Chapter 11

Hygiene promotion

Note: It is accepted by the authors that the term 'Hygiene Promotion' can be used in a number of ways. For the purposes of this publication hygiene promotion concerns reducing high-risk hygiene practices, promoting appropriate use and maintenance of sanitation facilities, and promoting participation in sanitation programmes. A list of references to specialist books on hygiene promotion is provided at the end of the chapter.

A number of studies have suggested that the impact of hygiene practices on sanitation-related disease could be as great as that of the actual provision of sanitation facilities. Hygiene promotion is widely believed to be one of the most effective means we have to reduce the toll of diarrhoeal diseases. It can also be an effective way to encourage participation and empower communities. Despite this apparent awareness, hygiene promotion is still often given far less emphasis than traditional water supply and sanitation activities.

11.1 Hygiene and health

Hygiene behaviour has a critical influence on the transmission of disease at various stages. This is particularly important in emergency situations where disease risks are acute due to overcrowding, poor water and sanitation, exposure to new pathogens, low resistance to disease, and disturbance of familiar and safe habits. The most obvious effects can be observed for faecal–oral or diarrhoeal diseases. Hygiene practices may also influence the transmission of soil-based diseases (e.g. hookworm), skin diseases and disease transmitted by insect-vectors (e.g. malaria).

A primary barrier to the transmission of faecal–oral disease is safe defecation, to prevent faecal pathogens entering the human environment. A secondary barrier is handwashing, to ensure that faecal contamination on hands is not transmitted via food or water. Table 11.1 shows the recorded effects of handwashing and safe excreta disposal on diarrhoeal disease.

Table 11.1. The effects of hygiene practice on diarrhoeal disease[a]	
Hygiene practice	***Impact***
Handwashing with soap and water after contact with faecal material	35 per cent or more reduction in diarrhoeal diseases
Using a clean pit latrine and disposing of children's faeces in it	36 per cent or more reduction in diarrhoea incidence

[a]*Source: Almedom et al. 1997*

The main hygiene areas of concern for emergency hygiene promotion programmes are:

- the appropriate use and maintenance of sanitation facilities;
- the safe disposal of faeces;
- handwashing after defecation and prior to food preparation;
- clean water use and storage; and
- the control of flies and other insect vectors.

The overall sanitation programme objective of reducing the prevalence of sanitation-related diseases must be considered in planning an appropriate hygiene promotion response. Consultation with qualified health professionals working in the region may help to identify priorities by linking hygiene practices with disease prevalence.

11.2 Definition of hygiene promotion

Hygiene promotion can be defined as 'the mix between the population's knowledge, practice and resources, and agency knowledge and resources which together enable risky hygiene behaviours to be avoided' (Sphere Project, 1999).

Effective hygiene promotion relies on an exchange of information between the agency and the affected community in order to identify key hygiene problems and to design, implement and monitor a programme to promote hygiene practices that will deal with these problems. This definition recognises that hygiene behaviour and the material means for healthy living should be promoted together.

11.3 Focus of hygiene promotion in emergencies

In general, the focus of hygiene promotion in emergencies can be divided into three distinct elements:

- Reducing high-risk hygiene practices
- Promoting appropriate use and maintenance of facilities
- Promoting participation in programmes

Hygiene promotion may be used to help the affected population to avoid and limit the extraordinary hygiene risk created by the emergency situation as a result of overcrowding and poor sanitation; and to help people to understand the importance and operation of new facilities provided. In addition, through hygiene promotion community mobilisation can be included to encourage the participation of the affected population in watsan programme activities.

11.3.1 Setting objectives and indicators

The objectives of hygiene promotion activities should be considered very carefully in order to avoid distorting key messages, confusing the affected population or sending messages to the wrong people. The understanding gained through assessing hygiene risk should be used to plan and prioritise assistance, so that information flows usefully between the agency and the affected population. Indicators should also be selected (see 11.9) to help focus activities and monitor progress.

11.3.2 When should we consider hygiene promotion activities?

Hygiene promotion should be considered in **all** emergency sanitation programmes. Despite the fact that emergency situations vary greatly, it remains important to include hygiene promotion in all the stages of the project cycle as far as possible.

