



Manifestations and Strategies to Deal with Politics Science Adulteration in Community Engagement Healthcare Research

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Conceptual Paper

Volume 8 Issue 1

Received Date: November 27, 2023

Published Date: February 16, 2024

DOI: [10.23880/phoa-16000273](https://doi.org/10.23880/phoa-16000273)

Abstract

Community and Public Engagement (CPE) is increasingly acknowledged as an appropriate approach in healthcare and other policy related research. However, it is also becoming clear that community engagement necessarily involves and is significantly affected by politics. This paper illuminates the manifestations of politics in community engagement research drawing examples from a community-level study that was carried out in Kasulu, a rural district in Tanzania. Specifically, the paper starts by providing some conceptual highlights on community engagement and politics, then it proceeds to show the different forms and shapes that politics can take in community-level research. Further, it argues that community engagement is by its nature a defacto victim of politics. Finally, it suggests workable strategies and tactics that could be considered by community engagement researchers to remedy scientific research from being adulterated by politics. Four strategies that were employed in our project namely creating cognitively aware communities, preparing and orienting stakeholders to engagement guidelines, the use of Community Advisory Committees, and ensuring diversity in all engagement platforms are described and exemplified. If effectively used, these measures can potentially improve the uptake and sustainability of the solutions that community-level healthcare engagement research partnerships tend to generate.

Keywords: Community engagement research; Politics and Politicization; Science adulteration

Abbreviations: CPE: Community and Public Engagement; CAC: Community Advisory Committee; CBM: Community-Based Monitoring; CBO: Community-Based Organization; CSO: Civil Society Organization; JPRM: Joint Planning and Reflection Meeting; PI: Principal Investigator.

Introduction

Community Engagement is becoming a popular and most recommended approach in healthcare and other areas of public policy and social service delivery research.

The term 'engagement' makes community engagement something common to many -quite difficult to distinguish from related concepts such as stakeholder's engagement, policy engagement, and public engagement. In substance, both community engagement and community engagement research differ significantly from other forms of engagement. Community engagement research, simply conceived, it means engaging communities in the research process in order to get a good understanding of the local problems that communities and their key actors possess while increasing the potential for generating relevant information and

developing relevant and legitimate solutions [1]. Community engagement research approaches signify a revolutionary transformation in research methodology, which in addition to the desire to democratize and decolonize knowledge production seeks to make science work meaningfully for lay communities [2]. The motive behind the use of community engagement approaches is to make science work better for lay communities by empowering communities and their key actors to engage in scientific research and the use of scientific methods to generate practical solutions.

As an approach in healthcare research, community engagement serves several purposes including perspective seeking, developing the agency of the local communities to understand, own, and contribute resources required for producing practical and useful knowledge. These resources include context knowledge, lived experiences, expertise, and sometimes labour that would be required in the generation of evidence for understanding and addressing healthcare problems of the communities [3]. It involves informed and conscious collaboration between researchers and communities to understand and solve community-level problems. In the cases of health intervention projects and programs as cited in the case of Ghana, community members can volunteer and contribute their labour and thus reduce the cost of implementing and scaling healthcare solutions [2,4]. These characteristics, combined together with virtues such as consensual decision-making, cognitive participation, reflexivity, and continuous improvement create more chances for increased cost-effectiveness and institutionalization of research culture within the communities.

Community Engagement research means doing research with the communities, by the communities, and for the communities. Communities are empowered and facilitated to become 'lay scientists' while researchers serve as facilitators whose role is to guide community-level stakeholders to adhere to 'scientific standards', the research methods [5]. Notably, community engagement research involves a kind of 'community partnership' where researchers, community members and representatives, health professionals, and other interested community groups work together to discover the nature and causes of community-level health challenges and collectively develop solutions for such problems. It is, therefore, a co-production process whereby scientists and community-level stakeholders work together through the research cycle -defining the problem, choosing appropriate methods, gathering and analysing information, and developing and testing solutions to healthcare problems [6]. Community engagement is a variant of citizen science [7] that primarily seeks to develop long term capabilities of ordinary community members and other community actors to engage in scientific research [8]. In this model of citizen science, researchers and scientists serve as both partners

and facilitators whose expertise has to be shared with lay-communities in the course of co-producing solutions in the community settings.

