

Communication and Appropriation of Autonomous Sanitation at Girgo, A Village of The Urban Commune Of Kombissiri, Burkina Faso

Faso

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Abstract

The access of familial sanitation in Burkina is globally marginal. The question raised is a public health problem in rural areas where local practices are confronted to the finiteness of the bush and the necessity of adopting modern norms regarding that. Despite the diversity of actors and tools, the current active communication processes deserve to be formalized and to be led by projects leaders having a competence. That is normally the role of local associations in partnership with all the stakeholders to forge in the interaction a culture of consultation and to ensure the consolidation of a local demand regarding autonomous sanitation.

Keywords: autonomous sanitation; association; communication; change

Introduction

Water and sanitation domain in Burkina Faso are marked by a diversity of different actors and according to different mode of actions. The government is the first and the main actor, next are the NGOs, the international institutions and some technical and finance partners. Since the application of the law about decentralization (MATD, 2004), eleven (11) areas of expertise have been transferred to the communes, in which we have water domain and sanitation one. Communes are the pulse areas of local development, either they are urban or rural, they should ensure the project mastery in terms of drinking water supply and sanitation. That institutional change comes as Burkina Faso endorsed the millennium development goals (MDG). The objective of OMD is to create conditions to the access of populations to drinking water and basic sanitation. In December 2006, Burkina Faso government has adopted the national program of drinking water supply and sanitation (PN-AEPA). This program aims at « reduce by the half, the proportion of people in rural areas who don't have suitable access to drinking water and the basic sanitation service » (PN-AEPA, 2006 : 15). In other words, the challenge is to give drinking water to « 4 million of additional people » in rural area, which will increase the rate from 60 % in 2005 to 80 % in 2015. In the same sense, the PN-AEPA wants to « get the access to sanitation increased from 10 % in 2005 to 54 % in 2015 », that is to say 5,7 millions of people. In urban areas, the objective of PN-AEPA is to give suitable access to drinking water to 1,8 million of people in the area of 56 centers that will be managed by ONEA the the year 2005 » (PN-AEPA : 2006 : 29) while the access to sanitation will be 2,1 million of people, that is to say 57% in 2015 whereas that rate was 14% in 2005.

Moreover, the PN-AEPA gets benefit from objectives factors that are the adoption of the strategic framework of poverty fighting; the adoption of PAGIRE; the signature between the agreement memorandum and the government/PTF water and sanitation to support the implementation of PN-AEPA in January 2007; the adoption of the national politics and strategic document of sanitation in July 2007; the joint approach with all the actors of the sector for the implementation of the program, the adoption of a strategic plan of communication for the development (PNCDD) in 2000; the reinforcement of private sector actors capacities in the domain of drinking water and sanitation; the will to acquire a PSC from PN-AEPA. In spite this legal arsenal, the multiples efforts of the government, the technical and financial partners support and the NGOs' support in the domain, the millennium objectives for development (OMD) in the sector are far from being reached in 2015 deadline. Family sanitation remained a very marginal phenomenon in Burkina Faso.

The general objective of the first national survey about the access of households to family sanitation (ENA-2010)¹ was to get its efficient statistic data in the national level, regional and provincial level. The results of that survey showed that only 3,1% in the national level of the families have access to familial sanitation. This rate, inferior to the estimations so far got, hides an important disparity regarding the area of habitation. So, about 10% of urban houses and less than 1% of rural houses have access to familial sanitation. The use of nature as toilets is widespread in Burkina, it affects 6 households over 10. Yet, the situation is radically different according to the habitation place. In rural area, 8 households over 10 don't use latrines, while it is the opposite in urban area. There, in fact we have 9 households using latrines (Figure 1) over 10, whatever the type of latrines. Although the defecation practice subsists in urban area, it is essentially rural. Such a situation deserves an explanation going through an empiric observation. If we have diverse participants in this activity field, they raise social relationships aiming at allowing the application of regulatory measures, the adoption of daily practices, to

