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Contextualization of Health Interventions: Community-Based Health Care in Papua New Guinea

WICHITA STATE UNIVERSITY

Disclosure

- **Employer:** Wichita State University School of Nursing. Wichita, Kansas
- **PhD candidate:** University of New Mexico
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Learner Objectives

The learner will be able to:

- Discuss the influence of cultural health beliefs on people's individual and community health behaviors.
- Describe the role of social capital on the implementation of health promotion innovations in communities participating in the CBHC program.


Health disparities in developing countries are magnified by lack of access to health services, poverty, illiteracy, and socio-cultural practices that impact risk factors (Lynam, 2005).

Problem Statement

- Over the past decade health indicators in Papua New Guinea have stagnated resulting in poor health outcomes
- Multi-factoral approach is needed

Background

Papua New Guinea

- Located north of Australia, east of Indonesia
- Population of 7.4 million people, 85% rural
- 750-800 distinct languages/ethnic groups

Epidemiological Information

- Maternal mortality 733/100,000 (US 7.5)
- Infant mortality 49/1000 (US 6.9)
- 30% of children malnourished
- 62% of deaths caused by infectious diseases
- Only 33% have improved water sources

Purpose of Study

- Determine the influence of cultural health beliefs and religious practices on the adoption and implementation of health promotion practices in rural villages.
- Explore how components of social capital (trust, reciprocity, social engagement) influence participation in Community-Based Health Care (CBHC) programs.

Research Questions

- 1. What is the influence of cultural health beliefs and religious practices on people's views of individual and community health?
- 2. What role does *social capital* have on the implementation of health promotion innovations in communities involved with Community Based Health Care projects?
- 3. How does participation in the CBHC program impact the health status of rural communities in PNG?

