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The local dialogue workshop: a method for knowledge sharing in health promotion

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Abstract : In Haiti, holders of local and indigenous knowledge living in rural areas are excluded from speaking out about health promotion. We invited them to break the culture of silence by asking them to participate in a dialogue workshop, held over several days, related to the role of their knowledge in promoting health in their communities. Unlike some of us may believe, these people are not “cultural idiots”, but are, for the most part, illiterate scholars who have developed knowledge through multiple dimensions in order to manage their own health and that of others (including strangers as well as members of their biological family and their community). Through their participation in the dialogue workshop, they became more aware that they are actually living human treasures and traditional health promoters, who each play an important role in both human (community resilience) and environmental sustainability. Our trusting relationship and our close cultural proximity to the participants contributed to the success of the dialogue workshop, a success that shattered the myth of the mandatory link between the rural dwellers’ situation and absolute ignorance. The objective of this article is to present our methodological approach.

Keywords: Local dialogue workshop, indigenous knowledge, health promotion, Haiti, community resilience, environmental sustainability.

El taller de diálogo local: un método para compartir conocimientos en promoción de la salud

Resumen: En Haití, los poseedores de conocimientos locales y autóctonos que viven en áreas rurales se les excluyen del habla. En 2016, les propusimos romper con la tradición del silencio invitándoles a participar en un taller de diálogo local de varios días sobre el papel de sus conocimientos en el cuidado de la salud de las madres y de los niños en las comunidades. Al contrario de lo que muchos entre nosotros pensamos, estas personas no son idiotas culturales, sino, en su mayoría, analfabetos-académicos que han desarrollado conocimientos multidimensionales para gestionar, de manera constante, su propia salud y la de los otros (extranjeros, familiares cercanos y miembros de la comunidad). A través de su participación en el taller del diálogo, han tomado conciencia de que son tesoros humanos vivientes y promotores tradicionales de la salud que cumplen un papel importante en la sostenibilidad humana (resiliencia comunitaria) y ambiental. Nuestra relación de confianza y nuestra gran proximidad cultural con los participantes contribuyeron al éxito del taller del diálogo, éxito que hizo añicos el mito persistente del vínculo entre la condición campesina y la ignorancia absoluta. El propósito de este artículo es presentar nuestro enfoque metodológico

Palabras clave: Taller del diálogo local, conocimientos locales y autóctonos, promoción de la salud, resiliencia comunitaria, sostenibilidad ambiental.

OVERVIEW OF THE METHODS USED

The local dialogue workshop is the method we used to explore the relationship between rural dwellers' knowledge and health promotion in Jean-Rabel, a rural commune in northwest Haiti, on November 26 and 27, 2016 (Damus, 2017). We chose Jean-Rabel as our focus not only for the richness of its biodiversity and its ecosystem value, but also for its age as it was founded in 1743. The commune consists of a large town and seven villages. These are divided into hamlets, which are subdivided into localities. The commune is located about 250 km from Port-au-Prince. 95% of its population lives on agriculture and animal husbandry (Jean-Gilles, 2004).

In under-medicalized rural communities, healers (matrons, mambos, leaf doctors, houngans, matron-mambos, etc.) are consulted for cultural, social (healers and the people who consult them share the same beliefs, the same visions of the world and the same lifestyles) and economic reasons (apart from the houngans and mambos, traditional healers provide care almost free of charge). Table 1 shows the defining characteristics of each type of healer. They are consulted not only by rural people but also by urban dwellers. Their profession is accessible to all social classes. The feeling of personal and professional effectiveness of healers is linked to the number of years for which they have practiced their profession.

