



Hygiene Messaging and Practice during COVID-19



Rapid Assessment on Effectiveness and Sustainability | July 2020







Acknowledgement

Nexel Research acknowledges and thanks the slum dwellers, rural inhabitants, social media users and health workers who participated in this study. Without their time and input, this study would have been incomplete.

This study would not be possible to carry out without the dedication, commitment and hard work of the data collectors, volunteers and field supervisors.

Dr. Abdullah Al Muyeed and Mr. Faysal Abbas of WaterAid Bangladesh, helped us by providing valuable suggestions and inputs from study design to report writing process. Ms. Manbira Sultana and her team helped us designing the survey app based on mWater.



Their timely intervention helped us to start data collection on due team. Finally, we acknowledge the commendable support that was provided by the Water Aid, Bangladesh (WAB) team to design, manage, analyze and present the findings from the study. This report is an output of a collaborative effort between WAB and Nexel Research Limited.

We would also like to thank the following team members for their significant contribution to this report: Dr. A S Nurullah Awal, Samia Mallik, M M Mamshad and Ahnaf Ahsan.

Contents



Acknowledgement 1	
Executive Summary 5	;
Chapter 1: Introduction 1	0
Chapter 2: Methodology 1	4
2.1 Survey Design 1	4
a) Target Respondent 1	4
b) Sample Size and Sample Distribution 1	4
c) Respondent Selection 1	4
2.2 Survey Implementation 1	15
a) Survey Tools 1	5
b) Recruitment of Enumerators and Training 1	5
c) Limitations of the Survey 1	5
Chapter 3: Details of Study Findings 1	6
3.1 General Population 1	6
3.1.2 Handwashing Messages Received 1	8
3.1.3 Motivation 2	23
3.1.4 Handwashing Practice at Home 2	24
3.1.5 Barriers to Changing Behavior 2	27
3.2 Comparison with National WASH data 2	29
3.3 Health Workers 3	30
Chapter 4: Conclusion 3	32

List of tables



Table 1: Demographic Profile, Age and Gender	16
Table 1: Demographic Profile: Education	16
Table 2 : Demographic Profile: Monthly Household Income (Clum and Pural Personndents)	10
Table 3 : Demographic Profile: Monthly Household Income (Jsons of Social Modia)	17
Table 7. Other information on handwashing provided by the respondents	17
Table 7. Other information on nanowasining provided by the respondents	21
Table & Occasions for washing hands while at home [Ref Q4.6]	22
Table 9. Occasions for washing hands outside residence [Ref Q4.7]	22
Table 10: Reasons for washing hands outside residence [Ref Q4.8]	22
Table 11: Time spent wasning nands [Ref 4.9]	23
Table 12: Changes adopted by respondents (at nome) [Ref Q3.2]	23
Table 13: Changes adopted by respondents (outside) [Ref Q5.4]	24
Table 14: Changes adopted by respondents (at various institutions) [Ref Q5.6]	24
Table 15: Other reasons for changing handwashing habits [Ref Q5.4]	24
Table 16: Occasions for washing hands at home [Ref Q6.0]	25
Table 17: Type of soap used by respondents [Ref Q6.2]	25
Table 18: Sources of water for washing hands [Ref 6.3]	26
Table 19 : Different ways to run water for handwash [Ref Q6.4]	26
Table 20: Amount of time respondents spend washing hands [Ref Q6.5]	27
Table 21: Different means to count time while washing hands [Ref 6.7]	27
Table 22: Type of barriers faced by respondents at home [ref Q7.2]	28
Table 23: Places where respondents faced barriers [Ref Q7.4]	28
Table 24: Suggestions provided by the respondents	29
Table 25 : Comparison table	29
Table 26: Number of respondents exposed to messages [Ref Q2.1]	34
Table 27: Messages received by respondents [Ref Q3.2]	34
Table 28: Occasions for washing hands at home [Ref Q3.9]	34
Table 29: Occasions for washing hands outside home [Ref Q3.10]	34
Table 30: Occasions for washing hands at medical center [Ref Q3.11]	35
Table 31: Changes in handwashing practice [Ref Q4.4a]	35
Table 32: Reasons for changing handwashing habits [Ref Q4.5]	35
Table 33: Initiatives taken by health facilities to ease handwashing practice [Q4.8]	35
Table 34: Suggestions to motivate people for washing hands [Q5.3]	36
Table 35: Occasions of sensitizing people on handwashing practice [Ref Q6.2]	36
Table 36: Methods of distributing soap [Ref Q6.12]	36

