



# Sustainable hygiene behaviour change

## A STUDY OF KEY DETERMINANTS

Paper written by:

WaterAid Uganda

August 2003



*Proper handwashing with soap and sufficient water, as demonstrated outside this latrine in Uganda's Mukono district (above and below), could save millions of lives.*

This report summarises the findings of the WaterAid Uganda study, undertaken from 2001 to 2003, on the sustainability of hygiene behaviour changes. This was part of a multi-national concerted effort involving five other countries including Ghana, India, Kenya, Nepal, and Sri Lanka with funding from the European Union and coordinated by the International Centre for Water and Sanitation (IRC) in the Netherlands. Resource partners were the London School of Hygiene and Tropical Medicine (LSHTM) in the United Kingdom and the German Agency for Technical Cooperation (GTZ).

In Uganda, developments in hygiene and sanitation have lagged behind those in the water sub-sector, which has blunted the impact of water and sanitation (WATSAN) projects. Currently there is no reliable information as to which environmental or

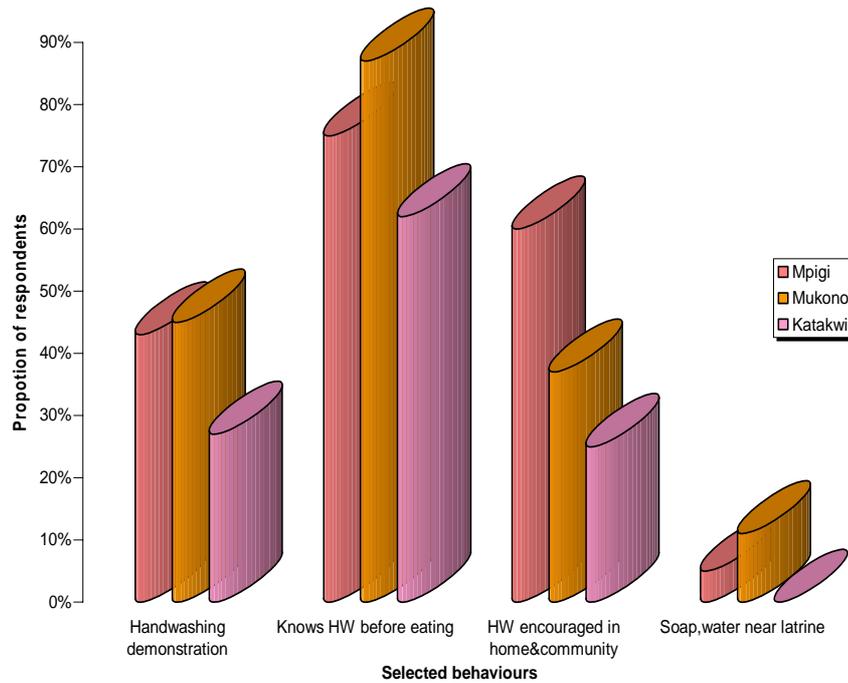
programme-related factors are most likely to affect the uptake and retention of hygiene behaviours. Although we know



**WaterAid – water for life**  
The international NGO dedicated exclusively to the sustainable provision of safe domestic water, sanitation and hygiene education to the world's poorest people.

**FIG 1**

WaterAid Uganda’s study of WATSAN projects in three districts found that the practice of handwashing tended to dwindle over time.



that 80% of incidences of diseases in Uganda are linked to poor sanitation and that hygiene behaviour change is effective in controlling hygiene- and sanitation-related illnesses, the traditional approach to the control of these illnesses has focused mainly on improving water supplies.

Hygiene and sanitation interventions are commonly encountered as mere afterthoughts to water supply programmes. Little priority is accorded to their implementation and even less is given to their monitoring and evaluation, which would be valuable in improving our understanding of what facilitates or hinders changes in hygiene behaviour. The definition of sanitation has been narrowed down to latrine coverage, which currently stands at 50%. This excludes other environmental sanitation measures which can prove essential in controlling the spread of disease. More importantly, the use and maintenance of latrines have been largely ignored.

