

Participatory Review of changes after a Stepping Stones workshop in an Islamic context, the Gambia, February 2000

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INTRODUCTION

The Gambia is an Islamic country bordering Senegal in the North, East and South, in West Africa. Its population is about 1.1 million, spread along the banks of the River Gambia. The main economic activity is subsistence agriculture (groundnuts, coos (a grain crop), and livestock) and fishing. HIV prevalence is quite low at about 2% of the population and as yet no-one has publicly declared themselves to be HIV positive. Therefore many people are doubtful that HIV really exists. Moreover, many men are suspicious of Family Planning (including condoms) and this view is strongly supported by some Muslim clerics who believe it to be against the Koran. For economic reasons men like to have many children if they live in a rural area. In one area the total fertility rate for men is 12.0 compared with 6.8 for women, - men achieve this fertility through polygamy¹. Male and female circumcision are widely practised, as in other W and N African countries. For women this usually consists of a type 2 circumcision, where the clitoris, clitoral hood and labia minora are removed without closure of the vagina.

The Stepping Stones training package² has been adapted by the Gambian Government, Medical Research Council, ACTIONAID, Gambia Family Planning Association, and the Worldwide Evangelisation for Christ mission, to make it appropriate for these Muslim communities. In reflection of community members' felt needs, the workshop was presented as a training package which would address people's concerns about infertility and its links with sexually transmitted infections. The adapted Stepping Stones workshop was then piloted in two communities. In February 2000, as part of the one year follow up in one of these communities, the Stepping Stones facilitators, together with MRC UK and ACTIONAID the Gambia staff, organised a participatory review of the programme using diagramming techniques designed for use with non-literate people (Participatory Learning and Action or PLA). Due to a funding crisis there had only been one follow up workshop during the year since the original workshop programme, instead of the 12 which had been planned. Participatory review is an integral part of the programme and ActionAid organised a participants' conference in early 1999. These reviews help further to empower the communities, through enabling them to analyse and assess their own situation for themselves. They can also provide suggestions from participants and others for areas that the MRC intervention researchers, who are concurrently conducting more formal sociological research, can focus on in more detail. The activities facilitate a consensus view for each group with whom we have worked in the communities³. We have produced this report on the review, as it gives a good overview of what the programme means to the participants.

¹ Hill, A.G.; Ratcliffe, A; Men's fertility and reproductive strategies in rural Gambia: 1998-9 Harvard/MRC male fertility study: Narrative report on fieldwork and preliminary analysis Jan 1998 - Feb 1999

² (see www.stratshope.org)

³ These "peer" groups or *kafos* are based on gender and age. See below.

THE REVIEW: WITH WHOM AND WHEN

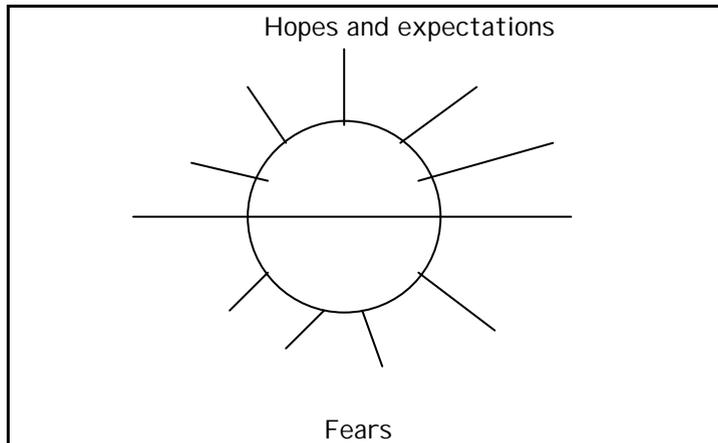
The review took place over two days in the village. Three separate groups met simultaneously in different parts of the village. These were:

- ❑ the young men's peer group (YM) of participants from the Stepping Stones workshop. This was a group of unmarried men, ranging up to 24 years old.
- ❑ the old men's peer group (OM) of participants from the Stepping Stones workshop.
- ❑ a third group (W), which consisted of both older and younger women's peer groups of participants from the Stepping Stones workshop (these two groups agreed to meet together during this review, owing to a shortage of female facilitation staff.)

The same exercises were conducted simultaneously with all three groups. At the end of Day 2 all the groups were brought together for a plenary meeting of workshop participants.

Hopes, Fears And Expectations

This exercise reminded members of each peer group what they had mentioned as their hopes, fears and expectations during their first Stepping Stones workshop session (in November 1998). These were drawn on opposite sides of a circle, in rays.



