



INTRODUCTION TO HYGIENE PROMOTION

Based on UNICEF MANUAL, 1999



TO BE COVERED

- What is hygiene?
- What is hygiene education?
- What is hygiene promotion?
- Myths about hygiene promotion
- Six steps to hygiene promotion



What is hygiene?

- Conditions or practices conducive to maintaining health and preventing disease (i.e. cleanliness, good food standards, infection prevention).
- WHO defines hygiene as the conditions and practices that help to maintain health and prevent the spread of diseases.



What is hygiene education?

- Hygiene education is any combination of learning experiences designed to help individuals and communities improve their hygienic practices, by increasing their knowledge or influencing their attitudes
- Starts from the office



Health promotion

- According to the Ottawa charter, 1986, Health Promotion is defined as a comprehensive, social and political process of enabling people to increase control over and improve their health.
- Starts from the community



What is hygiene promotion?

- Is a way of encouraging practices to prevent diarrhoeal disease in the home.
- Hygiene Promotion is a planned approach to preventing diarrhoeal diseases through the widespread adoption of safe hygiene practices.
- It begins with, and is built on what local people know, do and want.



MYTHS ABOUT HYGIENE PROMOTION

- 1. People are empty vessels into which new ideas can simply be poured.**

Hygiene Education rarely starts with what people already know.

Every society already has coherent explanations for disease (which may or may not include microbes)



Myths

2. People will listen to me because I'm trained
3. People learn germ theory in a few health centre sessions
4. New ideas replace old ideas
5. Knowing means doing



What are the four key questions for hygiene promotion? Also similar for sanitation promotion

- Which specific practices are placing health at risk?
- What could motivate the adoption of safe practices?
- Who should be targeted by the programme and
- How can one communicate with these groups effectively?



HOW PLANNING TEAM WORKS TOGETHER

1. What are high risk practices?
2. Who carries out the risk practices?
3. What is liked about the replacement practices?
4. How do people communicate?

Community

What the community knows, does, wants

What the hygiene worker knows

Formative research

1. Feasible target Practices

2. Target Audiences

3. Message Positioning

4. Communications Plan

Hygiene promotion plan



Six steps to hygiene promotion

Step 1: INITIATE ACTION

- Define the target area
- Make an outline plan, arrange for funding
- Set up the team.
- Hold a planning workshop.
- Contact the communities.
- Build a network.



Six steps to hygiene promotion

Step 2: MAKE A DETAILED FORMATIVE RESEARCH PLAN

- Make a list of questions you want to answer**
- Choose methods to answer each question.**
- Putting it all together.**
- Training the team.**



Six steps to hygiene promotion

Step 3: CARRY OUT YOUR FORMATIVE RESEARCH

- **Identify risk practices, select practices for intervention.** Find out what they like about practices and what they don't like
- **Define message positioning.**
- **Define the target audiences. Segment audience**



Six steps to hygiene promotion

Step 4: ANALYSE RESULTS, REPORT AND FEEDBACK

Write a short, attractive report describing:

- Your objectives
- The methods that you used
- The results that you got
- Your interpretation of the results
- Your recommendations for hygiene promotion



Six steps to hygiene promotion

Step 5: MAKE THE COMMUNICATION PLAN

Involve people from community and partners who had good ideas during the consultation process.

Make a plan with the following elements:

- **Behaviour change objectives: i.e.** ‘Hand-washing with soap after cleaning a child’s bottom will go up by 35% in 2yrs.’



Ctd ...

- **Target practices:** the key hygiene practices that replace the risk practices
- **Target audiences:** age, sex
- **Positioning:** Motivation for behaviour change (why do target audiences want the new practices?)
- **Channels of communication:** i.e. theatre, house visits, radio, schools.
- **Communication materials**
- **Monitoring**
- **Project management and budget.**

Use the right models

Stages of Behaviour Change Theory (Prochaska and Velicer, 1983)

