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Education for Behavior Change - The Three Essential Stories

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Classic
Article

Motivating people to change their behavior is difficult. We hang tenaciously onto our habit patterns because they have deep roots in our cultural values and beliefs.

Motivating behavior change is the primary goal of discipleship and any form of education for development. Yet in spite of its importance and all of the training we have received in how to make this happen, we seldom succeed in bringing about lasting changes in the behavior of people, especially those of another culture. This is true in evangelism, as we see millions of people who have come to faith in Christ yet make few if any changes in their lifestyle, continue to practice sorcery, or even engage in genocide. It is likewise true in development education. Although many people accept a cognitive knowledge about health, agriculture, or management, they continue to adhere to traditional practices.

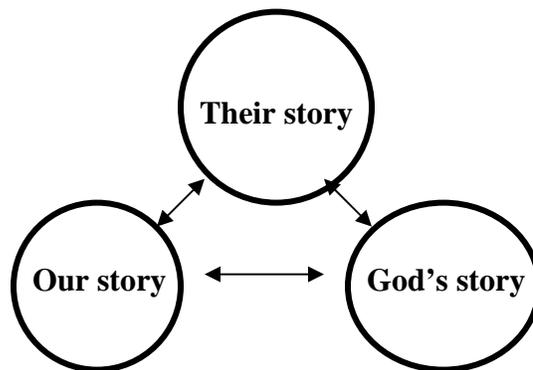
Why are we so ineffective? It is largely because we do not get to the underlying beliefs and values of people that determine their behavior and thus cannot help them to reflect on them and their need to make changes. This paper suggests a simple method of helping people change their health-related behavior that has proved quite successful in the Congo.

The three stories

In working with people on an issue of behavior change, be it social, moral, or in development, three stories are essential:

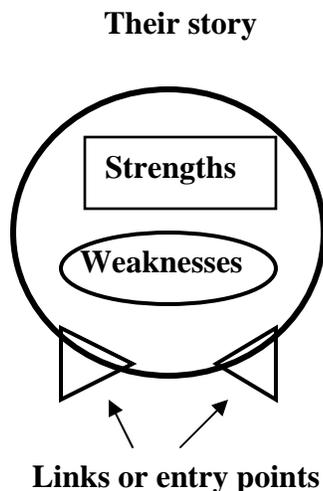
1. what they have to tell us: **their story**
2. what we want to tell them: **our story**
3. what we want them to learn of **God's story**

These are separate stories and we must make them intersect. To bring about changes in understanding and eventually in behavior, we must find links between these stories. These links will permit the interchange of ideas and the transmission of knowledge, values, and beliefs that can result in positive behavior change.



The starting point in this process is a careful study of the history, culture and behavior of the people with whom we are working. This prepares us for the eventual direct interaction on a personal or community level. When this occurs, we begin by listening to their story carefully and identifying certain aspects in it:

1. their strengths - what has worked for them in the past or is now working to benefit them
2. what they seem to lack – knowledge, understanding, skills, relationships
3. links - entry points for elements of our story or God's story so that we can fit into their story ideas that will help them reflect on their story.



Why we often fail

With our strong western cultural mindset, we make an unconscious assumption that we have the answers to the needs of the people we work with. In evangelism, it is the redeeming story of Jesus Christ. In discipleship, it is obedience to the laws and will of God as we understand them. In health, it is putting into practice the scientific laws of hygiene, sanitation, nutrition, and so forth. We assume that behavior change or spiritual transformation will occur when we tell people our story, or God's story. So we proceed with our story or God's story without going through the prior, but essential, process of listening to their story with discernment. The result is often failure because we have failed to connect our story or God's story with the links or entry points into their story.

Community health in the Congo

Although what I recount here took place almost forty years ago, the lessons I learned set the stage for catalyzing progressive changes in health-related behavior that have spread over many parts of Africa.

During my initial years as a medical missionary in a bush hospital in the Democratic Republic of the Congo, I quickly became aware that prevention of disease and health promotion were essential parts of my ministry. Together with community and church leaders, we discussed how to help people and communities take the responsibility to improve their own health – better sanitation, clean water, improved nutrition, and so on.

In October 1967, I spent a long day with 60 community leaders gathered at one of our church centers. These men and women came from a dozen villages served by the church center and they were there at the invitation of the head pastor. We had come together to discuss the problem of intestinal parasites and the need for adequate latrines, and I was prepared to teach them. We sat in a large circle and spent several hours in a running dialogue.

