Attending to Researcher Positionality in Geographic Fieldwork on Health in Latin America: Lessons From La Costa Ecuatoriana

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Recommended Citation
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Introduction

Geographers have comprehensively argued that the process of generating knowledge through fieldwork is inevitably affected by the social location of the researcher in question: his or her gender, age, ability, discipline, profession, class, race, and national identity (Faria and Mollett 2016; Hunter 2009; Jackson and Neely 2015; Sundberg 2005). As Sundberg (2003) demonstrates using the example of her fieldwork in Guatemala, scholarship that ignores its own situated nature perpetuates “masculinist” epistemologies that obscure imperialist power relations allowing the generation of knowledge about Latin America. In this commentary we draw on our experiences carrying out fieldwork in Ecuador’s coastal region (la Costa) to extend such arguments to the context of geographic research on health in Latin America.

Such an extension is timely for multiple reasons. As health geography attempts to engage with the field of global health (Herrick 2016), geographers will be increasingly drawn into global health projects in Latin America. Geographers in global health projects will likely experience the field’s sense of urgency to forego inconvenient critical reflection and simply ‘do something’ about pressing global health issues (cf. Pigg 2013). This dismissal of critical scholarship is consistent with imaginative geographies of global health – a field defined and largely controlled by the global North – that elide histories of colonialism and present Latin America and other global South regions as inexplicably or constitutionally disadvantaged (Brisbois 2014; Sparke
Furthermore, in addition to such North-South concerns, geographical fieldwork on health in rural Latin America frequently involves researchers and theories originating in Latin American metropolitan centres, suggesting a need to examine how those researchers and theories are themselves situated. Indeed, analyses of Eurocentric and North American footprints in Latin American scholarship, and of the relationships between knowledge production and regional inequities, make such reflexivity particularly pressing (Castro-Gómez 2003; De la Cadena 2007; Lander 2000; Porto-Gonçalves 2006).

We are two early-career researchers – one Ecuadorian, one Canadian – who have carried out qualitative fieldwork on health implications of banana production in Ecuador. We have in common critical geographic approaches and a desire for engaged scholarship. We begin by describing our fieldwork experiences, using first-person voice to characterize our respective social locations, which we interpret as including our different institutional and theoretical homes. We then discuss these experiences in light of scholarship on imaginative geographies and their relationship to political economic inequities, and reflect on implications for geographical fieldwork on health in Latin America.

**Fieldwork experiences**

**El Oro: A gringo “doctor” in the banana capital of the world**

My (Ben Brisbois) doctoral research examined narratives of pesticide risk among banana farmers and workers in the coastal Ecuadorian province of El Oro, whose capital Machala is the self-described ‘banana capital of the world’ (Brisbois 2016). I worked within a global health research program at a Canadian university, using social scientific theories – especially human geographic
work on scale and political ecology – to challenge global health’s apolitical, biomedical framing of problems such as agricultural pesticide exposure (cf. Brisbois 2014). I employed an ethnographic approach to investigate how Orenses (residents of El Oro) understand the causes and health effects of pesticide exposure in banana production. I was especially interested in their preferred solutions to this challenge, and harboured ambitions of engaged scholarship.

I am white, male, university-educated, and Canadian (a gringo, in Ecuador). In the field, these factors affected my reception and therefore the data I collected. Responding to my home in a school of public health, for example, both a physician and a high school teacher in the provincial capital of Machala facilitated my access to rural communities where they thought I should “educate” banana farm workers in pesticide safety and nutrition. When speaking with the farm workers in question, I was mistakenly identified as a physician – I am not – and was subsequently asked to help provide healthcare to the community. Both my sampling strategy and responses to my interview questions were therefore conditioned by my perceived profession. In addition, my presence in El Oro evoked geographic imaginaries involving the global North. I was often perceived as a wealthy foreigner with importance and resources that I did not actually possess. I was warned by university-educated Orenses not to use my battered old cell phone in public places, as my identity as a gringo would cause would-be thieves to see it as valuable. I also received several requests for financial support, such as when a banana farmer asked me to invest money in machinery for producing juice or sweets with bananas that could not be sold in the difficult banana market of late-2011.

