

STORIES-WITHOUT-AN-ENDING

AN ADULT EDUCATION TOOL
FOR DIALOGUE AND SOCIAL CHANGE



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This guide was produced by **Grandmother Project (GMP) – Change through Culture**, an American 501 (c) (3) non-profit organization and a Senegalese NGO. GMP is committed to promoting the well-being of women and children in the Global South by developing health/nutrition, education and child protection programs that build on positive cultural roles and values.

GMP provides support to other organizations (training, tools, technical assistance, etc.) to help them to develop community programs that include elders, especially grandmothers, strengthen communication between generations, and use communication and education methods based on dialogue to promote change in social norms.

Elders are a pillar of all non-Western societies and GMP has found that they can be a resource for bringing about sustainable social change in families and communities. GMP develops participatory methods to analyze local contexts, to develop culturally-grounded community strategies and to engage community and organizational actors in dialogue for consensus-building to promote positive change for women, children and especially girls.

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STORIES-WITHOUT-AN-ENDING:

AN ADULT EDUCATION TOOL FOR DIALOGUE AND SOCIAL CHANGE



By **Judi Aubel**
Grandmother Project - Change through Culture
January 2017

“The Stories-without-an-ending tool is very interesting. Other methods that we know try to get us to change our behavior without us understanding why we should change. With other approaches, there isn’t an opportunity for each person to express his or her own ideas. The Stories-without-an-ending can’t be compared with other methods. In these stores, you aren’t told “do this” and “don’t’ do that.” Each person is challenged to examine his or her own conscience to decide what is the best thing to do.”

Dina Balde
Grandmother Leader

“The Stories-without-an-ending demonstrate a ground-breaking approach in communication. There is no comparison with other methods. These stories elicit reflection on familiar, real-life topics. And the stories are very culturally appropriate as they give great importance to respecting cultural values.”

Oustaz Balde
Imam and Arabic Teacher

“The Stories-without-an-ending methodology captivates participants to discuss an issue with which they are very familiar. Compared to many approaches, here nothing is imposed on participants. People are asked to weigh the pros and cons of alternative behaviors. People don’t feel frustrated or criticized for their past beliefs and it makes them want to change. Many other methods impose ideas on people rather than making them think critically about their options.”

Mamadou Sow
Master Facilitator, Grandmother Project

“The Stories-without-an-ending encourage dialogue and reflection by groups of participants. They don’t just say that they “agree” or “disagree.” They must listen to the arguments presented in the story and develop their own ideas. The Stories-without-an-ending is a very democratic tool and no ideas are rejected outright. In contrast with other methods, with these stories participants are free to choose which position to defend. These stories encourage participants to express their true feelings.”

Falilou Cisse
Master Facilitator, Grandmother Project



Table of Contents

PREFACE	5
INTRODUCTION	7
CHAPTER 1 Is the Goal Behavior Change or Social Change	10
CHAPTER 2 Promoting Social Change in Collectivist Cultures	16
CHAPTER 3 Adult Education Methods to Promote Social Change	22
CHAPTER 4 Developing and Using Stories-Without an-Ending	29
PHASE ONE Collecting information from community members on the issue to be addressed in the story	33
PHASE TWO Write the problem-posing story and open-ended discussion questions	36
PHASE THREE Present the story to a group and facilitate the discussion	43
APPENDIX A A Story-without-an-ending - <i>I can't imagine my life without Ba Mariam</i>	52
APPENDIX B Training outline for the use of Stories-without-an-ending	58
BIBLIOGRAPHY	59



Acronyms

BCC	Behavior Change Communication
CTC	Change through Culture
EBF	Exclusive Breastfeeding
GMP	Grandmother Project
MCHN	Maternal and Child Health and Nutrition
NGO	Non-Governmental Organization
PVO	Private Voluntary Organization
SWE	Stories-Without-an-Ending
SBC	Social and Behavior Change
WRA	Women of Reproductive Age





Grandmother Project - Change through Culture (GMP)

is an American and Senegalese NGO committed to promoting the health and well-being of women and children through the development of programs that build on positive cultural roles and values. GMP has worked extensively with other NGOs on maternal and child health and nutrition (MCHN) issues and has developed an innovative approach called **Change through Culture** that supports community-driven social change.

GMP's Change through Culture approach is based on:

1. reinforcing positive cultural roles, values and practices;
2. actively involving elders, particularly grandmothers;
3. strengthening communication between generations;
4. using adult education methods that elicit dialogue and collective problem-solving by communities.

A fundamental aspect of GMP's approach is the use of participatory adult education methods to promote group learning and empowerment. These methods catalyze change at both community and individual levels. We believe that MCHN programs should not only promote positive change in the health behaviors of women and children but, at the same time, should strengthen the capacity of community members to critically analyze problems and to take action to solve them. The *Change through Culture* approach builds on community assets, and strengthens the confidence and capacity of communities to drive their own development. The tool presented in this guide, **Stories-without-an-ending** (SWE), promotes community-wide social change which is grounded in cultural realities.

MCHN program planners are faced with critical choices regarding the type of approach to be used to promote the well-being of communities. Should they choose an approach that persuades communities to adopt expert-proposed solutions? Or should they choose an approach that engages community members in a collective and participatory process of critical reflection which encourages them to decide on their own what behaviors to adopt? This guide challenges health and development practitioners to reflect on mainstream communication and education approaches and to consider several alternative concepts related to learning and change at the community level, particularly in non-western, collectivist societies.

The goal of GMP is to develop innovative and empowering methods and tools that engage community members in active reflection on both their past experiences and on new information that is shared with them. Examples of such interactive learning activities and tools used by GMP include *intergenerational forums*, *interactive board games*, *songs* and ***Stories-without-an-ending***. This guide deals with SWE, which we have used in our work with various organizations and in several African and Asian countries.

Through our work at the community level in different cultural contexts, in both rural and urban areas, the use of SWE has proven to be an excellent way to engage groups of community members and challenge them to re-examine certain traditional ideas and to reinforce positive cultural practices, while encouraging them to adopt new and improved practices. SWE have been used with all types of community groups, of both sexes and of different ages, from children to elders. In all cases, groups have been highly motivated to discuss the SWE and to openly share their ideas on the possibility of how existing and new practices might be combined.

Development of the SWE methodology was directly inspired by the work of the renowned Brazilian adult educator, Paulo Freire. Freire was critical of directive approaches in which community members are told what they should and shouldn't think and do. Freire's concern was that more directive approaches negatively affect community members by making them dependent on experts. Instead, he proposed a problem-posing approach in which community members are challenged to collectively reflect on problematic situations and to decide themselves what actions to take to solve specific problems. The open-ended format of the SWE and the open-ended questions, which elicit discussion of the stories, clearly reflect Freire's problem-posing and empowering approach.

GMP is committed to sharing the methods and tools that we develop with other organizations and institutions that are interested in our *Change through Culture approach*. We are hopeful that this guide on SWE will be useful to others who aim to promote culturally-grounded and community-driven social change.

Judi Aubel

Executive Director
Grandmother Project – Change through Culture





Introduction to the guide

The purpose of this guide is to help organizations involved in community programs to develop and use SWE. This innovative adult education tool can be used to actively engage community groups in discussion of issues of priority concern to them and/or to development programs and to catalyze discussion of those issues in the wider community. The generic SWE methodology can be used to address a variety of issues dealing with MCHN, as well as other questions related to early childhood development, adolescent health and well-being and child protection.

SWE are open-ended without prescribed or set solutions to the problematic situations they present. An important aspect of the SWE is that they elicit debate on both existing and new ideas within small groups, which in turn can catalyze discussion in the wider community and can ultimately result in community-wide consensus for change.

Background to development of the Stories-without-an-ending methodology

As stated above, the SWE methodology builds on insights from several fields of research and of practice, namely, adult education and community development but also from anthropology and from public health.

The SWE methodology reflects on one of the cardinal principles of **adult education** dealing with how learning and change can best be facilitated with adults:

Individuals and groups must reflect on their past experiences, while analyzing new information to decide if and how they can integrate the new ideas into their strategies to promote family and community well-being.

The SWE is a communication tool that encourages critical reflection among members of a group. It presents several alternative ideas regarding a specific situation. Through discussion participants can come to a consensus on how to address the situation based on their own values and priorities.

Mamadou Coulibaly, Master Facilitator, GMP

SWE challenge groups of community members to share their different points of view regarding both *traditional* and *new ideas* related to an issue or problem. The solutions to the problems described in the SWE are not included in the stories thereby challenging group members to discuss possible ways of addressing those problems within their specific cultural, social and economic context.

Discussion of those issues first, within program-organized activities and later, with other community groups, can contribute to building community-wide consensus for social change.

In the field of **community development**, the foundation of all strategies to promote community change and well-being rests on the identification of both formal and informal leaders and on a process of strengthening their confidence and skills to mobilize and lead others to address community needs. The effective use of SWE in community settings depends in part on establishing relationships with genuine community leaders, involving them in SWE sessions and encouraging them to use these tools on their own to continue the process of community dialogue on priority issues.

Anthropology provides insights into the collectivist nature of societies in Africa, Asia and Latin America. In collectivist cultures, which are predominant in more than 70% of the world, individual behavior is strongly influenced by the attitudes of the social networks, or groups, of which individuals are a part. The SWE methodology used with naturally-occurring groups explicitly builds on the characteristics of collectivist societies by stimulating dialogue which can lead to change in group attitudes and behavior.

Lastly, in the field of **public health**, there is increasing discussion of whether strategies to promote change within communities should primarily focus on individual behavior change or on more systemic social change, i.e. change in collectively-held social norms and practices. While a reductionist, behavior change perspective has predominated for more than 20 years, there is now wide support, particularly among public health researchers, for a more systemic, or ecological, approach both for assessing community contexts and for designing interventions to promote system-wide and sustained change. The SWE methodology reflects a systems view of communities and the belief that interventions should explicitly aim to change community norms, which have a determining influence on individual behavior, particularly in more collectivist cultures.

Characteristics of a Story-Without-an-Ending

- It reflects a real-life situation that is easily identifiable to participants while conveying new ideas and eliciting discussion.
- It presents both existing and new ideas on a specific issue.
- It taps into the tradition of story-telling, common in non-Western cultures as a means of transmitting knowledge.
- It triggers community dialogue about a specific issue and promotes community-led decision-making.
- It encourages horizontal communication and sharing of ideas among community members and development workers.
- It helps development workers to better understand a community's experience and priorities and to develop future strategies that are more culturally-grounded.
- It involves community members in active learning that can lead to change in social norms and practices.
- It can be used to address a variety of issues with men and women of all ages and in both urban and rural settings.

Target audience for the guide

This guide is primarily for staff of PVOs, NGOs and government departments responsible for planning and managing community programs to promote improved MCHN norms and practices. It is well suited to those who are committed to developing strategies that encourage dialogue, critical thinking and empowerment of communities rather than to strategies which focus on message-dissemination.

The SWE tool can be used in all types of community programs and with various age groups of men and of women, including adolescents and children. Given the wide range of issues that the SWE can be used to address and the variety of community groups with which it can be used, we believe it is a valuable tool for virtually any community education strategy to promote positive change.



GMP and District Education staff discuss the Girls' Holistic Development strategy

Overview of the guide

Chapter One presents an introductory discussion of some fundamental differences between programs that aim to promote *individual behavior change* and those that promote *community-wide social change*. For many years, community nutrition and health programs have focused on *behavior change*. Over the past ten years there has been increased discussion of the need to focus more on community-wide change, or social change. This chapter aims to clarify key differences between these two approaches.

Chapter Two presents key concepts regarding the characteristics of non-Western, collectivist cultures in Africa, Asia and Latin America, how learning takes place in those cultures and how those characteristics can be taken into account in designing strategies to promote change in communities.

Chapter Three presents principles and methods for adult education that contribute to increased learning and change in community norms and practices. Adult education methods which promote collective reflection and empowerment are particularly well-suited to collectivist cultures of the Global South.

Chapter Four presents a step-by-step process for developing SWE. This chapter includes examples of how SWE on priority nutrition and health topics are structured and how they can be used with community groups to stimulate discussion and consensus for change.





Is the Goal Behavior Change or Social Change?

All development programs aim to improve the well-being of the communities they serve. Depending upon the objectives of their programs, organizations must make choices regarding the strategies they adopt to promote change within communities. Those choices relate to the proposed scope of change and to the methods and tools they use to promote such change. The purpose of this chapter is to draw attention to the critical decision that organizations must make regarding whether the primary aim of their programs is to promote behavior change through adoption of expert advice or to promote social change through community empowerment and capacity building, which will also lead to individual behavior change. This discussion provides background for understanding how SWE can contribute to promoting social change in communities.

For many years, the strategies adopted by international development organizations to promote MCHN have focused on individual behavior change. And most MCHN programs have primarily targeted women of reproductive age. In the field of public health there is growing recognition of the limitations of this approach. A first limitation is the fact that an individual's ability to adopt new, or unconventional, behaviors is often constrained by the attitudes, or expectations, of others in his/her social environment. A second limitation is that a directive, expert-led approach to change does not increase the confidence and capacity of communities to drive their own development.



Most MCHN programs focus on WRA and their offspring

How effective are behavior change strategies for promoting sustained community change?

There is considerable evidence from many different settings that people may acquire new knowledge and change their attitudes toward a new idea, such as exclusive breastfeeding, but this does not mean that they automatically adopt the new behavior. This phenomenon has been referred to as the **KAP gap**, or the gap between people's knowledge and attitudes and their practice (Figa-Talamanca, 1972).