1. Pre-contemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. Termination



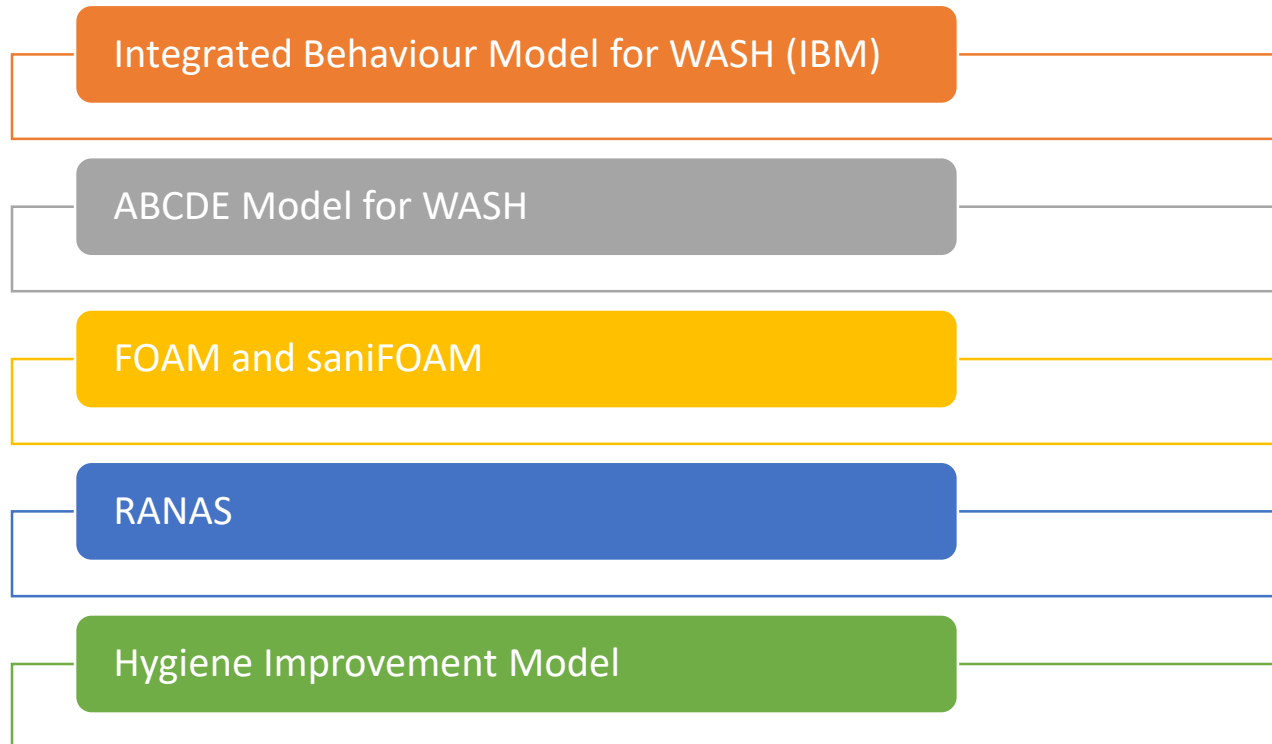
Sources: Gendley 1997 (20) and Prochaska 1992 (148)

