

Changing hygiene behavior in schools and communities

Successes and lessons learned from Nasirnagar, Bangladesh, March 2009

BACKGROUND

In 2006, Save the Children conducted formative research into hygiene and sanitation behaviors in the Nasirnagar subdistrict of Bangladesh. The research aimed to assess student and community knowledge, attitudes, beliefs, and practices as well as barriers and motivations to practicing recommended behaviors. The research found that most parents and students had a general knowledge of hygiene and sanitation, understood how common illnesses are transmitted and prevented, knew the importance of drinking clean water, and had a positive attitude toward Save the Children's recommendations. Yet the study revealed that few students and families actually practiced the recommended behaviors.¹

This gap between knowledge and practice is a common barrier to achieving health outcomes. To respond to this challenge, Save the Children employed three strategies:

1. **Behavior centered programming** provides opportunities for key stakeholders to participate in formulating and testing program strategies, activities, messages, and materials that are tailored to the local environment, feasible, and sustainable.
2. **Behavior change communication** begins after stakeholders develop program strategies. Behavior change communication activities address barriers and resistances to new behaviors, provide information and specific strategies, and motivate participant groups to action.²
3. **Community capacity building** provides community with knowledge and skills to sustain positive behaviors and improve living conditions.

Save the Children implemented these three strategies within the context of a comprehensive School Health and Nutrition (SHN) program, launched in 2002 to address the health and nutrition problems that prevent children from attending and participating fully in school. In 2006, the SHN program integrated PHASE (Personal Health and Sanitation Education program) into its approach. PHASE, a hand-washing program targeting school-aged children, was developed and funded by research-based pharmaceutical company GlaxoSmithKline.³ The addition

of PHASE allowed Save the Children to strengthen the behavioral element of its SHN program and expand it to cover all 13 unions in Nasirnagar, 127 schools in total. With technical support from the Manoff Group, a consulting firm with expertise in behavior centered programming, Save the Children organized a workshop in August 2006 to discuss findings of the formative research study and develop strategies and materials for improving hygiene behaviors at school and in the community. The meeting brought together Save the Children program staff, government officials, representatives of partner organizations, primary school teachers, and school management committee members from Nasirnagar.

APPROACH

The strategy meeting generated concrete ideas for effective, appropriate behavior change communication and education strategies. Save the Children used this input to identify target groups, adapt PHASE materials from other countries and identify communication channels.

Materials produced included posters, flip charts, flash cards, wall murals, puzzles, teaching guides and weekly class planners. Many of the simple and colorful materials depict familiar settings and figures to which students and



Women discuss health and sanitation in their courtyard using flash cards developed through PHASE

communities can easily relate. Some interactive tools, like puzzles illustrating good hygiene practices, engage students in the process of learning through play.

Behavior change communication

In cooperation with partner organization NGO Forum, Save the Children developed behavior change communication activities using the materials described above to insure that water and sanitation facilities were properly used:

Student brigades. Students in all 127 schools formed brigades. Save the Children trained members to lead health and hygiene education sessions at the classroom and community level. Students helped convey health and hygiene to the community by organizing courtyard sessions, mothers' gatherings, and other community-based activities. The PHASE materials were useful tools for student facilitators who also used them to explain key messages and best practices to their families and friends.

Clean Week campaign. Schools organized Clean Week campaigns to help student brigade members prepare schools for health inspector visits. Health inspectors categorized all participating schools as clean according to preset criteria. The health inspector, community members, and local government authorities participated in the campaign to support and encourage students.

Art competition. Save the Children organized an art competition to highlight students' knowledge of PHASE and raise awareness about key hygiene practices. The

theme of the competition was “maintaining personal hygiene.” The project received support and approval from local government and helped students solidify their knowledge of hygiene through a creative activity.

Sporting events. Schools organized football and cricket matches to raise awareness of hygiene issues and encourage good health through physical fitness. Winners received school materials and all students enjoyed the opportunity to participate in an organized sporting event.

Mothers' gatherings and courtyard meetings. Save the Children organized mothers to review issues related to children's health and discuss how best to help them succeed in school. Other courtyard meetings, attended largely by women, introduced hygiene issues and promoted best practices at the household level.

Men's community meetings. Project partners convened special meetings—similar in content to courtyard meetings—highlighting the role men can play in improving the health of their families—from purchasing soap to modeling proper latrine use.

Performances. The project used community theater and folk song performances to demonstrate proper water, sanitation, and hygiene practices. The use of popular folk songs and theater is an effective method of communication for creating mass awareness, especially among a largely illiterate population. Performances attracted large crowds in villages where there are few sources of entertainment.

Video. The project employed mobile video focused on water, sanitation, and hygiene to convey key messages.

Information packets. NGO forum distributed water and sanitation information packets to communities and used the packets to facilitate a number of group activities. Packets included posters, booklets, stickers, flipcharts, flashcards, and audio visual materials that directly addressed the practical aspects of water and sanitation facility use and maintenance.

