Health promotion practice: the need for an integrated and processual approach

Health promotion as a discipline is expanding rapidly. This is clear from the many texts and journals on health promotion which have emerged in many parts of the world (Bunton and Macdonald, 1992). Several academic institutions now teach health promotion courses in response to increasing demand from students. Health promotion has advanced well beyond disease, disability or injury prevention, to embrace human behaviour and environmental change (Speers, 1996).

In the developing countries especially, the evolution of health promotion has progressed even further, to the extent that it now deals with social development as a health promoting intervention. In spite of this growth, however, the theoretical bases of the discipline are still being established. Furthermore, there appears to be no consensus as yet regarding the strategic orientations. Nevertheless, the developments so far achieved in health promotion have contributed to making the discipline a more effective tool for health improvement. There is, however, a case for an approach capable of addressing the multiple causes and dimensions of disease, disability and general ill health, without negating a specific health problem focus where necessary.

In this editorial, we argue that it is important to apply health promotion practice more broadly than is happening now. The current approach of health promotion practice tends to focus mainly on the immediate, as opposed to the ultimate and underlying causes of health problems. For health promotion to provide permanent solutions to health problems, it should address both these issues.

In conventional health promotion practice, a specific health problem or issue is identified and a feasible solution applied through project or other intervention activity. There are a number of reasons why specificity in problem identification and intervention occur. In the first place, there is a need to respond to specific needs as perceived by a community. For example, if there is a high prevalence of goitre in an area, the community or their agents will demand that action be taken to reduce or eradicate the condition. Often, little attention is paid to other health problems whose causation may be related to the food, water and other substances within the particular environment responsible for the high prevalence of goitre.

Secondly, health promotion activities may target only a single problem because of pressure from special interest groups such as professional or political activists. When an issue becomes serious enough, resources will commonly be found to address the problem as a way of reducing the influence of that interest group on a community’s leadership.

Thirdly, health promotion tends to focus on solving problems whose presence is readily visible, in perceptual terms, to a community or the society at large. Visibility depends on the amount of knowledge that people have about a particular problem. Deaths from a cholera epidemic or an outbreak of ebola are more visible than deaths from malaria in this respect. The high visibility of cholera or ebola stems in large measure from the rapidity with which deaths occur. Deaths from endemic diseases such as malaria are less visible because such deaths are widely spaced time-wise.

As a consequence of community perceptions, lobbying or high visibility, fairly rapid responses to the presence of a single health problem are the rule rather than the exception in health promotion. Action therefore tends to shift from one issue to another, depending on the effects of one or more of these factors. This situation is well illustrated by the onset of the AIDS epidemic in many parts of the world. Many of the responses in most countries have shifted resources from
malaria and malnutrition, whose combined impact on human populations may be as devastating as that of AIDS.

While we are aware that there are understandable reasons for a single problem—or issue—focus in health promotion practice, the situation needs to change. We support an approach which considers the causes of disease, illness or disability as interrelated, hence prompting interventions which are multi-targeted. Health promotion should aim to effect a set of continuous and interlinked activities which constitute a process rather than single, clearly bounded activities with a specific time limit. Using this approach, the causes of a health problem are viewed from both immediate and ultimate perspectives. Responses are based on an integrated and processual strategy for the solution of health problems.

By far the most important justification for adopting such an approach to health promotion is the multiple causality of most health problems. For example, a single case of drug-resistant sexually transmitted disease (STD) may be ‘caused’ by poverty, which necessitates selling sex for money. There may be lack of information about STD transmission, which leads to unprotected sex. In addition, there may be inaccessibility to health services, resulting in the use of self-treatment and incomplete dosage of the drugs of treatment, both of which usually lead to the emergence of drug-resistant, disease-causing organisms.

Another reason for promoting an integrated and processual health promotion strategy is based on the fact that many health problems stem from adverse environmental conditions. Usually, health promotion interventions seek to address the knowledge aspect of health-problem causality. This is the case, for example, with regard to water-borne and water-related diseases, whose prevention requires use of good-quality water. While most communities may have been provided with information about the role of water in disease transmission, they may not have been able to improve the quality of water they use or even just increase its quantity. This is because of several structural problems which require solutions beyond the mere acquisition of knowledge.

Health promotion needs to take into consideration many interrelated issues, such as poverty and poor environmental settings, which underlie many health problems. Adoption of an integrated and processual approach should facilitate the solving of these problems through key behaviour and socio-economic improvements, which are basic to general health improvement.

Such an approach to health promotion also makes it possible to share resources and avoid duplication. For instance, the infrastructure of different agencies can be used in an intervention focusing on the different aspects of a single health problem. This sharing should lead to improved cost-effectiveness and the possibility of extending meagre resources.

In essence, we are advocating the use of a strategy based on a view of health promotion as a process involving a series of closely related interventions. Any health problem has cognitive, socio-economic and physical facets. When a health promotion activity targets only one facet, say production of an information package in order to prevent STDs, it is unlikely that such an activity on its own will have a positive impact on, say, individuals who wish to enjoy positive sexual health. If, for example, the recipients of the pamphlet are commercial sex workers infected by STDs, it is unlikely that they are going to be influenced by this action alone.

If we continue with this line of argument, the most feasible approach would be to start with provision of information on where the sex worker can get treatment for STDs. Then, information on the dangers of unprotected sex can be provided and, finally, a self-empowerment intervention can be put in place. Self-empowerment in this case implies the provision of assistance for individuals so that they can decide and then act to get out of a situation which exposes them to infection with STDs.

Another example of a single-faceted approach is a focus on short-term project objectives such as the dissemination of information on the dangers of drug abuse among schoolchildren. Such information on its own is not likely to help schoolchildren whose living environment exposes them to addiction to drugs and who may have become drug dependent anyway.

Instead of endeavouring to provide information on the dangers of drugs per se to all the pupils in a given locality, a health promotion intervention should aim at: (i) assisting a specific group of youth to obtain information about the negative effective of drugs; (ii) assisting them to discuss the conditions which facilitate adoption of drug use; and (iii) empowering them to seek professional assistance when they wish to stop using drugs. The intervention should go further to address the conditions which expose the chil-
dren to drug use. The health promoter should also pay attention to policy dealing with those who supply the drugs—but at this stage it is usually necessary to collaborate with other agencies whose interests and expertise may be more appropriate.

An integrated and processual approach requires the bringing together of diverse disciplines to address health promotion challenges. Teamwork, integrated planning and networking are mandatory in this context. Health promoters need to acquire a body of knowledge which goes beyond a specific health discipline, such as health education, public health or health promotion per se. Organisational skills, networking, advocacy and activism become additional and necessary tools of the trade for the modern health promoter.

Lack of health promotion practitioners capable of effecting a processual approach is compounded by the relatively low level of professionalism within the discipline. Most health promoters currently in practice throughout the world have changed over from another discipline through somewhat narrow on-the-job training. In-service training programs of the future need, therefore, to prepare health promoters to practice, advocate and present health promotion as a process and not merely as a series of single ‘one-off’ interventions. A high level of professionalism requires an equally high level of theoretical development within the discipline. This is still lacking to a large extent within health promotion and presents a major challenge for the future.

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REFERENCES
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