COMMUNITY ASSESSMENT

Not to know is bad;
not to wish to know is worse.

- Nigerian proverb

Introduction

An American tourist once asked a Maasai moran why Maasai wear the color red. The moran responded, "Maasai LIKE red." In asking the question, the tourist had supposed all sorts of reasons--to ward off lions, for spiritual power, or strength--but the answer "Maasai like red," divulged nothing to him. Was there more to the Maasai's choice of red than "liking?" The tourist never found out, because he didn't ask. And in any event, maybe he wouldn't get the full picture by asking a young warrior in training.

Before we begin changing societies, communities, or even individuals, we have to be clear on whether there really is a problem, exactly what the "problem" is, the extent of the problem, and what perpetuates it. Often, this is most easily done at the community level. Few social or health customs are the result of one individual acting alone, and few customs are viewed or practiced in exactly the same way across entire societies. We therefore focus on "communities"--groups that share a common identity, culture, and, to a degree, a common destiny.

When we speak of community assessment for FGM, we need to ask, "which community?" What are the different "components" or "segments" of a community that have a stake in FGM? What is the largest, most inclusive "community" that we need to consider? What segments of that community are likely to think differently about, have different decision-making roles in, or be affected differently by, the custom?

Once we understand what community and sub-communities we are working with, we can ask about the prevalence of FGM. FGM is declining in some communities--where in the process of change is this community? Out of the whole community of women and girls, how many actually still get circumcised? Has this number dropped over a specified period of time? How and by whom is the decision to circumcise made? Who does the circumcising? What kind of circumcising is done and when? Have any harmful health effects been observed or documented? Answers to these basic questions help us understand the extent and impact of the practice in this community.

More in-depth understanding comes from knowing what people know and believe. What is their level of interest and awareness in FGM as a changing practice? Do people believe FGM is a good thing and why? What consequences are thought to arise from not circumcising, and what benefits is circumcision thought to bring to a girl or woman, the family, or the community? From this information, we can identify the values that underpin the practice and the degree of importance it has for community members. Does FGM have a role in conveying these values from one generation to the next? Does it have a role in distinguishing one community from another, or sealing a girl's identity as a member of her tribe, village, or nation (much the way baptism confers Christian identity)? If so, how important is circumcision relative to other customs, rituals, and attributes in doing this? Is circumcision thought to safeguard virtue,

influence behavior, or improve social prospects? Is it integrated into other rituals or not? Is it a group or an individual practice? Is it advertised or done privately? Answers to these questions place it in a social or cultural context.

Other important questions concern gender roles and the value assigned to gender. What defines a "good" woman or a "good" man. What are considered to be virtues within the community and are these universal or gender-specific? What is the goal of parents in rearing their children? What are the sources of parental pride and shame? Do these differ by the gender of the parent and of the child? Identifying key personal values, understanding how they are applied or operationalized, and rating their relative importance (for example, personal health, happiness, self-fulfillment, personal freedom, family honor, tradition, education, economic security) gives insight into how compelling certain arguments may be to different groups for ending the practice of FGM.

In the following example from Sudan, the effects of limited communication between men and women, particularly on issues related to sexuality, are seen:

> I told Dr. Madawi about what the young women in El Medani had told me: that circumcision was done mostly to please the man. He did not agree. His own view was that "the husbands usually go along with it to please the mother and the grandmother. It's not the other way around." These differing notions of why female circumcision continues to be practiced were one of many examples I encountered of a seeming lack of communication between men and women--even within the same family. The young women I interviewed...believed that circumcision pleases the man. Married women told me they would not tell their husbands that they are against the practice. It is possible that...many of their husbands condone it mainly because they believe that the women in their families want the practice to be continued.
>
> -*Third World Women Speak Out*
> Perdita Huston

Clearly, community dynamics condition communication modes and patterns, creating the mental map described earlier. Awareness of these dynamics, the obligations and restrictions that certain relationships entail, and the way in which the sexes and generations interact, is key to understanding who has access to what information and the best way for reaching different stakeholders or "interest groups" in a community.

There are many ways to learn about communities' values, beliefs, practices, and rules of interaction. This module will present community assessment methods and issues for consideration. The first activity talks about a general approach to getting to know the community. The ideas and suggestions for developing rapport and understanding are as important as the more detailed, formal methods discussed later. If at all possible, workshop participants should have an opportunity to do this sort of ethnographic research before embarking on formal research. It will accustom participants to the general feel of research and generate ideas for their formal studies.

Objectives

By the end of this module, participants will be able to:

- Explain reasons for conducting community assessment.
- Explain community concerns in terms of key themes, or issues of importance, and the component elements of these themes.
- Differentiate between qualitative and quantitative research.
- Describe and distinguish different research techniques and their uses.
- Develop guidelines for appropriate, ethical behavior in research and evaluation.
- Identify steps necessary for planning and conducting a community assessment.
- Plan and conduct a community assessment visit.
- Analyze and report on their observations.

Activities

Getting to Know the Community	60-90 minutes
How and How Many? Quantitative and Qualitative Research	40 minutes
Formative Research Methods	1-2 hours
Ethical Issues in Research and Evaluation	40 minutes
Auto-diagnosis	60-90 minutes
Planning a Community Assessment	4 hours
Community Assessment Field visit	2-4 hours
Follow-up and Analysis	1-3 hours
Estimated module length	11.3-17.3 hours

Materials

Handouts

HO V.1	"Eliciting Information from the Community"
HO V.2	"The Auto-Diagnosis Methodology"
HO V.3	"Suggested Steps in Planning a Community Assessment Visit"
HO V.4	"Areas of Assessment"
HO V.5	"When to Use Observations, Interviews, and Focus Groups"
HO V.6	Follow-up and Analysis
HO V.7	Key Points Summary, Module V

Training Aids

TA V.1	"How and How Many? Research Questions"
TA V.2	"Research Design"
TA V.3	Components of All Research Methods
TA V.4a	Method Example: Survey
TA V.4b	Method Example: In-Depth Interviews
TA V.4c	Method Example: Observation/Participant Observation
TA V.4d	Method Example: Focus Group Discussion
TA V.4e	Method Example: Record/Secondary Source Review
TA V.4f	Method Example: Media/Content Analysis

Recommended Resource Material

Howard-Grabmann: *The "Auto-Diagnosis": A Methodology to Facilitate Maternal and Neonatal Health Problem Identification and Prioritization in Women's Groups in Rural Bolivia."*

Activity

GETTING TO KNOW THE COMMUNITY

(Adapted from *Training for Transformation* and Paolo Freire)

Purpose: Participants will be able to explain community concerns in terms of key themes, or issues of importance, and the component elements of these themes.

Format:	Small group exercise, large group discussion
Suggested Time:	60-90 minutes
Materials:	Newsprint and markers HO V.1, "Eliciting Information from the Community"
Preparation:	Read through the handout.

Procedure:

- Begin by explaining that to work with a community around a specific issue, we first need to know that community, its needs, its values, and its people in general. We need to know people's needs and values on a more general level than simply the "problem" area we want to change. We need to understand community themes. That is, what are people:
  - happy about?
  - worried about?
  - sad about?
  - angry about?
  - fearful about?
  - hopeful about?

