Chapitre 3

Revisiting result-dissemination processes in sub-Saharan Africa using a qualitative and participatory perspective

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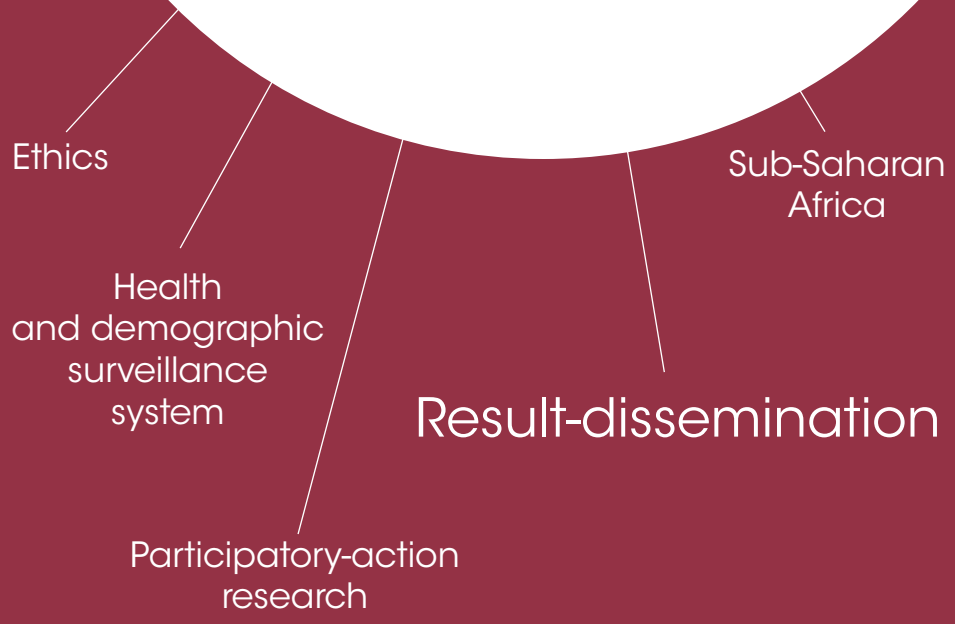


Au-delà de leur dimension éthique évidente, cet article interroge comment les initiatives de diffusion des résultats affectent la capacité des populations à utiliser et à intégrer les informations dans leur vie quotidienne. Nous démontrons, dans le contexte d'une plateforme de recherche en Afrique subsaharienne qui produit des données quantitatives fondées dans les domaines de la population, de la santé et de l'environnement, que la diffusion de résultats scientifiques à l'aide d'une approche qualitative et participative peut permettre aux populations qui ont participé aux projets de recherché degagner en empowerment. L'article aborde les défis auxquels sont confrontés les chercheurs formés dans une perspective disciplinaire rationnelle-linéaire pour collaborer à la conception d'un événement participatif de recherche-rétroaction. Nous soulignons la pertinence de l'évaluation des processus de diffusion à l'aide d'entretiens individuels qualitatifs afin de comprendre la complexité de la saisie du processus d'interaction des connaissances dans différents contextes. Nous terminons la discussion en suggérant l'adoption d'une approche de recherche participative-action qui semble particulièrement bien adaptée à des études de cas similaires.

Beyond their obvious ethical dimension, how do result-dissemination initiatives affect populations' agency to use and integrate the information into their daily lives? In this paper we demonstrate, in the context of a research platform in sub-Saharan Africa that produces quantitative evidence-based data in the population, health and environment fields, that disseminating scientific results using a qualitative and participatory approach has a potential for the populations who participated in the research projects to achieve empowerment. The article discusses the challenges for researchers trained in a rational-linear disciplinary perspective to collaborate in the design of a participatory research-feedback event. We emphasize the pertinence of evaluating dissemination processes using qualitative individual interviews to understand the complexities of capturing the process of knowledge interactions in different contexts. We end in the discussion by suggesting the adoption of a participatory-action research approach which seems particularly well adapted for similar case-studies.

Introduction

In sub-Saharan Africa, where data on vital events and health is still scarce and limited, the number of Health and Demographic Surveillance Systems (HDSS) has significantly increased in the past decades. These complex research platforms are circumscribed to a given geographical area in order to record the vital events (births, deaths, marriages, mobility) and health indicators of its population. The paradox with these research systems is that despite their long-lasting presence, researchers are seldom fully immersed in the ethnographic sense. Among the main reasons for this situation are the extensive use of quantitative health and demographic research protocols and the hiring of fieldwork agents to conduct the various surveys that such protocols involve. This adds to the distance between researchers and their participants and results in significant gaps in the communication between research teams and populations.

HDSS involve extensive methodological protocols, as they are based on longitudinal vital events follow-ups whose main objective is to measure the effects of programs and policies (mostly health related) on individuals. This means that within the HDSS site, each household is visited on a regular basis (from once a year to more frequent visits), with the head of the household communicating to the field-agents all the vital events that have occurred since the last visit, including deaths and how they occurred. Such information is crucial in order to better assess causes of morbidity leading to death, especially for children. However, such data collection process raises obvious ethical issues (Mondain *et al*., 2010), as well as methodological limitations (Garenne and Fauveau, 2006 ; Baiden et al, 2007). Finally, because HDSS provide a baseline for surveys conducted on smaller samples and focusing on more specific subjects in various domains, they generate unique opportunities for gathering valuable data, which can be used as evidence for policy and for program implementation. They contribute to one of the key objectives of the Sustainable Development Goals program related to data collection in developing countries, specifically goal #17, points 140-144 in the United Nations' General Assembly synthesis report 2015, which is statistics-based.

