HAPPY, HEALTHY AND HYGIENIC

HOW TO SET UP A HYGIENE PROMOTION PROGRAMME

3 MOTIVATING BEHAVIOUR CHANGE

UNICEF
London School of Hygiene & Tropical Medicine,
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This handbook is designed in four parts to help you set up a hygiene promotion programme.

This hygiene promotion handbook is the fifth of ten publications in the Programme Division/Water, Environment and Sanitation Technical Guidelines Series.

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HAPPY, HEALTHY AND HYGIENIC

HOW TO SET UP A HYGIENE PROMOTION PROGRAMME

3 MOTIVATING BEHAVIOUR CHANGE

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Preface

This mini-manual is part of a series of four being produced by the London School of Hygiene & Tropical Medicine (LSH&TM) in cooperation with the Government of Burkina Faso and with the support from UNICEF. The manuals are based on the experiences of the UNICEF-supported Saniya Project.

The objective of this series is to show how to encourage people to adopt safer hygiene practices and to make hygiene programmes more effective. It advocates the promotion of safe hygiene practices as preventive measures against diarrhoeal disease, and thereby contributes to a reduction of child mortality in developing countries.

The first mini-manual in this series introduces the ideas and techniques of hygiene promotion; the second one covers how to identify practices that need to change and how to develop replacement practices with individuals, families and the community; the third one deals with the topic of motivating behaviour change; and the fourth one deals with how to understand how people communicate and how to build on that knowledge to design an effective communication programme.

We look forward to receiving suggestions and ideas on how to improve support to field interventions in the area of hygiene promotion and to continue partnerships to strengthen hygiene programmes for children.

Acknowledgments

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The pictures were drawn by Mamadou Traore and Emmunuel Nkobi.

NEW WAYS OF PROMOTING SAFE HYGIENE

Why hygiene?

Diarrhoea is one of the top three killer diseases in developing countries, claiming the lives of more than three million children a year (WHO). Improvements in water supply and sanitation in the last 20 years have helped to cut the incidence of diarrhoea. But if these technologies have had an impact on health, it is because they make *better hygiene* possible.

Whether modern facilities are available or not, the best way to protect a child from diarrhoeal diseases is to keep the child's living space free of the microbes that cause diarrhoea. That means adopting a number of safe hygiene practices in and around the home.

What are these manuals about?

These manuals show how to encourage people to adopt safer hygiene practices. They can also help you to make your current hygiene programme more effective.

In these step-by-step guides we:

- ➪ show how you can work with communities to learn what people know, do and want concerning hygiene
- ➪ offer you up-to-date ideas about hygiene and communications
- ➪ explain how to put these together to plan an effective hygiene promotion programme for large populations.

Who are these manuals for?

If you are a:

- ➪ Decision maker, team leader, manager, trainer or health worker
- ➪ Working in Government, aid agencies or NGOs
- ➪ In the field of health, water supply, sanitation or urban services
- ➪ In urban or rural settings.

Then these manuals are for you!

How to use these manuals

There are four manuals in this series.

- ➪ Manual 1 shows how to plan a hygiene promotion programme
- ➪ Manual 2 deals with how to target practices for change
- ➪ Manual 3 deals with how to motivate behaviour change
- ➪ Manual 4 shows how to design hygiene communications programmes.

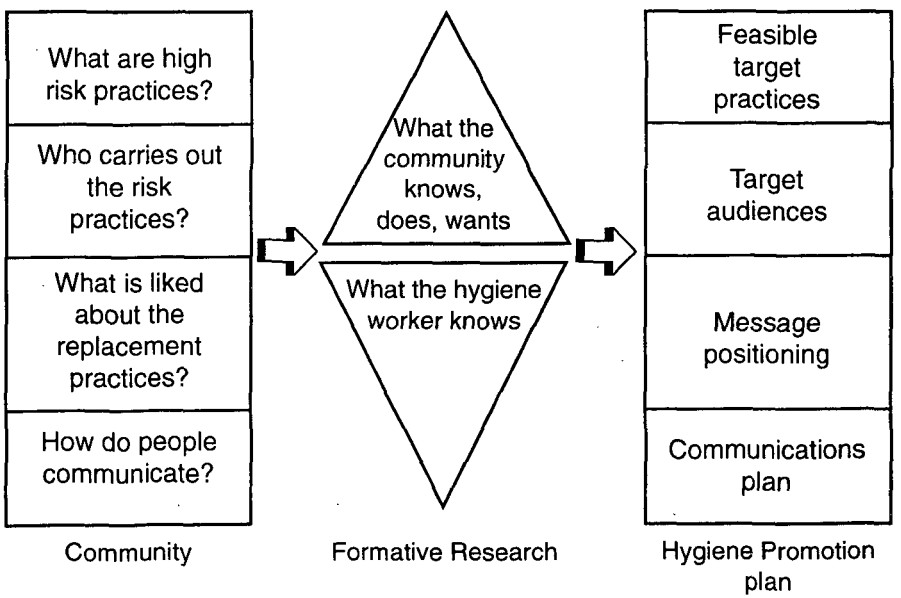
The manuals can be used separately or all together. The other manuals will, however, be easier to understand if you read the first one first. They have been kept short and simple, and they are in black and white so that you can photocopy them. We have minimised the technical jargon, but you may find some key words you have not met before. Definitions can be found in the glossary at the end of manual no 1.

