AFRICA AHEAD

The Mechanics of Behaviour Change

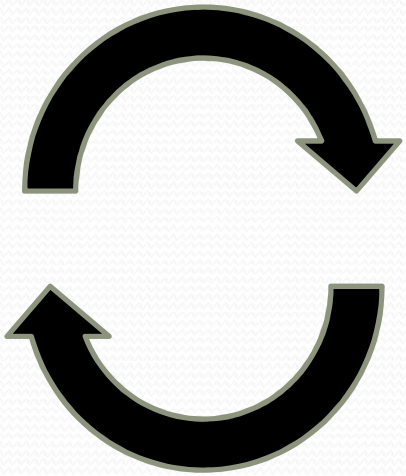
Psycho-social considerations for culturally appropriate hygiene promotion strategies

Dr Juliet Waterkeyn, The CHC Seminar, UNC Water and Health Conference 2012:

Two Mindsets / Word Views

LINEAR WORLD VIEW:

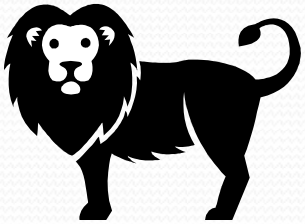
progressive, ever onwards



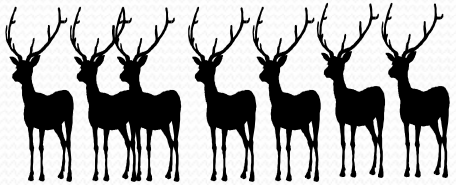
CYCLICAL WORLD VIEW:

Round and round with the seasons

AFRICA AHEAD



SURVIVAL STRATEGIES



CARNIVORE	HERBIVORE
INDIVIDUALISTIC	GROUP
SELF SUFFICIENT	INTER DEPENDENT
NUCLEAR FAMILY	EXTENDED FAMILY
HUNT ALONE	SAFETY IN NUMBERS

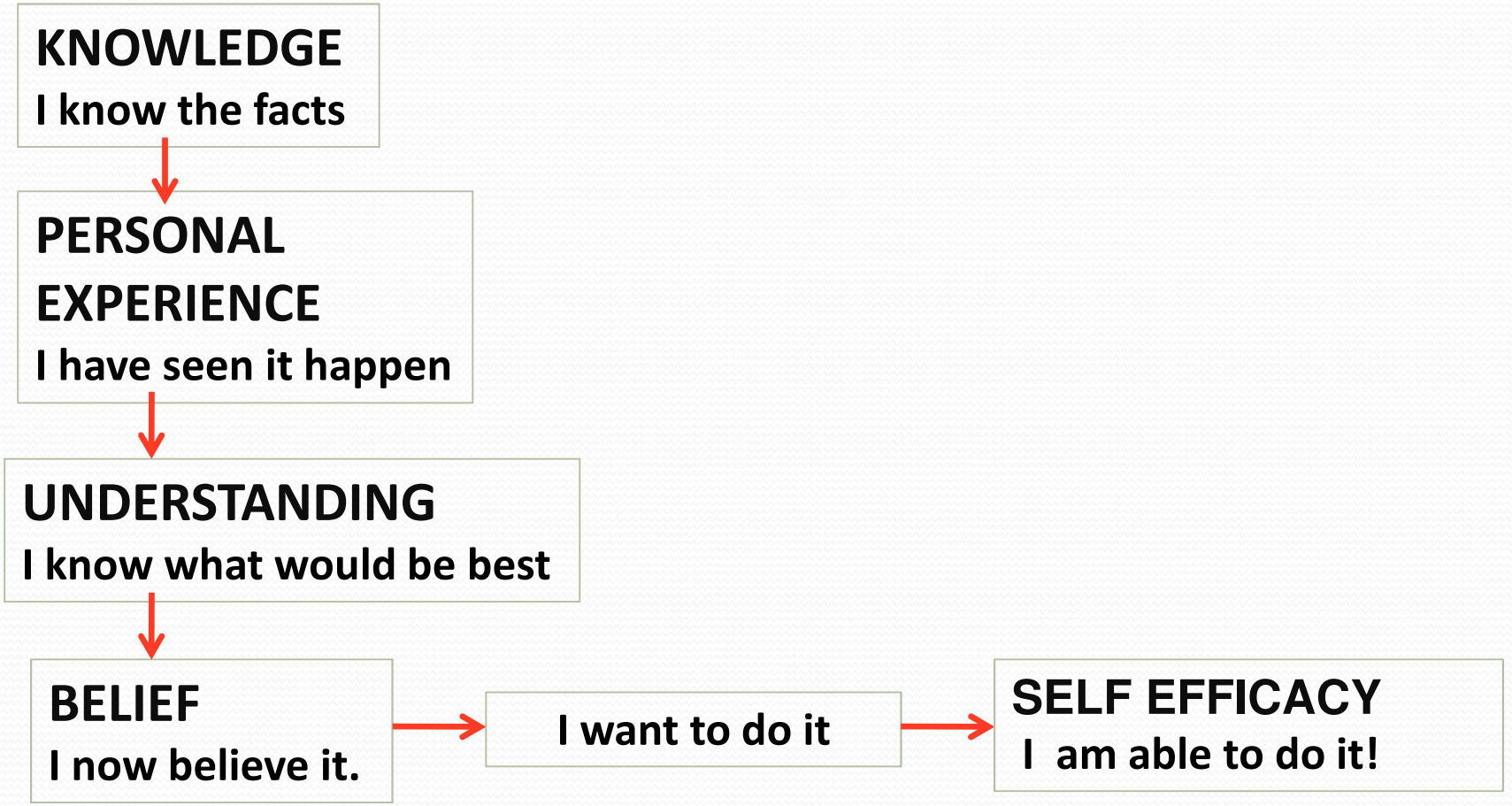
Why large number of people important in a Health Promotion programme?