However, because populations in HDSS are constantly recruited for studies and end up being over-studied, they tend to express mixed perceptions regarding the multiple research activities undertaken among them: they are grateful to the improvements they experienced in health but at the same time feel overwhelmed by research teams and projects, and resentful because they are not fully involved in the whole research process (Mondain *et al*., 2010 ; Author et al, 2016). As a result, since these research platforms are meant to persist for long periods of time, researchers and local fieldworkers have become increasingly concerned about ensuring continuous participation.

The term "head of household » is used in demographic and health surveys and refers to the person in charge of the household (usually the eldest man in the household, but it can also be a woman, the eldest son, etc.).

To address these issues, a workshop on ethics in HDSS was held in Moundasso (Burkina Faso) in 2006 where researchers' concerns regarding populations' weariness in participating in such heavy data collection processes were discussed (Delaunay, 2018). Research feedback emerged as a key step in research protocols for addressing the communication gaps observed between the populations and the research teams. Research feedback is common within health projects. However, because such projects are usually driven by rational-linear frameworks, research feedback generally ends up utilizing a knowledge-transfer approach that targets local authorities and decision makers, excluding the participant populations among whom the data have been collected. Thus, since the Moundasso workshop, research feedback in HDSS has increasingly been addressed to the local populations with the intent of demonstrating HDSS' "usefulness" in improving individuals' living conditions. However, such initiatives remain limited, as most researchers feel unsure of how to design research feedback activities and thus end up leaving the area with no clear prospect of coming back to share their results. It is also difficult for researchers to learn from previous experiences because research feedback activities are generally poorly evaluated or not evaluated at all (Stuttaford et al, 2006 ; Siron *et al,* 2015).

Following previous work highlighting the limitations of the knowledge-transfer model (Gravois Lee, 2003 ; Davies et al, 2008 ; Siron et al, 2015), we argue that in contexts where interpersonal relations are highly valued, such as in African societies, this classical model of communicating results may not be appropriate. Using a participatory approach that involves participants in the decision process of what to report back and how, and to which audience, would help them get a better sense of the key results they could benefit from ; provide them an opportunity to share their own concerns about the concrete research outcomes with the researchers and guide them towards the best ways to inform their community at large. Hence, research participants would be increasingly empowered to incorporate the research findings into their daily lives.

The case we are using to discuss these issues relates to Niakhar in Senegal, one of the oldest HDSS in sub-Saharan Africa, where three days of intensive research feedback activities were conducted in 2015. The design of this event, referred to as the Three Days, followed a participatory protocol as an alternative to the usual knowledge-transfer approach in order to create more interactive conditions for sharing various forms of knowledge among the different actors, including the populations, researchers and fieldworkers. The underlying objectives of the initiative were to improve the research practices within the HDSS and to encourage behavioural changes among its residents based on their better understanding of the research outcomes. In this paper, our focus is twofold: First, we discuss the challenges of using a participatory approach within disciplinary domains almost entirely based on rational-linear research frameworks and on quantitative data. Second, we report from a qualitative evaluation based on participants' narratives gathered a month after the "Three Days" which highlights the limitations of the process, as well as the empowering potential of using a participatory approach in results dissemination.

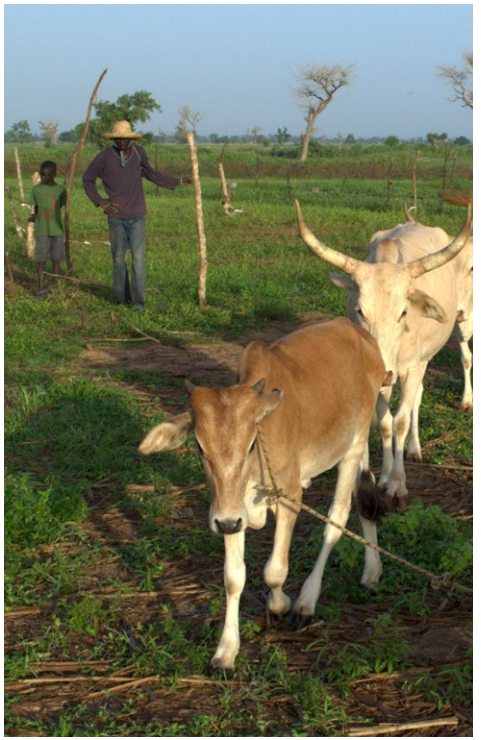
The path to a more interactive way of communicating scientific results

In a context in which the ongoing presence of researchers is mostly associated with evidence-based data collection processes, we argue that interacting with the populations about the results using a participatory approach could lead to changes in individuals' health behaviours and attitudes in ways that may extend to the whole community.

