by single mothers. Most people are employed as street vendors, motorcycle drivers, healthcare workers, or school teachers.

Recruitment

For the purposes of this case study, I have selected a sample group of *famn chay* whose age ranges from 35- 65. My sample group all live within the Grand Colline, a region which is south west of Port-au-Prince. All of the *famn chay* in my sample group are currently active members of the *konsey kominote* located in Cherient. The *famn chay* selected to take part in this research are women I have known since 2015. As mentioned above, I was originally introduced to these women while working with a non-profit, Haiti Healthcare Partners, which, since 2006 has sought to serve the primary healthcare needs of the estimated

45,000 plus Haitians living in the Grand Colline. In visiting Haiti as a consultant with Haiti Healthcare Partners, I became more and more acquainted with the extraordinary work this unique non-profit is doing in rural Haiti while noticing the increasing relevance of the *famn chay* in Haiti's rural maternal healthcare development. The women taking part in this study were not forced to take part.

Interviews

I conducted a total of 13 semi-structured interviews. In total, 10 villages were represented. Village affiliation was not a criterion for selecting interviewees. The dates and location of the interviews were chosen out of convenience for the *famn chay*. All of the interviews were held in a central location, at a school in Cherident, Haiti. A local midwife assisted me in the coordination of the setup of the interviews, making sure there was a table and chairs in the room. I conducted all the interviews myself. I am fluent in Haitian Creole so I did not use a translator. I relied upon my pre-determined list of interview questions to guide me during the interview process and audio-recorded the interviews. Each interview lasted for 15-30 minutes. All of the women were eager to speak with me and thankful to have the opportunity to share information about their work and their group.

The interview questions and consent forms (in both English and Creole) I used are included in the Appendix. I deliberately did not ask the women in my sample group about democracy specifically, and chose instead to seek to observe democratic institutions and methods at work. Each participant was given a consent form in Haitian Creole which I read aloud to them. All participants signed a consent form prior to their interview. Each participant and village represented in this inquiry was provided a specific identifier to ensure

confidentially. When audio recording, I was careful to provide their unique number identifier to ensure proper data representation and confidentiality. Along with recording my conversations with those participating in the study, I recorded observations following the interviews in the form of field notes. During the interviews, I tried to refrain from taking notes because I was concerned this might distract from the conversation and chose instead to audio record everything. The questions I elected to ask drew on major themes found in the literature about democratic agency and the human security crisis specifically as it relates to the *famn chay*.

Table 3 Operationalization of Concepts in Interview Questions

Question	Concept
When did you first become affiliated with the <i>famn chay</i> and how long have you been serving as a <i>famn chay</i> ?	Participation / Choice
How would you describe the conditions that the <i>famn chay</i> are seeking to address? Why do you think those issues are occurring?	Intimidation / Choice Knowledge
Would you say that those serving as <i>famn chay</i> share a view of why they are doing this work? If so, how would you describe the reasons that make up that view?	Participation
Do you share materials and resources with other <i>famn chay</i> to provide services? If so, can you provide an example?	Availability / Intimidation Participation
Can you provide some specific examples of how the <i>famn chay</i> work with other <i>famn chay</i> to ensure that services are provided to women in need in the Grand Colline?	Availability/ Participation
Do you encounter any recurring specific challenges or obstacles when you work with women in the villages you serve? If so, could you describe those for me, please? For example, women may not have a means to contact you making it difficult to be aware of when a woman is in need of your services.	Intimidation
What do you do when a village has many pregnant women, but too few health personnel and <i>famn chay</i> to assist them all? Have you had to address this situation in the past?	Intimidation/ Choice

Are there currently women who want to join the <i>famn chay</i> , but are not able to do so? If so, what are some of the reasons this is occurring in your view? How might this problem be remedied?	Intimidation/ Participation/ Knowledge
Do you believe when <i>famn chay</i> work together they create an environment of common ideas, practices, and purpose? If so, can you provide an example of how this occurs, if it does, as you work with other <i>famn chay</i> ? What concerns and values would you say join the members of your group? Why?	Knowledge
Would you say your work as <i>famn chay</i> has allowed you to develop leadership capacities for Haitian women? If so, could you please share examples of such leadership capacities?	Knowledge/ Participation

Data Analysis

I sought to understand female democratic agency through four key indicators: *choice*, *participation*, *knowledge*, and *availability* and how these themes were triggered by a fifth indicator which I have defined as *intimidation*. All of these indicators will assist me in understanding more fully how the *famn chay* might build democratic agency in rural Haiti through their *konsej kominote*.

My analysis of the interviews consisted of a multiple step process of translating, reviewing, coding, and writing analytic memos about the themes which emerged from the interviews. After the interviews were complete, I began translating them from Haitian Creole into English. I then created a master response sheet and organized the data under each interview question. I began reviewing the responses carefully, highlighting them according to the indicators listed above. I did this to become more acquainted with my data. I coded and transcribed the translated interview texts a total of two times, reviewing the data each time for the five main indicators: 1PAR: *participation*, 2KNO: *knowledge*, 3CHO: *choice*, 4AVA: *availability*, and 5INT: *intimidation*.

Once I became more familiar with the data, and took time to analyze them, I began ‘process coding’ using methods suggested in Saldana’s book, *Fundamentals of Qualitative Research* referred to as *descriptive coding* and *in vivo coding* (Saldana, 2001). *In vivo* refers to a code based on the words the participants choose to use and descriptive coding simply summarizes the content of information (Saldana, 2001). I choose to use both descriptive and *in vivo* coding because I wanted to be sure to include all references the *famn chay* made to the five themes. For example, during the interview process, the *famn chay* are likely to express having ‘knowledge’ of maternal healthcare. Descriptive coding catches words and phrases linked with the theme of knowledge such as, *understanding, education, awareness, or learn*, while *in vivo* coding looks for the word ‘knowledge’ specifically.

Once the coding was completed, data was aggregated into similar themes to better understand which themes were prevalent throughout my study. I also recorded the total occurrence of each theme by respondents in Table 5 below. This allowed me the opportunity to cross-correlate the data and look for significant patterns. Table 4 below provides an example of my coding from a field interview question. The question with response from the respondent is on the left and on the right its coded correlation is found in capital letters. Notice that the responses are measured and coded into indicators representative of the five main themes I have outlined above: 1PAR (*participation*), 2KNO (*knowledge*), 3CHO (*choice*), 4AVA (*availability*), or 5INT (*intimidation*).

Table 4: Descriptive and In Vivo Coding Example of Field Interview Question

<p>(Interviewer): When did you first become affiliated with the <i>famn chay</i> and how long have you been serving as a <i>famn chay</i>?</p> <p>(Respondent) When I first became affiliated with the <i>famn chay</i> it was not awake. The group had yet to begin. The women were taking care of the deliveries with what means they could. Then it came to be that we have arrived here, to assemble to put our practices together to make it more effective. We began speaking with one another, explaining how we do our deliveries and our practices, how the children are growing in our communities and the different ways they are developing. Truthfully, before it was much different when we went our own way, but when we took each other’s hand, to begin speaking about the births – we found a same path. We considered the children, the babies, the delivery methods. I came to this group through an invitation and have remained. I go to look for women in the night.</p>	<p>1PAR 3CHO 4AVA 1 PAR 3CHO 1PAR 3CHO</p> <p>1PAR 1PAR 2KNO 1PAR 3CHO 3CHO/ 5INT</p>
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The indicators generated from the response in Table 4 are significant because they assist in understanding how female democratic agency is expressed and understood by the *famn chay*. For example, from the response in question 1, I was able to determine participation (1PAR) is also linked with choice (3CHO). An example of this is shown in the response, “we began speaking with one another”. *We began* is an example of a collective choice made by the *famn chay*. In the last sentence of the question 1, we can also observe the choices *famn chay* make (“I go look for women”) though still in the context of a security crisis (“night”). Results can also help to identify the significance of participation in observing how the *famn chay* choose to mobilize together. Further discussion regarding analysis of these interviews and their results is provided in Chapter 4.

Limitations

Due to limited funding and time, I was unable to interview additional *famn chay* or visit more villages where the *famn chay* work. I was also unable to visit Haiti more than two times. I spent nearly three weeks in Haiti conducting my formal field research. In total, I have spent three years and 8 months working alongside the *famn chay*. The trust and respect I have gained during those served as a critical entry point for my formal research. This study observes the work of the *famn chay* in one region of Haiti. The *famn chay* exist throughout Haiti. While many similarities exist, differences in perceptions, needs, resources availability and deployment vary statewide and more analysis may be needed. Another limitation is my nationality. As I seek to understand the work of the *famn chay* for what it is, I realize this learning and understanding comes with limited capabilities. I was not born in Haiti and I have not experienced the life these women in Haiti have lived. While as a researcher this has its benefits, to some extent, this limits my ability to understand the complete framework concerning why and how the *famn chay* are seeking to address the human security crisis in rural Haiti.

Chapter 4 Data Analysis and Findings

Part I: Summary of Data Analysis

During my field work, I observed the *famn chay* gathering together to create their *konsey kominote* and witnessed the ways in which they raised awareness concerning the needs of rural, remote Haitian families. I also witnessed the positive *role Clinic Jean Wilfrid Albert*, supported by Haiti Healthcare Partners, serves in strengthening their group formation and reinforcing their vision as rural Haitian midwives.

