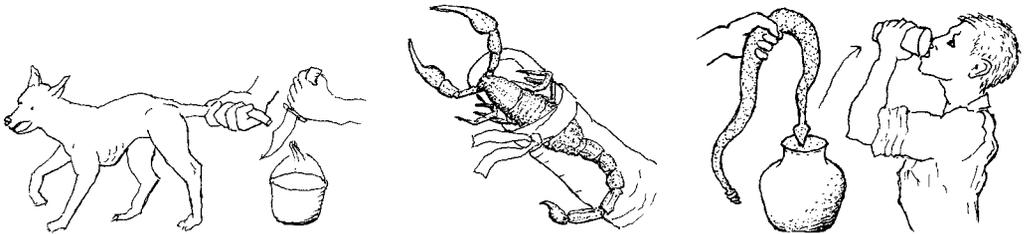


Helping People Look at Their Customs and Beliefs

LOOKING AT LOCAL CUSTOMS AND TRADITIONS



Training programs often make one of three common mistakes when helping health workers learn about people's customs and traditions.

- They *look down on* or 'scorn' local beliefs and traditional forms of healing as "old fashioned," "unscientific," and largely worthless.
- They *look up to* or 'romanticize' local customs and traditional medicine as completely admirable and beneficial.
- Or they *fail to look at all* at local traditions, customs, and forms of healing.

In reality, old ways, like new ways, have strengths and weaknesses. Health workers need to **help people look carefully and critically at both the old and the new, in order to avoid what is harmful and preserve what is best in each.**

But place greatest emphasis on what is best. Helping people rediscover the value of many of their traditional ways increases their confidence in their own knowledge, experience, and ability to meet their needs themselves.



Build on beneficial traditions.

HELPING PEOPLE RECOGNIZE THE STRENGTHS IN THEIR TRADITIONS

Of the 3 common mistakes in teaching about traditions (looking down on them, seeing no wrong in them, or ignoring them), the first is the worst. Even when health workers are villagers themselves, there is danger of their becoming so full of new ideas that they lose respect for the health-protecting traditions of the people. If this happens, they can easily make people feel small and ashamed, rather than more self-confident.

A training course should emphasize what is valuable in local tradition. It needs to explore ways that build on old traditions rather than ignoring or rejecting them. This can be done in a number of ways:

- Have the group discuss habits, customs, and beliefs in their own communities, especially those that are health protecting.
- Invite older men and women to class to discuss the origins of some of the old customs and beliefs.
- On home visits, students can observe and ask about traditional ways of doing things. Later they can discuss which seem most valuable, and which harmful. They can do this for both new customs and old.
- Encourage students to find out (through books, letters, and perhaps experiments) if and how some of the traditional ways of healing work. (Many countries have research groups investigating traditional medicine. You may want to contact and cooperate with these groups.)
- Explore ways of introducing new ideas by building on people's beliefs and traditions, rather than showing disrespect. This can be done first through role playing, then through actual practice in clinic and community.
- Copy sheets that list or describe valuable local customs. Health workers can use these for group discussions in their communities. Or better still, the group can make up such a sheet from their own experiences.
- Tell stories and give examples of ways in which other health workers have helped people begin to do things in new ways by building on their older customs.

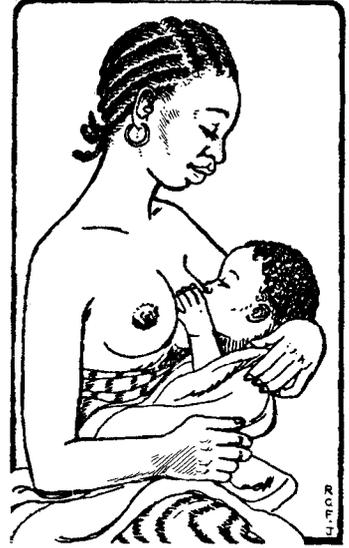


From Ideas for Community Projects on Medicinal Plants. AKAP—Philippines.

We provide several such stories and examples on the following pages. But these are only 'examples of examples'. It will be far better if you choose mostly examples from your own area.