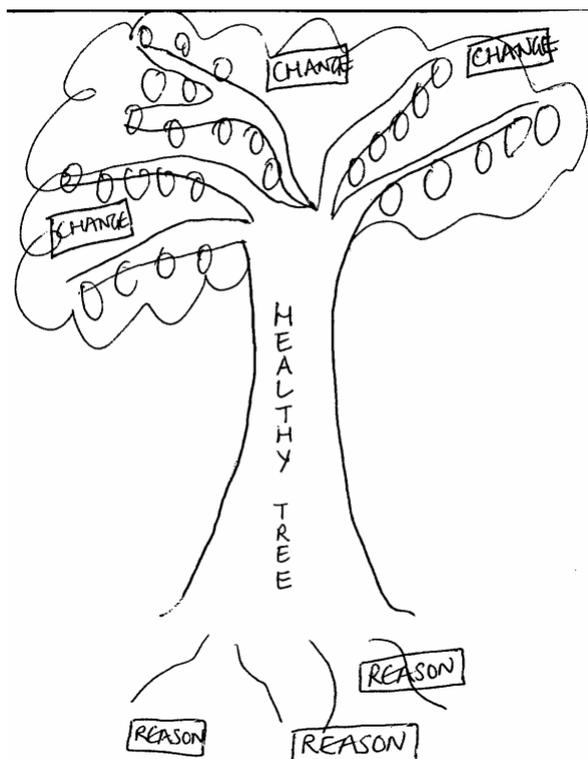
HOPES AND EXPECTATIONS	W	YM	OM
It will be good to know how our body works			#
We will learn some self-teaching methods		#	#
I hope that I will be able to help a sick person	#	#	
Hope that we will be able to take care of our families	#		
Hope that this programme will bring joy and peace to our community	#		
Hope that this programme will end progressively		#	
Hope that this programme will benefit us and clear our ignorance about the whole issue		#	
FEARS	W	YM	OM
Fear that there will not be a good turn-out	#		
MRC sells blood	#	#	#
Programme will encourage contraceptives			#
Fear that people will not respect the ground rules			#
We do not know what an STI is			
Fear about FP	#		
Husbands did not want their wives to join the programme	#	#	
Fear we might not complete the programme	#	#	

NOTES AND QUOTES

'If you want to know what is in the house, you must get inside': This means that to find out about the content of the programme, one must be a part of the programme

Positive Changes

Positive changes that they have noticed in the community since the Stepping Stones workshop were drawn by each of the peer groups as fruits on a 'healthy tree'. At the tree roots, more pictures were drawn to represent and discuss the causes of these changes.



POSITIVE CHANGES SEEN NOW IN THE VILLAGE, February 2000

GOOD CHANGES	W	YM	OM
More DIALOGUE in the home	#	#	#
Less quarrelling amongst couples (violence)	#	#	#
More trust and confidence between couples and the community	#		
Fewer sex partners		#	
*Practise safer sex	#	#	
**Stay with husbands during breastfeeding	#	#	
Husbands provide more fish money	#	#	#
More understanding and respect in the home	#	#	#
Husbands buying presents for wife and children	#		
Husbands helping wives with difficult jobs at household level	#	#	#
Husbands granting permission for wives to visit relatives	#	#	
Talking to children about sex	#		#
Safer sex even outside marriage	#	#	#
Awareness		#	#
Safe drinking water ⁴		#	

*By this, participants meant that they used condoms

**Normally, women leave their husbands while they are breastfeeding and go to their parents' houses as a contraceptive method. Now due to knowledge gained from Stepping Stones programme, they can remain with their husbands and have normal sexual relations with them without the fear of getting pregnant because they have access to contraceptive methods like condoms.

⁴ A well is now being constructed in the village with funding from another donor

CAUSES OF POSITIVE CHANGES SEEN NOW IN THE VILLAGE

REASONS FOR GOOD CHANGES	W	YM	OM
Sharing with peer Group members	#	#	#
Learning	#	#	#
Role plays	#	#	#
Lessons on STIs	#	#	#
ABC methods		#	#
Spider's web (a workshop game)			#
Protected sex	#	#	#
Breed co-operation and dialogue in the community	#	#	
Body-mapping/fore-play	#	#	
Use of 'I' Statement	#	#	
Husbands are also participants	#		

GOOD CHANGES: NOTES AND QUOTES

Young men

We now help our parents with domestic work

The group embarks on formal Kafo (peer group) meetings twice a month and sometimes have informal meetings with non-participants

'Slowly, Slowly catch the Monkey in the forest'.

You have to be smart, you have to be cautious and intelligent in order to protect yourself from AIDS and STDs.

Women

If our husbands go out with other women we will not know but we prefer it now that the husbands go out with condoms rather than without.

Condoms do not reduce pleasure

We do not have to give favours to our husbands in order for them to use condoms. After the workshop we learnt about STIs and we discussed this with our husbands and they agreed to use condoms with us.