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



Individual Change Models

Social Planning

- Top down
- Prescriptive
- Enforced

Health Belief Model

- Voluntary
- Top down
- Educative

Social Marketing

- Voluntary
- Commercial
- Open ended

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**'

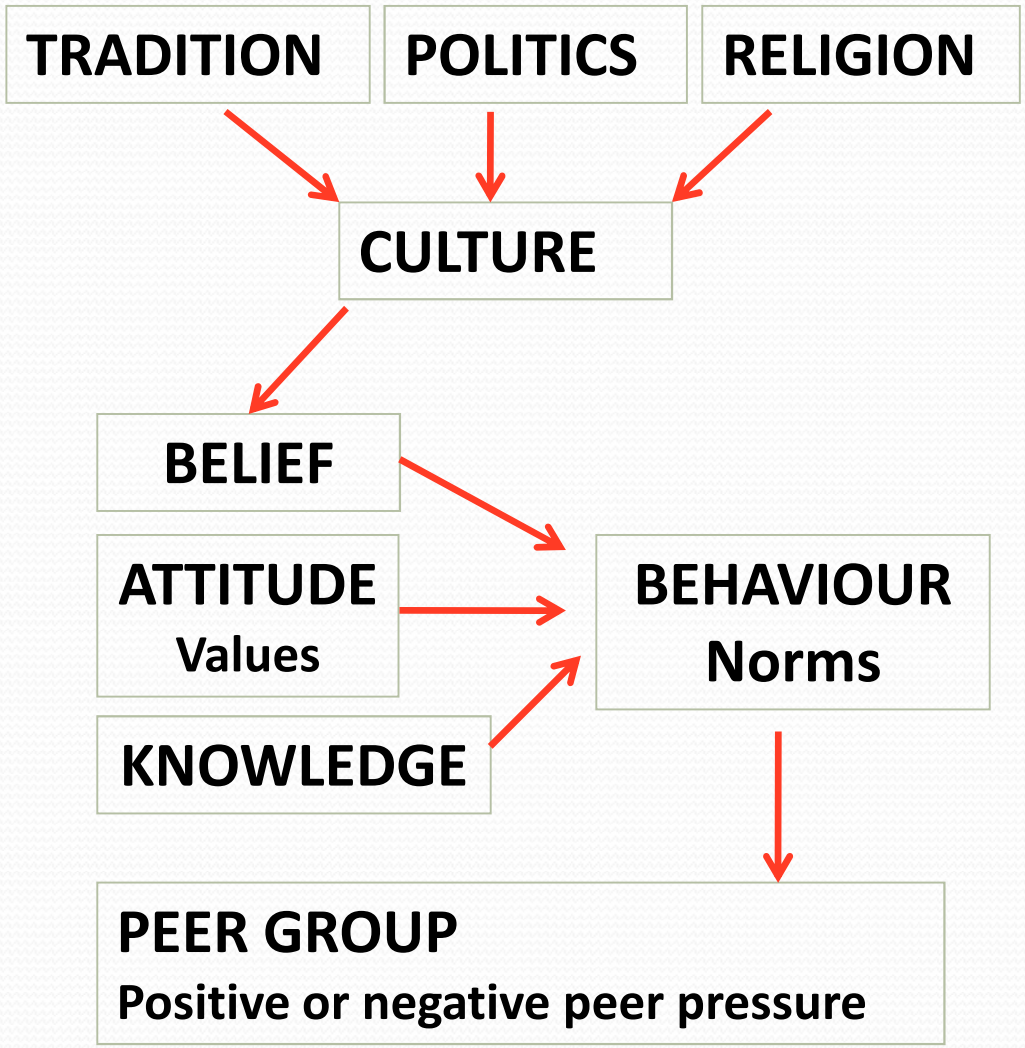
- **Limited Good Syndrome (Foster, 1965, 1972)**:
  Individuals compete for personal gain when material subsidies are distributed and this undermines group cohesion.
  PhD Syndrome: Pull her/him Down Syndrome