Despite the value and benefits associated with community engagement in community-level healthcare research, health services and health systems researchers are increasingly becoming aware that community engagement research is prone to penetration by politics and political actors. Upon successful penetration, politics tend to 'adulterate' community engagement research and therefore making such research fail to adhere to the standards of good science in terms of both procedures and research outcomes [9]. This paper uses examples from a study that was conducted in eight villages in Kasulu, a rural district in Tanzania between 2019 and 2021 to reveal the way politics manifest in community-level engagement research and propose the strategies for remedying community engagement research from negative effects of science adulteration by politics. The four proposed strategies combine different lessons of success that we observed during the CBM4Tanzania research project, a theory guided community intervention that sought to test if community-based monitoring [7,10] would empower the communities to play an effective oversight role. The strategic measures and tactics that this paper proposes are important for community engagement researchers since they are critical for doing high impact research, which requires the development of community ownership and generation of evidence-informed healthcare solutions that can be legitimately adopted and sustained by communities.

Politics and its Manifestation in Community Engagement Research

Politics is traditionally associated with institutions of government and ruling in a politically organized community [11,12]. The variables associated with politics in the modern literature include power, government authority, and competing interests to allocate resources and values. In his preface to democratic theory, Robert Dahl, defines politics as who gets what, where, when, and how [13] It also relates to the use of authoritative means to define, articulate, and protect public interests [14]. Politics, also relates to governing, exercise of power, and making collective choices for citizens, which involves those who acquire power and authority in politically organized communities [12].

Apart from the actual exercise of power, politics has been associated with the efforts, initiatives, and strategies used to acquire power. Power acquisition is a means towards the end, which is to hold a public authority -a position that allows individuals to decide for others [15]. As observed by Thomas Callaghy in the context of developing countries, politics at this stage may not necessarily be ethical since it involves

struggle by interested political groups and individuals to establish domination and control [16]. Therefore, the politics of power acquisition can hardly be free of conducts such as manipulation of information, misinformation, and misrepresentation of government institutions and their stance on important and sensitive public affairs such as healthcare.

In research, politics can take many different forms and shapes. On the first extreme, it may involve active and open use of political power, authority, and platforms to shape the understanding of the problem and required solutions within the study communities. On the other extreme, it may take form of inert and covert lobbying and manipulation that in the long run affects the breadth and depth of engagement with the study communities and their key institutions [17]. Through financing, political actors can control the agenda of research and dictate what findings should be put to the public [18]. There are also instances where political institutions and political actors tend to capture and control research dissemination outlets. For instance, Jeffrey Henig provides examples where government institutions attract researchers to present their preliminary findings through conferences that are organized for the purposes of furthering policy positions. Such findings are used as evidence to shape legitimize the preferences of political authorities rather than being disseminated through scientific platforms such as peer reviewed journal [19]. All these will necessarily affect objectivity and adherence scientific principles that govern research to ensure that research generates reliable and valid evidence.

Politics as who gets what, where, when and how involves an interplay of conducts including both ethical and unethical. Given the potential effects of politics on community engagement research and research outcomes, the view that good science should rarely entertain politics is decisively promoted by public policy research experts [20]. This is because if it is left uncontrolled, the effect of politics on community engagement research may be damaging. The most damaging effect happen when political actors, for political interests successfully influence, manipulate, or divert a well-planned research project in the way that it fails to meet the requirements for scientifically credible research [5,9]. This kind of alteration is what is termed as science adulteration, which is the next subsection explains.

Science Adulteration in Community Engagement Research

We employ the concept science adulteration in the same way as it is used by Bansal S, et al. [21] in their study on food adulteration risks and Azad T, et al. [22] in their study on milk adulteration detection techniques. Adulteration here

denotes a situation where a food contains a substance that is considered to be dangerous, contaminated, or deleterious and thus renders it unsafe or injurious to health [23,24]. In this case, we employed the concept science adulteration to refer to any invasive impositions in the research process that are likely to alter the intentions and outcomes of the research and thus make it procedurally anomalous or generate and disseminate information that is substantially wrong.