Murals. At primary schools, the project painted wall murals with simple pictures and messages on safe water, sanitation, and hygiene practices. The murals were a low-cost yet effective tool to raise awareness of good hygiene and encourage behavior change.



School wall murals showing good health and hygiene practices.

Community capacity building

The project aimed to build community capacity to plan, implement, and evaluate sustainable, participatory community health activities.⁴ Save the Children organized trainings to ensure that community members had the capacity to manage new facilities and were familiar with key hygiene messages.

Communities formed village development committees of about 45 people, who were then trained to improve the health and hygiene situation and behaviors in their communities and taught how to maintain latrines and deep tube wells. The project trained four senior members of each village development committee to provide committee leadership and management and oversee maintenance of water and sanitation facilities. The committees conducted situation analyses in their communities, identifying the need for sanitary latrines and safe water points through the use of “social mapping.”

Save the Children also helped identify tube well and latrine caretakers (one male and one female at each school) to repair and maintain the deep tube wells installed at primary schools. Caretakers received training in the importance of safe water and sanitation, tube well technology, well repair, and latrine maintenance. The project partners also helped village sanitation producers learn to manufacture different types of sanitary latrine units locally, increasing the community’s access to supplies and encouraging installation of latrines.

The project held union water and sanitation committee meetings throughout the year. These meetings brought together union level officials, community leaders, government and NGO representatives, village development committee members, and religious leaders to share information on implementation of sanitation projects and plan for future projects.

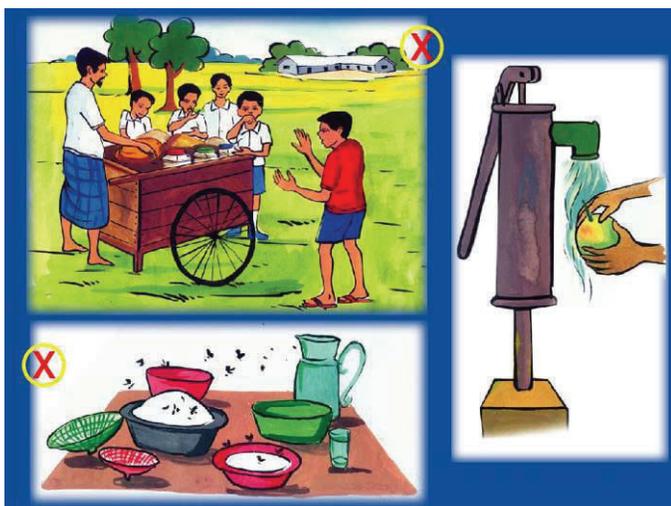
COVERAGE

In 2004, Save the Children began implementing SHN behavior change activities in 72 schools across six unions. With the additional funding from GlaxoSmithKline and the adoption of behavior change strategies and PHASE materials to promote health and hygiene, Save the Children was able to expand its SHN program to 55 additional schools in the remaining seven unions of Nasirnagar. Across all 127 primary schools, the project reached approximately 33,500 children. At the community level, between 2004 and 2008, over 42,580 women attended mothers gatherings and courtyard sessions, while 15,460 men attended male-oriented health and hygiene sessions. All schools in the program area received packages containing the new health educational materials, and Save the Children trained five or six teachers per school to use of PHASE tools. Members of the student brigades and school management committees also received training in the use of the materials.

SUCCESSES

Between 2006 and 2008, hygiene and sanitation practices in schools and communities improved significantly (see chart, next page). Students, families, and communities not only knew more about health, hygiene and sanitation, but also felt empowered to change their behaviors through practical, context-specific approaches. A series of field-tested messages, activities, strategies based on formative research, and behavior-centered programming engaged specific groups. At the community level, the program inspired families to install sanitary latrines at home and ensure accessibility of hand-washing facilities.

Advocacy efforts to promote hygiene and sanitation issues included participation in World Water Day in March 2007 and 2008. Students, community members,



Page of a flipchart used by student brigades and teachers to promote discussion on good hygiene practices

government officials, and NGO representatives held a two-day rally in Nasirnagar with parades and speeches in observance of the day. In conjunction with World Water Day, district headquarters held a water and sanitation fair to mobilize community members. Approximately 8,000 people attended the fair in 2007. Nasirnagar also observed World Environmental Day with rallies, discussion groups, community meetings, and other programs focused on the link between water, sanitation, and the environment.

