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# Fostering reflective trust between mothers and community health nurses to improve the effectiveness of health and nutrition efforts: An ethnographic study in Ghana, West Africa

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A B S T R A C T

As the global health agenda shifts from the Millennium Development Goals (MDGs) to Sustainable Development Goals (SDGs), the need for effective preventive health efforts has gained prominence, particularly in low-income regions with poor health and nutrition outcomes. To address needs in communities with limited access to health services and personnel, it is important to develop strategies that can improve the effectiveness of nurses as they interact with the populations they serve. We contribute to informing such strategies by explaining how mothers' "reflective trust" in community health nurses develops as a key influencer in their health-related decision-making and behavior. Between December 2012 and June 2013, our ethnographic study gathered data in three adjacent rural and semi-rural communities in Ghana's Eastern Region, using interviews with 39 nursing mothers, three focus groups – with mothers, health-workers, and community leaders – as well as 941 h of participant observation. We focused on interactions between mothers and nurses, highlighting tensions between communities' traditions and messages that nurses bring, which are often based on modern science. We also investigated how mothers come to exhibit reflective trust in the nurses to make sense of traditional and scientific knowledge on infant feeding, and integrate them into their own feeding decisions. Our findings have global implications for effectively sustaining and scaling health and nutrition efforts through community approaches.

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## 1. Introduction and background

### 1.1. Community-level interactions for improving health and nutrition

As global attention shifts from the Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs) agenda, the need for effective preventive health programs and policies has gained prominence, particularly in low-income regions (Lartey, 2013), where poor health and related nutrition outcomes persist (de Onis et al., 2013). Limited access to health services and personnel in rural communities is a key challenge for relatively weak health systems. For example, among populations in parts of rural Ghana, there are only 2 physicians and 9 nurses per 10,000 people (McPake, 2011; WHO, 2012). Given that systems with greater health personnel utilization may be more effective at preventive health and dealing with crises (McPake, 2011; Smith and Hanson, 2012), global efforts, such as the One Million Community Health Workers Campaign (1mCHW), have been established to increase the number and quality of health workers in Sub-Saharan Africa, thereby supporting governments, global partners and local stakeholders to reduce health disparities. In Ghana, the 1mCHW campaign plans to increase the number of community health workers from 9700 in 2013 to 31,707 in 2023. This will ensure full coverage of 1 Community Health Worker (CHW) to 500 people (One Million Community Health Workers Campaign, 2015). While such increases are essential, it is also important to inform strategies for improving the effectiveness of nurses as they interact with the populations they serve, to influence health-related decision-

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making and behaviors, thereby improving health (Adu-Afarwuah et al., 2008; Nti and Lartey, 2008).

To develop strategies for preventive health that potentially strengthen health systems, researchers in public health and human behavior have noted the need for a deeper understanding of the relationships and interactions between nurses and the communities they serve (Gilson, 2003; Sheikh et al., 2011). Trust – which in our paper refers to "confidence in the other's goodwill" (Ring and Van de Ven, 1992: 488) – has emerged as an important factor underlying relationships between nurses and their clients (Bloom et al., 2008; Davies, 1999; Mechanic, 1996; Mishra, 2014). Existing research suggests that when nurses are trusted, they are able to successfully implement interventions that could change behaviors and improve health (Gilson, 2003). Yet, we lack understanding of what types of trust exist in different contexts, and how trust emerges, including among rural or marginalized populations (Maes, 2014).

### 1.2. Objective of the paper

Drawing upon an example of a key public health challenge – infant nutrition – this paper uses qualitative data to deconstruct the types of trust that mothers have in community health nurses (hereafter known as community nurses) and how trust develops for fostering positive feeding decisions and behaviors. The paper emerged from a study aimed at understanding existing beliefs, decision-making, and behaviors around infant feeding, to facilitate the adoption of a local complementary food supplement (Ghosh et al., 2014). In order to understand the subjective feeding decision-making processes and behaviors of mothers, who are embedded within households, extended families, and in communities, we used an ethnographic study design (Higginbottom et al., 2013; Magilvy et al., 1987; Morse, 1987; Pelto and Armar-Klemesu, 2011).