Although in the very early stages of an emergency resources and organisational capacities may be severely limited, the earlier hygiene promotion activities commence the sooner their impact will be felt and the sooner long-term benefits will reach the population.

11.3.3 Links with other activities

Hygiene promotion can be a stand-alone activity or it can figure as a planned part of water, sanitation and diarrhoeal disease programmes. The principal danger of incorporating it into a wider programme is that it usually becomes the poor relation, with a low priority for resource allocation and management time. This is almost inevitable when the main priority is seen as the number of wells or latrines constructed. It may be advisable to create separate but linked programmes, each with their own targets and management arrangements (Curtis, 1999).

11.4 Key principles of hygiene promotion

To determine the direction and objectives of any hygiene programme it is important to dispel inaccurate assumptions and adhere to several key principles.

11.4.1 Myths of hygiene promotion

The following are several common myths concerning hygiene and health education programmes:

- People are empty containers into which new ideas can simply be poured.
- Hygiene promotion can target many risk practices at the same time.
- Hygiene promotion can reach the entire population easily.
- New ideas replace old ideas.
- Knowing means doing.

Perhaps the most commonplace mistakes are assuming that the whole population can be targeted and that if people know something they will automatically change their behaviour.

11.4.2 Key principles of hygiene promotion

It is recommended that the practitioners keep to the following seven principles of hygiene promotion (from Curtis, 1999)**:**

1. **Target a small number of risk practices.**
   From the viewpoint of controlling diarrhoeal disease, the priorities for hygiene behaviour change are likely to include handwashing with soap (or a local substitute) after contact with faeces, and the safe disposal of adults' and children's faeces.

2. **Target specific audiences.**
   These may include mothers, children, older siblings, fathers, opinion leaders, or other groups. One needs to identify who is involved in childcare, and who influences them or takes decisions for them.

3. **Identify the motives for changed behaviour.**
   These motives often 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 motives. By working with the target groups one can discover their views of the benefits of the safer hygiene practices. This provides the basis for a motivational strategy.

4. **Hygiene messages need to be positive.**
   People learn best when they laugh, and will listen for a long time if they are entertained. Programmes which attempt to frighten their audience will alienate them. There should therefore be no mention of doctors, death or diarrhoea in hygiene promotion programmes.

5. **Identify appropriate channels of communication.**
   We need to understand how the target audiences communicate. For example, what proportion of each listens to the radio, attends social or religious functions, or goes to the cinema? Traditional and existing channels are easier to use than setting up new ones, but they can only be used effectively if their nature and capacity to reach people are understood.

6. **Decide on a cost-effective mix of channels.**
   Several channels giving the same messages can reinforce one another. There is always a trade-off between reach, effectiveness and cost. Mass media reach many people cheaply, but their messages are soon forgotten. Face-to-face communication can be highly effective in encouraging behaviour change, but tends to be very expensive per capita.

7. **Hygiene promotion needs to be carefully planned, executed, monitored and evaluated.**
   At a minimum, information is required at regular intervals on the outputs (e.g. how many broadcasts, house visits, etc.), and the population coverage achieved (e.g. what proportion of target audiences heard a broadcast?). Finally, indicators of the impact on the target behaviours must be collected and fed into the planning process.

11.5 Staff

Carefully selected and trained staff provides a key component of any hygiene promotion programme. The initial inputs required for recruitment and training are likely to be significant but these will decrease with time.

11.5.1 Recruitment of facilitators

Hygiene promotion facilitators or outreach workers should preferably meet the following criteria; they should be

- from among the target population;
- able to communicate in the mother tongue of those targeted;
- respected figures within the community;
- reasonably well educated and able to learn quickly; and
- motivated to improve living conditions for all.

Potential facilitators may be male or female and include:

- elders;
- traditional birth attendants;
- community leaders;
- health workers; and
- teachers.

The selection of appropriate staff is likely to be the single most important factor in influencing the effectiveness of an appropriate programme. Ideally, by the long-term stage of a programme there should be at least one facilitator to every 500 people or every 100 families. In general, salaries should not be offered in the first instance, although this will depend on the policy of the agency concerned.