	Traditional healer	Uses plants and loa (voodoo spirits) to heal	Only uses plants (and/or prayers) to heal
Mambo	+	+	--
Houngan	+	+	--
Leaf doctor	+	--	+
Matron	+	--	+
Matron-mambo	+	+	--

Table 1. Defining characteristics of different types of traditional healers

The workshop participants came from a number of rural communities administratively attached to Jean-Rabel: Morne-Pasteur, Bois-Changé, Nan Ogé, Ruelle-Rivière, Belle-Dorée, Porrier, Lalande, Grande-Source, Galata, etc. We were interested in the life-history of the participants, as well as in their socio-demographic and socio-economic descriptions of their communities. We first met some of the matrons in Jean-Rabel in 2012. When we returned in 2016, these matrons acted as gatekeepers to bring other holders of knowledge to the local workshop. Before going out into the field, we asked community representatives to inform the

rural actors of our arrival at Jean-Rabel, and they were paid to circulate the topics for discussion to local families.

The objectives of the workshop - examining both conscious and unconscious health promotion practices - were to: 1) Identify strategies for health promotion, and for management and sustainable use of biodiversity and ecosystems; 2) Describe the ways of thinking and actions of rural dwellers who promote an osmotic relationship between health management, sustainable use and the management of biodiversity and ecosystems; 3) Describe the capacity of male and female rural dwellers to exploit the resources offered by nature to promote health, and 4) Describe the eating habits and agricultural actions that serve individual, family and community health.

We carried out 40 individual and 4 group interviews during the dialogue workshop with the holders of local and ancestral knowledge: 23 matrons, 7 leaf doctors, 5 hougans and 5 mambos. We conducted structured, unstructured and semi-structured interviews, which were transcribed verbatim. The individual and group interviews allowed us to address the complexity of local and indigenous knowledge about health promotion, biodiversity and ecosystem management. As well as taking field notes, we carried out two types of recording: audio recording and video recording. Nature walks were conducted with participants at the end of each workshop in order to confront their knowledge and our own assumptions of reality.

The local dialogue workshop is a participatory research method for the co-production of local knowledge for climate change adaptation, biodiversity preservation, and resilience in Haiti. The workshop was organized around the following themes: biodiversity and ecosystem management techniques; biodiversity, health and spirituality; food sovereignty (organic, family, peasant and food-producing farming) and biodiversity; breastfeeding and nature, and methods of transmitting local and indigenous knowledge. Examples of questions used in the workshop, generated as the discussions took place and noted in situ to show the dynamism of the dialogue, can be seen at the Annex.



Fig. 1 - Participants in the local dialogue workshop held in Jean-Rabel (Haiti) on November 26 and 27, 2016.

CONDUCT OF THE DIALOGUE WORKSHOP: SHARING OF KNOWLEDGE, OBSERVED OR LIVED EXPERIENCES

Since most of the participants were used to participating in traditional didactic training on disease prevention and health promotion, it was difficult to convince them to share their experiential knowledge during the dialogue workshop, which was held over two days from 7 a.m. to 4 p.m. The knowledge of these people has never been valued among official health promotion practices. One of the challenges of the dialogue workshop was to strengthen the participants' self-confidence, self-esteem and sense of competence and personal efficacy (Bandura, 2003) in order to have them define themselves as subjects capable of exploring the thematic universe relating to the promotion of intra- and inter-community health. Each of the participants was asked to introduce themselves in Creole, first saying their name, profession and socio-geographic origin (including the name of the rural commune to which they belong). They were not considered as anonymous participants but more as traditional health promoters. A climate of mutual trust was therefore developed between them and us.

Breakfast and lunch were offered free of charge to participants. After we had breakfast together on the first day, we told them:

You are our teachers. We came here to learn. You are all holders of knowledge. When a person speaks, she should not be corrected. You have to let her speak. Everyone has their own practices or experiences. All the experiences can be considered. You can add to what a participant has to say if the person has a memory lapse. As soon as she finishes her testimony, you can criticize her in order to energize the dialogue workshop (English translation from the original version).

The objective was to have them reflect on their professional experiences. Questions were asked about each of the workshop themes, which we discussed over lunch. We kept encouraging participants to respect the lived experience of their fellow human beings.