HEALTH PROBLEMS THAT RESULT WHEN OLD TRADITIONS ARE REPLACED BY NEW ONES

Many health problems in poor communities today have resulted partly because people have abandoned old customs for new ones. The coming of new habits, foods, religions, and laws from the outside—began during colonization and still continuing today—has produced many cultural conflicts. It has broken down the traditional ways in which people used to meet their needs while keeping a fairly healthy balance with each other and with their natural surroundings. As a result, many new problems in child care, nutrition, land tenure, employment, family structure, and community politics have arisen.



AN EXAMPLE FROM LIBERIA, AFRICA:

In villages of Liberia, Africa, there are many more malnourished children today than in the past. Mothers bear more children now, and more mothers are anemic. Yet shortage of food and land does not seem to be a problem for most families.

What, then, is the cause of these recent health problems?

A health educator from the outside would be tempted to say, "The problem is ignorance. Mothers do not know how to use the foods available to feed their children adequately. Many prefer bottle feeding to breast feeding. They are slow to accept family planning. They are resistant to new ideas."

But if we look at these people's history, we find the opposite is true. The new health problems have resulted not because people have resisted, but because they have accepted new customs introduced by outsiders.

Liberia used to have the tradition of *polygamy*—which means it was the custom for each man to have several wives. When a wife had a child, she went to live in her parents' compound for 3 or 4 years. During that time, she breast fed her baby. While breast feeding, she did not have sex because it was thought this would poison her milk. Yet she was not afraid of losing her husband to another woman. He already had other wives and it was culturally expected for her to return to him after weaning the child.

So the traditional society had a built-in process of child spacing (family planning). It guaranteed long breast feeding and allowed the mother to regain her strength before she became pregnant again.

With the coming of white men's ideas and religions, people were told that polygamy was 'bad'. Slowly, the new idea was accepted (enforced?) and polygamy was replaced by *monogamy*—which means a man can have only one wife. But with monogamy, many of the old health-protecting traditions began to break down. Beliefs that had once been safeguards to health turned into obstacles.

After giving birth, a mother was now unwilling to move to her parents' compound for fear that her husband would abandon her for another wife (since he was now allowed only one). So she stayed and had sex with him. But since she feared sex would poison her milk, she tried to protect her child through another foreign custom: bottle feeding. She was also afraid to feed her child nutritious local foods because, traditionally, breast milk had been enough. Therefore, giving babies many of the local foods had been 'taboo' (against the old customs).

As a result of these changes in customs, women became pregnant more quickly, and turned from breast to bottle feeding. So today there are more large families, anemic mothers, and malnourished children than in the old days.

One thing seems clear in this example from Liberia: these villagers' health problems have, in some ways, increased because they have taken on ideas and customs from the outside. Their problem is not primarily one of ignorance, but of too much conflicting knowledge.

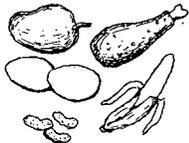
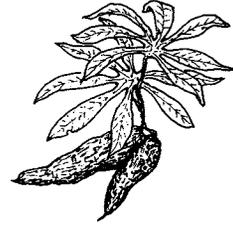
EXAMPLES OF HEALTH PROBLEMS THAT RESULT WHEN OLD CUSTOMS ARE REPLACED BY LESS HEALTHY NEW ONES

Healthier
local
tradition



For hundreds of years, **millet** was the main food in many parts of Africa. As a whole grain it provided most of the vitamins and protein people needed. But today in much of Africa, people mainly grow and eat **cassava**. This new food, introduced from Latin America, is easier to grow but less nutritious than millet. It fills children with water and fiber before they get enough calories (energy). So in areas where cassava is now grown instead of millet, more children are malnourished.

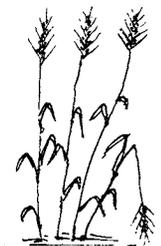
Unhealthy
new
custom



In many parts of the world, people spend money on expensive **junk foods** instead of eating **local fruit** and other nourishing foods. 'Junk foods' are pre-packaged snacks, sweets, and drinks that are high in sugar and low in nutrients. They cause poor nutrition, rotten teeth, diabetes, heart problems, and other ills. Around the world, people tend to have much worse teeth than their ancestors did—largely because of the sugar and junk foods people eat today.