One important issue in the context of HDSS relates to the research goals set by the initial and successive management staff. For example, in the Agincourt HDSS, implemented in South Africa in the early 1990s, "one of the goals […] is empowerment through knowledge that has been generated through strong community participation". In the Agincourt case, this was achieved by building the HDSS on a community-based rationale with the idea that "reporting to community members provides valuable checks on the local relevance and comprehension of questions, and [that] community opinion can modify both wording and content of research questions" (Madhavan et al., 2007: 9). In other words, where communities participate actively in the process of data collection and dissemination, there is likely to be a greater ownership of the knowledge produced. The authors observe that the dissemination of knowledge to the community in the form of health promotion based on both the HDSS and external scientific sources does not lead to behavioural change. Their argument is that, instead, a community-based approach for the design of research feedback activities may be more effective in bringing about new attitudes and behaviours in research domains such as health by encouraging the transmission of health promotion information "when dialogue occurs between community members and project staff during feedback sessions" (Madhavan et al., 2007: 9). In such sessions, the goal is not to achieve total consensus but rather to provide an opportunity for various voices to be heard and to let individuals choose what they should and should not do. However, this descriptive study does not provide concrete insights into the impacts of such a research design, except for the involvement of the community in the review of questions and responses. In addition, depending on the processes through which populations are invited to participate, it is not clear to what extent they can really "voice" their priorities and views (Cornwall and Fujita, 2007).

The issues of what to report back, to whom and how have already been examined (Bergier, 2001; Author et al, 2010, 2016 and 2018; Hertrich et al., 2011; Dayer et al., 2014). What emerges from these studies is that careful attention must be paid to the content that should be reported back depending on the audience, which in turn also determines the communication tools and channels to be used. According to Bergier (2001), reporting results back should be governed by an ethical and pedagogic approach in which all actors can share their ideas and understanding during the research process. Those actors would thus gain more agency in how to incorporate research outcomes into their daily lives as they become more knowledgeable (Olivier de Sardan, 2014). Therefore, the issue of designing appropriate communication tools to enable researchers and communities to interact is central, ensuring: 1) that the rules regarding the ways and means to communicate in the community are well identified and respected, and 2) that the key dimensions that differentiate social groups within the community (not only sex or age) are considered in order to accurately represent the majority in the choice of what will be reported back and how (Madhavan et al, 2007; Davies et al, 2008). As Neitzel et al (2017) show in their article about Indonesian fisheries, this does not mean that the dissemination of research outcomes should be over-simplified. On the contrary, they highlight how scientific results can be presented in the conventional way with graphs, tables, and maps, despite researchers' assumptions that lay people will not understand those materials due to their low levels of education. However, they acknowledge that reporting results back should be done in a manner that ensures that communities not only understand the results but are also empowered to apply them in their daily activities (in this case fishing).

The notion of knowledge transfer itself is compromised because research-based knowledge does not 'land' on an unexplored territory and populations have their own knowledge and practices within the same domains. As Davies et al. (2008) state, "knowledge use is an elaborate and dynamic process involving complex social processing and unpredictable integration with pre-existing knowledge or expertise. Such integration may require significant unlearning as part of the re-ordering of knowing" (Davies et al, 2008: 189). Therefore, all the actors--Including the researchers themselves, fieldworkers who are trained by these same researchers, and the local populations concerned by the research whether participating in it or not—need to "unlearn" in order to handle new forms of knowledge. This has led the authors to consider a change in terminology which also reflects a change in the way we conceptualize research feedback by suggesting to turn from knowledge transfer to "knowledge interaction" in which "multiple players with diverse sources of knowledge are engaged to articulate the various dimensions of research" (Davies et al, 2008: 190). At the same time, moving from a classic knowledge transfer (top-down) to a more interactive approach, which allows for the disruption of traditional hierarchies of knowledge production, can be extremely challenging for researchers trained researchers trained in conventional rational-linear models of research that are compatible with the dominant development discourses. This is why participatory approaches, increasingly mobilized in the development area, often ultimately reflect fairly top-down perspectives, despite their acknowledged potential for empowering participants (Cornwall & Brock, 2005).



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The Niakhar HDSS's 50th anniversary: how to report back five decades of research in three days?

The Niakhar HDSS in Senegal is located in the Sine-Saloum region and is composed almost entirely of people belonging to the Sereer ethnic group. It was initiated in the early 1960s and was limited to 8 villages before being extended to 30 villages by ORSTOM, the managing institution at the time, now IRD (Institut de recherche pour le développement). In 2014, the total population was about 44,000 inhabitants, and numerous health and environmental research projects have been conducted during the past decades in addition to the demographic longitudinal follow-up (Delaunay et al, 2013, Delaunay et al, 2018). Although the Niakhar HDSS is not designed as a community-based system, the long-term presence of researchers and the strong relationships between residents and local fieldworkers have ensured its durability and data quality. However, the need for more systematic interactions between the populations and the researchers has increased since the late 1990s, as the former expressed their desire to better understand the research process and have access to its outcomes.