The results of the descriptive and in vivo coding are displayed in Table 5. Based upon the results from Table 5, I further analyzed the data to determine if any correlations may exist between location and experience for each *famn chay* (as shown in Table 6). To maintain privacy of respondents, all identifiable information is kept anonymous. Each respondent is represented with a code (i.e. 001) with the names of their village not indicative of the ones where respondents live and work.

Table 5: Results from Field Interviews

Coded Theme	# Of coded results
2KNO	130
4AVA	135
1PAR	206
3CHO	222
5INT	238

The responses from the interviews resulted in the following results:

2KNO (130 coded responses)
 4AVA (135 coded responses)
 1PAR (206 coded responses)
 3CHO (222 coded responses)
 5INT (238 coded responses)

Source: Author

Table 6: Summary of Data Results with Respect to Respondent's Village and Experience

Village	Respondent	Coded Theme Results					Experience
		1PAR	2KNO	3CHO	4AVA	5INT	
Village A	005	20	19	22	11	12	10 years
Village B	006	17	6	15	11	25	3 years
Village C	004	9	15	16	6	28	3 years
Village D	001	31	14	31	8	27	Mother <i>famn chay</i>
	007	22	7	21	8	12	Mother <i>famn chay</i>
Village E	010	25	6	20	29	35	12 years
Village F	003	11	8	6	6	9	Mother/Father <i>famn chay</i>
	013	13	3	12	8	4	More than 17 years
Village G	002	15	15	38	16	15	2 years
	008	15	16	17	13	32	Learned herself, 8 years
Village H	009	10	5	14	8	5	5 years
Village I	011	11	15	5	7	27	4 years
Village J	012	7	1	2	4	7	3 years

Source: Author

The above data collected from the respondents provided me with enough findings to ultimately discern the following common concerns:

- Knowledge is an essential foundation for building female democratic agency and limited access to education hinders female democratic participation.** Although **knowledge (2KNO)** ranked lowest according to the data results (130), I do not believe this signifies an overall absence of knowledge. I have witnessed the powerful presence of traditional and formal knowledge used by the *famn chay* in building democratic agency. I suggest it may reveal the essential foundation of knowledge when building democratic agency in rural Haiti.

- **Access to resources is essential in enabling women to develop solutions in response to the human security crisis.** The results for **availability (4AVA)** placed itself in between knowledge and participation yet still remained relatively low at 135. I referred to Table 6 for further analysis and noticed that 4AVA results ranked low for all women regardless of locality or experience. I suggest this indicates not only the lack of resources, but the ability of the women to come together through their *konsej kominote* to find solutions to generate access to resources in light of persistent inequalities.
- **Participation serves as a mediating force for democratic agency in rural Haiti. As access to knowledge and resources increase, participation increases- enabling women to make choices in response to the human security crisis. Participation (1PAR)** ranked above availability (4AVA) and knowledge (2KNO) and below choice (3CHO). I suggest this indicates the primary roles of knowledge and availability in developing democratic participation. I also suggest this reveals more about the role of participation in increasing democratic choice. In analyzing Table 6, I noticed a correlation between locality and experience.
- **Choice is linked with active citizen participation yet remains within the context of the security crisis.** The results for **choice (3CHO)** placed itself closely in between participation (1PAR) and intimidation (5INT) with a result of 222. From the responses in Table 6, I noticed *choice* linked with the theme *participation*. I suggest this indicates in order for democratic choice to take place, democratic participation needs to be present as well.
- **The significant presence of a human security crisis threatening rural Haiti is the catalyst for local female democratic agency. Intimidation (5INT)** ranked the highest, showing responses relating to the word “intimidation” were recorded 238 times. This indicates the significant presence of feelings of insecurity as experienced by the *famn chay* and reveals more about the concerns which the *famn chay* find necessary to verbalize during my field work.

Part II: Detailed Explanation of Data Analysis Findings

1. Knowledge is an essential foundation for building female democratic agency and limited access to education hinders female democratic participation.

Knowledge is an essential foundation in building female democratic agency

“After our graduation we gave thanks to God, all of us, because it was a new beginning. Prior, we served mother and child with limited capabilities. The population demanded more and now we can provided more through our knowledge and our group. Our deliveries are quality and we work together (respondent 007).”

During the beginning of my observations of the *famn chay*, I quickly noticed the foundational role knowledge served in the forming of their *konsey kominote*. Knowledge is central to opening opportunity for women in rural Haiti and I have witnessed the *famn chay* seek various means to acquire further knowledge to better their practices and strengthen their group formation.

There are two types of knowledge which the *famn chay* use; traditional and formal. For most of the women who acquired traditional knowledge, this occurred when they were very young, when they watched their grandmother or mother participating as *famn chay* in area villages. With the use of traditional knowledge, the *famn chay* are able to maintain the important element of indigenous knowledge in providing services to their village. I have witnessed the sense of purpose and calling unifying the women as they speak of these traditional practices as the below responses indicate:

“I can remember when I was a little girl helping my mother who was also a *famn chay*. She showed me the ways of the *matwons* and she raised me in the practice. She showed me how to hold the head and cut the cord. Now she has taught me these things I have learned to do them myself as *famn chay* for my community (respondent 001)”.

“I have been serving as a *famn chay* since I was a young child. My mother and father taught me how to do this. Everyone was helping one another learn the methods to care for the expectant mother (respondent 003).”

“When I first became affiliated with the *famn chay* it was my mother who knew how to help women in their child birth. Now, she has since died and I am helping women in child birth, using the knowledge of the population in St. Marc where I grew up and where now I still work. This is where I choose to remain as *famn chay*, to serve my people, to give of my service because it is demanded of me (respondent 007).”

Prior to when they formed their *konsey kominote* in 2015, there were discrepancies in how such traditional methods of care were being performed and whether they were safe for

the mother and child. For example, in one area of the Grand Colline, some *famn chay* believed the best way to prevent the spread of infection was to pour hot water on the mother's inner thighs as a method of disinfection. At times the mother's skin was in risk of being burned.

Eventually, as the *famn chay* created their *konsey kominote* and began speaking about this practice and similar ones, they sought safer and better methods for their work. Gender discrimination during their youth has affected their ability to read, which also influences the education they are able to receive. It is difficult for the *famn chay* to acquire knowledge beyond pictures and songs. Their solution concerning the need for education arrived during the spring of 2016. The clinic's midwife taught a class in home obstetric care, specifically designed for *matwons*. During this time, the *famn chay* acquired new knowledge which enabled them to learn skills and replace previous practices which were unsafe. The women also exchanged ideas concerning rural maternal healthcare. The class was a large success.

The acquisition of formal knowledge enabled the *famn chay* to provide what they term "proper" care to rural women and children. The best practices were acquired through the educational seminar and filtered through the group itself. The *konsey kominote* facilitated the combination of traditional and formal knowledge, enabling the *famn chay* to own their methodologies and determine for themselves the best practices in rural Haitian maternal healthcare. Notice how the respondents below place an emphasis on the acquisition of knowledge as it correlates to proper care and to how best determine methods of service in rural Haitian maternal healthcare:

"We took part in the education program and now we are doing the work of the *famn chay* more properly. We are doing all these things which we have learned to how to do during our participation in the school (respondent 002)."

“I became *famn chay* in 2016, this was when I officially became *famn chay* this was when I began learning more about the work of the *famn chay*. Before I arrived at St. Matthias, I did not learn much about the best practices of saving mother and child. Others helped me to learn the methods and told me how to help children because I was still new in the practice (respondent 004).”

Notice how respondent 004 above mentions, “before I arrived at St. Matthias (the formation located at the clinic), I did not learn much about the best practices.” She then continues to explain she acquired further knowledge “with the help of others... as I was still new in the practice”. During my field observations, I noticed *famn chay* still new in the practice relied upon the experience and mentorship of more experienced *famn chay* to assist them. The methods acquired during the class were learned by all the *famn chay* and repeated over and over, so that all the women, regardless of age and experience, were able to perform them to the highest standards.

“Now, we ourselves now took part in the education program and now are doing the work of the *famn chay* more properly. Now to help the baby arrive more properly and if there is an urgent need to help the baby arrive at the hospital so that it can drop properly – we do all these things during our consultations which we have learned how to do during our participation in school (respondent 002).”

“Since I have been serving as *famn chay*, I have been providing a good service in deliveries. People know that they can count on me to help them deliver their babies. I have provided very good deliveries even though some babies did not survive, and did not make it to the hospital. Before there was a clinic, some of the deliveries were not good. We began to form a group to educate ourselves on better deliveries to help more women in the area and help the deliveries become better. Since 2016, I have begun more formal deliveries of babies in this area but it was in 2001 that I have been serving as *famn chay* in the Grand Colline. With good hands I do good service. We have learned how to do the practice better and we are helping others to do it better as well (respondent 005).”

“I did not only use traditional practices. I did everything the proper way. Everything was proper, proper, proper. No mother ever goes without a proper birth. *Matwons* make their delivery proper. Now, in the region, deliveries are made proper and the clinic gives us proper materials. All of us are in the same manner with the same knowledge of childbirth. If I feel I know something about childbirth, I grow my

understanding to share with other women and even more women. Only together we can do this (respondent 011).”

In addition, the women have become important carriers of knowledge concerning the diverse needs and concerns of women and children. They share this knowledge mainly by word of mouth. During my field work, I noticed the central role the *konsey kominote* serves in combining knowledge concerning rural maternal health needs in the Grand Colline and assisting the *famn chay* in discussing the needs they experience in their villages. Increased knowledge has also assisted in helping them serve as stronger citizens with greater awareness as the following responses indicate:

“Mothers who are delivering together with the *famn chay* know the *famn chay* make the delivery possible. I myself know how important I am. For a mother with a little child, it is something to have nothing at all, but when you have someone to help you, to provide information at the time you need it, this is what is most needed. We work to give information to invent new beginnings. People are not coming in this area if we *famn chay* are not here. There are people in this population who have nothing, nothing, nothing, and that is not good and for them we work together (respondent 008).”