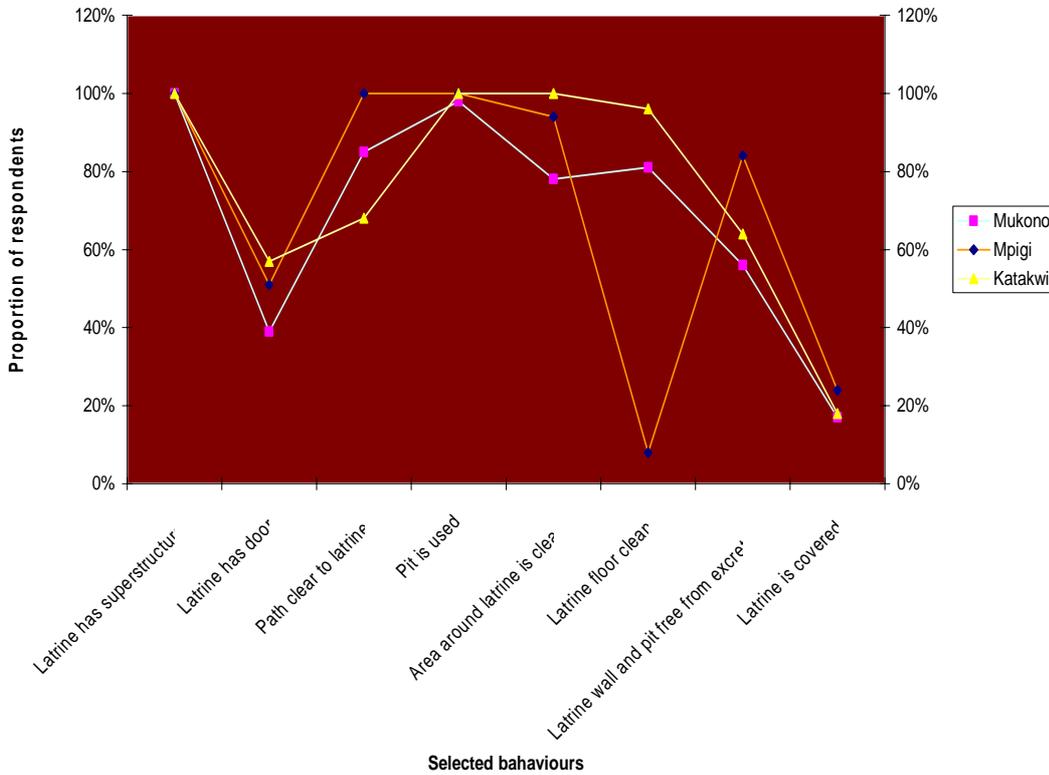
The research partners from each country were non-governmental organisations supporting water supply, hygiene and sanitation projects in various communities. The study offered an opportunity for self appraisal, enabling the organisations to look back and assess the effectiveness of their programme interventions three to four years after the programme lifespan. For other stakeholders, the study will serve as a source of new information opening the way

for the development of better designed, implemented, monitored and evaluated projects.

The Uganda study ran from 2001 to 2003 and involved selected areas of the Mukono, Mpigi and Katakwi districts, which had previously benefited from WaterAid Uganda (WAU)-supported hygiene promotion interventions. The country study team generated hypotheses relating the sustained practice of good hygiene behaviours to various environmental factors and programmatic approaches. The final report targets national and district level actors as well as development partners and contains insights which will strengthen approaches on effective hygiene promotion.

The key findings indicate that changes in hygiene behaviours are sustainable and that the passage of time impacts more negatively on hand-washing skills and practices than on latrine use and maintenance. Pertinent issues arising from our analysis are:

- ◆ Indicators measuring the presence of good hygiene behaviours need to be appropriately refined and developed with special emphasis given to the unique characteristics of the community they are to be used on.
- ◆ Hygiene and sanitation programmes need to be an integral part of water supply interventions to prevent compromising the intended health



