Psycho-social considerations for culturally appropriate hygiene promotion strategies

Dr Juliet Waterkeyn, The CHC Seminar, UNC Water and Health Conference 2012:
Two Mindsets / Word Views:

LINEAR WORLD VIEW:
Progressive, ever onwards

CYCLICAL WORLD VIEW:
Round and round with the seasons
SURVIVAL STRATEGIES

CARNIVORE

HERBIVORE

INDIVIDUALISTIC

SELF SUFFICIENT

NUCLEAR FAMILY

HUNT ALONE

INTER DEPENDENT

EXTENDED FAMILY

SAFETY IN NUMBERS
Why large number of people important in a Health Promotion programme?

1. A critical mass of people can tip the balance of opinion

2. Public health needs everyone to be involved

3. No impact on disease reduction if there is not a high % of CHC members in a clinic catchment area.
LINEAR WORLD VIEW: progressive, ever onwards

**KNOWLEDGE**
I know the facts

**PERSONAL EXPERIENCE**
I have seen it happen

**UNDERSTANDING**
I know what would be best

**BELIEF**
I now believe it.

**SELF EFFICACY**
I am able to do it!

I want to do it
Individual Change Models

Social Planning
- Top down
- Prescriptive
- Enforced

Social Marketing
- Voluntary
- Commercial
- Open ended

Health Belief Model
- Voluntary
- Top down
- Educative
Group Change Models

PHAST: Participatory Hygiene and Sanitation Transformation

CHC: Community Health Club Approach

CLTS: Community Led Total Sanitation
Reasons for reticence from Community

People change through peer pressure / Group Consensus

- I fear the jealousy of others if I change.
- Pull her down (PhD) Syndrome
- I am not sure if the decision is correct
- I don’t like being different from others
- I prefer to wait and see if changes bring reward
Cultural Norms in Africa which prevent ‘progress’

- **Levelling Mechanism (Haviland, 1993)**
  A societal obligation compelling a family to distribute goods so that no one accumulates more wealth than anyone else ..... ‘**African socialism**’

- **Limited Good Syndrome (Foster, 1965, 1972):**
  Individuals compete for personal gain when material subsidies are distributed and this undermines group cohesion.
  **PhD Syndrome:** Pull her/him Down Syndrome
• **Lack of Self-Efficacy (Bandura, 1977):**
  Those who lack self confidence are afraid to make individual decisions which may not be approved by husband / elders.

• **Big Man Syndrome (Haviland, 1993):**
  If existing structures are used for the new intervention there is every likelihood that traditional leaders may highjack benefits for their own families whilst distancing planners from the poorest of the poor, who have little voice to object.

• **Wait and See Syndrome:**
  If the intervention is risky there is little margin for error and therefore conservatism is the safest option.
Group Mindset

TRADITION  POLITICS  RELIGION

CULTURE

BELIEF

ATTITUDE
  Values

BEHAVIOUR
  Norms

KNOWLEDGE

PEER GROUP
  Positive or negative peer pressure
KNOWLEDGE
I know the facts

PERSONAL EXPERIENCE
I have seen it happen

UNDERSTANDING
I know what would be best

SELF Efficacy
But can I do it?

GROUP CONSENSUS
New group values

GROUP LEVEL
Common KNOWLEDGE

COMMUNITY HEALTH CLUB MODEL:

BEHAVIOUR CHANGE
New Group norms

PEER GROUP
Positive peer pressure

You can do it!
Change is most significant between 5-12 sessions (up to 3 months of weekly meetings)

Change Takes Time and Need Reinforcement
Common Unity

The CHC works on the assumption that:
Not all communities have common unity:
Many communities are dysfunctional

Therefore communities need building in order to have common unity of knowledge, understanding and objectives.

This enables informed decision making and an ability to act effectively as a group
Community and Togetherness

Traditional societies are characterized by;

- Love of rapport and togetherness (singing, dancing)
- The group is more important than the individual
- Therefore anything that enhances this togetherness will resonate culturally and succeed
The “Community”

Gatherings

A loose crowd of people

Don’t know who is in the crowd

Each time they are different people

Can’t make progress in planning

People are all at different levels of understanding / knowledge
AHEAD Model: Community Health Club

- Executive Committee
- Wash Cluster Heads in the Executive Committee
- Water and Sanitation is a Sub-Committee of the CHC executive committee
- Cluster of smaller groups within CHC of 10+ households
An organised community

held together by common thread

**MEMBERS:**

Share ideas, knowledge
Share a vision: future goal
Share problems and solutions
Speak the same language

Same group,
Same time,
Same place.
"Common Unity" in a Community

Not many communities have "common unity":

Many communities are dysfunctional

Therefore communities need building in order to

This enables informed decision making and an

ability to act effectively as a group, taking

responsibility for the health of the family/village.

and objectives.

have common unity of knowledge, understanding

The CHC Model works on the assumption that:

Not many communities have "common unity":

"Common Unity" in a Community