- Ask participants to organize into three smaller groups. Ask each group to tackle these questions from their personal points of view and reach consensus on 1 or 2 priority themes for each. Tell them to take about 20 minutes.

- Reconvene the group and compare the three group's results, noting their responses on newsprint. With the group, discuss briefly how economics, decision-making, and values and beliefs play a part in each theme identified.

Questions for discussion:

1. Do we know the answers to these questions for our communities?
2. What are some of the limitations of the assumption that because we are from "the community" we know it?
3. What do the answers to these questions tell us and why might they be relevant to FGM?
4. What are some of the issues we could explore within each of these areas that would help us understand how to go about "solving" the problem of FGM? [Note or have participants jot these on newsprint, including the following:]
5. Where could we go to learn about these matters (Where do people do their socializing within their community?)

➢ Hand out HO V.1, "Eliciting Information from the Community," and ask people to review it carefully during their free time and before they conduct community assessment visits, focus group discussions, in-depth interviews, or auto-diagnosis.

Key Points:

- The answers to questions about hopes, fears, and joys let us know the community's true priorities. If we ask only about FGM, we will not know the community and its perceptions of what is important.
- Most problems and their solutions include three elements: economics, community decision-making patterns, and values and beliefs.
- Communities themselves are the best resource for uncovering solutions to their needs and concerns. Without the community's participation, FGM initiatives will not have an impact on the current rate of practice.
- What the community has to say about other issues that concern them may tell us much that we need to know to effect social change where FGM is concerned, such as the enablers and the barriers to change.
- We should not assume that we "know" the community. Even if we are from the community we're working in, we may be from a different social class, generation, or income or educational level from many in the community. Things change and WE change (our perceptions, for example); we may have left to attend school, work, etc.
- There are many formal and informal ways to find out the information above. Surveys, focus groups, and interviews are some formal ways. But there are a number of informal ways that can be employed in everyday project life.
- Everyone has a story to tell. You can get wonderful, rich data when you get people to tell their stories and then respectfully, but systematically, ask them questions about what they are telling you.

ELICITING INFORMATION FROM THE COMMUNITY
Social Transformation Perspective

Learn about **community themes**--what are people happy about, worried about, sad about, angry about, fearful about, hopeful about?

➢ *Consider these three key elements of any issue:*

Economics:
- How do people make their living?
- What is the economic worth of daughters?
- What is the cost of circumcision versus the cost of refusing it? (e.g., bride price, marriage opportunities vs. physical health or sexual fulfillment)
- Do women generate income independently?
- Who benefits economically from FGM?
- Other?

Values and beliefs:
- What are women's expectations for themselves and their daughters?
- In what ways are women's roles differentiated from those of men?
- How is FGM viewed compared to male circumcision?

Community Decision-making:
- Who within the community controls access to the community?
- Who decides when a child will be circumcised?
- How are problems and disputes resolved?
- What issues do husbands and wives discuss?
- Who else mediates family matters?

➢ *Seek out community meeting places:*

Where and when do people do their "visiting"?
- market places
- washing places
- homes
- bars, clubs
- clinics
- buses and trains
- hair dressers
- the times before and after public meetings
- houses of worship
- schools

These are good places to listen to spontaneous discussion without imposing on people, and to join in or ask questions informally. It is a good idea to carry a notebook at all times in which to jot down points and ideas that occur to you during the course of the day. Once we have begun to acquaint ourselves with the community and its concerns, we can begin to focus on the topic that most concerns us.

➢ *Listen:*

Women's stories of their own circumcisions and those of their sisters and daughters give rich, thorough information about the practice. For example, if a woman says that there was a room full of people, ask who all the people were (fathers' sisters, mothers, etc.?), where they came from--how far away is that, how long they stayed, whether they contributed food or gave presents. When else do these same people show up (on what occasions)? This will give you some sense of how female circumcision fits into the network of people's relationships and how important it is to these relationships. If someone says that a woman held her legs down, who was that woman? Why did she rather than someone else do this? Was she compensated for this role or was this an honor? A duty? These details will give you information that will help you to understand the meaning of the practice and to what other parts of people's cultures and lives it is related.

➢ *Relate:*

Try to look not only for meanings but for relationships between circumcision and other parts of people's lives (e.g., male-female relationships, what it means to be a woman, economic relationships, family relationships, etc.). Look for the economic, belief, and decision-making relationships. Think about the mental map that FGM decisions and traditions fit into.

Activity

HOW AND HOW MANY?
QUALITATIVE AND QUANTITATIVE RESEARCH

Purpose: Participants will be able to differentiate between the two major types of research information and distinguish when each is used.

Format: Game and discussion
Suggested Time: 40 minutes
Materials: Research question grab bag
Scissors
TA V.1, "How and How Many? Research Questions"
Preparation: Before this session, copy the attached reference material TA V.1 and cut it up into strips so that you have one strip for each question. Place these in a paper bag or other receptacle from which participants can draw the strips.

Procedure:

- Open this discussion by pointing out that so far we have made some guesses and assumptions about our communities' values, influences, and problems, but we don't really have any objective evidence of these. Research is the process by which we systematically study the community and the problem and develop or test some hypotheses about the problem.

- Pass around the grab bag and ask each person to draw out a slip of paper from it. When everyone has a question, ask a few volunteers to read their questions and say how they might go about finding the answer to the question in their community. Participants might say they would conduct a survey, or check school records, or interview people, or hold a town meeting, or watch people in their daily lives. Jot these responses on the board. Ask participants if they are familiar with the words qualitative and quantitative as they relate to research. Ask participants to brainstorm what they refer to and present a definition.

- Keeping these two definitions in mind, ask participants to review their questions and decide whether they call for qualitative or quantitative research methods. Participants should feel free to disagree with each other and discuss their reasons.

> **Quantitative** research measures exact numbers, frequencies, and percentages. For example, we use quantitative research methods to know how frequently a behavior occurs and how many do it.
>
> **Qualitative** describes the behavior, the context in which it occurs, and what people say they know about the behavior, why they do it, what they feel about it.

Questions for discussion:

1. Why are some questions difficult to pigeon-hole as one or the other?
2. What research methods are appropriate for which kinds of questions?

Key Points:

- Research can measure things—frequency, quantity, number, amounts, or it can describe things—attributes, actions, thoughts, feelings. If it measures things, it is called "quantitative" and if it describes things, it is called "qualitative."
- Some research questions lend themselves to either qualitative or quantitative research methods. Whether qualitative or quantitative research (or both) should be conducted depends on the goal of the research, the scope of the project, the need for evaluation, and the financial resources of the project. Ideally, the two can be used to support and complement each other.
- Quantitative research examples include: KAP surveys, flow charts, record review, epidemiological survey. Quantitative analysis requires a large, randomly selected sample (group of respondents or study subjects) and specialized, statistical analysis. It aims for statistical validity (that is, a mathematically determined probability of being true).
- Qualitative research examples include: in-depth interviews, focus group discussions (FGDs), and field observation. Qualitative analysis does not require numerical data and does not achieve statistical validity but it can be done systematically.
- Some research methods can be either qualitative and quantitative, depending on how the study is set up: examples include content analysis, observation, participant record-keeping, and case studies.
- Qualitative research lends itself to in-depth, exploratory, fluid, and lively results. If done well, it provides context and meaning about a practice or belief. However, it is approximate, non-generalizable, and subjective.
- Properly conducted quantitative research yields precise, objective, definitive, and generalizable results. It is limited and narrow in its scope. It can be expensive and time consuming because of its sample and analysis requirements.