11.5.2 Training

The training of facilitators should focus on the following topics:

- communication skills;
- health problems related to sanitation in emergency situations and suggested prevention strategies;
- traditional beliefs and practices;
- promotional methods for the use of sanitary facilities among adults and children;
- basic health messages and their limitations;
- use of songs, drama, puppet shows, etc.;
- gender issues (see 11.6);
- targeting various groups and especially vulnerable groups within the affected area; and
- monitoring and evaluation activities.

Creative training methods are most likely to inspire creative promotional methods.

11.6 Women, men and children

The fact that hygiene promotion activities should target all sections of the community is often mentioned in the available literature, but rarely happens in practice. Women, men and children often prioritise their health needs differently, and should be given the chance to express their feelings and to influence programme planning and decision-making.

11.6.1 Women

Women are often the primary targets for hygiene promotion messages and with good reason. Generally, women and girls undertake the majority of domestic duties within the family and are responsible for monitoring the behaviour of young children. If women receive, understand and act on messages concerning hygiene behaviour then this is likely to influence other family members. Emphasising women's roles in this way reinforces gender stereotyping, however, and may add to the burden of responsibility felt by women in difficult circumstances.

11.6.2 Men

In general, men are the least-targeted gender group in hygiene promotion campaigns. There may be several reasons for this, such as:

- Men are not considered appropriate targets among programme staff.
- Men themselves do not consider hygiene promotion relevant to them.
- The majority of hygiene promoters are women and are uncomfortable talking to men.
- Men are too 'busy' with other activities.

Excluding men completely from promotional activities may inadvertently increase hygiene-related risks in another area of the site. For example, construction sites where men are working may have no latrines or handwashing facilities, and this may have been missed by the hygiene team. Men can have an important influence on the effectiveness of sanitation and hygiene promotion activities, due to their power as family heads, and must therefore be involved in planning and implementing hygiene promotion programmes.

11.6.3 Children

Some practitioners have implemented successful hygiene promotion programmes whereby children are the key facilitators in passing hygiene messages to other children and family members. This is particularly effective where there are existing schools so that hygiene programmes can be incorporated into the overall curriculum. Such 'child-to-child' activities should be:

- important for the health of children and their community;
- easy enough for children to understand;
- simple for children to do well; and
- interesting and fun! (Hanbury, 1993)

Field experience has shown that children are capable of caring for other children their own age or younger than them, influencing family members and spreading hygiene messages in their own communities.

11.6.4 Disabled people

Disabled people and their carers are likely to have specific needs and priorities which may not be applicable to the rest of the population. It is important that programmes recognise this and give mentally and physically disabled people the chance to voice their opinions. Hygiene promoters may also act as messengers to relay important information regarding vulnerable people to health and managerial staff.

11.7 Hygiene promotion actions

Hygiene promotion methods can be conducted:

- on a one-to-one basis;
- in groups; or
- on mass.

Mass media is often necessary in an emergency in trying to reach a large population; however, this can be conducted at the same time as more intensive approaches that focus on small groups of the most vulnerable people.

11.7.1 Identifying problems and solutions

Participatory approaches such as Participatory Rural Appraisal (PRA) and Problem-tree analysis (Chapter 12) can be used to provide an opportunity for community members to analyse their own situations and make their own choices about their hygiene practices. Building on what people already know rather than importing ideas from 'outsiders' should be the basis for any hygiene promotion programme.

Discovering local names for diseases can be useful since local people may attribute certain diseases to specific causes which may not relate at all to current medical theory. For example, there may be several names for diarrhoea which may all have their own distinct causes and treatments (Morgan and Nahar, 2001). This information can be essential in designing an effective hygiene promotion campaign based on what people actually know and do at present.

11.7.2 Promoting participation

An important component of most hygiene promotion programmes in emergencies is the promotion of community participation in sanitation-related activities. This may include involvement in design, construction, operation and maintenance of sanitation facilities and systems for each of the sanitation sectors included in this Manual. Information regarding appropriate methods for community participation in these areas is included in Chapter 12.

11.7.3 Influencing hygiene behaviour

The most problematic element of hygiene promotion is not identifying the things that people need to do, but determining **how** they can be influenced to do them. Once a small number of risk practices have been identified, it is important to determine what is likely to motivate behaviour change. Information about improvements in health and disease hazards may have little effect in promoting change.