Evidence of this gap has been documented in programs dealing with various issues, for example, exclusive breastfeeding (EBF), optimal complementary feeding, effective family planning and HIV/AIDS prevention.

It is increasingly understood that the social environment in which individuals are embedded has an enormous influence on their behavior and that changes in an individual's knowledge and attitudes does not automatically result in behavior changes. For individuals to be able to modify their behavior, they need to be in an *enabling environment*. In other words, change needs to be supported by others in their social environment, or social group. In addition, other cultural, social and economic factors need to support, rather than restrict adoption of new practices.

For example, in many cultures, pregnant women are discouraged from eating an adequate diet to limit weight gain based on the belief that a smaller baby will be easier to deliver. This social norm is communicated to women by various members of their family and social networks on an ongoing basis during many months of pregnancy. Even if women learn from health workers that when they are pregnant they should eat more and better quality food, and even though they may express the willingness to do so, they are not alone in deciding when and what to eat. In many cases, the people around them, especially their informal *pregnancy advisors*, namely, experienced and older women, regularly instruct them on why they should eat down to avoid problems during delivery. In addition, the economic and time constraints faced by poor women, as well as the role of men in deciding how scarce family resources will be used, all can contribute to the KAP gap.



Senior women often advise younger ones
what they should and shouldn't eat during pregnancy

An unintended and unfortunate consequence of MCHN behavior change strategies which narrowly-target WRA is that they can easily alienate other family members who play culturally-designated and influential roles as advisors and supervisors of young women. Senior women, or grandmothers, and husbands, who are not explicitly involved in such strategies, not only have limited opportunities to increase their knowledge and support for proposed improvements in MCHN practices but, furthermore, their non-inclusion can make them resistant to support those changes.

In behavior change approaches, major attention is given to messaging based on the belief that a *convincing message will trigger behavior change*. Behavior Change Communication (BCC) approaches are historically rooted in North American linear models of mass communication where information is sent *from transmitters to receivers*. In these models, it is assumed that changes in knowledge will lead to changes in attitudes and in turn to changes in practices, or behavior. This orientation is reflected in the frequently used *Stages of Change model* (Norcross et.al, 2010). This popular model describes a process of change which takes place at the level of the individual but which virtually ignores the influence of the social context in which he/she is embedded.



Many researchers and development practitioners have identified the limitations of the individual behavior change model with strong criticism coming from various non-western scholars from the Global South (Airhihenbuwa, 1995; Figueroa et al., 2002; Kim, 2002). Kim (2002) points out the limitations of the individual-change models which fail to consider the social context and its influence on individuals. She links this limitation with the fact that “the predominant models (of communication) are Euro-America-centric and based on the individualist concept of the autonomous individual” (p. 6). There is increased discussion at the international level regarding the limitations of individual behavior change interventions and the need for community-based programs to explicitly promote social change, or change in the wider social environment. Social change implies that there is collective support for such change within communities which leads to changes in social norms, and in turn, to change in individual behavior.

Do expert-driven behavior change strategies empower communities to promote their own development?

Another often-heard critique of individual behavior change approaches is that they are directive and top-down because they inadvertently convey to communities the idea that *the experts know best what community members should and shouldn't do* (Airhihenbuwa, 1995; Figueroa et al., 2002; Kim, 2002). Carefully crafted messages are intended to inform and to persuade people to adopt specific new practices, like exclusive breastfeeding, or to abandon others, like giving water to infants. While the message-based approach promises to trigger the desired changes in communities, it raises several questions: What is the impact of strategies which focus on *disseminating expert-proposed solutions for community adoption* on community members' sense of self-determination? And *can such strategies have unintended negative consequences on communities?*

Development programs that aim to persuade communities to follow the advice of the experts can inadvertently contribute to them acquiring a dependency mentality wherein they under-estimate their own knowledge and experience and come to believe that *the experts will bring the solutions to all of our problems*. How many times have we heard community members say that they are waiting for an NGO to fix the broken water pump or to build a fence around the school, rather than taking the initiative to solve these problems themselves?

The box below summarizes the findings of a six-year global study which concluded that many development programs use a directive approach to promote change which inadvertently creates a sense of dependency and passivity among community members.

Time to Listen:

Hearing people on the receiving end of international aid

An extensive study to investigate communities' perceptions of development programs was carried out between 2006 and 2012 based on 6,000 interviews in more than 20 countries in Africa, Asia and Latin America (Anderson, Brown & Jean 2012). Study results reveal that the majority of the interviewees, from communities across the three continents, states that most aid programs use a top-down approach in which development organizations identify problems, propose solutions and call on communities to adopt them, with limited attention to listening to community opinions and priorities. An alarming conclusion of the study, expressed by communities themselves, is that *the cumulative effect of development programs has been negative insofar as they have contributed to creating a sense of dependency and passivity among community members.*

GMP conducted an informal study in southern Senegal on community perceptions of the approaches used in development programs (GMP, 2016). Here are a few of the responses expressed by community members:

“With the teaching methods that most NGOs use, the objective is to convince us to give up certain practices. Often they don’t even give us a chance to express our own ideas on the problem being discussed.”

Dina, Grandmother Leader

“In the approach used by most NGOs the community development workers tell you what the solution is to the problem being discussed and often they don’t pay any attention to what community members think. They tell us which path to follow, which solution to adopt. When you try to force someone to abandon a practice that he really believes in you increase his resistance to change. And even if people don’t agree with the facilitator’s idea they would never say so.”

Thierno Moussa, Young Community Leader

This feedback from communities suggests how important it is for program planners to carefully consider whether the programs they are designing will encourage community members to merely adopt proposed practices or whether they will contribute to increasing their capacity to critically analyze situations, to identify possible solutions and to collectively act to address current and future problems on their own.



Community programs should encourage community members to discuss priority problems and to seek consensus on possible solutions

Different words describe contrasting ways of promoting change in communities

Linguists tell us that the words we use reflect the way we perceive the world around us and the way we interact with others. The table below summarizes contrasting sets of words and concepts which are often used to describe two contrasting approaches to promoting change in communities: an *expert-driven approach to promote behavior change*; and a *community-driven approach to promote community empowerment for social change*.

Alternative approaches to promote change in communities

Expert-driven approach to promote behavior change	Community-driven approach to promote empowerment for social change
Community members are seen as target groups, beneficiaries or audiences .	Community members are seen as actors and partners .
Use of carefully crafted messages to persuade, or convince , community members to change.	Use of dialogue and problem-solving activities to share information, catalyze critical analysis and consensus-building for change between community members.
Aims to change individual knowledge, attitudes and behavior through activities which target groups of both sexes and different ages.	Aims to change social norms through dialogue and consensus building through activities involving discussions between the sexes and between generations.
Education activities (using interpersonal, electronic and mass media) convey key messages to community target groups .	Education activities (using interpersonal and mass media) elicit dialogue and problem-solving between community actors .
Community members learn from experts what they should do and why.	Community development staff and communities learn from each other . Community actors are challenged to decide if and how they can combine their past practices with new ideas.
Fosters a sense of dependency because solutions are proposed by the experts.	Creates a sense of empowerment because solutions are identified by communities.



The purpose of the table to the left is to contrast these two alternative approaches that lead to quite different outcomes. In the first approach, expert-developed messages are disseminated through various channels to convince community members to adopt more healthy practices. In the second approach, community-wide change is promoted by systematically building the confidence and capacity of community members to collectively analyze problems, consider new information, make informed decisions and take action to address them. The outcomes of this approach are changes in both social norms and in individual behavior. In some cases, MCHN programs reflect more of an expert-driven approach to behavior change. However, there is a trend among many NGOs to adopt community approaches to promote individual behavior change as well as to promote social change.

The information in the table suggests that if the goal of an organization is to promote community-wide social change, this may require significant change at the organizational level regarding the words, concepts and methods used to work with communities.



In an expert-driven approach communities are informed of risks and persuaded to change their behavior



In a community-driven approach communities are challenged to analyze real-life problems and discuss how to solve them

A strategic decision that organizations must make is whether their priority is to make use of expert-driven behavior change or to facilitate community-driven social change which can bring about changes in social norms, and in turn influence individual behavior. The SWE methodology presented in this guide explicitly aims to promote community-driven social change and in so doing to increase the confidence and capacity of communities to reflect and make decisions based on their own values, resources and constraints.



Intergenerational forum to catalyze dialogue and consensus-building





Promoting Social Change in Collectivist Cultures

The effectiveness of MCHN programs in promoting positive social change in communities depends on many factors. **Two critical factors that determine the outcomes of MCHN programs are the cultural context** into which programs are introduced and **the approach used to promote change**. Although the SWE methodology is based upon these two factors, it also draws directly on insights from two fields that are not given in-depth consideration in many development programs particularly in community nutrition and health programs: **anthropology** and **adult education**. Both fields provide important insights into how programs can bring about community-driven social change.

In this chapter, key facets of the **cultural context** of all human societies are discussed including the social organization, patterns of influence, social norms, values and practices which determine both individual and collective behavior.

“International development agencies ignore culture – or marginalize it – at their own peril.”

UNFPA, 2008, p. 7

Considering the cultural context

A starting point for developing programs to improve MCHN in Africa, Asia and Latin America, frequently referred to as the non-Western world, is understanding the specific cultural context of such programs. Often programs claim to *take culture into account* but it is not always clear that they do so. Programs that build on cultural realities are more likely to engage communities, to increase their learning and to increase the chances that they will adopt the proposed change.

“Culture is the medium through which one experiences the world. Although culture has often been overlooked, it is to the person as water is to the fish. “

Kim, 2002, p. 6

In programs that promote the nutrition and health of women and children, there are several facets of cultural settings that are important to investigate when designing programs and deciding on methods and tools to use to promote social change. Below are several key questions that are useful to consider when deciding who to involve in community MCHN programs.

In a globalized world, it is sometimes assumed that the structure, roles and values of families and communities across the globe are all quite similar. In reality, there are significant differences between Western cultures, characterized by more **individualist** values and behavior, and non-Western, or **collectivist** cultures.

Key questions for analyzing different cultural contexts:

1. What is the structure of typical families?
2. What are the respective roles and influence of elders and of younger family members?
3. What attitudes define the status of women with young children and their relationships with other family members?
4. What are the communication and decision-making patterns within families and within communities?
5. What is the influence of social networks on their members?
6. How does learning take place within families? Who learns what and from whom?

Anthropologists have analyzed hundreds of cultural groups and placed them on a continuum of more collectivist to more individualist societies. Approximately 70% of all cultures in the world (primarily in Africa, Asia and Latin America) are classified as being more collectivist. Given that most development programs target non-Western societies, it is essential that the characteristics of collectivist societies be understood and taken into account in programs.

Characteristics of non-western collectivist societies

The following table summarizes key contrasting characteristics of individualist and collectivist cultures related to the roles, influence, norms and practices of family and community members. The characteristics of collectivist cultures, especially regarding the intimate relationship which exists between individuals and the groups of which they are a part, have clear implications for programs which aim to promote change in those cultural contexts.



Indian grandmother caring for her grandson in his mother's absence



Several generations of an Uzbek family living under the same roof

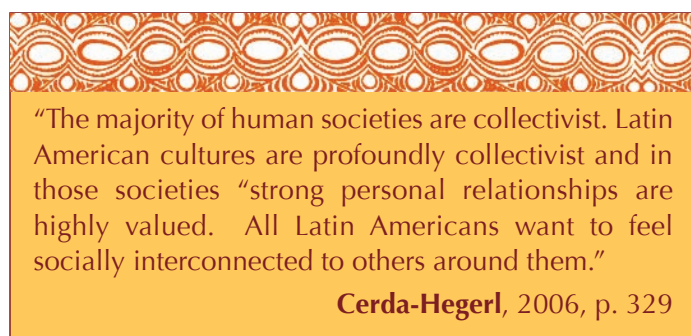


Senegalese grandmother cares for a sick child with younger women looking on

Key differences between individualist and collectivist cultures

Characteristics of collectivist, non-Western cultures	Characteristics of individualist Western cultures
Interdependency and solidarity with others are highly valued.	Independence and individual achievement are highly valued.
Individuals prefer to conform to the social groups they are part of rather than to be different.	Individuals like to express their individuality.
Collective decision-making and following the decision of the group are encouraged.	Individual decision-making and action are encouraged.
Multigenerational families predominate and individuals have strong ties with extended family members.	Nuclear families predominate and ties with extended family members are weak.
There is great respect for elders and for their knowledge and experience. Younger family members are expected to follow their advice.	Innovation, youth and the future are valued. There are ageist, or negative, attitudes toward elders and the past.

Several key themes emerge from this overview of the distinctive characteristics of collectivist cultures which are directly relevant to the development of programs to promote change in MCHN practices. First, in collectivist cultures, individuals (for example, young mothers) greatly value being interconnected and interdependent on others around them. They are not comfortable adopting behaviors that are different from those others in their social networks, as is often the case in individualist cultures. Second, individuals in collectivist societies are much more motivated to change their attitudes and behavior when those changes are supported by others within their social environment. Once again, they are not comfortable adopting attitudes and behaviors that are different than those of others in their families or social networks.



Similar to Latin American and Asian cultures, all African cultures value and promote interdependency. Across the continent the intimate relationship that exists between individuals and others around them is expressed in many African proverbs.

The four African proverbs which follow and the statement by the South African scholar

Mbiti, all convey the collectivist worldview that predominates across Africa, where an individual's sense of self is inextricably linked to the group. Group members are dependent on and strongly influenced by other members of the group. These characteristics are also observed in other collectivist societies in other regions of the world.