•**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.

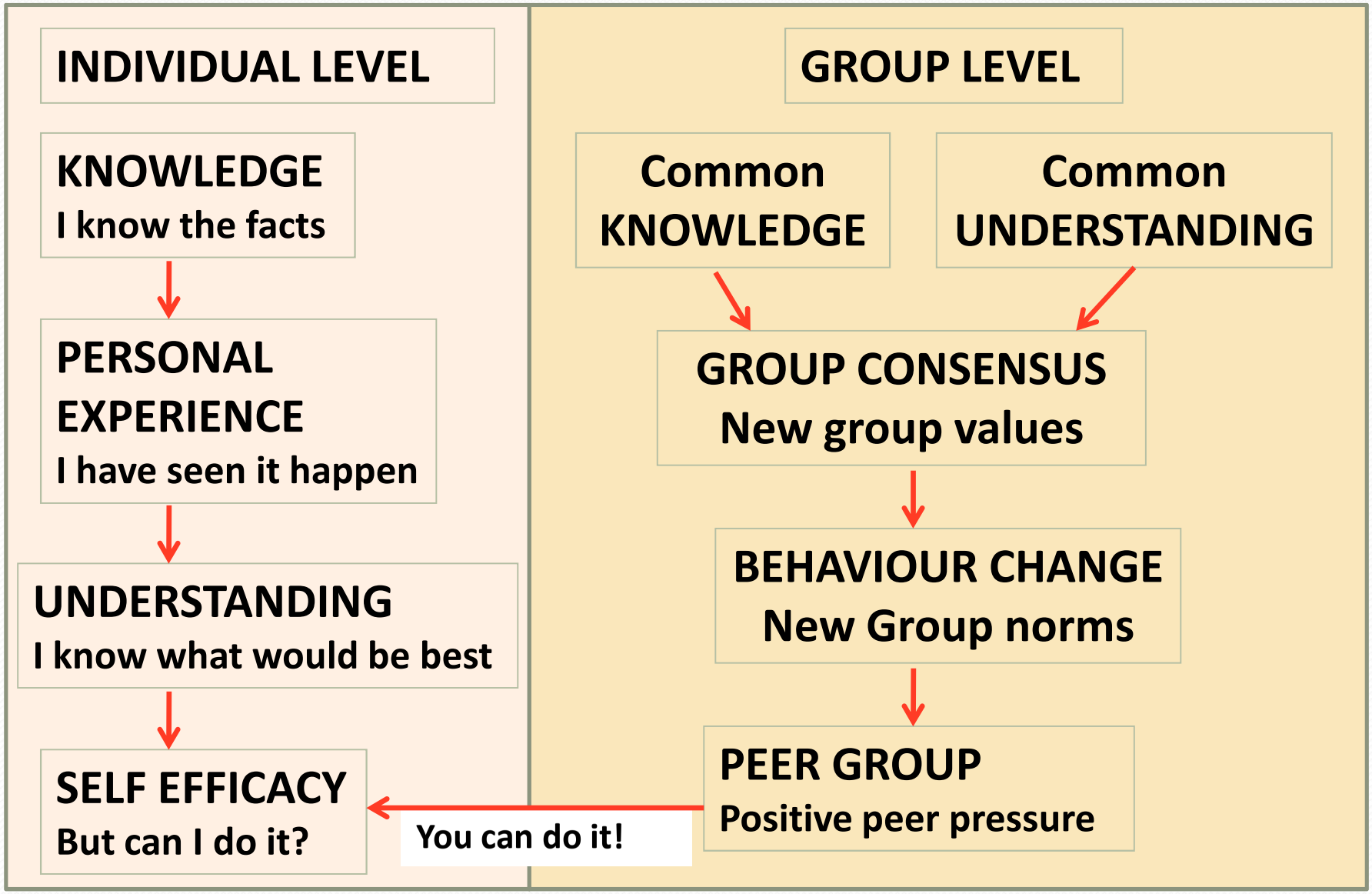
•**Big Man Syndrome (Haviland, 1993):**
If existing structures are used for the new intervention there is every likelihood that traditional leaders may highjack benefits for their own families whilst distancing planners from the poorest of the poor, who have little voice to object.