List of Graphs



Figure 1:Handwashing messages seen/heard by respondents [Ref Q3.1]1	18
Figure 2: Clarity of messages [Ref Q4.2] 2	20
Figure 3 : Reasons for handwashing [Ref Q4.3] 2	20
Figure 4: Handwashing substances [Ref Q4.4] 2	21
Figure 5: Change in handwashing habits, no. of respondents [Ref Q5.1, Q5.2 and Q5.3] 2	23
Figure 6: Substances used by respondents for handwashing [Ref 6.1] 2	25
Figure 7: Means to count time [Ref 6.6]	27
Figure 8: Percentage of respondents facing barriers [Ref Q7.1 and Q7.3] 2	28

Executive Summary







The COVID-19 virus spreads primarily through droplets entering the human body through eyes, nose and mouth. This contagion process is greatly accelerated through contaminated hands, resulting in a higher proportion of transmittal. Therefore, during this global pandemic, washing hands with soap and water frequently for a minimum amount of time is considered as one of the cheapest, easiest, and most important ways to prevent the spread.

In Bangladesh, as a means to curb the spread of the virus, handwashing with soap is being promoted on a huge scale through mass/ social media campaigns and relevant channels, Governments and donors have started to support the installation of handwas

ing facilities at an extraordinary scale. However, there is a lack of real-time information on how messages are received and understood by different groups, what unique factors may be driving behavior change, and what barriers may prevent good hand hygiene being adopted in the context of Bangladesh. Under these circumstances, WaterAid Bangladesh (henceforth WAB) intended to conduct a rapid assessment on changes in handwashing behaviors targeting inhabitants of village, slum and urban towns belonging to different age groups.

The main objective of the assessment was to understand what works and what does not for the marginalized community across varied channels/sources with regards to handwashing practices. The survey was conducted using a semi structured questionnaire and the responses were mostly qualitative in nature. The data were collected from 365 respondents consisting of slum dwellers (49), rural inhabitants (62), social media users (239) and health workers (15). For slum dwellers, rural inhabitants and health workers, data were collected applying CATI methods. For social media users, a self-administered web-based application was used. Respondents of rural areas were from Taherpur of Sunamganj district and Meherpur district . While slum respondents were selected from two slums of Dhaka south city corporation and two slums of Khulna city corporation.

The data were collected from 13th May to 22nd May.





Summary Findings

i) General Population (Respondents of Rural/Slum and Social Media Users)





social media users could mention multiple occassions for washing hands at home.



Demographic Profile

Overall, about two thirds of the interviewed respondents (66%) were males and rest one third (34%) was females. Ninety eight percent of the respondents belonged to the age group of 18-60 years. Majority of the respondents (59% in both cases) from slum and rural areas have had formal education up to class ten. In contrast, more than half of the social media users (56%) were graduate or above. Household income of the majority of the slum and rural respondents was found to be around BDT 15,000 or less, while responses of social media users were found to be varied in this regard (up to BDT 30,000: 23%, more than BDT 25,000: 43% and did not reveal: 33%).

Handwashing Messages Received

The data suggest that 8 in 10 respondents saw/heard handwashing related messages from different sources. This was higher among respondents of slum (100%) and rural areas (95%) as compared to the urban social media users (83%). In majority of the cases social media users received these messages from multiple sources such as social media, TV, word of mouth, mobile phone and internet whereas majority of the slum/rural respondents received messages from two sources TV and miking (public announcement). On average, TV viewers, across categories, claimed to have watched these messages approximately twice a day. Overall, the average frequencies of seeing/hearing handwashing related messages were found to be higher for social media users than for that of the respondents from rural and slum areas.

Most of the respondents across the three groups claimed to have understood these messages clearly and were found to be aware that handwashing is important to prevent the spread of COVID-19- All of these respondents appear to have used soap and water for washing hands. Besides, more than 90% of slum dwellers and social media users mentioned that hands should be washed for 20 seconds or more while 82% of the rural respondents did so.

9 in 10 social media users could mention multiple occasions for washing hands at home however, majority of the slum/rural respondents could state only three occasions; before eating, after using the toilet and after returning home from outside. Surprisingly, only a handful of slum dwellers (6%) and rural inhabitants (9%) cited washing of hands after sneezing or coughing, which is quite alarming given the way the coronavirus spreads.

With regards to their handwashing practice outside home, a vast majority of slum and rural respondents mentioned that hands should be washed after touching a surface that may have been touched by others frequently. Other occasions fo



washing hands outside residences were mentioned by a lower proportion of the respondents of these areas. On the other hand, most of the social media users were able to reveal multiple occasions for washing hands outside home such as after touching surfaces, after coming into contact physically with others, after sneezing or coughing and after visiting a patient.