African concept of Ubuntu <i>I am because we are.</i> I can only be a person through others.	South Africa, Xhosa proverb <i>Umuntu ngumuntu ngabantu</i> A person is a person through other persons.
Kenya, Luhya Proverb <i>Omundu nomundu wabandu</i> An individual is an individual because of others in society.	Senegal, Wolof Proverb <i>Mogo te foy ye mogo ko</i> A person is nothing without others.



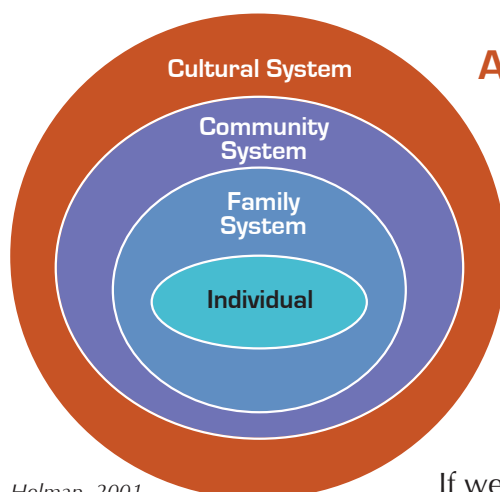
The African view of the individual - group relationship

“ Whatever happens to the individual happens to the group, and whatever happens to the whole group happens to the individual. The individual can only say ‘I am because we are and since we are therefore I am.’ This is the cardinal point in understanding the African view of humankind.”

Mbiti, 1969, p. 84

Recognizing the characteristics of collectivist societies where independent thinking and acting are not at all encouraged, underscores the challenges faced by programs that emphasize individual behavior change. Western-minded program planners often do not fully understand the culturally-dictated position of the individual relative to the group in collectivist cultures nor the enormous difficulty for an individual to go against the collective norms for behavior.

Onion model



Helman, 2001

A systems approach to promote change

The influence of collectivist cultural values on individuals is nicely illustrated with the **onion model**, proposed by anthropologist, Helman (2001). Embedded in the center of the onion, individuals in all cultures are surrounded by family, community and cultural systems. As compared to the situation of an individual in an individualist culture, however, in collectivist societies the pressure exerted on the individual to conform to the expectations of others in the social environment is much greater.

If we imagine for example, that the individual at the center of the onion is a woman of reproductive age (WRA) living in a collectivist African culture, the concentric circles around her clearly indicate that she is surrounded by other members of her family, community and culture who expect her to adopt and follow certain values and practices. This simple model suggests that a woman's daily life, including but not limited to her activities related to nutrition and health, is strongly influenced by those around her.

At the same time that a WRA is constrained by the rules and expectations of those around her, she also benefits from the support that they provide. In collectivist cultures, there are strong values of reciprocity and mutual help among members of a family and from the social networks of which they are a part. For example, a young woman who is pregnant or who has a young child, receives on-going guidance and invaluable support from those around her, especially from experienced older women.



Multi-generational care-giving for women and children

For MCHN programs which aim to promote change in the attitudes and practices of WRA, a clear lesson that can be drawn from the onion model is that change on the part of a WRA will be greatly facilitated if the key actors within the family and community systems support that change. On the other hand, if a WRA is convinced that a new practice, such as EBF, should be adopted and those around her are opposed to the idea, this can create a conflictual situation and to the breakdown in communication and collaboration between her and others in her social environment. This lesson has important implications for who should be involved in strategies to promote such changes. The multiple layers of the onion emphasize the need for a systems approach to promote change in MCHN norms and practices.

Many MCHN programs focus on WRA and do not explicitly involve others who influence them, namely, their culturally-designated senior advisors, the grandmothers. Grandmothers value their role in helping others, and they embrace change that helps them to be more effective in this role in the family. Related to MCHN, there is extensive evidence, as summarized in the box below, that grandmothers and other senior women are mainly responsible for defining the norms and practices to be adopted by WRA and who are responsible for coaching both younger women and men.

Role of Grandmothers Across Cultures

A review of evidence from more than 65 cultural contexts in Africa, Asia and Latin America reveals two common patterns related to the role of senior women, or grandmothers, across non-Western cultures.

Grandmothers play a central role as advisors to younger women, and as caregivers of both women and children related to all maternal and child nutrition and health practices.

Social networks of grandmothers exercise collective influence on maternal and child nutrition-related practices specifically regarding pregnancy, feeding and care of infants, young children and sick children. Also, in all cultures men view them as experts on these issues in light of their age and experience.

Aubel, 2012, p.19

Role of Grandmothers in the Global South



Bolivian Grandmother cares for her granddaughter



Laotian Grandmother cuddles and feeds her young grandson



Mauritanian grandmothers advise a young daughter-in-law

To develop programs for collectivist cultures in the Global South to effectively promote change, the specific characteristic of those cultures should be taken into account. In collectivist cultures, the fact that individual behavior is significantly influenced by the group has definite implications for strategies to promote learning and change. Adult educator Ntseane argues that in African societies individuals need support from their group in order to be able to change. She writes that “the change process itself has to be a collective one” (Ntseane, 2011, p.318).

In the following chapter, key concepts and lessons from adult education are discussed which are relevant to all efforts to promote adult learning and change.





Adult Education Methods to Promote Social Change

The field of adult education provides important insights into how to engage communities to adopt positive change related to the nutrition and health of women and children. In the past twenty years, community MCHN programs have drawn primarily on concepts and methods from the field of communication with relatively limited attention given to **adult education** approaches. The focus of the field of adult education is on how to best involve people with life experiences in learning activities that can both increase their knowledge and make them more confident and competent individuals.

The SWE methodology draws directly on adult education principles and methods. Here, we briefly discuss key concepts and lessons from adult education that are embodied in the SWE methodology. Given the strong influence of peer groups on learning and change in collectivist societies, this discussion focuses on adult learning concepts that are particularly useful for the design of MCHN strategies for use with community groups.

In this section, the following aspects of adult learning are addressed:

- Characteristics of adult learners
- Experience as the basis for adult learning
- Problem-posing approach developed by Paulo Freire
- Characteristics of learning activities that optimize adult learning and change in collectivist cultures
- Critical role of the facilitator in adult learning

As you will read in Chapter 4, when training community staff to use the SWE methodology, it will be important to address each of these topics

Characteristics of adult learners

An important starting point for choosing educational methods and tools for use in community programs is to consider the characteristics of adult learners. The specific characteristics of adults suggest the type of learning methods and tools that are most effective to facilitate their learning. The table below summarizes the characteristics of adults and the types of learning methods best suited to them.



Key characteristics of adults and implications for adult learning activities

Characteristics of adult learners	Characteristics of adult learning activities that motivate adult learners and optimize their learning
They have years of experience.	Allow participants to share their experience with others and to critically reflect on it.
They want to be respected as people with experience and knowledge.	Show respect for the knowledge and practices of all participants.
They are motivated to learn things that relate to their real-life concerns.	Content of learning materials and interactive discussion should allow them to discuss their real-life experiences.
They are self-directed and will be resistant if they feel that ideas or actions are being imposed on them.	The pedagogical approach should be based on dialogue and consensus-building. Learning activities should be participant-driven and open-ended. The facilitator is a participant in the process, rather than the expert with all the right answers.
They value interaction and sharing their experience with their peers and with others in the community.	Participatory tools should be used which allow participants to share their experiences on a given topic. Facilitators should encourage participants to respect the ideas of others in the group.
As people grow older they are increasingly motivated to share their knowledge and experience with younger generations.	The experience of the elders should be recognized in all educational materials and activities.

A conclusion that can be drawn from the table above is that learning activities for adults should be based on their experience, allow them to share their existing knowledge and engage them in a participatory process of reflecting on both their past experiences and on new information. Many strategies based on message-dissemination do not explicitly call on participants to reflect on their past experiences.

“Adults are motivated to learn to the extent that learning will help them to perform tasks or deal with real-life problems.” **Fasokun et. al**, 2005, p. 26

Experience as the basis for adult learning

"The SWE stories include all of the ideas, the beliefs and the concerns of the community. The stories are like a mirror that reflects what exists in the community. The participants enjoy discussing the stories because they are talking about their own lives."

Thierno Moussa
Young Community Leader

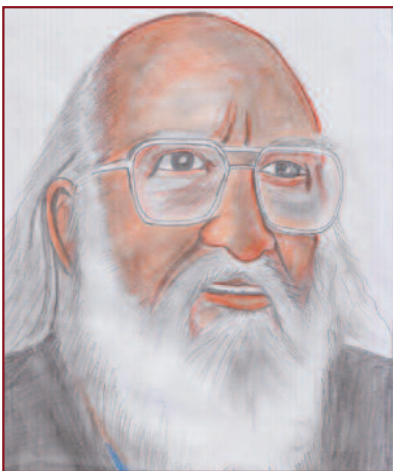
A cardinal principle in adult education is that *all adults have experience with many facets of family life and educational activities to improve, or change, their practices should build on their experience.* In many MCHN programs, however, the content of adult education strategies focuses on technical information and does not systematically build on people's existing knowledge and experience.

The importance of building on what exists in communities is highlighted in the work of Benjamin Paul, an American anthropologist. Paul evaluated a variety of community programs, particularly in Latin America, and concluded that many of them failed because they assumed that the *community's vessel of knowledge is empty* and that development programs need only to *pour their knowledge into the community's empty vessel* in order for communities to embrace the new knowledge and practices, proposed by experts (Paul, 1955). Paul criticized this line of thinking and referred to the *myth of the empty vessel*.



Paul's well-known book *Health, Culture and Community* (1955) was written many years ago, but his conclusions are still relevant today, that *programs should start with community members' experience, what people think and know already, before trying to teach them something new.* Many educational activities and tools, used in both interpersonal and mass media activities, begin by conveying information on the new attitudes and behaviors that they promote, and do not ask community members to reflect on their past knowledge and experience.

"The resource of highest value in adult education is the learner's experience."
Lindeman, 1989, p. 12



Paulo Freire (1921-1997)
Grandfather of Adult Education

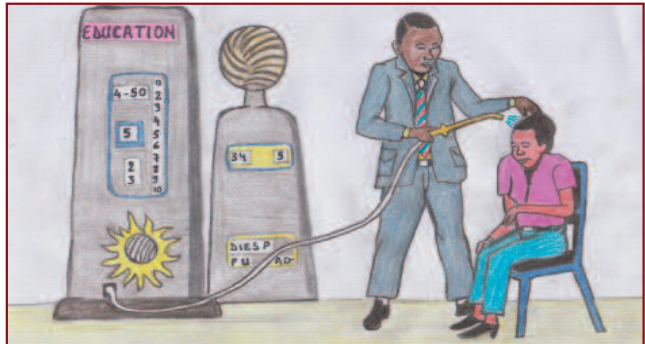
An important lesson from Paul's work and one that directly applies to the SWE methodology is that community members and especially women of different ages have prior experience related to virtually all MCHN topics. For this reason, their knowledge and experience needs to be the starting point for any process of learning and change.

The problem-posing approach developed by Paulo Freire

The SWE methodology is directly inspired by the work of Brazilian, Paulo Freire (1921-1997), often referred to as the Grandfather of

Adult Education. Freire worked for many years in the impoverished area of north eastern Brazil where he observed the dependency mentality of community members. His main concern regarding community education programs was that the directive pedagogical methods used contributed to perpetuating their sense of dependency rather than to increasing their self-confidence and ability to think critically and to take action to improve their own lives.

Freire criticized the prevalent directive approach used in community education strategies in his renowned book, *Pedagogy of the Oppressed* (1987). He characterized this uni-directional pedagogy as a **banking approach** where knowledge is transferred to learners similar to the way in which money is deposited into the bank. He described this approach as both manipulative and not effective in helping learners to deal with real-life problems. He proposed instead a **problem-posing approach** in which learners are



The directive, or banking approach, to education

involved in collective dialogue and analysis of their own reality to seek consensus on how to address a given situation. He argued that a problem-posing approach is necessary to bring about change in both individual and collective thinking. The teaching methods that Freire developed were designed to be used with community groups to engage them in a process of collective reflection and decision-making for action.

What is a problem-posing code?

Paulo Freire proposed the idea that adult learning strategies should be focused on real-life situations that communities regularly encounter rather than on technical issues (dealing, for example, with colostrum or newborn nutrition). He proposed the use of *codes*, or generative themes, which present a familiar situation or problem in the life of a community or family, in order to catalyze discussion of those situations. A *code* can be presented in various ways through a story, a drawing or a role-play. It is shared with community members in order to stimulate dialogue on the situation it presents. The presentation of a *code* is always followed by use of a series of carefully formulated open-ended questions to guide the group through discussion of the situation presented in the *code*. The questions ask them to reflect on the situation based on their own experience and how they think it could be dealt with.

The use of such *codes* is also referred to as a *projective technique*. When participants discuss a *code* they project themselves into the situation presented in the *code*, as though they were experiencing it themselves. They analyze the situation and draw conclusions that could be applied in their own lives.

In practical terms, Freire proposed the use of **problem-posing codes** to elicit discussion of priority issues or problems. The codes, or **generative themes**, reflect community situations or problems, but they do not prescribe how to solve such problems. The *code* serves as a stimulus for discussion on how the specific situation can be resolved. SWE are problem-posing codes.

Example of a problem-posing code for group discussion

To catalyze dialogue on the problem of weakness and dizziness experienced by many pregnant women, a problem-posing code could present this situation either in a story or in a drawing of a woman holding her head and off-balance. The discussion of the code would revolve around why she has this problem and what can be done about it.



