

Are Ugandans' Hands Clean Enough?

Summary findings of a formative and baseline survey on handwashing with soap

ABSTRACT: *Although 84 percent of the adults recognized the need to wash hands with soap after using the toilet, only 14 percent were observed to do so. Overall, 57 percent washed their hands in some way. Though handwashing offered safety from illness, the concern was not for child diarrhea but for life-threatening cholera. These are some of the findings of the Formative and Baseline Survey on Handwashing with Soap. Commissioned by the Water and Sanitation Program-Africa (WSP-Africa), the main purpose of this research was to provide insights to the design of an effective communication program to promote handwashing with soap at key junctures among the groups most susceptible to diarrheal diseases. These include children less than five years of age through their caretakers, and school-aged children (6-13 years).*

Although handwashing with soap is recognized as a major way of preventing diarrhea diseases by up to 50 percent (Curtis 2003) and Acute Respiratory Infections by about a quarter (Rabie 2006) it has remained low particularly handwashing with soap.

A number of small-scale interventions have been undertaken in Uganda in the past, but there is no reliable data on handwashing practices, nor has there been understanding of the reasons why people do or do not wash their hands with soap mainly because hand washing behavior is an emotive issue.

The National Sanitation Working Group (NSWG) intends to design and execute a national handwashing with soap campaign aimed at increasing the rates of handwashing with soap at key junctures among the groups most susceptible to diarrhoeal diseases: 1) children less than five years of age through their caretakers and 2) school-aged



children (6-13 years). To this effect the NSWG, with support from WSP commissioned a research (baseline and formative) to provide information to be used in the design of a national handwashing with soap campaign.

The main purpose of this research was to provide insights to the design of an effective communication programme to promote hand washing with soap. The specific objectives were to;

- Document current hand washing practices and their context
- Establish factors that drive and facilitate hand washing in communities
- Identify target audiences for the campaign
- Determine the current channels of communication used in the community.

Methodology

The research utilized both qualitative and quantitative methods of data collection and was executed at two levels; community and school targeting caregivers of children under five years and school going children of 6-13 years. The community methods included:

- *Structured Observations* which involved observation of handwashing behaviour with or without soap during key junctures of: after contact with faeces and before handling food/eating in households. This was carried out in 10 districts and covered a total of 500 observations.
- *Behavioural Trials*: this involved introducing caregivers of children under 5 years to the behaviour of HWWS, and later assessed their experiences. A total of 20 trials were carried out in 5 districts.
- *Focus Group Discussions*: These focused on motivators and barriers of handwashing with soap at key junctures and were carried out with both male and female caregivers of children under 5 years. A total of 7 FGDs were conducted in 5 districts.
- *In-Depth Interviews*: These were conducted with influential people in the communities of study and a total of 12 were carried out in 5 districts.

Since children of age 6 to 13 years spend much of their day in school, it was decided to study children in the school setting. The methods used in schools included:

- *Structured observations*: This involved observation of handwashing behaviour among school going children in 4 schools drawn from 4 districts.
- *Behaviour trials*: This involved exposing pupils to handwashing with soap within the school context and later assessed.
- *'Hygiene detective'* This involved using pupils as hygiene detectives to identify risky handwashing behaviour among pupils in school. In each of the four schools 4 detectives were identified
- *Money game*: This was intended to identify what is of value and interest to the children. It involved giving the children a photocopy of a note of money and asking them what they would use it for.
- *Diary*: This was intended to get an overview of a typical child's day.
- *Teacher focus group discussions and In-depth interviews* to assess the teachers' opinions on the campaign.

RESULTS

Current handwashing practices

- Although 84 percent of the adults recognized the need to wash hands with soap after using the toilet, only 14 percent were observed to do so. Overall 57 percent washed their hands in some way.
- Of the caregivers observed, 19 percent washed hands with soap after cleaning a baby's bottom. Overall 35 percent washed their hands in some way.
- Although more caregivers washed their hands before eating, (60 percent all together), only 8 percent used soap.
- From the school observations, 54 percent of the pupils washed their hands after using the toilet. Only 5 percent used soap.
- Handwashing is low priority for the use of soap, below laundry, washing dishes and bathing.
- Overall 95 percent of the households have used soap
- Most people know that it is important to HWWS, but few people practice it.