In other instances, my gringo identity endeared me to more-privileged Ecuadorians, such as the owner of a Machala restaurant who both helped me with my research, and sought my help in sending her children to learn English in Canada. One wealthy banana farm owner from the
Sierra (Ecuador’s highland region) casually informed me that Chinese immigrants to Ecuador, and people in Machala, are “very dirty” [muy sucia]. She confided in me concerning the desirability of a coup in Ecuador, like the one led by Augusto Pinochet in Chile, and the necessity of maintaining (illegal) “black lists” of workers (often those suspected of union tendencies) who should not be hired on banana farms. These disturbing comments proved to be valuable data in understanding the dynamics of health inequities in Ecuadorian banana production. They appear to have been made possible by the unforeseen perception that I was well-connected in Canada, and sympathetic to right-wing and racist political views.

Such unexpected implications of my social location caused me to re-evaluate the assumptions with which I began fieldwork. I had planned my research aware of the problematic nature of Northern desires to “save” or “develop” Latin America, and tried at all costs to avoid related essentializing depictions of Ecuadorians. When I arrived in Ecuador, however, I encountered portrayals of Costeños as passionate, proud, violent, dishonest, and sexually promiscuous. Many in Quito reproduced such images, informing me that, in la Costa, the higher density of oxygen at sea level makes monos (“monkeys”, a colloquial term for Costeños) biologically predisposed to impulsive behaviours. In my research, I also observed privileged, urban Orenses providing surprisingly similar portrayals of their poorer rural counterparts, often attributing pesticide exposure and other health problems to the latter group’s inherent carelessness and ignorance. Such portrayals motivated their calls to educate or “save” rural banana workers. After bending over backwards to avoid portraying Ecuadorians as deficient, therefore, I found myself surprised to encounter such geographically-linked portrayals of rural Costeños voiced by other, more privileged, Ecuadorians.
Neo-colonial imaginative geographies in which Latin Americans are considered constitutionally poor clearly still serve to justify inequitable political economic interventions on the part of actors in the global North, thereby contributing to ongoing poverty and poor health in Latin America (Brisbois, 2014; Escobar, 1995; Sparke, 2009). As the experiences described above illustrate, however, attention to within-Ecuador imaginative geographies helped to uncover their frequent centrality in explanatory narratives through which health is understood in the region. A related implication is that, by helping to explain away and thereby justify and stabilize economic disparities, such narratives may actually contribute to poor health outcomes related to poverty among marginalized Orenses (Brisbois 2016).

**Tenguel: A Serrana researcher in la Costa**

My (Patricia Polo) research examined gendered social representations of territory-health relationships among banana workers in San Rafael and Tenguel, in the coastal province of Guayas (Polo Almeida 2015). This work was theoretically grounded in political ecology and Latin American collective health scholarship (Breilh 2003). My engagement with collective health reflected my training in a doctoral program on health, environment, and society at a highland Ecuadorian university, while my political ecology focus was especially informed by my Master’s degree in geography in the United States. I used these theoretical perspectives to guide my qualitative fieldwork (semi-structured interviews, focus groups, participatory mapping, and unstructured observation) and participatory group conversations (Barreto 2005). My objective was to understand how banana workers’ representations of health and territory are embedded in their livelihoods.
My identity as a mestiza, university-affiliated female from the Sierra shaped the information that interviewees shared with me. Banana workers are often reluctant to speak about their working conditions in light of possible reprisals from their employers. Nevertheless, people in the towns of San Rafael and Tenguel generously and sometimes repeatedly gave their time and attention to numerous questions about health and territory. My identity as a university researcher clearly evoked class differentials in Tenguel, where it government figures state that nine percent of the population does not read or write and only 50 percent have finished primary school (INEC 2010). Women in all cases had less access to formal education but, despite this educational difference, often trusted me more and allowed me more access than did men. Women seemed to see me as one of them, as a woman and an Ecuadorian, but in a different social position due to my educational attainment. Conversely, on some occasions men flirted with and patronized me in my interviews with them. Many appeared surprised to be asked about working and living conditions by a woman, to the point that some asked me about my marital status and if I had children. Others appeared eager to impress an outsider to the region with their knowledge and ability to survive in the hard world of the banana-producing coast. As an Ecuadorian but an outsider, however, my questions about banana production and local livelihoods appeared to make some local leaders – banana plantation administrators and public health service managers – uncomfortable, and they tended to downplay the extent of social problems facing the communities.

