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Letter to Ayaan Ali Hirshi

After reading your two wonderfully candid books I feel I know you intimately, but let me introduce myself. My name is Juliet Waterkeyn. I too am a 'nomadic' African and spend a lot of time thinking about how to overcome the many problems of the dysfunctional traditional society that rule the continent. I am a development worker, born in London, brought up in Zimbabwe, worked extensively in Kenya, Tanzania, Uganda and Rwanda, and now living in South Africa. Through observation of how women operate in rural areas, I developed the idea of a 'Community Health Club' as a means of getting women together to discuss health and take control of their lives rather like the development of the social norms and values by the Boy Scout Movement. In 1997 We started an organisation called Zimbabwe Applied Health Education and Development (AHEAD), where we tested out the theories that I had developed, and the response from the community was outstanding and in a few years we had over 500 health clubs in operation. However no sooner had we started to succeed when Zimbabwe fell apart in 2000, and funding dried up over night. I went back to university at London School of Hygiene and Tropical Medicine as a very mature student to do a PhD and research the results of the model of development that I had developed. I had seen so much anecdotal **evidence of spectacular change within the lives of health club members**, that I wanted to document it and see how it stood up against other projects internationally. I could find little in the literature to challenge the level of behaviour change that we had achieved and published a paper showing these results (Waterkeyn & Cairncross, 2005).

Armed with this assurance we started a consultancy called Africa AHEAD to spread this method to other parts of Africa – Guinea Bissau, Uganda, Rwanda, South Africa, and now in Asia, Vietnam. Some of the principles that we use **resonate completely with the way you recommend changing the values of the Muslim worldview**. It was therefore a delight for me to read your words, that are so honest and direct and for once, not always politically correct. I too have made the journey into an unashamed rationalism, and was given courage to come out of the closet as an atheist by reading Richard Dawkins a few years ago. It liberated my thinking even though I am from what you would call an 'enlightened' tradition.

I cant help feeling that what we have been trying to achieve within rural communities **would interest you in terms of a practical method of liberating the mind of both men and women who are under-educated and under the spell of a out-moded mindset**. I have seen with my own eyes the lighting up of womens' minds and ours is a simple system that has never failed - as yet.

We have started projects in Guinea Bissau in Muslim communities and in Sierra Leone where villages trying to resettle after the most horrific civil war. **Community Health Clubs helped to organise and unite**

a diversity of people returning home traumatised and torn by civil strife, having seen incredible brutality. The **popularity of health clubs wherever they start**, shows that they resonate with the local needs. With the recent popular uprisings in the Arab world, I feel that **Community Health Clubs would be a perfect way to take local conservative communities forward into a re-examination of their own health and way of life, enabling open debate and informed decision making to ensure that women, in particular benefit from this new desire for freedom and rational understanding that is sweeping their society.**

Let me explain the theory behind the model. I believe in the past we, from the 'west', have tried to get through to rural uneducated tribal/traditional societies using reason as the tool, because for the most part, knowledge in our experience has been the first stage of progress. It is common sense for Westerners to act on known facts - although it must be said that even the most educated still smoke when they know the danger!

Development agencies usually try to entice people to take an *individual* decision to change, but this is a fundamental mistake that has caused continual lack of response from 'beneficiaries'. As you know from your own experience, it takes a huge amount of courage to be different from one's peers, particularly in more consensus-seeking conservative cultures. The PhD (Pull him/her down) syndrome is strong in Africa: if anyone gets ahead or is succeeding, the family fasten on and relieve him/her of their excess, the curse of the extended family. Jealousy often accounts for lack of progress because as you quoted your grandmother saying, you should not get above your station. Those non-adaptors teach the upperty a lesson by vandalising their efforts to progress.

How can we counter this peasant knee jerk reaction to progress? Although it takes more time, I believe we should not approach each individual separately with the prospect of change but we should use the traditional group conformity in a productive way, and refrain from stressing individuals who are unaccustomed to thinking for themselves. I use the analogy of carnivores, that hunt individually or in families (the West) and herbivores whose survival strategy is in numbers, thus they can afford to loose a few outliers as long as the herd as a whole survives.

Our method in Africa AHEAD is to form what we call 'Community Health Clubs', formed to address all issues of mental and physical health so members can effectively manage their own bodies, and family health. Members register and receive a membership cards which has a list of at least 20 sessions that they promise to attend within a six month period. This weekly meeting provides a forum for them to debate and adopt progressive standards through participatory activities that allow every person to talk and express their own ideas, no matter how illiterate the person is. We have developed hundreds of pictures which allow the group to make value judgements of different practices and sort the good, bad and medium and debate on the relative advantages/possibility of each. Each week the same group tackle a different topic, usually focused on some preventable disease or condition, and end the session making a pledge as a group to change in some small way.

