



an interview with

Health promotion in developing countries: an interview with Bart van den Borne

with Rik Crutzen

Bart van den Borne, professor emeritus in patient education, was originally trained as a social psychologist. Although his professional career initiated in the agricultural sector, most of his work as a researcher was related to problems regarding health and health care in general. In 1995 he was appointed as professor in patient education at Maastricht University. Since then, he also focused more and more on health promotion in developing countries.

ehp: *Where did your interest for working in developing countries come from?*

BvdB: It started soon after I graduated. In my opinion, huge steps can be taken in developing countries, because health problems are large while the budgets for health care are small. In the Netherlands, for example, about 10% of the GNP is devoted to health care, while in most developing countries this is 2% at the most. Because of the scale of the problems, it also provides more opportunities to gain insights into health problems.

ehp: *Which kind of insights?*

BvdB: In Western societies, we frequently study health problems at the individual level. The main thing I have learned is that we also have to look at the context to understand health problems properly. To give an example, health problems such as HIV/AIDS, tuberculosis and malaria are largely related to the socio-economic opportunities which people have. There is a constant struggle for life in those countries. For example, prevention of diseases related to the consequences of smoking, unhealthy nutrition or lack of physical activity is perceived as less important compared to the care for daily bread. If we want to change something in developing countries, we have to take the socio-economic context into account. We also need to look at structural measures to solve those health problems.

ehp: *What is the role of more traditional health education regarding health problems in developing countries?*

BvdB: It remains important to understand how people behave in a specific context. We need to take this context into account, however, while developing health education materials and interventions. People still need to be informed about health problems and where they come from, they still need to have a positive attitude towards protective behaviours and they still need the skills and motivation to prevent health risks and to have



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a healthy lifestyle. Theories from health psychology can also be applied in developing countries. Nevertheless, we should also investigate how the socio-economic context interacts with individual characteristics and motivation. Traditional theories from health psychology are still relevant, but need to be studied in a different context.

ehp: *What is the status of health promotion in developing countries?*

BvdB: With respect to health promotion there are a lot of initiatives and activities, for example from local NGO's, but a very important problem is the lack of expertise, and many initiatives and programmes are not well grounded in empirical research. A substantial part of my job is to develop capacity for scientific research focused on the development of evidence-based health promotion in developing countries. The health problems in these countries serve as a pretext to develop this capacity. The primary goal is to give people opportunities to solve these problems themselves. We can only help to build the expertise needed, especially regarding underserved aspects such as health psychology and health promotion.

ehp: *How did you start your work in developing countries?*

BvdB: In the beginning it was adventurous with a lot of uncertainty, because you cannot predict how things end up. In hindsight, we may conclude that our approach of developing capacity has proven to be effective. We saw the opportunity of our work from the very beginning. A few students from developing countries participated in our summer courses ►

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related to health promotion and intervention mapping. Through these courses, students became interested in acquiring further qualifications (i.e. a PhD). In that way they built the expertise needed and they opened up new perspectives for themselves (e.g. a job). Therefore, these students became very motivated. The formula we use is that they conduct their research in their own country. They visit our university once or twice a year and we visit them once or twice a year in their own country, mostly for short time periods. The advantage this brings is that people do not become alienated from the context in which they conduct their research. Furthermore, it prevents brain drain from developing countries. We also work with local co-supervisors if possible. This has the advantage of development of their expertise and helps to create a better supportive environment for the student. When looking back, we also see that none of our graduate students moved away from their home country after obtaining their PhD. This probably results from our selection process. An important criterion is that students are embedded in an organisation which stimulates research and offers them time and opportunities to conduct research. They develop structures for working within their home country. A nice example of this is the department of health promotion research and development which is founded within the Medical Research Council in South Africa. This department now employs about ten people and based on their research they advise the national and provincial governments, NGO's and other organizations regarding health promotion issues.

ehp: What are the challenges you encountered during your work in developing countries?

BvdB: While conducting research, you always run into problems which are specific to that country. For instance: the transition period after the apartheid in South Africa. This also influences researchers and how they look at and conduct their work. Sometimes graduate students conduct their research in countries in which the political situation is very precarious, like for example in Sudan. We never visited institutions in Sudan to explore the situation and develop linkages. Although it is our regular procedure to visit the organisations we cooperate with, this can be very difficult in such situations. Visiting is possible, but you should take care that you are not used for political purposes. I refused certain offers, for example, because I did not want to advise a government whose policies I do not agree with. This does not mean that you cannot supervise individual students, but that you should be careful in certain countries. Another challenge is to

conduct research in another culture. Sometimes not even half your population is literate. In that case, you have to spend a lot of time in developing measurement instruments to collect valid data among a population. Furthermore, the way you measure certain concepts, e.g. depression, also depends on the culture. People in other cultures name feelings differently, express them differently and have different associations. For example, compared to people in Western countries they link different symptoms and emotions to depression. Instruments which are validated in Western settings cannot directly be transferred and applied in different cultural settings, since they are based on Western definitions and concepts. These instruments have to go through a new phase of development. This is not easy, but it is possible. The same applies to theory. The theories which are used in Western countries can also be used in developing countries, however, this should not be done thoughtlessly. Fortunately, editorial boards of international journals are more and more sensitive to the health problems in developing countries and the need to publish research methods and theories which have been developed in the context of developing countries.

ehp: To conclude, do you have a general message for researchers who would like to work in developing countries?

BvdB: First of all, it should appeal to you. It can be very interesting, since you run into interesting health problems and opportunities. It is interesting to investigate what you can achieve with theories which are developed in Western countries, by applying and adapting them to the specific situation in a developing country. It provides you the opportunity to see whether these theories are generalisable or whether they are specific for a certain cultural setting. Furthermore, it is interesting to study certain problems in situations where they are serious. To draw a parallel, I conducted a lot of research on cancer, which has a big impact on people's lives. If you study problems which are very serious and have a big impact on the lives of people, such problems are much more apparent. In that case, the causes of those problems are easier to identify. The same goes for developing countries, where health problems are big. Insights one gains by studying health problems in developing countries can also help to gain insight into health problems which we encounter in Western countries. ■