

## Chapter 9 Hygiene Promotion

### 9.1 Introduction

Changing hygiene behaviours is a key element and, as we have seen, may often be *the most crucial step* in achieving health gains. Hygiene promotion is all about changing behaviours. Despite this it is often neglected or marginalized in programmes which state that they aim to improve hygiene; many of these programmes place much greater emphasis on the construction of hardware (often prioritizing water supply over sanitation). Not only does this mean that there is insufficient resources available for effective hygiene promotion, but it also means that the hardware which is installed may be inappropriate because it is not planned within an overall “hygiene improvement” framework. In some cases these interventions may even make it more difficult for communities and households to improve hygiene and enjoy real health benefits. This may happen for example when designs are inappropriate and facilities cannot be used or where sections of the community are excluded. To be effective then, sanitation and hygiene promotion programmes need to be designed with the hygiene improvement framework in mind – ensuring adequate resources for all three elements, and perhaps in some cases, focusing on

hygiene promotion ahead of construction of physical infrastructure which may be a secondary, more long term strategy.

Furthermore, hygiene promotion should be seen as a major element in the programme requiring not only adequate financial resources, but also the requisite levels of professional expertise and effort. Too often, engineers may seek to “add on” a hygiene promotion component to what is essentially a latrine construction programme, without due attention to the complexities of making hygiene promotion effective. Importantly it is often neglected during the planning phase with insufficient attention paid to gathering the types of information which are needed to design really effective behaviour change strategies. At the other end of the scale, insufficient time may be made available for the needed changes in behaviour to take root. Changes in hygienic practices is often a long term process, and it may not be achieved for example within the three year planning horizon of a conventional water supply project, or indeed the common term for a local political administration.

### 9.2 Making Sure Hygiene Promotion Works

Much has been learned about making hygiene promotion effective. Many of the key ideas are summarized in a useful Fact Sheet published by WELL<sup>i</sup>. These ideas are summarized below:

- **Build on what exists:** A hygiene promotion programme should be based on a thorough understanding of:
  - the most important risky practices which should be targeted;
  - who are primary/ secondary and tertiary audiences for key messages;
  - who can most effectively motivate behaviour change;
  - what may prevent behaviours;
  - how can audiences be most effectively reached; and
  - how can the effectiveness of the programme be measured.

Formative research is one approach which can be used to develop the hygiene promotion strategy. Formative research is a pragmatic approach to planning programmes which has attributes that “make it a particularly useful component of.....sanitation programmes”. The approach is flexible and allows researchers to devise key questions which are specific to the community in which they are working. Answers can be used to develop a plan of action<sup>ii</sup>.

- **Target a small number of risk practices:** The priorities for hygiene behaviour change are likely to include handwashing with soap (or a local substitute) after contact with excreta, and the safe disposal of adults’ and childrens’ excreta.
- **Target specific audiences:** audiences may include mothers, children, older siblings, fathers, opinion leaders, or other groups. An important group is those

people primarily involved with child care. Audiences need to be identified in each particular case.

- **Identify the motives for changed behaviour:**

As mentioned elsewhere, these may have nothing to do with health. People may be persuaded to wash their hands so that their neighbours will respect them, so that their hands smell nice, or for other reasons. Participatory planning with target groups can be used to discover local views about disease, and ideas about the benefits of safer hygiene practices. This can form the basis for a hygiene promotion strategy.

- **Hygiene messages need to be positive:** people learn best when they laugh, and will listen for a longer time if they are entertained. Programmes which at-

tempt to frighten audiences will probably alienate them. Furthermore, messages consisting of “dos” and “don’ts” can be frustrating and demoralizing for the poor particularly where they urge actions which are unrealistic for poor families<sup>iii</sup>.

As with all elements of the hygiene improvement programme, monitoring will be needed at the local level to ensure that inputs are delivered and that they result in the expected outcomes. At the programmatic level, it will be essential to provide oversight that ensures that hygiene promotion is integral to the overall programme, and that where hygiene promotion activities indicate the need for additional inputs in terms of hardware these can follow in a responsive manner (see **Reference Box 14**).