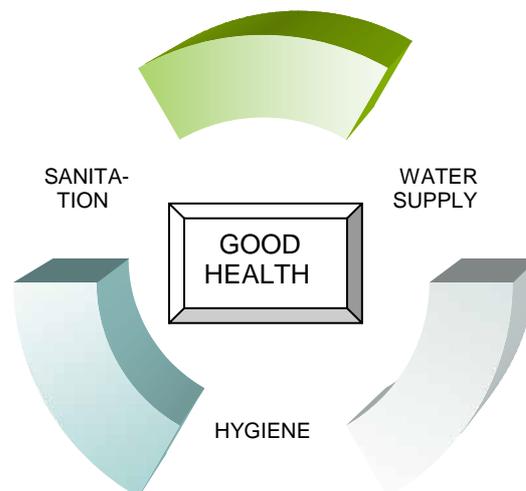
**FIG 2**  
The study found that latrines were well used and maintained three to four years after the completion of WAT-SAN projects in the three districts studied in Uganda.

benefits of the programmes.

- ◆ During hygiene promotion programmes emphasis should be placed on the development of skills in collaboration with the existing local government structures using practical and interactive methods rather than just passing on information.
- ◆ The provision of water and sanitation facilities is a necessary but not sufficient factor for the sustainability of hygiene behaviour changes. There is a need to shift emphasis from the provision of facilities alone to the inclusion of information and education on behaviour and practices.
- ◆ Children need to be specifically targeted by hygiene promotion programmes. An ideal approach is to implement hygiene and sanitation programmes in schools. Government education policies should support these programmes and children not attending school should also be specifically targeted by community based organisations.
- ◆ Clear definitions for hygiene behaviours and accrued benefits need to be developed as opposed to passing on too many messages during hygiene promotion programmes.

challenges to the health and wellbeing of their populations. In this sense we feel that the study populations are comparable and the lessons learnt from the different studies have implications for all the countries involved. Summarised findings from the other countries, with emphasis on insights not present in the Uganda study findings include the following:

- ◆ Simple blanket hand-washing messages such as: "*Wash your hands with soap!*" are not effective. Hygiene education messages should be specific and

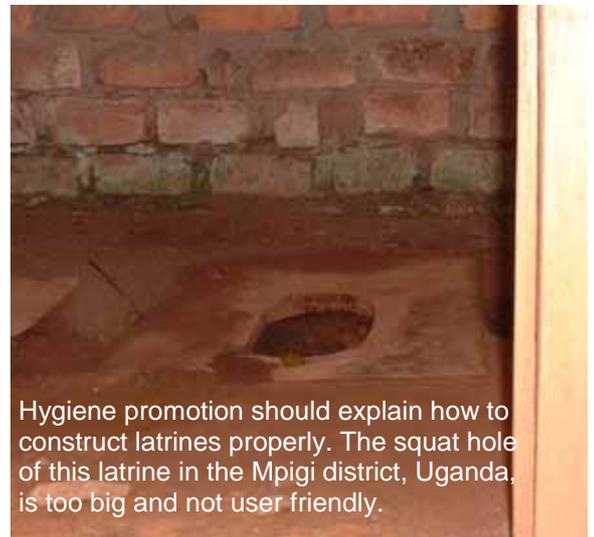


**FIG 3**  
It is essential that hygiene promotion is incorporated into WATSAN projects so that communities gain the maximum health benefits from new water supplies and latrines.

All six participating countries are developing nations facing similar socio-economic

comprehensive, for example: *"Wash both your hands with soap!"* Contrary to common beliefs among practitioners, good hygiene and sanitation practices are not intuitive to many people.