11.7.4 Focus group discussions

Focus group discussions can be very useful in determining what factors are likely to influence behaviour change and what the key priorities and perceptions are among particular groups. An example structure for a focus group discussion has been reproduced in Table 11.2.

Table 11.2. Focus group discussion agenda (adapted from UNICEF, 1998)

Objective:	To establish what might motivate handwashing with soap and safe disposal of faeces.
Introduction:	Introduce participants; explain focus of meeting and that people are free to say what they wish.
Perceptions about hygiene:	What sort of things are clean? What are the advantages of cleanliness?
Handwashing:	When is handwashing a good idea? Why? When do you need to use soap? Why?
Perceived advantages of safe disposal of faeces:	Are faeces clean or dirty? What's wrong with them? How can they be avoided? What are the advantages of disposing of faeces in a latrine?
Adopting target practices:	Could you adopt these practices? Why? What would make it easier?
Closure:	Summarise discussion, answer any questions, promise feedback.

11.7.5 Communication channels

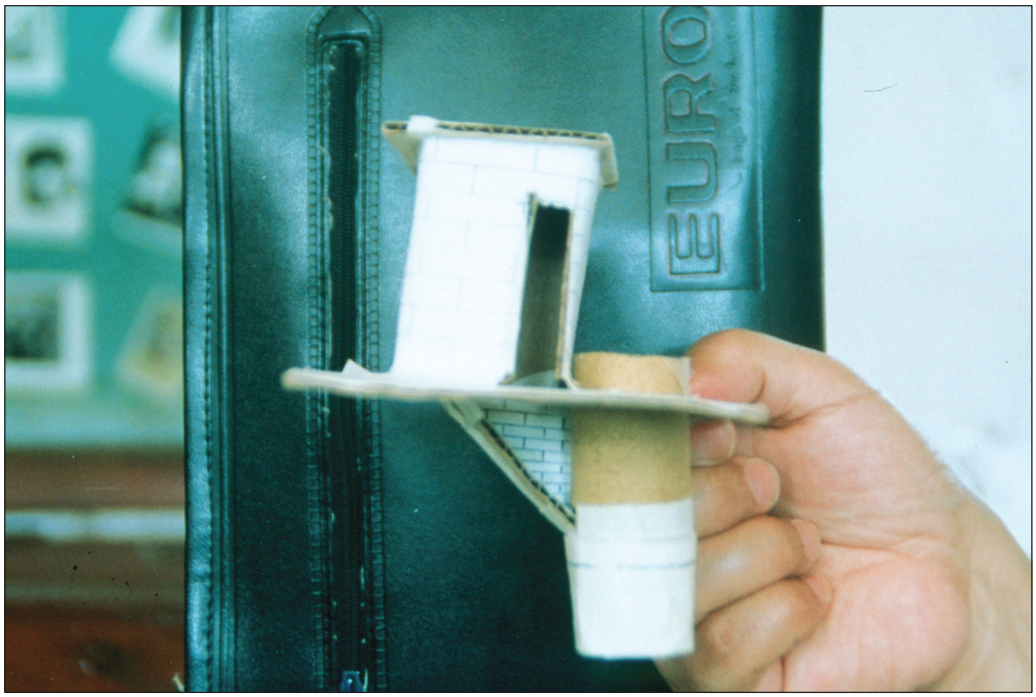
There are many ways in which messages concerning hygiene can be communicated to members of the affected community. Visible signs can be located in public places such as:

- market areas;
- schools;
- feeding centres;
- distribution centres;
- medical centres;
- worship places;
- water collection points; and
- close to sanitation facilities.

Other channels include:

- house visits and interviews;
- school lessons;
- posters and models;
- public and group meetings;
- announcing through loud speakers;
- radio programmes;
- TV programmes; and
- drama and music.

Programme staff should try to be open to innovative promotional ideas from within the team and among the population at large.



Model of off-set latrine used for hygiene promotion purposes in China

11.8 Intervention levels

One key aspect of hygiene promotion is to target a small number of risk practices only. For this reason it is important that activities are **planned in stages**, rather than trying to tackle all hygiene promotion needs at once.