WASH Models

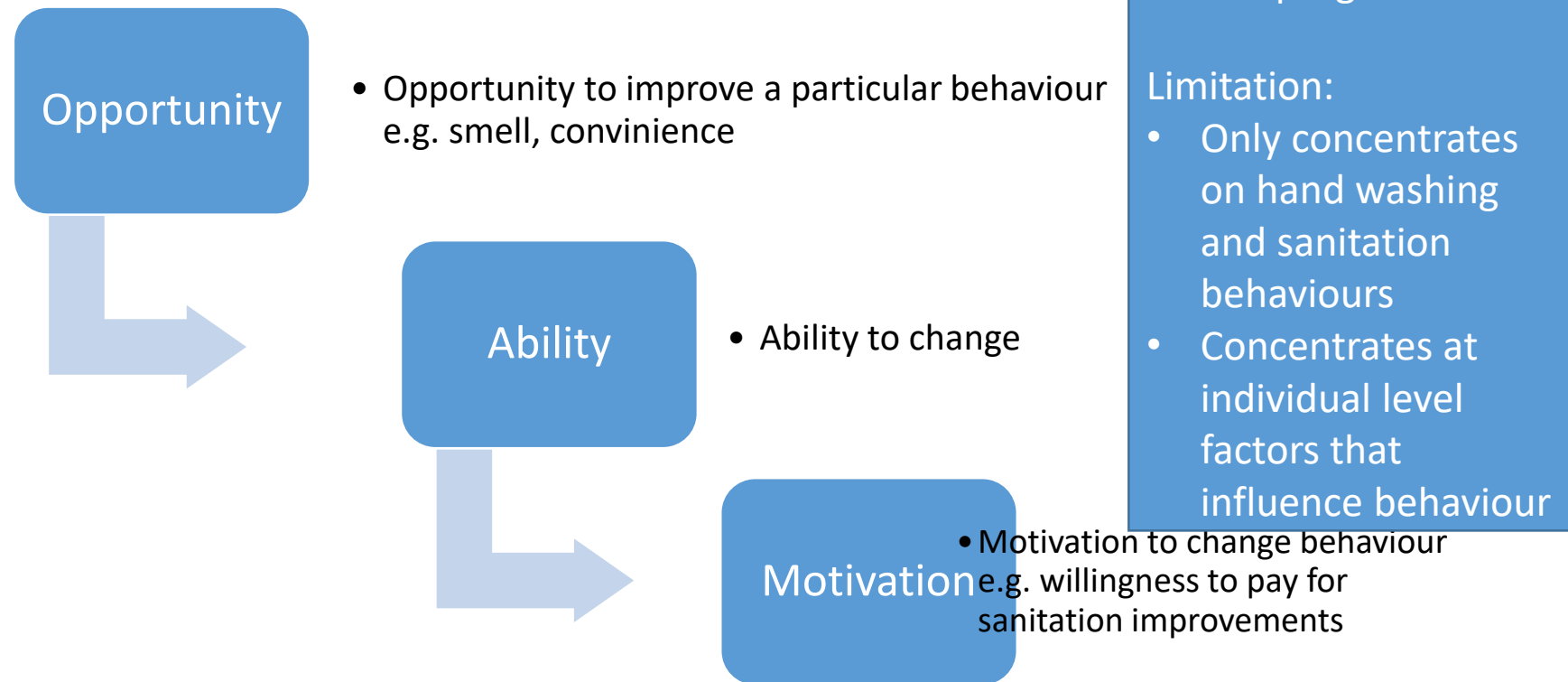
- AIM

- provision or promotion of low-cost water, sanitation, and hygiene (WASH) technologies at the individual, household, or community-level combined with hygiene promotion

- Behavioural theories associated with improved behavioural outcomes



FOAM (for handwashing) and SaniFOAM (for sanitation behaviours) Focus on opportunity, ability and motivation



ABCDE Model

- Based on Theory of Change “backwards mapping process”

Key Issues:

- Help set state of
- What are the cur
- Who is the target
- Why behavior is
- How an individual change behavior
- Provides various c

Limitations

- Long process to arrive at targeted behavior
- Psychosocial, contextual and technological factors not to clearly stated
- Tools for measuring outcome not clearly stated

Deliver

Evaluate (Process & Impact)