Problem-posing code: a pregnant woman who is dizzy and who has a backache

Characteristics of learning activities that foster adult learning and change in collectivist cultures

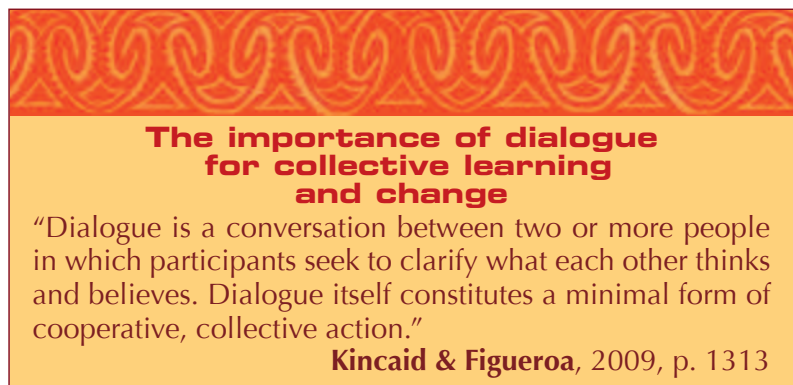
The characteristics of collectivist societies were discussed earlier. When designing adult education activities, it is important to consider the nature of collectivist societies, especially the relationship which exists between individuals and the groups of which they are a part and factors that contribute to learning and changes in attitudes and behavior in those societies. The table below suggests how the characteristics of collectivist societies influence adult learning and change.

CHARACTERISTICS OF COLLECTIVIST SOCIETIES AND THEIR INFLUENCE ON ADULT LEARNING AND CHANGE

Characteristics of Collectivist Societies	Adult Learning and Change
• Collective decision-making is valued and individuals are encouraged to follow the decision of the group both within the family and within community level peer groups. • There is great respect for elders and for their knowledge and experience. Younger family members are expected to follow their advice.	• Learning and change take place primarily in groups and not by individuals on their own. • Men and women, both younger and older, are more likely to change their attitudes and practices in keeping with group attitudes. • Individuals are attentive to and strongly influenced by genuine leaders within social networks and other community groups. • Individuals do not want to adopt attitudes and practices that go against group attitudes. They are particularly reticent to go against community norms conveyed by older, experienced women.

In light of how learning and social change can take place in collectivist societies, MCHN adult learning activities should aim to use the following methods and approaches:

- **Inclusive group educational activities based on dialogue with peers:** Dialogue between men and women, older and younger, allow participants to express their own ideas, to hear the ideas of others and to feel that they are part of any group decision to adopt new norms and practices.
- **Teaching modes and materials which are culturally familiar:** Across the non-Western world stories, songs and group discussion are culturally familiar and appreciated forms of communication that are also enjoyable and motivate people to participate.
- **Teaching materials which reflect and respect key facets of cultural roles, values and practices:** Teaching content and materials should reflect the roles, practices, and worldview of the cultural setting. It is motivating for community members to see that their cultural reality and traditions are included and valued.
- **Participants' experience and knowledge are respected, not openly criticized:** Learning activities should provide an opportunity for all participants to share their experience and knowledge related to the issue addressed. Whatever the level of their knowledge, their ideas and experience should be respected to gain their confidence and encourage them to continue to participate.
- **Facilitators demonstrate good listening skills and a genuine interest to learn from participants:** Facilitators of community activities must demonstrate an interest in participants' experience and opinions to maintain their motivation to participate.
- **Encourage dialogue between participants:**
To bring about social change in the community, there must be consensus-building between people.
- **Strengthen the communication relationship between facilitator and participants:**
Creating positive communication relationships between facilitators and community participants is a critical step in increasing both the confidence of community members and their openness to new ideas.
- **Elicit active reflection on both past experiences and new information:** Participants are challenged to reflect on their knowledge and experiences and how the new information presented can be integrated into their knowledge base.
- **Encourage participants to draw their own conclusions on the topics discussed:** In all activities, participants should be asked to formulate their own conclusions regarding the information learned.



Role of facilitators of adult learning

Encouraging learning and change among adult participants requires *facilitators* rather than traditional *teachers*. The role of the facilitator is to catalyze dialogue and reflection by a group of learners and help them to arrive at their own conclusions regarding a specific topic or problem of interest or of concern (White, 1999).

In adult education, the key roles of the facilitator are:

1. to show respect, unconditional positive regard and full acceptance of learners and their ideas;
2. to use a participatory approach to foster dialogue and learning;
3. to use critical questioning strategies to stimulate reflection rather than to test the recall of priority information by participants.

Many development workers have been trained to effectively disseminate information using a message-driven approach. To effectively stimulate adult learning for social change the skills of such staff as facilitators will need to be strengthened. Development workers need to become *catalyst communicators* if they are to effectively promote community-directed learning and change.

In this chapter and the previous one, we reviewed two key factors that contribute to the effectiveness of community programs in non-western contexts: the structure of collectivist, non-Western cultures; and insights from adult education. These two sets of factors serve as the foundation for the SWE methodology to promote community-driven social and behavior change. In the next chapter, the steps that can be followed to develop and use SWE in MCHN or other programs are presented.

The catalyst communicator

White views the facilitator not as a “message transmitter” but rather as a “catalyst communicator” whose responsibility it is “to catalyze thinking, motivation, interaction, action, reaction and reflection”.

White, 1999, p. 38



Facilitating discussion of a SWE



Developing and Using Stories-without an-ending

Stories are a useful tool for adult education activities. In cultures where there is a strong oral tradition, storytelling is a traditional form of teaching and stories are used to encourage discussion of values and traditions between generations and within groups of the same generation. Familiarity with and appreciation of stories in non-western cultures are reasons that they are a useful tool in development programs. Using stories in adult education activities can also be an enjoyable way to catalyze discussion among community members on issues of concern. Finally, stories based on real-life situations encourage community members to project themselves into those situations, to reflect on their past knowledge and experience and then to consider new information and practices.

Story tales: a traditional medium of communication

"All societies have developed communication tools to help them deal with the issues they face. In West Africa these tools include stories, skits, proverbs, and songs. The advantage of using such tools in development programs is that they are familiar to people. This increases community interest while at the same time reinforces recognition of the value of local culture".

Abderhamane Djire

Community Development Specialist, Mali



An experienced grandmother story-teller engages children and their teacher as well

Closed-ended and open-ended stories

In MCHN programs, stories are often used to teach communities how to deal with certain problems. There are two very different types of stories: closed-ended and open-ended ones and they have very different objectives. In a close-ended story describing a health-related situation, the characters in the story either do what the health workers prescribe and they live a healthy life, or they do not follow their advice and they suffer the consequences, often illness or death. In many MCHN education programs, flip charts are used to tell a story and are structured in this way. These types of stories with a moral are typically accompanied by recall questions to test participants' ability to remember the correct solutions, or *messages*. Such stories reflect what Freire referred to as a *banking-approach* to education (Freire, Op. Cit.) because specific solutions are proposed to participants.

In contrast, the objective and structure of open-ended stories are quite different. The objective of these stories is to elicit reflection and dialogue regarding past experiences as well as the new information that is part of the story content. Reflecting Freire's concept of problem-posing education, SWE challenge learners to reflect on familiar situations, to identify the problems presented and to discuss possible strategies for addressing specific situations considering the new information.

Using examples of two stories dealing with EBF, the table below summarizes the differences between closed-end stories and SWE related to: the learning objective of the story; the story line; how the story ends; the type of discussion questions asked; and how the educational session ends.

	Closed-ended story	Open-ended story
Learning objective	Participants will know the advantages of exclusive breastfeeding and express their commitment to adopting this practice in the future.	Participants will discuss community ideas and practices on breastfeeding, they will receive technical information on EBF and they will discuss how they see the possibility or difficulty of giving only breastmilk to babies under 6 months of age.
Story Line	A young mother breastfeeds her two-month old baby but also gives him water, against the advice of the nurse. She explains why she is against EBF. Her baby does not grow very fast and is often sick. The nurse tells her that if she had exclusively breastfed her baby he would have grown more and have been healthier. She repeats why EBF is important.	Two pregnant women who are friends are discussing how they will feed their babies after birth. One says she will not exclusively breastfeed her baby when he is born because "all human beings need to drink water". The other woman is convinced that EBF is the best option based on what the midwife told her and she tries to convince her friend to do so.
End of the story	The nurse is scolding the young mother and repeating that if she exclusively breastfed her baby the child would have grown faster, not gotten sick and be more intelligent.	The two women disagree, each defending her own position regarding exclusive breastfeeding.
Questions for the group	What did the nurse advise? Why did she advise exclusive breastfeeding for 6 months? What happened to the baby who wasn't exclusively breastfed? What did the mother learn from this situation? What have you learned from this discussion?	Do the two women agree about how they will feed their babies when they are born? What are the two points of view ? What is your opinion of the two points of view regarding EBF? One of the women in the story said, "all babies need to drink water". Do you agree with that idea? Why or why not? Whose point of view do you agree with? Why?
End of the session	The facilitator reinforces the key information on the benefits of EBF presented in the story.	The facilitator summarizes key ideas expressed by the two characters in the story and encourages participants to continue to discuss the story with others to decide on the best way to feed children under 6 months of age.



Using SWE with larger and smaller groups

SWE can be used in two different ways depending on the size of the group. With larger groups of up to 40 people, a SWE can be presented as a role play. Following the presentation, participants can be divided into homogeneous groups (by sex and age) of 8-10 participants to discuss the story. Following the small group discussions, participants can return to the large group to share their answers to a few of the questions.

The alternative way to use the SWE, with groups of 10-20 participants, is to present the story to a small group, either reading it or as a role play, and to facilitate discussion using the prepared set of questions. In this chapter, the discussion focuses on this second approach.

Using SWE in different cultural contexts

SWE have been used in community programs in Africa and Asia dealing with various topics including: MCHN, reproductive health, adolescent development, early childhood education and water and sanitation. In other words, the methodology can be used to address virtually all issues.

The SWE have also been used in a variety of settings, both urban and rural, with older and younger men and women and adolescents. In all cases, community members have been enthusiastic about attending sessions where the SWE were the centerpiece for discussion. Feedback on promising experiences using SWE in Senegal, Mali, Laos and Sierra Leone are presented in the two boxes below.

Improving home treatment of diarrhea: Laos

SWE were used with grandmother groups to catalyze discussion of "traditional" and "modern" ideas on home treatment of diarrhea. Laotian grandmothers were very motivated to participate in participatory learning sessions and to discuss SWE dealing with real life cases of child illness. The final evaluation revealed that grandmothers' knowledge of appropriate home treatment increased significantly.

*Institute of Child Health & WHO
with support from Grandmother Project*



Laotian grandmothers discuss a SWE

Improving child nutrition: Senegal

SWE were used with groups of grandmothers, many of whom were resistant to the idea of EBF. The SWE catalyzed discussion of the pros and cons of EBF. The final project evaluation showed that the majority of grandmothers supported EBF. The evaluation concluded that SWE were a major element in bringing about positive changes in GMs' and WRA's attitudes and practices.

CHILDFUND with support from Grandmother Project



Senegalese grandmothers discuss a story about exclusive breastfeeding

Benefits and challenges using SWE

The benefits of using SWE to engage communities and promote change are numerous. This methodology builds on the cultural tradition of storytelling and SWE can contribute to promoting collective, or social change, related to priority development issues. Well-written stories are of great interest to community groups and they promote group interaction and learning. The stories can be used with low literate groups. Finally, stories are inexpensive to reproduce and disseminate.

There are a few challenges associated with using SWE. One main challenge is that the development of good stories takes time and creativity. A second challenge is that group facilitators who use the SWE must have good listening and questioning skills to maximize participant learning and change.

Steps to develop and use SWE

GMP follows the sequence of three phases proposed by Paulo Freire to develop and use stories with community groups. GMP has further detailed 12 steps to be followed within the three phases.

PHASES AND STEPS IN THE DEVELOPMENT AND USE OF STORIE-WITHOUT-AN-ENDING

PHASE ONE: Collect information from community members on the issue to be addressed in the story

- **Step 1:** Define the issue to be addressed
- **Step 2:** Conduct community interviews on the topic
- **Step 3:** Analyze the information collected and organize it in the story planning worksheet

PHASE TWO: Write the problem-posing story and open-ended discussion questions

- **Step 4:** Define the learning objectives for each story
- **Step 5:** Identify a problematic or unresolved situation
- **Step 6:** Describe the story characters and the context
- **Step 7:** Write the problem-posing story (introduction, plot and ending)
- **Step 8:** Pre-test the story with community members
- **Step 9:** Develop a set of open-ended questions based on the experiential learning cycle

PHASE THREE: Present the story to a group and facilitate the discussion

- **Step 10:** Plan the session with community partners
- **Step 11:** Facilitate the group session using open-ended questions
- **Step 12:** End the session

On the following pages, each step in the development and use of SWE is described in detail. The explanation for each step is illustrated with examples. The examples are taken from a newborn health project in rural Mali carried out by Helen Keller International (HKI), with technical support from Grandmother Project. SWE were a centerpiece of HKI's Saving Newborn Lives Project, where they were used primarily with groups of grandmothers and WRA, and to a lesser extent with men. The example that is referred to throughout this chapter is a story titled, "I Can't Imagine My Life Without Ba Mariam", which deals with the health new mothers who are exclusively breastfeeding their very young children.

