



Sustainable hygiene education and promotion

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Cleanliness and avoidance of germs are main concerns of hygiene. It has been shown that a majority of the morbidity and mortality situations among children in the developing countries are caused by germs. These are borne on the wings of dirt: dirty water, dirty food, and dirty environment.

Poor hygiene is encouraged in a Community when it lacks such essential things as potable water, safe latrines, safe refuse disposal, etc. Available statistics show that most Communities in the developing countries will continue to lack these facilities for some years to come. As governments, international agencies such as (UNICEF, UNDP), and other stake holders make increasing efforts to ensure the provision of these facilities, individuals and households are encouraged to adopt safe hygiene practices in and around the homes, schools, markets, etc, in order to keep the living space free from the germs that cause infections.

Hygiene Education and promotion strategies are used in the effort to encourage people to adopt safer hygiene practices. Hygiene Education helps to increase the knowledge of people about things and practices resulting in good health and bad health. With this knowledge, it is believed people can plan and act to prevent diseases. ⁽¹⁾

Hygiene promotion on the other hand, utilizes the bottom-up approach to encourage people to adopt safe hygiene practices⁽²⁾ It is concerned with the baseline conditions in the beneficiary Communities. What the people know, do and want. The tools of Hygiene promotion include Formative Research, Focus Group Discussions (FGDs), etc. Hygiene Education and Promotion activities at the Community level are therefore aimed at improving the knowledge and skills of Community members in order to empower them to take appropriate actions to influence or cause to influence conditions necessary to encourage changes in behavior through the adoption of safe practices in order to prevent diseases.

Brief on the IMO WES Project

The Imo State UNICEF – Assisted Water and Environmental Sanitation (WES) Project was established in 1981 as a Pilot Project in Nigeria. The Project intervenes in communities using an integrated package of Water supply, promotion of latrine ownership and usage and Hygiene Education and Promotion. This intervention is primarily aimed at reducing the incidence of water and sanitation related diseases, thereby reducing infant morbidity and mortality.

The Imo WES Project appreciates the pivotal role of Hygiene Education and promotion in its activities. The Project is involved in construction activities – drilling and installation of water bore holes, construction of new latrines or upgrading of existing latrines. It is also involved in hygiene education and promotion activities designed to link these facilities to the achievement of improved health for beneficiary community members.

Challenges faced by the IMO WES Project

In the implementation of its package in the intervention communities the Project confronts the following challenges:

- Ignorance: This is caused by low literacy levels among the community members. Consequently, there is inadequate appreciation of the linkages between infections, behaviours, habits and practices.
- Persistence in the belief of *preter – natural* causation of infections and epidemics. That is, diseases such as a guinea worm are caused by charms, evil spirits, ancestral interventions, curses, etc.
- Ancestral wisdom and infallibility e.g.
*“That is the way my ancestors used to do it
And nothing happened to them.
So why should I change”*
- Lack of enabling facilities and environment to encourage good hygiene practices such as hand washing.
- Poverty. Community members are unable to support the financial involvement of the behaviour change i.e. money to replenish soap for hand washing, money to construct a pit latrine.
- Persistence of traditional taboos, beliefs, practices, norms, ideas that are against change in hygiene practices. ⁽³⁾

Strategies of hygiene education and promotion

The Imo WES Project has systematically designed strategies and approaches to overcome these challenges. This is guided by the knowledge that installed facilities (the so called hardware: hand pumps and latrines) alone would not be able to achieve the desired Project objectives and health impact, unless accompanied by appropriate changes in knowledge and behavior at the beneficiary community level.

Provision of low cost and low technology options:

The Imo WES Project assists communities in the provision and maintenance of sustainable water and sanitation facilities. To encourage hand washing, households are assisted in the provision of affordable basins and soaps. Plastic taps on plastic pails low technology option is also introduced to enable households protect their drinking water from contamination.

Use of community based agents (CBAs):

This strategy involves selection, training and deployment of voluntary, community based Village Health Promoters. These are ordinary people, usually mothers, trained in basic hygiene promotion. They subsequently carry on health promotion activities within their own community both formally and informally.

The beauty of this approach is that *receptability* to hygiene information and ideas increases with *familiarity*. When the sender and the receiver of a message in a communication process have the same background, beliefs, culture and language, there occurs a quicker consummation of ideas if proper channels are used. Both the Agent and the beneficiary will be coming from the same baseline. In essence, community members become more amenable to taking the sequential steps of hygiene behaviour change, when the change agents are ordinary, known village members.

Mass enlightenment campaigns:

These are usually adopted during festive seasons when more community members are at home. Music, Films, Drama groups are employed during late evening gatherings to sensitize community members on issues of Health. Hygiene and sanitation messages are passed on the wings of entertainment-oriented activities.

Advocacy:

This is *mobilization* directed at policy makers. It is used to generate support at the policy making level, for programme implementation. Support, not only in terms of Hygiene friendly policies, but also in terms of financial and material resources needed for programming.

Deliberate Advocacy programmes are targeted at policy makers at the National, State and Local govt. area levels. The Project has evolved two methods of Advocacy – Direct and Indirect.

In the *Direct* method, Staff of the Project targets State and Local govt. Policy makers with sensitization programmes involving meetings, presentations and discussions. The *Indirect* method blossomed with the return to Democracy. Community members are mobilized to demand from policy makers, through their representatives in govt., hygiene – friendly policies and initiatives. They also request for installation of water and sanitation facilities.