HOW AND HOW MANY?
Research Questions

How many girls are circumcised each year in this town?

How do the parents decide when they will circumcise their child?

Who decides that a girl will be circumcised?

At present, what percentage of mothers intend to circumcise their daughters?

Has the percentage of women who intend to circumcise their daughters declined, increased, or stayed the same?

At what time of the year are girls normally circumcised?

How many schools include information about FGM in their curriculum?

What do teachers think about discussing FGM in the classroom?

How old were the women of this village when they were circumcised?

Has the age at which girls are circumcised increased, decreased, or stayed the same over the last decade?

Do fathers support FGM?

Who does the circumcisions?

Where is circumcision carried out?

What do age mates think about uncircumcised peers?

Do girls in this village want to be circumcised?

Why is it important that girls or women be circumcised?

Do people know of any problems that can arise from circumcision?

What would you do if you learned that circumcision could harm your daughter?

Who helps the girl prepare for circumcision?

What are the qualities of a good girl?

Who would you talk to if you decided you didn't want your daughter circumcised?

Activity

FORMATIVE RESEARCH METHODS

Purpose: Participants will be able to distinguish different research methodologies and their possible uses relative to FGM education and community mobilization.

Format: Mini-lecture

Suggested Time: 1-2 hours

Materials:

TA V.2	"Research Design"
TA V.3	Components of All Research Methods
TA V.4a	Method Example: Survey
TA V.4b	Method Example: In-Depth Interviews
TA V.4c	Method Example: Observation/Participant Observation
TA V.4d	Method Example: Focus Group Discussion
TA V.4e	Method Example: Record/Secondary Source Review
TA V.4f	Method Example: Media/Content Analysis

Preparation: Review TAs and, if using them as handouts, make copies.

Procedure:

- Review research purposes with participants. Give definitions of formative and summative research.

- Ask the group to provide examples of formative research and write responses on newsprint. Refer to TA V.2.

Questions for discussion:

1. If participants have actually conducted any of these types of research, ask them to share their experiences, including the purpose of their research, a brief description of the method used and how the methodology worked, and lessons learned.
2. What is the general purpose of research or type of information obtained (qualitative or quantitative) for each method?
3. What are key features (sampling procedures [how participants or subjects are chosen]; materials needed; types of questions posed; number of respondents to achieve validity; analysis methods [statistical?]; staff requirements; time involved)?
4. How is the research carried out?
5. What factors might govern your choice of the method?
6. Suggest at least one example of how they would use a particular research method with a given interest group of this community change project.

- Review common components of research methodologies.

Key Points:

- Research conducted at the planning stage to determine needs is referred to as **formative, or planning research,** and research conducted at the end of a project or to evaluate the effect of the project on those needs is referred to as **summative research** or **evaluation**
- All formal, systematic research of either type requires attention to:
  - development of the research question--a clear idea of what it is you are trying to learn, through literature searches, informal discussions with colleagues and community
  - sampling--(number and key variables or characteristics, and how respondents are to be selected)
  - development of the research instrument (whether survey form, topic guide, observation checklist, questionnaire, pictogram)--will answers to these questions tell me what I want to know?
  - data collection--selection, training, and supervision of research assistants, documentation of data
  - data inputting/transcription
  - data analysis and report writing

RESEARCH DESIGN

RESEARCH DESIGN takes different forms depending on aims and resources:

Exploratory: is used to uncover patterns of behavior or knowledge and attitudes and formulate hypotheses about a topic area. It raises questions or gives ideas for further study or provides direction for an intervention. It may be qualitative or quantitative and is often non-statistical.

Classical Experimental: is used to test a hypothesis about the effect of a particular characteristic or intervention on the subject. It relies on random sampling, statistical analysis, and controlled conditions. It measures the subject before and after an intervention and employs a second, "control" subject that is like the "experimental" subject except that it does not experience the intervention.

Quasi-experimental: has some characteristics of experimental but may employ only before and after or point-in-time observation or data collection to measure change; quantitative or qualitative.

COMPONENTS OF ALL RESEARCH METHODS

Research question: What it is the researcher is trying to find out or understand.

Sampling: The process of selecting respondents, subjects, or participants. A sample is a representative portion of the population. Sampling may be "random" or "probability", purposive, or convenient. Random / probability refer to a selection process that is as close to "chance" as possible. Study subjects--whether districts, towns, households, or individuals--are chosen using a method that avoids bias (closing your eyes and placing your finger on a point on the map is one way). In a study of families, for example, households or phone numbers would be selected at random. For a study of students in a district, schools would be selected using random techniques. Then students would be chosen at random from the rolls of the selected schools by alphabetizing the list of students and choosing one from the first five names at random (say, rolling a die to determine the number on the list) then choose every third, fourth, or fifth depending on the size of the list and the desired sample size). "Purposive" sampling refers to selection based on certain characteristics. For example, when studying people with a particular condition, a researcher might go to hospitals for a list of people with that condition. This can be mixed with a "randomized" selection process. "Convenience" sampling refers to selection based on availability. For example, people walking through a clinic door.

Variables: Factors that might influence what is observed, such as age, gender, lifestyle, location, engaging in behavior in question or not..

Instrument: The form in which the set of "questions" designed to answer the research question are incorporated—the tool for gathering data. In addition to questionnaires and topic guides, a research instrument can be a observation checklist, a notebook, a flow chart, etc.

Observation/ Data collection: The process of gathering the answers to the questions in the research instrument.

Results: Answers to the questions posed . "Data" refers to the collected information.

Analysis: The process of organizing and interpreting the data. This may include a statistical analysis, which is a mathematical analysis of the results to determine whether they have a sufficient probability of

being due to something other than chance.

TA V.4a

Method Example: Survey

General Purpose:	To elicit generate reliable quantitative data, usually on a large scale, about trends in knowledge, attitudes, and/or practices.
Research question:	The central question a survey is designed to answer is "how many/what percentage of the population with which I am concerned does/thinks/knows X?"
Sampling:	A representative portion of the population is surveyed. Random, or "probability" sampling techniques are required for most survey purposes but a randomized purposive sampling approach can also be used, depending on the aims.
Variables:	Analysis usually involves isolating variables and comparing responses to see whether these variables are related to any differences in results. These may include such gender, age, income, educational level, ethnic group, geographic/demographic location, marital status, number of children, and so on.
Instrument:	Surveys usually use structured, questionnaires that have been pretested for reliability and validity. A survey of practices might use an observation checklist or flowchart.
Observation/ Data Collection:	Administration of the questionnaire, either self-administered (like a mail survey) or by an interviewer. If observation of behavior/practice is used, the data collector watches and records information about what he/she sees. The length of a survey interview varies. Locale varies but should be comfortable and private, especially if the questionnaire takes a long time to administer.
Results:	Results are organized and tabulated: all the answers to question 1, 2, 3, and so on are compiled separately.
Analysis:	Statistical analysis, usually requiring special computer programs, is required for large-scale surveys. Smaller surveys can be analyzed "by hand" but will not have statistical validity.