Theoretical Frameworks

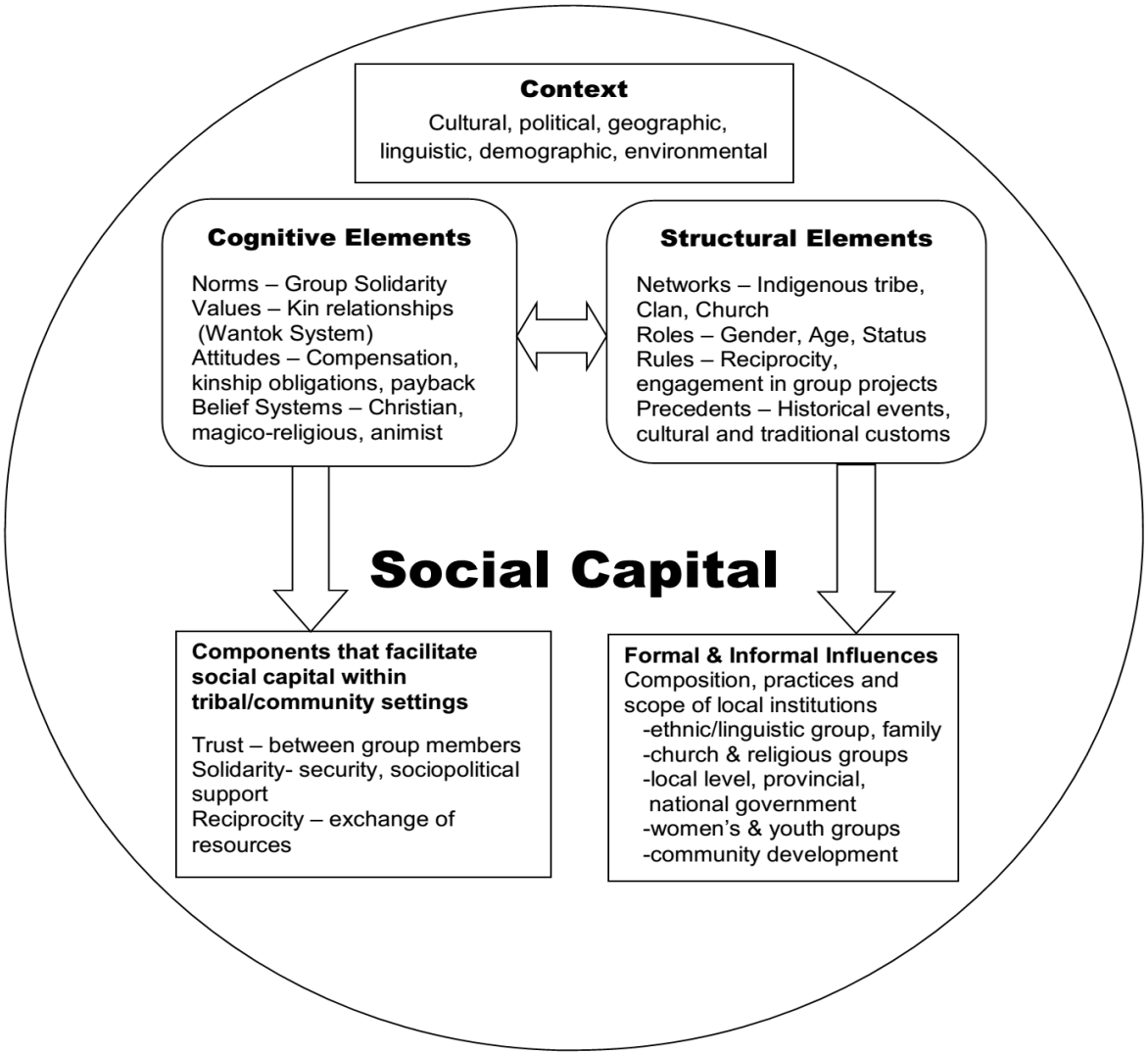


Figure 1. Synergistic attributes of social capital in Papua New Guinea

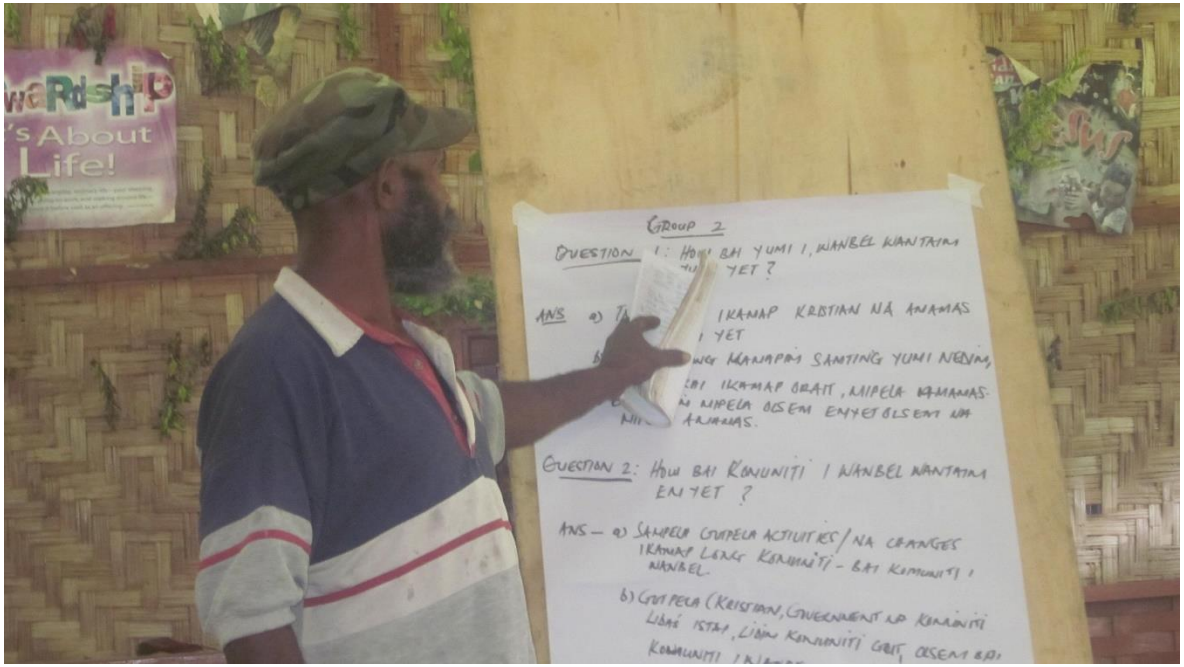
Adapted from Bain, K. & Hicks, N. (1998). ***Building social capital and reaching out to excluded groups. (Conference Paper). CELAM meeting on the Struggle Against Poverty Towards the Turn of the Millennium. Washington, D.C.***