Piggy-backing:

In this strategy, programmes designed to achieve behavioral change are carried in the Trojan horse of physical water points and latrines. This approach became necessary when it was realized that governments and communities tended to respond better when facts and figures refer to achievements quantified in numerals, of facilities provided or to be provided. When a Programme Manager reels off the number of boreholes drilled or installed, maintained or functional, latrines constructed or upgraded; he gets very bright attention from both the sponsors and beneficiaries.

Such attention dims considerably when the Manager ventures into the non –quantitative area of basic hygiene: – knowledge, practice and behaviour change. In this part of the world, it is difficult for an audience to appreciate the need for programmes to encourage hand washing, latrine usage or environmental hygiene. In most cases, the audience cannot easily appreciate the need to commit resources to this sector.

This is where piggy–backing of software by hardware bows in. For example, a community applies for the construction of a water point. In the process of negotiations, the Project builds in a programme for promotion of hand washing in the community. Most of the hardware facilities provided by the Project carry one mole of hygiene promotion activity or the other.

Emergent questions

Several questions arise at this juncture:

- *How sustainable are the achievements of the Imo WES Project in influencing community hygiene profiles?*
- *Can the communities sustain and support the hygiene promotion activities of the village Health promoters and Sanitation artisans?*
- *Can individuals continue to practice the new behaviours?*
- *Are parents able to assist their children learn and practice these new behaviours?*
- *Are installed facilities adequate to encourage the practice of better hygiene? ⁽⁴⁾*

New approaches/strategies

Despite the enumerated efforts of the Imo WES Project, I wish to sadly remark that it is not yet party–time as far as hygiene is concerned in the interventions communities. We are yet to arrive at the desired stage where practice of safe hygiene habits is a Community felt need. That is, people’s demand for water points and latrines (Hardware), so as to enable them to practice good hygiene (Software). Software piggy – backing hardware.

In some of the intervention communities today, some people still prefer to defecate in the bush even when there

is a latrine in the house. Hand washing is yet to be internalized especially after defecation, despite the fact that materials for hand washing may be available. Some households do not have latrines though the family heads can afford both the labour and the funds. There is also the worrisome issue of ‘backsliding’. People learn new behaviours, and after a few months of unsupervised practice, drift back to the old ways. Showing that the gains made so far are yet to be sustainable. The Project has therefore been forced to consider the inclusive use of other sustainable strategies that are hoped will ensure internalization of ideas and irreversible behavioral changes.

Participatory techniques

Participatory Hygiene and Sanitation Transformation (PHAST) tools are now being used in Hygiene Education and Promotion activities in the intervention communities. This has led to de-emphasis of trainings that are based upon wordy and windy, teacher-centred lectures, in favour of approaches that encourage learning through participation. Such methods are participant-centred and are based on the axiom: “*What I do, I know.*”

Participatory techniques include the use of Sorting and Story-with-a-gap cards, Village mapping, Transect walking, Focus Group Discussions, etc. To sustain this strategy, structures such as Water and Environmental Sanitation Committees (WESCOMs), Village Health Promoters Associations and Mothers’ Clubs are established and empowered to stoke the fire of hygiene promotion at the community level. These structures are trained on community management of projects including fund raising activities. They function in collaboration with existing community power blocks. Monitoring visits and review meetings are held with these groups on a monthly basis. Skills enhancing training activities are being proposed for them.

Piggy-backing

The Project in the design of hygiene messages has evolved a complex form of piggy-backing that is different from that mentioned in Section 3.5. Under this, change in hygiene behaviour is pursued on the basis of accompanying benefits being, not directly linked to health, but to other considerations that may be more important to the beneficiary. Such benefits may include prestige, convenience of visitors, beautiful and clean surroundings, sweet smelling hands, social status, etc. Under this strategy, hygiene messages piggy-back health benefits while to the beneficiary, they emphasize his/her felt needs.

To sustain this strategy, the Imo WES Project has proposed the institution of awards to households and villages that excel in hygiene and sanitation. *Model Household* award will be given to households that have installed, use and maintain sanitary latrines, Household drinking water security system and hand washing facilities. *Model Village* award will be given to any village that has more than 50 Model Households.

Influencing children’s behaviour

Deliberate efforts are now being made by the Project to reach out to children in the intervention communities. This is born out of the fact that most behaviours are learnt at a young age. When hygiene behaviour is learnt early in life, its continued use into adulthood is assured. Children who learn to use a latrine and wash their hands will naturally pass the habits on to their parents, peers and later, to their own children.

The concept of school health clubs is being adopted to ensure the involvement of children. Members of these clubs will be empowered to carry on Child-to-Child and Child-to-Parents Hygiene Education and Promotion activities within the school and the global community.

Conclusion

Obviously, the Hygiene Education and promotion sector of the Rural Water and sanitation programme offers essential services to the people. Out of ignorance, such services may not be quickly captured by the intended beneficiaries, thereby creating a heavy draw-down on the patience of the providers. To achieve sustainable results however, Hygiene Education workers are advised, among other things, to always remember that ‘*Things Take Time*’ (TTT). Achieving sustainable behavioral change takes more time. Bringing to the fore the need to be open to new ideas, innovations and skills.

References

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- (4) Imo WES Project document: *Rapid Baseline Assessment study in Eziorso, Oguta LGA* (1999)