IBM

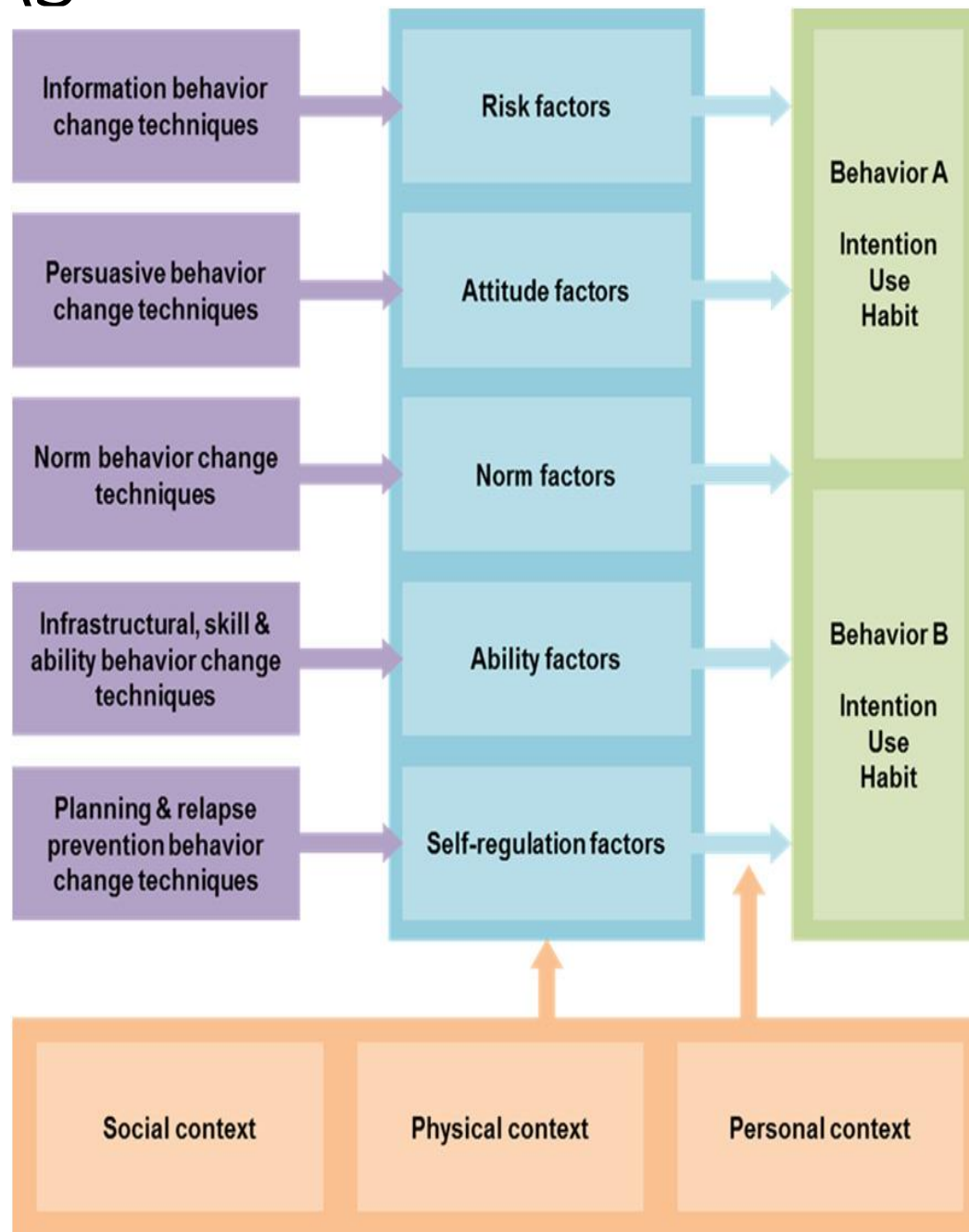
Table 3 The Integrated Behavioural Model for Water, Sanitation, and Hygiene (IBM-WASH)

| Levels | Contextual factors | Psychosocial factors | Technology factors |
|---------------------------------|---|--|---|
| Societal/Structural | Policy and regulations, climate and geography | Leadership/advocacy, cultural identity | Manufacturing, financing, and distribution of the product; current and past national policies and promotion of products |
| Community | | | Individual vs. collective use of the product |
| Interpersonal/Individual | | | Perceived cost, value, convenience, and other strengths and weaknesses of the product |
| Individual | Wealth, age, education, gender, livelihoods/employment | Self-efficacy, knowledge, disgust, perceived threat | Ease/Effectiveness of routine use of product |
| Habitual | Favourable environment for habit formation, opportunity for and barriers to repetition of behaviour | Existing water and sanitation habits, outcome expectations | |

Practices leading to IBM theory:

- handwashing, point-of-collection or point-of-use water treatment, and sanitation technologies and behaviours