Motivators for handwashing

- **Disgust** at having dirty hands especially after the toilet emerged as the strongest motivator for handwashing
- Those who participated in the BTs showed real enthusiasm for the pleasures of having clean hands and the **comfort** of removing stickiness and having clean hands
- There was a strong desire to **conform** with what others do
- There was a strong view that HWWS is the 'right' or **moral** thing to do (84 percent felt so)
- **Nurturing** a child emerged as a less important motivator for handwashing as it conflicted with a need to offer spontaneous love
- Though handwashing offered **safety** from illness, the concern was not for child diarrhea but for life-threatening cholera.
- Handwashing is a **habitual** behavior, occurring to specific cues, e.g. before eating. The use of soap needs to become 'automatically' connected to HW and to cues such as leaving the toilet

Factors that drive and facilitate handwashing

The study sought to establish barriers and motivators to handwashing with soap in homes and results show that there were physical, biological, cognitive, and socio-economic barriers. Some of these barriers can be alleviated.

Physical Barriers to HWWS included: convenience in relation to handwashing facility and availability of soap near by; amount of time spent on handwashing especially where people are busy and there are too many junctures for handwashing; and availability of water for handwashing.

Biological barriers: these included: forgetfulness of people due to slow adaptation to a new behaviour and the many junctures for handwashing. Other biological barriers were; fatigue in relation to the many junctures of handwashing as well as sensory barriers where soap was reported to affect the taste of food.

Cognitive barriers included: uncertainty of the relative risk of diarrhoea to mortality and morbidity, fear of unknown hence resist change and strong cultural beliefs such as not hand washing to care for children also hindered HWWS.

Socio-economic barriers included poverty; where the cost of soap was perceived to be high. This was also reported to be hinder sustainability of the HWWS behaviour. HWWS was further perceived to be for 'Civilized' people who are better off people and educated hence not for the lay person in the rural areas ('not for us').

Other socio-economic barriers were politicians who were reported to compromise the work of technocrats in hygiene and sanitation such as Health Assistants and negative attitudes of health workers towards the community, where communities are looked upon as primitive and therefore can't adapt to new health programmes such as HWWS.

In schools, barriers included:

- lack of handwashing facilities,
- soap being too expensive and therefore tends not to be available in schools,
- lack of water
- lack of time for everyone to wash hands during breaks,
- teachers don't emphasize the importance of handwashing with soap



In schools, compliance with handwashing is motivated by the fact that soap is believed to kill germs and prevent diseases.

Current Channels of communication

Overall the most commonly used sources of information at community level were: radio mainly because it is easily accessed by many; community meetings because these are attended by many people; community leaders because they are trusted and part of the community and workshops/seminars because many people are involved including those from outside the community. In rural areas, children's access to media is often limited to radio programmes. In urban areas, they have greater access to TV.



CONCLUSIONS

- Handwashing with soap at critical junctures is not a common practice in Uganda, either in the general community, nor in schools, despite a history of promotional activities around sanitation, water and hygiene.
- Soap and water availability are key facilitators to HWWS. Many households already keep soap at centrally located places such as drying racks facilities that can be adapted to handwashing.
- The levels of handwashing with soap for children (6-13 years) after defecation at home is lower than at school which suggests that the school environment facilitates hygiene behaviour, possibly due to constant reminders and peer influence
- It is possible that making handwashing a priority will be difficult because communities significantly fear HIV/AIDS and malaria that are believed to cause death compared to diarrhoeal diseases.

RECOMMENDATIONS

- Reaching school-children through communication should be through radio messages in the evening when they have free time and are at home.
- Radio is the most important form of mass media for mothers, however, it will need saturation coverage and a very distinctive approach if it is to make a difference
- The campaign will have to have a strong 'buzz factor': it must be so surprising, intriguing, unusual or attention-grabbing that everybody will pay attention to it.
- Since health workers are regarded as being disdainful, they may not be the best vehicles of hand washing messages in communities
- Linking the campaign to epidemics like cholera will be unsustainable because once the epidemic has gone so will the practice of handwashing.
- The campaign should ensure to involve teachers and children in school handwashing programme, e.g., by giving them specialized tools and materials that excite them.
- Ugandans are quite religious and have high cultural emphasis on being good and cooperative. This set of beliefs can be used to advance and support the campaign.

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