The prescribed duration for handwashing (20 seconds or more) seems to be known to most of the slum respondents and social media users (9 in 10 respondents for both cases). However, majority responses of rural respondents were split between the '20 seconds or more' and '1 minute or more' brackets.

Motivation

The respondents informed that handwashing messages motivated them to change their handwashing practices at home (9 in 10 respondents), outside home (8 in 10 respondents) and at institutions like healthcare facilities and educational establishments (6 in 10 respondents). The changes brought on by the messages include frequent handwashing, washing hands after returning home from outside and washing hands after touching any kind of objects.

Handwashing Practice at Home and Beyond

Respondents usually wash their hands before eating and after using the toilet. Besides, a large number of respondents mentioned washing hands after returning home from outside. The responses indicate that social media users wash hands on a greater number of occasions as compared with the respondents of rural and slum areas. Almost all of the respondents use soap and water for washing hands. Bar soap is used by most respondents across the three groups (8 in 10) though the majority of the social media users (81%) use liquid soap.

Looking at the usage of water for washing hands, a vast majority of the rural respondents (84%) wash hands using tube well or stored water without tap. A large portion of slum dwellers (44%) wash their hands from the water they store. Using tap water to wash hands is noticeably higher among social media users (75%).

Less than half of the respondents (42%) mentioned using of various means to check the duration for handwashing, implying a good proportion of them do not count time. The ones who did stated using different means such as singing songs, following the clock, counting up to 20 etc. to check duration while washing hands.

Around three fourths of the social media users wash their hands for 20 seconds and more. In contrast, only about 45% percent of slum dwellers and 24% of rural inhabitants do so. It









check duration of handwashing.



respondents from slum areas were unable to mention their duration of handwashing.



respondents from rural areas were unable to mention their duration of handwashing.

ii) Health Worker



is important to note that a large number of respondents from slum (45%) and rural (75%) areas were unable to mention their duration of handwashing.

Barriers to Changing Behavior

The responses suggest that a substantial number of respondents from rural (28%) and slum areas (22%) faced barriers to change their handwashing behaviors at home, while 22% of the social media users faced barriers outside their residences. Unavailability of soap and high price are on top of the list of obstacles faced, especially for the first two groups. In addition, respondents with average family income up to BDT 20,000 or less termed soap as expensive. Social media users faced barriers to washing hands in open markets and bazars, public toilets and public transports. In total 15 health workers were interviewed, 7 from Meherpur and 8 from Taherpur. From this, nine(09) were male and 6 were female.Out of the 15 interviewed respondents, except two males from Meherpur, 13 respondents mentioned having seen or heard handwashing messages within the last 15 days (from the day when interview was taken). The main sources of receiving messages were found to be TV and Employer. Those received messages, could apprehend the messages well. In addition, 12 in 13 workers could recall the message that instructed them to wash their hands for 20 seconds or more after taking care of any patient. They were found to be well aware of the fact that washing hands is important to prevent the spread of the virus, soap and water or sanitizer gel should be used to clean their hands and the prescribed handwashing duration is 20 seconds or more. In the health center, all of them wash hands before or after treating injury and handling medical equipment. Also, health facilities have taken initiatives such ensuring running water and availability of soap in the facilities.

All of the health workers claimed to have motivated others to wash hands in the prescribed way after seeing or hearing the messages. They informed people on handwashing whenever they got opportunities. They did this while meeting them personally, over phone, in the courtyard sessions or when people visited their health facility. They informed people both individually and in group. Also, 9 in 15 workers disseminated the information multiple times but could not specify the exact number, and 6 of them did this only once. They used posters as visual aids while disseminating the messages in most of the cases. They also change their handwashing practices after seeing the handwashing messages. They did not mention any barriers that may circumvent handwashing practice at home, outside or workplace. They believed that disseminating information on handwashing, counseling people on the importance of handwashing and arranging awareness programs would motivate people to practice proper handwashing. The



new corona virus is highly infectious. Even one asymptomatic person is believed to be enough to infect a community. No proven medicine has been discovered yet to treat the infection and vaccine may not be available in the next 12 to 18 months. As a result, taking precaution is the only way to curb the spread of the infection and prevent mass transmission. Frequent handwashing for 20 seconds or more has been given the highest importance in this regard by health experts and virologists. Therefore, the need for effective messages to the general population containing the importance and proper guidelines for washing hands have grown exponentially in the current times, all around the globe.

