【調査報告】

Networking for Sustainable Health Promotion in Nepalese Communities

——Challenges done by Young Leaders' Collaboration for Global Health——

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Abstract

ネットワーク構築はヘルスプロモーションの基盤となる重要なプロセスである。東南アジアの最貧国の一つであるネパールでは、健康であることが毎日の生活のみならず将来にも大きな影響を及ぼしている。ネパールには国民保険制度がなく保健医療行政が脆弱なため、自分の健康は自分で守らなければならない。それゆえ地域におけるヘルスプロモーションの意義は大きく、地域、村落、または住民グループで協力し、健康問題と向き合い改善していくことが求められている。

研究者らは、多国籍・多職種の若手専門職者と学生の保健プロジェクトチームを結成し、学校保健を中心とした地域での健康増進活動を、2013 年から 2016 年までの 4 年間に実施した。ネパールの健康問題を民族の多様性を含めた様々な視点からとらえ、地域の人々にとって持続可能な

ヘルスプロモーション支援を目指した。本調査報告では、保健プロジェクトチーム内でのネットワーク、そして地域でのネットワークを構築した過程と、ネパールにおけるヘルスプロモーションに必要とされるネットワーク構築の在り方について提言する。

Key word : Nepal, Health Promotion, Networking, Interproffesional, Multicultural

Introduction

Networking is an essential element for community health promotion. It indicates the exchange of information or services specifically among individuals, groups, or institutions[1], or the process of trying to meet new people who might be useful to you in your job, often through social activities[2]. For community health promotion, networking plays as a platform to implement activities, interacting between community and a health promotion project team, and among community members. Especially for a resource poor country like Nepal, whose government does not have enough capability to provide secure health service[3], interaction with all stakeholders including community members enhances community resilience addressing their own health problems within the community.

Nepal is one of the poorest countries in South Asia, and it is well-known as a very slowly developing country due to poor governance and interference by neighboring countries[4]. Like other large cities in developing countries, however, Nepal's main cities and the capital Kathmandu have been advancing very quickly with many kinds of imported commodities and modern building construction. In contrast, living conditions in local communities have not changed, that is, they are still characterized by poor law infrastructure, poor health care service, weak governance, and many economic problems. Comparison of hospitals in Kathmandu and those in local areas reveals income gaps. In Kathmandu, clean and well-furnished patient rooms, high quality treatment by foreign trained doctors are available. In remote areas, dirty, poorly facilitated hospitals are common. They are without doctors even in the daytime, and nurses and community health workers care patients. Because of the wide social gap, sanitation in village areas is still in very poor. WHO reported improvement of Nepal's drinking water supply 76 to 88%, but still low coverage of improved sanitation facility, under 50% in 2012[5]. In addition, natural disasters including earthquake, landslides, and flooding often hamper Nepal's economic growth.

For quality of life, health is the most important element. To study well at school, and to work well to make a living, we must try to maintain a good health status no matter what occurs in our daily lives. Under these circumstances, community health promotion, especially in Nepal, needs to emphasize empowerment of individual community members, and families through networking.

In this article, we report the networking process and lessons learnt from 2013 to 2016 in our health promotion project as a team of Young Leader's Collaboration for Global Health. Then networking

strategies are examined for further Nepalese community development of sustainable health promotion.

School health in community health promotion

For community health promotion, implementing school health education is one of the most effective strategies improving health status[6]. WHO urged school health promoting can constantly strengthen its capacity and healthy setting for living, learning and working[7]. Not only students, but also students' families can be empowered when schoolchildren pass health information to their family members. A continuous approach is needed to enhance initiatives by local school's teachers and students.

In Nepal, government schools do not usually have enough water faucets and toilet facilities for all their students. Many schools lack secure water supply due to Nepal's chronic water shortage problem. Moreover, lacking adequate budgets, government schools usually have trouble with maintaining sanitary toilet facilities, and providing soaps[8]. Furthermore, government school students are usually from low-income families who are unable to facilitate sanitary environment at home. As Devkota and Bagale reported household poverty as one of the main causes of school drop outs[9], household economic status influenced students' education at government primary schools. Health education is taught as part of sports and health, usually through textual and oral explanations, without any practical exercise. Poor infrastructure at school and social burden at home hamper students to develop good health behavior[10], Opportunities of motivating them to improve health behavior should be provided at school, with applicable method and available equipment in their daily living.