Contents

INTRODUCTION: MOTIVATING BEHAVIOUR CHANGE

This is the third in a series of four manuals which take you through the process of designing a hygiene promotion programme.

In the first manual we saw how to use a process of formative research to combine what the community and the hygiene worker know, do and want. The diagram shows how the formative research addresses itself to finding the answers to a small number of key questions. The first step is to identify risk practices and design replacement target practices in collaboration with representatives of the target communities (Manual 2). The second step is to work with the community to find out what they like about the target practices. The motivational strategy, or positioning, is developed on the basis of the advantages of the practices and the goals that they serve for the people concerned. Finally, the last manual (no 4) describes how to design and set up a hygiene communications programme for goups of target audiences.



MOTIVATION

A new way of thinking about behaviour change

In the previous manual we saw how to identify the practices that were putting children at risk of diarrhoeal infection. We saw that the unsafe disposal of child stools, and failure to wash hands with soap (or ash)after coming into contact with stools, are probably the main practices which allow the microbes in stools into the environment of the vulnerable child. We also saw how to work with communities in the target area to develop replacement practices which are feasible, affordable and attractive. But this is only a part of the solution. We saw in manual 1 that teaching people about microbes and diarrhoea is impractical on a large scale, and not very effective in encouraging behaviour change. So what is the alternative?

Hygiene promotion uses a different approach. Instead of being top-down, it starts by finding out what the community *likes* about the target practices. It then uses these positive values to motivate behaviour change. So if, for example, we find that dignity and respect from neighbours are seen as the main benefits of adopting the target practices, then these values are used in their promotion.

To find out about the perceived advantages of the new practices, the first step is to discuss them with groups of women (Focus group discussions, p 16). The next step is to interview women who are already using the safe practices, to find out why (structured interviews, p 18). Finally, a number of women can be asked to try out the new practices as we suggested in the previous manual. These women can then describe the advantages that they feel that they gained (behaviour trials, p 20).

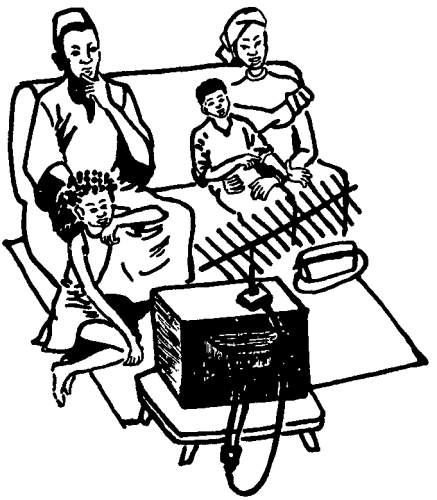
At the end of this manual we look at how our findings can be translated into strategies to motivate people to change their practices. This is called **message positioning.**

From smelly yards to happy husbands: an example

A health worker wanted to find out about how to motivate people to dispose of child stools safely. This is what she did:

The health worker and her team carried out four **focus group discussions** to ask about the disposal of child stools. Mothers explained that they did not like to see stools on the ground because they were ugly to look at and "they stop you breathing". They said that they admired mothers who managed to keep their courtyards free of stools. But they said that it was hard to always keep an eye on the child so as to be able to clean up afterwards.

The team **interviewed** some mothers who managed to keep their yards stool free. "My mother-in-law gave me a potty for the child" said one woman, "I taught the child to use it so now the yard isn't smelly anymore". The team asked for volunteers to participate in **behaviour trials**. Each mother was given a potty, and asked to teach the child to use it. After two weeks they were asked what they thought. Mothers said that it had been difficult at first but that the child got used to using the pot after about three days. Others said that the potty was convenient, others that their husbands had noticed that the yard was cleaner and free of smells. They all agreed that even if a plastic potty cost a bit, it was well worth buying one for the sake of living in a nice clean healthy environment.



