



PHE partnerships guide

Health-promoting behaviours

Version 1

blue ventures
beyond conservation

PHE Population
Health
Environment
Network
Madagascar

About this guide

This guide consists of 15 chapters covering the core **values**, **skills** and **knowledge** needed to develop and implement effective cross-sector Population-Health-Environment (PHE) partnerships. You have downloaded **chapter 13 - Health-promoting behaviours**. If you wish to download other chapters or the entire guide please visit the Madagascar PHE Network's website [here](#).

This guide is primarily designed for use by the staff of environmental organisations wishing to develop cross-sector PHE partnerships with health service providers in line with priority community needs and their organisational missions. Many chapters will also be relevant to the staff of health organisations wishing to develop cross-sector PHE partnerships with environmental organisations working in under-served zones. And of course livelihoods-focused organisations working at the interface of sustainable development and natural resource management are also ideally placed to develop and implement collaborative PHE initiatives with relevant partners.

This guide draws on the PHE implementation experiences of Blue Ventures and other members of the Madagascar PHE Network in order to provide practical advice structured in a conversational format with case study examples. As such it should be highly relevant to organisations working in Madagascar and much material will be applicable to organisations working in other countries as well.

This guide is accompanied by various complementary resources including an integrated PHE community outreach tool (illustrated PHE story cards) available via the Madagascar PHE Network's website [here](#). Please note that a comprehensive online library of documents relating to PHE programming has been collated by the Population Reference Bureau and can be found [here](#).

This guide should be considered a living document and as such it will be updated regularly. Please don't hesitate to contact Blue Ventures (pheinfo@blueventures.org) if you have any suggestions for improvement or requests for elaboration. We look forward to incorporating your feedback into future versions of this guide.

Credits and acknowledgements

This guide was written and produced by Laura Robson, Blue Ventures' Health-Environment Partnerships Manager.

Thanks to all Madagascar PHE Network members who provided case study examples of various aspects of their PHE partnerships for this guide. Thanks also to the following members of Blue Ventures' health and conservation teams who provided valuable input and feedback on the content and structure of this guide: Caroline Savitzky, Dr Vik Mohan, Nicholas Reed-Krase, Urszula Stankiewicz, Charlie Gough, Rebecca Singleton and Kitty Brayne.

Valuable feedback on the content of this guide was also received from the following organisations via a PHE training and experience sharing workshop held by the Madagascar PHE Network in March 2016: Association Cétamada, Catholic Relief Services, Centre ValBio, Community Centred Conservation, Conservation International, Durrell Wildlife Conservation Trust, Honko Mangrove Conservation & Education, JSI/MAHEFA (now Mahefa Miaraka), Madagascar Fauna & Flora Group, Madagascar Wildlife Conservation, Marie Stopes Madagascar, MIHARI Network, Ny Tanintsika, Population Services International, Reef Doctor, SEED Madagascar (formerly Azafady), Stony Brook University, USAID Mikolo, Voahary Salama, Wildlife Conservation Society and WWF. The photo on the cover page of this guide was taken by Jean-Philippe Palasi at that PHE training and experience sharing workshop. All other photo credits can be found on top of the photos included throughout this guide.

This guide should be referenced as follows: *Robson, L. (2017) PHE partnerships guide. London, UK / Antananarivo, Madagascar: Blue Ventures Conservation.*

13. Health-promoting behaviours

<p>By the end of this chapter you should:</p>	<p>This chapter may be of particular relevance to:</p>
<ul style="list-style-type: none"> ► Understand that health-promoting behaviours can improve community health outcomes and impact fertility preferences ► Know nine simple health-promoting behaviours - including why they're important, what they entail and how they work - that can be promoted through PHE partnerships 	<ul style="list-style-type: none"> ► Managers and community-based staff of environmental organisations
<p>Note: The information presented in this chapter should be generalisable across contexts but please consult Ministry of Health documents and policies in your country of operation for specific guidance.</p>	

In addition to increasing access to family planning and other health services, PHE initiatives typically seek to improve community health outcomes by promoting simple behaviours that can prevent ill health in the first place and/or effectively treat common illnesses. Such behaviours can be promoted by community health agents and/or environmental outreach workers as part of PHE partnerships.

Some behaviours require certain products (e.g. condoms, insecticide-treated mosquito nets, water purifying solution, oral rehydration salts, etc - all typically offered by community health agents) or access to services (e.g. antenatal care, safe birthing facilities, etc), while others (e.g. skin-to-skin contact for premature babies, exclusive breastfeeding, etc) can be implemented independently.