Our paper uses data from observations, interviews and focus group discussions to contribute to knowledge and practice in community approaches to public health. Broadly, the paper illuminates strategies that community health initiatives (such as 1mCHW) can adopt to enable trust between community nurses and the communities they serve. We develop the concept of *reflective trust* in public health, drawing from social psychology (Murray et al., 2011) and organization studies (Adler, 2001). In this paper, reflective trust "refers to one's beliefs about the strength of the [other person's] caring and commitment, now and in the future" (Murray et al., 2011: 486), and involves conscious beliefs about one's relationship with another. Noting tensions between trust in community members' traditions around feeding and community nurses' messages on feeding, we highlight the reflective trust exhibited by mothers in our case study. We specify reflective trust as different from "identification-based trust" (Lewicki and Wiethoff, 2000) or "blind trust" (Adler, 2001), which mothers may otherwise exhibit based on their own mothers' or traditional leaders' infant feeding traditions. Reflective trust also differs from "calculus-based trust" (Lewicki and Wiethoff, 2000), in which mothers may reject the influence of anyone from outside their community, whom they might perceive as having a hidden agenda. Rather, reflective trust is based on reputation as well as process (Adler, 2001; Murray et al., 2011). Mothers allow themselves to be influenced by nurses, who they perceive to be members of their communities (because of the relationships they develop with these nurses over time), as well as holders of "modern scientific knowledge" (Warren, 1989: 162), who provide advice that, over time, they find is effective in their communities.

### 1.3. Community-based Health Planning and Services (CHPS) nurses in Ghana

While collecting initial data, we identified tensions between the trust that mothers placed in "traditional knowledge" from their elders versus their trust of "scientific knowledge" from nurses. Traditional knowledge is defined here as "the complex bodies and systems of knowledge, know-how, practices and representations that are maintained and developed by peoples with extended histories of interactions" (United Nations, 2005: 2) and which prioritizes community elders' knowledge. Scientific knowledge is acquired through the scientific method (Motte, 1729), and is accessed from the formalized healthcare system. The literature suggests that when faced with health concerns, parents in more traditional communities often consulted traditional healing sources and existing systems of care in their communities, such as mothers and mothers in-law, rather than turning to "formal medicine" in the scientific community (Chibwana et al., 2009; Mwangome et al., 2010; Phillips et al., 2006). Yet, during our study, it emerged that community nurses – who are agents of the formalized healthcare system – were key in influencing mothers' feeding beliefs, decisions, and behaviors (Perry et al., 2014). Mothers overwhelmingly pointed out that during post-natal visits, community nurses provided them with information about feeding, including nutritious foods for infants, and mothers "trusted" them regarding what to feed their infants. Based on initial study findings during fieldwork, it became pertinent to ask the following question: *What makes it possible for mothers to trust community nurses, allowing the latter to influence mothers' feeding decision-making in ways that may subsequently engender positive health and nutrition behaviors and outcomes?*

Our initial answers lay in understanding the community health nursing initiative. Community-based Health Planning and Services (CHPS) nurses in Ghana are community-based public health nurses who, have deliberately incorporated traditional approaches, such as social trust customs employed by traditional healers to facilitate relationship building, and have integrated an understanding of child feeding concerns and practices handed down from elders, into their practices (Binka et al., 2007; Nyonator et al., 2005). Piloted in 1994 and subsequently scaled (Nyonator et al., 2005), the CHPS model mobilizes traditional village-based structures to advance health messages and improve the overall health of the population (Pence et al., 2007). Nurses recruited into the CHPS program undergo eighteen (18) months of training in basic curative health, and upon completion are assigned to communities under the supervision of the Ghana Health Service's District Health Division. Once the nurses arrive at their assigned health posts, they undergo a reorientation training and 6 months in-service training in community engagement, service outreach and community health-care planning (Awoonor-Williams et al., 2013). As part of their reorientation, nurses live in these communities and strategically build relationships with the community members and leaders (chiefs, elders, opinion leaders) by organizing health and nutrition discussions, pre and post-natal visits, home visits, peer educational sessions, and educational durbars for the whole community, including fathers and opinion leaders (Phillips et al., 2006). CHPS nurses also work with volunteers within communities who help with mobilization and health promotion among community members (Nyonator et al., 2005).

The CHPS program had a profound impact on child mortality (under 5 mortality fell by 14% during the first five years of the program intervention, with reductions in infant (5%), early child (18%), and late child (39%) mortality), such that in 2000, the Ghana Health Service (GHS), the practitioner arm of Ghana's Ministry of Health (MoH), adopted it as the national program to improve the

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