### 9.3 Applying the Principles

**Table 14** shows how the principles of good programming can be applied to decisions about hygiene promotion.

**Table 14: Applying the Principles to Hygiene Promotion**

Maximising public and private benefits	Achieving Equity	Building on what exists and is in demand	Making use of practical partnerships	Building capacity as part of the process
Use hygiene promotion as a two-way process of communication to: (i) inform and influence household behaviours and (ii) gauge effective ways of harnessing communal effort for the public good	Support approaches to hygiene promotion which empower people rather than those which present elitist or patronizing messages	Support information gathering so that hygiene promotion can be based on a thorough understanding of: key behaviours to change; key audiences; key motivators; ways to change behaviours; how to reach audiences; and how to measure outcomes	Expand the range of participants in hygiene promotion to ensure that messages are reinforced and delivered in the long term	Invest in capacity building to improve approaches to hygiene promotion

#### Reference Box 14: Hygiene promotion

**For:** A summary of current thinking on hygiene promotion, and links to other resources and references

**See:** Appleton, Brian and Dr Christine van Wijk (2003) *Hygiene Promotion: Thematic Overview Paper* IRC International Water and Sanitation Centre

Curtis, V. and B. Kanki (1998) *Towards Better Programming: A Manual on Hygiene Promotion* Water, Environment and Sanitation Guidelines Series No. 6 UNICEF

**Get this reference on the web at** [www.irc.nl](http://www.irc.nl) and [www.unicef.org](http://www.unicef.org)

**For:** Summary of seven “key messages” about hygiene which can be easily incorporated into a well-designed advocacy campaign.

**See:** *Facts for Life* UNICEF

**Get this reference from:** Local UNICEF offices or on the web at <http://www.unicef.org/ffl/09/>

## 9.4 Programming Instruments

In most cases the most important programming decision to be taken will be to allocate adequate resources to hygiene promotion, along with the needed institutional analysis, monitoring and feedback systems. In addition however, a recognition of the importance of hygiene promotion, should also be linked to decisions about: allocating responsibility for overall programme management and project investments; institutional and organizational arrangements; and coordination mechanisms. Specific additional actions might include:

- commissioning baselines studies on current hygiene practices;
- commissioning formative research to determine key behaviors to focus on;
- developing behavior change strategies including social marketing, social mobilization, and community-level education;
- integrating hygiene promotion efforts in Ministry of Health programs;
- determining roles and responsibilities for carrying out hygiene programs;
- ongoing monitoring of program effectiveness; and
- training at all levels for program implementation

## 9.5 Practical Examples from the Field: How will we promote hygienic behaviours?

The Sanitation and Family Education Project was developed and implemented by CARE Bangladesh, with technical assistance from the International Centre for Diarrhoeal Disease Research (Bangladesh). The SAFE project had no hardware component but was designed as a supplementary or follow-on activity after an earlier cyclone relief project which provided tubewells and latrines. SAFE worked by targeting a small number of specific behaviours including: drinking pond or open well water, improper storage of tubewell water, adding pond water after cooking, using unhygienic latrines, poor handwashing practices and low use of latrines by children under the age of five. The project area saw a two-thirds reduction in diarrhea prevalence when compared with control areas, and a substantial increase in hygienic behaviours including handwashing and hygienic latrine use. What is interesting about the SAFE experience, was that it operated in an area which had already been targeted with hardware and showed significant health benefits. Without the additional push on hygiene promotion, it is unlikely that the investment in latrines and water supply would have yielded expected benefits.

In comparison, the Environmental Health Project (EHP) was able to implement a full range of 'HIF' interventions in Nicaragua during a two-year project which was set up in the aftermath of Hurricane Mitch. The project provided: hardware, through water supply and environmental projects implemented by local NGOs; hygiene promotion, using trained community members and schools

as the two primary mechanisms to deliver messages; and strengthening of the enabling environment, through capacity building of local water committees and at the national level. Here the benefits were substantial and the advantages of the coordinated approach did not preclude a range of innovative institutional arrangements and partnerships being established.