“It is good for people to rise up because they have a sense of how the women are in pain and where we are arriving when they see what we cannot do if we not place ourselves responsible. We are responsible for what is happening and we have to place the health in the hands of one another. We can do more through education and seminars- without them we can do little to improve the crisis of rural Haiti (respondent 002).”

Limited access to knowledge hinders female democratic participation

“Yes, since our education, we share a common vision in our profession. If we did not have our school, we as *matwons* would lack this common mission. The clinic helps unite us. We come together and unite ourselves, bringing together our ideas and minds and now we can come as *famn chay* (respondent 001).”

Acquisition of knowledge has served a foundational role in female democratic participation and the *konsey kominote* played a central role in facilitating the process.

Increased education has provided the *famn chay* with a common vision and best practices, both of which have strengthened their participatory efforts. As one *famn chay* best summed it, “without knowledge, there is no knowing on how to help people (respondent 004).”

Limited access to knowledge remains a barrier to furthering female democratic participation by *famn chay* in rural Haiti. Other *famn chay* have also expressed their belief regarding the centrality of knowledge when it comes to participation.

“If you are *famn chay* and not part of this group, it is hard to find knowledge and support for your work (respondent 011).”

“Yes, there are those who need to be part of the formation which we have formed but are unable to because they cannot. They want to but they are waiting for the education. I am working to help them and giving them some information (respondent 001).”

“There are many *famn chay* who want to join and I know that we need to create space for them (respondent 013).”

“I can tell you there are *famn chay* out there who want to join our group and always maintain an interest. I always tell them about our group and ask the clinic to create space for them because the women want to enter. There are so many deliveries we have yet to know about (respondent 010).”

“There are people who are asking to come to our group. These *famn chay* are making deliveries in any method they want and we need to help them. We need to help them see and make a big formation (respondent 008).”

“Yes, I can tell you there are people, who want to join our group. It is not that they cannot join, and they always are interested, it is that we do not have education to host them (respondent 007).”

“If you do not understand me and I don’t understand you- this is not good. We must work together. If we do not work together to invent the outcome, this is not good. In this manner, we can do this and we can do that. It is much better (respondent 008).”

“Even with little resources we are performing our deliveries. But, if we know little, we can only do little good. If you know how to do deliveries and to do deliveries well, you understand in this work there is no vacation. This is the work of the *famn chay* in the Grand Colline (respondent 011).”

The *konsey kominote* provides a key platform for the *famn chay* to discuss what they know, receive new education in maternal healthcare, and determine how best to disseminate this knowledge to remote areas of the region. As one *famn chay* recently shared, “we all place our heads together to find understanding and invent new outcomes.” Knowledge is an essential foundation for building democratic agency in rural Haiti. The *famn chay* wish to see more women join the *konsey kominote* and have expressed it is due to lack of education they are unable to help the women participate in their *konsey kominote*. As respondent 10 mentioned above, there also remains limited knowledge concerning mothers and babies still in need of assistance. This lack of awareness as cited by the *famn chay* is preventing those already in the *konsey kominote* from further addressing the crisis. With increased awareness these *famn chay* will be able to do more.

2. Access to resources is essential in enabling women to develop solutions in response to the human security crisis.

“... and now, how can they eat if they do not have anything, if we do not give them food? We must go and give them food to eat. We must go and give them food after they deliver because this is our obligation as *matwons* to help them. We help one another in our group create a greater awareness. We serve one another and open access to healthcare to save more lives (respondent 001).”

Sharing resources to benefit rural Haitian society

Daily provisions such as clean water, light, or transportation are valuable commodities in the remote mountains of the Grand Colline. While the security crisis has limited access to resources, it has not prevented the *famn chay* from coming together to find the means to make their work possible. When analyzing the data from the field interviews and the locations from where the *famn chay* work, I noticed resources ranked low among all women, regardless of locality or experience. However, the women use collective means to

address this resource gap. When referring to Table 6, it may be possible responses for availability (4AVA) would have been more randomly distributed across all villages had the women not sought collective means to address the lack of resources in their villages.

“For the materials, we look for them through whatever means we can (respondent 012).”

“Yes, we do this. Yes, a little solution for the mother and for us to help them but sometimes we do not have anything. When this happens we have to work together to help one another. We come together to make this happen (respondent 005).”

“Yes, with resources to protect children and mothers we work to share the things that we do have (respondent 012).”

“*Famn chay* are there for the people and the people speak about us. That which we have, we give (respondent 010).”

In sitting with the *famn chay* during my field interviews, I began to learn more regarding the unique ways they pull together their resources in order to address the crisis. Prior to my field work, I thought they were only seeking to address concerns in maternal healthcare. However, from the responses in my interview, it appears the *famn chay* are also addressing socio-economic needs in women and children by providing financial, material, and nutritional help for those in need. Resources in the remote, rural region where the *famn chay* work come through a variety of forms. In an effort to recognize their important work, Haiti Healthcare Partners provided the *famn chay* with their first monthly stipend in 2017. The stipend helps cover the cost of moto rides to and from the monthly meetings and hopefully a some provisions for the needs of the women. However, during my field interviews, I learned some of the *famn chay* use this stipend to feed families in need when there is hunger. Below are a few examples of how the *famn chay* have worked together to address the resource gap.

“If we are blessed, we give to one another what we can. Through doing so, we are

assured the children in this area profit. The same comes to food. If you are given 50 *goudes*, you are obligated to help them, to look after them, to prepare them food so that their stomachs do not carry hunger. We helped in this way, doing what we can with what we have. Even with 50 *goudes*, we can give it to them and we know that we are helping them (respondent 010).”

“If we find a woman who has materials who can come, she shares. If the woman has preeclampsia, we take her to the clinic. We help her to eat and make them food. We share our food for the mother and child. Now we also have materials in the clinic and at the hospital. When she arrives home we follow up with the mother and provide her with consultations. We pull our resources together and when we are able give her money. But when she is not able to go to the doctor we do what we can to help her receive the proper care because she needs to receive clean health. It is up to me to go and see the baby (respondent 002).”

“If I were to give an example of how I work with other *famn chay*, it is when the mother is in danger. We work together in good practices to help the mother get to the care she needs. We work in all communities together. There are *famn chay* in every area of this region and we have been here for a very long time. From time to time we do the child births together (respondent 013).”

During my time, I overheard conversations concerning these daily provisions. One example I can recall occurred while we were sharing a lunch together provided by the clinic. I took note of how many of the *famn chay* only took a few bites and packed the rest for those waiting for them in their villages. One of the *famn chay* present did not eat anything, choosing instead to save her meal for a mother about to give birth in her village. I watched as they began the long walk home, carrying remnants of the lunch in hand.

The community spirit extends beyond the *konsey kominote* itself. The *famn chay* ‘provide community’ through their *konsey kominote*. As portrayed in the below example, the *famn chay* seek women living in isolation and bring them into their community of care, in order that no mother experiences isolation.

“If I see someone who is living alone, I go and help them and in this way I bring them into our community. Through this they find our support and they do not live alone because these mothers do not know how to live alone. All who are *famn chay* know that we are walking together (respondent 004).”

In addition to the above, the *famn chay* have found resources in the Grand Colline through the local clinic. *Clinic Jean Wilfrid Albert* has provided education, vital resources such as clean birth kits and pre-natal vitamins, the support of medical staff and space through which to organize their *konsey kominote*, and a much needed ambulance. These resources have helped the *famn chay* improve their level of care in the remote mountains of Haiti.

“If there is a situation that we cannot handle, they go to the doctor (respondent 003).”

“When there are many women who are pregnant and not enough *famn chay* to help them, this is why we have a formation and why we have a clinic to help us (respondent 001).”

“We also speak with the clinic to find more resources otherwise there would be no knowing of what we need if we did not speak and tell them of our needs (respondent 008).”

“We help one another come to the clinic to find the doctor because if they have a problem the clinic is there for this purpose. When women who are in trouble arrive at the clinic, they are checked in and if needed the mobile clinic can transfer them to hospital. If any one of us is neglectful the baby can die. When the mother and baby are delivered to the home, we take good care of them, and check up on them. If a need arrives at midnight, all the *matwons* work together to save the mother and child. With the help of the clinic we are able to transport the mother to the hospital. When the mother arrives home we go and check on her. If ever there is a situation which we do not know how to handle, the clinic is there to help us and help us identify a solution (respondent 010).”

“It is a great task we are doing, that is why we have to give the clinic some of the work because we cannot do it all (respondent 012).”

“We come together and we do what we can. We inform the clinic because when the baby dies, all of us suffer. When you have a mother with a problem, we tell the clinic right away (respondent 006).”

“Yes, what you have you give to those who are in need. When there is a problem, we look to how we can solve it. There are those we are able to help. There may be one house with three children who are sick but then when the children are sick it is our priority to help them come to the clinic to receive care. We have to save them. There are times when we are called from our homes but we have nothing to help with but we are called. Therefore we do what we can to give the proper consultation. It is then up to us to find the means to mount the motorcycle and go to the sick. Before we had to run, but now- thanks to God, we have an ambulance to take us to the mother in

need. It is him who gave us this ambulance at the clinic and Him who helps us in our work (respondent 008).”