We avoided presenting a judgmental attitude towards the participants. For the first time in their lives, they were treated as holders of valuable knowledge and not as ignorant people who had to be taught about proper health promotion practices. In effect, we took on the role of ignorant people who went to *their* school. Eating the midday meal did not interrupt the flow of the dialogue workshop. A few participants even used this convivial moment to share knowledge with us; they asked us questions and asked us to dedicate the second day of the dialogue workshop to a training seminar for them. Unfortunately, our own approach – encouraging them to recognize their own health promotion knowledge - did not allow us to do this. Instead, part of the afternoon of the second day was dedicated to the collective promotion of behaviors supporting not only the conservation and improvement of health, but also environmental sustainability, through a presentation in Creole of a section of the results obtained through preliminary analysis of the data collected. Examples of the importance of the conservation of plants are given in Box 1.

BOX 1 – EXAMPLES OF DISCUSSION RELATING TO CONSERVATION OF PLANTS

Holders of local and indigenous knowledge believe that plants have a soul. Those they use are personified, even deified: “Plants have a soul. They talk. You should not pick their leaves on any day of the week. The leaves of the basil should be picked in the evening. We talk to him before we do it. If you don’t do it, the sick person you treat with the leaves of this plant will die”, says a houngan. He continues: “You don’t pick leaves anywhere. We don’t pick the leaves of the plants lining the roads. The leaves of plants found in cemeteries should not be used as a decoction. However, curative baths can be prepared with them. The leaves of domesticated plants and those of plants found in forests are collected. You cannot pick the right leaves around six in the evening. These plants are sleeping at this time. You have to wake up a plant before talking to it”(English translation from original Creole version).

The holders of local and indigenous knowledge of Jean-Rabel believe that each plant is inhabited by a spirit commonly called *lwa*. Fear of being punished or killed by the *lwa* keeps them from destroying plants or cutting down sacred trees. One of the participants said: “You shouldn’t cut down some trees or you will die. We must not cut their branches. If you have no choice, you have to say to the mind that you need parts of this or that tree to do a job”(English translation from original Creole version).

The participants challenged and corrected each other while following the dialogue workshop facilitator's instructions. For example, some of the matrons taught their counterparts some rules of hygiene important to follow when a baby is having respiratory distress syndrome or meconium aspiration syndrome. Some of them said that they applied their mouths directly to the mouths of newborns to allow them to breathe. Others did not hesitate to ask for someone to place a soft barrier between their mouth and the baby's mouth. A matron, for example, spoke up:

I asked for the right to speak. But it was not given to me. When you blow into a child's mouth, you don't put yours directly (on to it). We shouldn't do it like that. You have to place a towel between the baby's mouth and yours (English translation from the original version).

Material poverty prevents many matrons from observing certain rules of hygiene. One matron had contracted HIV during her job. Since she exercises her profession gratis pro communis, she deserves to be helped.



Fig. 2- An aromatic plant held by the facilitator of the 2016 dialogue workshop. Its local name is *senjozèf*.

REFLECTIONS ON DATA ANALYSIS

We used content analysis techniques as the main method of analysis (Bardin, 1993; L'Écuyer 1987). We analyzed the interviews according to the classical inductive methods of comprehensive sociology (Glaser and Strauss, 1967), with regard to local and indigenous knowledge associated with the promotion of health, biodiversity and ecosystems (ecological unity or interdependence between humans and non-humans). As there is no sociology without induction, we thus have taken into account the double phenotypic (manifest meaning, explicit

meaning, *said*) and genotypic (implicit meaning, *unsaid*) dimensions of the empirical material. The data analysis process consisted of identifying themes and sub-themes in the data material, through both the breakdown (identification and coding of the units of meaning) and the categorization (grouping semantic units under various categories) of said material. According to us, and since the subject-object and the researcher both participate in the construction of reality, its meaning results from the fruitful conjunction of *emic* constructs (descriptions and interpretation suggested by the holder of local and indigenous knowledge) and *etic* constructs (descriptions and attempts at objectifying interpretation from the researcher).

