Change for good

by David Nabarro

Some other practices based on culture do not appear to have immediate advantages but stem more from ritual behaviour reinforced by the community's assertion of the individual's commitment to maintaining the integrity of the community. Many such rituals concern the use of food; for instance, times when "hot" foods should be preferred to "cold" ones or vice versa. And the more compact the community is, the more likely is it that these rituals will be adhered to.

Culturally determined practices may be slow to alter, especially when the change advocated requires additional time or expense on the part of the family. For example, if a mother is to provide locally-made weaning food for her child, add in fats, and ensure satisfactory oral rehydration when diarrhoea occurs, she may need to increase the amount of time she spends on child-minding and to purchase special food when the child is ill. If she lives in an area where most of the agricultural activity has to be undertaken during a few months, her time at that period will be extremely valuable and its investment in looking after the child may seem excessive to the family because of its potential effect on the next harvest. Consequently, the family will not be willing to introduce a change in their behaviour until it appears to be worth the costs as they perceive them.

In addition, the displeasure of the leaders that might be incurred if community rituals are not properly observed might also be thought of as a cost to the family, either economic (if the family is no longer able to borrow an interest-free loan), or social (if the family loses its prestige in the village).

So, if health and nutrition education programmes call for successful change to take place, they must first make sure that families fully understand the benefits they will derive from the change, and that the cost of the change, whether social or economic, does not appear to be too high.

Even when the cost is rather high, change might still occur, either because overall social and economic changes are taking place anyway in the community, or because the community worker in charge of the programme has been able to build a firm and trusting relationship with the members of the community. This may explain why many small non-governmental programmes are sometimes able to achieve more in the way of changes in behaviour than larger government-run programmes.

However well-designed a programme in nutrition and health education may be, it has to take account of the social and economic features of the lifestyle of the target group families. The same maternal and child health programme may be successful in one place and not in another, even when carried out by the same personnel. There are a variety of social and economic constraints that limit a family's potential for changing and improving its way of living — so it is vital for a successful programme to identify those constraints.