“After the delivery, we provide materials from the clinic to help the mother and the baby (respondent 003).”

“We have the materials we need because the clinic assists us in our work and provide us with materials (respondent 006).”

“The mothers and children in the area come to the clinic because they know they will find the support that they need. They come together with us to the clinic and we speak together to help them find a solution (respondent 005).”

“If there is a problem, the mother is transferred to the clinic in time for her to receive help. If we lack materials, other *famn chay* give them to one another. We share our materials and in this way we try to have enough. At the clinic we find the delivery kits (respondent 006).”

Poverty is all around the rural footpaths of the Grand Colline, yet the *famn chay* work tirelessly to rewrite the landscape in which their people live. It is a powerful formula, the multiplication which takes place when the women mobilize together. The *famn chay* have shown me what it truly means to not to hold things so tightly in fear of losing what I have today to discover what could be built better tomorrow. If I have one dollar, why save it when it can be given to save a child beside me? These are the means through which the rural economy in Haiti operates. The *famn chay* give in this way, out of their own pocket, to make their work possible so that women and children throughout rural Haiti might survive.

3. Participation serves as a mediating force for democratic agency in rural Haiti. As access to knowledge and resources increase, participation increases- enabling women to make choices in response to the human security crisis.

“We work together, we who call ourselves *famn chay*. We know best what women need in this area. We understand the burdens women have and how to help them in their deliveries because we have been helping for a long time. Now we can go and help save mothers and babies (respondent 003).”

Participation as a Mediating Force for Democratic Agency in Rural Haiti

Each month, since July 2015, the *famn chay* walk the rural paths throughout the Grand Colline, coming together to take part in their *konsey kominote*. Their meetings are filled with prayer, song, deliberation, and further song. The *famn chay* have found an important space at the clinic to gather and hold their meetings, enabling their group to grow in spirit and unity. The vision which unites them, permeating their work and time together as indicated in their responses below:

“With all my heart I am *famn chay* (respondent 013).”

“Yes, it is a great vision we share, one which we hold to. We work that it will continue to go well and that all people will continue to profit (respondent 006).”

“We serve with a vision and we speak together to benefit the health of the people (respondent 009).”

“We want to give the population this service. This is our principle. We must go and save mother and child. It is the mother and her child we know that we are called to save when we go. We hold to this truth and follow the ways of our group where the clinic is helping us. We take part in the group every month. We always come, every month, in order to contribute to the formation because it needs to grow (respondent 010).”

In analyzing the data, participation (1PAR) ranked in the middle, above availability (4AVA) and knowledge (2KNO) and below choice (3CHO). I suggest this indicates the primary roles of knowledge and availability in developing female democratic participation. This may also indicate the mediating force of participation in increasing democratic choice. As channels to democratic participation strengthen, women become more able to make decisions in light of the inequalities they face.

I have witnessed how their *konsey kominote* equips them with knowledge and resources to serve as a foundation for their participation in the crisis. During their *konsey kominote*, the *famn chay* have received resources and training in maternal healthcare which

has strengthened not only their participation as group, but their collective ability to respond to the crisis which they are seeking to address.

It is also important to consider factors other than knowledge and availability which may influence participation. In analyzing Table 6, I noticed a correlation between locality and experience. It appears *famn chay* with longer experience who are located in a village with more than one *famn chay* were more likely to speak of participation during their field interviews. Below is a response from one *famn chay* who has been a midwife since she was a little girl and now works with another *famn chay* in her village. As she shares, notice the emphasis she places on “we” and “together” rather than “I”. Notice as well how she references themes such as knowledge (“know best” and “understand”) and availability (“hospital”) in light of her participation as *famn chay*.

“Yes, we work together. We who call ourselves the *famn chay* know best what women need in this area. We understand the burdens women have and how to help them in their deliveries because we have been helping them for a long time. Now we can help mothers go to the hospital and we can save mother and baby (respondent 006).”

Common phrases relative to participation were repeated during the field interviews. Of all the words recorded during the field interviews, the word ‘we’ was the most frequently recorded word used by the *famn chay*, suggesting the unifying presence of collective action and mobilization within the *konsey kominote*. *Tet ansamn* (place our heads together), *ansamn* (together), *nou* (we), and *fomasyon* (formation) are Haitian Creole phrases linked with participation repeatedly used by the women. *Tet ansamn* is used to express a desire to “unify and mobilize”. Most indicative is when these phrases were used during the interview process. Although participation did not receive the highest response rate after the coding process, it was the one theme which displayed the greatest distribution across all five themes.

Participation was noted in interview questions relating to intimidation, knowledge, finding resources, and even describing the conditions the *famn chay* are seeking to address. This may tell us the significance of how the *famn chay* view mobilization and community formation in more than one if not all aspects of daily life in Haiti.

“... but sometimes we do not have anything. When this happens we have to work together to help one another. We come together to make this happen (respondent 005).”

“Then it came to be that we have arrived here, to assemble to put our practices together to make it more effective. We began speaking with one another, explaining how we do our deliveries and our practices, how the children are growing in our communities and the different ways they are developing. Truthfully, before it was much different when we went our own way, but when we took each other’s hand, to begin speaking about the births – we found a same path. We considered the children, the babies, the delivery methods. I came to this group through an invitation and have remained. I go to look for women in the night (respondent 010).”

“We all place our heads together, there is not one moment which we are not working together. If you do not understand me and I don’t understand you- this is not good. We must work together. If we do not work together to invent new outcomes, this is not good. In this manner we can do this and we can do that. It is much better (respondent 008).”

“In this manner we are all in the same manner and we put our hands together like this and we work together, we all work together (respondent 007).”

“I like serving as *famn chay* even though it is something difficult to do. I do it because it is helping mothers save their babies (respondent 007).”

During my field interviews, some of the *famn chay* noted that the lack of participation as a significant barrier towards their ability to counter the crisis around which they are mobilized.

“If there are no *famn chay*, they do not have help in the delivery. The deliveries of the *famn chay* before did not have the help of the hospital (respondent 004).”

“We have to keep working together to prevent mothers and babies from dying. Without our efforts mothers and babies will die. It is our group, the *famn chay* which originates from this region who work together to arrive at better health who can find an alternative to the crisis babies are facing (respondent 001).”

“Where there are no *famn chay* there is no help. In other areas there is no help and we have to find a solution because there is a large need. We need a larger program and more support (respondent 005).”

“We need more people, other *matwons*, which can share information with so we can continue to work together (respondent 007).”

I also learned that there are *famn chay* who are not part of this group, who are working independently throughout the Grand Colline, Haiti. Their *konsey kominote* has chosen to remain together because the women believe they are more effective as a group rather than working independently. As one *famn chay* best summarized, “We all put our heads together to form this organization, alone I cannot do deliveries.”

Many of the women shared that prior to their *konsey kominote*, they lacked proper knowledge, resources, and their work was very difficult- even to the point where many babies were dying. In rural Haiti, participation has enabled women to create opportunities for change in their society. Furthermore, access to knowledge and resources has helped to increase female participatory efforts and further counter inequalities women face in rural Haiti.

4. Choice is linked with active citizen participation yet remains within the context of the human security crisis.

The pairing of choice and participation to further democratic agency

Participation involves responsibilities in decision making and where some state policies cease to exist, the *famn chay* become the key decision makers. Through their *konsey kominote* the *famn chay* come together and seek solutions to help the women in their villages. In analyzing the data, I noticed that women’s responses regarding choice were also linked with participation. In transcribing the field interviews, I found the theme *choice* linked with

the theme *participation* through words such as “we, us, together”. I suggest this indicates that in order for democratic choice to take place, democratic participation needs to be present as well. I can recall during one *konsey kominote*, the women singing a song concerning the choices they make to save women and babies:

“With clean hands I go to the women, with clean hands we go to the baby, with clean hands we go to the house and make the delivery clean. Wash your hands and keep them clean, Wash your hands and keep them clean...”

“Lack of resources, lack of sanitation- keep them safe with *our* hands”. The song serves as a means to reiterate their deep, collective commitment to go and serve as *famn chay*. Together the *famn chay* decide on action needed to be taken with regards to maternal healthcare and child wellness in the remote villages of the Grand Colline. They determine which villages are receiving proper care, if a *famn chay* needs more help, or how they can improve their best practices in maternal healthcare.

A further finding from the data analysis revealed within the theme *choice*, the most common words and phrases used by the *famn chay* during the field interviews were ‘we speak’, ‘we save’, ‘we must find a solution’, and ‘us to provide proper care’. I suggest that this indicates a collective agreement by the *famn chay* on how to address the human security crisis in their communities. Their consistent responses during the field interviews indicate this. All the *famn chay* agree they must speak to and save mothers and babies, they must help them find a solution to their situation, and they need to provide proper care.

“I like to work with one another. We speak with one another and work together, even if a little solution is found, even to speak a little bit, and to find a solution- this is good (respondent 005).”

“I save babies and I go and look for mother and child to help them in their time of need- to make sure that it is the best possible, that everything is proper, proper at the time of delivery (respondent 009).”

“We help save mothers and babies and provide proper healthcare. We do this because the population demands this of us. I search for deliveries every month and I take them by the hand and I walk with them, with the mothers through their delivery (respondent 007).”

“We help to save mothers and babies (respondent 011).”