To address this growing concern, the Niakhar HDSS users and IRD managing team – essentially demographers collaborating with physicians and public health researchers– decided to use the HDSS' 50-year anniversary to design a massive research feedback event drawing from the main results in the demographic, health and environment domains. In order to plan such an important event, an organizing committee was set up and was coordinated by an external researcher (first author) who knew the area well, was familiar with how HDSS worked and had a good knowledge of qualitative and ethnographic methods. The committee was expanded to include the researchers managing the HDSS at that time (a demographer, 2 physicians and a medical anthropologist), including the key administrative local agents located in the Niakhar area and the IRD headquarters in Dakar.

The committee had to face different constraints. First among them were budget limitations, as the local IRD leading staff, while otherwise very supportive, were not granted a significant amount of money from the higher institutional hierarchy to financially support the event. Second, the various disciplinary backgrounds of the organizing committee members led to skeptical attitudes towards the envisaged participatory approach, which was presented as the best way to design the research feedback activities. Finally, the strong relationships built over the decades between some of the researchers and the HDSS local fieldworkers led to inevitable biases in the sampling of key informants and participants.

It is in this context that critical choices were made regarding the location and audience. It was decided that the event would take place over 3 days in the three main villages of the HDSS rather than in the entire area. Because of both time and budget limitations, a diversified audience whose members would well represent the majority of the population was selected instead of targeting the whole population as was initially planned. The centrality of these three selected villages made it easier to bring together a sample of representatives of the local population from the surrounding villages. The audience included health workers, educational staff, representatives of the local women's, youth and agricultural associations, local fieldworkers working with the IRD researchers, and local dignitaries identified with the help of key informants. The sampling of the participants focused more on their social and professional status than on their sex, age, or other characteristics. This inevitably led to an over-representation of men, as the public sphere remains essentially a man's responsibility, of people 45 years old and over, and of people who have some education, often to secondary level.

To identify the results to be shared, several group discussions were conducted with local key informants in the entire area. From those, a consensus emerged among all the actors involved that the results derived from research based on clinical trials and blood sampling should be explained in detail. As observed elsewhere in other HDSS, explanations which are considered as clear by researchers may not be fully understood by local people, essentially because of differences in ways of communicating in various socio-cultural contexts (Mondain, Bologo *et al*., 2009; Mondain *et al.*, 2010). Similarly, a study conducted in Niger revealed that a high rate of refusal was registered in a research project involving blood sampling of children, despite researchers having followed the ethics protocol of providing the people sampled with detailed information, for two main reasons: people feared that the blood would be used for purposes other than scientific and medical (in Niakhar, the typical fear was that the blood would be sold), and did not clearly understand the explanations provided to obtain their informed consent (Campagne et al, 2003). This particular preoccupation led the organizing committee to invite every health worker in the area, among them the *bajenu gox*, women who disseminate reproductive health information in their own neighbourhood and sensitize women on related issues. Also, during these discussions, people mentioned their concern regarding adult health, as new issues have emerged because of population aging. Finally, despite increasing research conducted on environmental issues, the populations were not sufficiently aware of the results of these studies and of its potential to improve the conditions of agricultural practices. Farmer associations were involved and expressed their strong interest in learning more about the research in the field of agriculture and forestry.

To address these different domains, three complementary communication tools were designed to clarify the path from data collection to concrete results by a local theatre troupe. The first was a theatre performance depicting scenes of demographic, health and environmental data collection processes with situations involving residents. The performance was co-designed by the actors of the theater troupe and the members of the organization committee; it involved several meetings in order to adapt the play (Rossiter et al., 2008).Second, a slide show was produced, entirely based on photographs taken by many people (mostly researchers) who had been involved in the Niakhar HDSS since its start, as well as by a professional photographer who was hired and spent two weeks in the entire area to take more recent pictures reflecting situations meaningful to local populations. The slide show comments were written by the members of the organizing committee. They were then revised, translated and read by two fieldworkers in Sereer. Finally, a period dedicated to questions and answers between the researchers and the audience was allocated with the implicit objective of giving voice to a majority of the population's representatives, in particular women.

In order to assess whether or not such an interactive approach, grounded on a qualitative research process (Silverman,

2011), had proven fruitful, a series of in-depth interviews were conducted a month later among a sample of the 300 participants who had attended the "Three Days" by three local fieldworkers hired and trained for this purpose. The interviewees included 15 fieldworkers and key informants and 80 'regular' participants consisting of 15 village chiefs and their assistants; 26 healthcare staff; 10 educational staff (from primary and secondary schools); 22 heads of various associations (women's, youth' and peasants') and 7 religious leaders (imams and catholic priests). They were asked whether the reported content gave them new insights into the research conducted in their community and to what extent it was potentially conducive to new attitudes and behaviours. They were also asked whether the communication tools used in the reporting were appropriate and effective; and to what extent the event was further discussed within the community. Although the sample reflects the bias mentioned above regarding the sex and age distribution of the participants, the analysis of these interviews has enabled us to discuss the paths through which the information circulates, the empowering potential such research feedback activities may have, and the limitations of the approach chosen to design them. All the interviews were transcribed and typed and further managed and analyzed using the NVivo software.

Another round of interviews was planned for about a year later to assess whether or not people continued to talk about the event and whether or not they had integrated some of the information communicated at that time into their daily lives. Unfortunately, the HDSS management team changed, and with it the researchers and staff carrying the whole initiative. However, in this paper, we hope to demonstrate that reporting research results back to the people based on preliminary qualitative and ethnographic fieldwork in a participatory perspective is conducive to 'knowledge interaction' in various domains. Apart from the ethical imperative, it also empowers participants to better understand the applied dimension of conventional evidence-based results.