The health worker decided to build her hygiene promotion strategy around the idea that **a happy, healthy family use potties to have a smell-free yard.**

Everybody wants to be clean!

Mothers in Bobo-Dioulasso were asked what they thought about stool-related hygiene. Here are some of the things they said:

"There's a bad smell [from stools on the ground] which disturbs us and if a visitor comes to see you are ashamed that they see and smell the stools. You can't even eat nearby because it smells so bad."

"Stools outside, they bother you, they judge a mother by that."

"Stools on the ground cause problems with the neighbours, we are ...insulted."

"I've noticed that when I use soap I don't have smelly hands any more, that's good, especially when I go to pray."

"I like soap because it gets rid of bad smells..."

"Stools on the ground bother people. They walk in them. The motorbikes get dirty and have to be washed. Not to mention the smell..."

"Washing hands is a good thing because it helps avoid illness. I do it because I'm convinced. What illnesses? Like coughs and malaria."

"Our husbands like the yard clean"

As you can see, mothers offered many reasons why hygiene is important to them. Nobody likes dirt, nobody likes to have stools lying around, to have hands that smell bad! As this example shows, we would be wrong to think that the basic motivation for hygienic behaviour is health. More important are the desire for comfort, beauty, and social acceptability. A basic idea of hygiene promotion is to use people's existing values to promote safer practices. This is because a better quality of life, self respect and respect from neighbours, convenience and cost saving are stronger motives than disease avoidance.

This is a positive way of promoting hygiene, and much more effective than trying to frighten people that their children will get diarrhoea if they don't mend their dirty habits. In any case, most people don't think that there is any connection between stool hygiene and child diarrhoea. The table below shows some of the things that mothers in Bobo-Dioulasso said causes diarrhoea (Kanki). Similar ideas are found all over the world. As you can see, stool hygiene is not even mentioned.

Name	Symptoms	Causes
Kolobo	Green, frothy, frequent stools, vomiting, weight loss	Teething
Kotigue	Liquid stools, ballooned stomach	Anal fissures due to carrying the child on the back or sitting in the damp
Sere	Bad smelling stools Thin, complaining child	Breast feeding whilst pregnant/after having sexual relations
Fariguan (fever)	Liquid, smelly, stools	Mother has fever
Siin coumouni (sour breast milk)	White, milk smelling stools	Mother's milk gone sour in the breast
Toubabou konoboli (white's diarrhoea)	Liquid stools, ballooned stomach	Dirty food

FINDING OUT WHAT MOTIVATES BEHAVIOUR CHANGE

The question we need to answer in our formative research is: **what motivates the adoption of safe hygiene practices?** It would be hard to find answers in ordinary household interviews. Instead we use:

- ➪ focus group discussions
- ➪ interviews with safe practitioners
- ➪ behaviour trials

The number of each you need to carry out depends of the size and homogeneity of your target area. Manual 1 gives more details.

Focus group discussions

Focus groups are an excellent way of getting to the bottom of a subject, especially about *why* people do or think what they do. They gather together people with similar backgrounds for a detailed discussion about a subject. In the hands of a skilled moderator they can produce remarkable results. (However, if the moderator does not know how to put people at their ease, or she accepts only superficial answers and does not dig into what people really think, then they are less useful.) The technique is now widely used in health research and there are a number of helpful guides to using this technique, such as that by Dawnson. We summarise how to go about it here.

The key things that you need to carry out a focus group discussion are:

- ➪ clear objectives
- ➪ a well thought-out discussion guide
- ➪ a moderator who makes participants feel comfortable
- ➪ a determination to find out what people *really* know and think.

We set out some points to guide you before, during and after a focus group discussion (FGD for short).

1/ Beforehand

- ➪ Decide on the objectives of your FGD.
- ➪ Make a first draft of your discussion guide. Get the team member who knows the community best to propose how to phrase the questions. Improve and revise the guide together.
- ➪ Choose a location that is convenient for your participants where you won't be disturbed too much.
- ➪ Invite around 6-12 people who are representative of your target groups.
- ➪ Select a group with similar backgrounds so that everyone feels at ease to say what they think with the others and everyone feels equally concerned.
- ➪ Prepare the meeting: arrange for chairs, refreshments, writing materials or tape recorder, batteries and cassettes if you decide to use them.
- ➪ You need at least two people to carry out the FGD; one Facilitator and one Recorder.

2/ During the Focus Group Discussion

- Arrange the group in a circle.
- Introduce yourselves, explain the reason for the meeting.
- Try to put everyone at their ease.
- Use the local language.
- Include everyone in the discussion, don't allow any one person to dominate.
- Don't accept just the first answer but probe until you get to the bottom of what *really* motivates hygiene
- Notes need to be as complete as possible a record of what is said. (Tape-recording is ideal, but transcription from tapes is time consuming. Using notes alone can be inaccurate. One solution is to listen to your tape once over, and then transcribe from notes.)
- The discussion should last about an hour, and never longer than two hours.