“We seek to help the mother and baby in their situation and help them to take control of the situation. We are also helping them to find a solution to their situation – through this we are placing our heads together and coming together at the clinic. For our team, we make the deliveries and seek to do them as normal as possible. We strive to help the deliveries to save the mother and child and make them better and better. We want to make the deliveries proper (respondent 005).”

Democratic choice and leadership

The *famn chay* also act as leaders in the villages they service. I have witnessed how the *famn chay* create an environment of leadership through their *konsey kominote* and make decisions with direct involvement of citizens. Notice in the below responses, leadership is understood by the *famn chay* as increasing access to quality health care and creating a sense of self awareness and participation when it comes to women’s health.

“Yes, my work develops leadership capacity for Haitian women in that we encourage women to take better care of their health. For example, when a woman has a need for the mobile clinic, she calls upon it or when there is a need for a vaccine, we teach her to begin to come to the clinic to help her children to take them (respondent 001).”

“Yes, my work can develop capacity for Haitian women in that we help in making births proper without difficulty – making births which are remote where women cannot make it to the clinic – we help them in their home activities before the birth and share with them that which they do not have (respondent 010).”

“Yes, we create an environment for leadership in rural Haiti. We help the children and provide information to the community. For the mothers and babies it is we ourselves who give this participation and we can give them a helping hand- through our consultations. This is our way of helping our people. We help the babies grow up the right way and we guide the mothers and children who have no fathers as they develop. We all participate with all our heart, through a manner as we can. If we have a phone, we use it, if we have things, we give them, and with our voices- we speak to the children- training. We do this because the people need to be called, the sick need to us, and we must go. The little we have, we give. When mothers go to the hospital, we wait to hear the news and visit when we can. And when they return it is

us who pull our resources together to give them something when they return. If God gives us something, we give it to them. We make this commitment, to live this calling we give of ourselves to live out there (respondent 002).”

“The problem which we are seeking to address is that mothers are there with their children and they have many problems. The clinic tries to provide us with resources so that we can then give them to children. It is not a good situation for us as *famn chay*. It is difficult to try and straighten this out and make this a good work (respondent 008).”

“If the people need it, we speak with them. They need us to give this to them, for us to visit them because if we do not take care of them, no one will. If we speak with them, with we give them what we can, we do. If we cannot give them anything, we find other means because this is our obligation, this is our responsibility, this is what we must do. When we help a mother in her delivery, we also call the clinic and we come together to help one another (respondent 006).”

Notice the emphasis respondent 6 places on working, giving, visiting, and caring. She links the choices made to do this work with words such as ‘we’ and ‘us’ exemplifying group participation and choice rather than ‘I give’ or ‘I care’. Respondent 8 also helps us to further understand how participation and choice are linked with one another through addressing the security crisis. Notice the emphasis placed on ‘we are seeking to address’ and ‘our responsibility’. These are collective choices made by the *famn chay* to participate in the human security crisis in rural Haiti.

Where formally their gender, economic or social status may have left them disadvantaged, through their *konsey kominote*, the *famn chay* find inclusion for all its members and equal opportunity when it comes to voice and finding solutions. As the *famn chay* directly live and work in the context of the human security crisis which they are confronted with, the conversation which they bring to the table as regional decision makers has lasting implications. When they place their heads together, they come up with greater ideas and solutions.

5. The significant presence of a human security crisis threatening women and children in rural Haiti is the catalyst for building local female democratic agency.

“But I know bringing together a formation in rural Haiti is not easy. The days are difficult and a formation like ours is uncommon” – *Famn Chay*, Grand, Colline, Haiti

Intimidation as a trigger for democratic agency

Since my first initial observations of the *famn chay* in the spring 2015, I have remained intrigued as to how they continue to operate despite barriers; barriers towards maternal healthcare, to their own economic livelihoods, and even invisible barriers which have limited their ability to exercise voice and leadership. I have followed the work of the *famn chay* and they have invited me into their circle, providing me a closer view of the realities they not only face, but they fight for. Through my conversations, I have come to realize that for them this security crisis is not a government or international problem- it is *their* fight- *their* calling. It permeates not only their conversations but their thoughts and daily living. The *famn chay* are not only fighting the rural human security crisis for their neighbor, they are fighting it for their mothers, for their daughters, for themselves.

It is important to note once the coding of the themes was complete, intimidation was the highest ranked response by the *famn chay*. I suggest this indicates two important concerns. First, the high response rate of intimidation illuminates how democratic agency is catalyzed in rural Haiti. As mentioned above, intimidation has triggered democratic agency in rural Haiti, causing the *famn chay* to create their *konsey kominote* as the responses below explain. Notice how a respondent (008) and (012) share it was the experience of a personal security crisis which initiated her desire to seek out further information and participation with the *famn chay*.

“We look to save mother and child otherwise they might die. If they die once they cannot die again. The mothers die because there is no one to take care of them. If there are no *matwons* to care for them in the area, they are in great risk. It is us who need to care for them (respondent 001).”

“This is our principle, we must go and save mother and child. We hold to this truth. We have a lot of vision and because of this vision when the time comes to save we do not say we cannot go. I think without this vision we could not save. We have a chance to help children live, to help them gain weight, to dress them, to help them, even in the night we go and it never disturbs us (respondent 010).”

“We carry a vision for the people to not die, to be born well- for the children. It is because of them we work (respondent 011).”

“I became *famn chay* because there was a lack of service. I wanted to give women and children what they need as there was a great need (respondent 006).”

“The population is at risk and demands our service. Prior to our formation, we had limited abilities and knowledge. Now we can do more to help address the demands of the population because the people need us (respondent 007).”

“I serve as *famn chay* to help children. When I delivered my first child it was in the night, there was no one to help me. I called for someone and no one came. I called a second time and no one came. I then went and to learn how to deliver a baby and learned the ways of the *famn chay*. Many years later when my second baby was in my stomach, he dropped and I searched for someone to help me but no one came. Thankfully I could then deliver my own child. After this I decided to come to Cherident to take part in the formation to learn more about the ways of the *famn chay*. Since being in this group I have acquired a lot of information (respondent 008).”

“After my first child died, I decided to take part in this formation, to begin doing the work of the *famn chay* (respondent 012).”

Secondly, the high response rate of intimidation may indicate the evident inequalities and threats the *famn chay* encounter and around which they mobilize their group. This reiterates the realities of intimidation and inequalities which the *famn chay* are facing. It is important to realize that the human security crisis is in fact the context in which democratic agency is being built. While knowledge, resources, choices made, and active participation are taking place by the *famn chay* through their *konsey kominote*, it is critical to remember the above mentioned remains under the threatening influence of intimidation.

Though intimidation has triggered female democratic agency as I have witnessed it, in other areas of the Grand Colline this may not be the case. While I suggest intimidation has served as a catalyst for democratic agency, it is also important to consider how intimidation hinders the work of the *famn chay* and may also prevent the *famn chay* from participating in their *konsey kominote* or assisting mothers in need of care.

“There are people out there, who live beyond us, without food, without assistance, who are dying (respondent 011).”

“We have to keep working to prevent mothers and babies from dying. Without our efforts mothers and babies will die (respondent 001).”

“Yes, and we have to tell the mother we cannot help her when we lack the resources to help her when she is in trouble. There is a lack of people to help us. When there is nothing to give, we cannot help women in need. When there are materials to share in the community we use them to give life for the baby. I can remember one mother who had fallen and needed help. She called at 10 in the night. I found her crying and brought her to the clinic. I could do nothing for her, for her tears and I searched for more help but nothing was available but the clinic. Only, it is not good to do deliveries in the night. When I arrive, I hope it is ok, that I can help save them. If it is not good, there is little I can do in the dark (respondent 010).”

“Yes, there are items that I do not have. I do not have a telephone which is a problem for me. When I do to help in a deliver, it is difficult to call for the hospital or ambulance without a phone. I have to find someone with a phone which I can borrow. I do not have one. People here do not have the means to help themselves when it comes to delivering their babies. They need help. Other obstacles I find are when we do not have materials to help the mothers this is difficult. If you do not have material, you cannot help people. If you do not know how to help people, you cannot help them (respondent 004).”

During my analysis I noticed respondents from villages with fewer *famn chay* with further proximity to the clinic reflected higher rates of intimidation. This illuminates two points. First, in remote areas there is a greater chance of women living in isolation and therefore an increase in intimidation. Second, difficulties in resource acquisition may increase the need for the *famn chay* to travel in order to take part in the *konsey kominote*. As vital resources such as education, delivery kits, and prenatal vitamins are provided during

meetings near the clinic. Proximity to the clinic may serve as critical indicators as to why some inequalities persist in communities further from the clinic while villages closer to the clinic had lower response rates with intimidation.

Through my observations of the *famn chay* and their *konsey kominote*, I have witnessed how intimidation has served as a catalyst for democratic agency in rural Haiti. The presence of rural inequalities created unique entry points for greater citizen mobilization by the *famn chay*.

Chapter 5 Conclusion and Recommendations

Conclusion

This inquiry sought to understand if *konsey kominote* has been used as an expression of democratic agency by the *famn chay* in response to Haiti's rural human security crisis. The results from the data helped to shed light on how the *konsey kominote* create spaces for female democratic agency and broaden our understanding of how Haitian female citizens can create opportunities for changing their society. It is clear that this study's respondents were most concerned about how their collective efforts to acquire knowledge, resources, and make choices as central to their ability to respond to the human security crisis threatening their rural Haitian villages.