Method Example: In-Depth Interviews

General Purpose:	To elicit in-depth, usually qualitative data about a practice from an individual who is qualified to provide it; or to gain insight into the thinking and feelings of people who have had certain experiences (for example, girls who have been circumcised).
Research Question:	How do you act with respect to this practice and what is behind your thinking/acting in this way? What are your impressions of this practice? For example, a mother is qualified to explain her reasons for circumcising her daughters, a medical staff person on the complications presenting at his/her hospital, a circumciser on her methods.
Sampling:	Ideally, purposive and randomized (meaning that a pool of people with the relevant characteristics is assembled and interviewees are chosen randomly from that pool). Convenience sampling is often used, based on who is available and willing at the time.
Variables:	Variables may include differences in locality, age, or other characteristics that seem likely to influence experience.
Instrument:	A structured or unstructured questionnaire or topic guide; individually administered or administered in a small (2-3) group. In-depth interviews require a skilled interviewer.
Observation/ Data Collection:	Using door-to-door, telephone, or on site (as in clinic walk-ins) approach, the interviewer records written or taped responses to questions. The interview length is variable. The ideal setting is a private one where the respondent can speak freely without distractions.
Results:	These should be transcribed. They can be reviewed individually as a whole interview in a case study approach, or responses to specific questions may be collated across respondents, depending on the purpose of the interview.
Analysis:	Usually not statistical, unless there are sufficient numbers and appropriate sampling for quantitative analysis. Analysis may look for trends regarding specific aspects of the data.

Method Example: Observation/Participant Observation

General purpose:	To understand, usually in a qualitative way, how certain practices are commonly carried out; to uncover patterns, such as decision-making and communication patterns; to learn where deficiencies or problems in a system exist. Often anthropological in nature. This can provide rich, in-depth (but not necessarily unbiased) information.
Research Question:	What happens here (relative to FGM, for example)?
Sampling:	A large enough sample is needed to draw some conclusions about the practice or patterns of behavior being studied. Ideally this would be random or randomized purposive but is often convenience.
Variables:	If the researchers hypothesize that certain characteristics will influence what they see, they compare variables. For example: size of hospital or village, number of children, number of patients per day.
Instrument:	A structured observation form, checklist, or journal/diary.
Observation/ Data Collection:	Observation may be done by an "insider" or an "outsider." In participant observation, the researcher or data collector lives in the community or participates in the activity over time. Observation may be on-going over a specified length of time, or periodic (once a week, every two hours, and so on).
Results:	Results are organized by behavior, time period, or other logical arrangement that will show patterns of similarity and distinction.
Analysis:	The observer usually is the one to try to make meaning out of his/her observations, but checklists and flowcharts can be analyzed by others. Analysis may be quantitative in the sense of recording numerical information, though it is usually not statistically valid. It is often qualitative (most people do X, some do Y).

Method Example: Focus Group Discussions

General Purpose:	To elicit qualitative data regarding a group's reaction to a concept, product, program, or message, their beliefs about a behavior or custom, or their understanding about the context in which certain practices occur.
Research question:	How do people in this group act/think with respect to this practice and what is the motivation and context for their thinking/acting in this way? "What do you think about this practice?"
Sampling:	Systematic participant selection based on certain characteristics or experiences.
Variables:	Groups may be segregated with respect to age, gender, experience, and other characteristics, depending on the expected influence of those characteristics, the desired outcome, and desired dynamics.
Instrument:	A semi- or unstructured topic guide.
Observation/ Data Collection:	FGDs are conducted by trained moderators. Groups are assembled in a comfortable setting that offers privacy. The moderator tries to create a free-flowing atmosphere in which participants discuss the topic of concern with each other, rather than the moderator. The moderator pays attention to the flow and dynamics and gently redirects the group as needed. An observer and note-taker record group interactions as well.
Results:	Results are recorded on paper and on tape, if possible. They are later reviewed by the moderator, notetaker, and moderator and notations are added. Results are later transcribed and arranged by topic for analysis.
Analysis:	Analysis is generally qualitative, involving reviewing the data for repetition, common themes, differences, inter-relationships between groups, and then developing hypotheses about meaning and context.

Method Example: Record/Secondary Source Review

General purpose:	To elicit information from previously collected data or data collected for other purposes (hospital, birth or death records, for example) or reports on similar research to formulate questions or provide information on incidence or trends in a particular practice.
Research question:	With what frequency does this occur now compared to before? Does this vary from region to region, hospital to hospital, etc.
Sampling:	Random or purposive randomized sampling is most useful.
Instrument:	Chart or checklist.
Observation/ Data Collection:	Review records and documents and record numbers (for example, number of circumcised women who presented with obstructed labor compared with number who presented without obstructed labor and comparable figures for uncircumcised women).
Results:	Tabulated in a readable chart.
Analysis:	Results are studied for significant correlation. Statistical analysis to determine statistical significance of any correlation may be done if sufficient numbers exist.

Method Example: Media/Content Analysis

General purpose:	To give background, judge receptivity to topic, or furnish ideas for inquiry, program approach.
Research question:	How often does this topic appear in the mass media; what do people say about it? How is it received by the public? How many times did X appear in journals, magazines, television in one year?
Sampling:	Purposive and convenience sampling are most common.
Variables:	Time of year, type of media, intended target audience are examples of variables that may be looked at.
Instrument:	Materials themselves. Information about frequency or content can be collected in files or tabulated on a chart.
Observation/ Data Collection:	Researchers watch TV, listen to radio, review newspapers and magazines over a specified period of time.
Results:	Numbers of appearances, content is recorded.
Analysis:	Trends in frequency, reporting content, attitudes expressed in editorials and letters are analyzed.

Activity

ETHICAL ISSUES IN RESEARCH AND EVALUATION

Purpose:	Participants will be able to develop guidelines for appropriate, ethical behavior in carrying out research and evaluation.
Format:	Small group discussion
Suggested Time:	40 minutes
Materials:	Newsprint and markers
Preparation:	Read through activity

Procedure:

- Explain that in all forms of research, including evaluation, our aim is to learn and to gain understanding. We do this by gathering information from people, who are often referred to as informants, subjects, or target groups.

- Ask the group to organize into small groups of people they don't know very well and discuss the following questions:

  1. What is my gut reaction to asking people I don't know sensitive questions?
  2. What is the basis for this feeling?
  3. What conditions should I place on myself to help satisfy concerns I have about asking people to reveal information about themselves?
  4. What can we agree upon as a group?