Any kind of research can be adulterated in different ways including an invasive imposition of private nonscientific methods, researchers' bias, replacement of intended objectives by private goals, and intentional manipulation of the findings to legitimize private interests and agenda. The agent of science adulteration can, therefore, be a scientist himself or a third-party. Specifically, science adulteration can involve replacement of rationally planned and approved research methods with what is thought to fit the personal needs of a researcher or a third-party during data collection, analysis, or dissemination [25]. For instance, if the approved protocol required that participants' selection should involve randomization, but the researcher decides to take whoever is in place in order to complete the data collection in a short time, that is adulteration.

In the case of our community engagement research, there were several forms of science adulteration initiated by both members of the research team and politicians at the grassroots. On the side of the study team included two research assistants and eight volunteers who had been recruited from the same communities. Therefore, they were part and parcel of the local politics. During the invitation for community dialogues for instance, the volunteers who were responsible for inviting community groups tended to excluded households they thought were from the radical political opposition parties. Similarly, family and blood relationship and social ties such as friendship, religious identities, tribal and ethnical belonging had a significant interplay with the local-native politics.

There were two salient science adulteration attempts that manifested in the course of our engagement activities. The first one involved two politicians who claimed to have invited the CBM4Tanzania study team to go to the district and save the communities out of rampant corruption. Both claimed that the CBM4 Tanzania project could not have been there if it was not the friendship they had with the Principal Investigator and the leadership of the University of Dar es Salaam where the PI was coming from. This was indeed not true. The PI himself had never met or talked the two politicians before. The second experience was the attempt by grassroots leaders to silence the community members not to provide information during both the baseline survey and community dialogue meetings.

The first instance occurred in one of the villages where the research assistants left the village office for administering the questionnaire. As soon as they left the office, the village chairperson sent two young men to go around the village insisting to the villagers that there were visitors collecting data and thus the villagers should not let down their leaders once asked about the state of health services in the village. Noting that, the study team had to remind the research assistants that proper introduction of themselves and the aim of the study would make the respondents open up and present the real experiences they had regarding health services in the villages. A slightly different experience was that of village leaders imploring their people to attend the community dialogues and note the names of those who were saying bad things about the leaders and health workers. Having noted that, the study team had to insist at the beginning of the meetings that the purpose of the study was not to identify who was the cause of healthcare problems in the villages. It was rather to understand the existing problems and work with the communities to devise better ways to solve such problems.

Strategies to Deal with Politics in Engagement Research

As pointed out in the preceding text, politics are unavoidable since they are part of the day-to-day undertaking of the communities. Decision-making, resource allocation, planning and prioritization, and distribution of goods and services in communities involve power, competition, and collision of interests. That is politics in practice. Therefore, doing away with politics in the context of community engagement or any other activities that involve different community-level actors is quite impractical. Instead, it is feasible to devise strategies and tactics that would remedy engagement research and associated activities from adulteration by politics. The next four subsections provide a thematic synthesis of the strategies we used to deal with politics in our research project insisting on the ways in which each of the strategies contributed to the success of the research project.

Creating Cognitively Aware Communities

The first step into community engagement is the creation of cognitively aware communities. By cognitively aware communities, we mean developing the capacities and capabilities of the communities to recognize the existence of a sensitive healthcare challenge that has a potential of affecting the wellbeing of the community [26]. For instance, spending a couple of days sensitizing and mobilizing the communities to understand that the problem of stockout was associated with inefficient management and oversight of the available healthcare resources and service delivery

in the communities was the best entry point in our project. The same understanding had a far-reaching effect on the understanding of the communities that they had the right to participate in planning and priority setting, and to get demand information on financial allocations and expenditures within the Community Health Fund (CHF), a community-level voluntary prepayment insurance scheme. It also increased the confidence to question when there are unaccountable practices, and to summon health workers to village assembly meetings to explain when healthcare services fail to satisfy community needs or meet expected standards [27].