Community-Based Health Care Program

- CBHC program in Papua New Guinea was established in 1995
- Based on WHOs ‘Healthy Villages’ initiative & CHE (Community Health Education)
- Focused on development of community partnerships
- Promotion of a village level response to preventable illness

Transformational Development

- Partnership/capacity building strategy that supports education and empowerment



Research Design & Methodology

Methodology

- Descriptive, ethnographic study
- Setting: Rural villages in two highland provinces
- Research on site for 3 months between 2011-2013. Interviews occurred between May-June 2013
- Sample: n=23 (18 men/5 women)

Participant Demographics

- N=23 Males 18 (78%) Female 5 (22%)
- Majority between 30-49 years old (52%)
- 17% had no formal education and 35% had only limited primary level education.
- Occupations: The majority (53%) were subsistence farmers.

Data Collection

- Semi-structured interviews
- Focus group discussions
- Observation
- Field Notes

Data Analysis Strategies

THEMATIC ANALYSIS (Braun & Clarke, 2006; Wolcott, 2008).

- Become familiar with data
- Generate codes systematically
- Arrange into themes and sub-themes
- Appraise themes for coherency/congruency
- Generate names/definitions for themes
- Final account of the story present throughout the themes

Results

Theme 1: Health as Relational Harmony

- Health is defined in a social context.
- Illness is viewed as resulting from impaired social dynamics or supernatural causes

Health and well-being are associated with relational harmony.

“I think that health means to live together well; when we live in harmony or live in good relationships it means that we look after ourselves. And sickness and other things don’t affect us, we have a good life.”

Theme 2: Collective Efficacy

- Collective efficacy is the practice of decisional consensus
- Relational harmony is valued and interpersonal disagreements are seen to be disruptive to health

Consensual decision making is practiced, however women are seldom part of the process.

“Here our leaders, church people and those in our community have come to an agreement to do the work, and so we work together.”

Theme 3: Synthesis of Beliefs

- Synthesis of traditional belief systems and innovative health practices.
- Illness viewed as a synthesis of two paradigms: biomedical and relational disharmony

Indigenous understanding of illness is differentiated between ‘sik bilong ples’ and ‘sik nating’

“In the past it was thought that an enemy was the real cause of sickness… but now we have found that sickness is caused by things we do ourselves.”

Theme 4: Religious practices viewed as integral to societal stability

- Religious practices are viewed as integral to societal stability and psychosocial health.
- Church membership acts as a proxy kinship role in the provision of support and resources.

Christian religious practices seen as protective against illness and social unrest. God is seen as the source of health and healing.

- *“Now when sickness comes we go worship and pray and leave it in God’s hands to heal the sickness...he is our best doctor.”*

Subsidiary Themes

Operationalization of the CHBC program:

- Positive health benefits
- Community collaboration
- Environmental innovations
- Sustainability issues

Significance of Findings

- Relational harmony essential
- Strong kinship ties and consensual decision-making
- Synthesis of traditional health beliefs and innovative practices

Study Limitations

- Focused, rapid approach to data collection
- Potential for reactivity due to presence of researcher
- Cultural emphasis on relationships over candor
- Translation of interview from Melanesian Pidgin to English
- Inaccessibility of potential research sites

Geographic Challenges

Future Research

- Community-based participatory research focused on health promotion
- Healthy literacy
- Formation of health partnerships and local development projects

Conclusion

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Questions?

Thank you

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