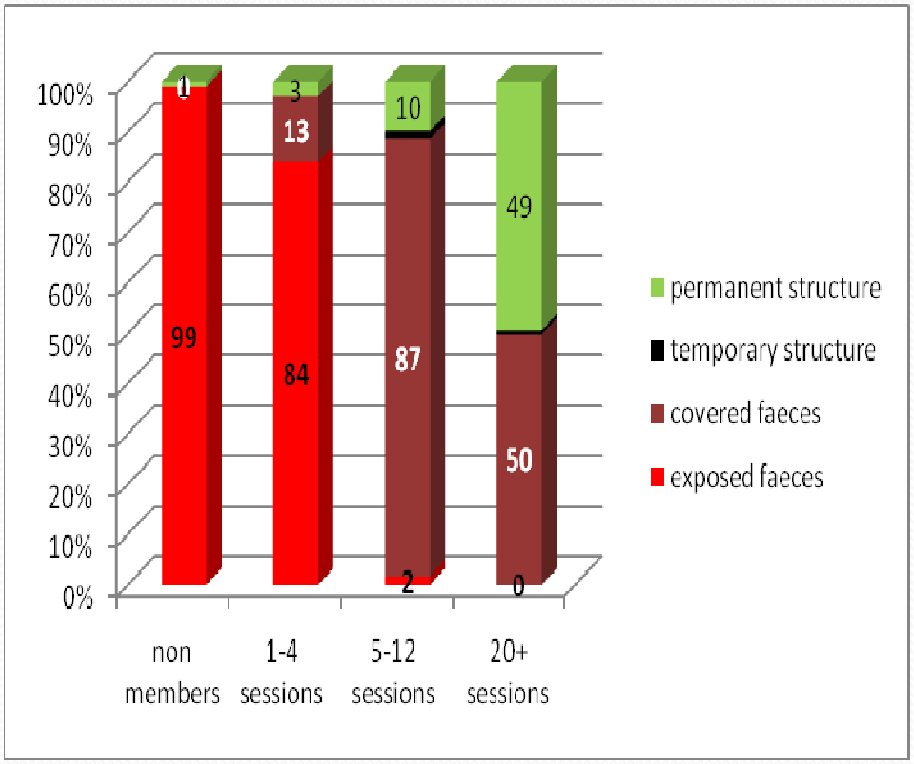
•**Wait and See Syndrome**:
If the intervention is risky there is little margin for error and therefore conservatism is the safest option.

Group Mindset



Community Health Club Model:





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.