- After about 20 minutes, the group should reconvene and discuss the conditions they have developed in small groups. The group as a whole can now revise this into one set of guidelines.

Activity

AUTO-DIAGNOSIS: A PARTICIPATORY RESEARCH APPROACH

Purpose:	Participants will be able to describe the purpose and steps of a community-level participatory research methodology.
Format:	Mini-lecture and small team exercise
Suggested Time:	60-90 minutes
Materials:	HO V.2, "The Auto-diagnosis Methodology"
Preparation:	Review HO V.2. (This can be given to participants the day before as a reading assignment.)

Procedure:

- Introduce auto-diagnosis as a community assessment method developed by Save the Children, Bolivia, for use within the community and by the women of the community themselves. It has three main purposes: to elicit information on perceptions and practices surrounding a particular event (in the Bolivian case, pregnancy and childbirth), to raise the awareness of the affected community members themselves about health problems related to certain customs, and to orient community members as part of a team to study, strategize about, and solve these problems.

- Review the nine steps, found in HO V.2, with participants and give participants the handout.

- In the large group, ask participants to brainstorm groups with whom this technique could be used in an FGM project. Ask for consensus on the groups named. (Suggestions: circumcised girls; circumcisers; mothers; uncircumcised women as a comparison.) Write the groups on the board.

- Ask participants to form small teams around each group listed. Each team should have a roughly equal number of members. Tell the teams they have 25 minutes to discuss the following questions:

  1. What is the central research question (what is the main reason we are approaching this particular group?)
  2. What are some key topic areas and questions for this group?
  3. How would you find and recruit potential participant researchers for the project?
  4. How would you prepare the participant-researchers for their task (2 or 3 ideas)?
  5. What tools would they use to collect the data? (Consideration: are they literate?)
  6. What are some ways to present the data gathered (and who would do the presenting)?
  7. What the main strengths of this method with this group? The main drawbacks?

- Reconvene the group for a general discussion comparing results.

Key Point:

- Auto-diagnosis is a community-based research method that can also serve as a project strategy. It involves community members in learning about and solving problems by making them a part of the research, planning, and decision-making team.
- Auto-diagnosis may incorporate any number of other research methods in its implementation, including survey, mapping, observation, interviewing, group discussions, but the main difference is that these are ultimately carried out by the original community participants who identified their own problems and needs.

THE AUTODIAGNOSIS METHODOLOGY
adapted for FGM

STEP ONE: ORIENT THE COMMUNITY PARTICIPANTS TO THE PROJECT

Describe to the community participants how this assessment fits into the overall program. The group members will analyze deaths and health problems of women and girls in the community. The central topic is circumcision and the community's role in the search for solutions.

STEP TWO: EXPLORE ATTITUDES OF GROUP MEMBERS TOWARD PREGNANCY, BIRTH, AND MOTHERHOOD

This step orients and motivates the participants to begin talking about and sharing their health problems. Using pictures of happy and unhappy girls, the facilitators pose questions such as the following:

- How old were you when you were circumcised?
- How did you feel when you were circumcised?
- How did your body react at the time of circumcision?
- How did you feel toward your family at that time?
- How did you feel about yourself at that time?
- Have you had any pain, tearing, or bleeding.....
- Would you describe intercourse as pleasurable, neutral, or unpleasurable?

STEP THREE: LEARN WHAT THE GROUP MEMBERS KNOW AND DO ABOUT REPRODUCTIVE HEALTH PROBLEMS

Using roleplays, this step demonstrates current knowledge, attitudes, and practices around the issue of circumcision and women's reproductive and sexual health. A pictorial dictionary is then developed to represent health problems related to FGM. Drawings are used to stimulate responses. Then, a glossary of terms is developed in the local language and one or two other common languages (for example, Swahili and English). These might cover:

<u>During circumcision</u>: pain, courage, bleeding, fainting
<u>Immediately afterward</u>: infection, pain, feeding, urinary blockage, hemorrhage, death, depression, relief, pride
<u>Long-term</u>: painful intercourse, perineal tearing at childbirth, lack of sexual

pleasure, sexual freedom, moodiness, depression, marriage

STEP FOUR: ENCOURAGE GROUP MEMBERS TO THINK ABOUT WHAT OTHER WOMEN IN THE COMMUNITY KNOW AND DO TO RESOLVE THESE PROBLEMS

The purpose of this step is to motivate women to think about problems of other women in the community and motivate curiosity to know what other women think. First in small groups, then, in the larger group, members are asked whether they thought their problems are similar to the problems experienced by other women in the community who did not participate in the group.

STEP FIVE: EXPLORE AND DESIGN DIFFERENT WAYS TO COLLECT INFORMATION FROM OTHER WOMEN IN THE COMMUNITY

This step is crucial to the entire auto-diagnosis process. Exploring with women how they communicate with other women to obtain answers to sensitive questions provides program staff with important insights into how to make this process more effective. Particularly when working with groups of non-literate women, advice on the use of visual keys and other means of non-written communication are extremely important. The key to doing this well is to work closely with the women's groups and to learn from them.

STEP SIX: IMPLEMENT THE INTERVIEWS.

During this step, the women go out into the community to conduct interviews with the "instrument" they have developed. They visit and interview other women who did not participate in the group. They ask open-ended questions and use the drawings developed in their group to elicit responses.

STEP SEVEN: SHARE RESULTS OF THE INTERVIEWS WITH THE GROUP

Both qualitative and quantitative results are presented. The quantitative results consist of how many women experience a particular problem. The qualitative results, which detail women's practices and beliefs, are discussed in the group.

STEP EIGHT: PRIORITIZE THE PROBLEMS

On the basis of frequency of reports, determine which problems are most common.

STEP NINE: EVALUATE THE AUTODIAGNOSIS PROCESS

When the auto-diagnosis is completed, the group should proceed to the next phase, called "planning together." The planning phase consists of two to three sessions. The first session prepares the women's group for a presentation to the community of the results of the auto-diagnosis and for the planning exercises. The second session involves the women's group, community authorities, teachers, health personnel, and other community

members. In this session, the women present their findings from the auto-diagnosis. They then present a skit to help the audience identify barriers to solving the problems.

All the participants then develop concrete strategies aimed at removing or diminishing the identified barriers. A formal document is drafted containing all the agreements, including who is responsible for each action and when the action is to take place. This document is then signed by all present at the meeting. The planning process can be completed in one or two months. After a period of three to six months, the community should meet again to evaluate the results of their actions based on the plans that they developed.

Sample FGM Topics for Description through auto-diagnosis:

- what women's genitals should look like
- what women's genitals look like if they aren't circumcised
- what happens physically during a circumcision
- what sometimes happens during circumcision
- labor complications in their district
- ways in which women maintain hygiene generally
- what happens if a woman is "unclean"
- girls who have died during or following a circumcision.

SAMPLE DRAWINGS

Some tools and approaches used in many different kinds of research include: "stimuli" such as photographs, music, or pictographs; participant input such as drawing, record-keeping on simple data sheets; and involvement of locals as data collectors.