Conclusion

The survey data indicate that a wide array of respondents is aware of hand washing campaigns. These campaigns appear to have delivered the necessary knowledge regarding the importance of hand washing, and have been able to increase the frequency of handwashing practices among interviewed respondents. However, the survey results uncovered some issues that need to be addressed right away in order to get resolved properly. More than one tenth of the respondents of general population (12%) and 2 in 15 interviewed health workers were not exposed to any handwash related messages or a vast majority of respondents from the slum and rural areas as well as health workers were found to be unaware that hands should be washed after sneezing or coughing. Besides, a significant number of respondents also considered soap to be unavailable or expensive, and some also felt washing facility and necessary water is unavailable at institutions and market places.

It is clear from the experiences of other countries that negligence, unawareness or innocence in one person on handwashing practice could create catastrophic situation for the community and subsequently for the country and beyond. Hence, as respondents suggested, door to door campaigns, arranging courtyard sessions at regular intervals, involving local leaders, religious leaders, teachers, NGO workers and the likes are crucial in conveying the message to the mass. In addition, electronic and social media and mobile platforms also need to be continued to use. Also, campaigns should focus on motivating people to disseminate messages to the people around them such as family members, acquaintances, friends, neighbors, relatives etc. and encourage further word of mouth.

In conclusion, the survey responses show significant variance between hygiene knowledge and actual practice so we should not assume that a high level of knowledge necessarily translates into good handwashing habits . Further studies might be undertaken to seek out the level of actual practice at public places and various institutions possibly by observation and scrutiny.

The survey show significant variance between hygiene knowledge and actual practice.

Chapter 1: Introduction



Covid-19: Background

Covid19 is currently the most pressing issue that has taken over the world. It is affecting not only the day to day lives of people in almost every country, but also threatening to hold the world economy and social systems hostage for a long period of time. The outbreak of the pandemic has resulted in an astounding 5,920,086 cases worldwide with 362,360 mortalities. Bangladesh is also bearing the weight of the pandemic, with about 40,321 total confirmed cases and 559 casualties in the span of a few months.

The coronavirus responsible for this respiratory disease is assumed to have originated in the Hubei province of China, from where it subsequently travelled further to different countries resulting in a worldwide flare-up in a short period. The main methods of transmission consist of person to person contact, through droplets in the air and contact with contaminated surfaces. As social distancing is the only known method of preventing the spread of this virus, many countries have implemented full or partial lockdown despite a setback in their economic and social activities.

Measures for Prevention

According to the World Heath Organization (WHO), a person can reduce their chances of being infected or spreading COVID-19 by taking some simple yet effective precautions:

- Regularly and thoroughly cleaning hands with an alcohol-based hand rub or washing them with soap and water. This is the thought to be the most effective method of getting rid of the virus on people's hand.
- Maintaining at least 1 metre (3 feet) distance between oneself and others to avoid breathing in or catching the virus in clothes, accessories and body parts.
- Avoiding crowded places.
- Avoiding touching eyes, nose and mouth in order to not transfer the virus where it can easily enter the body.
- Following good respiratory hygiene. This means covering mouth and nose with bent elbow or tissue when coughing or sneezing, then disposing the used tissue immediately and wash hands with soap.

Staying home and self-isolating even with minor symptoms such as cough, headache, mild fever etc. until complete recovery or if you have been in contact with someone who has the virus.

In case of fever, cough and difficulty breathing, seeking medical attention, but phoning in first if possible and following the directions of the concerned health authority.

Keeping up to date on the latest information from trusted sources, such as WHO or local and national health authorities.







"Safety is in Our Own Hands"

Washing hands properly is often the first line of defense in any infection control. That is why doctors usually wash hands or rub with sanitizer after examining patients regardless of their type of illness.

Washing hands with soap for at least twenty seconds has been the standard recommended method to combat the coronavirus that causes COVID19. The virus is encased in a layer of lipid or fat that can be disrupted by the use of soap and alcohol-based hand rubs. Since this virus tends to stick to surfaces, as in the structure of the virus's protective envelope helps it bond tightly to skin and other surfaces, it is recommended to rub hands thoroughly while washing. The most common method of contagion is through contact with infected surfaces or droplets, and then touching own facial cavities resulting in direct transmission or touching other materials and objects resulting in further contamination. Washing hands after possible contact with effected people, contaminated objects or surfaces reduces this risk to a huge extent. This is important for both spreading and preventing the virus.



Informing the General Population

There has been a remarkable amount of communication efforts, initiated by the Government of Bangladesh and also various reputable organizations and individuals with a view to disseminate the information regarding hand washing for prevention of Covid19 to the general public. Hand wash booths have been set up, soap and sanitizers have been distributed to underprivileged people, facilities have been increased or improved in various offices, shopping malls, residential buildings and other public places to name a few. Major communications and infomercials are being circulated on air, print, electronic and social media.