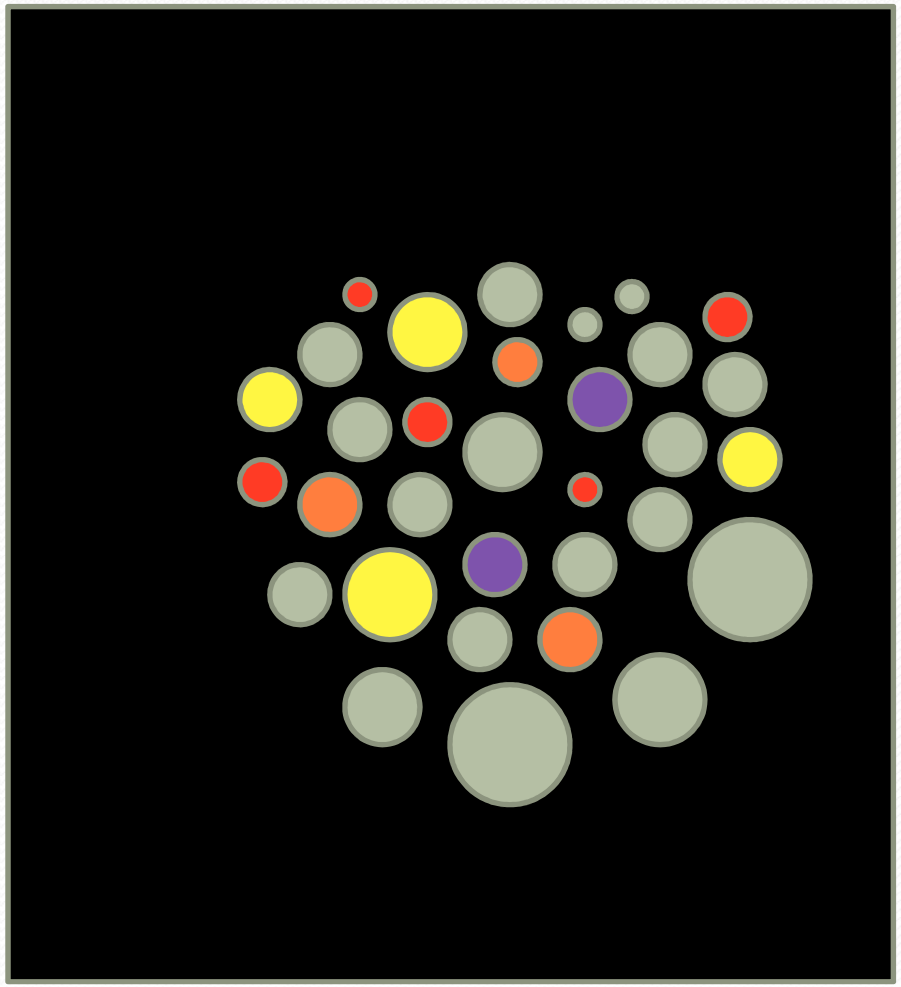
This enables informed decision making and an ability to act effectively as a group