¹ This survey has been led by the general direction of sanitation of used water and excreta (DGAEUE) of the Ministry of Agriculture and Hydraulic (MAH) with the support of the national institute of statistic and demography (INSD), of the general direction of water resources (DGRE) and of the National Office of water and sanitation (ONEA).

anchorate populations' life conditions. We are getting in the communication field as a multi actors and multi tools process of communalization around precise objectives. It constitutes the cement of social relations around the process of social transformation. How to understand its importance and its range in a rural context with a problematic: the link of populations to the autonomous sanitation?



Figure 1. Household toilet built by the project

Methodology

In its big parts, the methodology presents the study area, the type of method and the collected data analysis.

The study area and the survey targets
The surveys were done in the village of Girgo and the downtown of Kombissiri (Figure 2). At Girgo, the surveys considered the whole population of all social categories of the society. The first category is the domestic household as a unit that makes sense in such a reflection about autonomous sanitation. We deserve to question about the presence or not of toilets in a household, to understand the social logics and implications. In the household, the survey has involved men, women, and young people (girls and boys). One of the criteria for the interview is the alphabetization level of targeted people; in the fact that the alphabetization can have an effect on populations' behavior regarding an innovation.

A certain number of specific groups have been questioned: traditional leaders (villages chiefs and land chiefs), religious leaders, local associations, NGOs working in the commune or particularly in the village, decentralized technical structures, the different civil servants especially teachers, health agents, agricultural and environment agents, etc. those specific groups are value and norms holders and they can individually influence the behavior and local populations mentalities. Their contributions in every communication process involving behaviors and mentalities are a necessity: that's why those groups have been interviewed during the field survey.

At Kombissiri, county town of a commune, the survey has affected actors like the municipal counselors especially the sanitation focal point of the commune of Kombissiri, the political actors and intermediaries between the commune and the populations of quarters and villages. The political actors are also the key persons in the decision-making regarding developmental action. The leaders of the decentralized structures of the government, prefect, high commissioner, being the representatives of the government, and bearers of speeches and the official ways of practice. The respect of the law goes through the expression of those official ways of practice into actions on the field, by also ensuring that the local populations have a good comprehension of those official norms. In which case, they should assure to understand and to know really the area before engaging every change project.

Those actors are illustrated here as indicator. During the survey, others strategic actors dealing with the question, can be considered in the survey. This depends on the interest of their discussions about the problematic and about the efficient solutions in communication.