Some of the hand hygiene campaigns that have been undertaken by the GOB and other organisations include, but are not limited to the following:

Dhaka North City Corporation campaign (DNCC) launched a hand washing program at 25 points of the city, aiming to create awareness among pedestrians and commuters and to prevent the spread of coronavirus.



Dettol launched a hand hygiene campaign throughout the country where the representatives of the brand encourage their retailers across the country to keep retailers' hands clean and supply free of cost Dettol antiseptic soap for their retailers' usage. The brand is also conducting a campaign on television







and social media instructing on the proper way of hand hygiene. WaterAid Bangladesh (WAB) has launched a comprehensive campaign which includes installing eight different types of handwash devices in critical locations such as slums, jute mills, railway stations, RMG factories etc. Another part involves The Country Director (Bangladesh) demonstrating the proper techniques for hand washing, and also how to use water in order to prevent water scarcity. 140 urban and rural schools have been trained on the same. Various informational materials such as banners, posters, leaflets etc. were distributed in key areas like local markets, police stations, bus stands, outside of religious establishments etc. Prevention messages directly to households and mass people have also been carried out. Hygiene awareness was boosted through the radio channel Radio Sharabela reaching about 1,000,000 people.

Bangladesh Red Crescent Society has set up a total of 10,179 basins in the country to encourage people to wash their hands frequently amid the outbreak.

UNDP, Bangladesh Scouts, Dettol Harpic Porichchonno Bangladesh, and Duronto Television have jointly launched an online competition, titled "Handwash Challenge," to prevent further spread of the coronavirus. Anyone can take part in this competition by sharing photos and videos of their washing hands for 20 seconds via Facebook. UNDP, BS and Duronto TV are also airing a short video of proper hand washing on various electronic and social media.

- Unilever in conjunction with BRAC, is working to raise awareness of personal hygiene, social distancing and respiratory etiquette, and to change behaviours in marginalised communities. They have reached approximately 1 million people by initiating door-to-door dissemination of key messages to combat the virus and distributed 500,000 sachets of Lifebuoy handwash.
- They are also airing an infomercial on the importance and techniques of proper hand washing on various electronic and social media.
- UNICEF is airing the ever-popular Mina cartoon raising awareness on hand hygiene.

There have been individuals in both Bangladesh and abroad who have been spreading awareness on proper hand washing via social media, for example, Dr. Ferdous (New York), Dr. Zakir Hossain (Bangladesh), various local and international celebrities etc.

However, there is a lack of real-time information on how messages are received and understood by different groups, what unique factors may be driving behavior change, and what barriers may prevent good hand hygiene being adopted in the context of Bangladesh.

Under these circumstances, WaterAid, Bangladesh (henceforth WAB) intended to conduct a rapid assessment on changes in handwashing behaviors targeting inhabitants of village, slum and urban towns belonging to different age groups and hired Nexel Research Limited to conduct the assessment. This report is based on the data collected from the different primary sources under the assessment.

Objectives of the Assessment

The purpose of the research is to conduct a rapid assessment of changes in handwashing practice during COVID-19. Through this research we would like to

Analyse the contents of hygiene message developed during this period,

Identify and evaluate effective communication channels, understand underlying motivation and socio-economic barriers for people towards good hygiene practice especially the marginalize communities.

The main aim is to understand what works and what doesn't for marginalized community across varied channels.



Key questions:

- What messages relating to handwashing practice have people received since the COVID-19 pandemic began? (if received)
- Where have they received hygiene messages from? (do they trust them?)
- How have they interpreted these messages and motivated themselves for hygiene practice? (if not, then how would they feel motivated?)
- Why do they feel it's difficult to adopt good hand hygiene practice? (What are the socio-economic barriers).



Chapter 2: Methodology

2.1 Survey Design

Water Aid Bangladesh (WAB) were looking to conduct a rapid assessment to understand people's perception and willingness to adopt the handwashing method that was disseminated through different channels as a means to curb the spread of COVID-19. Considering the current lockdown situation and risk of infection in conducting face to face interviews, WAB suggested carrying out interviews using alternative methods such as computer-aided telephonic interviews (CATI) and web-based self-administered interviews.

a) Target Respondent

The target respondents of the survey consisted of three groups jointly representing the general population; slum inhabitants, rural inhabitants and urban based social media users. The respondents were 18 years or above. For rural respondents, two villages Taherpur and Meherpur were selected. Four slums, two from Dhaka and two from Khulna were chosen. In addition, 12 health workers of Meherpur and Taherpur were also interviewed. The male female ratio for slum and rural groups was 50:50.

