For over 20 years now, progress has been made in health promotion research in the creation of theoretical frameworks and more specific analytical tools, and in the rigorous definition of its research topics.

In 2013, in its second issue, *Global Health Promotion* published several articles in this area. Among them were the four papers selected as finalists in a global call inviting researchers to report on the theoretical, methodological and empirical innovations deriving from health promotion studies (1). These articles make stimulating reading, and encourage the reader to review – from many different viewpoints – the advances that have been achieved and the main characteristics of the research in specific contexts and regions.

Larouche and Potvin (2) broadly define what they understand by innovative research in health promotion. One of the points the co-editors make is the emphasis that is placed on the reflexive and contextual dimensions of the documents selected. In this regard, they point out that reflexivity takes into account how a researcher’s personal assumptions can influence the course and results of a research project. Likewise, they claim that changing approaches demands a critical awareness of preconceptions that have an effect on the way we carry out the different steps of research. It was this process that Devereux was referring to when, more than 40 years ago, he suggested that in order to do research, ‘we have to pick our way through the morass of our own preconceptions, anxieties and blind spots’ (3).

Reflexivity also refers to the fact that the interpretation of data is not linear, since it advances in the form of a spiral. While the researcher's motivation for studying a specific problem often derives from his or her personal interest in or empathy for the subject and/or population selected, rigorous and ethical researching represents a chance to make visible and verifiable the assumptions that frame our work. This means submitting one's research results for review by other professionals, in accordance with the norms and criteria that our particular discipline requires (4).

In the same way, reflexivity also represents a significant concern with the meaning of the context in which the investigation is carried out (2). This concern leads us to ask: to what domain of discourse do the data obtained belong? A fact or event cannot be appropriately interpreted if it is not integrated into the domain of discourse to which it really belongs. It does not possess any meaning or scientific relevance outside that domain. The research process also involves disseminating findings beyond scientific circles, submitting the evidence to the verdict of the community, and transforming it into knowledge that is useful for that community. As Ramos has noted, ‘we have the chance to change and to learn as we present and explain our interests, viewpoints and criteria, and exercise our willingness to critically review our procedures’ (4:40).

What data do we have to help us define and describe the research on health promotion that is produced on (and in) Latin American countries? Though no ‘state-of-the-art’ paper has been published on this subject recently, preliminary literature reviews (5) allow us to identify a few trends. A large number of articles published in scientific journals present theoretical approaches that are clearly well founded and based on quantitative methodologies that make it possible to design interventions and obtain relevant data on different issues. Among the topics they highlight are the links between health inequalities and forms of discrimination based on ethnic, racial, socioeconomic and gender categories.

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It is interesting to note that some articles merely provide empirical evidence which can hopefully be used to draft future policies and/or interventions that will help to transform negative health conditions. In these studies, it is implied that the link between research and decision-making should adopt a converging path. That is to say, it is hoped that at some point on this path, the knowledge generated should eventually support or inform decisions on specific policies or interventions aimed at one or more specific population groups. However, as some social scientists have warned (6), in most Latin American countries, the expectations generated by this view are greater than their effectiveness. In order for this direct application of knowledge to decision-making to take place, it would require an exceptional, linked set of circumstances that we would be unlikely to find in practice.

Another aspect is that several survey researchers opt for highly sophisticated sampling techniques to establish the broadest possible generalizations. As a consequence, the excessive standardization of data can result in the researchers losing track of not only the complexity of the phenomena being studied but the actual meaning of this data (7).

In light of this, over the past 15 years, an increasing number of studies based on qualitative research have been published. They adopt an approach that seeks to study the uniqueness of the phenomenon in a holistic sense, instead of through its statistical variability. As in other regions, health promotion in Latin America began to embrace the qualitative approach when there was a need for in-depth exploration of the quality of certain social phenomena. Thus, slowly but surely, mechanisms and procedures have been created to ensure transparency in the process of production and systematization of empirical information that make it possible to reach reliable conclusions.

Most of the qualitative research studies reviewed have symbolic interactionism (and, to a lesser extent, social phenomenology) as their frame of reference. The studies explore various practices and knowledge in the areas of health, sexuality, reproduction and violence in different population groups and sociocultural contexts. They focus on what people say and do, and examine people’s reactions to these experiences, what kinds of health professionals and traditional healers they go to, and what social asymmetries, power, discourses and silences regulate and give meaning to the different behaviours. They use various procedures to analyse the data obtained from in-depth interviews and/or from observations carried out during the course of participative research studies.

While in many research studies the empirical procedures that underlie the theoretical reflection on the findings are clearly established, in others, this issue is insufficiently developed. Furthermore, studies can sometimes lack an adequate explanation of the channels through which the results were shared with the people or communities that participated in the research. This omission is significant in the cases for which, in the introduction or conclusion of an article, the author acknowledges the importance of working together with communities in order to analyse the knowledge generated from information that community members have provided to researchers. To some extent, this contradiction has to do with the fact that, as Figueroa notes (8), while the assessment criteria for academic production do not place value on what we call knowledge translation, they do value the publication of results in journals with a high impact factor, and in scientific books.

In short, despite the heterogeneity that exists in the various Latin American countries, there are a number of research studies on health promotion (completed and still in progress) that are in agreement in terms of their theoretical-methodological approaches, their definitions of specific research problems, and/or their selection of the units of analysis and population groups.

However, in my opinion, at the regional and international meetings of the International Union for Health Promotion and Education and in the articles published in Spanish in GHP, we have not managed to produce an in-depth analysis of the strengths, the weaknesses or the innovative nature of the research studies that we carry out. It is striking that all the studies selected for publication in the aforementioned issue of GHP were developed by researchers at universities based in what are classified as ‘high-income countries’.

My concern is: do Latin America’s universities still provide the best conditions for carrying out rigorous, socially relevant studies on health promotion?

Valery Ridde commented recently that we live in a world where researchers are, unfortunately, forced to produce more and more publications (9). There has not been much reflection on this problem within...
the field of health promotion. By this, I mean that not enough analysis has yet been done on the policies that reduce government funding for universities and encourage faculty to *publish or perish* and bring in increased external funds for their researchers to survive.

One final problem that requires greater analysis is the climate of violence and uncertainty that has existed for some time in Mexico, El Salvador and other countries in the region. This factor affects the possibility of establishing trust-based relationships with our interviewees, as well as distorting our observation and data recording and creating a sense of vulnerability among our informants. It raises the following questions:

- To what extent do such contexts influence researchers in their selection of topics and social groups for study?
- Are we aware of the bias that this situation creates within the research process?
- Is it ethical to use highly confidential information that someone gives us, even if we preserve his/her anonymity?
- What are the differences and similarities of participatory action-research that is carried out today compared with its counterpart in the 1970s and 80s?
- Is it right to induce, in all cases, a process of reflexivity in interviewees that might create greater vulnerability for them, as well as a conflicted situation with respect to socially shared secrets or beliefs?

I am hopeful that the discussions on these and other pending issues will stimulate a new dynamism in the development and expansion of health promotion research in our institutions and countries.

**References**