PHASE ONE: Collect information from community members on the issue to be addressed in the story

The objective is to write a story on a given topic which reflects a real-life situation in program communities. This requires in-depth insight into how specific issues are viewed by various categories of community members. In this phase, a series of in-depth interviews should be conducted regarding community attitudes and practices. In other words, this step is about *finding out what is in the community's vessel*. The results of this phase are the basis for Phase Two.

Step 1: Define the issue to be addressed in the story

Depending on the project or program with which you are working, the starting point is to decide on what issues you want to address in a SWE. This will depend on the project objectives and topics that you identify as priorities related to those objectives.

Step 2: Conduct community interviews on one of the issues

To develop stories which accurately reflect community roles, influence, knowledge and beliefs, the story writers need to have a good understanding of community realities in the project area.

There are two alternative approaches to collecting information on the local context:

- 1) a comprehensive study that requires more time and resources, or
- 2) a rapid and less expensive study.



Participatory data collection tool engages a group in discussion of maternal and child nutrition

In some cases, projects conduct extensive and in-depth formative research prior to project implementation or early in the project implementation phase. Alternatively, a series of informal interviews can be conducted with various categories of community actors to generate the information needed to develop the SWE.

If the decision is made to conduct only a few informal interviews, these can be done with individuals or with small homogeneous groups of 2 to 5 community members. To address one of your program's

priority issues, you need to identify key factors that you believe are related to that issue and then draw up a short interview guide to collect some information on those factors.

However extensive the data collection, an excellent tool to help field teams to decide on what information to collect and from which categories of community members is the TOPS-GMP guide *Focus on Families and Culture: A Guide for Conducting a Participatory Assessment on Maternal and Child Nutrition* (Aubel Rhycharik, 2015). (Steps 4-8 in that document may be especially useful in planning how to collect priority information for story development).

Suppose that you have decided you want to develop a story dealing with the diet and workload of exclusively breastfeeding new mothers. First, you should identify a series of key factors that you and your team think contribute to that issue, which might include: the advice and influence from other family members; knowledge and attitudes regarding exclusive breastfeeding; the breastfeeding woman's workload and diet; and communication between the young mother, her mother-in-law and her husband. Based on this list of factors, you can formulate a series of questions that can be used in short interviews with several categories of community members. In this case, you would probably want to interview: young women, their husbands and their mothers-in-law, in addition to several health workers who can provide information on their perception of community members' behavior.

The sample guide below provides an example of the kinds of questions you might ask in order to understand not only the attitudes and practices of WRA, but also the roles and influence of other family members.

**INTERVIEW GUIDE ON EXCLUSIVE BREASTFEEDING FOR RAPID DATA COLLECTION
FOR USE WITH WOMEN, MEN AND GRANDMOTHERS**

Advice and influence of other family members:

1. Who in the family has more experience with the care of newborns?
2. When a baby is born what do they advise to give to the baby? Why?
3. When do they advise to start breastfeeding after birth? Why?
4. Do they advise to give the "first milk" (colostrum) to the baby or not? Why?
5. When do they advise to start giving water to the baby ? Why then?

Knowledge and attitudes toward exclusive breastfeeding:

1. Do you know what advice the midwives give about breastfeeding? Why?
2. When do they advise giving water to a newborn? Why?
3. Given that it is very hot here, do you think it is possible for a baby to grow nicely and be healthy if he/she does not drink any water for the first 6 months of life?

The breastfeeding woman's diet and workload:

1. Who do you think needs to eat more, a pregnant woman or a woman with a 2-month old baby who is exclusively breastfeeding?
2. In your family is any special advice given to breastfeeding women regarding what they should or shouldn't eat?

Communication between young mothers, mother-in-laws and fathers:

1. Does a daughter-in-law always follow her mother-in-law's advice?
2. Can daughters-in-law discuss their opinions on breastfeeding with their mothers-in-law?

Step 3: Analyze the information collected and organize it in the Story Planning Worksheet

Analysis of the information collected helps you to determine the important ideas to include in the SWE. A tool that we use for organizing such information is the "story planning worksheet". In the left column of the worksheet, you can list your "program priorities" and in the two columns to the right, you can summarize the information collected from communities regarding the roles, attitudes and practices which can support those program priorities and second, those which present challenges to bringing about change related to those priorities.

The worksheet in the table below includes examples of these two types of information collected from communities. The information in the table is like a database for writing the SWE, and if it has been well prepared it provides plenty of ideas for constructing a story which reflects community roles, influence and practices related to the issues your project is addressing.

Story Planning Worksheet Examples of information collected in community interviews		
Story topic: Challenges faced by women who aim to exclusively breastfeed their young children		
Key factors related to the SWE topic: – Influence of other family members on women’s behavior – Knowledge and attitudes of women and other family members regarding exclusive breastfeeding – Breastfeeding women’s workload and diet – Communication between young mothers and their mothers-in-law		
Program priorities	Family/community roles, attitudes and practices that support program priorities	Family/community roles, attitudes and practices that challenge program priorities
Family members should support breastfeeding mothers	- Various family members are involved in advising young mothers and in caring for young children - All family members are in favor of breastfeeding.	- Many have limited knowledge of EBF and give children other liquids and foods before 6 months.
Exclusive breastfeeding for 6 months	- Young women are informed about and want to EBF. - All health workers are encouraging women to adopt EBF.	- Many senior women/ grandmothers have not been involved in community MCHN activities and do not have complete information on EBF. - Traditional practice is to give water to newborns and young children “to calm then down” when they cry.
Improved diet and reduced workload of breastfeeding women	- Family members do not realize that for women to EBF they need an enriched diet and decreased workload to have more time to breastfeed.	- Women have heavy workloads and have limited time for breastfeeding. - Women often have work outside the home and leave under 6 month olds with other family members who give them water to calm them down when they cry. - Grandmothers believe that shortly after delivery women should resume their “normal” workload and eat “as usual”.
Mothers-in-law/ grandmothers support young women for EBF	- Grandmothers are close to and continuously advise and supervise young breastfeeding women.	- Directive/one-way communication with daughters-in-law. - Daughters-in-law expected to follow directives of senior women in the family.

PHASE TWO: Write the problem-posing story and open-ended discussion questions

A problem-posing story is developed which reflects like a mirror the different facets of the real-life situation related to the selected topic. The community context is described, as are the community members who have different opinions on the topic. Creativity is required to ensure that the story is both interesting and humorous at times. A set of open-ended questions is developed to help the facilitator to actively involve participants in discussion of the story.

Who should be involved in writing the SWE?

Development of the SWE should be a participatory process which involves a small team of people (2-5) with these characteristics:

- they are knowledgeable about and interested in local cultural realities related to the issues addressed by the project;
- they have a good understanding of household roles and influence related to the story topic in the project area;
- they have a clear understanding of project objectives; and
- they are creative people who enjoy writing in a popular way.



Writing a story

Often people with strong technical nutrition or health backgrounds find it difficult to write good popular stories. Creative writing is a skill that not all people possess, so it is best to identify those who have an interest in story writing. In most settings, we have found that some NGO workers have creative writing skills. In other cases, we have identified local teachers who enjoy writing to help compose the stories.

Step 4: Define the topic and learning objectives for each story

The next step, in developing a SWE, is to decide on the specific issue to be addressed and to define the several learning objectives for that story. The purpose of these stories is to elicit in-depth discussion among community members on different MCHN issues and, therefore, a single story should not address more than one topic. Different stories should be developed to deal with different priority issues. In the project in Mali, at the outset six stories were developed to address six priority issues related to the well-being of newborns. Later in the project, stories dealing with other topics were developed.



A young mother with her newborn



Objectives for HKI Mali story on exclusive breastfeeding

- to acknowledge the important role of grandmothers in supporting breastfeeding mothers
- to discuss traditional practices regarding liquids and food given to children over 6 months of age
- to discuss family members' and health workers' attitudes toward EBF
- to discuss the special needs of women who exclusively breastfeed related to their diet and workload
- to increase men's understanding of the special needs of breastfeeding women
- to strengthen communication between mothers-in-law and daughters-in-law who are breastfeeding

Step 5: Identify a problematic or unresolved situation

Based on the story topic that you have identified, you now need to identify either a problematic or an unresolved situation that will become the focus of a dialogue between two characters. The issue addressed in the story should reflect either a concern of the community (for example, the deaths of newborn babies), or a concern of the program (for example, the low rate of pre-natal visits to health facilities).

One of the lessons we have drawn from our experience using stories at the community level, is that it is preferable to include only two characters in each story. Especially with groups of low education levels, it is much easier for people to follow a story told to them when there are only two characters. The two characters in the story should have very different opinions about the central issue/s presented in the story.



Examples of problematic or unresolved situations as a basis for developing SWE

- Two grandmothers discuss: one believes that colostrum is beneficial for newborns, while the other one disagrees.
- Two grandmothers discuss the case of a young mother with an 8-month old baby: one argues that the young mother has lots of breastmilk so we can wait until the baby is 9 months old before giving complementary foods. The other insists that from 6 months onward a baby needs to be given enriched paps.
- Two young women discuss: one thinks that a two-year-old child can eat on his/her own. The other maintains that a two-year old needs to be fed by an adult to be sure that he/she is eating sufficiently.
- Two men discuss: one argues that a woman who is pregnant needs to make only one pre-natal visit unless she is sick, in which case more are required. The other one believes that even if a pregnant woman does not have a specific health problem, she should complete at least four pre-natal visits during her pregnancy.

Step 6: Describe the story characters and the context

At this step, and in the following one, your creative talents are important to write a story that both reflects local reality and that captivates people's interest. The idea is that you want group participants to project themselves into the story, and, therefore, the more the story reflects their reality the better.

For each of the characters to be included in the story you should define their characteristics including: their names, age, how they dress, any distinguishing characteristics, their typical activities (economic, social, religious and free-time enjoyment), their role in the family and community and their social networks. The idea is to create believable characters to increase people's interest in the story.

The context in which the story takes place should also be described in considerable detail. It is better that it not be a real place, but rather one which is very similar to those in the project area in terms of: the name of the community, the geographic setting, the economic activities of the inhabitants and any specificities of the place for which it is especially known.



Small group of NGO staff writing a SWE

Step 7: Write the problem-posing story

You are now ready to write your problem-posing story based on the learning objectives you have defined and the other information collected and developed in steps 4-6.

Often people assume that shorter stories are better. But from our experience, when stories are longer it gives people more time to immerse themselves in the story, to identify with the characters and to reflect on the problem presented. Listening time for the stories is often between 15 and 20 minutes. Thorough discussion of a story usually takes 1 to 1½ hours.

A problem-posing story is built around a generative theme, or code

As you read earlier, Paolo Freire, the famous adult educator, discussed the rationale for educational activities to use a **problem-posing approach**. In practical terms, he proposed that educational activities should elicit discussion of **generative themes, or codes**, which reflect community realities and problems, but do not prescribe how to address those problems.

For each story-without-an-ending there are four parts:

- 1)** introduction to the story setting and characters;
- 2)** development of the plot;
- 3)** end of the story; and
- 4)** discussion questions.

There is no precise recipe on how to write a great story that captivates listeners while at the same time addresses specific issues of concern. This task requires taking off your technical MCHN hat and putting on your creativity hat to craft a story that will interest community members and engage them in a serious discussion of critical issues related to MCHN. The stories should include some humorous elements to make the SWE sessions more enjoyable and motivating for participants.

Each story begins with a description of the setting and of the two characters. As the story proceeds, the issue, or problem, over which the two disagree emerges and each presents his/her point of view on the problem and on how to deal with it. During the rest of the story, the dialogue between the two characters continues and each defends her/his position. The different points of view are presented but they disagree up until the end. It is a story-without-an-ending.



Below is the summary of one of the stories on EBF from HKI Mali's newborn health project.

I can't imagine my life without Ba Mariam

Helen Keller International Mali and Grandmother Project

Objectives of the story:

- to acknowledge and value the role of grandmothers
- to discuss the need for breastfeeding women to eat more than usual, to work less and to get enough rest
- to discuss the importance of exclusive breastfeeding for six months
- to reinforce the importance of good communication between mothers-in-law and daughters-in-law

Bendugu is a large village where Bambara people live in harmony with Peul and Malinké people. People make their living there from farming and also a bit of small animal raising. In Bendugu lives Mariam and her daughter-in-law, Fatoumata. Fatoumata's husband is Bendugu's last son and he is a blacksmith in the village. Mariam is tall and thin, she is always working in the family or in her vegetable garden not far from the family compound. She is respected in the community in part because she knows a lot about childhood illnesses and how to treat them. Other less experienced grandmothers come to see her when their grandchildren are sick. In the family all of the daughters-in-law respect her because she treats all of them as though they were her own daughters.

Fatoumata is 21 years old and comes from a neighboring village. She is very skilled at making clay pots and she has two boys. Just ten days ago she gave birth to a baby girl who, unfortunately, was very tiny at birth. She is still wrapped in a towel so she won't catch cold as she is very fragile. During her pregnancy she worked very hard alongside her several co-wives. Even though the midwife told her to greatly reduce her workload, and Mariam agreed, Fatoumata felt ashamed to do so when her sisters-in-law were working very hard.

Ten days after Fatoumata's delivery, she is still very weak. Her eyes and hands are very pale and she frequently feels dizzy. She says she doesn't have enough breastmilk for her baby. Fatoumata talks to her mother-in-law, who has also observed that she is not getting back her strength as she should. Mariam talks to her husband and tells him that Fatoumata needs to go to see the midwife who is in the next village, Bobolan. The father-in-law listens to his wife and then decides that Fatoumata should go to the health post. He calls his son Moussa and they discuss how they can find the resources needed for Fatoumata's transport and medicines.