The group meets every week for at least six months and covers sessions on every aspect of their lives, the curriculum can be developed to suit the needs of each community. We start with very simple issues, such as how to keep drinking water safe, by covering it, an easy job to do. How to wash hands with soap before preparing meals etc... Slowly over the months the shyness vanishes and even the most reticent start joining in. They enjoy the weekly meeting, a chance to dress up and have some intellectual stimulation, which as you will appreciate is a rare opportunity in the rural areas. So often the only time women meet are at weddings and funerals, and they seldom discuss *issues*, as such. The members without fail respond enthusiastically, making up dramas and health songs, doing home visits to encourage others, making nutrition gardens together and the club develops a myriad of different activities... play schools, literacy classes etc, but the entry point is simple hygiene. It is an indirect approach which leads to changing the very basic behaviour patterns, and once people start to taste the delight of changing, the changes get bigger and more ambitious. We leave the big issues like AIDS and sexual issues til last when a strong sense of trust is developed and people have opened their minds and can talk freely. It needs to be seen to be believed how the tribal controls are slowly shed and women start to be respected by their husbands, even treated as equals. Traditionally in Zimbabwe, women sit on a mat by the fire and men sit on a stool in a place of superiority. We have seen homes where men and women sit side by side on arm chairs moulded in clay, with Mum and Dad written above, as equals. It becomes a fashion, and the kitchens become places of beauty and pride. It is inspirational.

What I am saying is that we use health promotion as a vehicle for changing **values**, not just behaviour. We believe, not in the 'sticking plaster' approach of much development that seeks to patch up the superficial results of poor hygiene. We seek to change what **directs** behaviour, the **value system**. By developing a '**culture of health**' the members find their own ways to improve their homes, often far more exemplarily than our recommendations. It is group pressure used in a positive method. Traditional groups feel confident to change **en masse**. It takes more time but when there is a critical mass, the whole group swings together like a flock of birds taking off on a beach. **This is not theoretical sociology, this is sound empirical mechanics of human behaviour.**

In your quest to change Muslim culture, I feel that the same mechanism could be adapted to address some of the thorny issues you are dealing with, such as honour killings, genital mutilation and child brides. However instead of tackling these sensitive subjects outright and provoking a defensive reactions, to protect cultural norms, just go '*pole pole*' one step at a time, through basic hygiene and organisation of the home. Eventually women will start to raise the more difficult issues, led by them at their own pace, when they have developed enough trust in the whole group to be able to speak their mind. A good analogy is how one takes vitamins to get healthy: you don't swallow the whole bottle at once as the body can't absorb that much and it has no effect, but you take a vitamin pill a day to build up the body.

That is why we work with a 'club' rather than just a group. The club develops its own standards and core values, and its members are recognisable by their behaviour. As you so rightly say, the evangelical churches know how to organise their flocks. We have watched the phenomenal attraction of weekly Christian gatherings. Community Health Clubs use the same appeal to the sociable nature of people, in a

secular, non-divisive way, with religion and political parties banned. One thing I think we can assume is that every one wants to be healthy, and every mother wants her children to survive and prosper.

The health clubs are for young and old, educated and illiterate, men and women, and they become the forum for progress and open debate. Political and religion affiliations are not high lighted and there are no rules about entry, it is free and voluntary membership. There is only one rule, those who complete all 20 sessions are the ones who will benefit should there be any 'projects' forthcoming, and this prevents high jackers coming in to claim the goodies when they arrive. In actual fact, it is a gender issue. The clubs tend to be 80-100% women as the subject matter tends to bore men, dwelling as it does on tedious subjects like sanitation and cleaning the kitchen, so they tend not to complete the sessions, although there is usually a knot of village elders who sit at the back to make sure there is no subversive thoughts being propergated! For thorny issues such as the use of condoms, that challenges traditional wisdom, we arrange special sessions for women and men seperately. However, men tend to show up when there are material benefits such as water supply and latrines, when they try to high jack the 'goodies', but the rule of the club is that only those who have certificates of full attendance can get onto the next stage. This means men either have to join the club and go through the instruction, which often does happen, or they have to let their wives manage the project, which is a level of empowerment not often seen. **A woman alone cannot stand up to her husband, but the club members are a force to be reckoned with!** Health Clubs provide a forum for debate and an outreach for government services, such as child development, growth monitoring, identification of vulnerable families, prevention of disease.

We don't promote the health clubs as 'womens groups' or 'empowerment of women' or claim to deal with 'gender issues, and we try to encourage men and women to work together as two sides of the same coin, for improved community health. The main thing the Community Health Club achieves, 'the hidden curriculum', is to **build confidence and self-efficacy in every mother so she can take control of her own health (body and mind)**. In this way we can infiltrate traditional structures of power and undermine the conventional wisdom without causing a back-lash. This subtle approach would also be useful in Muslim countries, rather than attack the status quo head on. The combination of endorsement by authority and the enlightened information given in the health clubs, makes an ideal transition phase for the peasant ignorance to becoming fully informed. Once basic scientific facts are being accepted rather than supersition, the door is opened. The Muslim mind, like any other can start to think for itself.

You mention the need for rational education, the need for Christian missionary work to convert Muslims, and advocacy by feminist groups but I want to recommend our method, **Community Health Clubs as one of the ways forward to operationalise this change in a practical way**. The main people working in countries who would be able to get under the skin are the development agencies and NGOs and they are also able to pioneer new approaches which government can later insitutionalise. I imagine this sort of **programme could be introduced in Muslim countries where the macro environment is now enabling change, in Tunisia, Libya and Eygpt**, and others which are following their example, providing women with a sanctioned opportunity once a week to meet and support each other, and have some intellectual stimulation even if it is under the watchful eye of the Imam. **We would be delighted to work**

with you if you would agree to be our patron, to galvanise support for this type of intervention.
Please look at our website to get more details of the work we have done. www.africaahead.com