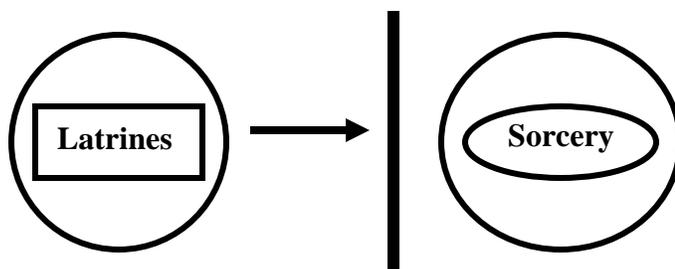
In response to my initial question, they described in simple terms the various health problems they and their children experienced. Because I wanted to find out their perception of the origin of these problems, I asked an inappropriate question: Where do these problems come from? Their immediate response was: You are the doctor. You tell us.

My next question was even more inappropriate: *Where do you think* these problems come from? The response was total silence. In no way were they going to tell me their belief system about the origin of illnesses for fear I would laugh at them, or reject their beliefs. I realized I had embarrassed them, but how was I going to hear their real story?

After a quick prayer for help, a better question came to mind: When a child in one of your villages becomes ill, what will the father and mother think about why the child is sick? This indirect question took them off the hook and they began talking: Doctor, some people in our villages believe the illness comes from the curse of an uncle.

Now their story was beginning to come out. It took an hour to explore this story of the curse, divination to find the responsible relative, the various ways of working out the broken relationship between the family and the relative, how this all worked, and how healing could take place. I was fascinated and very interested; I was hearing their story.

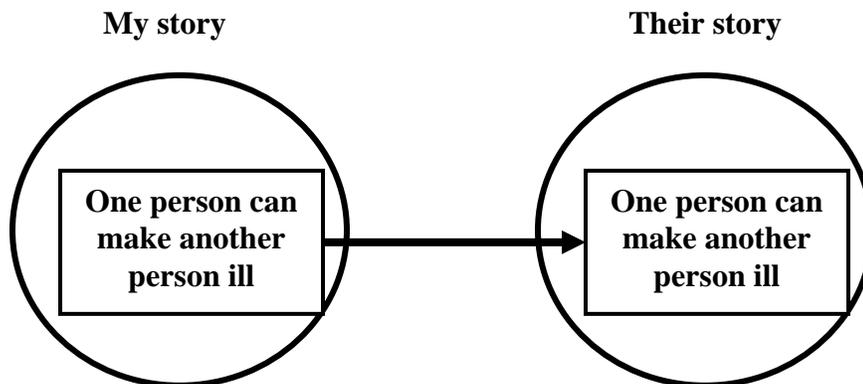
When they had outlined their story of etiology, diagnosis, treatment, and even prevention (charms, amulets, fetishes, etc.), I sat there mystified. How could I explain latrines to people who believe illness comes from the curse of another person? Where was a link between their story and my scientific explanations?



The first link

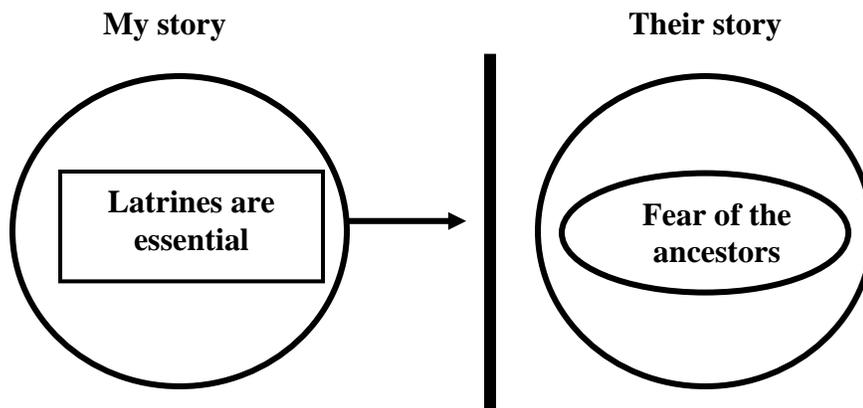
Another quick prayer for help went up, and suddenly the obvious link popped into my mind. I thanked them for sharing their story and told them I was impressed by the wisdom of their ancestors who had taught them that *one person can make another person sick*. I assured them that my ancestors, with their scientific expertise, had discovered this same truth that one person can indeed make another person sick. They were astonished to hear a missionary affirming their belief system and inquired: Do you believe that? I agreed that I did and said I would now show them how it works.

A person who relieves himself in the grass is leaving parasite eggs or larva there for someone else to get. The real enemy of health is not necessarily the uncle, but is whoever has no latrine or does not use one. They could now understand that part of my story. I had found this link because I had listened analytically to their story. When I then asked how such parasite transmission could be prevented, the reply was unanimous: We must have latrines. In reality, they already knew about latrines because the Belgian colonial government had required them, but the link between latrine and health had never been made.