Noting the need for cognitive awareness as a prerequisite for controlling science adulteration by politics, orientation to the project and its essence incorporated strong messages to show that the CBM4Tanzania was a scientific research project. The aim in this case was to recorrect the preconceptions that had been built by some grassroots politicians during political rallies that CBM4Tanzania was an initiative of the government to improve primary health services in the district. With this politicization, there had been widespread beliefs among ordinary community members that the CBM4Tanzania team was sent by the government to collect information on the misuse of financial resources following request by grassroots and party leaders. To counter this, the team had to explain and make communities aware that the engagement was building on previous studies by the PI [28-30] to understand better the nature of the problems such as medicine stockout that the team had known they existed and collaborate with communities to learn how such problems could be approached and addressed.

The initial stages of engagement that involved community-wide mobilization and sensitization, therefore, served as a strong tool for not only educating the communities and empowering them to play and oversight role but also detaching the CBM4Tanzania research project and its associated activities from politics. Combined with the use of locally recruited volunteers, research assistants, and Community Advisory Committee (CAC); this strategy contributed significantly to the development of community ownership of the project. It also encouraged ordinary community members to engage in active and open discussions about sensitive topics that were traditionally regarded to the matters to see and not to say such as mistreatment of patients by nurses and health workers' absenteeism. We also observed that the increase in use of the Mobile Suggestion Box as a legitimate service monitoring and feedback tool was associated with the efforts invested in making communities aware of the need and right to participate in monitoring financial resources and service delivery as well as the importance of voicing out the communities' healthcare concerns.

Preparing and Orienting Stakeholders to Guidelines

Implementation guidelines are required for not only ensuring that planned activities are adhered to but also for making key stakeholders aware of the essence and objectives of the engagement. The guidelines need to be simple to be understood by lay and non-expert participants [31] and clear to eliminate the possibility of having cases of information fratricide in the project. Information fratricide, in its simple terms, means a situation where an actor communicates out some information or message thinking that such communication is beneficial. However, the same information becomes a killer that adversaries may use to build an unforgivably negative case against the actor that has communicated that information [32]. In some cases, information fratricide can take a form of sending out an information that is ambiguous or having a potential of being misunderstood by the intended receiver and thus leading to a negative reaction by the information recipient.

Guidelines in community engagement research tend to answer some basic questions about the engagement questions. These questions include who should be engaged, what should be the engagement message and why, and how should engagement be conducted and evaluated? The guidelines have to define clearly the problem on the ground and encourage reflective practices through which the community-level stakeholders work with the research team to redefine and refine the problem, set-up a proper structure for managing the engagement activities, and documentation of the key implementation barriers and suggest how they would be eliminated to ensure the success of the project [3]. Further, the guidelines articulate the basic norms and values that would be used to maximize the returns of the engagement such as ownership, volunteerism, and the development and strengthening the virtues of partnership such as collaboration, cooperation, and decisions through consensus.

Prior to embarking on the implementation of the CBM4Tanzania research project, the guidelines were carefully developed by the academic study team and subjected review by all members of the project team including community-level stakeholders. The review process paralleled the translation of the English version of the guidelines' booklet, 'Community-Based Monitoring: A Guide for the Community-Based Monitoring for Improving Accountability and Service Delivery in Rural Primary Health Care Research Project, Kasulu District -Tanzania' [27] into Kiswahili which is a native language. The translation involved the efforts to use simple plain language terms that would be understood by community-level stakeholders who would

be interested including ordinary community members. Lay translation as a strategic tactic in community engagement aims at demystifying the science by replacing technical jargons with the words that are used by communities in their day-to-day activities. However, it is also a strategic tool for depoliticizing engagement and reducing the chances for science adulteration because a 'lay understanding' of the messages reduces the chances of successful manipulation of information for political purposes [31]. On their side, politicians speak carefully taking into account the fact that community-level stakeholders including ordinary citizens are well aware of the purpose, ownership, and expected outcomes of the engagement activities in progress.