The use of drawings to depict concerns or perceptions, recorded interviews or discussions, observations (of FGM, of childbirth, of hygiene practices) by women themselves could help women to document their own knowledge (they may know more about complications than they

realize or have previously stated).

If women are uncomfortable discussing any of these with "outsiders," an approach might be to train a few women (CBDs, TBAs, etc) in the community to interview women about these matters individually or in small groups.

Observation could also be used; TBAs or other women with access to the community could be employed to document how people manage hygiene, care of circumcised girl, complications, childbirth, etc.

Adapted from Assessing Maternal and Peri-Neonatal Health:Tools and Methods/The MotherCare Experienc

Activity

PLANNING A COMMUNITY ASSESSMENT VISIT

Purpose:	Participants will be able to plan and conduct a community assessment.
Format:	Mini-lecture, discussion, small team and large group task
Suggested Time:	4 hours
Materials:	Notebooks and pen/pencil Tape recorder, tapes, and batteries (optional) Drawing or flipchart paper, markers Background materials on the community to be visited Country fact sheets HO V.3, "Suggested Steps in Planning a Community Assessment Visit" HO V.4, "Areas of Assessment" HO V.5, "When to Use Observations, Interviews, and Focus Groups"
Preparation:	Review all handouts beforehand. If focus groups are part of this training, then different teams should be assigned to plan FGDs and community assessment visits incorporating other research methods. The preparation, field work, and analysis tasks of both will be combined. If FGDs will not be included in the training, portions of the FGD Techniques activities, such as topic guide preparation and some preparation in FGD techniques may be incorporated into this section where appropriate. Read through all activities and determine which will be most useful. Activities on probing for context and handouts on FGD tips are recommended, even if formal FGDs are not being carried out as a component of your program. If the workshop is in an area unfamiliar to most participants, make preliminary arrangements for field work with your hosts. To the extent possible, engage participants in this task.

Procedure:

- Brainstorm with participants how they would begin planning a community assessment visit. Suggest that they start by thinking of why they wish to conduct the visit—what is the purpose?—then think through some steps. (Distribute and review HO V.3.)

- Explain that participants will organize into groups to develop community assessment plans. Refer participants to country fact sheets, local surveys, and other documents that will help them review, analyze and assess problems and needs. Using these materials and focusing on their localities (or the locality where the workshop is being held), they will:
  - Identify gaps in the information or areas needing clarification.
    For example:
    Causes of an increase in medically performed circumcisions; an increase or drop in the average age of circumcision; a change in the type of circumcision performed; high maternal mortality rates; high drop-out or absenteeism rates among school girls of circumcision age...
  - Think of central questions based on these gaps and record these. (Is this trend applicable

in locality X? Why are medically performed circumcisions on the increase? which medical personnel are doing it? What are their motives/reasons? Why do parents prefer medical circumcisions? What has changed in the knowledge and attitudes of decision-makers? What motivates people to circumcise at younger ages? What has caused FGM decision-makers to choose a different type of circumcision? Is there a link between maternal mortality and type of circumcision?)

- Determine the different people they should talk to in order to answer these questions (medical staff? Mothers? Little girls? Elders?). Criteria: who has the information they're looking for; who are the decision-makers; the practitioners; whom can they reach?
- Review possible methods for learning what they want to know from each of these groups.

➢ Ask participants to break into small groups (the criteria used will depend on the aims of your workshop). The groups should complete the first four tasks listed above and keep a record of their deliberations. Give the group about 1 hour. Workshop trainers should circulate among the groups to help them along and to focus each group in a slightly different direction.

➢ After about an hour, reconvene the groups for a check in and sharing of their work. Review their choice of questions, stakeholder groups, and possible research methodologies.

➢ Refer participants to HO V.4. Brainstorm steps they could take to investigate the central question they have identified. Write their ideas on newsprint. For each step, they should consider the constraints they may encounter and some ideas for dealing with these. For example: Will TBAs or mothers in the community volunteer information about FGM practices? Will they volunteer information about fatalities or injuries? Will they have to speak to nurses, healthworkers, or girls themselves to learn about these outcomes? In the large group, review the principles involved in each of the methods chosen and determine which is most feasible and relevant to finding out what they want to know.

➢ Ask the groups to break out again. During this period, they will:

- Decide on research instruments needed to carry out these investigations.
- Draft a research instrument for at least one of the groups they have identified.
- Draft a plan for introducing themselves to the community and locating the representatives with whom they would like to meet.

Questions to guide assessment plan:

1. What are the central questions concerning this community and FGM?
2. What is/are the best way to answer this question?
3. What do we need to ask to learn the answers?
4. What research methods are needed?
5. What instruments are needed?
6. With whom do we need to speak to obtain the answers? (Details—age, gender, other defining characteristics)?
7. How many respondents are needed?
8. Who will be responsible for carrying out each step of the assessment?

- Regroup after another 90 minutes and review and critique the materials developed. Ask the teams to make any revisions needed prior to their actual field trip. If time and resources permit, they will probably want to type up and copy their plans and instruments.

- Inform the group of plans to practice test their skills and knowledge in the field using these plans and instruments. If it has not already been done, engage the teams in making arrangements for their visits with appropriate community contacts.

- Before closing, or prior to the actual field trip, ask the group to review key points regarding culture, identity, communication skills and principles, and decision-making and change. Ask them to consider how these all come together in their assessment.

Key Points:

- Community assessments can be used:
  - To determine at what stage the community as a whole and its various factions are with respect to FGM awareness and change.
  - To understand how community values, beliefs, and customs support, discourage, or are irrelevant to the practice of FGM.
  - To understand the economic and decision-making structures of the community.
  - To determine community priorities and how these might influence FGM eradication efforts.
  - To understand the community's strengths, resources, and needs.
  - To understand the networks of support, enabling factors, and barriers women face with respect to FGM and issues of gender equity in general.
  - To engage community members in the development of strategies for social change.
- Community assessments can range from broad, public-health minded investigations of resources (clinics, schools, economic resources, hospitals), socio-demographics (ethnic/language groups, income levels), and needs (morbidity, mortality, etc.), to more narrowly focused in-depth investigations of knowledge, attitudes, and practices.
- Approaches to visiting a community and getting accepted will depend on the community itself - i.e. its past experiences, the culture, its decision-making structure, and the community's perception of the visitors.
- The simplest and most informal approach is to listen and observe. Organized methods for eliciting information include survey questionnaires, group discussions, private interviews, systematic observation, record review. The method used depends on what one wishes to find out from the community.
- "Outsiders" who are not members of the community should take care to observe local customs. Showing respect and consideration for local practices helps create trust and reciprocity with the community.
- Seek the advice of the community as well as share your own knowledge with them. This gives them a voice in programs and services intended to benefit them.
- When going into the community to take something away (for example, information) it is important to plan a way to bring something back to the community, whether as a direct result of the research or on the basis of some other expressed need.

HO V.3

STEPS IN PLANNING A COMMUNITY ASSESSMENT VISIT

- Identify the community. Will the focus be regional or local? Who are the stakeholders? What is the basis for choosing this community?