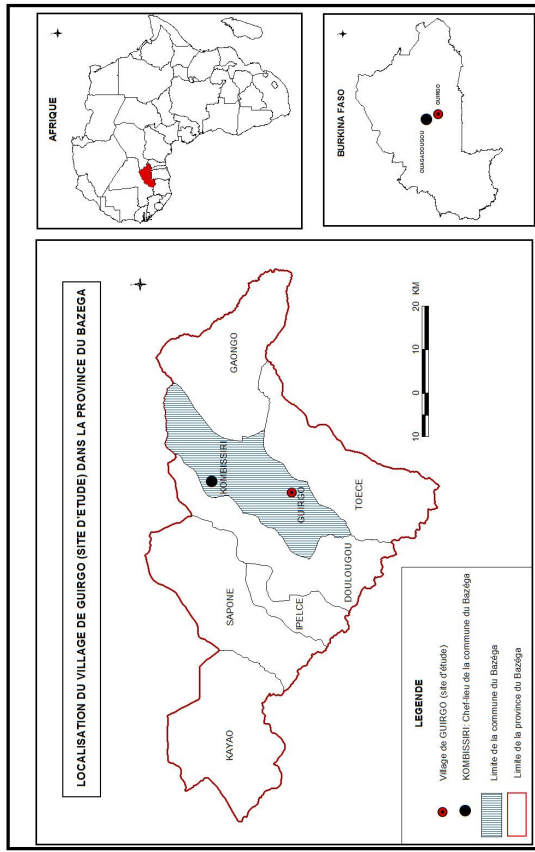


Figure 2. Localisation of the study site

A qualitative survey

At the beginning of the study, the overall objective was to seek for the practical modalities of building a functional communication process. That would contribute to ensure a social support in the habit and the appropriation of toilets in the households in the village of Kirgo. The objective of such a communication plan could facilitate the implementation of the debate familial latrines problematic with populations, otherwise with all actors in the local, village and communal level to understand the stakes and challenges. In this way, it could be the role of the communication in this process that becomes the object of the study. The objectives are globally oriented towards the research of qualitative data, between the reasons, the consequences and the imagination of a communication device that will focus on the speeches and the representations, the different perceptions of the nature and the latrines as (toilets) places to use... that's why the survey is qualitative and carried out through semi-directive interviews, individual and, or groups interviews. An interview guide on the survey objectives has been elaborated, in order to be used as data collection tool. That document is constructed around communication problems, actors' expectations regarding communication, constraints to ensure a best communication in the process, necessary systems to ensure an efficient communication between the actors in the frame of the promotion of familial latrines in the village of Kirgo. It is good to add also the observation as a means to film [Blundo, Olivier de Sardan, 2003] places, practices, the survey periods, the participants... that observation allows to notice the presence of latrines, their use as toilets, places that populations use for that purpose (nature, latrines).

Data processing and analysis

Data collected have been processed in many steps. The first process was the counting. This consisted to classify the interviewees people answers by thematic. By sharpening and reducing the thematic, we succeed in doing interpretive categories to the initial preoccupations. The content qualitative analysis around the recurrent terms or their appearance frequency constituted the data analyzing technic. Then the analysis of those interpretative categories throughout the categorization determined the detailed plan of the analysis. (Mucchielli, Corbali, Fernandez, 1998).

Results. The autonomous sanitation, a public health problem observed in a village of Burkina

The survey results show that the autonomous sanitation constitute a public health problem observed in the village of Kirgo. In its responsibility, the communication is like a modality action that allows to ensure the information, the comprehension of processes and their objectives regarding the necessity of adopting new norms in a changing society.

A public health problem in the village of Kirgo.

Kirgo is one of the 23 villages that counts the commune of Kommissiri in the region of south-center. It is far from about fifty km in the south-west of Ouagadougou, Burkina Faso capital. The territory of Kirgo is included in the big part called "plateau central" that is characterized by a strong human concentration of 76 habitants by km². While the national average is 38 habitants by km² (MEF, 2008).

In the village of Kirgo, province of Bazega, the access to the autonomous sanitation is one of the very low in Burkina Faso, 0,9%. It means less than 1% (ENA- 2010). Regarding this fact and the vulnerability of the households, the present document favors and focuses on this matter. Defecation in the nature, the non-use of the latrines poses a public health problem and having a link in environmental preoccupations. Those public health problems come up through different hydric and diarrhetic diseases, and can have structural economic and political origins. But first of all they are cultural problems.

On this fact, it matters that we understand the logic of the actors, theirs connection to the nature and to the latrines, the relationship that they would set with their social logics and health problems. After making a diagnosis, the perspective is to understand the possible solutions with populations. In so doing, imagine solutions with the populations, is to understand and reveal the participative approaches in this kind of process

Really they are numerous, we have the diarrhetic diseases, the dysentery, the cholera, and as we go to toilet in the bush, we are exposed to snakebites, it is insecurity. These are drawbacks having an effect on human health, (interview with a latrine non-beneficiary, Touré, 46 years old, polygamous husband/3 wives, farmers/breeder, schooling level: primary, 27/07/2015)

The results of the field survey show that the majority of the rural populations are aware of the link between their using of the nature as toilets and many diseases. They are able to name them pell-mell and demonstrate that those diseases have consequences on human being health; the dangers of bush using as toilets. Some representations to the norms: bush is disappearing