Before the programme we only advised our daughters on teenage pregnancy and the dangers of early sex. Now we can also talk to them about STIs and AIDS.

The programme has helped us a lot, especially the dramas which taught us how to unite and have happy families.

When going to initiation ceremonies we take condoms with us. For example we might meet ex-boyfriends and may not be able to control ourselves so we will have condoms to use.

Old Men

We now help our wives with jobs around the home

If we receive a complaint from a peer's wife about his refusal to buy rice for the household, the whole group would put pressure on the individual and insist that he buys the rice. ' You have to put your house in order first before you think of going to share with outsiders'.

Negative Changes

These were discussed in each peer group by drawing a 'sad tree', in which bad changes are drawn on cards which represent dying leaves. Again, the reasons for these bad changes are shown as pictures at the roots. Peer groups were then asked how they felt the negative changes could be minimised; and whether they felt that overall the positive changes outweighed the negative changes: or vice-versa.

Whilst both the older men's peer group and the younger men's peer group reported some negative changes, the women's group insisted that they had no negative changes to report. Both the men's groups agreed that the positive changes outweighed the negative ones.

NEGATIVE CHANGES SEEN NOW IN THE VILLAGE, February 2000

BAD CHANGES	W	YM	OM
Outsiders accused them of being involved in family planning practices		#	#
The collaboration of GFPA in Stepping Stones has raised suspicion amongst the community members, especially the community members		#	#
Jealousy from others for not having Stepping Stones in their villages		#	
Lack of maximum satisfaction during sex because of condom use			#
Increase of multiple partners due to condoms accessibility			#

REASONS FOR BAD CHANGES	W	YM	OM
GFPA collaboration in Stepping Stones		#	#
Non participants are not clear about the Stepping Stones programme		#	#
Jealousy for not having Stepping Stones in their village		#	#

BAD CHANGES: NOTES AND QUOTES

Old Men

Condom use encourages multiple partners because there are now less fears of contracting STIs

Lack of maximum satisfaction during sex due to the use of condoms

Young Men

Outsiders accused us of being involved in FP practices

Non-Participants are not clear about the Stepping Stones programme

The mentioning of FP, especially at the Community Meeting has raised suspicion within the community at large

But 'Prevention is better than cure', 'To know is better than ignorance'

HOW TO MINIMISE NEGATIVE CHANGES	W	YM	OM
To involve the non-participants in the Stepping Stones W/Shop		#	
To introduce the Stepping Stones Programme in the other villages		#	
It would be appreciated if facilitators could make follow-ups		#	#
The mentioning of FP in the Stepping Stones Programme during the first Community Meeting (sensitisation) should be avoided		#	
The men should stick to their wives even with the availability of condoms			#
Talk to non-participants on how to minimise the negative changes			#
Continue to talk to children and wives about the bad side of sex and also to continue to show good examples			#
The elders in the village should be doing home visits so that patients can feel cared for			#
Encourage them to visit the clinic always and encourage them to use medication			#

Group Activity Plans

At the end of the Stepping Stones workshop programme, peer groups are each asked to develop their own group activity plan. Now, one year later, the peer groups were asked to review these plans. First they listed their activities (each one represented by a picture) and weighted their success in carrying out their plans over the past year, using stones in a 'matrix scoring' exercise from 1 to 10, with 10 being the most successful. (In fact due to a misunderstanding at the time of the workshop implementation, the plans which had been drawn up were not very ambitious. Since then Stepping Stones workshops in other villages have been modified with much more emphasis on this component.)

GROUP ACTIVITY PLANS AND SCORES (each cell was scored out of 10 to measure amount to which it has happened)	W	YM	OM
Meet during the dry season, once a month	7		
Facilitators should come to the village and carry out follow-up sessions to clear their doubts about some R/Health issues	0		
DI ALOGUE, sharing knowledge with non-participants		10	
We want peer groups to be maintained including new members		10	
We need to be structured for safe records keeping		7	
We would like to be meeting twice each month on Wednesdays		10	

Meeting twice a month			4
Discussion on R/Health			2
Facilitator visits twice a month			0

Time Line - Trend Analysis

Finally, each peer group was asked to describe how they felt the positive changes which they had mentioned had changed over time. In this way it was possible to track trends in each change over time. The periods chosen were:

- a) Six months before the workshop
- b) Just before the workshop
- c) During the workshop
- d) Straight after the workshop
- e) Six months after the workshop
- f) 1 year after the workshop (February 2000)

Ten stones could be allocated by the peer group per 'cell' of the table, in order to gauge the change over time. In the women's case they chose to interpret this as a *percentage of women affected*.

Since the MRC was also interested in other changes which some peer groups had not mentioned, each peer group was also asked about these changes *after* they had discussed their own. These changes are marked with an asterisk in each table.