The 51-page guidebook provided information on the findings of the study that had motivated the study team to design the CBM intervention, a simplified understanding of the essence and importance CBM approach, principles of Community-based monitoring, and the actual process and practices in doing community-based monitoring. This made political party leaders and candidates extremely cautious when they presented the causes of healthcare challenges in the communities and the solutions, they would offer to eliminate the challenges. In both the 2019 grassroots elections and the 2020 general elections, attendees of campaign rallies had substantive questions that focused on the extent to which candidates would contribute to improved accountability for resources use and service delivery. This shows the increased awareness that the role of politicians, if elected would not be miraculous in terms of making healthcare services available. Instead, it would be making the healthcare systems and facilities accountable and responsive to the needs of the communities. Therefore, having in place clear guidelines that have been internalized by community-level actors empowers the communities to counter politicization of the discourse and narratives about the existing health problems and how they would be successfully approached.

The guidelines further documented the tools to be used by stakeholders for documentation in the course of implementing the research project and related engagement activities' records. Most of these tools were in form of checklists and forms. The forms for example, were prepared to document the organization of the day-to-day engagement activities, progress made in conjunction with the implementation mile stones, and the resolutions regarding what should follow as well as the agreed roles of each stakeholder towards the next step [27]. The use of these guidelines made the implementation of project activities uniform across the eight study villages. A clear and unbiased understanding of the CBM principles such as decision by consensus and following clearly documented procedures reduced the chances for manipulation and the use of political

power to influence decisions.

While the existence of clear guidelines is one thing and their internalization and use in the day-to-day engagement research context is another thing. Therefore, the two should not be confused. The challenge before community engagement researchers is, therefore, making the implementing stakeholders at community level to understand and institutionalize the use of those guidelines. If clear, internalized, and consistently followed; community engagement guidelines provide controls that bring the implementing partners to shared expectations and help them to set the lines of accountability for specific actions and resources' contribution by each partner. In that way, arbitrariness of actions that would potentially increase competition and erode collaboration is effectively controlled making engagement activities less political and more scientific. In this case, chances for science adulteration by politics are reduced in favour of demystified, participatory, and co-produced scientific knowledge that is easy for the communities to put in practice and sustain.

Strategic use of the Community Advisory Committee

Community Advisory Committees (CAC) play an instrumental role in ensuring the success of community engagement research. If objectively thought and formulated, such committees become the best instrument for protecting community interests against the private interests of influential actors such as politicians. Further, CAC are formulated to protect local voices, empower study participants, and buffer the research projects against pressures from political actors' attempt to manipulate the flow of information regarding the research and its findings [33]. However, whether the CAC will serve as a tool for dealing with politics and controlling the contribution potential of politics to science adulteration in community engagement research is not something that happens automatically. It rather depends on the extent to which the design, composition, and roles assigned to the CAC are strategic enough to shrine the project against politicization and operating under the pressure from political actors.

Member ID	Sex	Age (yrs.)	Description
Member 1	Male	67	Chair of the committee. Influential and highly respected retired health facility in-charge. Had worked in most of the oldest health facilities in the district. Known to be a man of principles and objective when it comes to matters of public concern.
Member 2	Female	54	Secretary of the committee. She was a serving health worker and in-charge of a health facility. She was also serving as a leader of the health workers' association in the district.
Member 3	Male	51	Community Development officer at the district council. Known in all the study communities due to his advisory role that he had been doing in all the villages involved in the study
Member 4	Female	31	Ordinary community member from one of the eight villages. She possessed experience of working as a volunteer serving on maternal and child health as well as HIV/AIDS and Youth Sexual and Reproductive Health projects across the study villages. Down-to-earth University graduate and known to be an influential personality.
Member 5	Male	36	Christian religious leader. Well known for supporting development initiatives at community-level
Member 6	Female	43	Well known micro entrepreneur and mobilizer of women to engage in saving and credit groups. Was also credited as a strong defend of women's rights and representative of women's across the communities
Member 7	Male	52	Politician from the ruling party, Councilor and representative in the full council. Well known in the district and respected due to his 'clean politics' and putting public interests at the top party and personal interests
Member 8	Male	34	Politician from the opposition. Well known in the district because of his role in the fight against petty corruption, bribery, and volunteerism in facilitating grassroots development initiatives
Member 9	Male	56	Muslim religious leader representing the voices of the Muslim. Well-known and respected for his role in creating harmony during the tension between Muslims and Christians in the district

Table 1: Profiles and composition of the CBM4Tanzania Community Advisory Committee.