The dialogue continues when Fatoumata returns from seeing the midwife. She goes to sit by Mariam to tell her what the midwife has said: that her body is very weak and for that reason she needs to eat richer foods (like meat, fish and liver) at least once a week and to work less so that she can fully recover from her pregnancy. Mariam does not agree with what the midwife has advised. Rather, she says that now Fatoumata needs to get back to work. "You rested for a few days after you delivered, but now you need to get back to your normal pace of work, to work from sunrise until after dinner like all of the other women in the family. And it is unreasonable to think that you can eat meat, fish or liver once a week." Fatoumata goes on to explain to Mariam that the midwife also said that her baby should only be given breastmilk for 6 months, and no water at all.

Mariam raises her voice at that point and says to Fatoumata, “Your baby will die if she doesn’t drink water. You should stop listening to the midwife. She is proposing things that are totally impossible for you and for your baby”. Mariam says “She told me that there is lots of water in breastmilk.” Mariam ends the discussion by saying to Fatoumata, “You have really disappointed me today. We can never accept the ideas of that midwife. Just follow my advice and everything will work out fine for you and for my dear granddaughter”.

Tips on how to write engaging stories

Introduction to the story:

- The story should have only two characters to make it easier to follow when told orally.
- The introduction of the story should catch the reader’s attention.
- The introduction should describe a situation, a local context and local places that are very similar to the daily lives of the community members it is used with.
- The introduction should include background information related to the cultural context that is useful in analyzing the priority issue addressed in the story.
- The introduction should present information on: the setting; the culture, the religion of the people; the age of the two characters in the story; their values; their daily activities and work; family resources; and the size and composition of the families of the two characters.

Development of the plot:

- The story should focus on a difficult or problematic situation related to one of the priority project topics (for example, breastfeeding or child spacing).
- It should be based on a dialogue between two characters.
- The two characters should share many values and ideas but have different opinions on some key issues related to project objectives (for example, the ideal length of birth intervals or the length of exclusive breastfeeding).
- Respect should be shown for both characters even though one of them has more traditional ideas.
- There should be some humoristic characters or incidents in the story that make people laugh.
- The situation or problem described in the story should make people think about their own lives and how to deal with them.
- One character should have more modern ideas.
- One character should have more traditional ideas.
- The ideas and attitudes of both characters should reflect the ideas and attitudes that exist in the community.

The end of the story:

- The story should end with the two characters disagreeing on one or more key ideas. Both characters should defend their own points of view and the story comes to an end, without any solution to their disagreement.
- The end should leave people hanging on the edge of their seats because the two characters still maintain strongly opposing positions.

Discussion questions:

- A discussion among participants should follow with the help of a set of open-ended questions.
- The questions should be based on the experiential learning cycle from adult education.
- The questions should ask participants to analyze the content of the story and to discuss what the ending of the story might be.
- This discussion should be guided by a facilitator who asks participants to share their opinions while he/she refrains from giving his/her own opinion about how the story will end.

Step 8: Pre-test the story with community members

Once the story has been drafted, it is important to pre-test it with one or two community groups. The story can be presented to them and their feedback sought in order to improve the text if necessary. Several key questions can be asked to elicit feedback from community members:

- Could this story take place in your community?
- What did you like about the story ?
- Are there parts of the story that are not clear ?
- How could the story be changed to make it more realistic ?
- Once the pre-test is completed and the story finalized, you will be ready to work on developing the open-ended questions in Step 9.

Step 9: Formulate a set of open-ended questions based on the Experiential Learning Cycle

This step is critical. If a story is presented, the participants applaud and the session ends, a great opportunity will have been lost to optimize the learning that can be catalyzed by a SWE. After the presentation of a SWE, a facilitator should lead a discussion of the story between group participants to get them to analyze what they heard and reflect on it as it relates to their own lives. For this purpose, a series of open-ended questions should be developed to structure the discussion. Experience has shown that when questions are developed in advance the quality of the discussion is much richer. Even for a very experienced facilitator, it is important to formulate key questions before a group education session begins.

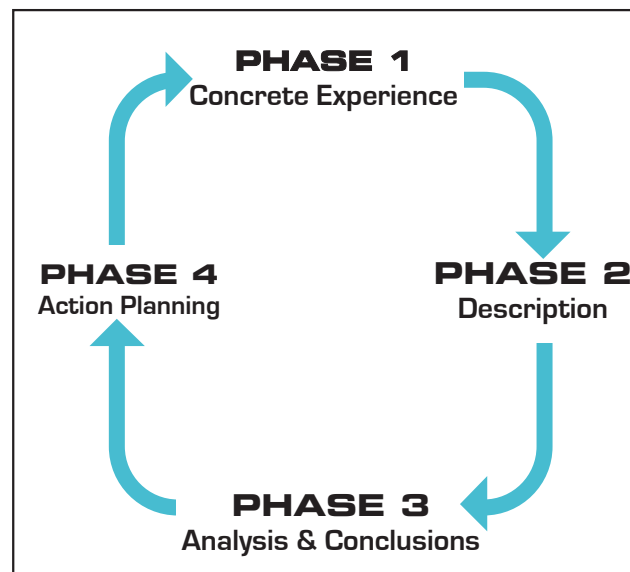
The questions are formulated based on the phases in the **Experiential Learning Cycle**, developed by the psychologist David Kolb, who studied how people learn. A fundamental lesson from Kolb's work is that *learning can take place when people reflect on their past experiences and at the same time consider new ideas and then decide if and how the new ideas can either replace or be combined with the old ones* (Kolb, 1984). Kolb insisted that learning rarely takes place if people's past experiences are ignored. His thinking echoes Paul's notion of the myth of the community's empty vessel discussed in Chapter Three.



Women discuss a SWE about complementary feeding of young children

The questions to develop for use with the SWE should be formulated based on the 4 phases in the experiential learning cycle.

EXPERIENTIAL LEARNING CYCLE



Kolb, 1984

The **Phase One** in Kolb's learning cycle is a **concrete experience**. As discussed earlier, the SWE must be written in such a way that it describes a real-life experience of the communities where the story is being used, i.e. the story corresponds to Phase 1 in Kolb's learning cycle and is the experience to be discussed. So, there is no need to develop questions for Phase 1.

Phase Two in the learning cycle involves **describing and reflecting on the experience**, i.e. describing and reflecting on the experience presented in the story. A series of questions are developed to encourage group participants to describe and reflect on the two points of view expressed in the story.

For **Phase Three**, questions are formulated which call on participants to further **analyze and draw conclusions based on the SWE**.

In **Phase Four** of the learning cycle, the last series of questions ask participants **what actions can be taken** by the characters in the story and also what action they themselves can take based on what they have learned from the story both individually and collectively. In the diagram on Kolb's learning cycle, the arrow connecting Phase Four and Phase One implies that the actions identified in Phase Four could be carried out in the day-to-day experiences of families and communities.

The questions developed to catalyze discussion of the SWE should encourage groups of participants to critically analyze the different aspects of a given story, rather than to merely test their recall of the story content. For each story, specific open-ended questions should be developed which call on participants to collectively reflect on what they have heard, and to formulate their own conclusions regarding the unfinished story.

Examples of open-ended questions based on the phases in the Experiential Learning Cycle to go with the SWE

“I can’t imagine my life without Ba Mariam”

Phase Two: Descriptive Questions

- Why is Ba Mariam well-respected in the village?
- How would you describe the relationship between Ba Mariam and Fatoumata?
- Are there grandmothers in your village like Ba Mariam? How are they similar?
- During pregnancy did Fatoumata work as usual or less? Why?
- What advice does the midwife give to breastfeeding women like Fatoumata?

Phase Three: Analytical Questions

- In the village are there many women who give their babies water in the first weeks of life? Why do they do that? What is your opinion on that practice?
- Does Ba Miriama think that a baby can survive for 6 months with only breastmilk? What do you think?
- Why does the midwife say that babies should receive only breastmilk and nothing else for 6 months?
- Can Fatoumata follow the midwife’s advice if Ba Mariam doesn’t agree?
- Is it possible for Fatoumata to eat the foods that the midwife recommends (liver, milk, fruit, vegetables)?

Phase Four: Action questions

- If you were Ba Mariam in the story, what would you do faced with the midwife’s advice on feeding a baby under 6 months of age?
- What would you do if you were Fatoumata and Ba Mariam insisted on giving water to your two-month old baby?
- Can you do anything to tell others about exclusive breastfeeding for six months?
- Is it possible for you to organize a meeting in the village to discuss this topic?
- Would it be useful to organize a meeting between the grandmothers and midwife so that she could tell them about exclusive breastfeeding? How could you organize that?

PHASE THREE: Present the story to a group and facilitate the discussion



Community health agent asks open-ended questions on a SWE

In this last phase, community sessions are organized in which the stories are used with various groups of community actors. Discussions are held with community partners to plan the sessions. Facilitators prepare themselves to present one of the stories and to catalyze discussion of it using the already prepared set of questions. Knowing how to end the session is a critical step to ensuring that discussion of the issues presented will continue within the wider community after the session is over.

Step 10: Plan session with community partners

Preparing to use one of the stories with a group of community actors requires good planning. Initial discussions to prepare SWE sessions should be carried out with your community partners, probably the women and grandmother leaders with whom you have already established rapport. You need to explain to them that these sessions will take between 1 ½ and 2 hours. Points that should be discussed with them in planning these sessions include:

- the category of community actors to invite
- the number of participants for each group session
- the place where the session will be held
- the date and time of the session
- inviting men participants as observers

The category of community actors to invite to the SWE session

As mentioned earlier in this guide, we have found that the SWE can be used with all types of community groups including men and women, elders, adults and adolescents. Some stories can be written especially for children, to address issues of interest to them. In the context of your program, you will have already decided on the priority community groups that need to be involved in these educational sessions. For your work on MCHN issues, undoubtedly you plan to involve women of reproductive age and grandmothers. You may also want to organize such sessions with male adolescents and men, depending on their availability.



Elders discuss a SWE on women's dietary needs during pregnancy

If a priority objective of the session is for all participants to feel comfortable sharing their ideas, then it is preferable that the groups be quite homogenous in terms of age and gender. If you put men and women, or older and younger women together, this will tend to make the younger women feel less confident and result in them participating less. If on the other hand, an explicit objective of the SWE is to discuss, for example, men's support for pregnant women, or communication between mothers-in-law and daughters-in-law then it may be more appropriate to organize sessions with men and women, or with older and younger women.



The number of participants in each group session

To allow active participation and learning, it is suggested that the group sessions using SWE be limited to 15 people, or 20 at the maximum. If the number of potential participants is more than 20 it is advisable to organize more than one session. Communities often think that the partner organization will be impressed if there is a bigger group. However, limiting the size of the group to 20 people is important so that all participants can easily follow the content of the story when it is told and be actively involved in discussing it.

What is the best composition of groups to involve in SWE sessions?

The composition of the groups who participate in the SWE sessions will influence how group members feel and the extent to which they will be comfortable sharing their ideas. It is often not advantageous to put men and women together as the women may feel inhibited to speak. Having older and younger women together in a group may dampen younger women's ability to share their true feelings and ideas. People are generally more comfortable discussing issues with members of their peer group.

Using SWE with homogeneous groups

It is generally better to use the SWE with homogeneous groups, by gender and age, so that group members are comfortable spontaneously sharing their ideas. However, in certain contexts, where community participants include both men and women and of different ages, GMP has often presented a SWE to a large mixed group, often as a role play, and then put people into small homogenous groups (by gender and age) to discuss the stories. When the discussions within peer groups are completed, the different groups can come back together, allowing each of them to share their reflections and conclusions.



Mauritanian grandmothers listened to a SWE about caring for newborns. They disagree about whether water should be given to them to drink

The place where the session will be held

This is a very critical aspect in organizing SWE sessions to ensure that participants are comfortable and can freely express their ideas. The place chosen should be as secluded and as quiet as possible so that participants can easily hear and focus their attention on the story and discussion. It is better to avoid a place where children, animals or motor cycles are frequently passing by and which can distract participants. It is also better that it be a neutral setting. For example, holding these sessions in a health center is not desirable as that context may encourage participants to repeat what health workers have told them rather than encouraging them to spontaneously share their real opinions.



The date and time of the session

Another important factor that contributes to the success of a SWE session is the day and time that it is held. This should be the decision of your community partners as they know best what days and times are more convenient for women, grandmothers, etc. Grandmothers tend to have more flexibility in terms of their availability. It is often more challenging for younger women to find time to meet. Given their heavy workloads during the day, evenings are sometimes a better time for younger women to meet. Sessions with adolescents should be planned for either after-school hours or on the weekends. In rural areas, don't forget to consider when



A grandmother facilitates a session with adolescents to discuss a SWE on teen pregnancy

market days take place and work around those. In all cases, development programs should be flexible in deciding on the days and times to meet. It is important to stress that these sessions will take around 1½ and 2 hours so that community members' expectations are realistic.

Inviting men participants as observers to sessions with women or grandmothers

A practice that we have adopted in all places where we have worked, in both rural and urban contexts, is to invite 2-3 male community leaders, or other men, to attend sessions with women or grandmothers, as observers. It is important that men be aware of the issues discussed in the SWE sessions, however, from our experience it is often much more difficult to organize group sessions with men. If several men attend each time they can share information on the SWE and discussion with other men. Ideally, these should be men who are chosen by the community leaders and who are expected to report back to them and to the wider group of men. Men's participation in this way ensures that some men are informed about the SWE discussions.