While preparing to begin my fieldwork, I was motivated by a desire for my research to contribute to the improvement of untenable and inequitable conditions in this rural territory. I was aware that Tenguel and many other coastal places experience problems with drug and alcohol abuse, domestic violence, crime, deficiencies in healthcare, and other basic social
services. I viewed the region, on the whole, as a territory marked by insecurity. Such fears were compounded in my first few days living in Tenguel when I experienced a bad flu (popular narratives about la Costa feature a dangerous profusion of infectious diseases). Consistent with my initial fears about security, a public health professional suggested that I keep him informed of my research activities, for safety’s sake. Ultimately, however, I thanked him but decided that this well-meaning suggestion would place limits on my understanding of banana workers’ daily lives. Instead, I followed my own agenda.

Looking back at my fieldwork, I realize that I initially held preconceptions about Costeños: that they were violent and fiesteros (partiers). During my fieldwork, farm administrators and health professionals repeated such portrayals, adding in elements such as unfaithfulness, alcoholism, and lack of education. To these officials, such inherent characteristics of rural Costeños were the causes of their poor living conditions and health status. Such apparently self-serving narratives are among the factors that prompted me to reexamine my initial assumptions. In particular, it disturbed me that my social location appeared to create a comfortable space within which these narratives could be shared by relatively privileged Costeños. Some such people, for example, opined that Serranos like me are generally more knowledgeable than the majority of Costeños, more inclined to scholarly study, and more interested in different regions of Ecuador.

My fieldwork allowed me to see banana workers’ livelihoods differently. I became concerned not to reproduce the same underdevelopment stories recounted countless times by researchers and development professionals, for example in the World Bank and International Monetary Fund’s promotion of privatized health services in Ecuador (Dávalos 2016). Neo-colonial and patriarchal imaginaries such as the uneducated fiestero Costeño are ubiquitous in
Ecuador, however, and we encounter them on a daily basis (Espinosa 2000). With specific respect to health, my fieldwork in Tenguel showed how they feed into a convenient narrative in which poor living conditions and health problems among banana workers are attributed to their “behaviours.”

Discussion: Positionality, imaginative geographies, and geographic fieldwork on health in Latin America

The importance of accounting for the researcher’s embodied social location is by now acknowledged as an important component of rigorous qualitative methodologies, and data is understood to be co-constructed through particular research encounters (Garro and Mattingly 2000; Jackson and Neely 2015). As Sundberg (2003, 2005) demonstrates, furthermore, such attention to positionality is especially important when crossing major fault lines of power and privilege, such as those created over centuries of inequitable relationships between Latin America and countries of the global North. Our fieldwork experiences provide added urgency and nuance to such calls for reflexivity.