b) Sample Size and Sample Distribution

The sample size for each group was determined keeping in mind the time constraint, availability of respondents and conducting of survey during the month of Ramadan. The target sample size and achieved sample can be seen from the table below:

Respondent Category	Target Sample	Achieved Sample	Comment
Rural	60	62	No differently abled persons were found in the selected villages, hence could not conduct the planned 4 interviews with them.
Slum	48	49	No differently abled persons were found in the slums of Khulna, hence could not conduct the planned 8 interviews with them (4 from each slum).
Social Media	150	239	-
Health Workers	10	15	-
TOTAL RESPONDENT	268	365	

It should be noted that we have excluded 10 respondents from the analysis as they were aged under 18 years. The final output has been generated based on 59 respondents from rural areas, 46 respondents from slum areas and 235 respondents from urban social media users.

c) Respondent Selection

Relevant respondents were chosen from a list of slum dwellers and health workers provided by WAB. For rural samples, 11 volunteers (5 from Meherpur and 6 from Taherpur) recruited the required number of respondents.









2.2 Survey Implementation

a) Survey Tools

Two separate survey tools were prepared based on a questionnaire provided by WAB. Both tools were modified by NRL with feedback from WAB, and a final three distinct web-based applications were created using mWater.

b) Recruitment of Enumerators and Training

NRL recruited 10 enumerators and trained them using the online application Zoom. In the training sessions survey objectives, questions of the survey tools etc. were explained. Following that, enumerators were asked to participate in mock interviews.

On average, each enumerator was able to complete five interviews in a day. However, average successful call per enumerator would have been higher if the survey had not been carried out in Ramadan. Also, male respondents in rural areas were found to be busy in the paddy fields for harvesting during the day.

The date of interviews can be seen from the table below:



Respondent Category	Date
Slum	13 th May – 16 th May
Rural	13 th May – 14 th May
Social Media	18 th May – 22 nd May
Health Worker	21 st May-22 nd May

c) Limitations of the Survey

The survey design was based on the study's exploratory nature. While determining sample size time constraint, budgetary factors and issues owing to the current pandemic situation were given precedence over statistical validity. Therefore, the results cannot be considered as wholly representative though there is substantial merit to it. The sample size of each group was large enough to capture the diversified qualitative responses. Hence, the results of the survey may be meaningfully used for formulation of hypotheses and create scope for future studies as well as recommend changes that should be brought into the current and future handwashing campaigns.



Chapter 3: Details of Study Findings

The survey tools were comprised of several sections. The tools for the four categories of respondents were almost similar except for an extra section for health workers. Therefore, the findings for health workers have been presented separately from the others (slum dwellers, rural dwellers and social media users).

3.1 General Population

This part of the report will cover the findings from the respondents representing the general population (slum dwellers, rural inhabitants and social media users)

3.1.1 Demographic Profile

Among the three categories of the respondents, only from rural sample almost an equal number of male and female respondents were interviewed. Among slum dwellers, number of male respondents (57%) was little higher than female respondents (44%). In contrast, among social media users, male respondents were far higher (71%) than female respondents (29%).

Table 1: Demographic Profile, Age and Gender

Category		Rural	Slum	Social Media	lotal
Gender	Male	50.8	56.5	71.1	65.6
	Female	49.2	43.5	28.9	34.4
Age	18-60 years	94.9	93.5	98.7	97.4
	Over 60 years	5.1	6.5	1.3	2.6
	Base- All respondents	59	46	235	340

Table 2 : Demographic Profile: Education

Category	Rural	Slum	Social Media	Total
Illiterate	6.9	13.0	0.0	2.5
Up-to Primary	27.1	26.1	10.2	15.3
Class VI to X	32.2	32.6	1.0	10.6
Higher Secondary	20.3	4.4	2.6	5.9
Graduate	13.6	19.6	28.9	25.0
Post Graduate	0.0	4.4	43.4	30.6
Did not mention	0.0	0.0	14.0	9.7
Base- All respondents	59	46	235	340



More than half of the slum dwellers (57%) revealed their household income to be around BDT 10,000. This same amount of monthly household income was claimed by 41% of rural respondents. Only about 26% of slum and 29% of rural inhabitants mentioned their monthly household income to be more than BDT 15,000.



Table 3 : Demographic Profile: Monthly Household Income (Slum and Rural Respondents)



Category	Rural	Slum	Total
Up to BDT 10,000	40.7	56.5	47.6
BDT 10,000-15,000	30.5	15.2	23.8
BDT 15,001-20,000	16.9	15.2	16.2
Over BDT 20,000	11.9	10.9	11.4
Did not mention	0.0	2.2	1.0
Base- All respondents (rural and slum)	59	46	105



For the social media users, we created five income brackets to ensure getting the maximum number of responses. However, one third of the total social media users chose not to answer this question. Also, from those answered, responses varied widely. Nearly one-fourth of the respondents (23%) claimed to have a monthly household income of around BDT 30,000 and that was the highest portion of respondents for any bracket.