The facilitator leads the discussions, makes sure that everybody participates, and brings people back to the subject when they deviate. She does not dominate the conversation, but leads it gently when necessary. The recorder observes what happens, takes notes of what is said, records non-verbal communication and helps the facilitator to follow promising lines of discussion.

3/ After the focus group discussion

- Write up a full and complete transcription of what was said by everyone.This can be done by hand or with a computer. Local words for key concepts (diarrhoea, dirt, etc) should be retained and not translated.
- The transcript is your data. It should be carefully saved for future reference.
- Go back to your key questions. Use a highlighter pen to show what was said in each discussion on a given subject (e.g blue for handwashing practices). Note points of agreement and points of disagreement.
- Make a list of everything people said about the advantages of the new practices. Compile the results into tables for the report.

Below is a sample discussion guide which you could use to help establish the motives for washing hands with soap after contact with stools and disposing of stools safely. (You would obviously have to adapt it to local conditions and to the target practices you have chosen.)

Some people find it helpful to bring along objects or pictures to get the discussion going. You could ask participants to sort objects into 'clean' and 'dirty' and then ask them to explain why.

Focus Group Discussion Guide

Objective: to establish what might motivate handwashing with soap and safe stool disposal.
Note: date, time, location, participants, facilitators.

1. Introduction
Introduce yourselves and the participants.
Explain what the focus group is going to discuss and why.
Explain that people are free to say what they like and that they will not be quoted individually. Explain that notes will be taken or a recording made.

2. Perceptions about /hygiene
What sort of things are clean? Why do you say that x is clean?
What are the advantages of cleanliness?

3. Advantages of handwashingwith soap after cleaning up a child
When is handwashing a good idea? Why?
When do you need soap? When don't you need to use soap? Why?
What do you like about handwashing with soap ?

4. Perceived advantages of stool hygiene
What about stools? Are they clean or dirty? What's wrong with them?
What's the best way of avoiding stools?
If you throw stools in the latrine what are the advantages?

5. Adopting the target practices
Could you adopt these practices? Why? What would make it easier?

5. Closure
Summarise what was said, offer to answer any questions, promise feedback,

Structured interviews

Structured interviews (sometimes called semi-structured interviews) are a means of exploring what people think about an issue without the formality of a questionnaire. Instead they employ a discussion guide. The interviewer probes and draws out issues of interest in a naturalistic setting. Handled skilfully they can provide fascinating insights into what people think. They are less useful in the hands of a fieldworker who does not know how to make people comfortable or how to probe to get behind the initial responses.

For good results the interviewer needs:

- ➪ clear objectives
- ➪ a good discussion guide setting out areas to probe
- ➪ the ability to listen carefully

At this stage in the formative research, the key question is "**what are the advantages of the target practices?** To answer this, you need to find a number of child carers who already use the safe practices (the structured observation should have identified some).Then the interviewer tries to find out what made people adopt the safe practices, and the benefits that they feel they get from them. If health workers are doing the interviewing, mothers will often spend time telling them all about health benefits. But, as we saw, health is only one, and probably not the most important motivation for hygiene, so probe the other benefits which child carers feel that they get from the target practices.

7 tips for the structured interviews:

- ➪ Decide on your objectives
- ➪Make a discussion guide (see next page for a sample)
- ➪ Interview 10 to 20 women who already use the target practices.
- ➪ Raise the questions which interest you and probe for deeper levels of motivation behind superficial answers.
- ➪ The interview should not take longer than about 45 minutes. If you need more time, take a break or hold another session later.
- ➪ Use a tape recorder, or ask an assistant to take notes.
- ➪ Transcribe the whole interview and keep a copy safe. List out all the motivations for the safe practices and tabulate the responses.

Sample stuctured interview guide

Objective: to find out what motivated the interviewee to adopt the target practices, and the benefits she feels that they give her
Note: date, time, place, interviewer.

1. Introductions,
Explain the objectives and the context of the interview. Explain that her name will not be used.Explain that we noticed that she was already using the target practices and that we want to know how to help others do the same.

2. Perception and experience of the hygiene practices
Does she manage to use the practices every day even if she is busy?
How long has she been doing them? What did she do before?
Who suggested them to her? How did they get her to do it?
What did other people say?

3. Advantages and benefits
What does she see as the advantages of these practices? What does she like about them?
What about disadvantages? (eg cost, time, resources, etc).
How does she think other people could be persuaded to do the same?