RANAS



Risk factors:
A persons understanding and

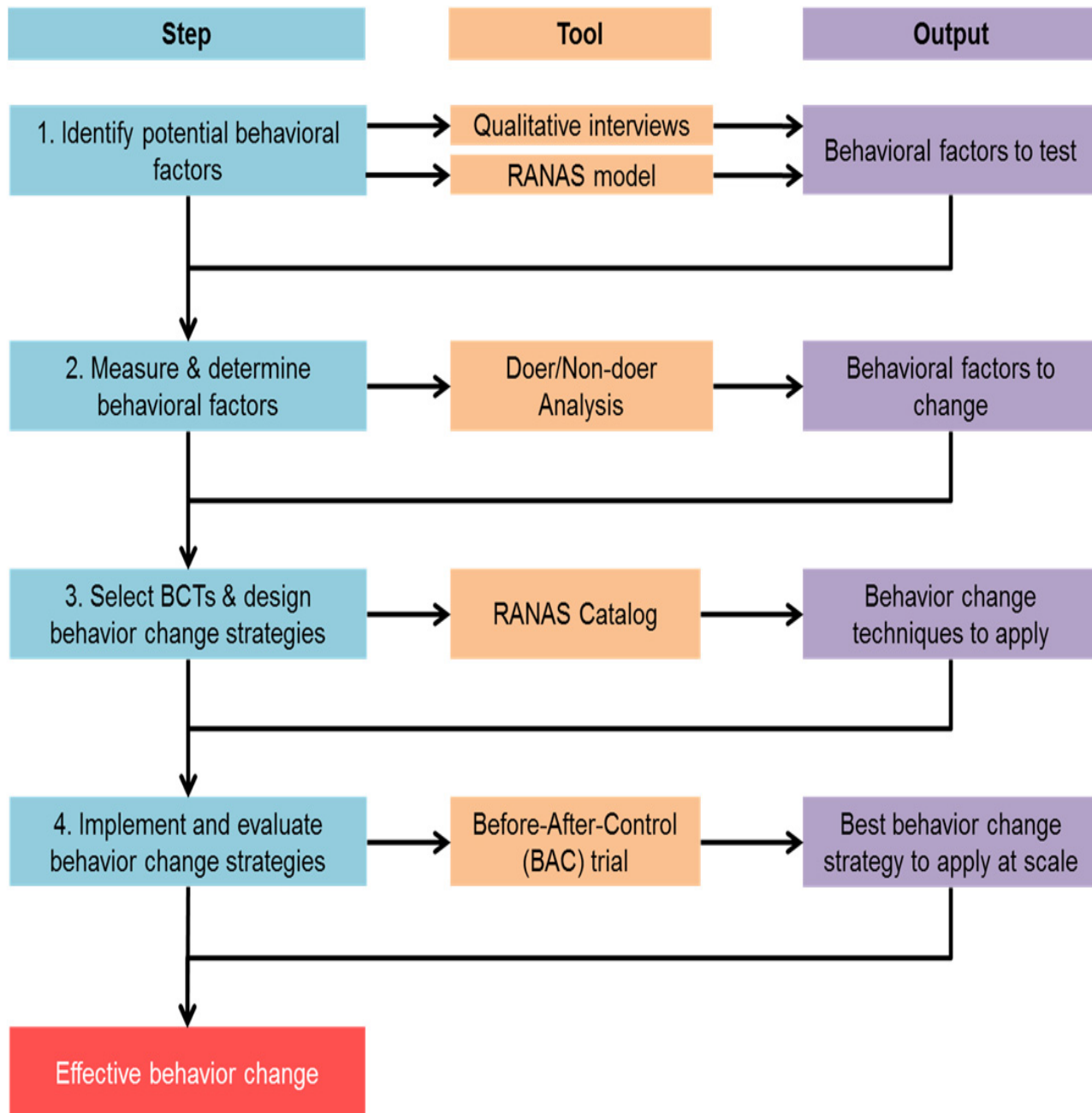
Attitude factors:
a person's positive or negative stance

