

Stepping stones method:

A participatory research method to understand health care pathways for Female Genital Schistosomiasis in Nigeria

By Victoria O. Fapohunda, Josephine Adejobi, Helen Piotrowski, Tiff Dahmash, Kim Ozano, Rachael Thomson and Akinola Oluwole

What is Participatory Health Research?

Participatory health research (PHR) is a participant-led action research approach. It aims to develop relevant and targeted solutions to health challenges by focusing on collaborative and inclusive approaches with participants throughout the research cycle. PHR aims to challenge these power imbalances through the promotion of mutual knowledge exchange for the benefits of community participants and research partners.

This blog post provides researchers' reflections on the use of Stepping Stones, a participatory research method applied with health professionals to understand how to strengthen local health systems to manage cases of [Female Genital Schistosomiasis \(FGS\)](#). The stepping stone activity is a co-learning process that encourages participants to think about their own knowledge and lived experiences in relation to the issue at hand. This approach enables participants to develop their own solutions which are specifically relevant to their contexts. Stepping stones has been widely used in the [HIV/AIDS context in many African countries](#). It is a [participatory approach](#) that explores how health workers can work together to meet community health needs. We adapted this method to identify what steps need to be considered in order to strengthen health system's management of women and girls living with FGS.



Fig 1: Steps (in the form of stepping stones) are identified, agreed and written on cardboard before being placed on the ground between the two ropes in the order they would need to be in reality. These steps identify how a woman or girl could access necessary treatment for FGS within the existing health system and the changes that would need to take place.

How did we use the stepping stone approach in our research?

To start – a scenario exercise

We set the ball rolling by presenting a scenario to the health workers and other stakeholders, about a patient (Girl/Woman) who is presenting with FGS associated symptoms to understand what the process of diagnosis and treatment could be within their communities.

Who was involved?

The activity was conducted with different participant groups in order to understand the various perspectives at different levels of the health system. The three groups included frontline health workers working within primary health care facilities, other health professionals such as (Nurses, Midwives, Community Health Extension Workers), and wider stakeholders (Professor, Gynecologists, Doctors, Nurses, Policy Makers and other Health Workers). The health professionals were asked to critically reflect on the differences between their stepping stones and that developed by the frontline health workers.

Stepping stones method

An area was marked out in an open space to portray a deep river that needs to be crossed (as seen in Fig 1): On one bank of the river is a girl/woman with FGS symptoms who is stigmatized by her community (represented by a cardboard with an inscription 'a girl/woman with FGS symptoms stigmatized'), while at the other bank of the river is a girl/woman without FGS symptoms and not stigmatized (represented by a cardboard with an inscription 'a girl/woman with without FGS symptoms and not stigmatized'). Participants were asked to think about the various steps that both patient and health care providers need to consider moving from one side of the river to the other. This activity aimed to encourage all participants to use and reflect on their experience gained over the years, as well as the knowledge obtained from the FGS workshop to identify all the relevant steps needed to cross the river so that the patient could access necessary care.

Once participants had agreed on a set of stepping stones for crossing the river, these were written on cards and then arranged in order of importance/priority in which they must be followed to accomplish appropriate care and treatment for girls and women with FGS.

How did this approach facilitate learning for health workers and stakeholders?

We observed that the stepping stone activity encouraged continuous reasoning and active discussion, which enabled participants to think critically about the health problem at hand, and further enhances collective brainstorming of ideas to offer practical solutions to health problems or challenges. The exercise also challenged preconceived ideas about route of transmission of FGS by the health workers.

The engagement of others within the research process is important, for example, policy makers and health professional that can gain first-hand insight into the challenges faced by both FGS patients and health care providers to access and receive quality care.



Fig 2: Stakeholders reviewing the Stepping Stones identified by frontline health workers

What did we learn as researchers?

As researchers, we felt the stepping stone activity created a more informal and relaxed atmosphere for open discussion compared to other methods which assisted participants to freely contribute to the topic of discussion. The outcomes were interesting because the identified steps from the different cadres (health workers and stakeholders) were in some ways similar, though illustrated and expressed differently. The main difference between the health workers and the stakeholders is that the former identified the patient pathway from a clinical perspective, while the latter identified materials, resources and policies which also need to be considered. This finding stressed the benefit of involving different cadres of health workers as each provides unique insight based on their own knowledge, experience and exposure. The end result is a more targeted and robust solution to the health problem.

The stepping stone activities also revealed some misconceptions amongst the health workers and stakeholders about the topic in question, including lack of knowledge about FGS in general. The health workers appeared to be more informed about symptoms of FGS than other participants, which may be due to their experiences on the frontline. Participants were keen to apply their new knowledge in their daily practice following the workshop.

The beauty of this activity is that it has initiated development of a novel framework in which a treatment algorithm and health care package for FGS can be built upon and developed to further strengthen the health system for the management of cases of FGS in highly endemic Schistosomiasis regions in Ogun State, Nigeria.

What would we recommend to others looking to use this approach?

In conducting the stepping stone activity, availability of a large free space is critical to the successful implementation of the activity, especially as the number of steps that will be identified cannot be pre-determined.

In the event of having multiple stepping stone activities ongoing simultaneously, there must be a good distance (minimum of 10 meters) between the set activities to avoid interference of the recorded sessions.

Prior to facilitating any stepping stone activity, it is advisable to ensure ground rules are collectively set by the participants. This is to assure every participant understands their right to contribute in all aspect of the sessions without judgment. This will allow for a more inclusive discussion with all participants, regardless of their status and position. This is very important, especially when considering challenging power dynamics of the group.