- Determine who within the community shares your interest in and views about FGM.

- Determine what it is that you want to know and want to achieve by this visit? (Each assessment visit may involve a different purpose and level of assessment.)

- If you are not familiar with the community, learn as much as you can about the community beforehand. Work with your local contacts to determine what information already exists. Review, assess, and analyze existing information.

- Determine whom in the community you need to approach to gain permission or introductions.
  - Visit and talk with village leaders, e.g., the chief, headman, school teachers, TBA, religious leaders, and others.
  - Find out where people gather to talk and exchange.

- Plan the visit: discuss convenient dates and times with your hosts and ask that the people you wish to meet with be informed of your visit.

- Become known to the people. Talk to people and get to know and understand them. Earn community trust and acceptance by letting members define their own needs and priorities.
  - Talk to members of the community. Learn local customs and protocols for visiting or being invited into members' homes.
  - Observe the customs and routines of the community, the clothes people wear, the things they talk about, what they eat, the number of children they tend to have, living conditions, the radio programs, sources of information, or other entertainment they listen to.
  - Hold a meeting with elders, local women, and other stakeholders to introduce yourself.
  - Ask what they consider their most pressing individual problems and ask

them to arrange this in order of priority.
- Ask how you might help them.

➢ Find out from the hospital registry, local TBAs, or traditional healers if there are women who have chosen not to circumcise their daughters, who these mothers of uncircumcised girls are, and where they live. Find out what makes them different from the mothers whose daughters of comparable age are circumcised.

➢ Talk to mothers of uncircumcised girls of circumcised age about:
- How they perceive the benefits of circumcision
- How they perceive the risks of circumcision
- Their intention to circumcise their daughters
- Whether they have made a deliberate decision not to circumcise their daughters
- Their perceptions of why they shouldn't circumcise their daughters
- Whose decision it was/is (theirs, other family members) to circumcise or not
- Whether there are family members who disagree with the decision
- Their perceptions of the consequences of not circumcising girls
- What they would tell other families who were thinking of circumcising their daughters

➢ Talk to the mothers of circumcised girls and compare their responses to the equivalent questions.

➢ Research methods include:
- Surveys, in-depth interviews, observation, record review, focus group discussions, town meetings.

➢ Research instruments include:
- Questionnaires, topic guides for interviews and discussions, pictogram charts (for auto-diagnosis interviews, group discussions), flow charts, checklists, data collection forms, community maps.

HO V.4

SOME AREAS OF ASSESSMENT
Public Health Perspective

A) Needs

1. Current local health practices, problems, and their direct causes, particularly as these relate to women's health
2. Causes of mortality
3. What people feel to be their biggest problems and needs (whether health-related or otherwise)
4. Traditional forms of healing
5. Level of awareness/interest about the topic

B) Social and Cultural Factors

1. Traditions, customs, and practices that affect women's health
2. Community relations and dynamics: who interacts with whom; who has control of decisions in family, work, and community matters?
3. Traditional forms of education and communication
4. Leadership structure
5. Economic status of majority
6. Working vocabulary (names of diseases, etc.)

C) Resources

1. Major informational sources: radio. Television, newspapers, town criers, local/traditional media, print
2. Human resources: People with special skills, e.g., leaders, storytellers, artists, performers, teachers, TBAs, healers
3. Natural resources, e.g., land, water crops
4. Infrastructure, e.g., buildings, roads, markets, transportation, communication, tools
5. Availability of work, earnings, cost of living
6. Existing health facilities

WHEN TO USE OBSERVATIONS, INTERVIEWS, AND FOCUS GROUP DISCUSSIONS

Use observations if:

- Focus of the study is public and can be observed by an outsider
- The observer will not unduly affect what is being observed
- Participants cannot provide the needed information
- There is no special need to explain what is being observed
- There is a need to record behavior as it occurs
- There is a need to document personally what is observed

Use interviews if:

- There is a need to explain behaviors, and
- privacy is needed
- Varying responses are desired from participants
- The subject matter to be discussed is complex
- The important questions to ask are not clear at the beginning
- A sufficient number of skilled interviewers are available

Use focus groups if:

- There is a need to explain behaviors, and
- Group interaction is needed
- Group consensus is desired from participants
- The subject matter to be discussed is simple
- The important questions to ask are clear at the beginning
- Few skilled interviewers are available

From *Handbook for Excellence in Focus Group Research,* AED HealthCom, Mary Debus, Porter Novelli.

Activity

COMMUNITY ASSESSMENT FIELD VISIT

Purpose:	Participants will practice skills and use knowledge in conducting a community assessment.
Format:	Team task
Suggested Time:	2-4 hours
Materials:	Workshop kits: Journals, pens and pencils, tape-recorders, blank tapes, and batteries; research instruments
Preparation:	In advance, make arrangements with local leaders to visit markets, schools, or other venues where assessment will be carried out. This can be a task of the teams if they have sufficient lead time. Arrange transportation.

Procedure:

- Before leaving for the community, have the group assemble in its teams. Make sure all teams have their research instruments, note-taking and recording supplies, and review any other logistical arrangements.

- Give participants an opportunity to ask questions. Make sure people have reviewed the key points to date.

- Agree on a time to reassemble.

Activity

FOLLOW-UP AND ANALYSIS

Purpose:	Participants will be able to describe the steps involved in analyzing the observations and information collected in a community assessment.
Format:	Mini-lecture, discussion, and team task
Suggested Time:	1-3 hours (about 60 minutes of discussion and the remainder spent on the task of writing up assessment report)
Materials:	HO V.6, "Main Steps of Analysis"
Preparation:	Review HO and the section on analysis in Module VI. Evening assignment includes analysis and report.

Procedure:

- Following the community assessment visit, reconvene participants to discuss their experience.

- Refer participants to HO V.6, Main Steps of Analysis. Go through the steps and discuss.

- One exercise you can do on inter-relationships is to ask people to try a short exercise. Write a series of symbols on newsprint: I V I I I
  Ask people, "What is the meaning of this?" People may give all kinds of answers (Roman numerals, a V and 4 Is, etc.) Some may try to rearrange them. Some may see them as shapes, others as letters. Give them time to play with the symbols. No answer is "wrong." When they've exhausted their creativity, and if no one else does, rearrange the symbols on newsprint so they form a picture (the four straight lines as a box and the V inverted on top as the roof of the house, for example). Explain that you have inter-related the symbols in such a way that you have a unified picture. You have solved a puzzle. Explain that research is very much a process of creative puzzle solving.

- Ask the teams to work on a detailed analysis and report. They should refer all to the handouts in this section and the analysis section from FGD Report Writing, if applicable. Work with each team on their analysis.

- Suggest a report format for their final write-up.

- Explain that groups will give a brief presentation of their report as part of the next session.

Questions for discussion:

1. What were the key findings?
2. How would they classify the information they gathered?
3. Were their research methods appropriate?
4. What were the major difficulties they encountered?
5. What were the highlights?
6. If groups used different methods, compare these.