Did you know?

Health-promoting behaviours that improve community health outcomes and increase child survival can also impact fertility preferences and thereby support uptake of family planning.

Couples may choose to have many children if they're concerned that not all of those children will survive through to adulthood. Health promoting-behaviours that improve health outcomes and reduce child mortality can lead to lower fertility preferences as couples become more confident that their children will survive through to adulthood. Lower fertility preferences are in turn likely to support demand for and uptake of family planning services.

Using condoms to prevent transmission of STIs and HIV

Why is this important?

Sexually transmitted infections (STIs) such as chlamydia, gonorrhoea, herpes and syphilis can be passed from an infected person to another person through genital contact and/or the exchange of bodily fluids during unprotected sexual intercourse. STIs are transmitted more than 1 million times every day worldwide (WHO, 2016). Many are asymptomatic yet can lead to serious long-term health problems including infertility if left untreated. Untreated syphilis is one of the most significant causes of adverse pregnancy outcomes globally; it is estimated to have resulted in more than ¼ million adverse birth outcomes including stillbirths in 2012 (WHO, 2016).

The human immunodeficiency virus (HIV) can also be transmitted through unprotected sexual intercourse as it's found in the bodily fluids of an infected person. It attacks the immune system and weakens the body's ability to fight disease. There's currently no cure for HIV but there are treatments that can enable most people with the virus to live long, healthy lives. The availability of these treatments may be limited in some low-resource settings. Acquired immune deficiency syndrome (AIDS) is the final stage of HIV infection when the body can no longer fight life-threatening infections. With early diagnosis and effective treatment most people with HIV will not go on to develop AIDS. There are more than 36 million people living with HIV worldwide (WHO, 2016).

What is the behaviour to be promoted?

Using a male or female condom for every act of sexual intercourse.

Male condom: check the expiry date on the packet and that the packet has air in it (has not been torn or punctured); open it carefully; hold the tip of the condom to remove any air and then roll it down to the base of the erect penis; after ejaculation, withdraw the penis from the vagina while still erect and hold onto the base of the condom while withdrawing so that it doesn't slip off; tie a knot in the end and dispose of it safely (e.g. in a trash pit where children cannot play with it).

Female condom: check the expiry date on the packet and that the packet has air in it (has not been torn or punctured); open it carefully; adopt a comfortable squatting position and hold the condom at the closed end with the open end hanging down; squeeze together the sides of the inner ring at the closed end (making a figure '8') and push it into the vaginal canal as far as it will go (do not worry about losing it inside); make sure the outer ring is hanging outside of the vagina; for intercourse, guide your partner's penis into the vagina, making sure that he enters the condom and the outer ring isn't pushed into the vaginal canal; after ejaculation, remove the condom by twisting the outer ring and gently pulling the condom; tie a knot in the end and dispose of it safely (e.g. in a trash pit where children cannot play with it).



Photo credit: SEED Madagascar

How does it work?

Condoms act as a barrier between seminal and vaginal fluids through which STIs and HIV can be transmitted. You should contact the health authorities in your country to see what outreach materials are already available and approved to promote correct condom use.

Sleeping under insecticide-treated mosquito nets to protect against malaria

Why is this important?

Malaria is a life-threatening disease caused by parasites that are transmitted to people through the bites of infected female *Anopheles* mosquitoes. Nearly half of the world's population are at risk. In 2015 there were more than 200 million cases of malaria with an estimated 429,000 deaths – the vast majority of these in sub-Saharan Africa ([WHO, 2016](#)). Symptoms typically appear 10-15 days after the infective mosquito bite. The first symptoms – fever, headaches, chills and vomiting – may be mild and difficult to recognise as malaria but can progress to severe illness and death if not treated quickly and correctly.

What is the behaviour to be promoted?

Sleeping under insecticide-treated mosquito nets.

How does it work?

Most *Anopheles* mosquitoes are active at dusk or dawn (crepuscular) or at night (nocturnal). Sleeping under insecticide-treated mosquito nets that are well maintained (no holes) and tucked in (no gaps between nets and mattresses) can protect against infective bites as the nets provide an effective barrier between mosquitoes and human bodies.

Using water purifying solution to treat drinking water

Why is this important?

Water-borne diseases - caused by pathogenic microorganisms transmitted in contaminated fresh water - are thought to be responsible for more than ½ million deaths every year worldwide ([WHO, 2016](#)). Water-borne diseases can also contribute to malabsorption and undernutrition, which can have long-term consequences on growth and development.



