

# EFFECTIVE HYGIENE BEHAVIOUR CHANGE PROGRAMMING

Messages from the South Asia Hygiene Practitioners Workshop, February 2010



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In February 2010 – during a workshop organised by BRAC, WaterAid, IRC and the Water Supply and Sanitation Collaborative Council – 50 hygiene practitioners and researchers from South and South East Asia came together to share lessons learned, and discuss progress and challenges in promoting hygienic behaviours. Eighteen papers were presented and discussed, representing a range of experiences. Considerable progress has been made in research, in improving knowledge about hygiene, and, partially, in improving hygienic practices. In five of the pro-

grammes represented at this workshop, hygiene promotion is being implemented at scale with more than one million people.

A substantial challenge – and a major theme of this exciting meeting – was how to move from knowledge to sustained practice, at scale. Reaching this goal requires intensive hygiene promotion, focus on enabling factors, sufficient time, well-tested communication, and flexibility. Hygiene needs sustained attention.

The detailed discussions led to nine recommendations, presented on the following pages.





## RECOMMENDATIONS

### On Monitoring:

- 1.** For the practitioners running hygiene promotion programmes, the focus should be on monitoring outcomes rather than *impact*. Measuring the health impact of a particular hygiene intervention is notoriously difficult. Programmes should measure whether their actions result in the intended behaviour change and not attempt to measure the health impact of these behaviours.
- 2.** Programmes should realise that reported behaviour often differs from observed real behaviour. Self-reporting as a single monitoring tool is thus unreliable. Using triangulation

(that is, collecting desired data through multiple tools, such as observation and spot checks, and checking internal consistencies) is essential. Reliable and affordable monitoring at scale remains a major challenge.

*See for example papers 4 and 8 on the CD-Rom.*

### On Behaviour Change:

- 3.** How do knowers become doers became the key question of the workshop. What factors stop people who say they know what to do from actually practising good habits? One framework analysing this is FOAM: Focus, Opportunity, Ability and Motivation. All factors must be in place for



people to practise the intended good practice(s). Other experiences pointed to the need for long-term (decade rather than five years) behaviour change campaigns, use of multiple mediums to reach different user categories and the proper sequencing of messages and mediums.

**4.** Do we focus on one or very few behaviours and messages, or many? The consensus was that an overload of messages is not helpful. Equally important, messages should be relevant and appropriate. This requires preparatory investigation, message testing and reflection with the intended target groups, and possibly reiteration and change over time, based on outcome evaluation.

**5.** Especially at the community level, the best starting point is not to start by developing messages. Instead, programmes begin with formative research and/or should assist communities to do self-assessments of their situation, identify good and bad practices and come up with solutions and action plans to promote the good and change the bad. This is in line with the concept of targeted hygiene: identifying high-risk sites and situations for transmitting pathogens in homes and communities and promoting feasible and appealing practices where and when they matter most to reduce people's contacts with these pathogens.

*See for example papers 14 and 17.*



## On Menstrual Hygiene:

**6.** Menstrual hygiene is a key component of personal hygiene for women. Worldwide, its absence from hygiene programmes is a grave source of misery, ill-health and loss of dignity for poor women. Programmes should focus not only on education and promotion, but also on production of easy and affordable access to sanitary napkins and related products, and their safe and dignified disposal after use. Simple adjustments to latrine design and construction, such as a small raised platform, also help women to manage their hygiene better during menstruation. Practitioners present at the workshop made a joint promise to break the silence on this important topic, and to start addressing it in their programmes and their own organisations.

*See for example papers 7 and 11.*



## On School Hygiene:

7. The result of one study from Pakistan showed that 'children tell the truth, teachers don't'. Sustaining hygienic behaviour in schools is largely a management issue. While children can be taught and may be willing to practise good hygiene, they need an enabling environment to actually do so. A minimum

requirement is presence of soap and water. The study showed that nowhere did school staff take responsibility and ownership for their management, with blame shifting between teachers, principals, cleaners and management committees.

See for example paper 16.



## On Hygiene Promotion for Men:

8. Most hygiene promotion programmes target women. However, men are major decision makers, e.g. on financing. Moreover, the key to good hygiene is that *everybody* practises good hygiene behaviours. For this, men respond to different impulses, use different communication channels, and may have different reasons for practising than women. A programme in Nepal has started to look into hygiene promotion for men in more depth, but further work needs to be done to identify the best ways to ensure that all family members support, practise and benefit from good hygiene.

See for example paper 12.

## On Mental and Spiritual Hygiene:

9. From the Philippines came the concept of mental and spiritual hygiene. Especially in situations of hardship from cyclones, floods, earthquakes and other natural and man-made disasters, clear and clean minds are as important for people as clean bodies and environments. This is another new angle to hygiene and hygiene promotion in addition to menstrual hygiene and hygiene promotion for men.

See for example paper 2.

## PAPERS

Hereunder is the full list of papers produced for the workshop. All papers are included on the CD-Rom.