Strategies and different tactics were adopted to ensure that the CAC played a protective role in the planning and implementation of the CBM4Tanzania research project and the contribution of such measures were self-revealing. The CBM4Tanzania project CAC had eight members who were recruited from the eight study villages in the district. The members included both those in political positions, professionals including health workers, and representatives of the dominant political groups in the communities. Table 1 summarizes the profiles of the members of the CAC for the CBM4Tanzania research project.

The choice of committee members followed a careful process of soliciting the names of unshakable and influential personalities who were credited by community members and community-level stakeholders for their contributions to livelihood improvement. This was done through community dialogues and the initial JPRM sessions where 19 names were obtained before selecting the 9 after consultation and discussion with different primary healthcare stakeholders in the district. As part of its functions, the CAC had to collect and discuss information about the implementation of the project to ensure its success. All the members had both knowledge and agency as agents of social change and transformation. Even those in political functions were regarded to be individuals who were reliable enough to stand for the truth when there is misinformation about the project and related engagement activities. They were, indeed, people who could visit and office at grassroots and district levels and easily request and get any information required for facilitating the implementation of the project.

Where there was misinformation, the CAC chairperson and secretary took initiatives to communicate and put the information right. The stature of the CAC and the personalities of its members made the CBM4Tanzania research project reserve and maintain its identity as a non-political, non-partisan, and non-government initiative that sought to develop the capacities of an ordinary community member to monitor the use of resources and the quality of services. Overly, the CAC served an important facilitative role in terms of ensuring that political interference and the potential for political manipulation are kept to the minimum. This was also associated with social legitimacy and political approval that the project relished throughout its implementation.

Ensuring Diversity in all Engagement Platforms

Sometimes known as engagement forums, community engagement takes place through different platforms such as the mainstream and social media, community dialogues, townhall meetings, and specific stakeholders' meetings [34]. Therefore, these platforms can be open to attract unspecified participants or closed and for specifically invited

participants. Some engagement platforms tend to attract both targeted and untargeted individuals. Community dialogues and outreach activities such as football competitions and traditional dance shows can attract anyone in the community as well as people from outside the study communities. Invitees to closed platforms such as that have specifically identified stakeholders whose input is deemed to be crucial in terms of knowledge generation as well as legitimization of the research and related engagement activities.

Diversity of the engagement platforms or forums refers to the inclusion and representation of different community groups whose viewpoints, belief, values, needs, expectations, influence, and interests are saliently different [35]. We sought to maintain diversity in all the forums we organized for engagement during both data collection and dissemination activities. For instance, two political identities namely the ruling and opposition politics were dominant during 2019 and 2020 since there were for grassroots and national elections. Therefore, differences in political opinion, policies, and party ideologies dominated most of the activities that were going on in these study communities including the day-to-day economic activities such as market day gatherings, saving and credit group meetings, worship, burial, and other grassroots development planning meetings.

Our project used four main engagement platforms. These were: community outreach activities (football and traditional dance shows), community dialogue meetings, joint and reflection meetings (JPRMs). These platforms are described in details in Table 2.

As a way of moderating the effect of these competing political viewpoints and possible science adulteration, we ensured that invitation to community dialogue meetings were public to allow people from all political parties to participate. In the case of JPRMs, we took time to understand the political affiliation of all the stakeholders and ensured that neither the ruling or opposition parties would dominate and direct the agenda of our meetings. Apart from the two dominant party-based identities, other community-level stakeholders who participated in our monthly JPRMs were religious leaders from different religious congregations that existed in the communities. They included the Muslims, Christians of the catholic and those of the Evangelical denominations, and other small belief groups commonly known as the 'born again' churches. In addition, we also invited representatives of organized interest groups such as the traditional healers, Community-Based Organizations (CBOs), and Civil Society Organizations (CSOs). This kind of diversity allowed the engagement teams to focus on the analysis of the health problems and relevant solutions focusing on the general needs of the communities rather than preferences and interests of an individual political group in the community.