In particular, the village is composed of many spaces. First we have the domestic or the habitation space, the space of daily life, the ordinary activities and manifestations areas, the *tampure* or rubbish areas, but also the *karanghin*, the kitchen garden in and around the village, some sacred sites, some fetishes, and some cospes. Those *kaanghin* and other cospes or bushes that Moose call *moongo* are places where adults can hide to go to toilet. Next, it is composed of production space or the *weogo*, space of big farmlands, households' farmlands. It is the intermediary space between the domestic space and the conservation space. The conservation space or *kanagre* is the non-cleared land, neither for human domestic use nor for production; it is a biodiversity space where we find wild animals and where people get some utilitarian plants that can no longer be found in the first two spaces named. There, populations make also minimal punctures of different spaces necessary to their survival.

In the facts, it is in the domestic space and in its bushes that adults go to toilet. Defecation is part of waste products produced by human that cannot be kept in the domestic space except the defecation of children in the *tampure*. The other waste of the *tampure* are transferred in the bushes and the production space (farmland) at the rainy season because it constitutes manure.

Really, we don't have any other choice than build latrines for our needs. In the past, we had forest and we could go to toilet in the nature. Nowadays, that nature is disappearing. So, you understand that it is really a problem in our village. Here the main problem is the access to infrastructure, it is very expensive for us. We are also aware that go to toilet in the nature has risks and don't give us enough time anymore because now the bush is far away from the village. (Interview with the Imam of the village of Kirgo, 26/07/2015)

Despite this differentiation, we notice that the domestic space is degrading as much by the fact of habitations as the influence of kitchen garden. The kitchen garden requires more and more space for production because of the demographic pressure. The bushes are getting reduced and that make a long distance for populations to go to toilet. During the day, adults are obliged to go to the production space or farmland to find a place to satisfy their call of nature.

Yet, it will be wrong to keep on believing that rural populations consider only nature as the place of the waste produced by human. That figure lasted until the rural populations realize that the nature is not unlimited. With the climate change and particularly the anthropic actions, nature or let's say the bush is disappearing fast. Villages' borders are no longer the closer bush in which we could hide to go to toilet. That's why it is becoming more and more difficult to continue that practice because the intimacy we could have through the bush is revealed, especially during day.

If there is an awareness about public health problems, there is also an awareness about the disappearing of the bush. The bush doesn't offer any guarantee for those people who want to resist to the change and hide in the bushes to go to toilet. Therefore, most of those who resist to use new technologies feel ashamed regarding the ego's look. They feel ashamed to enter in a latrine in the household or close to the household while everyone sees them going in, the same problem of shame is faced here when being in a bush that doesn't hide us. So between two evils, the choice of latrines that after all hides nudity is an alternative and a perspective for rural populations to adopt rules and norms in terms of autonomous sanitation. The awareness about the issue of shame

and public health doesn't mean an automatic adoption of rules. The awareness is only an opportunity, a favorable condition of reception of all change of speech. This requires communication as possibility of building cultural and intellectual sense plans, in order to justify and legitimate necessities for change. What is done right now in terms of communication regarding the autonomous sanitation at Girgo?