1. Md. Iqbal Ahmed & Rozena Begum (WaterAid, Bangladesh): *Hand Washing Practice in ASEH Project Area: A Study for Impact Monitoring.*
2. Lyn Capistrano (PCWS, the Philippines): *A study on Personal and Home Hygiene in Flood Prone Communities in the Philippines.*
3. John Collett (SNV Bhutan): *Thirty-five years of searching for answers in Rural Sanitation and Hygiene in Bhutan.*
4. Lisa Danquah, (University of Southhampton, United Kingdom): *Measuring hand washing behaviour: methodological and validity issues.*
5. Ranajit Das, Gitasree Ghosh, Dr. Dibalok Singha (DSK, Bangladesh): *Participatory community hygiene education in Dhaka slums: DSK experience.*
6. Jacqueline Devine (WSP, USA): *Beyond Tippy-Taps: The Role of Enabling Products in Scaling Up and Sustaining Handwashing.*
7. Maria Fernandes (WaterAid, India): *Freedom of Mobility: Experiences from villages in the states of Madhya Pradesh and Chhattisgarh India.*
8. Gautam, O.; Adhikari, B.; Rajbhandari, K.; Jones, O. (WaterAid, Nepal): *Stages of hygiene monitoring: An operational experience from Nepal.*
9. Dr. Babar Kabir, Milan Kanti Barua, Rezaul Karim, Md. Bodiuzzaman, Mizanur Rahman, Mdd. Hasan Ali Mia (BRAC, Bangladesh): *Contributions of Village WASH Committee in breaking the cycle of unhygienic behaviours in rural Bangladesh.*
10. Dr. Babar Kabir, Sharmin Farhat Ubaid, Mahjabeen Ahmed, Mahidul Islam, Mizanur Rahman and Md. Hasan Ali Mia (BRAC, Bangladesh): *The Role of Imams and different Institutions in Hygiene Promotion of BRAC WASH Programme.*
11. Syed Shah Nasir Khisro, Altaf Ur Rahman (IRSP, Pakistan): *Assessing and Addressing Hygiene Issues of Internally Displaced Persons of Swat, Buner and Dir.*
12. Ingeborg Krukkert, Carmen da Silva Wells (IRC, The Netherlands), Yubraj Shrestha, Mangal Dash Duwal (NEWAH, Nepal): *Hygiene promotion for men – Challenges and experiences from Nepal.*
13. Prof. Kumar Jyoti Nath, Barenyo Chowdhury, Anish Sengupta (India): *Study on Perception and Practice of Hygiene and Impact on Health in India.*
14. Nga Kim Nguyen (WSP, Vietnam): *Designing Evidence-based Communications Programs to Promote Handwashing with Soap in Vietnam.*
15. Andy Peal (United Kingdom): *Hygiene promotion in South Asia; progress, challenges and emerging issues.*
16. Ayub Qutub, Fauzia Butt, Erum Bashir, Sobia Shabbir (PIEDAR, Pakistan): *Who is Responsible for Soap in Pakistani School Toilets?*
17. Mohammad Riaz, Farooq Khan (Pakistan): *Beyond Traditional KAP Surveys – Need for Addressing Other Determinants of Behavioural Change for More Effective Hygiene Promotion.*
18. Laboni Shabnam (DAM, Bangladesh): *The practice of handwashing.*
19. Kathleen Shordt (IRC, the Netherlands): *Asia Hygiene Practitioners' Workshop: Summary report.*



## RESOURCES

More resources on the nine learning areas on hygiene and hygiene promotion can be read and downloaded from the web, both as Acrobat documents (with pictures) and Word documents (without pictures – quicker to download):

- For case studies, background papers and the workshop summary paper, see <http://www.irc.nl/page/51605> or <http://www.wsscc.org/topics/hygiene>
- For school hygiene: [www.schools.watsan.net](http://www.schools.watsan.net) or [www.wsscc.org](http://www.wsscc.org)
- For menstrual hygiene, see <http://www.schools.watsan.net/page/889>
- For handwashing and behaviour change journeys, see <http://www.globalhandwashing.org/>



### **About BRAC**

BRAC is a Bangladesh-based international NGO working to empower people and communities in situations of poverty, illiteracy, disease and social injustice. BRAC currently runs a large-scale WASH programme in many rural areas of Bangladesh.



### **About IRC**

IRC International Water and Sanitation Centre (IRC) facilitates the sharing, promotion and use of knowledge so that governments, professionals and organisations can better support poor men, women and children in developing countries to obtain water and sanitation services they will use and maintain.



### **About WaterAid**

WaterAid transforms lives by improving access to safe water, hygiene and sanitation in the world's poorest communities. In 26 countries in Africa, Asia and the Pacific region, and at the global level, they work with partners and influence decision-makers to maximise impact.



### **About the Water Supply and Sanitation Collaborative Council**

The Water Supply and Sanitation Collaborative Council (WSSCC) is an international membership organisation that works to achieve sustainable water supply and sanitation for all people, through enhancing collaboration among sector agencies and professionals.