To document the design process and the lessons from the evaluation process, we draw 1) from the detailed reports on the five series of consultations which were conducted between October 2014 and February 2015, before the "Three Days" took place February 24-26 and, 2) from the interviews described above.

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Evaluating the "Three Days": from knowledge interaction to empowerment

In this section we are focusing on participants' assessment of whether or not their expectations in terms of what they wanted to know were met, to what extent the communication channels used were appropriate for knowledge interaction and how, overall, the information disseminated during the "Three Days" had been further transmitted to other members of the community.

In the interviews, gaps appear between what was expressed during the preliminary consultations in terms of the information the populations were expecting and what was actually addressed during the "Three days". These gaps reveal the limitations of the participatory approach used and confirm the strong need for systematic qualitative evaluation of research-feedback activities.

As stated earlier, three main preoccupations emerged during these preliminary consultations. First, both fieldworkers and the population's representatives insisted on the need to inform people in detail about the purposes of the blood samples taken in several medical research projects. Therefore, both the researchers and the fieldworkers in Niakhar decided to address this issue in detail. This was highly appreciated by most of the audience, especially health professionals at the grass-roots level such as community health agents and *bajenu gox*, who considered the explanations very helpful and informative. They appreciated the benefits of being provided with more arguments to convince families and individuals to participate in research involving blood samples. However, the heads of the local dispensary, who were generally more educated and informed than community health workers, considered the explanations still not sufficient. These different perspectives highlight the various levels of expectation regarding the quality of the information provided depending on the audience.

Second, most people insisted that they wanted researchers to focus more on adults' health. The improvements in children's health with the decline in child mortality through the past decades, and, as a consequence, the population aging, have led to the emergence of new pathologies such as tuberculosis, diabetes, hypertension and eyesight issues. During both the question-answer period and our evaluation interviews, older participants and health workers insisted that researchers include in their agenda studies that examine how to prevent such health problems and improve access to treatment for the local population. This was seen as a logical step after the improvements in infant and child mortality. The fact that these subjects were not covered at all left many participants disappointed, which demonstrates the difficulty of opening a dialogue between researchers and communities on future research avenues.

On the other hand, most of the participants did not know that IRD had been conducting research in the environmental field for several years. Regardless of age, sex and education levels, most participants reported that they had only recently discovered that aspect of the IRD's research activity. This means that despite an almost constant presence of various research teams working on a great variety of projects about environmental changes in the area, most of the local population had no clear idea of what they were actually doing. One scene in the theater performance depicted a farmer being interrupted while working in his field by a research fieldworker asking to take soil samples for a project conducted by environmentalists. Most HDSS residents

had witnessed these activities without fully understanding the purpose of them. As a result, during the question-answer session, interesting exchanges between participants and researchers occurred, the latter providing information about phenomena that everyone observes (variations in the rainfall levels, re¬integration of old varieties of crop that are more resistant to climate change, etc.), while the former got a clearer sense of what was going on and felt more assured that researchers were taking these issues seriously. Because most of these researches focus on agriculture, and on access to and scarcity of various natural products (leaves, wood, etc.) for daily activities (especially cooking) and livestock raising, it is easy for local residents to imagine future practical applications. Therefore, new expectations emerged, with farmers asking if researchers could start considering the health of the cattle, assist them in better fertilizing the soil, etc.

Finally, people had hoped to gain a better understanding of the role played in the area by IRD, often seen as a humanitarian organization by residents who thus tend to expect interventions related to the research conducted by the institute's staff and collaborators. In particular, many residents experience confusion, as they think that the progress made in children's health is a result of IRD's intervention. In fact, the projects conducted by IRD's staff and collaborators have never been designed as applied research, although the results have been used by other institutions in order to improve the population's well-being. This expectation to better understand the institution's mission and objectives regarding the local population's well being was not met, and many participants ended up still wondering what kind of organization it really is and what to expect from it.

Highlighting the importance of more direct interactions between the populations and the various actors involved in the studies and data collection processes, there was a consensus among both men and women, independent of age group, that the theater performance provided the most informative explanations, although its initial objective was only to "break the ice" by performing in a comical manner, situations both familiar and problematic to the populations. As the theater performance and the slide show contributed to clarifying what the research institute was doing, it minimized the impact of the question-answer period. Interestingly, although a majority of participants said they appreciated the question-answer period, few of them asked questions. It is likely that the social norms regulating who is or is not supposed to speak in public in the community were at stake. In addition, because of the limited opportunities the HDSS residents have to talk directly to researchers, many people may have felt intimidated to express themselves in front of highly skilled professionals including well trained fieldworkers. This feeling of intimidation increased because some of the interactions were in French and Wolof rather than in Sereer, the local language. As a result, most of those who chose to speak publicly were men, especially local leaders such as village chiefs or religious authorities, or local administrators who came out with very specific questions, and only a few women spoke.