Table 4 : Demographic Profile: Monthly Household Income (Users of Social Media)

Category	Social Media
Up to BDT 30,000	23.8
BDT30,00-50,000	14.9
BDT 50,001-75,000	8.5
BDT 75,001-100,000	7.2
More than 100,000	13.2
Did not mention	32.3
Base- All respondents (social media)	235







200% slum dewellers have seen/heard handwashing messages.





3.1.2 Handwashing Messages Received

There seems to have been greater penetration of handwashing message dissemination in rural and slum areas with an impressive 95% of rural inhabitants and 100% of slum dwellers having seen or heard messages on hand hygiene. In contrast, a fewer portion of social media users (83%) seem to have been exposed to such messages. Between males and females, more females (91%) claimed to have seen or heard handwashing related messages than their male (86%) counterparts. Overall, 8 out of 10 respondents appear to have heard or seen handwashing messages during the COVID-19 situation.

Figure 1:Handwashing messages seen/heard by respondents [Ref Q3.1]



■Yes ■No ■Can not say

Occurrences of hearing or seeing handwashing messages on different media have been found to be almost similar among the three categories of respondents though, except TV, percentages of the respondents in this regard appear to be widely varied between respondents of rural/slum and social media users.

Looking at the media through which the messages have been seen or heard, there emerges an interesting difference between categories.

TV emerges as the main source for getting information on handwashing for the respondents of slum areas (80%) and rural areas (64%) with social media users following close behind (79%). Miking (public announcement) was found to be another important source to inform slum dwellers (52%) and rural inhabitants (57%). Other significant sources that were noted are mobile phone (41%), family/friend/neighbor (38%) and social media (23%) for rural inhabitants and family/friend/neighbor (38%) and mobile phone (28%) for slum dwellers.

Majority of social media users seem to have received these

messages from multiple sources. For instance, more than two thirds of social media users got the information from both TV (79%) and social media (80%). Also, more than half of the users claim word of mouth (64%), mobile phone (59%) and internet (56%) to also be sources of exposure. Other sources such as miking (39%), efforts by the local government (31%), newspaper (36%), billboard or poster (27%) etc. were cited by a good number of respondents.

Table 5: Sources of handwashing messages

Category	Rura l	Slum	Social Media	Male	Female	Total
ти	64.3	80.4	79.0	72.8	83.0	76.4
Social media	23.2	6.5	80.0	64.9	45.3	57.9
Family / friend / neighbour	37.5	41.3	63.6	52.9	59.4	55.2
Mobile phone(sms /WhatsApp)	41.1	28.3	59.0	49.2	53.8	50.8
Miking (public announcement)	57.1	52.2	38.5	40.3	50.9	44.1
Internet	17.9	10.9	56.4	44.5	37.7	42.1
Local Government	19.6	8.7	31.3	26.2	24.5	25.6
Newspaper	5.4	0.0	36.4	27.7	19.8	24.9
Billboard or poster	3.6	8.7	26.7	22.5	14.2	19.5
Leaflet	3.6	13.0	25.1	20.9	16.0	19.2
Religious leader	3.6	4.3	23.1	19.9	10.4	16.5
Community leader	1.8	0.0	23.6	18.8	10.4	15.8
Radio	5.4	2.2	21.5	16.8	13.2	15.5
Employer	1.8	2.2	22.1	17.3	11.3	15.2
NGO	1.8	21.7	0.0	4.2	2.8	3.7
Base- Those saw/heard messages	56	46	195	191	106	297



Television was the highest source of handwashing messages for respondents.

Across catgeories, TV viewers claimed to have seen handwashing messages twice a day.



Figures in percentage

The respondents were further asked about frequency of seeing or hearing messages in the last 15 days. On average, TV viewers, across categories, claimed to have watched these messages approximately twice a day. Again, average frequencies were found to be higher for social media users in comparison with that of rural and slum respondents on each source with a few exceptions. These exceptions stem from the fact that average is always heavily influenced by extreme values.