Bottle feeding and the use of **artificial, canned, and powdered milks** have become popular in many parts of the world, in spite of the fact that the old tradition of **breast feeding** is safer, better, and cheaper. (See *WTND*, p.120.) The popularity of bottle feeding is partly due to promotion by international companies, like Nestle's. They continue pushing their products with misleading advertising despite widespread protest. Some countries, such as Papua New Guinea, have forbidden the sale of baby bottles without a doctor's prescription.



In many countries people no longer eat **whole-grain foods**, such as whole wheat or unpolished rice. They have grown used to the newer, whiter, **factory-milled flours and grains**. Because these are far less nutritious, health problems have developed. Even so, many people who used to grow and eat their own grain now sell their whole-grain crops to buy refined flour. In a similar way, a less nutritious white hybrid maize has replaced native yellow maize in much of Latin America. (See p. 15-5.)



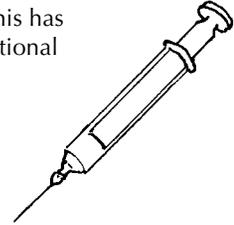
MORE EXAMPLES OF HEALTH PROBLEMS THAT RESULT WHEN OLD CUSTOMS ARE REPLACED BY LESS HEALTHY NEW ONES

Healthier local tradition

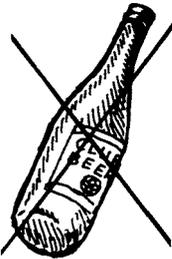
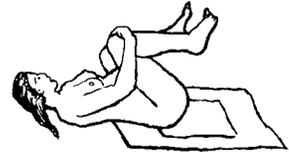


Modern medicines have replaced folk remedies and **traditional cures** in many areas. In some cases this has improved people's health. But in many cases traditional medicines are cheaper, safer, and just as effective as modern medicines. The overuse and misuse of modern medicines, due partly to promotion by international drug companies, has become a major economic and health problem in the world today.

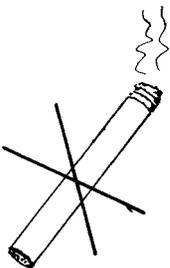
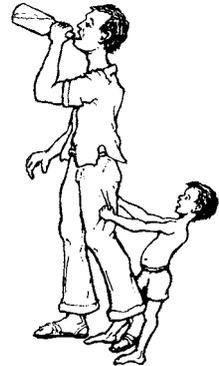
Unhealthy new custom



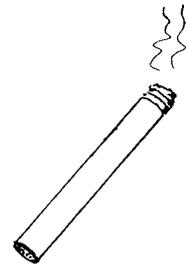
The traditional **squatting position for childbirth** is usually easier for the mother, because the weight of the baby helps her to push. The modern **lying-down position** is easier for the doctor, but not for the mother. This is only one of many examples of how modern medicine often puts the doctor's needs before the patient's.



Most traditional cultures limited the **use of alcohol and other drugs** to special occasions and religious rites. As old traditions break down, drinking and drug abuse have become enormous problems in many societies. Alcoholism, with the resulting family problems and malnourished children, has become an especially big problem where Christianity has replaced religions that had strict 'taboos' (prohibitions) against drinking. In parts of Africa, for example, children are generally better nourished in Islamic villages, where drinking is prohibited, than in neighboring Christian villages where the men drink.



In some parts of the world, the **smoking of tobacco** is a relatively recent custom. Since it has been proved to cause lung cancer, harm unborn babies of women who smoke, and to be generally dangerous to health, people in rich countries now smoke less. As a result, the big tobacco companies now push their products in poor countries, using massive advertising and sales campaigns. This is causing more people in poor countries, including women, to become smokers. The World Health Organization has called smoking "the biggest preventive health problem in the world today."