In particular, our encounters with imaginative geographies within Ecuador are noteworthy. Large-scale imaginative geographies typically (mis)characterize huge portions of the world, such as “the Orient” of Euro-American geopolitics (Said 1978), the global South of global health (Sparke 2009), or the Latin America of English-language pesticide epidemiology (Brisbois 2014). Our encounters with subnational imaginative geographies show their linkages – both continuities and frictions – with such macro-imaginative geographies. In Ecuador, la Costa
is often portrayed as dangerous, disease-ridden, and sultry, with the hotheaded, promiscuous, careless, and dishonest inhabitants one would expect to find in such a place (de la Cuadra and Robles 1996; Phillips 2004). Such portrayals are often voiced by residents of the Sierra about la Costa, but also – and perhaps most notably – by urban inhabitants of the coastal metropolis of Guayaquil about rural coastal regions (Roitman 2009). Such internal-to-Ecuador imaginative geographies, furthermore, appear to serve an economic purpose in legitimizing the exploitation by urban elites of rural territories and labour forces (Bauer 2014; Roitman 2009). As Larrea (1987: 32) documents, rural banana-producing regions have remained largely impoverished over the past 60 years, while generating enormous wealth for urban elites – fuelling state bureaucracies in Quito and an “urban oligopoly” of banks and related service industries in Guayaquil. At an even smaller scale, narratives in which urban Costeños such as banana farm owners, administrators, and health professionals describe their rural counterparts as ignorant, careless, hard-drinking, and unable to properly feed and care for their children similarly appear to play a role in justifying the exploitation of one region and its inhabitants by another. Such portrayals frequently feature in explanatory narratives through which privileged Ecuadorians make sense of health, especially the health of marginalized others. Beyond their role in how health is understood, furthermore, imaginative geographies also appear to play a role in how (poor) health is produced, by helping to explain away, and thereby justify, class dynamics in banana production and their disastrous health consequences. Attention to scholarship on mestizaje, or cultural constructions of whiteness and Otherness, further suggests that variants of such narratives shape how health is understood and produced throughout Latin America (cf. Bauer 2014; Espinosa 2000; Roitman 2009).
Cultural geographers will recognize analogies with Mitchell’s (1995) description of the political uses by privileged group of the “idea of culture,” with our experiences emphasizing the importance of perceived linkages between specific regions and cultural traits. In encountering and attempting to avoid reproducing geographically essentialized portrayals, however, we ourselves were often viewed by research participants in essentialized terms – as a gringo and as a Serrana, both university-affiliated, and with the privileges those identities were assumed to confer. Thus attention to researcher positionality needs to also account for imaginative geographies and other preconceptions held by relatively marginalized people about researchers from more privileged regions of the world. Without passing judgment on the accuracy or validity of such imaginative geographies about the regions of origin of researchers, for the purposes of our argument it is enough to say that they clearly affect the co-construction of data through fieldwork. In addition, it is important to challenge the assumption that researchers in Latin America are always more privileged or powerful than research participants (cf. Faria and Mollett 2016). As representatives of North America and urban highland Ecuador, our interactions with privileged Costeños had the potential to either challenge or strengthen inequitable relationships involving rural banana-producing regions. The generation of knowledge about a region is intimately tied up with power relations affecting that region, and the stories shared with us by Costeños were collected in the context of such power relations. Our uncertainty over the success of our efforts to apply this data to emancipatory objectives, and not to the reproduction of inequitable power relationships, motivates our recommendation for further discussion of such dynamics (cf. Sundberg 2015).

In conclusion, health geographers attempting to understand relationships between health and place in marginalized regions of Latin America will be confronted with problematic
“masculinist,” neo-colonial, and even racialized discourses originating in less-reflexive portions of Northern social scientific literature (Sundberg 2003). These may pale in comparison with the overwhelming unreflexive dominance of scientific biomedical knowledge in global health, and health research more generally. The laudable engagement with Latin American theory occurring in both geography and global health (e.g. Spiegel, Breilh, and Yassi 2015) also suggests the need to be attentive to how Latin American scholars and theories are themselves situated. Specifically, our encounters with within-Ecuador inequities and imaginative geographies indicate a need to include Latin American identities, theories, and places in geography’s reflexive examination of positionality, responding to colonial legacies in power-knowledge relations in the region (Porto-Gonçalves 2009). Such reflexivity could extend emergent themes in some Latin American health scholarship, which argue for attention to history, political economy and gender in multicultural dialogue among Occidental/Northern, Southern, and Indigenous knowledges (Breilh 2003).

Finally, the ways in which local actors themselves generalize about the world – and researchers – should be taken into account when planning, conducting, and interpreting fieldwork. With these considerations in mind, the generation of geographic knowledge on health in Latin America stands a better chance of being faithful to the understandings of participants, avoiding the reproduction of inequitable power relations between and within countries, and even generating knowledge with the potential to contribute to the projects and interests of marginalized populations.

References


Dávalos, P. 2016. *Salud Inc.: Monopolio, ganancia y asimetría de la información en el aseguramiento privado de la salud en el Ecuador*. Quito: Centro Publicaciones PUCE.


Tenguel is the first banana enclave in Ecuador, created by the United Fruit Company in 1933. San Rafael is a community that belongs to the rural parish of Tenguel, Guayas province.