Both researchers and fieldworkers were disappointed that few people in the audience asked questions. A classic objective among scholars and professionals working on/with groups categorized as vulnerable, whatever the context, is to increase participation, particularly of women. However, this objective can be difficult to reach when, as is often the case, such activities are planned with only limited consideration of local communication channels and the dynamics of social interactions in public. Interaction between actors with different statuses cannot be imposed; it needs to be settled within the society's own communication channels and must respect the social norms governing public interactions.

We tried to assess the extent to which the information disseminated during the "Three Days" was further transmitted by the participants to people who had not attended the event. Because it was never suggested to the audience that they were expected to play the role of conveyers to their immediate community members, communication that occurred was spontaneous in nature. However, two main criticisms were expressed. A first criticism was that the event should have been open to the whole community rather than to a limited number of participants, selectively recruited by the members of the organizing committee. In this fairly inclusive society, excluding people is unfavourably perceived, especially since the HDSS longitudinal follow-up concerns the whole population. There was thus an obvious paradox between the objective of informing the population and the way the event was designed.

A second criticism was that the event should have taken place in a more open area as a such as the village public square. The event, instead of being held in specific, closed places, would thus have been more visible and accessible to most of the inhabitants who were not officially invited. According to those who initiated the dissemination of the information gathered during the "Three Days", if more people had been aware of the activities and their purpose, they would have been more sensitized to the different subjects and thus more actively engaged in the discussions held afterwards. Most dissemination initiatives following the "Three Days" took place in the public areas used for different purposes (public square, specific places where women gather, etc.). For example, men who had participated in the "Three-Days" took the opportunity of a meeting for women in the public square to deliver a message regarding how much wood should be cut in the bush and at what frequency. In addition, several participants, such as the community health workers, used the opportunity of already planned meetings or their usual meeting points (e.g. the water tap with women fetching water) to share new information in order to ensure that a majority of villagers would get it.

During these post-event dissemination activities, several grass-roots health workers, such as *bajenu gox*, expressed their satisfaction as they felt they had become more knowledgeable on the purposes of health research projects conducted in the area. As grass roots actors, they are on the first line to explain and sensitize the populations on what the research is about, and why it is important to conduct it the way it is. When health research projects involve sensitive dimensions such as taking blood samples and clinical trials, health grass-roots workers' understanding become crucial to ensure the population's participation. As they become better informed about the purposes of the projects and of its potential benefits for the population , the more their ability to reassure people increases. Although trained within the dispensary, not only did they feel that they had learnt something during the days, but also that they improved their capacity to explain more

precisely to residents what these trials are all about. Hence, research feedback processes contribute both to improving regular research participants' awareness, and to providing local professionals and community workers with additional tools to perform their jobs. As such it increases the likelihood for residents' empowerment over health and environmental issues.

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Discussion

Using a participatory approach within the knowledge interaction framework meets both ethical and pedagogical objectives: ethical in the sense that knowledge interaction re-establishes a more equal relationship between participants and researchers, by giving voice to the former and expecting that the latter will not only *hear* but also *listen* to them (Cornwall and Fujita, 2007); pedagogical, because this framework is creating a space for exchanging ideas and information.

If participatory approaches have largely been used during the past decades in the context of developing countries both as inquiry methods and advocacy tools, their limitations have been increasingly pointed out (Cornwall & Brock, 2005; MacKenzie et al., 2015). Greenwood et al (1993: 175) had already warned about the "impossibility of imposing participation on research processes" and insisted that "the degree of participation achieved in any particular project is the joint result of the character of the problems and the environmental conditions under study, the aims and the capacity of the research teams and the skills of the professional researcher. […] Participation is a process that must be generated." These statements made more than 20 years ago remarkably illustrate what emerged from our case-study.

The methodology that was set up was a clear attempt to mobilize the participation of the local community by first involving several preliminary group discussions and individual interviews with key informants to select what to report back among a vast number of scientific results. Second, the communication tools were collaboratively designed with local HDSS field agents and technicians who were closely familiar with Sereer traditions and social norms. In particular, the theater performance was produced with the active participation of the members of the organizing committee including HDSS local fieldworkers, while the slide show comments in Sereer were prepared collaboratively by the two main HDSS Sereer fieldworkers, and researchers. Paradoxically, the question period between the audience and the researchers, although meant to encourage the participation of all, ended up with formal interventions by local leaders, while most local grass-roots actors, particularly women, remained passive listeners. As stated in our post-event interviews, one reason for this was that the people who were leading it were chosen by the organizing committee because of their status within IRD, rather than because of their relationships with the local population. As a result, most participants felt too intimidated (or not connected to the conversation) to ask questions, highlighting the gap between the local informants who were mobilized for the design of the event and the average population who did not take part to it.