S/N	Engagement Platform	Description
1	Community Outreach	Two major types of mobilization activities were used to attract and mobilize different community groups in order to make them aware and educate them on the CBM4Tanzania project and its goals. These were: inter-village football competitions mainly known as the CBM Cup and Traditional Dance shows and competitions. The research team in collaboration with other invited stakeholders used these platforms to deliver project related messages to targeted attendees such as the youth, men, and women. Outreach activities are strategic means of reaching and engaging specifically targeted groups. However, sometimes they can attract participants from outside the targeted population.
2	Community Dialogue	Like townhall meetings, community dialogues attracted whoever would be interested to attend and listen. Eight community dialogues were organized and used to create awareness of community members on their oversight right, role, and responsibility. The team also used the dialogues to inform community members on the service monitoring tools within the intervention such as the Mobile Suggestion Box and get their insights regarding the state of financial and health service accountability in the communities and their health facilities.
3	Joint Planning and Reflection Meetings (JPRMs)	These were monthly meetings through which stakeholders representing different groups' interests and viewpoints regarding how to improve finance and health services' accountability in the communities met to identify existing challenges. The participants were facilitated to do analysis and propose evidence-based solutions for the challenges. The sessions were also used to evaluate and agree on the best way to maximize the outcomes of the CBM intervention package and ensure that the implementation of the project remains ethical.

Table 2: Community engagement platforms used during the CBM4Tanzania project.

Conclusion

The aim of this paper was to identify different forms of manifestation of politics in community engagement research that were practically revealed in the use of community engagement methods in the CBM4Tanzania research project. We have insisted that deeper and broader involvement of communities and their key actors in research is important for generating relevant, legitimate, and easy to adopt and sustain solutions to community-level healthcare problems and challenges. However, any community-level research project will necessarily invite competing actors' viewpoints, interests, and the use of power to allocate resources and values across groups. This makes community engagement research necessarily political and characterized by politics that need to be controlled to preserve the scientific quality and credibility of scientific research. It has been revealed that politics can ensue in different forms ranging from ambivalent influence of the methods to explicit manipulation of the research information and both can adulterate science in the research process and thus undermine the validity and reliability of research findings.

Experiences from our study have clearly suggested that four strategies and associated tactics would reduce the potential adulteration of science by politics. These strategic

measures are creating cognitively aware communities, preparing and orienting stakeholders to engagement guidelines, the use of Community Advisory Committees, and ensuring diversity in all engagement platforms and forums. While our results may apply well to countries with political contexts and institutional behaviour similar to Tanzania, these findings may be useful for health promotion researchers who focus at different levels of health systems where stakeholders need to be involved in data generation and solutions' creation. Considerably, the findings underscore the lesson that depoliticization of research increases the possibility of using community research partnerships to generate context friendly and evidence supported solutions. These solutions are easy to sustain since their development involve legitimization, increased public trust in science, and the potential to become community supported and owned [36]. Finally, a clear understanding among the communities of the boundaries between politically and scientifically propagated solutions is prerequisite for controlling the effect of politics on the development, uptake, and the general use of scientific research and associated policy solutions.

Conflict of Interest

The author declares that there is no any conflict of interest.

Funding

This study was jointly supported by the Africa Academy of Science and the Consortium for Advanced Research Training in Africa (CARTA). CARTA is jointly led by the African Population and Health Research Center and the University of the Witwatersrand and funded by the Carnegie Corporation of New York (Grant No--B 8606. R02), Sida (Grant No: 54100113), the DELTAS Africa Initiative (Grant No: 107768/Z/15/Z) and Deutscher Akademischer Austauschdienst (DAAD). The DELTAS Africa Initiative is an independent funding scheme of the African Academy of Sciences (AAS)'s Alliance for Accelerating Excellence in Science in Africa (AESA) and supported by the New Partnership for Africa's Development Planning and Coordinating Agency (NEPAD Agency) with funding from the Wellcome Trust (UK) and the UK government. The statements made and views expressed are solely the responsibility of the Fellow.

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