In general hygiene promotion is a long-term process, which links an understanding of the current situation with a vision of what behaviours can be changed, and how this can happen. In Zimbabwe, ZimAHEAD have pioneered the Health Club approach to provide a framework for this needed long-term change. Community Health Clubs provide a forum for community-members to learn about simple and effective ways of improving hygiene in the house and community, and they also provide the community with a focus for planning and implementing water supply and sanitation activities. But perhaps more significantly the CHCs also provide support for wider economic activities, and provide a more interesting and stimulating framework within which the Ministry of Health Environmental Health Technicians can see long term structured change occurring in the communities with which they work. The CHC approach has proved to be extremely robust, and even with the recent decline in development budgets and the loss of funds from external support agencies, the CHCs have been able to sustain their activities and keep operating.

Ensuring a robust structure for hygiene promotion is important, but, as was the case in Bangladesh, this may be outside or in parallel with a programme of hardware provision. Investments in increasing access to hardware, and promoting hygienic practices need to be coordinated but can sometimes be successful when they are carried out by different agencies. In Ghana, the Northern Water Supply and Sanitation Project (NORWASP) integrated health and hygiene into water supply and sanitation for rural communities. A thorough evaluation of baseline data was carried out before a community-based hygiene education programme was developed, and this in turn was first piloted, and evaluated by the community. The approach drew from PHAST and PLA methods, but was tailored to local conditions, and made use of a locally-developed health and hygiene game. Identifying and training a cadre of committed fieldworkers is crucial, and this

is a key strategy in NORWASP. The project was not bound to one particular agency, but sought out the best institutional “homes” for different activities, while providing an overall coordinating framework.

As well as getting the institutional structure right, hygiene promotion needs to apply appropriate approaches. In some contexts for example, shocking messages may work well; in Zimbabwe, the CHCs use a slogan which is often “chanted at health club meetings” in the local language, which when translated states baldly “don’t share your shit”. In Bangladesh, VERC carry out village transect walks during which households discuss where each family member defecates, and identify areas in the village which are regularly soiled with faeces. Such approaches may not work in other situations, and each case must be assessed on its own merits.

### Case Study Box 7: How will we promote hygienic behaviours?

The Community Health Clubs and ZimaHEAD are described in Sidibe, M. and V. Curtis (2002) *Hygiene Promotion in Burkina Faso and Zimbabwe: New Approaches to Behaviour Change* Field Note No. 7 in the Blue Gold Series, Water and Sanitation Program – Africa Region, Nairobi. Further discussion of CHCs, along with information about NORWASP and the EHP project in Nicaragua is available in the case studies in the IRC Thematic Overview Paper (TOP) available on the web at [www.irc.net](http://www.irc.net)

VERC’s experience in Bangladesh is discussed in Kar, K. (2003) *Subsidy or self respect? Lessons from Bangladesh* id21 insights, issue 45 on the web at [www.id21.org/insights/insights45](http://www.id21.org/insights/insights45)

- i This section draws heavily on Appleton, Brian and Dr Christine van Wijk (2003) *Hygiene Promotion: Thematic Overview Paper* IRC International Water and Sanitation Centre drawing particularly on Appendix 2. This excellent reference is recommended as a starting point for more detailed programme planning.
- ii Sidibe, M. and V. Curtis (2002) *Hygiene Promotion in Burkina Faso and Zimbabwe: New Approaches to Behaviour Change* Field Note No. 7 in the Blue Gold Series, Water and Sanitation Program – Africa Region, Nairobi
- iii Appleton and van Wijk point out that messages such as “wash hands with soap” or “use more water for washing” may simply make people more frustrated and disempowered in situations where for example soap is not commonly used or available or where every drop of water has to be carried long distances.