As I observed the women, I noticed key behaviors and practices relating to female democratic agency. I saw women voicing concern, sharing openly their ideas about their communities and seeking viable solutions. I witnessed the expressions on their faces and sounds of their voices overlapping as they determine what steps to take to solve such issues. Their meetings have no time limit; they last as long as the issue is solved. Striking to me was the enthusiasm and confidence with which they spoke. When I had first met this group of women in 2015, their conversations seemed hindered by a sort of insecurity or adaptation to discrimination- as if they were unfamiliar with speaking in group settings. By the time of my field interviews in July 2018, many of the women spoke with great passion and eagerness. In particular, one *famn chay* who struggled to make eye contact when we initially met now greets me with a smile as she confidently shares information regarding the recent happenings of the group. This observation may be the one of the most significant of all my field work. It

signifies the positive influence community groups, such as the *konsey kominote*, can serve in developing democratic agency. I have observed the women becoming active citizens, more confident and able to make choices on their own, increasingly able to acquire knowledge and resources, and to respond to the human security crisis they are facing. This helped me realize that rural Haitian women have the capability to become more engaged citizens with the ability to exercise voice and influence in society.

The development of the *konsey kominote* in 2015 by the *famn chay* hinges upon the ability to acquire knowledge. While traditional knowledge has historical roots within their profession, it limited the ability of the *famn chay* to provide best practices in maternal and child healthcare. The acquisition of formal knowledge created a turning point in their *konsey kominote*, increased the ability of the *famn chay* to make informed decisions, understand how to acquire and disseminate resources, and strengthen their collective participation. As noted above, Smith (1999) writes about an approach to learning which excludes indigenous knowledge and holds Western ideas as the only ideas possible to hold (Smith, 1999, p. 56). The knowledge which the *famn chay* have acquired through the meetings at the Clinic enabled them to hold onto their traditional knowledge while supplementing it with basic education in maternal healthcare and shared best practices. This new knowledge which the *famn chay* have constructed is unique, containing elements of indigenous knowledge and formal education.

Some respondents mentioned prior to the *konsey kominote*, they noticed a decrease in the quality of maternal healthcare provided in the region. Examples include:

- difficulty for expectant mothers to find transportation to the hospital
- labor complications resulting in death due to lack of materials

- a regional lack of coordination and strategies regarding best practices in maternal and child by traditional birth attendants practices
- scarcity in maternal and child healthcare resources
- isolation and lack of support in their work

The *famn chay* have addressed some of these issues through their *konsey kominote*. As Paul Farmer (2001) mentions, scarcity and unequal distribution of resources is one of the main issues affecting health care in Haiti. In this regard, the ability of the *famn chay* to identify and acquire needed resources through collective action helped mitigate the crisis around which they mobilized. With respect to availability, the *famn chay* I interviewed believed their collective efforts through their *konsey kominote* have helped them counter the security crisis much more effectively than when they were working independently.

Through the collective strength of *konsey kominote*, the *famn chay* found a platform to mobilize and make choices as a unified community of Haitian women desiring to see all women and children thrive. The *famn chay* are increasing their sense of self-awareness as citizens and becoming leaders in the villages which they serve. Their participatory choices are made in light of the needs of the villages where they operate. It is not surprising therefore, that this study's interviewees continually expressed the terms, 'togetherness', 'we', and 'us' when referring to knowledge, resources, participation, and choice. In summary, differently from the Western formal notion of democracy proposed by Schumpeter, the understanding of democracy originating from rural Haiti emphasizes participatory mobilization oriented to problem solving.

The *famn chay* who were interviewed for this analysis frequently referred to high levels of inequality present in rural Haiti. Intimidation as viewed by Gaventa and Martorano

(2016) is connected to visible, invisible, and hidden forms of power and it is important to observe how such forms of power might hinder citizen's aspiration to participate. While interviewees shared stories about their difficulty in finding resources in the extremely poor environment in which they live and work, they noted it was the *konsey kominote* which helped them find the means to counter the crisis. Some respondents shared prior to the *konsey kominote*, lack of knowledge limited their ability to make choices and currently inhibit other *famn chay* from participating in their *konsey kominote*. While their responses signify an evident crisis in Haiti, they also argued their collective efforts through the *konsey kominote* helped generate solutions to the crisis. Solutions which the *famn chay* indicated they found through their *konsey kominote* are increased education which led to proper care and resources in maternal and child healthcare, collective action, and the ability to make collective decisions.

This study has also shown that, if approached properly, development programs can provide positive outcomes for local indigenous leaders as shown by the role of the clinic provided by Haiti Healthcare Partners. This partnership has provided the *famn chay* a unique space through which democratic agency might thrive amidst the context of a human security crisis. The *famn chay* expressed gratefulness for the knowledge and resources which they have received through the clinic which Haiti Healthcare Partners supports. Their appreciation extended to the *konsey kominote* itself, which they believe awakened the work of the *famn chay* throughout the Grand Colline region of Haiti. The *famn chay* also expressed continual concern relating to the persistent inequalities and threats present in their villages. Finally, those interviewed for this study expressed the following priorities for the way ahead: (1) a need and desire for further education, (2) the present lack of resources and further need to

mobilize resources to minimize the resource gap, (3) the power of active participation in creating better villages, (4) their choice to be *famn chay* as an imperative in helping their people, (5) and the significant presence of a crisis which they believe collectively can be overcome.

Possible Implications

This inquiry has highlighted the critical importance of considering local institutions such as the *konsey kominote* when seeking to understand female democratic participation. Another important aspect of this study is that it provided a space for the *famn chay* to express their perspectives regarding their work, mobilization efforts, and the human security crisis they face. During the field interviews, many of the women expressed to me how appreciated they felt for the opportunity to share their experiences. They also felt respected because I choose to request their knowledge and perspectives as the basis for my research.

This inquiry has also added to a growing body of literature addressing the need to reconsider our conceptions of citizen participation in strengthening fragile democratic states. It also helps fill a current gap in literature specifically covering Haitian democratic agency. This study suggests that the inequalities currently threatening rural Haiti can trigger Haitian democratic agency and influence the strengthening of local institutions who positively affect society as witnessed through the *famn chay* in their *konsey kominote*.

Recommendations

I derived my findings directly from the responses received from the *famn chay* during my field work. Those interested in pursuing development work in Haiti should truly consider the example in this inquiry by Haiti Healthcare Partners. Careful consideration ought to be

given concerning the important roles local actors can serve in development programs and the role development programs can serve in community group formation. As seen in the positive example of Haiti Healthcare Partners through their support of *Clinic Jean Wilfrid Albert* and local indigenous leadership, development programs can promote positive outcomes for communities in which they are involved.

Those interested in understanding further female democratic agency should consider exploring the participatory work of rural local community groups such as the *konsey kominote* in Haiti. Further understanding of how citizens are creating spaces for change in response to rising inequalities might offer useful information for state and international donor's policies. Community groups such as the *konsey kominote* offer valuable insight into how citizens mobilize and create pressure for change within society. There is room for further research focusing on democratic agency and citizen mobilization and to explore the entry points at which change occurs. What is also needed is increased awareness of how citizens experiencing inequalities understand and implement their own civic rights and responsibilities in areas of society where state policies have failed to protect them.

References

- Barrett, Gregory and Gaventa, John. (2010). So what difference does it make? Mapping the outcomes of citizen engagement. *IDS Working Paper 347*. P. 2401- 2407 Retrieved from: <http://unpan1.un.org/intradoc/groups/public/documents/un-dpadm/unpan044380.pdf>.
- Baviskar, Siddhartha, Malone, Mary. (2004). What democracy means to citizens and why it matters. *European Review of Latin American and Caribbean Studies*. No.76. p. 2 Retrieved from: https://www.jstor.org/stable/25676069?seq=1#page_scan_tab_contents.
- Chochotte, Marvin. (2017). The History of Peasants, Tonton Makouts, and the rise and fall of the Duvalier dictatorship in Haiti. Ph.D. dissertation. P. 175-177 Retrieved from: <https://deepblue.lib.umich.edu/handle/2027.42/137077>.
- Cornwall, Andrea and Gaventa, John. (2009). Challenging the Boundaries of the Possible: Participation, Knowledge, and Power. *IDS Bulletin* .p. 122 Retrieved from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1759-5436.2006.tb00329.x>.
- Cornwall, Andrea and Gaventa, John. (2000). From users and choosers to makers and shapers. Repositioning participation in social policy". *IDS Bulletin*. Vol. 31. No. 4. P. 50-55.
- Farmer, Paul. (2001). *Infections and Inequalities: The Modern Plagues*. The University of California Modern Press. p. 19 Retrieved from: <https://ebookcentral-proquest-com.ezproxy.lib.vt.edu/lib/vt/reader.action?docID=787170&query>.
- Gaventa, John. (2009). States, societies, and sociologists. Democratizing knowledge from above and below. p. 31 Retrieved from: <https://onlinelibrary.wiley.com/doi/abs/10.1526/003601109787524106>.
- Gaventa, John. (2004). Strengthening participatory approaches to local governance. Learning the lessons from abroad. *National Civic Review*. p.16-18, 21-22. Retrieved from: <https://pdfs.semanticscholar.org/470a/d358491ab9110c6e49968dec3a29d0f9e503.pdf>.
- Gaventa, John and Martorano, Bruno. (2016). Power, poverty and inequality. *IDS Bulletin* Vol. 47. P.1-14 Retrieved from: <http://bulletin.ids.ac.uk/idsbo/article/view/2791/ONLINE%20ARTICLE>.
- Gelineau, Francois , and Zechmeister, Elizabeth J. (2014). The political culture of democracy in Haiti and in the Americas: Towards equality of opportunity. USAID. p. 99 Retrieved from: https://www.vanderbilt.edu/lapop/haiti/AB2014_Haiti_Country_Report_English_V3_W.pdf.
- Guilbaud, Patrick, and Preston, Mary. (2006). Healthcare assessment study in Les Cayes, Haiti. Towards a framework for rural capacity development and analysis. *Journal of Haitian Studies*.12, no. 2: p. 48-69. Retrieved from: <http://www.jstor.org.ezproxy.lib.vt.edu/stable/41715328>.
- Human Development Index. (2017). HDI, Haiti Profile. Retrieved from: <http://hdr.undp.org/en/composite/GII> .
- Kawulich, Barbara B. Participant observation as a data collection method. *Forum: Qualitative Social Research*. Volume, No. 2, Art. 43- May 2005.p. 1 Retrieved from: <http://www.qualitative-research.net/index.php/fqs/article/view/466/996>.