Networking through the Young Leader's Collaboration for Global Health

In 2013, the authors began a project named Young Leader's Collaboration for Global Health (YLCGH) and gathered a team of multicultural and inter-disciplinary students and young professionals to work for the promotion of community health. YLCGH purposes to develop future leaders in the field of global health. The authors, Sugino, Tashiro, and Naito formed a research team to build an educational program for students and young professionals to enable multicultural communication abilities and collaboration through the development of research and implementation of health programs and in Nepal. Sugino has been conducting health programs for local communities and schools in Nepal since 2007, and Naito has worked on a medical project with the teaching hospital of Tribhuvan University in Nepal for over twenty years. Tashiro has worked for 5 years in Bangladesh and in Thailand for community health projects spearheaded by Food for the Hungry International. This project team's primary activities comprised the execution of health education and workshops, and the application of physical measurements and health management in local schools and village communities. Sugino, Tashiro, and Naito,

health professionals and educators at universities, offered technical advice to the project team to develop programs and bolstered cooperation with local communities. The project sites were selected through Sugino and Naito's research networks in Nepal.

YLCGH project members were recruited from local universities in Nepal and Japan, Korea Food for the Hungry International[i], Japan International Food for the Hungry[ii], and Japan Association for International Health Students Section[iii]. Hence, the multinational project team included Nepalese, Japanese, and Korean members, whose variegated specialties encompassed nursing, medicine, pharmacology, anthropology, law, local governance, dance movement therapy, occupational therapy, sociology, language, and information technology (Table 1). Japanese and Korean nationals participated only in the summer project and numbered five in 2013, four in 2014, five in 2015, and six in 2016. The Nepalese participants totaled four in 2013, seven in 2014, 10 in 2015, and nine in 2016(Table 1). Besides engaging in the summer project, the Nepalese members continued to participate in the research activities that followed every 4 to 6 months for 4 years.

The health service system in Nepal is very different from the Japanese system. There is no health insurance, medical institutions are very limited in number, and the common people have very poor access to hospitals, especially if they reside in remote areas. Before conducting community interventions, foreign members of the team must be made to appreciate the local health service system and the social background. To this end, they should visit medical institutions and attend mini-seminars conducted by local health professionals and social workers (Figure 1, 2). Therefore, at the beginning of the summer project, the Japanese members took a study tour of the Kathmandu area to become aware of the social contexts in Nepal and to understand the Nepalese health services network. Every summer, the Nepalese members of the team worked with the new Japanese participants to help them comprehend the social

Table 1 Specialties of YLCGH project members (2013-2016)

year	Specialty (total no. of members)		
	Nepal	Japan	Korea
2013	Nursing(2) Medicine(2)	Nursing(1), Medicine(1) Medical technology(1) Dance Movement Therapy(1)	Anthropology(1)
2014	Nursing(3) Medicine(2) Public Health(2)	Nursing(1) Pharmacology(1) Law(1)	Anthropology(1)
2015	Nursing(2), Medicine(2), Public Health(2), Information Technology(4)	Nursing(1), Local governance(1) Information Technology(1) Language(1), Sociology(1)	
2016	Nursing(2), Medicine(2), Public Health(2) Information Technology(2) Occupational Therapy(1)	Nursing(3) School Health(1) Occupational Therapy(1)	

background of Nepal.

Interactions among multicultural and interdisciplinary members posed a fundamental challenge for this collaborative project. It may have been easier to merely divide functions by nationality and to conduct the program with each nationality working as an independent silo. However, YLCGH members worked very hard to exchange ideas to make decisions on the program subjects as well as to prepare, implement, evaluate, and present their work at the final conference each summer. Language barriers sometimes disturbed their interactions. Initiatives tended to be weaker and more confusing especially for members who were not fluent in English. In fact, even Japanese participants from different areas and schools often faced difficulties because they got introduced to each other in Nepal and had to build relationships in a very limited time.

Figure 1　Study tour of city area hospital

Nepal is home to a diversity of cultures, more than 125 ethnicities and 123 languages[10], and traditions and beliefs differ in each ethnic group. In daily living, the indigenous identity is still very highly valued in Nepalese society, espe-

Figure 2　Mini lecture from local social worker

Figure 3　Program Preparation

Figure 4　Program Implementation

Figure 5　Program Evaluation

cially in its rural areas. The Japanese members of the team, who had never before experienced such ethnic diversity, encountered their first ethnic and multi-cultural challenge in working with the Nepalese. In aiming to resolve the health problems of a local community, multicultural work groups must develop an intercultural understanding and sensitivity. Cultural aspects must always be considered in approaching local communities, especially when the goal is to develop a community initiative to promote sustainable health[11]. The Nepalese team members were required to help Japanese members understand ethnic contexts in the background of health problems in local communities. This process also accorded Nepalese participants the opportunity to reconsider their own cultural values as members of Nepalese society. Students and young professionals working or studying in big, modernized cities like Kathmandu, rarely experience social problems due to ethnic value differences in their daily living environments. While investigating the health problems in rural communities with their Japanese counterparts, the Nepalese members of the team intensified their own insights with regard to the health care needs of their own country.