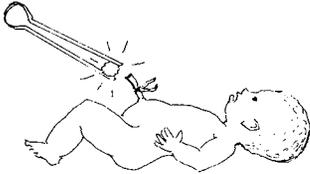
Problems follow when any group of people, regardless of how well intending, imposes or forces its ideas on another group of people.

IDENTIFYING HEALTH-PROTECTING CUSTOMS

The challenge for the health worker or educator is not to 'change people's behavior'. It is to help people understand, respect, and build on what is healthy in their own culture.

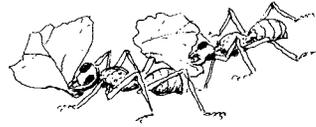
Every area has unique traditions and customs that protect health. Encourage health workers to identify the beneficial customs in their own villages. Here are a few examples from different parts of the world:

In Guatemala, village midwives put a hot coal against the freshly cut cord of a newborn baby. In other parts of the world, midwives press a red-hot knife against the cord.



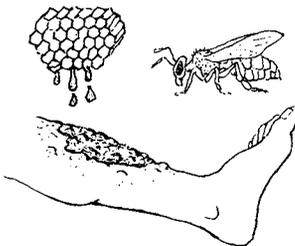
These practices kill germs and help dry out the cord, preventing tetanus.

In Mexico, long before penicillin had been discovered, villagers were treating women with 'childbed fever' by giving them a tea brewed from the underground fungus gardens of leaf-cutting ants.



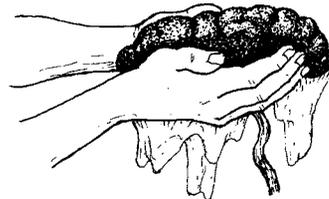
It is likely that this fungus is related to penicillin.

In several parts of the world, people use bee's honey to treat burns.



The concentrated sugar in honey prevents bacterial growth. Recently, doctors have been experimenting with similar treatment of burns.

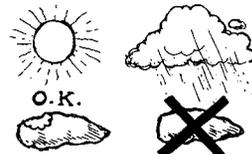
The thin sac or membrane (*amnion*) attached to the placenta, or afterbirth, has long been used in Africa to help heal chronic wounds and ulcers.



Recent studies have shown that the amnion has powerful healing properties. It is now being used in some hospitals for treatment of 'ulcers that don't heal'.

In West Africa, villagers eat yams during most of the year. But during the rainy harvest season, eating yams is 'taboo'. Scientists have found that this custom makes medical sense.

Yams contain small amounts of a poison (*thiocyanate*) that helps control sickle cell anemia. This kind of anemia causes many problems and sometimes death. But it also helps protect people against malaria. So the tradition of eating yams only when malaria is less common (the dry season), helps protect people against both sickle cell anemia and malaria.



DISCOVERING WHICH HEALTH TRADITIONS ARE BENEFICIAL AND WHICH MAY BE HARMFUL

Helping people to look closely at their habits and customs is an important part of working toward a healthier community.

In every community there are some habits and traditions that are helpful. Others help little. And some probably are harmful. Often the people themselves are not sure which are truly helpful and which might be harmful.

A health worker can help people examine their traditional ways of meeting health needs. Perhaps together they can work out guidelines for deciding whether particular home remedies are helpful or might cause harm.

The following guidelines were developed with villagers in Mexico. How do they apply in your area? (For a fuller discussion, see *Where There Is No Doctor*, p. 10.)

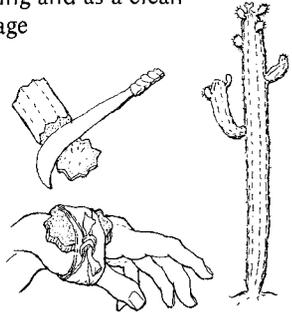
Ways to tell if a home remedy is beneficial or harmful:

1. The more remedies there are for any one illness, the less likely it is that any of them works.
2. Foul or disgusting remedies are not likely to help—and are often harmful.
3. Remedies that use animal or human waste usually do no good, and can cause dangerous infections. Never use them.
4. The more a remedy resembles the sickness it is said to cure, the more likely that its benefits come only from the power of belief.