- Oosterom, Marjoke and Scott-Villiers, Patta.(2016) Power, poverty, and inequality. *IDS Bulletin*. Vol 47. No. 5. Retrieved from: <http://bulletin.ids.ac.uk/idsbo/issue/view/219>.
- Saldana, Johnny. (2001). *Fundamentals of Qualitative Research. Understanding Qualitative Research*. Oxford University Press.
- Sepinwall, Alyssa Goldstein. (2013). *Haitian History: New Perspectives*. New York. P.163
- Smith, Jennie M. (2001). *When The Hands Are Many: Community Organization and Social Change in Rural Haiti*. Cornell University Press. p. 12, 69, 80-85, 140- 170.
- Smith, Linda. (1999) *Decolonizing Methodologies: Research and Indigenous Peoples*. University of Otago Press. p. 56
- Smucker, Glen. (1983). Peasants and development politics: A study in Haitian class and culture. Ph. D. dissertation, p. 379. New School for Social Research.
- Thomas, Caroline. (2001). Global governance, development and human security: Exploring the links. *Third World Quarterly*, Vol. 22, No 2. P. 159- 175 Retrieved from: https://www.jstor.org/stable/3993404?seq=1#page_scan_tab_contents.
- UN. (2018). *Universal Declaration of Human Rights*. Retrieved from: <http://www.un.org/en/universal-declaration-human-rights/>.
- World Bank. (2014). Living conditions in Haiti’s capital improve, but rural communities remain very poor. Retrieved from: <http://www.worldbank.org/en/news/feature/2014/07/11/while-living-conditions-in-port-au-prince-are-improving-haiti-countryside-remains-very-poor> .
- World Bank. (2007). Social resilience and state fragility in Haiti. A World Bank Country Study. p. 16 Retrieved from: <http://documents.worldbank.org/curated/en/880861468035037608/Social-resilience-and-state-fragility-in-Haiti>.
- World Bank. (2018). *United Nations Population Division*. Retrieved from: <https://data.worldbank.org/indicator/SP.URB.TOTL.IN.ZS?end=2016&locations=HT&start=1960&view=chart>.
- World Health Organization. (2017). “Maternal Mortality Ratio” (per 1,000 live births). Geneva, Switzerland. Retrieved from: <http://www.who.int/healthinfo/statistics/indmaternalmortality/en/>.
- Zanotti, Laura. (2010). Cacophonies of aid, failed state building and NGO’s in Haiti: Setting the stage for disaster, envisioning the future. *Third World Quarterly*, 31: 5, 755-771.p. 9 Retrieved from: <https://www.tandfonline.com/doi/full/10.1080/01436597.2010.503567>

Appendix

Appendix A: Research Questions in English and Haitian Creole

Famn Chay analiz Famn Chay Analysis

1. When did you first become affiliated with the famn chay and how long have you been serving as a famn chay? **Lè ou te vin premye afilye ak chaj la famn ak depi konbyen tan ou te sèvi kòm yon chaj famn?**
2. How would you describe the conditions that the *famn chay* are seeking to address? Why do you think those issues are occurring? **Ki jan ou ta dekri kondisyon ki chay la famn ap chèche adrese? Poukisa ou panse pwoblèm sa yo ap fèt?**
3. Would you say that those serving as famn chay share a view of why they are doing this work? If so, how would you describe the reasons that make up that view? **Èske ou ta di ke moun ki sèvi kòm famn chay pataje yon gade sou rezon ki fè yo ap fè travay sa a? Si se konsa, ki jan ou ta dekri rezon ki fè yo fè ki wè?**
4. Do you share materials and resources with other famn chay to provide services? If so, can you provide an example? **Èske ou pataje materyèl ak resous ak lòt manm fanmi yo pou ofri sèvis yo? Si se konsa, ou ka bay yon egzanp?**
5. Can you provide some specific examples of how the *famn chay* work with each other to ensure that services are provided to women in need in the Grand Colline? **Èske ou ka bay kèk egzanp espesifik sou ki jan chaj la famn travay youn ak lòt asire ke sèvis yo bay fanm ki nan bezwen nan Grand Colline a?**
6. Do you encounter any recurring specific challenges or obstacles when you work with women in the villages you serve? If so, could you describe those for me, please? For example, women may not have a means to contact you making it difficult to be aware of when a woman is in need of your services. **Èske ou rankontre nenpòt renouvlab defi oswa obstak espesifik lè w ap travay avèk fanm nan ti bouk ou sèvi yo? Si se konsa, ou ka dekri sa yo pou mwen, tanpri? Pa egzanp, fanm pa ka gen yon mwayen pou kontakte ou fè li difisil pou ou konnen lè yon fanm bezwen sèvis ou.**
7. What do you do when a village has many pregnant women, but too few health personnel and *famn chay* to assist them all? Have you had to address this situation in the past? **Kisa ou fè lè yon ti bouk gen anpil fanm ansent, men tou kèk**

pèsonèl sante ak ti chay pou ede yo tout? Eske ou te adrese sityasyon sa a nan tan lontan an?

8. Are there currently women who want to join the *famn chay*, but are not able to do so? If so, what are some of the reasons this is occurring in your view? How might this problem be remedied? **Èske gen kounye a fanm ki vle rantre nan fanmiye a chaje, men yo pa kapab fè sa? Si se konsa, ki kèk nan rezon ki fè yo sa a ki rive nan vi ou a? Ki jan yo ka remedi pwoblèm sa a?**
9. Do you believe when famn chay work together they create an environment of common ideas, practices, and purpose? If so, can you provide an example of how this occurs, if it does, as you work with other famn chay? What concerns and values would you say join the members of your group? Why? **Èske ou kwè lè fanmiye chay travay ansanm yo kreye yon anviwònman nan lidè komen, pratik, ak objektif? Si se konsa, ou ka bay yon egzanp sou kouman sa rive, si li fè sa, menm jan ou travay ak lòt famn chay? Ki enkyetid ak valè ou ta di rantre nan manm gwoup ou a? Poukisa?**
10. Would you say your work as famn chay has allowed you to develop leadership capacities for Haitian women? If so, could you please share examples of such leadership capacities? **Èske ou ta di travay ou kòm famn chay te pèmèt ou devlope kapasite lidèchip pou fanm ayisyen? Si se konsa, ou ka tanpri pataje egzanp kapasite lidèchip sa yo?**

Appendix B: Consent form in English

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Informed Consent for Participants in Research Projects Involving Human Subjects

Title of Project: Female Democratic Agency: Lessons from Rural Haiti

Investigator: Sara Simeunovic **Contact info:** sonjehaiti2@hotmail.com / (630) 386-6143

Co-Investigators: Dr. Laura Zanotti lzanotti@vt.edu
 Dr. Max Stephenson mstephens@vt.edu
 Dr. Arnold Dupuy acdupuy@vt.edu

I. Purpose of this Research Project: In seeking to complete the necessary requirements for my thesis, I have decided to focus my thesis on the work of the famn chay and learn more about the meaning of democracy and if democratic participation increases through rural groups in Haiti such as the famn chay. I also hope to discover specific ways in which groups such as the famn chay are helping to create mechanisms for public policy. This study will be published and used to meet the requirements of my university degree. There will be at minimum 10-famn chay in this study. Those involved in this study ought to be rural Haitian women and famn chay. Ability to read is also needed.

II. Procedures: The research will take place in rural Haiti. It will last a total of 4 months and could go as long as 6 months. I will observe the work you are doing as famn chay. I will not be observing you in any way with patients. I will only observe you. I will be collecting observational data as it relates to your organizational development as a society, as the famn chay. My observations will take place most likely on a bench under a tree during one or two of your meetings. I will ask you to meet at the clinic once a month to speak with me over the telephone. I will call the local midwife. There is no expectation you will need to call me or have a phone. I will ask that you continue in your service as famn chay if you are actively doing this. This will help the research process in that I learn more about the ways in which you are participating. It is important that you are present for each monthly meeting. Since the research will last 4-6 months, there will be 4-6 meetings. Should you agree to participate, you will be asked to be audio recorded and videotaped. This research involves pictures and videotaping of yourselves as famn chay. I will not be taking any pictures, video recordings, or audio recordings of you with patients, in any private areas of the clinic with patients or in patient homes. I will only take pictures, video recordings, and audio recordings of you. These recordings will be used for further understanding of the research I am conducting. They will not be shared with anyone other than those mentioned in this consent form, they will not be used for any purpose other than for the purpose of this study, and they will be stored in a secure and safe place.