In contexts where research protocols, like in the population and health domains, are typically governed by the institutional urge to provide evidence to support policy and practice, research feedback is also generally designed following a 'top-down' framework, in line with knowledge transfer approaches in which research participants are seldom the main audience. This might explain why, since the mid-2000s, residents in HDSS have started to show signs of resistance to their continued participation in data collection, expressing their need and desire to better understand the benefits in continuing to take part in these research projects (Mondain *et al*., 2010). In such research contexts,

designing results feedback activities using a Participatory Action Research (PAR) framework seems particularly appropriate as "participation in PAR goes beyond traditional practices of inquiry by engaging in collaborative relationships, thereby opening up new spaces for dialogue and development" (Kong, 2018: 258). The three communication tools, although not designed with a PAR approach in mind, can nevertheless be seen as a first step in putting forward participants' own experiences and in asserting their abilities to generate knowledge toward multiple levels of empowerment (Reason and Bradbury, 2008:9, Kong, 2018:259-260). Hence, some of the seven key features of PAR identified by Kemmis and McTaggart emerge (2005: 566-568–quoted by Kong, 2018: 258): "it is a social process, participatory, practical and collaborative, emancipatory, critical, reflexive, and aims to transform both theory and practice." In the following paragraphs we examine the extent to which each of these features manifested in the way the "Three Days" were designed and conducted.

Social process: In such a process, the time frame is key. The design of the event, as it took several months of preparation and negotiation between different actors, contributed to making people who usually did not interact much talk to each other in order to produce a coherent and meaningful activity. Later on, it appeared that participants had initiated discussions with their direct neighbours and acquaintances on the basis of what they had learnt during the "Three Days". This involved a selection of what they considered as being important information, thus guiding their neighbours and acquaintances towards changes in attitudes and behaviours.

Participatory, practical and collaborative: these dimensions are related in this case. Despite the lack of experience of most members of the organizing committee in participatory methods, and the fact that there was a selection of participants rather than openness to the whole community, the HDSS residents felt they had been consulted in the organization of the event, and thus had a say on how it should be organized. But participation also meant that people were mobilized in concrete activities to make the event happen. In particular, they were involved in the logistics (providing spaces and benches, baking cakes for the whole audience, etc.) and paid for that, making them feel there were direct benefits from the event besides having the opportunity to gather together and directly interact with an institution which had been a part of their lives for decades. The IRD also manifested its engagement to reach the whole community by contributing financially to the transportation of the invited participants living in the other villages.

Emancipatory: In the first stage, the organizing committee did not design the "Three Days" as an empowering process. However, the event led to forms of emancipation. First, with the explanations related to problematic issues such as clinical trials and blood sampling in some medical research projects, health professionals felt empowered in their role of local informants to their own communities as they were provided with more details about–and thus vocabulary with which to explain-the researchers' intentions and what was further done with the samples. Also, even if their requests were not addressed, the fact that populations felt they could directly call upon researchers to think of research avenues closer to the perceived needs of HDSS residents is likely to provide them the agency to request more information on the research and decide whether they want to participate or not.

Critical, reflexive, and aiming to transform both theory and practice: These three dimensions should work together, and can be seen more as objectives to be reached than having actually occurred. A critical and reflexive analysis of the research feedback process was made with the evaluative interviews conducted after the "Three Days." One outcome could be modifications in research practices in this HDSS, perhaps toward a more community-based approach such as in the Agincourt HDSS (Madhavan, 2007).

The experience in the Niakhar HDSS demonstrates that research feedback is not limited to reporting results back but extends to how participants and researchers communicate with each other. Using the appropriate local communication channels can facilitate researchers' understanding of the local political dynamics and the social stratification which are likely to influence both the research and the knowledge interaction processes. However, even if using a participatory framework to share the results seems the most appropriate approach in research contexts in which rational-linear research protocols prevail, these frameworks also face similar constraints as conventional research projects (MacKenzie et al., 2015). Also, they require the use of research practices which may strongly differ from those found in disciplines such as demography or public health. In particular, the HDSS managing team did not feel they had sufficient experience in participatory methods to design the "Three Days" as an empowering process for the populations. They viewed it as an information initiative and a way to acknowledge decades of collaboration between the HDSS residents and the various research teams. As a result, several caveats emerged through participants' discourses.

First, the identification of key informants who were supposed to be involved in the different choices to be made (when, who to invite, where, how, what to report, etc.) was blurred by the respective perspectives of the researchers and of the fieldworkers whom they considered to be the spokespersons for the population. One consequence of this was the decision to "invite" specific participants rather than open the event to the whole community. Although participants in the event were extremely satisfied to have taken part in the activities, a majority of them insisted that it would have been both feasible and more efficient to target the entire population, as they saw the potential for their community to incorporate this information in their daily lives. Even if the audience was composed of a great diversity and number of representatives from the local population, the process failed to give voice to 'average' residents and thus did not provide a complete knowledge interaction as defined by Davies et al. (2008). On the other hand, making sure that almost all the health workers in the area were present honored the population's preoccupation with health challenges. Finally, the fact that environmental issues were discussed by skilled scientists was seen as a sign of interest in people's fundamental way of life, in addition to providing them with new insights on how to face ecological constraints they might be aware of but do not necessarily know how to deal with. Our interviews suggest the great potential of well-designed research feedback activities to boost local

initiatives and encourage the integration of specific information into people's daily activities. From that perspective, framing a research feedback event as a PAR is a promising avenue to maintain and develop more fruitful interactions between the different actors involved. Moreover, it is potentially an alternative to costly and often insufficiently contextualized sensitization and advocacy campaigns (MacKenzie et al, 2015). From that perspective, the design of research feedback activities through a more community-based lens strengthens their ethical objective, while empowering social groups in applying so far inaccessible research results in various areas of their daily life.