When discussing the strengths and weaknesses of local traditions with people, be sure to **place more emphasis on the traditions that are helpful**. This will help people gain confidence in their own knowledge and abilities, rather than making them feel ashamed.

EXAMPLE OF A HELPFUL REMEDY

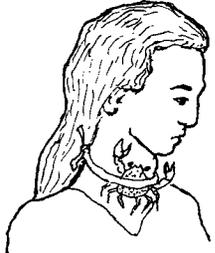
using cactus to control bleeding and as a clean bandage



DO IT.

EXAMPLE OF A HARMLESS REMEDY
(or not very helpful)

tying a crab to a goiter



DO IT IF YOU WANT.

EXAMPLE OF A HARMFUL REMEDY

putting human shit around the eye to cure blurred vision



DO NOT DO IT!

WAYS TO INTRODUCE NEW IDEAS BY BUILDING ON OLD ONES—Examples from Latin America

One of a health worker's most delicate jobs is to help people recognize and change health habits or customs that are harmful.

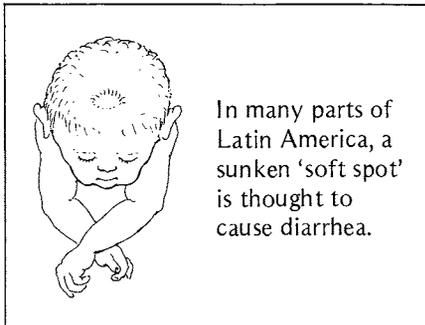
If the health worker says to someone, "What you do and believe is wrong," this usually will do more harm than good. How, then, can a health worker help people discover better ways of doing things without offending them, shaming them, or showing disrespect for their traditions? Here are some suggestions:

- Avoid telling people they are doing something wrong. Point out what they do right, and help them find out for themselves what they are doing wrong.
- Look for what is true or beneficial in a custom or belief that is partly harmful, and help people build new understanding around that.
- Help people explore the reasons, or even science, behind their beliefs and customs. Then help them realize the need to weigh the risks against the benefits—of both traditional and modern ways.

Example 1: Helping people learn a new way to treat diarrhea

In Mexico and much of Latin America, people believe that dangerous diarrhea results when a baby's soft spot, or *fontanel*, sinks in. They believe the baby's brains have fallen, causing the diarrhea.

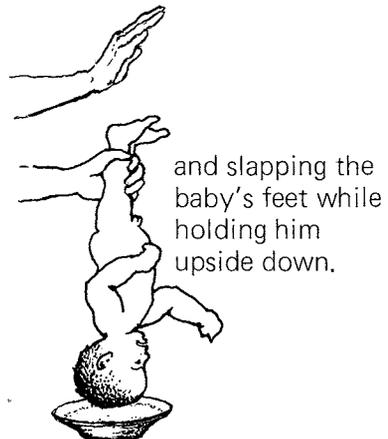
So when a baby with diarrhea has a sunken soft spot, they treat him by . . .



sucking on
the soft spot,



pushing upward
on the roof of
his mouth,



How can health workers help a mother to realize that the sunken soft spot is not the cause of the diarrhea, but rather the result? That it sinks in because the baby has lost too much liquid?

Rather than say to the mother, “You’re wrong!” the health workers **help her look for what is right in the tradition.** They say to the mother, “You are right that when your baby has diarrhea, a sunken soft spot is a sign of danger! Is anything else in your baby sunken in?”

“Well, yes!” says the mother. “His eyes!”

“Do you notice anything else different about the baby’s eyes?”

“They look dry and dull. When he cries there aren’t any tears.”

“Does any other part of the body seem dry?”

“His mouth. It looks all pasty.”

“When did he urinate last? When did he pee?”

“Now that you mention it, not since yesterday afternoon!”

“Why do you think the baby doesn’t pee?”



sunken eyes of a baby with dehydration

In this way, the **health worker starts with what the mother already knows and observes.** She helps her discover for herself that the soft spot has sunk because the baby lacks liquid. The mother can then reason that this is the *result* of the baby’s diarrhea—not the *cause*.