III. Risks: I have taken into careful consideration the unique environment you live in, the social landscape which makes up your way of life. I respect your leadership in this region as women and respect and long history as indigenous leaders. I do not want to change anything. I am here only to observe and learn. You need to know it may be physically demanding and emotionally demanding to take part in this study.

IV. Benefits: A benefit to this study is that you would find indirect support for your work in Haiti. As an indirect output of this research, international organizations will understand how female democracy is defined and the important role women play in rural Haiti. Perhaps most importantly to myself, the undocumented work of the famn chay will find its proper, respectful place in academia and if rightfully so- beyond. *No promise or guarantee of benefits has been made to encourage you to participate.*

V. Extent of Anonymity and Confidentiality: The information I collect from you will not include your name. I will keep your name private in order to protect your identity. I will use identifiers to record my data. An example of an identifier is, for a woman named Anna, Anna will now be named ID 001. All the information will be stored in a method which is confidential. This means I will use codes in place of your names and all information which may identify you will be kept in a separate place and secure. It is important that you know as well who will have access to this information. I will have access to this information. Other than me, three of my professors at school with whom I am collaborating with will see this information as well if it is necessary. At no time will we release identifiable results of the study to anyone other than individuals working on the project without your written consent. The Virginia Tech (VT) Institutional Review Board (IRB) may view the study's data for auditing purposes. The IRB is responsible for the oversight of the protection of human subjects involved in research.

VI. Compensation: No compensation will be earned for participation in this study. Your participation is voluntary.

VII. Freedom to Withdraw: It is important for you to know that you are free to withdraw from this study at any time without penalty. You are free not to answer any questions that you choose or respond to what is being asked of you without penalty. Please note that there may be circumstances under which the investigator may determine that a subject should not continue as a subject.

VIII. Questions or Concerns: Should you have any questions about this study, you may contact one of the research investigators whose contact information is included at the beginning of this document. Should you have any questions or concerns about the study's conduct or your rights as a research subject, or need to report a research-related injury or event, you may contact the Virginia Tech Institutional Review Board at irb@vt.edu or (540) 231-3732.

IX. Subject's Consent: I have read the Consent Form and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent:

_____ **Date:** _____
Participant signature

Participant printed name

Appendix C: Consent form in Haitian Creole

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Enfòm konsantman pou patisipan yo nan Pwojè Rechèch enkli sijè imen

Tit nan pwojè: *Famn Demokratik Ajans: Leson ki soti nan Riral Ayiti*

Investigator: Sara Simeunovic **Contact info:** sonjehaiti2@hotmail.com / (630) 386-6143

Co-Investigators: Dr. Laura Zanotti lzanotti@vt.edu
Dr. Max Stephenson mstephens@vt.edu
Dr. Arnold Dupuy acdupuy@vt.edu

I. Objektif pwojè sa a: Nan k ap chèche ranpli egzijans necessary pou tèz gradye mwen an, mwen te deside konsantre tèz mwen sou travay famn lan epi aprann plis sou siyifikasyon demokrasi a si patisipasyon demokratik ogmante nan gwoup riral yo an Ayiti tankou chaj famn lan. Mwen menm mwen espere ke yo dekouvri fason espesifik nan ki gwoup tankou chaj la famn yo ap ede yo kreye. Etid sa a pral pibliye ak itilize pou satisfè egzijans ki nan degre iniveristi mwen an. Li pral nan minimòm 10 famn chay nan etid sa a. Moun sa yo ki enplike nan etid sa a ta dwe riral fanm Hatiiian ak yon pati nan mouvman an chaje famn. Ability li se tou li nesesè.

II. Pwosedi Yo: Rechèch la ap fèt nan riral Ayiti. Li pral dire yon total de 4 mwa e li ka ale osi lontan ke 6 mwa. Mwen pral obsève travay ou ap fè kòm famn chay. Mwen pa pral obsève ou nan okenn fason ak pasyan yo. Map sel observe ou. Mwen pral kolekte done obsèvasyonèl jan li gen rapò ak devlopman òganizasyonèl ou kòm yon sosyete, tankou chaj la famn. Obsèvasyon mwen yo pral pran plas plis chans sou yon ban anba yon pye bwa pandan youn oubyen de nan reyinyon ou yo. Ou pral espere rankontre nan klinik la yon fwa chak mwa pou pale avè m 'sou telefòn la. Mwen pral rele fwomaj lokal la. Pa gen okenn tann ou pral bezwen rele m 'oswa ou gen yon telefòn. Li espere tou ou pral kontinye nan sèvis ou kòm famn chay si ou ap aktivman fè sa. Sa a pral ede pwosesis rechèch la nan ke mwen aprann plis sou fason yo nan kote ou se patisipasyon. Li enpòtan pou ou prezan pou chak reyinyon chak mwa. Depi rechèch la pral dire 4-6 mwa, pral gen 4-6 reyinyon yo. Si ou ta dakò pou patisipe, yo pral mande w pou odyo anrejistre ak videyo tap, osinon audio tap. Anrejistreman sa yo pral itilize pou konpreyansyon pi lwen sou rechèch mwen ap fè. Rechèch sa a enplike foto ak videyo nan videyo tankou famn chay. Mwen pa pral pran okenn foto oswa videyo anrejistreman nan ou ak pasyan, nan nenpòt ki zòn prive nan klinik la ak pasyan oswa nan kay pasyan yo. Yo pa pral pataje ak nenpòt lòt moun pase sa yo mansyone nan fòm konsantman sa a, yo pa pral itilize pou nenpòt ki objektif lòt pase nan bi pou etid sa a, epi yo pral estoke nan yon kote ki an sekirite ak an sekirite.

III. Risk yo: Mwen te pran nan atansyon konsidere enviornman a inik ou ap viv nan, jaden flè sosyal la ki fè moute fason ou nan lavi. Mwen respekte lidèchip ou nan rejyon sa a kòm

fanm respekte istwa long yo kòm lidè endijèn. Mwen pa vle chanje anyen. Mwen isit la sèlman yo obsève ak aprann. Ou bezwen konnen li ka fizikman mande e emosyonèlman mande yo patisipe nan etid sa a.

IV. Benefis yo: Yon benefis nan etid sa a se ke ou ta jwenn sipò endirèk pou travay ou an Ayiti. Kòm yon pwodiksyon endirèk nan rechèch sa a, òganizasyon entènasyonal yo pral konprann ki jan demokrasi fanm yo defini ak wòl yo importnat fanm jwe nan riral Ayiti. Petèt sa ki pi enpòtan pou tèt mwen, travay san papyè nan ti chenn la pral jwenn bon, respektye plas li nan inivèsite epi si gen dwa sou sa. *Pa gen okenn pwomès oswa garanti benefis yo te fè pou ankouraje w patisipe*

V. Anndan anonimite ak konfidansyalite: Enfòmasyon mwen kolekte nan ou pap gen non ou. Mwen pral kenbe non ou prive nan lòd pwoteje idantite ou. Mwen pral sèvi ak idantifyan nan dosye done mwen an. Yon egzanp yon idantifyan se, pou yon fanm yo rele Anna, Anna pral kounye a yo rele ID 001. Tout enfòmasyon an pral estoke nan yon metòd ki se konfidansyèl. Sa vle di mwen pral itilize kòd nan plas non ou ak tout enfòmasyon ki ka idantifye ou yo pral kenbe nan yon kote ki separe ak sekirite. Li enpòtan ke ou konnen kòm byen ki moun ki pral gen aksè a enfòmasyon sa a. Mwen pral gen aksè a enfòmasyon sa a. Lòt pase m', twa nan pwofesè mwen nan lekòl ak ki moun mwen kolabore ak pral wè enfòmasyon sa a kòm byen si li nesesè. Pa gen tan nou pral lage rezilta idantifyab nan etid la bay nenpòt moun ki lòt pase moun k ap travay sou pwojè a san konsantman alekri ou. Virginia Tech (VT) Enstitisyonèl Revizyon Komisyon Konsèy la (IRB) ka wè done etid la pou rezon odit. IRB a responsab pou sipèvizyon pwoteksyon nan matyè imen ki enplike nan rechèch.

VI. Konpansasyon: Yo pap fè okenn konpansasyon sou patisipasyon nan etid sa a. Patipasyon ou an volontè.

VII. Libète pou retire li: Li enpòtan pou ou konnen ou lib pou retire nan etid sa a nenpòt lè san penalite. Ou lib pou ou pa reponn nenpòt kesyon ou chwazi oswa reponn a sa yo mande ou san penalite. Tanpri sonje ke gen ka sikonstans kote anketè a ka detèmine ke yon sijè pa ta dwe kontinye kòm yon sijè.

VIII. Kesyon oswa enkyetid : Si w ta gen nenpòt kesyon sou etid sa a, ou ka kontakte youn nan investigatè rechèch ki gen enfòmasyon kontak ki enkli nan kòmansman dokiman sa a. Si w ta gen nenpòt kesyon oswa enkyetid konsènan kondwit etid la oswa dwa ou kòm yon sijè rechèch, oswa si ou bezwen rapòte yon aksidan ki gen rapò ak rechèch oswa evènman, ou ka kontakte Komite Revizyon Enstitisyonèl Virginia Tech nan irb@vt.edu oswa (540) 231-3732.

IX. Konsantman Sijè a: Mwen te li Fòm Konsantman an ak kondisyon pwojè sa a. Mwen te gen tout kesyon mwen reponn. Mwen rekonèt anwo a epi bay konsantman volontè mwen:

_____ **Dat:** _____
Siyate sije

Sije enprime non