What is the behaviour to be promoted?

In areas where safe drinking water is not available, using water purifying solution to treat drinking water.

Pictorial instructions can usually be found on the bottle of the water purifying solution. Generally they involve adding a very small amount of water purifying solution or a water purifying pill to fresh water and waiting 30 minutes before it's safe to drink. The water should be stored in a clean container that's closed or covered.

How does it work?

The solution - often sodium hypochlorite - disinfects water in a similar way to chlorine.

Handwashing with soap or ash after defecating and before preparing / eating food

Why is this important?

Diarrhoea is the second leading cause of death in children aged under five years; it's responsible for killing more than ¾ million children every year worldwide ([WHO, 2013](#)). Hygienic practices such as washing hands with soap at critical times can reduce the risk of diarrhoea by almost 50% ([Curtis & Cairncross, 2003](#)).

What is the behaviour to be promoted?

Handwashing with soap or ash after defecating and before preparing / eating food.

Wet your hands with either warm or cold water; apply soap or ash and lather well; rub your hands vigorously for at least 20 seconds; remember to scrub all surfaces including the backs of your hands, wrists, between your fingers and under your fingernails; rinse well; shake your hands to dry them.

There are a variety of locally appropriate solutions for encouraging and enabling hand washing, for example, simple "tippy tap" devices can be constructed using water bottles and string.



How does it work?

Organisms causing diarrhoea are transmitted through food and water contaminated with faeces. Handwashing with soap after defecating and before preparing / eating food can prevent the transmission of these organisms and thereby reduce the risk of diarrhoea.



Using oral rehydration salts to prevent and treat dehydration relating to diarrhoea

Why is this important?

Diarrhoea can leave the body without the water and salts that are necessary for survival. Most people who die from diarrhoea actually die from severe dehydration and fluid loss.

Since the World Health Organization (WHO) endorsed oral rehydration therapy in the late 1970s for preventing and treating dehydration relating to diarrhoea, the annual mortality rate for children suffering from acute diarrhoea has fallen from around 4.5 million to less than 1 million deaths worldwide today ([WHO, 2000](#)).

What is the behaviour to be promoted?

Oral rehydration therapy is a type of fluid replacement used to prevent and/or treat dehydration especially relating to diarrhoea. It involves drinking water with modest amounts of sugar and salt added while continuing to eat.

Oral rehydration salts (to be mixed with water) are often offered in sachets by community health agents. Oral rehydration solution can also be made at home using the following ratios: 6 level teaspoons of sugar and ½ teaspoon of salt to every 1 litre of water ([WHO & UNICEF, 2008](#)). Children aged under 2 years should be given ¼-½ large cup after every loose stool and children aged over 2 years should be given ½-1 large cup after every loose stool. **It's very important not to mix up the ratio of salt to sugar! A general rule of thumb is that oral rehydration salts should not taste salty like tears.*



If safe drinking water is not available for the oral rehydration solution then other fresh water should be used. The WHO recommends that oral rehydration therapy should not be withheld simply because the available water is potentially unsafe; rehydration takes priority ([WHO, 2005](#)). Nevertheless, water for oral rehydration therapy should be boiled or treated with water purifying solution if at all possible.

How does it work?

The salts and sugars (through the process of osmosis) draw water into the bloodstream and speed up rehydration of water lost through loose stools.

Attending antenatal check ups and giving birth with a skilled attendant where possible

Why is this important?

More than 300,000 women died from complications relating to pregnancy or birth in 2015 ([WHO, 2016](#)). Almost all of these deaths occur in low-resource settings and most could be prevented. Major complications that account for maternal deaths include severe bleeding (postpartum haemorrhage), infections (usually after birth), high blood pressure (pre-eclampsia) and difficulties during delivery.

Meanwhile in 2015 almost 3 million newborns died during the first week of life - and almost 2 million of these on the day of birth ([WHO, 2016](#)). In addition there were around 3 million stillbirths worldwide ([WHO, 2016](#)). Major causes of newborn deaths include infections, prematurity and low birth weight, and lack of oxygen at birth (asphyxia). Up to two-thirds of newborn deaths could be prevented if skilled health workers perform effective measures during the antenatal period (pregnancy), at birth and during the first week of life.



Photo credit: Garth Cripps

What is the behaviour to be promoted?

Attending antenatal check ups and giving birth with a skilled attendant where possible. This will generally necessitate travelling to the nearest health facility.

How does it work?