Note :
The data are currently under the ownership of this paper's authors. It is possible to access them by writing to the authors and stating the reasons and stating research goals in doing so and possible collaborations stemming from this initiative.

Pourquoi publier cet article ici ?

Cet article a une longue genèse puisqu'il prend appui sur la restitution des résultats de 50 années de recherche dans le Système de suivi démographique et de santé de Niakhar en 2015. Avec Valérie Ouédraogo, co-auteure de cet article, et présente lors de cet événement à titre d'observatrice externe, nous avions procédé à une évaluation qualitative auprès des participants à la restitution afin de mieux en cerner la portée à moyen et long terme. Cette démarche s'inscrivait dans une perspective d'éthique de et dans la recherche nourrie depuis plusieurs années en collaboration avec le LPED. L'article a d'abord été soumis à Demographic Research dont le comité éditorial, après l'avoir qualifié d'intéressant, l'a rejeté au motif qu'il n'était pas suffisamment démographique. Nous avons alors pris la décision de nous tourner vers une revue plus méthodologique, en l'occurrence Qualitative Research. Cette fois, le sujet de l'article, bien qu'également considéré par les évaluateurs comme important, a été jugé comme sortant du champ couvert par la revue, et documentant insuffisamment la notion de recherche action participative qui nous semblait constituer une avenue prometteuse pour penser la restitution de résultats en démographie. Finalement, ce processus nous a invité à réfléchir sur les défis de publication lorsque les domaines concernés, la démographie et la recherche qualitative en l'occurrence, sont considérés comme difficilement conciliables.

Pâturage au Sénégal, Diohine près de Niakhar. c

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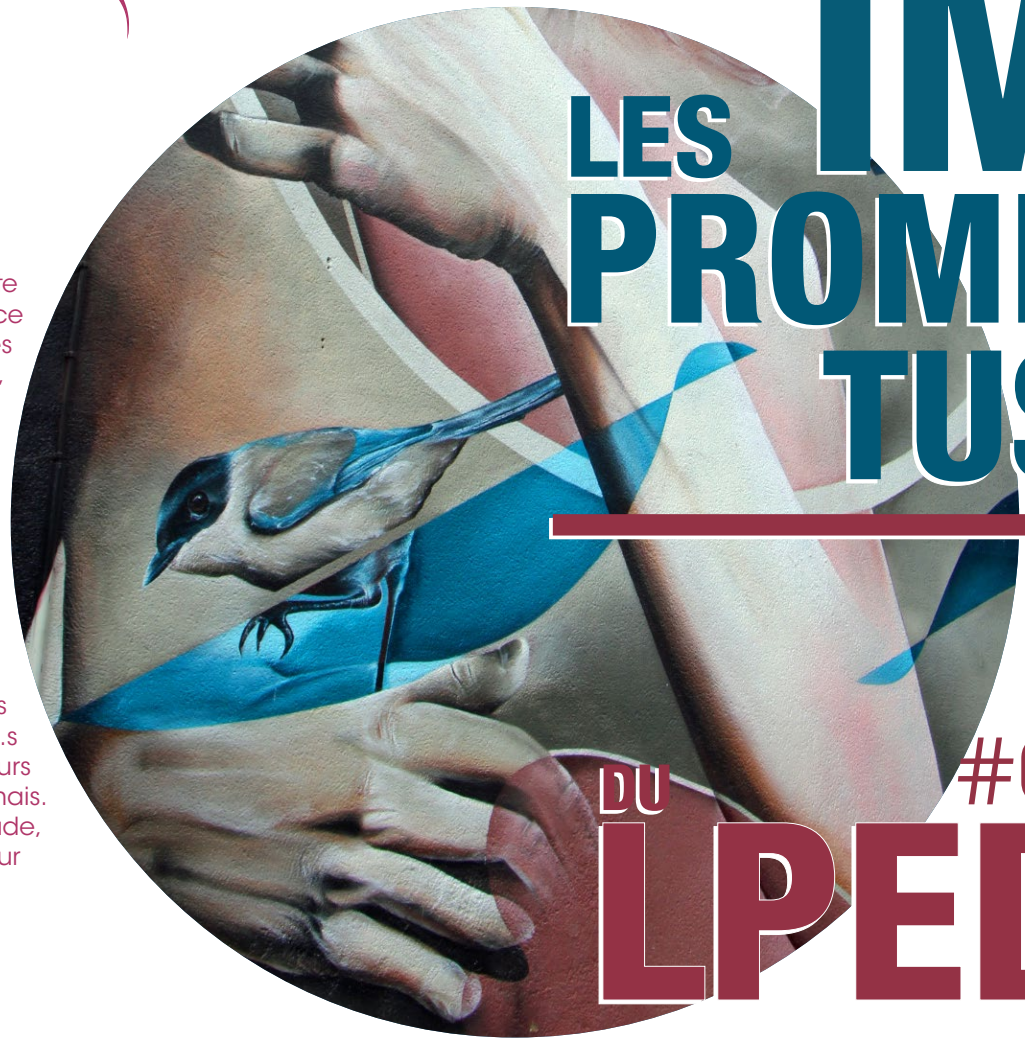

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