I thought I was making progress until an elder arose and stated matter-of-factly: Latrines are for you white people but not for us. Our ancestors never had latrines.

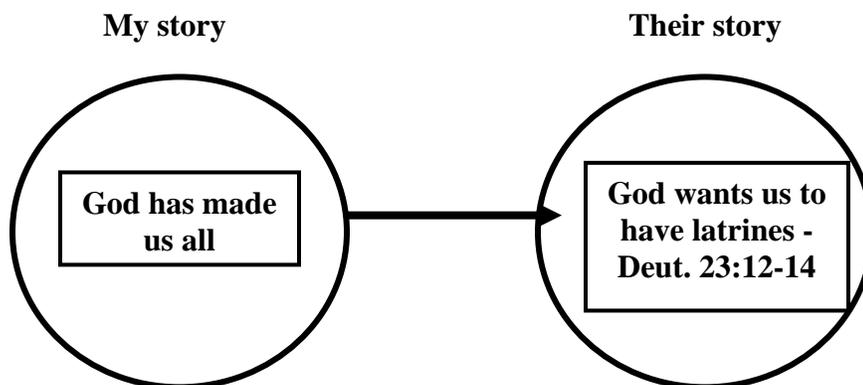
I recognized two problems in what this man said. The first was fear - fear of doing something that the ancestral spirits might disapprove of. The second was that, as far as this elder was concerned, latrines were an invention of white people. Africans had their system, and *the authority of a white man was insufficient to make them change their time-honored system.*



The next link – from God’s story

Again a prayer for help and again a thought. Who made your ancestors? God did. What did the God who made your ancestors say about latrines?

They burst into laughter at this question; they thought I was joking. Great was their astonishment when I read to them from the bible that God had commanded them to write about the need to have proper sanitation. God even explains why it is important – to protect us from our enemies (Deuteronomy 23:12-14). Now a link from God’s story came into the picture. In the Congo this works well, for the Bible is regarded as God’s book. They saw that the *authority for latrines was God and not just a white missionary doctor.*



However, we were still a long way from a satisfactory conclusion. Another elder arose and stated: Doctor, it's no use doing anything about this. We've always had worms. I agreed and asked him why. He replied, shrugging his shoulders: It's God's will.

Fatalism

Fatalism is the fundamental obstacle in most cultures to making any change or effort to overcome difficulties. Good and evil, life and death, health or disease, all come from God. We are simply victims of whatever God wishes to send us. So why should we try to make improvements in our lives? Who can fight against God?

Fatalism



I had found one link between my scientific story and their story, but there is no link between the scientific story and the belief in fatalism. This is why most of our health education programs fail to bring about change. All bad things are God's fault: malnutrition, poor soil, all manner of diseases. We are not responsible for anything but are simply passive recipients of whatever God wills.

Again I prayed for help and God reminded me he had written a book about that. I realized their real problem has nothing at all to do with knowledge about physical causes or scientific principles. They had already been taught these things anyway, but that knowledge did not fit into their understanding of life. Their fundamental problem was theological – a distorted concept of God. This was the real problem I had to deal with. It was time for God's story to take over.

God's story

I told them we must go back to the beginning of God's story and see what God's will is for our lives. Is it for health or for illness? For life or for death?

We began with Genesis chapter one and worked our way through the six days of creation. They heard and accepted the belief that everything God made was good, totally good. We discussed the Garden of Eden. Did Adam and Eve get sick in the garden? No! Did they die there? No!

I then asked if there were any hookworm or roundworms in the garden, or any mosquitoes. An animated discussion ensued with some loudly saying No! and others insisting: There must have been! After a few minutes I broke in to say that the Bible does not really talk about hookworm or mosquitoes. It does make clear, however, that *in God's primary plan for us there is no illness or death. His will is that we be healthy.*

Then why do we get sick? they asked. We turned to Genesis chapter three to answer that question.

As the story of the Fall unfolded, with sickness and death being the consequences of our disobedience, I could literally see lights going on in the minds of these leaders. You mean sickness is our fault? Yes, I replied. Actions have consequences. We chose disorder, and disease and death are the consequences. We cannot blame God for these things. They are our responsibility.