If a few men are invited to attend the facilitator should brief them on their role and on what they should and shouldn't do during the session. Before the session starts the following information should be shared with them:

- They are expected to play an "observer" role during the session.
- As community authorities, they should open the SWE session and welcome the participants.
- They should encourage the participants to actively participate and to freely share their ideas and experiences.
- They should avoid any criticism of the opinions expressed by the participants during the session.

- When the discussion with participants has ended, the facilitator should ask the men to give their impressions of the session and of the issues discussed in the story.
- They should close the session and encourage participants to share the SWE with others and to continue to discuss the important issues addressed in the story.

How to manage crying children during SWE sessions – a local solution

In Mali, the grandmothers came up with a good solution to manage the wiggly and crying children who came along to the sessions with mothers or grandmothers. For each session, a mat was brought from one of the homes and put under a tree a bit away from where the session was taking place, where the noisy children could be watched after. When planning the sessions a volunteer grandmother, young mother or adolescent girl was identified who could be the child minder. This local solution worked well to minimize disturbances during the group sessions.

How people are seated makes a difference!

To feel comfortable listening to others and sharing their own experiences, people need to be comfortably seated and able to see and hear the other participants, as well as the facilitator. If they are sitting in rows, as in a classroom, they can't all see each other and when they speak others are not able to see them and easily hear them. Participants should be seated in a circle so that they can see one another and share comfortably. This is one of the golden rules in both communication and adult education.

Step 11: Facilitate the group session using a SWE

This step deals with both the preparation required to conduct a SWE session and the actual facilitation of the session. The use of songs to accompany the story is explained here.

Facilitator preparation

Anticipating the day of the SWE session, there are several things the facilitator needs to review or prepare to make the session as effective as possible. She/He needs to prepare the following:



Groups of girls and of grandmothers discuss a SWE on child marriage

- Rehearse the presentation of the story.
- Review the discussion questions.
- Practice singing the songs.
- Review the steps to follow once in the community (before, during and at the end of the session).

The success of the SWE session depends very much on having a skilled facilitator who is well prepared. She/He must be very familiar with the story, the questions and the songs to be used. It is important to mention that the person who tells the story and who facilitates the discussion must be fluent in the language spoken by the group to whom the story is presented.



Rehearse the presentation of the story

It is not necessary for the facilitator to memorize the story to be presented and she/he should always have a written copy of the story to use even if she/he knows the story well. To be comfortable presenting it she/he should read through the story three or four times to ensure that she/he can present it with ease. The story is most likely told in a local language and reading it over ahead of time the facilitator should think about how to translate it into the local language.

The objective is for the story to capture the interest of the listeners and for the story content to be very clear to them. There are several points the facilitator should keep in mind to make the story understandable and captivating. First, it is important to read each of the passages slowly so they are easily understood. Second, it is important to speak rather loudly to ensure that all can hear. Third, the story-teller should pause briefly between sentences, especially between what two people say. There is no need to be in a hurry when telling the story. A fourth point to make the story easier to follow, is to use two different voices for the two characters in the story. All of these things will make it easier for group participants to understand the different opinions expressed in the story.

When preparing to tell a SWE for the first time, it is suggested that the facilitator rehearse telling it to a few family members or friends and then asking them for their suggestions on how to make it clearer and more interesting.

Review the discussion questions

To prepare for facilitating the discussion of the story, it is important that the facilitator read through the prepared questions several times to make sure that she/he understands what the questions are asking and to envision probing questions which can be asked. she/he also needs to think about how the questions will be translated into the local language so that they accurately reflect the meaning of the questions.

Practice singing the songs

In virtually all cultures songs are appreciated and in many cases, they teach moral values. Some feel that songs are only appropriate for children but in our experience, we have found that they are enjoyed by all ages. In the SWE sessions, to break the ice it is very useful to start with a song. In all projects that we have worked on, we have involved program staff in writing two types of simple songs: *songs of praise of grandmothers* and *teaching songs* containing short messages on the topics addressed in the stories.

Facilitators should practice many times singing the songs to be used with a specific SWE, so that they are ready and able to lead group members in song and dance. In addition to the importance of the content of the songs, using them at the beginning and end of SWE sessions makes people feel comfortable at the outset, and sends them off on a happy note at the end.

Song of Praise of Grandmothers, Laos

Grandmother!
Grandmother!
Grandmother!
You are the one who supervises.
You are the one who is kind.
You are the one who advises
everyone how to be healthy.
Grandmother!
Grandmother!
Grandmother!
May God give you long life!

Review the steps to be followed in the community

This guide focuses on the development and use of SWE, an exciting tool for promoting dialogue and change in communities. Of course, such tools are important in adult education but it is often assumed that wonderful tools can have a miraculous impact on their own. As Carl Rogers, the famous American psychologist pointed out, *a major factor that contributes to learning is the relationship which exists between the facilitator and the learners.*

Our experience using SWE suggests that the effectiveness of this great tool depends very much on the ability of the facilitator to establish a relationship with community members based on trust and openness. The impact of these stories will depend very much on how communities perceive the facilitator and how they feel about their interaction with her/him before, during and after the under-the-tree sessions. In other words, the quality of the relationship established between the facilitator and community actors is a key determinant of communities' motivation, involvement and ultimately their learning.

What should facilitators do to establish good relationships with community actors?

- warmly greet all participants;
- listen attentively to all participant contributions;
- respect all participant ideas; and
- encourage participants non-verbally through head-nodding, etc.

As you know, the SWE are unresolved and, therefore, they automatically catalyze discussion. The carefully formulated questions structure the discussion in a step-by-step way. Participants are asked to critically analyze the SWE during the session and furthermore, they are challenged to continue discussion of it after the session with others who were not present. For each story the series of open-ended questions are used to guide the group discussion. For most of the questions, there are no correct answers. They require that participants give their own opinions on the stories in relation to their own lives and that they discuss what they would do, in similar circumstances.

During the discussion of a story, the facilitator should:

- encourage all group members to share their ideas;
- show interest in the ideas of all participants;
- be respectful of the ideas of each member of the group;
- withhold any criticism of participant opinions; and
- if necessary, can clarify the content of the story to ensure that there is a common understanding of what was said in the dialogue.

In other words, the facilitator should remain neutral during the discussion. If she/he takes sides in the discussion this will discourage further participation of those whose ideas are criticized.

During the discussion of the story, the facilitator's role is to use the prepared set of questions, along with probing questions based on participant's comments. The facilitator should not express her/his own opinions. For some facilitators, who are used to playing a more directive role in community education activities, this non-directive role can be quite challenging. For this reason, the training of the facilitators to strengthen their listening and questioning skills is a key to the effective use of SWE.



The attitudes, behaviors and skills of the facilitator during a SWE session

The effectiveness of the SWE to catalyze dialogue, learning and change depends on the quality of the SWE but perhaps even more so on the attitudes and skills of the facilitator. From the moment that a facilitator arrives in a community, members of the community are observing her/him and their impressions contribute to their motivation to engage with her/him in the proposed activities.

Based on principles from adult education and community development, the following attitudes and behaviors can contribute to greater community motivation, engagement and learning.

When arriving in the community:

- to approach and greet community session organizers
- to greet traditional community leaders, if they are available, using the locally accepted greeting protocols
- to briefly inform traditional leaders of the objective of the activity and the topic to be addressed on that occasion
- to inquire with the women or grandmother leaders about the plans made for conducting the session that day

Arriving at the site where the session will take place:

- to greet community members who are already present and progressively as the others arrive
- to help participants to sit in a circle or a triangle and explain to them why this is important
- to sit at the same level as the participants (on the mat, on benches, on chairs, etc.)
- to explain to those who are not part of the “target category of community members” that the session is for WRA, Grandmothers, men etc. and ask them to sit outside of the circle and to not intervene in the discussion
- while waiting for other participants to arrive to put those already there at ease by chatting with them about the “news” from the community related to the school, their crops, etc.
- to greet the men observers when they arrive and explain to them their “observer” role



Singing and dancing to break the ice before presenting a SWE

Starting the session:

- to ask the group leader to open the session
- to ask the men present to provide an official greeting to the group
- to open the session by underscoring the valuable role of grandmothers in the family and the community
- to ask the participants to sing along to a song of praise of grandmothers
- to introduce the story to by presenting its title and characters

Presenting the story:

- Use clear and simple language
- Use a lively and interesting tone of voice



- to speak loudly so that everyone can hear
- to speak slowly enough so that everyone can follow

Facilitating discussion of the story:

- to explain at the beginning of the discussion that it is important for everyone to share their ideas, since everyone has valuable experiences
- to encourage the group to applaud after each participant contribution. This is especially important with the grandmothers to increase their self confidence
- to repeat the questions if participants are going off-subject, to get the discussion back on track
- to repeat the idea that you are interested to hear the opinions of all participants given that they all have relevant experience on the topics being discussed if someone is dominating the discussion
- to encourage “quiet participants” to share their ideas by turning toward them and smiling at them



Group discussion of a SWE between young girls and a teacher facilitator

Step 12: End the Session

The way in which the facilitator ends the session is critical so that discussion of the story will continue within the wider community after the session. As discussed earlier the objective of the SWE is to elicit discussion of important MCHN topics during the group session and also later in the community-at-large.

To end the session the facilitator should:

- Ask the participants to share their comments on the session
- Remind the participants that the story they discussed is not over and encourage them to continue to tell the story and to discuss it with family and friends
- Ask the leader of the group to close the session
- Have the participants sing and dance
- Thank the participants and discuss the date of the next meeting

Now the challenge is yours

We hope that you are inspired to use SWE in your community programs on MCHN to promote dialogue for social change. After reading this guide, please send us the stories you write and contact us if we can be of further assistance.

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Good luck!!!





A Story-without-an-ending

I can't imagine my life without Ba Mariam

Objectives:

1. Acknowledge the importance of the role of grandmothers, or Muso Koroba, with newborns and new mothers
2. Discuss the importance of postnatal visits to health centers
3. Discuss the importance of giving new mothers a healthy diet
4. Discuss the importance of reducing the workload of new mothers
5. Discuss the importance of rest for new mothers.
6. Discuss the importance of exclusive breast-feeding until six months.
7. Discuss the importance of strengthening the relationship between mothers-in-law and daughters-in-law
8. Discuss the importance of increasing communication between Muso Koroba and midwives.

There is a village named Bendugu. Bendugu is a Bambara village where Peul, Malinké, Sarakolé and Bambara (ethnic groups) live together. It is primarily an agricultural community where rice, millet, sorghum, corn, and peanuts are grown. Women pick shea nuts and néré seeds but due to infrequent rains, the harvest isn't as plentiful as in previous years. Livestock farming is also practiced. Because Bendugu isn't very large there is no market there which is why the villagers go to the weekly markets in the surrounding villages.

Early in the morning, the young women go into the bush to pick néré seeds and gather shea nuts. That's a time for them to discuss many things including their marital problems. They make shea butter and sumbala. The sale of these products is their main source of income. They use their profits to buy condiments, cooking utensils and clothing.

In this story, Ba Mariam, the mother-in-law, talks with Fatoumata, her daughter-in-law. Ba Mariam is 65 years old. She is an old woman, tall and thin. The few teeth she has remaining are reddened from the tobacco and cola nuts that she chews. Ba Mariam is the "First Lady" of the large Kanté family. The village listens to her and respects her very much. She is known for treating sickness in small children such as Kobonignaman, finfin ni, Kôno, and diarrhea. The other Muso Koroba of Bendugu often come to see her when their children fall ill. In the family, the daughters-in-law hold her in high regard because she treats them all like her own daughters.

Even though she is getting older, Ba Mariam keeps a kitchen garden where she cultivates vegetables and potatoes. A few fruit trees, such as papaya and mango trees, can also be found there. Each morning, after prayer and breakfast, she goes to pick vegetables in her garden. She gives some to her daughters-in-law for the family meals and the rest she sells under the big fromager tree at the

side of the road. And like the other Muso Koroba, Ba Mariam also grows rice in the lowland. At home, Ba Mariam and the other Muso Koroba watch after their grandchildren. They prepare snacks for them during the day, wash and dress them. They watch over them while they play.

Ba Mariam was a great circumciser in the past, but like many others she has stopped the practice after many community meetings where the problems it creates for women of childbearing age were discussed. Ba Mariam has two sons. N'Golo, her first son, is a farmer. He has two wives and eight children. Both of his wives produce and sell sumbala. Ba Mariam's second son is Moussa. Moussa is a great blacksmith. He makes hoes, plows, and guns. Unfortunately, blacksmithing brings him little money.

Four years ago, Moussa married Fatoumata. She is 21 years old, a beautiful and submissive young wife. She comes from a large blacksmithing family in a neighboring village. Fatoumata has a vegetable garden like most of the other women in the family and she has a green thumb. She gets along well with Ba Mariam because she respects her decisions and advice, washes her clothes, sweeps her bedroom, heats water for her bath, and from time to time Fatoumata offers her a small gift.

In four years of married life, Fatoumata has become a mother to two sons. Only two days ago, she gave birth again. This time she had a tiny baby girl and that is why she is being especially careful to keep her covered so that she doesn't catch cold and get sick.

It should be mentioned that during her latest pregnancy, Fatoumata suffered a lot. Her second son was only a year old when Fatoumata got pregnant. Her body was neither rested nor ready to conceive again. During her pregnancy, her mother-in-law and her husband advised her to avoid hard work. However, Fatoumata had no choice and she worked a lot during the entire pregnancy. She didn't stop working from morning to evening. Her youngest son continued to nurse. Every morning she went out to gather dead firewood and shea nuts. When she came back, she started preparing lunch. Fatoumata was obliged to work hard because her husband couldn't support all the family expenses by himself.

