

Towards culturally sensitive public health interventions in Nepal

Sharma SR¹, Karki N²²Neetu Karki, Padma Kanya Campus, Tribhuvan University, Kathmandu, Nepal

Abstract

Culture plays a key role in influencing health related behaviours. However, cultural issues are often neglected in public health interventions. The viewpoint attempts to highlight key prerequisites for developing culturally sensitive public health interventions in the context of Nepal. Qualitative research should be promoted to understand the critical link of cultural issues with health problems and tailor interventions accordingly. Making key elements of Behaviour Change Communication (source, message, and channel) process culturally appropriate can render positive effects for health interventions. On an operational level, involving an anthropologist can act as a bridge between community and health workers throughout the implementation process; community organization and empowerment strategies within interventions have proven to be beneficial and sustainable in terms of health promotion and disease prevention. Focusing on developing culturally competent health workforce can produce a synergistic effect in health promotion efforts. To conclude, culturally sensitive interventions should not only be evidence based but empowering and engaging community.

Keywords: culture; community-based; intervention.

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Introduction

Culture is considered as one of the important factors influencing health. Cultural norms, value, and beliefs significantly affect the lifestyle and practices of people and understanding culture are an important step forward to improving health (1). However, influence of culture in health is a complex phenomenon and context specific (1); for example, the practice of delivery by traditional birth attendant still debated around the world (2, 3). In Malawi, the maternal mortality decreased when there was a ban of traditional birth attendants (4); however, there are evidences that a trained TBA could be valuable resources in the reduction of maternal and child mortality (5, 6). The crux is there is no magic bullet solution across all cultures. Every intervention should be tailored according to the specific culture for effective results.

The Issue

There is constant rhetoric of terms like “culturally sensitive”, “culturally appropriate”, “localized” and so on in planning/strategy but not in practice (7, 8). For example, even after the notable expansion of health services, the utilization of midwives/health institutions in many developing countries including Nepal is limited (9, 10). Health interventions largely ignore the cultural context and/or fail to integrate during implementation resulting in less effectiveness of the program (11). Many community-based programs in Nepal are implemented in a blanket approach, based on sets of standard guidelines developed at central level, leaving limited scope for making the intervention culturally appropriate and locally relevant. The top-down approach would lead to the neglect of socio-

cultural context and vast level of knowledge available at local levels. Further, health workers also do not want to come out of their bio-medical paradigm and render less efforts in making the interventions culturally appropriate. Health workers are best placed to understand and implement culturally sensitive intervention, but the opportunity is being missed. In fact, health workers constantly shift blame towards cultural practices for poor health indicators.

Prerequisites of culturally sensitive public health interventions

Here, prerequisites for developing culturally sensitive interventions, both technical and operational aspects, in the context of Nepalese are discussed systematically. Qualitative research can play a critical role in understanding the effect of culture on health and help in devising cultural sensitive interventions. However, qualitative researches are rarely conducted in the formative phase, which are important to tailor the interventions accordingly. Community base participatory research, a qualitative action research approach, is a good example of how community people can be involved in research and practice through collaboration, engagement and empowerment for better understanding of cultural context and identifying culturally appropriate solutions (12). Even if an intervention is designed at national level, there should be scope of tailoring the interventions as per the local context

Correspondence:

¹Sudesh Raj Sharma

The University of Sydney, Australia

Email: yoursudesh@gmail.com

and evidences generated from qualitative researches.

More specifically, qualitative research along with quantitative can help in tailoring the three major elements of behaviour change communications: source, message and channel. Seldom intervention focuses on using sources that is culturally acceptable and appropriate. In other words, an effective source of health information could be community leaders, community volunteers and peers of mothers themselves rather than an external health educator. They enhance the credibility, trustworthiness and persuasiveness. Similarly, messages can be delivered in local languages in conformity with accepted cultural norms; for example, messages in printed posters could be written in local language or the characters portrayed in pictures should be in conformity with the local culture. Channels, such as mother's group and personal communication, can be more effective than simply delivering information through radio and television. Multiple channels should be used to improve the coverage and effectiveness of health interventions. In some community, dramas and miking by traditional messenger can be effective in delivering health messages. Dramas featuring local stories and its innovations can have a positive impact on health behaviour. Prominent health promotion theories such as health belief model, social cognitive theory, transtheoretical models and others have integrated cultural aspect as its components (13). It is thus necessary for health promotion program to be based on theories that are cross-culturally validated for effective results (13).

Besides the technical aspect, there are some key operational features, which are constantly being neglected for a culturally sensitive intervention. Public health interventions rarely involve anthropologists throughout the program duration (7, 11). Often, help of an anthropologist is sought when there is a problem in implementing the intervention or in understanding why an intervention failed. For example, in a viral hemorrhagic fever (Ebola) epidemic control project, like in Angola, there were significant problems such as misunderstanding and lack of clear communication with locals and reluctance/aggressiveness from the community to participate before the involvement of an anthropologist. After the inclusion of anthropologist, the project staffs understood the cultural context of the disease; soothe peoples' aggression and reluctance. Anthropologist acted as a liaison between project staff and local communities (11). There is thus a need to involve anthropologist from the start to carefully tailor the interventions as per the local culture.

Community organization and empowerment is another essential prerequisite for culturally sensitive interventions (8). Health interventions cannot be successful unless it extensively involves whole community and empower them. Though there are evidences of the success of programs based on community engagement in health in Nepal (14, 15), lack of empowerment aspect seriously affects sustainability of the program. Community based programs in Nepal claim to be community empowering, but they are no more than engaging and, therefore, less sustainable. There are however, some

programs that have adorned the empowerment aspect and, therefore, had been relatively successful. The Safe-motherhood program can be considered such program that had adopted the empowerment approach for improving the maternal and child health. The program has adopted strategic communication approach of advocacy, social mobilization and behaviour change communication along with focusing on crosscutting issues of social-inclusion, gender equality and women empowerment (16).

In the context of Nepal, health workers could play a significant role in initiating culturally sensitive health promotion and prevention activities. There should be opportunity for the adaptation of the community based programs at local levels (District Health System) and hence, utilize the local level knowledge for cultural adaptation of national level guidelines and training manuals. The adaptation has, however, been sadly missed. Health institutions including health workers when demonstrate cultural sensitiveness have more profound effects on service utilization (17). The whole idea of generating a culturally competent health workforce is highly applicable in the context of Nepal where still health workers discriminate on the basis of ethnicity, religion or language.

Conclusion

Culture centred approach is essential to address the poor situation of public health in Nepal. Many interventions are bio-medical oriented, designed at central level and ignore the local cultural context (8). Understanding cultural influence is thus critical to tailoring the interventions and developing a mechanism for local adaptation of the community based interventions. The understanding can be achieved through cultural considerations in both technical and operational aspects at district level health systems. One cannot go directly into the community and hope for a radical change only by giving information to the community and not considering the local context. Health workers who have been working in the local health institutions for many years could be an important resource; there is a need to make them culturally competent. Empowerment based approach can make the intervention not only effective but sustainable. To conclude, every effort should be made by the intervener to understand cultural influence through research and integrate cultural consideration in health interventions.

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