Given the inevitable influence of the context of enunciation on both the form and content of the speech of the people who participated in the local workshop, it is useful to make a distinction here between the words “text” and “speech”. When an interview is transcribed, it should be considered as a text. However, a text is an “empirical object considered independently from its production conditions” (Sarfati, 1997). Even if certain elements of empiricism can be analyzed independently from their context (universalist posture), our principle of analysis and interpretation is based on the fact that the meaning of our empirical material is intimately linked to its context of production (contextualist posture). In this case, it seems thus more relevant to prefer the notion of discourse, which is defined as an “empirical object with its production conditions”, rather than the word text. The conscious knowing of the existence of a spatio-temporal bias inherent to the collection of empirical data allowed us, during our analysis process, to benefit from this trilogy: discursive material, socio-anthropological questions and the empirical context.

CONCLUSIONS

The local dialogue workshop is a method used in our research to collect information related to conscious and unconscious health promotion practices in the rural communities of Jean-Rabel in Haiti. We created this method to fight against ontological and epistemic coloniality (coloniality of being and knowledge, Maldonado-Torres, 2007; Mignolo, 2003; Lander, 1997; Quijano, 1997). Unlike traditional and ‘rigid’ data collection techniques, this new method is not characterized by predetermined categories but mostly by an open epistemological posture and by the prominence given to serendipity (that is, the discovery of unforeseen facts¹). Indeed, the objectives and themes of the research were discussed during our first meeting with holders of local and ancestral knowledge, at the beginning of the first workshop discussion. Many questions were suggested by the participants, both consciously and unconsciously.

1. During a dialogue workshop that took place in September 2021 in Plateau Central with local and ancestral knowledge holders on various themes, I discovered *bebelis*, a traditional medicine used by rural women in Haiti to treat health problems encountered during the period of menstruation, pregnancy and after childbirth. The multiple properties of this female drug make it a product of invaluable importance in rural communities with little or no biomedicalization.

The dialogue workshop, as we have facilitated it, is a technique of knowledge sharing in which the anti-epistemological dichotomy of knowing / ignorance is brought under control. Thanks to the reversal of the usual roles (the workshop leader, being a holder of scholarly knowledge, behaved like a curious student and the participants, who were about to participate at a training seminar, were encouraged to behave like teachers), the majority of participants in the dialogue workshop realized that they represented multiple dimension knowledge guardians.

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**LIST OF QUESTIONS ASKED OF PARTICIPANTS DURING THE DIALOGUE WORKSHOP
(ORIGINAL CREOLE VERSION, WITH EXAMPLES TRANSLATED INTO ENGLISH)**

