

# Book Review - Health Behaviour Interventions In Developing Countries

**Karl Peltzer and Supa Pengpid**

Master of Public Health, College of Medicine, University of Malawi.

## Reviewed by: Cameron Bowie

There is no question that a state-of-the-art textbook on health promotion interventions specifically focusing on developing countries would be really useful in Malawi. And to discover that the authors live and work in Africa is the cause of mounting anticipation. Would the book "Health behavior interventions in developing countries" by Karl Peltzer and Supa Pengpid, 2011, Nova Biomedical Books, New York running to 324 pages and costing \$171 offer evidence and definitive advice about what health behaviour interventions are likely to work in Malawi and which are not? This topic is not just important for the Ministry of Health; it is of interest to all health professionals seeking to minimise the burden of disease of their particular specialty in their own community.

The first chapter sets the scene by documenting the diseases caused or influenced by our behaviour using the burden of disease work provided by WHO. It is inconsequential that the latest version of the burden of disease<sup>1</sup> has not been used as the earlier version has a more complete list of risk factors including unsafe sex which is inexplicably excluded from the new version and which of course is the top priority risk factor in southern Africa<sup>2</sup>.

The second chapter describes the theoretical frameworks associated with health promotion activities. This is useful for<sup>1</sup> MPH students (and their lecturers) in summarising the various theories currently in vogue. There is a section on E-health interventions (internet and e-mobile) with an example from Kenya and Brazil of web-based education on adolescents' knowledge about HIV/AIDS, abortion law and emergency contraception: the Teenweb initiative<sup>3</sup>. The use of mobile phone short messages to improve ART adherence in Kenya is a good example of an e-mobile intervention<sup>4</sup>.

The rest of the book covers undernutrition (Chapter III), non-communicable disease risk factors such as high cholesterol, obesity and physical inactivity (Chapter IV), sexual and reproductive health (Chapter V), addictive substances (Chapter VI), road traffic injury and violence (Chapter VII), mental health (Chapter VIII), malaria and helminth infections (Chapter IX) and environmental risks such as unsafe water and climate change(Chapter X). So all the important diseases and risk factors are covered.

Each chapter has what at first glance appears to be a most useful table of available interventions and the evidence associated with each graded on a 1 to 4 scale in two columns - one for high and the other for middle and low income countries. But there is no knowing on what basis the grades were chosen, making the tables practically useless.

The non-existence of any serious analysis or discussion about the merits and disadvantages of each intervention tend to dampen enthusiasm for the book. The absence of anything to do with cost-effectiveness - of paramount importance in Malawi where we do not have spare Kwacha to throw around - begins to disenchant. The lack of a historical context for

each chapter completes the disenchantment. How useful it would be to read about how the early efforts to reduce malnutrition on a large scale - the huge World Bank projects in the 1950s and 60s - failed and how interventions have been modified to become more successful<sup>5</sup>.

So what is in it? Each chapter contains an extensive bibliography of peer reviewed articles and authoritative publications (for example from WHO, UNICEF, NIH, NICE). There is no effort to provide a systematic search of the subjects. Where are the publications of interventions that have failed? It offers examples of successful health behaviour interventions carried out in low and middle income countries. This compounds the publication bias inherent in the choice of the citations.

## References

1. Murray CJL, Frenk J, Piot P, Mundel T (2013) GBD 2.0: a continuously updated global resource. *Lancet* 382: 9–11. doi:10.1016/S0140-6736(13)60225-1.
2. World Health Organization (2009) Global health risks mortality and burden of disease attributable to selected major risks. Available: <http://site.ebrary.com/id/10363978>. Accessed 3 September 2013.
3. Halpern CT, Mitchell EMH, Farhat T, Bardsley P (2008) Effectiveness of web-based education on Kenyan and Brazilian adolescents' knowledge about HIV/AIDS, abortion law, and emergency contraception: findings from TeenWeb. *Soc Sci Med* 1982 67: 628–637. doi:10.1016/j.socscimed.2008.05.001.
4. Lester RT, Ritvo P, Mills EJ, Kariri A, Karanja S, et al. (2010) Effects of a mobile phone short message service on antiretroviral treatment adherence in Kenya (WeTel Kenya1): a randomised trial. *Lancet* 376: 1838–1845. doi:10.1016/S0140-6736(10)61997-6.
5. World Bank (2010) What can we learn from nutrition impact evaluations? lessons from a review of interventions to reduce child malnutrition in developing countries. Washington D.C.: World Bank. Available: <http://site.ebrary.com/id/10430842>. Accessed 3 September 2013.