Norm factors:
the perceived social pressure towards a

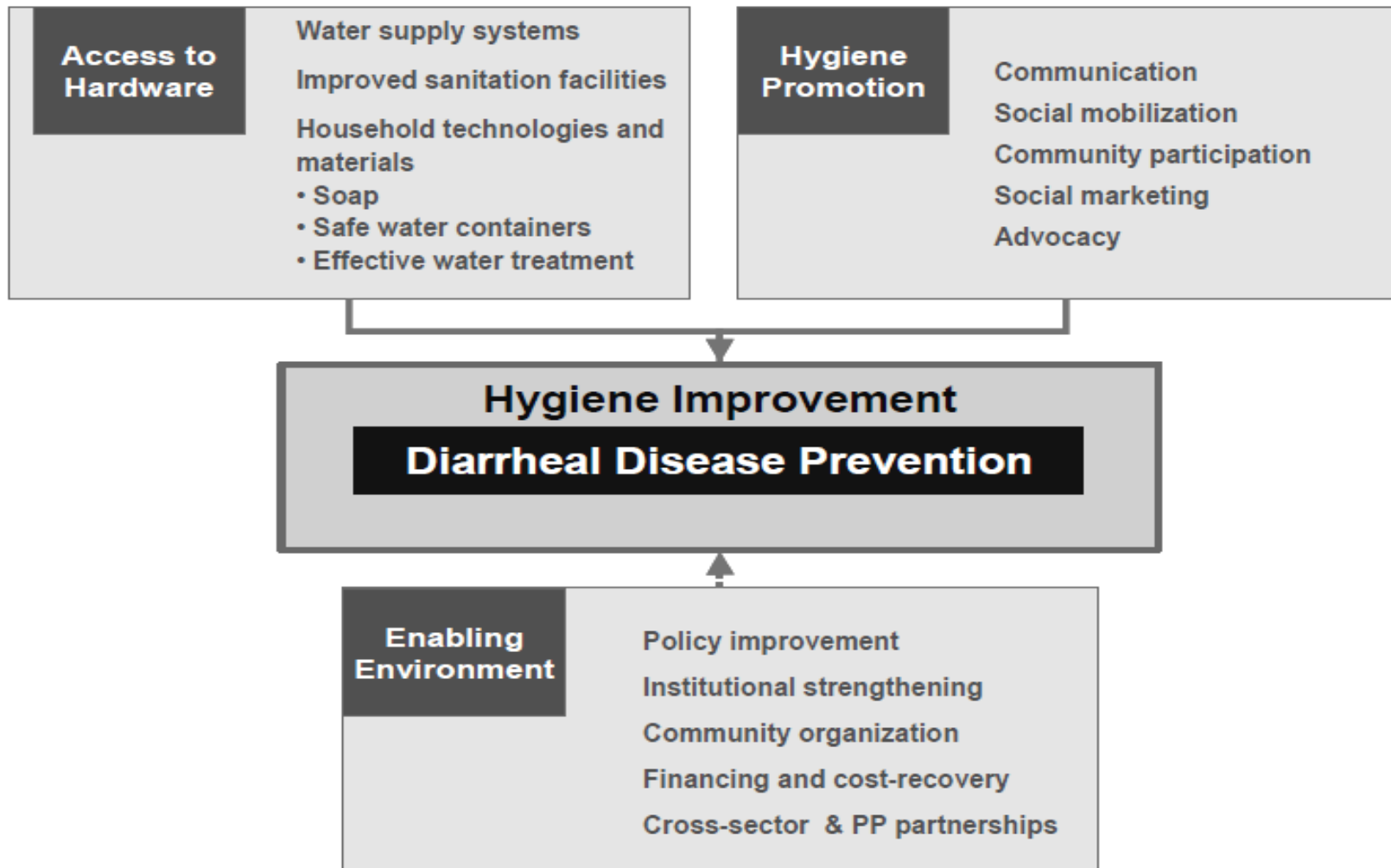
Ability factors:
a person's confidence in her or his ability to

Self – regulation factors:
person's attempts to plan and self-monitor a behavior and to manage conflicting goals and distracting cues

RANAS



Hygiene improvement model (World Bank, 2004)





Six steps to hygiene promotion

Step 6: SET UP AND RUN THE HYGIENE PROMOTION PROGRAMME

- Pilot, test and revise everything.**
- Carry out baseline survey of target behaviors.**
- Set up supervision & monitoring.**
- Evaluate**

REFERENCE

- Environmental Health Engineering in the Tropics. An introductory text

By Sandy Cairncross and Feachem

- UNICEF manual on Water Sanitation and Hygiene, Technical guideline series, 1999



THANK YOU