A) Techniques of biodiversity use and management

- 1) Ki plant ou itilize lè akouchman frèt ? (*Which plants do you use to accelerate childbirth?*)
- 2) Kijan ou prepare remèd sa yo pou fanm ki ap akouche a ? (*How do you prepare the plant remedies that you give to the woman who is giving birth?*)
- 3) Ki kote ou jwenn plant sa yo ? (*Where do you collect these plants?*)
- 4) Kilès ki te aprann ou itilize plant sa yo ?
- 5) Èske ou plante plant sa yo lakay ou ?
- 6) Kijan ou pran swen yo ?
- 7) Lè on fanm manke lèt, ki plant ou itilize pou fèt lèt la vini?
- 8) Kijan ou prepare remèd sa yo ?
- 9) Kilès ki te montre ou prepare remèd sa yo ?
- 10) Èske ou plante plant sa yo lakay ou ?
- 11) Ki kote ou jwenn plant sa yo ? Kisa ou fè pou pwoteje yo ?
- 12) Ki fèy ou konn itilize pou fè beny pou bay fanm nan pou lèt li ka vini, oubyen retounen si li pati ?
- 13) Ki maladi o swanye ak fèy ?
- 14) Ki plant nou itilize pou nou swanye pye kase, zo kase, moun ki tonbe ?
- 15) Ki maladi fanm yo konn genyen ou swanye ak fèy ?
- 16) Lè fanm yo fin fè pitit, ki konsèy ou ba yo ?
- 17) Èske ou konn mande yo mete timoun yo nan tete tousuit ?
- 18) Èske ou konn mande yo ba yo lèt anpoud ?
- 19) Lèt manman ak lèt anpoud, kilès ki pi bon ?
- 20) Ki maladi tibebe yo konn genyen ou trete ak fèy ?
- 21) Ki plant ou itilize pou pwoteje tibebe yo ?
- 22) Kòman ou pwoteje plant ou itilize lè on manman pitit malad ?
- 23) Kòman ou pwoteje plant ou itilize pou pran swen tibebe ?
- 24) Kisa ou fè pou plant sa yo pa disparèt lakay ou ak nan bwa ?
- 25) Èske ou konn plante pyebwa ak kòd lonbrik timoun nan ? Bay non kèk pye bwa.
- 26) Poukisa ou antere kòd lonbrik timoun nan ak yon pyebwa ?
- 27) Èske lakay ou ou leve plant pou pran swen fanm ansent ? fanm ki ap akouche ? fanm ki sot akouche ak tibebe ? Site non plant sa yo.
- 28) Èske ou plante lakay ou plant ou jwenn nan bwa ? Bay non yo.
- 29) Èske ou konn mande fanm yo oubyen fanmi yo leve plant lakay yo pou ka jwenn yo lè ou ap wè akouchman oubyen lè yo rele ou pandan yo ansent ?
- 30) Èske plant yo gen nanm ladan yo ?
- 31) Kisa ou fè lè ou rive devan yon plant?
- 32) Kòman yo rele pyebwa nou konn jwenn lwa ladan yo ? Èske nou koupe pyebwa sa yo?
- 33) Kòman yo rele lwa sa yo ?
- 34) Si nou koupe pyebwa ki gen lwa yo, kisa ki ap rive nou ?
- 35) Èske nou konn itilize plizyè fèy, anpil fèy lè nou ap fè remèd ?
- 36) Èske nou konn vann fèy ?
- 37) Èske nou jwenn medikaman achte kay moun oubyen nan fanmasi bò lakay nou ?

- 38) Remèd fèy ak medikaman fanmasi, kilès ki pi bon ?
- 39) Ki plant nou te konn wè lontan, nou pa jwenn ankò ?
- 40) Ki plant ki vin ra ?
- 41) Kisa ki koz sa ?
- 42) Kisa nou fè pou kèk plant pa disparèt ?
- 43) Ki pyebwa moun yo pa janm koupe ?
- 44) Èske nou konn plante pyebwa ? Bay non yo.
- 45) Konbyen sous dlo ki gen nan lokalite nou yo ? Kijan yo rele ? Kòman nou pwoteje sous dlo sa yo ?
- 46) Konbyen rivyè, kaskad (chit dlo), letan, madlo ki genyen nan zòn bò lakay nou ?
- 47) Èske lontan te gen plis dlo ?
- 48) Kisa nou jwenn nan dlo sa yo ?
- 49) Kijan nou jere dlo sa yo ak sa ki landan yo ?