Communication on autonomous sanitation

Right now, the communication processes about autonomous sanitation in rural area in Burkina Faso goes throughout mobilization of strategic actors, with the mechanisms and means available. In urban area, that issue is globally managed by the national office of water and sanitation (ONEA). Its communication is to ensure an acceptance of its activities in terms of water and sanitation. In town, the debate about the transformation of citizenships in a global context, is focused especially on the hygienic and sanitation aspects in a local context. This debate situates the responsibilities and the sort of citizens' relations with public health issues as hygienic and sanitation issues. ONEA is a strategic actor in this field of activity. It has experience and expertise, and also is values holder. ONEA collaborates with other sectors, media, and civil society organizations to implement good hygienic and sanitation practices in urban area. Its capacity to organize communication around those actors and processes is determinant to favor the organized action, the common and concerted action. (Friedberg, 1997). In the opposite, the rural area is still not a direct intervention area of ONEA. First plan actors in the rural development process are traditional actors in every social transformation plan. At Girgo, those actors are opinion leaders, traditional leaders, religious leaders, village development counselors (CVD), government decentralized agents, associations and groups, NGOs, and for the case of autonomous sanitation we add the compounds chiefs and/or of families, households. The survey counts them without a hierarchical way. The most important is the determinant role of all those actors in the mentalities change for the awareness in the society and the adoption of every innovation. The fact of citing the actors in front of the informers show that they are aware of the contribution of those actors more or less outside from the village in the change support.

It is the leading role of NGOs in the sensitization, training and the support of rural populations in the process of development. We don't ignore the fact that there is a certain culture of aid in the NGOs that is barrier to the adoption of innovations. After a discussion with the populations of Girgo, we have the feeling that all the latrines in the village are done by external partners throughout gifts. But, soon they notice that those initiatives are not regularly repeated. That's why, in their resistance to change, they use to incriminate the lack or the lowness of financial resources, even if they know that a disease due to hygiene and sanitation will make them spend more money.

Aside the NGOs, are the associations. All those interviewed have raised the determinant and structural role of those down actors. In the local level, they are a necessary interface and useful of information, training, sensitization between populations, NGOs, the administration and the politics. They are the holders of the social change project and also real practices in which communication is central. They know that the rules and norms of the Republic are not adopted if we know that an institutional pluralism (Sebahara²) in the different societies of Burkina. They have an expertise and a competence to act, specified in the time, which allow them to ensure the mobilization of actors around specific and diverse interests.

The material used in the different communication processes are diverse, but in the rural area, it is the classical tools that are used in the process: word of mouth advertising, town crier, meeting, debates talk, educative discussion with specific groups... they are mobilized during village meetings, big meetings or big ceremonies like market days, marriages, baptisms, funerals. Nowadays, the information goes through the mobile phone, allowing rural populations to participate to the globalization process given by the consuming society (Baudrillard, 1970) the mobile phone gives and spreads the information. By the way it avoids the movement from compound to compound, quarter to quarter, village to village to diffuse information. Distances and diffusion time are reduced.

In any case, the majority of the interviewees telling places the structuring role of associations in the communication processes about the autonomous sanitation in the village of Girgo. The assistance need expressed by the populations are a demand of specific services that the associations intend to satisfy through their intervention mode.

In the village, people need assistance, they need help. There is a necessity of sensibilization, more communication because there is no longer nature to go to toilet. (Interview with Touré, 46 years old, polygamous husband/3 wives, farmers/breeder, schooling level: primary, 27/07/2015)

What is sure, those services demand put emphasis not only on direct actions and diverse assistance forms, but also and especially on the acceptability of processes holding innovations. Innovation is one of change

² Sebahara P. Pluralisme institutionnel et politiques de développement communal, dans Laurent P.-J., Nyamba A., Dasseto F., Ouedraogo N. B., Sebahara P. [2004].

foundation. To make it accepted and adapted by rural populations, the formalization of a pedagogic role of communication becomes a deciding issue.

Discussions. The pedagogical role of the communication in the adoption some innovations in rural area. This discussion is about a kind of advocacy on the formalization of pedagogical role of communication regarding the problematic of the innovations adoption in rural area. In the case of autonomous sanitation in the village of Girgo, it is a technological innovation. Regarding the adoption and the appropriation rules implicated, the approach is to show that health is. For that reason, the ambivalences of the economic reasons would deserve to be minimized because they are in sharp contrast with the field reality. What is puts on is the necessity of a social assistance to help forging in the duration the culture a local demand in terms of autonomous sanitation. Communication becomes a determinant variable to ensure the change. In this process, associations are the core of the social mobilization.