4. Close
Questions, discussion, thanks.

Behaviour trials

Behaviour trials were introduced and described in detail in Manual No 2, where they were used to develop target practices which were safe, feasible and acceptable to the community. The team works with groups of women and their families to develop the safe target practices and to test them for a couple of weeks. The mothers who participated in the behaviour trials will know all about the target practices and will have a good idea of their advantages. During and after the trials you can ask mothers about the advantages and disadvantages.

Several weeks after your trials, go back to mothers and carry out a structured interview concentrating in particular on what mothers liked about the practices, what they felt the benefits were.

MOTIVATIONAL MESSAGES

You now have your data: the transcripts of focus group discussions with child-carers, transcripts of interviews with people who were already using safe practices, and the comments that people made during the behaviour trials. List out the positive benefits that people saw or got from the new practices.

Which themes come up again and again?
- ➪ is it the pleasant smell of clean hands?
- ➪ is it the fact that the husband appreciates the clean courtyard?
- ➪ is it the fact that people felt proud to be clean when visitors came?
- ➪ is it the fact that they felt healthier? (some may say that their children were healthier because of the new practices, but it is not really possible to notice such benefits in the short term.).

For behaviour to change, people have to see short term advantages that are consistent with their long term gaols. Here is an example:

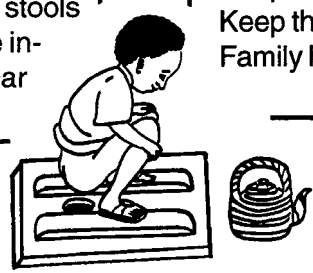
Why teach a child to use a latrine?

Short term advantages:

Courtyard looks nice
Get rid of bad smells
Feel comfortable with visitors
The motorbikes don't get dirty
People don't walk in the stools
Husband stays at home instead of going to the bar

Long term goals:

Live in an attractive environment
Behave with dignity
Respect from neighbours
Keep the family healthy
Family harmony



Message positioning

Work together with your team to classify the short term advantages and long term goals served by the target behaviours in your trial communities.

Produce a **positioning statement** which picks out a key advantage and a key goal for each target practice. (Positioning is a term which comes from marketing, see Hiam for example). It is not advisable to position your messages around the fear of disease and the death of children. As we saw earlier, messages about diarrhoea don't always make sense to people, and tend to revolt people because they are profoundly unattractive.

The positioning statements then guide all of your work in developing messages, communications activities and events.

Positioning statement: examples

"I want to clean up stools and throw them in the latrine because...
...people can't walk in them
and my neighbours will respect me."

"I want to wash my hands with soap after contact with stools because...
...it leaves my hands smelling nice
and I feel good when I feel clean."

Getting the mesage across

The next manual (No 4) deals with how to get your message across, by finding out how people communicate, what the most suitable channels of communication are and how to design messages and vehicles for your messages which are attractive, positive, and engaging, and which provide visible demonstrations that change is possible.

So if, for example, you found that street theatre is a popular and effective means of communication in your target groups, you might develop a scenario which is attractive because it is funny, which shows people carrying out your target practices, which repeats your key messages over and over, and gets the audience to repeat them.

MOTIVATING BEHAVIOUR CHANGE: SUMMARY

Steps in motivating people to adopt new hygiene practices:

1. Choose a few feasible and relevant target practices (manual 2)

2. Find out what your target audience think is good about these practices using focus groups, interviews with current practicers, behaviour trials.

3. Compose a positioning statement setting out why your target audience wants your target practices.

4.Compose simple, positive, attractive messages based on what your audience say they want. (Don't expect warnings about diarrhoeal disease to be effective in getting people to change their habits.)

5. Design your communications package (manual 4).

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CONTENTS OF THE MANUALS

Manual No 1. Planning a hygiene promotion programme

Manual No 2. Risk practices, target practices

Manual No 3. Motivating behaviour change

Manual No 4. Communicating Hygiene

A new way of promoting safe hygiene...

This is the third in a series of four manuals which explain how to set up a hygiene promotion programme. The manuals take you through a step-by-step process of working with communities to design a programme which suits what they know, do and want.

Using approaches from anthropology, epidemiology, communications science, marketing and health promotio, the manuals show you how to answer such questions as:

- ➪ what specific practices are putting health at risk?
- ➪ what can motivate people to change their practices?
- ➪ what are the best ways of communicating hygiene messages?

They show how to use the answers to design a hygiene promotion programme that responds to the needs of health consumers.

The manuals will be of use in water, sanitation and health programmes and to community, non-government or government organisations.