Also, during her pregnancy Fatoumata ate the same meals as the other members of her family which was not an adequate diet for a pregnant woman. And during the last three months of her pregnancy, Ba Mariam told her to eat only soup in the evening rather than the family



Ba Mariam advises Fatoumata, her pregnant daughter-in-law



meal. For many months, she was on a half-salt diet. She only had plain gruel at night. All these factors contributed to the fact that Fatoumata was very weak during her pregnancy. These are the reasons why she gave birth before term and to an underweight baby.

After giving birth, Ba Mariam put medicinal leaves into the newborn's bath water to prevent him from getting sick. She gave those same leaves to her daughter-in-law to drink and to wash herself with. These concoctions helped to restore her health and to give her strength. Ba Mariam gave her other advice on what she should and shouldn't do in the days and weeks after giving birth.

Ten days after giving birth, Fatoumata is still weak, her hands and eyes are pale. She complains of dizziness and fatigue. She doesn't have enough breastmilk for her newborn. Fatoumata tells her mother-in-law about her health. Ba Mariam talks to the head of the family about it and explains to him that their daughter-in-law must see the midwife. The head of family decides to send Fatoumata to the health center. He summons his son, Moussa. The two men discuss the situation and gather the money needed to cover the cost of Fatoumata health center visit.

The next day, Fatoumata was taken to the health center on a bicycle by her younger brother and accompanied by her husband. The midwife saw Fatoumata, prescribed some medicine and gave her some advice. Returning home, Fatoumata finds her mother-in-law sitting in the courtyard, grating a kola nut. She tells her how her visit went at the health center.

Fatoumata: Hello, Mame.

Ba Mariam: Hello, my daughter, how did the visit go?

Fatoumata: Very well. The midwife checked me out and then prescribed some medicine for me. Here is the prescription she gave me.

Ba Mariam: Good. I will show them to your father-in-law afterwards. Is that all she said?

Fatoumata: In addition to the prescription the midwife gave me a lot of advice.

Ba Mariam: Oh, good! And what was her advice?

Fatoumata (A bit hesitant to talk. She tells herself that the advice given by the midwife is a bit different than what her mother-in-law has been telling her, so following it will be difficult). She told me that I am weak because I was not very strong when I gave birth and the little strength I had left was depleted during childbirth. She said that now I need to eat better and work less to have the strength to take care of your new granddaughter.

Ba Mariam (nods her head, signaling that she has the same opinion): That is true, my dear, I know that you are very tired and weak.

Fatoumata (encouraged by this remark, Fatoumata continues the account of the visit). The midwife said that it's important that I eat meat, liver, and giblets, as well as milk because these foods are rich in vitamins, and eating them will give me strength.

Ba Mariam: My dear daughter, on this point the midwife is quite right. After childbirth, a woman is completely exhausted.

Fatoumata: She said that's why in the past, the Muso Koroba always gave giblet soup to mothers who had just given birth.

Ba Mariam: That's true. In my time, new mothers were given soup made with cow stomach and chicken. And a little "kani fin" powder was added to it. But you know how things are now! You see yourself that other new mothers eat the same meal as the rest of the family. They never have a special diet like that!



Fatoumata (feeling embarrassed, she lowers her head). You are right, during my other pregnancies I ate the same meals as everyone else in the family. But this time it's different because this last pregnancy was too close to the second one. And, regarding the foods that the midwife recommends, I don't need to eat them every day, only once or twice a week.

Ba Mariam: Of course, I know that a breastfeeding mother needs to eat well and eat several times a day if possible.

Fatoumata: I see that the midwife's advice is not new to you! She also advised me to eat fruits and vegetables.

Ba Mariam: Hum..... I would advise you against that because fruits cause "soumaya". And you also said that she advised that you shouldn't work too much? But my question is: If you don't do all the work that needs to be done who will do it?

Fatoumata: Yes, she said that I must work less because if I continue to work too much before I have fully recuperated I may not have enough strength to nurse my baby well. She said that I can work, but I must rest from time to time.

(Inwardly she is worried that it will be difficult to follow the midwife's advice). My dear mother, if I have offended you, please forgive me.

Ba Mariam: Don't worry, my dear, it is just that it's not easy to change things as you suggest because you are not the only young women with a young child in the family. Your co-wives didn't receive such special treatment. In any case, I will go to speak with your father-in-law about what you have told me.

Fatoumata: My dear mother! I know that I can always count on you and I can never thank you enough for all that you do for me.

Ba Mariam: Is that all that the midwife told you to do?

Fatoumata: The midwife said that if I have a very rich diet and drink a lot of water after each meal that I will have plenty of breastmilk for the baby.

Ba Mariam: For increasing breastmilk, you should have millet soup - "sinkèrin kènè" - and eat peanuts. Also, Kalifa, the traditional healer, has a good remedy for that, and he only asks five francs for his treatment.

Fatoumata: You are perfectly right, Mame. The midwife recommended to me those same foods. She told me that peanut sauce with leaves is especially rich in vitamins.

Ba Mariam: Are we understanding each other on this?

Fatoumata: Yes. She said that if I eat well and drink lots of water, I will have plenty of breastmilk. She also said that my baby should only be given breastmilk.

Ba Mariam: That isn't anything new. All babies breastfeed day and night.

Fatoumata: Yes, but the midwife said that the baby should only be given breastmilk and nothing else, not even water.

Ba Mariam: AH! (completely dumbfounded) What did you say? I can't believe my ears.

Fatoumata (surprised by her mother-in-law's reaction, but nevertheless she continues to explain). She said that the baby doesn't need anything except breastmilk because it is full of water and contains all the vitamins necessary for the baby to grow and to be healthy.

Ba Mariam: What? Do you want to kill my beautiful granddaughter?

Fatoumata: Yes, that's what she said and she repeated that the baby shouldn't drink water until she is six months old.



Ba Mariam (shaking her head, she responds). How can you think that any person can live without drinking water for that long? Everyone needs to drink water, young and old alike.

Fatoumata: Yes, that's true, but the midwife said that breastmilk contains the right amount of water that is necessary for the baby. She also insisted that the baby shouldn't drink any of her bath water. And she also talked about the correct way that the breast should be given to babies.

Ba Mariam: The correct way? What does that mean? Is she saying that there is a new way to breastfeed? I can't believe that.

Fatoumata: She says that when a baby is feeding, she/he should empty one breast before passing to the other. She explained that the breast is like a gourd full of millet soup, the water floats on top while the creamy part that contains most of the vitamins goes to the bottom. She said that that is why the baby needs to suckle all the milk in one breast so that she/he benefits from all the vitamins that it contains.

Ba Mariam: Fatoumata, but how will you be able to work all morning if we don't fill up your baby with bath water?

Ba Mariam: (She gets up and the conversation ends). Fatoumata, I think this discussion has gone on long enough. I can see that the midwife and I do not agree on several things. I am going to give your prescription to your father-in-law so that he can buy the medicine for you.

Leaning on her cane, Ba Mariam gets up and walks away.

Left alone, Fatoumata, is worried and reflective. She says to herself that it is probably better to forget the advice of the midwife. If not, she risks disappointing her mother-in-law. However, deep down inside, she thinks that if she could follow the midwife's advice it would be better for her and for her dear baby girl. She asks herself: "What should I do then, so that my dear mother-in-law, who I deeply respect, will understand and agree to the midwife's advice. It's a dilemma. I can't imagine my life without Ba Mariam."

Discussion questions

1. Can someone re-tell the story that we just heard?
2. Who can complete the story with other details that she/he forgot?
3. Who are the main characters in the story?
4. Could this story take place in your village?
5. Why is Ba Mariam very respected in the village?
6. Can you cite some of Ba Mariam's activities?
7. Are there Muso Koroba like Ba Mariam in your village?
8. How is the relationship between Ba Mariam and her daughter-in-law? Is it important for a daughter-in-law and mother-in-law to get along well with each other? Why?
9. What is the advice that Ba Mariam gave to Fatoumata when she was pregnant? Who else gave her advice?
10. During her pregnancy, did Fatoumata work a little or a lot? Why?
11. Do you know women who have worked a lot during their entire pregnancy like Fatoumata? Why did they do that? Was it beneficial for them or not?
12. In your village, do the Muso Koroba give advice to their daughters-in-law who are breastfeeding concerning their diet? What advice do they give to new mothers?



13. Are Mariam's daughters-in-law used to having a special diet while breastfeeding?
14. What advice does the midwife give to breastfeeding women like Fatoumata?
15. What is Ba Mariam's opinion concerning the diet recommended by the midwife?
16. According to the midwife, should the diet of new mothers be different than that of other family members? Why does she say that?
17. If Fatoumata is to eat more and better than usual within the family, who could help her to improve her diet?
18. Is it really possible for her to eat the foods that the midwife recommends: (read the foods listed one by one) liver; giblets; milk; fruit; vegetables?
19. Why do you think that Fatoumata suffers from dizziness, fatigue, and insufficient breastmilk? What can she do to avoid each of these problems? Do you think that there is a relationship between what a woman eats and the quantity of her breast milk?
20. The midwife said that the baby should be fed only breast milk for how many months?
21. Why does the midwife advise only giving breastmilk to a baby for the first six months of life?
22. Does Ba Mariam think that a young baby can survive only with breastmilk and without drinking water?
23. Do you think that a young baby can survive for six months if she/he is given only breastmilk?
24. Do you think that only breast milk is enough for a baby until six months?
25. In your village are there women who don't give water to their babies?
26. In the future, if you have a daughter-in-law who gives birth, would you be able to ask her: to only give breast milk; to not give any drinking water?
27. Why do you think that the Muso Koroba's advice is different from the midwife's advice? Would it be helpful for the midwife to meet the Muso Koroba so that they could exchange ideas with each other? Do you think that the Muso Koroba would agree to meet the midwife?
28. Is it possible for Fatoumata to follow the midwife's advice? Can she go against Ba Mariam's wishes?
29. How does Fatoumata feel when she sees Ba Mariam's reaction to the midwife's advice?
30. Do new mothers in your village go to the health center for a follow-up visit after they give birth? Do you think those post-natal visits are necessary?
31. Do you think that the midwife could do something to help Fatoumata to put her advice into practice?
32. At the end of the story, why does Fatoumata feel worried?
33. If you were Fatoumata, what would you do?
34. What part of the story was most interesting to you?
35. Why do you think that the story didn't end? Why didn't the author of the story tell what happened after the discussion between Fatoumata and Ba Mariam?
35. Would it be interesting to tell this story to others in your family or community? To whom?



Training outline: How to use stories-without-an-ending with community groups

Exercises should be developed for each of the session topics
using the material presented in the guide.

Day One 9:00 –13:00	Day Two 9:00 – 13:00	Day three 9:00 – 13:00	Day Four 9:00 – 13:00	Day Five 9:00-13:00
- Introduction - Presentation of participants - The importance of cultural roles and values in communities. - Difference between individualist and collectivist cultures and how change takes place in the latter - Linear vs. systems view of social change	- Difference between child and adult learners - Characteristics of learning activities that promote rote learning or critical thinking - Characteristics of stories-without-an-ending (SWE) - Role play of SWE and facilitation of group discussion	- Closed and open-ended questions - Paraphrasing and in-depth questioning techniques (written exercises) - Role play exercises to practice using paraphrasing and probing questions - Dealing with participants who monopolize group discussion	- Role play exercises • presenting SWE • facilitating group discussion	- Role play exercises • presenting SWE • facilitating group discussion
14:00 – 17:00	14:00 – 17:00	14:00 – 17:00	14:00 – 17:00	14:00 – 17:00
- The role of leaders and groups in social change - My best learning experience and contributing factors - Difference between banking approach and problem-posing approach in education	- Structure of SWE - Steps in presenting a SWE - Group facilitation skills - role of facilitator - verbal & non-verbal communication - >active listening technique	- Role play exercises • presenting SWE • facilitating group discussion	- Role play exercises • presenting SWE • facilitating group discussion	- Organizing SWE sessions with community partners

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STORIES-WITHOUT-AN-ENDING

AN ADULT EDUCATION TOOL FOR DIALOGUE AND SOCIAL CHANGE

Grandmother Project - **Change through Culture** is committed to empowering communities and to promoting community-driven development. The **Change through Culture** approach builds on cultural roles and realities and uses participatory adult education methods to promote group learning and collective empowerment for change.

GMP believes that Maternal and Child Nutrition and Health (MCHN) programs should not only promote positive change in the health behaviors of women and children but, at the same time, should strengthen the capacity of community members to critically analyze problems and to take action to solve them.

The tool presented in this guide, **Stories-without-an-ending** (SWE), draws on key principles of adult education and community development. Adult learning must be grounded in people's experience. The SWE elicit discussion and challenge groups of community members to reexamine their past knowledge and experience and to collectively consider how new behaviors can be adopted to improve the lives of women, children and families.

This practical guide presents a series of steps that can be followed to develop and use this tool in community programs. **Stories-without-an-ending** can be used with all types of groups, with all ages of participants, and to address all issues that concern communities and/or development programs. In various cultural contexts where these stories have been used, both communities and development workers have found them to be an exciting way to catalyze discussion and build consensus on how to address important issues facing families and communities. SWE are particularly useful in collectivist cultures in the Global South where learning and change are strongly influenced by group opinions and priorities.

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