Health is priceless.

Well, we can have economic reasons, it is the case now in the village. Many people don't have money to build latrines. Because when you want to build a latrine, you should get at least around 10 bags of cement, you should get people to dig the hole and find a builder. (Interview with a non-beneficiary person, 46 years old, polygamous husband/3 wives, farmers/breeder, schooling level: primary, 27/07/2015). Some people want but they don't have means and even if they have means, they start the building but they don't end it. So, if you don't have enough means you cannot build. (Interview with Sefia 30years old, monogamous married, 4 children, farmer/breeder, alphabétized, 27-07-2015)

The field survey results have shown that the appropriation by rural populations to autonomous sanitation is a challenge with many variables. This adoption would allow to resolve at the same time a general problem of public health, to care about a normative problem linked to the perception of intimacy and shame.

Now, you can see some people who ask to their neighbor to go to toilet. This situation gives the envy to get one's own latrine to get more intimacy. We can build with dead ground, that is to say in a traditional way, but it will not resist after two or three rains. (Interview with Touré, 46 years old, polygamous husband/3 wives, farmers/breeder, schooling level: primary, 27/07/2015)

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Yet, in the discussions, the reasons why people don't build are economic reasons. The lowness and the insufficiency of finance resources are evoked to justify where the priorities of the rural populations of Girgo are, as we see it in the survey results: direct consumption needs. The fact to invest in a latrine when usually we go in the nature, is an expense that nibbles at the useful spends of the households.

The arguments are indeed pertinent and legitimate. They allow to show that the evoked reasons are in many places real. Yet, in a realistic vision of the development, in a rational logic of sub-benefit of calculations (Olson, 1978), it is more pertinent and more profitable to invest in the preservation of what remains of the nature and to fight against diseases linked to the hygienic and the sanitation. For that reason, economic and financial question is deciding. But the fact to cite it as pretext not to preserve one's health and others' health becomes against nature attitude, to the antipodes of development necessity of a healthy body in healthy environment, in order to contribute to the production of wealth. In these conditions, any communication on this issue should, as communication for mentalities and behaviors change get an objective practice, teach good practices on current problems, in order to get the populations change their good reasons, their logics as says Boudon faced with the public and the development. The adoption of the autonomous sanitation in rural area, where nature was used for practices, is a current challenge, an urgent contemporary preoccupation. The fact is the capacity of making populations change their relations to the contemporary norms by the communication while we are in other logics and values. We are in the necessity of building adequate mechanisms of the mutation of population's relationship to the norms, while the norms that they evoke are culturally implemented and are their reference and their mark in De Munck, Verhoeven, 1997). The adoption of these new norms are an imperative, so that the communication in rural area should have a foundation on the internalization and the generalization of those norms regarding hygiene and sanitation. The health of all and everybody deserves the price. And that health is priceless as we can feel it in the propos of the interviewees.

This health matter is a matter of cleanness and also a matter of intimacy, so I think that it doesn't concern this one and it concerns that one; it is everybody's concern. So everybody should be implicated

for the raise of awareness. Here in the village, we have the associations, there is the CVD, we the imams. We are mobilized for the good health of the village. Even at the mosque, we sensitize on the consequences of latrines non-using. It is said that if you let your compound dirty, you call the snakes and if you are dirty, around you, it good morning diseases! You know that health is priceless. (interview with imam og the village of Gingo, El hadj Idrissa Compaore, 26/07/2015)

The objective of the communication: practices change

For more sensitization, it is good to focus the message on the consequences of latrines non-using to make people accept it, and also emphasis on the project frankness. Here we saw all, we heard all, so we go through concrete things. Village leaders and associations leaders should contribute as it is not a question « of woman or man or this or that» everybody can be mobilized. (interview with Safia 36years old, monogamous married, 4 children, farmer/breeder, alphabetized, 27-07-2015)