Time Line - Trend Analysis

Mixed women's group

SUBJECT	Time in relation to workshop programme					
	6 mths before	Just before	During	Straight after	6/12 after	1 yr after
Quarrelling						
Unsafe sex						
DIALOGUE						
Stay with husbands whilst breastfeeding						
More trust and confidence						
More understanding						
More fish money						
Communicating with non-participants						
Husbands give presents						
Husbands permission to visit parents						
*Adults discuss sex with children						

* Facilitator suggested question

Young Men

SUBJECT	Time in relation to workshop programme					
	6 mths before	Just before	During	Straight after	6/12 after	1 yr after
Co-operation and dialogue						
Wife beating						
Reduction of unnecessary travelling by married women						
Sharing knowledge on STDs and AIDS						
Health Post						
* Formal Kafo and informal meetings						
*Men helping women more with the jobs						
*Financial support from men to women						
*Pre-marital sex						
*Condom use						

* Facilitator suggested questions

NB Condom use in the last column was registered as nil because the young men said they do not have extra-marital sex during Ramadhan.

Old men

SUBJECT	Time in relation to workshop programme					
	6 mths before	Just before	During	Straight after	6/12 after	1 yr after
Dialogue						
Unity						
Awareness						
Advising						
Safer sex (ie using condoms)						
Discussing with children about sex						
*Men helping with jobs						
*Financial support						
*Wife beating						

* Facilitator suggested questions

NOTES AND QUOTES

OM

Unless we do not know our wives' problems then we may fail to help. We do always help them however, when we are requested

OW

We are not saying these things just to please you. Only God and ourselves know the benefits of this programme in our lives

'Although our husbands would like to give us more money now, they are poor and cannot afford much. But we know that our husbands wish to give us more. If for example our husbands used to give us D3.00 they now give us D5.00'.

The Plenary Meeting

All the peer groups then agreed to meet together and presented their “healthy” trees to one another. This plenary feedback enables different peer groups both to share their own findings with the other peer groups and, in turn enables them to hear the views of the other peer groups. This is an important part of the whole process of building up and renewing community-wide support for the positive changes which they have experienced.

As one of the young women stood up and declared:

'As a result of the SS workshop, wife beating has been totally eradicated in our community, and it has encouraged dialogue between partners within the household. All this is the result of the role plays (good and bad relationships). It has raised our awareness of how to avoid the spread of sexually transmitted infections and AIDS within our community. The happiness tree shows all the changes that have happened in our community'.

CONCLUSIONS

The diagramming and scoring exercises developed for this participatory review proved to be understood clearly by the community participants. Each peer group will now keep its own copy of these diagrams and scores with pictures and a few basic words in a ledger, as a record of its own work, and as a reference for future activities and reviews in the community. Such a personal account of their own analyses and findings will, in turn, strengthen their own resolve to sustain the changes which they are experiencing.

The review was also successful in that it confirmed that the Stepping Stones workshop participants in the village consider Stepping Stones to have been a positive influence in their community. It is not surprising but is very rewarding to see the huge difference between participants' original hopes and expectations and the positive changes which they have now experienced. It was also encouraging to see the practical suggestions put forward by participants to minimise the few negative changes in future. Since many of the positive changes identified by the peer groups were mentioned by two or even all three groups, it was clear that these changes are widely experienced by the workshop participants.

It is especially encouraging to receive such a positive response to the workshop in this community, because it confirms our original confidence that the Stepping Stones training package, which was first developed in East Africa, could be adapted to make it relevant and acceptable to a Muslim community in West Africa. By concentrating the information sessions of the workshop on infertility awareness and its link with STIs, we were able to cover the same ground as others have elsewhere from other angles, whilst maintaining the interest and sense of relevance for our participants. It is pleasing that most of this evaluation suggests similar changes to those seen in Buwenda, Uganda where the original manual, which has less detail about STIs, was used. This suggests that the relationship building and assertiveness exercises which are shared between the two manuals are very influential.

We will also be conducting formal in-depth interviews with some key informants, to explore some issues, such as problems between co-wives, in more depth. This will form a further part of the more formal sociological research which is being conducted by the MRC in these and also in non-intervention control villages.

Another plan that we have is to adapt the training package for an abridged tape version in the local language, so that some of the keenest community participants may learn to become facilitators in their own right, in order to conduct further workshops in neighbouring villages. This will not be without its complications – how do they record, for instance, what has taken place? But ActionAid the Gambia's new Stepping Stones Coordinator is also responsible for their Reflect Literacy programme, which is also based on PLA and we look forward to exciting links between these two programmes in this and other respects.

March 2000

*This article will shortly be available on the Strategies for Hope website, www.stratshope.org
Other articles about the use of Stepping Stones in different contexts are also available there.*