To promote community health and institute school health programs, inter-professional skills and knowledge were shared and reconstructed to transfer knowledge and skills to students and community members. Through these interactions, members learned their specialty-specific, disciplinary roles and responsibilities in the dissemination of health care services. Members were required to discuss and make decisions on the preparations required for the program, and were tasked with choosing the program topic, the methods they would use, the equipment they would need, and the program schedule. They found time management and allocation of roles to be the most challenging tasks. There were also clear cultural differences observed in the Japanese and Nepalese participants. The Japanese members preferred to confirm to program instructions thoroughly while the Nepalese members tended to focus on the actual implementation of the programs rather than the preparatory stages. The Nepalese are optimistic by nature and they are culturally not very punctual. Also, the Nepalese participants were engaged in the program while they maintained their normal study or work routines, and sometimes, this situation made them reluctant to concentrate on the phase of laying the groundwork for the project.

The YLCGH members discovered many small differences in their values and ways of thinking and found ways to work out these differences to achieve their goal of health promotion. This process enhanced the mutual understanding among different cultures and people. Spending a lot of time together helped all members to know each other well and at the end of their time together, all YLCGH members demonstrated respect for each other and worked with unity to accomplish their functions in the project.

Networking with communities

Networking with secure partners ensures positive contributions for the promotion of health. As mentioned in the previous section, Nepal hosts abundant cultural diversity ; this uniqueness often hampers

cooperation with other indigenous cultures. The team discovered that people in local communities tend to share information among their own ethnic group and that they rarely share knowledge with other ethnicities. Sometimes, this insularity also prevents the acceptance of new ideas from the outside world. Since the cultural aspect is rather sensitive, it was necessary to build relationships with stake holders within specific communities.

YLCGH reached out to local communities through international NGOs or through village committees that had been serving in a particular community for many years and had developed close associations with the local people. In Nepal, village communities need to initiate sustainable development and to secure support from the Nepal government. Sustainability is the key issue in post millennium goals[12~15]. The YLCGH project aimed to empower local communities to become sustainable through the institution of health programs at schools and the establishment of similar programs for community groups. The YLCGH project team gradually shifted roles to conduct health programs at local schools and community centers to enhance their goals of health promotion.

For instance, the physical measurement of school students was a very difficult task for government schools. Teachers had never been instructed to conduct such assessments, and they had not seen measurement equipment earlier. The YLCGH team began measuring the children's weight, height, and vision at schools. When YLCGH took the initiative to conduct health programs, school teachers did not show much interest. Subsequently, in the interest of sustainability, YLCGH instructed teachers on the process of accomplishing measurements and saving measurement data and assisted them in conducting health programs on their own. Saving health records is vital for self-health management. Once the teachers were equipped to implement the measures, they showed their willingness to conduct health education more often. YLCGH Nepal members revisited the communities and followed up on the health programs. The positive attitudes of the YLCGH members enhanced the awareness of local community with regard to the importance of health promotion. Gradually, community initiatives for health promotion grew among community leaders and their motivation was strengthened. Hence, practical networking processes were built by the team by sharing knowledge and skills at local schools and by working with communities consistently and continuously.

Figure 6 Instruction for teachers

Figure 7　School teacher instructing students

Figure 8　Recording measurement data

Implications for further health promotion in local Nepalese communities

The outcomes of the YLCGH project created immense impact on the promotion of health in targeted communities and schools. Moreover, YLCGH members developed their abilities of multicultural communication and collaboration and increased their passion for serving local communities. The YLCGH members changed over 5 years, but research activities are still continuing, leading to expanding networks in local communities.

Global society is rapidly transforming and is becoming increasingly reliant on IT network services. A digital network helps to build a global community at reduced expense of time and money. However, human interaction is essential in building firm social networks in which people collaborate with each other, deepen their understanding of each other, enhance community resilience, and create changes to achieve common goals.

Apart from promoting sustainable health, such networking through forums like YLCGH that emphasize multicultural and inter-disciplinary participation certainly contributes to the general enhancement of both the target community and the project team

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Note

i)　Korea Food for the Hungry International : https : //fhif.org/about/

ii) Japan International Food for the Hungry : https : //www.jifh.org/

iii) Japan Association for International Health Students section : : http : //www.jaih-s.net/

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〔Mire SUGINO　Nursing〕