Now the health worker says, “Let’s try a new way to bring the soft spot back up. We will give the baby lots of liquid . . .” She teaches the mother how to prepare Rehydration Drink and give it to her baby (see *Where There Is No Doctor*, p. 152).

Other ideas for helping mothers and school children learn about dehydration and rehydration are on pages 24-17 to 24-30.

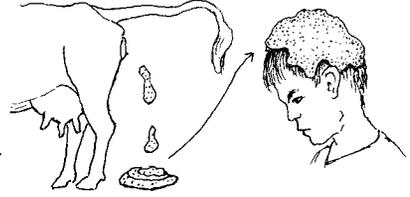


BUILDING ON PEOPLE’S TRADITIONS AND BELIEFS

Example 2: Helping people learn to weigh benefits against risks

Some home remedies—like some modern medicines—are relatively safe, while others are more dangerous. Health workers need to help people learn to always consider the possible risks or dangers of a treatment. **Never use a form of treatment that could prove more dangerous than the illness.**

In Mexico, villagers have an interesting home cure for deep fungus infections of the scalp. The child's head is shaved completely and covered with fresh cow manure. After 24 hours the manure is washed off with cow's urine.



Many of us might be disgusted by this cow manure treatment, or say it is worthless. But stop to think about it; it may have some scientific value!

First, all feces (shit) contain bacteria that keep fungus from growing. (One reason why broad-range antibiotics sometimes cause diarrhea is that they kill the 'good' bacteria that prevent the growth of harmful fungus in the gut. See *WTND*, p. 58.)

Second, urine is a mild acid. Many modern anti-fungus medicines contain mild acids. So the urine as well as the manure has properties that help fight fungus infections.

On the negative side, however, this manure treatment has a high risk of causing tetanus or other serious bacterial infections. The cure could prove more dangerous than the illness.

The health workers in Ajoya therefore discourage this home treatment. But rather than tell people the cure is bad, they look for ways to strengthen people's respect for their traditions, yet help them learn something new. In this case, they help people to discover the scientific value of the cure, but also to consider the dangers. They point out that almost all forms of medicine—traditional and modern—have certain risks or dangers. Before using any treatment, **the possible benefits should always be weighed against the possible harm.**

In this way, the health workers help people develop a wiser, more sensible approach to the use of both traditional and modern medicines.

For more ideas on the sensible use of medicines, see Chapter 18.



THE DEEP FUNGUS INFECTION OF THIS GIRL WAS TREATED WITH FRESH COW DUNG.

TEACHING METHODS FOR HELPING PEOPLE UNDERSTAND NEW IDEAS*

A village mother listens to a health worker explain the causes of her child's diarrhea and what she can do to prevent it. But she has a hard time believing that the flies in her home have anything to do with diarrhea. She has never seen the things called germs. She thanks the health worker for her advice—and does nothing about the flies.

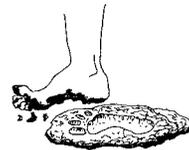
People, quite wisely, do not accept new ideas unless they understand them and how they relate to their lives. The following 4 teaching methods can **help people understand new ideas in terms of what is familiar to them.**



1. Association of ideas

People can often learn to understand a new idea if it is compared to something they already know about. This is an example:

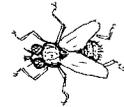
“Do you have feet?” “Yes!” Feet are shown with laughter.



“If you step in cow shit, do you get some of it on your feet?” “Yes!”



“When you enter your house afterwards, does some of the shit get on the floor?”
“Yes, if the shit was fresh and wet!”



“Do flies have feet?” “Oh, yes, 6 of them!”

“Do you think that in the same way you get cow shit on your feet, the fly gets human shit on its feet?” “Yes.”



And so the discussion continues. An exchange like this gives new ideas greater meaning. It can also get people talking about them in relation to their own experience. Association of ideas can be used in many forms: in stories, role plays, puppet shows, and so on.

*Adapted from *Vibro*, an Indonesian newsletter on community development, which in turn borrowed ideas from Alan Holmes' book from rural Africa, *Health Education in Developing Countries*. *Vibro* is available from Yayasan Insan Sembada (YIS), www.yis.or.id.