Antenatal check ups, skilled birth attendance and postnatal care can significantly reduce the risk of maternal and newborn mortality by screening and treating maternal infections including syphilis during pregnancy, monitoring maternal blood pressure, supplementing iron and folic acid to reduce the risk of low birth weight, vaccinating pregnant women against tetanus, ensuring clean delivery and umbilical cord care, providing assisted ventilation to help newborns breathe if necessary, promoting skin-to-skin contact especially for premature babies and those with low birth weight, and encouraging immediate and exclusive breastfeeding.

Prolonged skin-to-skin contact for premature babies and those with low birth weight

Why is this important?

Every year an estimated 15 million babies are born prematurely (before 37 completed weeks of gestation) and almost 1 million of these subsequently die due to complications ([WHO, 2016](#)). Additionally every year more than 20 million babies are born weighing less than 2.5kg - the vast majority in low-resource settings ([WHO, 2016](#)). These newborns are at increased risk of infectious diseases and death during infancy. Conventional neonatal care of premature babies and those with low birth weight is extremely challenging in low-resource settings. Skin-to-skin contact (also known as “[kangaroo mother care](#)”) is recommended by the WHO as a safe and effective alternative to conventional neonatal care ([WHO, 2016](#)).

What is the behaviour to be promoted?



Early, continuous and prolonged skin-to-skin contact between mothers and their newborns (positioning the baby close to the bare chest and securing it using a soft piece of cloth), with frequent and exclusive breastfeeding. The baby’s head and feet should be covered with a hat and socks, then the mother covers herself and the baby with her usual dress. Fathers can also participate occasionally in providing skin-to-skin contact for the newborns, and mothers should maintain skin-to-skin contact while breastfeeding.

Mothers carrying their newborns in the “kangaroo care” position can sit, stand, walk, engage in income-generating activities and do household tasks as necessary, and sleep in a semi-reclined position. It is recommended to phase out “kangaroo mother care” when the baby reaches term (gestational age around 40 weeks) or 2.5kg - around this time the baby generally outgrows the need for “kangaroo mother care”.

How does it work?

Skin-to-skin contact can help to stabilise the baby’s heart rate and breathing, provide warmth, support weight gain and promote bonding. It’s broadly equivalent to conventional neonatal care (incubators) in terms of thermal protection.

Exclusive breastfeeding for six months following birth

Why is this important?

Breastfeeding is one of the most effective ways to ensure newborn survival and long-term health.

If every infant was breastfed within an hour of birth, given only breast milk for the first six months of their life, and continued breastfeeding up to the age of two years, an estimated 800,000 child lives would be saved every year ([WHO, 2016](#)). Yet globally, less than 40% of infants aged under six months are breastfed exclusively.

Breast milk is the ideal food for newborns and infants. It’s safe and contains antibodies that help to protect infants from common childhood illnesses such as acute respiratory infections and diarrhoea; the two primary causes of child mortality worldwide. Breast milk is readily available and free, which helps to ensure that all infants get adequate nutrition at the beginning of their lives no matter where they’re born.



What is the behaviour to be promoted?

Initiation of breastfeeding within the first hour of life (the mother’s first milk, colostrum, is especially important as it’s very rich in protective antibodies so it should **not** be discarded!); exclusive breastfeeding for the first six months of life (the infant receives only breast milk - no food or liquids, not even water); breastfeeding on demand (as often as the infant wants, both day and night); no use of bottles or pacifiers.

How does it work?

Breast milk gives infants all of the nutrients that they need for healthy development. It should not be supplemented with any food or liquids during the first six months of life.

Early and formal care-seeking for treatment of common childhood illnesses

Why is this important?

Almost 6 million children aged under five years died in 2015 (WHO, 2016). More than half of these deaths could be prevented or treated with simple and affordable interventions. From the end of the neonatal period and through the first five years of life, the main causes of death are respiratory infections, diarrhoea and malaria. Undernutrition is the underlying contributing factor in about 45% of all child deaths, making children more vulnerable to severe diseases (WHO, 2016).



Photo credit: Garth Cripps

What is the behaviour to be promoted?

Preventative practices already stated in this chapter, followed by early and formal care-seeking from trained community health agents or medical professionals in health facilities for treatment. This may necessitate community education about symptoms (e.g. congestion, difficulty breathing, loose stools, blood in stools, fever, chills, sweats, etc) of respiratory infections, diarrhoea and malaria.

How does it work?

Prompt recognition and treatment of common childhood illnesses is crucial as mortality rates among untreated children are high and death can occur rapidly. Educating communities about common childhood illnesses and encouraging them to seek formal care as early as possible offers children the best chance of survival.



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