Biblical theology



God's story – obedience to his laws

What can we do about it? they asked. That was the question I was waiting for: *what could they do about it.* This led us into a discussion of God's commandments or

laws, and his insistence that we obey them. Deuteronomy chapter 28 makes clear that actions have consequences. We obey God and we benefit from it. We disobey God and bad consequences occur. *Health is up to us, not to God.*

It is true that because of our choice of sin and disorder, nature and human life have been fundamentally marred. A return to perfect health is not possible in this world. However, God has made it clear that obedience to the order and laws he has established favors life and health. We find these laws not only in the Bible but also in all of the laws discovered by science. Science studies what God has created, and by the scientific method we discover what God has built into the creation. So when we present laws of health, nutrition, or agriculture, even though they are not explicitly in the Bible, we are presenting the laws God has built into life. By doing this, *we base the authority of our teaching on God and not just on ourselves and science.*

The result

The result of this long discussion was gratifying. The community leaders agreed to accept the responsibility to teach their people and assure the practical application of sanitary conditions – every house with an adequate latrine. I told them that, when 100% of the dwellings in a community had a satisfactory latrine with people using them, and the community had established a development committee for on-going supervision of cleanliness, sanitation and development, we would give a mass worm cure to the whole population. They did; we did, and the health of the people improved.

This program has now spread to many hundreds of villages over much of the Congo. Behavior has changed because theology has changed. So also has their philosophy, from fatalism to responsible initiative.

Reflections

This dialogue opened my understanding of how to bring scientific ideas into the thinking of traditional people. It also showed me the crucial importance of appealing to God and his Word as the authority for it all. This has guided our health education through the years, and also helped bring about behavioral changes in agriculture and community development.

Traditional tribal worldviews (animism) all over the world are spiritual worldviews with fatalism at the core. So likewise are those of Islam, Hinduism, and Buddhism, and even secular humanism in a different sense. Human responsibility plays no determining role in the course of human events. God decides everything, or fate or chance.

Why do we so often fail to bring about change in these cultures? The real problem is with us. We interpret health problems as physical problems; they understand them as spiritual issues. The same is true for agriculture and for improving water supplies. We understand the rain cycle, the water table, and how to obtain contaminant-free water for drinking. They do not understand these matters, but 'know' who has given them their water and so, therefore, it must be good for them. We tell them **our story** by conveying all manner of scientific knowledge about how we are to live, what we should eat, how we should plant crops, and the water we should drink. None of this, however, links with **their story** which is a spiritually-based story. Links indeed do exist, but we have not started by listening with discernment to their story to find those links. Consequently, our story does not fit into their understanding of life, and nothing inside their worldview changes. Nothing on the outside (behavior) changes either.

A few years ago I was in a similar dialogue in a large community in Niger, discussing malnutrition was twenty community leaders, men and women, and most of them African folk Muslims. Two were Christian. They believed malnutrition comes from Allah, and when a child dies of malnutrition, it is because Allah is reminding them that he is in charge of all things.

These people needed to know about proteins, essential amino acids, and where to find adequate sources of complete protein for their children. I could tell them these things, but I knew they would not be able to understand them. In fact, the community health team from the nearby large mission hospital had been telling them about protein for years. But their problem was not a lack of knowledge of protein, but rather a misunderstanding of Almighty God. So that is where we began the transformational process.

I explained to them that, as a physician, I had studied the body Allah gives us, and I have seen how Allah has designed it so it will grow. (Allah is the Arabic word for God.) The liver Allah has given us makes the building blocks for all our tissues and

organs, yet the liver itself must get the building materials from what we eat. So we have studied the different foods Allah has provided for us to see what foods will enable a child to build a strong body. I then proceeded into a discussion of complete and incomplete proteins and how to combine cereals (maize, millet, sorghum) with leguminous foods (beans, peanuts, soja) in order to get a complete protein – all of this because that is how Allah has made the different foods. They understood what I was saying, and the following Sunday, in the little chapel, one of the Christian men in that discussion preached the morning message on ‘What God wants you to feed your children.’ Good science, but appealing to the authority of the One who has made all that science studies.

Our scientific knowledge is of great value, and people need to benefit from it. Yet health is more than just a scientific matter; it is a spiritual issue as well. If we learn to base our scientific education on the authority of the Creator God and link their understanding of the world with God’s Word, we will gain a hearing and, most likely, fruitful behavior change will occur.

Do these principles apply to evangelism, discipleship, and church planting? Indeed they do. Before we present the gospel, or show the Jesus film, we must listen to the story of the people. We must discern their understanding of life, try to discover redemptive analogies in it, and find other links that can serve as entry points for the Good News of Jesus. We must discover their community structure as well so that, as the number of believers grow, the resulting churches can use biblically appropriate structures from their culture rather than from ours.

We alone are not right; they alone are not right, but together we can come to the truth. We find that truth in God’s Word and in our study of the world that God has created. When we realize that our scientific story is in reality God’s story, then things happen. It is essential that we begin by listening to their spiritual understanding of life so we can help them move toward a biblical theology. Once they understand that God wants us to have life, health, and peace, that actions have consequences as the Bible declares, and that we are responsible to God and to each other for conforming to God’s laws, things change on the inside and on the outside. This is not syncretism but is rather

the dynamic interface between three cultures – theirs, ours, and biblical culture – that permits biblically-based transformation to occur.