7. Do participants have sufficient information to analyze? To develop a strategy?

Key Points:

- The analysis stage of research, including community assessment, includes the following steps: observation, classification, inter-relation, insight, inference of causes, and hypothesis.
- Analysis and follow-up can also include a review and analysis of the methodology used, including the problems encountered and recommendations for further study and other ways of replicating or validating the research results.
- Finally, analysis usually includes recommendations for addressing the research findings.

MAIN STEPS OF ANALYSIS

Observation What is happening? We need to develop an accurate description of the reality we seek to understand.

Classification Can we organize our findings in some logical way, such as:

- Economics/coping strategies
- Patterns of decision-making or politics
- Values and beliefs/culture/meaning

Or

- Informational needs
- Enablers of/barriers to change
- Others?

Inter-relation How are these facts related to each other? (I V I I I)

Insight We see interrelationships. What is cause or effect? What is important or relatively unimportant?

Causes Here we examine why things interrelate; structures, cause, situations. Situations and people also change structures.

Hypothesis We draw up a hypothesis as to why things happen and how to bring about change. The verification or refutation of our hypothesis is the answer to the question: Does it work?

- From *Training for Transformation 3*

HO V.7

KEY POINTS SUMMARY, MODULE V

GETTING TO KNOW THE COMMUNITY

- The answers to questions about hopes, fears, and joys let us know the community's true priorities. If we ask only about FGM, we will not know the community and its perceptions of what is important.
- Most problems and their solutions include three elements: economics, community decision-making patterns, and values and beliefs.
- Communities themselves are the best resource for uncovering solutions to their needs and concerns. Without the community's participation, FGM initiatives will not have an impact on the current rate of practice.
- What the community has to say about other issues that concern them may tell us much that we need to know to effect social change where FGM is concerned, such as the enablers and the barriers to change.
- We should not assume that we "know" the community. Even if we are from the community we're working in, we may be from a different social class, generation, or income or educational level from many in the community. Things change and WE change (our perceptions, for example); we may have left to attend school, work, etc.
- There are many formal and informal ways to find out the information above. Surveys, focus groups, and interviews are some formal ways. But there are a number of informal ways that can be employed in everyday project life.
- Everyone has a story to tell. You can get wonderful, rich data when you get people to tell their stories and then respectfully, but systematically, ask them questions about what they are telling you.

HOW AND HOW MANY? QUALITATIVE AND QUANTITATIVE RESEARCH

- Research can measure things—frequency, quantity, number, amounts, or it can describe things—attributes, actions, thoughts, feelings. If it measures things, it is called "quantitative" and if it describes things, it is called "qualitative."
- Both qualitative and quantitative research have their uses, and which should be used depends on the goal of the research, the scope of the project, the need for evaluation, and the financial resources of the project. Ideally, the two can be used to support and complement each other.
- Quantitative research examples include: KAP surveys, flow charts, record review, epidemiological survey. Quantitative analysis requires a large, randomly selected sample (group of respondents or study subjects) and specialized, statistical analysis. It aims for mathematically determined validity (that is, for an acceptable probability of being true).
- Qualitative research examples include: in-depth interviews, focus group discussions (FGDs), and field observation. Qualitative analysis does not require numbers and does

not achieve statistical validity but it can be done systematically.

- Some research methods span both qualitative and quantitative, or can be either, depending on how they are used: content analysis, experimental research, observation, participant record-keeping, case studies.
- Advantages of qualitative research are that it is in-depth, exploratory, fluid, and lively. If done well, it provides context and meaning about a practice or belief. Its disadvantages are that it is approximate, non-generalizable, and subjective.
- Advantages of quantitative research are that it is precise, objective, definitive, and generalizable. On the other hand, it is limited and narrow in its scope. It can be expensive and time consuming because of its sample and analysis requirements.
- Some research questions may lend themselves to both qualitative and quantitative research, depending on the objective of the research.

FORMATIVE RESEARCH METHODS

- Research conducted at the planning stage to determine needs is referred to as **formative, or planning research,** and research conducted at the end of a project or to evaluate the effect of the project on those needs is referred to as **summative research** or **evaluation.**
- All formal, systematic research of either type requires attention to:
  - development of the research question--a clear idea of what it is you are trying to learn, through literature searches, informal discussions with colleagues and community
  - sampling--(number and key variables or characteristics, and how respondents are to be selected)
  - development of the research instrument (whether survey form, topic guide, observation checklist, questionnaire, pictogram)--will answers to these questions tell me what I want to know?
  - data collection--selection, training, and supervision of research assistants, documentation of data
  - data inputting/transcription
  - data analysis and report writing

ETHICAL ISSUES IN RESEARCH AND EVALUATION

Researchers should be able to ensure that research/evaluation participants experience:

- Confidentiality--every effort must be made to maintain anonymity and to hold identifying details in confidence.
- Disclosure of purpose--participants should be informed of the purpose of their participation.

- Informed consent--participants' participation should be contingent on their informed acceptance of their role.
- Feedback on results--participants should be made aware of, in some way, the results of their contribution.
- Compensation or restitution in some form--a hotly debated issue, but it is appropriate to demonstrate gratitude for the time and inconvenience involved in travel or participation in a group.
- No harm--research should not result in physical or psychological harm to the participant.

AUTO-DIAGNOSIS: A PARTICIPATORY RESEARCH APPROACH

- Auto-diagnosis is a community-based research method that can also serve as a project strategy. It involves community members in learning about and solving problems by making them a part of the research, planning, and decision-making team.
- Auto-diagnosis may incorporate any number of other research methods in its implementation, including survey, mapping, observation, interviewing, group discussions, but the main difference is that these are ultimately carried out by the original community participants who identified their own problems and needs.

PLANNING A COMMUNITY ASSESSMENT VISIT

- Community assessments can be used:
  - To determine at what stage the community as a whole and its various factions are with respect to FGM awareness and change.
  - To understand how community values, beliefs, and customs support, discourage, or are irrelevant to the practice of FGM.
  - To understand the economic and decision-making structures of the community.
  - To determine community priorities and how these might influence FGM eradication efforts.
  - To understand the community's strengths, resources, and needs.
  - To understand the networks of support, enabling factors, and barriers women face with respect to FGM and issues of gender equity in general.
  - To engage community members in the development of strategies for social change.
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- Approaches to visiting a community and getting accepted will depend on the

community itself - i.e. its past experiences, the culture, its decision-making structure, and the community's perception of the visitors.

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- Seek the advice of the community as well as share your own knowledge with them. This gives them a voice in programs and services intended to benefit them.
- When going into the community to take something away (for example, information) it is important to plan a way to bring something back to the community, whether as a direct result of the research or on the basis of some other expressed need.

COMMUNITY ASSESSMENT VISIT

FOLLOW-UP AND ANALYSIS

- The analysis stage of research, including community assessment, includes the following steps: observation, classification, inter-relation, insight, inference of causes, and hypothesis.
- Analysis and follow-up can also include a review and analysis of the methodology used, including the problems encountered and recommendations for further study and other ways of replicating or validating the research results.
- Finally, analysis usually includes recommendations for addressing the research findings.