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

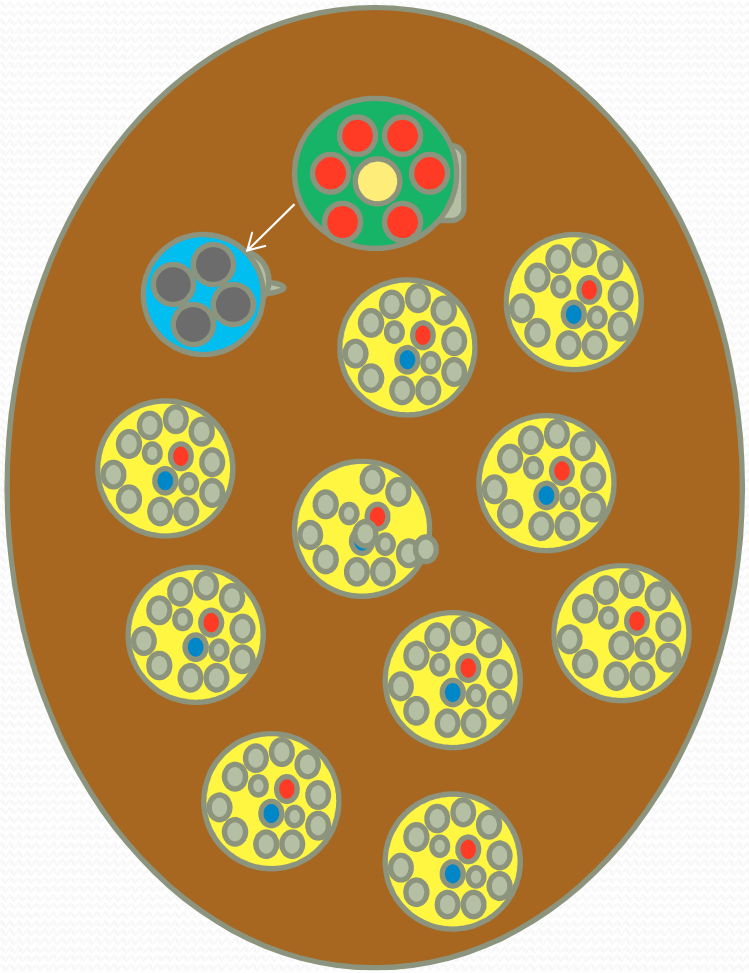
Don't know who is in the crowd

Each time they are different people

Cant make progress in planning

People are all at different levels of understanding / knowledge

AHEAD Model : Community Health Club



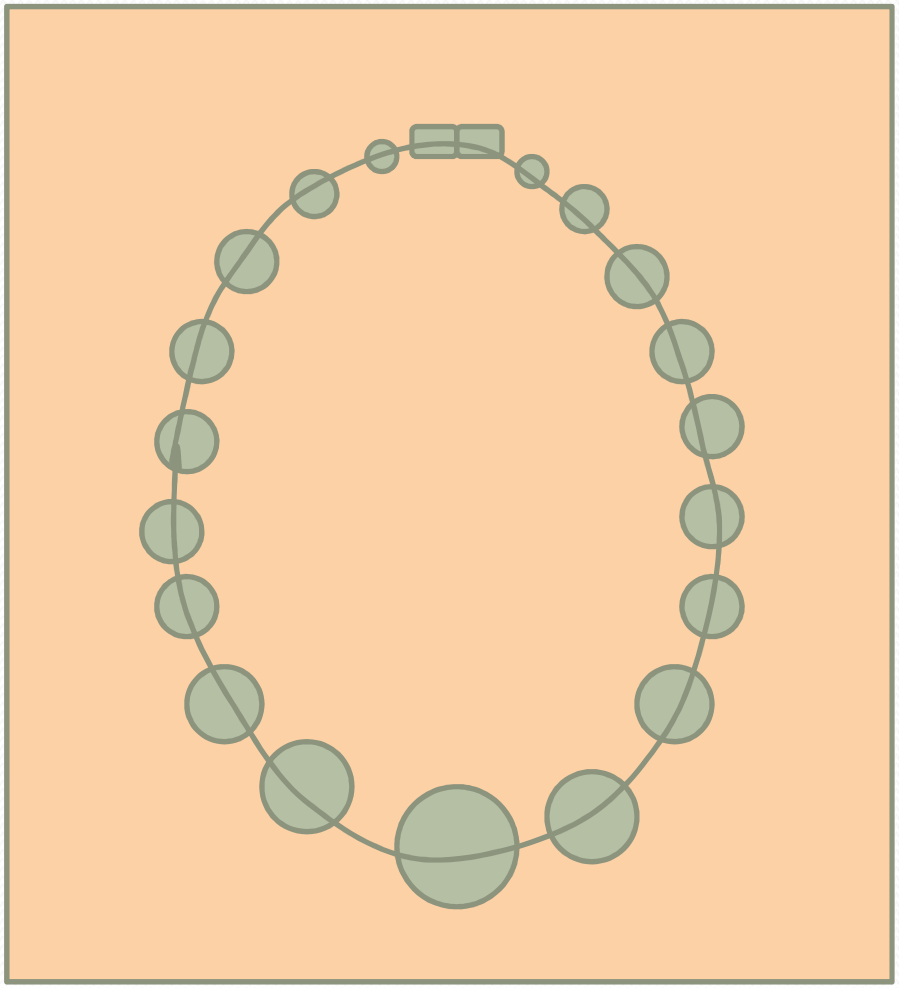
Executive Committee

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':

The CHC Model works on the assumption that:
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, taking responsibility for the health of the family /village.