At the national level, the SHN program has made progress in raising awareness of health issues and securing commitments from government ministries to promote school health on the national agenda. The project partners organized numerous meetings, working groups, and round table discussions aimed at developing communication strategies, sharing findings, encouraging dialogue among stakeholders, and promoting scalable activities. The Ministry of Health and Save the Children jointly organized a national workshop on school health and nutrition in May 2004 to highlight the importance of SHN and emphasize ways to make collaboration between government organizations and NGOs more effective. National events like the PHASE kick-off meeting and Global Hand-Washing Day have also helped promote healthy hygiene practices across Bangladesh. A national situational analysis commissioned by the World Bank and conducted by Save the Children also moved Bangladesh closer toward implementing SHN at a national level. The results were used as a basis for a meeting with national level stakeholders to discuss the development of a national SHN strategy for Bangladesh in June 2007. Country-level programs like Save the Children’s SHN program in Nasirnagar provide valuable models that the government and other partners can use to scale-up the program. In 2008, Brahmanbaria District education authorities requested that Save the Children train all teachers in the district to use the PHASE materials and approach so that it can be expanded to all 950 schools in the district, reaching over 310,000 children.

CHALLENGES AND LESSONS LEARNED

Although Save the Children’s SHN project has improved the health and hygiene behaviors of school-children and their families throughout Nasirnagar, some continued barriers to effective behavior change exist:

Comparison of household-level conditions

(2006: n=2948 households. 2008: n=330 households)

Reported Hygiene and sanitation behaviors	2006	2008
Wash hands before eating	47%	78%
Wash hands with soap/ash after defecation	34%	86%
Wear sandals to go to latrine	6%	78%
Dispose of waste in a fixed place	10%	43%
Homes with hygienic latrines (observation)	22%	87%

A Student’s Perspective

Biswa Sutradhar is an intelligent and creative girl. She is in fifth grade at Gokarna East Government Primary School and is a member of her school’s student brigade. She regularly participates in cleaning the school compound, classrooms, and latrines. As part of the School Health and Nutrition program, Biswa received training in personal hygiene and sanitation. She was so inspired by the information she received that she formed a mothers’ group in her village to teach women about personal hygiene and family health.

“I am always sure to attend the health education session at my school and share what I learn with the mothers’ group,” Biswa says. “I talk to the mothers and tell them how to maintain personal hygiene in their family life. I explain to them the necessity and impact of using the sanitary latrine.” Biswa was so successful in her efforts that she motivated five mothers to install latrines at their homes. Biswa is a model member of her school’s student brigade. “I am committed to work for one hundred percent sanitation coverage in my village” says Biswa.

Lack of class time. Overcrowding in many schools and a lack of teachers frequently require students to attend school in shifts, forcing teachers to condense each day’s lessons into only a few hours. Therefore, despite provision of training and materials, teachers do not always have adequate time for SHN activities. To ensure that SHN remains a priority and is allocated sufficient time during school hours, Save the Children recommends adding a weekly health class to the national curriculum. Teachers would receive a standardized teaching manual for the class and students would be tested on the information through regular school exams.

Involvement of school management committees.

Successful dissemination of health and hygiene information and facilitation of activities at the school and community level depended largely on the involvement of school management committees. In schools where the committee was active, teachers and students received the support needed to conduct health sessions and organize awareness-raising activities. In schools without an active school management committee, SHN and PHASE materials were underutilized and activities were carried out sporadically. In the future, orientations and trainings conducted at project start-up will focus on clearly defining the role and responsibilities of the school management committee with regard to SHN. It would also be useful if local government health officials had oversight and provided support to the committees.

Community-sensitive scheduling. Mothers' gatherings and courtyard meetings were most successful and well-attended when they were scheduled at convenient times in women's daily schedules—usually between breakfast and lunch. If husbands and family members feel women are forsaking their normal tasks to attend health and hygiene meetings, support for their participation will decrease.

NEXT STEPS

Through the School Health and Nutrition program, Save the Children has gained valuable insight into how best to mobilize, inform, and empower schools and communities to improve the health and the education status of their primary school-aged children. Over the past few years Save the Children began withdrawing its support from Nasirnagar and handing activities over to the communities, local NGOs, and authorities. However the experience and lessons from programming in Nasirnagar will be very valuable as Save the Children begins programming in a new district, Meherpur.

In Nasirnagar, we expect most behavior change activities to continue, driven primarily by schools, communities,

government, and NGOs, who are committed to the program. The Ministry of Health requested and received 3,000 PHASE packets and teachers manuals developed for the SHN program. The Ministry of Health introduced these materials during a scheduled national school health program training for primary school teachers at 3,000 schools in a district in southern Bangladesh.

Save the Children is also working with UNICEF to promote water and sanitation through their country-wide School Sanitation and Hygiene Education program implemented in conjunction with the government.

In the long term, a national government supported SHN program is required to ensure that health and hygiene are an integral part of the school curriculum and sufficient time is allocated to teaching these topics in schools.

For more information, please contact:

Ikhtiar Uddin ikhtiar@savechildren.org or

Natalie Roschnik nroschnik@savechildren.org

Photos by Sharif and Bangladesh Country Office

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2000 L Street, NW, Suite 500, Washington, DC 20036
(202) 640-6600 • www.savethechildren.org

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