Table 11.3 indicates various intervention activities which can be undertaken at different stages of an emergency

Table 11.3. Recommended interventions for different scenarios

Scenarios and recommended interventions	*The affected population go through a transit camp immediately after a disaster*	*The affected population remain in a temporary location for up to six months*	*The affected population stay in the affected area immediately after a disaster*	*The affected population move to a new area and are likely to remain for more than a year*
Immediate action	■ Recruitment and training of hygiene promoters/facilitators ■ Recruitment and training of communal latrine attendants ■ Identifying knowledge and resources within the affected community ■ Basic messages for correct use of new facilities: latrines; waste pits; waterpoints, etc. ■ Assessment and monitoring of sanitation facilities to lead to positive action for change			
Short-term measure	■ Hygiene promotion focus: faeces disposal; handwashing; refuse disposal ■ Assessment and monitoring of			
Long-term measure			■ Community mobilisation and involvement in design, implementation, operation and maintenance of sanitation facilities ■ Hygiene programme targeting: vulnerable groups; women; children; men ■ Hygiene promotion focus: faeces disposal; handwashing; refuse disposal ■ Assessment and monitoring of sanitation activities	

11.9 Key indicators for hygiene practice

One of the key aims cited in the *Sphere Project* is to ensure that all sections of the affected population are aware of priority hygiene practices that create the greatest risk to health and are able to change them. It goes on to say that all people should have adequate information and resources for the use of water and sanitation facilities to protect their health and dignity. The following sections list key indicators for hygiene practice linked to each sanitation sector (adapted from Sphere Project, 1999).

11.9.1 Excreta disposal

- People use the toilets available and childrens faeces are disposed of immediately and hygienically.
- People use toilets in the most hygienic way, both for their own health and for the health of others.
- Household toilets are cleaned and maintained in such a way that they are used by all intended users and are hygienic and safe to use.
- Parents (mothers and fathers) demonstrate awareness of the need to dispose of children's faeces safely.
- Families and individuals participate in a family latrine programme by registering with the agency, digging pits or collecting materials.
- People wash their hands after defecation and handling children's faeces and before cooking and eating.

11.9.2 Solid waste management

- Waste is put in containers daily for collection, or buried in a specified refuse pit.

11.9.3 Waste management at medical centres

- Parents and children are aware of the danger of playing with needles and dressings from medical facilities, in cases where the minimum standard for the disposal of medical waste is not met.

11.9.4 Disposal of the dead

- People have the resources and information necessary to carry out funerals in a manner which respects their culture and does not create a risk to health.

11.9.5 Wastewater management

- Areas around shelters and waterpoints are free of standing wastewater, and local wastewater drains are kept clear.
- People remove standing water from around their dwellings and living areas, and dispose of wastewater in an appropriate manner.
- There is a demand for tools for drainage works.
- People avoid entering water bodies where there is a schistosomiasis risk.

11.10 Key indicators for programme implementation

Ideally, all sanitation facilities and resources provided should reflect the vulnerabilities, needs and preferences of all sections of the affected population. The key indicators for the effective implementation of a hygiene programme are given below (Sphere Project, 1999).

11.10.1 Key indicators

- Key hygiene risks of public health importance are identified in assessments and in the objectives for hygiene promotion activities.
- The design and implementation process for water supply and sanitation programmes includes and operates a mechanism for representative input from all users.
- All groups within the population have access to the resources or facilities needed to achieve the hygiene practices that are promoted.
- Hygiene promotion activities address key behaviours of importance for public health and they target priority groups.
- Hygiene and behaviour messages, where used, are understood and accepted by the intended audience.
- Users take responsibility for the management and maintenance of water supply and sanitation facilities as appropriate.

11.11 Relationship with other aspects of sanitation

Hygiene promotion is strongly related to all other sanitation sectors and environmental health. It is potentially the foundation on which the rest of an emergency sanitation programme is built, especially in the latter stages of an emergency, and should provide a dynamic link between medical and technical staff. Hygiene promotion is often the most effective means of introducing a family latrine programme or household solid waste management. It is also essential in establishing the priorities and needs of the affected community, and feeding these into the overall sanitation programme. For this reason it is important that hygiene promoters work in close collaboration with engineers, technicians and medical staff.

Further reading

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