2. Presenting ideas through real situations

People learn best through experience—by trying out new ideas themselves. If a farmer sees the result of fertilizer in a demonstration plot, he is more likely to try it for himself than if someone has only told him about the advantages of fertilizer. But if the fertilizer demonstration is done by one of the villagers on his own plot, and his harvest is greatly increased, others will be even more likely to follow the example.

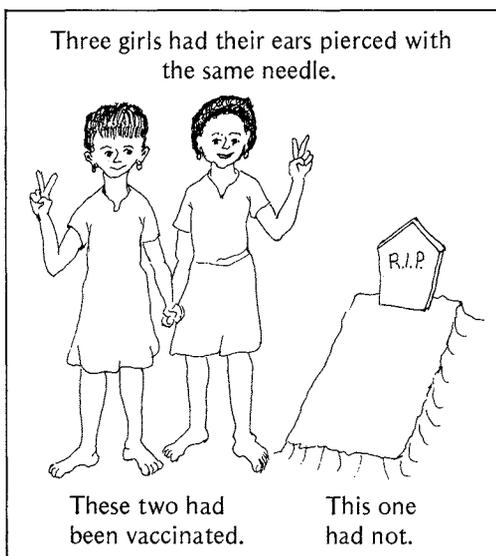


“If my neighbor can do it, so can I!”

3. Choosing an appropriate time

It helps to introduce new ideas as they relate to problems that arise in a family or community.

For example, if a local child has just died of kerosene poisoning, people will be more ready to consider advice about not keeping kerosene in old Coke or soft-drink bottles.



In one village, a health worker had a hard time convincing families to accept vaccinations. He succeeded in vaccinating only half the children.

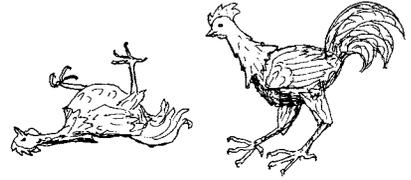
Then a little girl named Cathy got tetanus and died. The health worker found out that a week before she fell ill, Cathy and two other girls had had their ears pierced with the same needle. The other two girls had been vaccinated against tetanus. But Cathy had not. The health worker helped the people understand that the vaccination had protected the two girls. Because Cathy had not been vaccinated, she lost her life. The next time the health worker vaccinated, not one child was missed!

In this way, the occasion of the death of one little girl was used by the health worker to educate his community and save many other lives. To do this effectively, great care and sensitivity are needed. Talk with your group about problems that might arise.

4. On-the-spot survey

To help people realize the effectiveness of new ways of doing things, it sometimes helps to take a simple 5-minute survey. This is based on the actual experiences of the participants in a meeting.

For example, a group of people who raise chickens might be uncertain about the value of vaccinating them. To see if vaccination has been worthwhile, each person can report the number of his chickens that have died in a certain time. The results are written on the blackboard and compared.



Chicken Owner	Number of birds in January	Number that died	Vaccinated?
John	12	6	No
Maria	8	1	Yes
Alice	9	2	Yes
Joe	6	5	No
Sylvia	13		



This kind of on-the-spot survey lets people learn from the evidence of their own experience. The method can be used for various concerns, such as breast feeding instead of bottle feeding (see the children’s census, p. 24-18), or use of Rehydration Drink.

GOOD WILL, RESPECT, AND PRACTICE

In this chapter, we have given examples of ways in which health workers can help people look at things differently. These build on people’s traditions or beliefs, and help them discover new ideas for themselves.

But to use these approaches successfully, good will, deep respect, and careful practice are needed. In the training program, students can help each other gain all of these.

Role playing can be a big help (see Ch. 14). Also, if students live in the homes of local families, they can try to share with them the new ideas that they have learned in class. When visiting homes in the community, they can do the same. Back in class, they can discuss their successes and difficulties.

Respect for people’s beliefs, and tact or sensitivity in dealing with customs that may be harmful, are probably best taught through the good example the instructor sets for his or her students.