The different suggestions on communication insist on the interest of the communication in the process of mentalities and behaviors change of rural populations regarding autonomous sanitation. This communication should base on the necessity of a collective awareness of populations, because autonomous sanitation is a beginning to the problem of intimacy, but it implies consequences in terms of public health, and environment. It is this collective awareness that ensures the implementation of processes and the refusal of any resistance to the innovations in rural areas. In these conditions, what becomes pertinent and determinant is the construction of a participative process of communication for the development. It bases on the mobilization of all actors so that they get engaged by knowing the INS and the outs of autonomous sanitation in the rural area. It requires that the mobilization be from the local associations, local leaders' traditional and religious leaders, some CVD, but also some agents of the government, civil servants working in the villages and native of the village in town. Those people are opinion leaders and effective, material, financial supports. They can contribute to explain the necessity of the autonomous sanitation to their relatives in the villages through speeches.

Local associations to organize the social mobilization and a dynamic consultation

The central idea is that social processes, the projects for change only have sustainable effects when they cover all actors in the participative dynamics, since the problematic up to the evaluation of actions, and the implementation. One of the variable determinant of this field action of the decision, the coproduction is the communication. This is essential in the creation and the support of the social ties, and fundamental dimension on the inter comprehension between different actors. How to conciliate it to the actors, to a common cause and to act together for the same objective? This is the question that communication actions try to answer in processes engaging different actors in social contexts. It is this interest of communication that the survey of Gingo is focusing to understand the impact of the communication in learning behaviors and practices to contribute to the implementation, even the local appropriation of autonomous sanitation.

Local associations, key people of the local mobilization (Teisserenc, 2006), in collaboration with the different local actors should construct device and communication actions to ensure the local implementation of the norms. Those device should base on multi-stakeholder and multi-tools processes for a participative approach (Bouzon, 2002) of the question and implement it in a dynamic of consultation (Lazarev, Arab, 2002), and of negotiation in a changing world (Callon, Lascoumes, 2001). The combination of these tools for a same objective should be realized in an integrated approach in which they would be in a certain functional complementarity and interdependence more than a concurrently one. All the actors concerned by the question should be in a dynamic co-construction process, co-production of norms and of collective values, of co-decision and the collective implementation of those decisions. All the communication tools should be mobilized for the construction of a pertinent idea of reformulation of a local demand in infrastructures and in adapted services about hygiene and sanitation. The practical goals are pertinent and performant speech transmission and learning, common values, in order to forge in the duration and together the culture of autonomous sanitation in rural area.

Conclusion

In the village of Gingo, in the urban commune of Kombissiri in Burkina Faso, the autonomous sanitation is public health problem. Its management is confronted to local perceptions of the nature as the container of human wastes, but also the notion of shame about going to toilets and also the economic difficulties mentioned. Fortunately, the populations are aware of the disappearing of the bush. That awareness and the notion of shame constitute an opportunity to set clearly, with insistence the necessity of change in a changing social context. The functional role of communication is noted by the informers. For the time being, that rural communication tools are classic and is the fact of diverse actors, with the NGOs and associations leadership. It contributes progressively to activate construction mechanisms of a local demand regarding sanitation. For that, it is the pedagogical role of communication that deserves to be rooted throughout a participative communication for the development.

Acknowledgements

This work has benefited from valuable supports and advices from colleagues and friends. I am thankful to the teachers of the Department of Communication and Journalism of the University of Ouagadougou, namely Prof. Serge Theophile Ballima and Prof. Emile Pierre Bazzyomo. I also thank Dr. Georges Yameogo from the National Institute of Research in Science and Technology (CNRST) for editing the first draft of the manuscript, Dr. Issa Ouedraogo from World Agroforestry Centre (ICRAF) for reviewing the manuscript. I am very grateful to Mr. Bouraïma Zongo and Miss Laïla Werem from the University of Ouagadougou for their kind assistances.

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