B) Use and management of animal biodiversity

- 1) Kijan nou jere bèt ki nan dlo yo ? Nan bwa yo? Kijan bèt sa yo rele ? (*How do you manage animals living in the water and in the woods? What are their names?*)
- 2) Èske gen anpil bèt nan forè yo ? Bay non yo. (*Are there many animals in the forests? Give me their names.*)
- 3) Ki zwazo ak lòt bèt nou konnen ? (*What birds and other animals do you know?*)
- 4) Kisa nou fè ak bèt yo ?
- 5) Kòman nou pwoteje yo ?
- 6) Ki bèt nou itilize pou fè remèd pou tèt nou, pou timoun, pou moun malad, pou fanm ansent ak fanm ki sot fè pitit ?
- 7) Èske te gen plis bèt lontan ?
- 8) Ki bèt nou te konn wè lontan nou pa wè ankò ?
- 9) Ki kote nou te konn wè yo (rakbwa, rivyè, letan, sousdlo, madlo...) ?
- 10) Sa k' fè bèt yo vin disparèt ? vin ra kounya ?
- 11) Kisa nou fè pou nou pwoteje bèt ki vin ra yo ?
- 12) Kijan paran nou yo te konn jere bèt yo ?
- 13) Kisa yo te konn fè ak bèt yo (bèt lakay, bèt nan bwa) ?
- 14) Ki remèd yo te konn fè ak bèt ?
- 15) Ki kote nan Janrabèl ki gen plis bèt ?
- 16) Pou ki maladi bèt yo bon ?
- 17) Ki pati nan bèt la nou itilize pou fè remèd ?
- 18) Ki bèt nou pè touye ?
- 19) Ki remèd nou fè ak bèt lakay, bèt nan bwa ?
- 20) Lè nou ale nan bwa, kisa nou jwenn ?
- 21) Kòman nou pwoteje sa nou jwenn nan bwa yo ?
- 22) Kijan paran nou yo te konn pwoteje sa yo jwenn nan bwa ?

C) Agrobiodiversity / Food sovereignty

- 1) Kisa nou kiltive pou nou manje ? Kòman nou plante yo? Ki kote nou plante ? (*What food plants do you cultivate? How do you cultivate them? Where do you grow them?*)
- 2) Kisa nou fè ak rekòlt yo ? (*What do you do with the crops?*)
- 3) Èske nou koupwe pyebwa avan nou plante ? (*Do you cut down trees before seeding?*)
- 4) Kisa nou mete nan tè yo avan nou plante ?
- 5) Kisa nou mete nan semans yo avan nou plante ?
- 6) Ki kote nou plante plis ?
- 7) Èske nou itilize angrè ?
- 8) Kisa nou fè pou nou tiye tibèt ki manje fèy plant yo ?
- 9) Kijan tibèt sa yo rele ?
- 10) Lè nou ap sekle, èske nou koupe ti pye ak gwo pyebwa ?
- 11) Èske nan jaden nou yo genyen fèy nou manje ? Bay non yo.
- 12) Èske genyen fèy nou itilize kont maladi ? Bay non fèy sa yo ak maladi yo.
- 13) Kisa nou fè pou nou konsève rekòlt ak semans yo ?
- 14) Èske pwodui ki soti nan jaden yo pi bon pase sa ki soti nan peyi etranje yo ?
- 15) Èske nou plante nan mitan rakbwa yo ? Kisa nou plante nan mitan yo ?
- 16) Kisa nou fè pou nou pwoteje bwa ki nan jaden yo ?
- 17) Kisa paran nou yo te aprann nou sou travay latè ?
- 18) Kisa nou konn plante ansanm ?
- 19) Kisa nou pa konn plante ansanm ?
- 20) Nan ki sezon nou plante ?
- 21) Kisa ki fè on rekòlt bon ? Kisa nou konn fè pou li ka bon ?
- 22) Ki kalite diri, pwa, mayi, etc, nou konn fè ?
- 23) Kisa nou te konn fè nou pa ka fè ankò ?
- 24) Èske rekòlt yo te pi bon lontan ? Kisa nou fè pou yo vin pi bon ?
- 25) Ki rekòlt nou te konn fè lontan nou pa ka fè ankò ?
- 26) Ki bèt ki konn manje pitimi ak mayi nou yo ?
- 27) Kisa nou fè pou nou pwoteje jaden yo kont bèt sa yo ?
- 28) Èske nou touye bèt sa yo ?