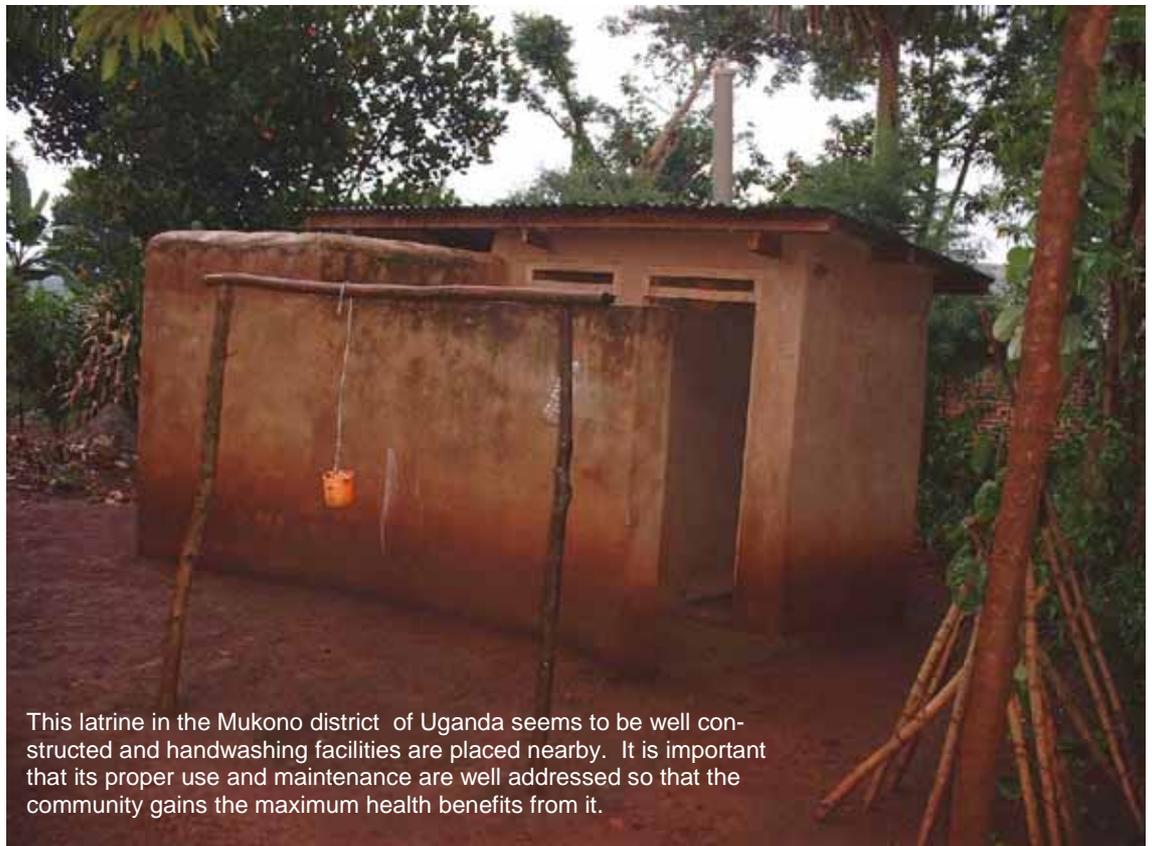
- ◆ Hygiene and sanitation in schools is important, as it allows children to learn about hygiene at a receptive age, as well as having immediate and long term health benefits. The earlier behaviour is changed in life, the longer the lifespan of the change.
- ◆ Women influence hygiene in the home and educated women practice good hygiene behaviour. Therefore formal education of girls is important for sustainability of good hygiene behaviours.
- ◆ It is necessary during the training of community groups in hygiene practices to emphasise the importance of passing on the information gained to friends, neighbours and other peers. The design of hygiene promotion programmes should include innovative and creative ways of encouraging lateral dissemination of information. Government departments should be part of the project structure because



Hygiene promotion should explain how to construct latrines properly. The squat hole of this latrine in the Mpigi district, Uganda, is too big and not user friendly.

communities identify with them and they are there long after the project agency has left.

- ◆ An understanding of prevalent taboos and beliefs in a given community and the design of culturally appropriate facilities and messages is essential.
- ◆ Interventions should preserve the dignity of women and girls.
- ◆ Hygiene promotion messages need to be continually reinforced in order for changes in behaviour to be longlasting.



This latrine in the Mukono district of Uganda seems to be well constructed and handwashing facilities are placed nearby. It is important that its proper use and maintenance are well addressed so that the community gains the maximum health benefits from it.

Photos: Henry Muyunga

WaterAid Uganda  
Plot 90  
Bugolobi  
Kampala  
Uganda

Tel. + 256 41505795  
[www.wateraid.org](http://www.wateraid.org)