Table 6: Average Frequency of hearing or seeing messages

Category	Rural	Slum	Social	Male	Female	Total
			Media			
Social media	58	60	33	35	35	35
TV	30	31	29	31	28	30
Radio	21	25	23	27	21	25
Internet	27	13	18	24	18	22
Family / friend / neighbour	12	7	26	23	20	22
Mobile phone (sms or	28	16	17	19	17	19
WhatsApp)						
Employer	2	1	18	20	9	17
Leaflet	12	11	15	17	8	14
Local Government	4	2	16	17	8	14
NGO	15	13		14	11	13
Newspaper	6		12	12	12	12
Billboard or poster	4	10	11	13	6	11
Religious leader	2	3	11	11	10	11
Miking (public announcement)	7	5	12	11	7	9
Community leader	2		10	9	10	9

The messages respondents received from different sources were clear to understand as stated by 9 in 10 respondents. The messages were partly clear to only 6% respondents and



less than 1% were found to not have apprehended the messages at all. These respondents (19 out of 297) cited a number of reasons such as the providing of too many different messages (11 out of 19), picture/message was not clear (5 out of 19), too busy to read/listen the messages (4 out of 19) etc.

Figure 2: Clarity of messages [Ref Q4.2]



Clearly understood Partly clear

Figures in percentage

An overwhelming 94% of the respondents correctly informed that hand washing is important to prevent COVID-19. The response pattern was almost similar across the three groups. Majority of the slum dwellers (74%) and social media users (77%) mentioned that handwashing is important for personal hygiene/cleanliness as well. However, majority of the rural respondents seemed unable to relate general hygiene with handwashing.



Figure 3 : Reasons for handwashing [Ref Q4.3]

Helps prevent Covid-19 Cleanliness/personal hygiene Not sure It kills other germs too
Figures in percentage

Using soap and water for washing hands were found to be unequivocally understood across all groups. Sanitizer gel comes a close second for urban respondents (63% for both slum respondents and social media users).

549% of the respondents correctly informed that handwashing is important to prevent COVID-19.





Figure 4 : Reasons for handwashing [Ref Q4.3]



Using water only Using water and ash/mud Using sanitiser gel Using water and soap

Figures in percentage

The respondents were asked if they could provide any other relevant information on handwashing. 9 out 10 slum dwellers and social media users mentioned washing hands for 20 seconds or more. 8 in 10 rural respondents (82%) also mentioned this. A vast majority of the respondents from all three categories also informed that both hands should be rubbed thoroughly while washing. Most of the slum and rural respondents could not provide any other information except these two. However, social media users mentioned issues such as saving water (51%), avoiding splashing (43%), avoiding touching tap (38%) etc.



slum dewellers and

social media users

or more.

mentioned washing

hands for 20 seconds

79% slum dewellers and social media users mentioned washing hands for 20 seconds

or more.

Table 7: Other information on handwashing provided by the respondents [Ref Q4.5]

Category	Rural	Slum	Social Media	Male	Female	Total
For 20 seconds (or more)	67.9	93.5	94.8	91.1	86.4	89.4
Rubbing with both hands	67.9	73.9	81.2	75.3	81.6	77.5
Use more water	16.1	6.5	20.9	19.5	14.6	17.7
Save water	1.8	0.0	50.8	38.4	24.3	33.4
Avoid splashing	0.0	2.2	42.9	32.6	20.4	28.3
Avoid touching tap	0.0	2.2	38.2	31.6	13.6	25.3
Should wash hand for 2-3 minutes	14.3	2.2	0.0	2.6	3.9	3.1
Base – Those who saw/heard messages	56	46	195	192	105	297

Figures in percentage

9 in 10 of social media users seem to be well aware of when to wash hands. On the other hand, A vast majority of the slum and rural inhabitants seem to be washed hands before eating, after using toilet and returning home from outside. Apart from these three situations, these two groups are not very well informed about which other times to wash hands, for example, only about 7% of both slum dwellers and rural inhabitants mentioned washing of hands after sneezing or coughing. This finding has serious implications as this issue contribute to a greater spread of the coronavirus and is believed to have been adequately made known to the public.

of the social users could mention multiple occasions for washing hands.





Most of the respondents claimed washing hands outside home would help to prevent spread of COVID-19.



Table 8: Occasions for washing hands while at home [Ref Q4.6]

	Rural	Slum	Social	Male	Female	Total
			Media			
Before eating	96.4	93.5	97.9	97.4	96.1	96.9
Before cooking	41.1	37.0	91.1	75.3	68.9	73.0
Before feeding a child	21.4	34.8	94.8	74.7	65.0	71.3
After cleaning a young child	14.3	15.2	89.5	67.9	55.3	63.5
After using toilet	87.5	91.3	97.4	94.7	94.2	94.5
Once I return home from outside	57.1	82.6	97.4	88.4	85.4	87.4
After coming into physical contact	19.6	21.7	94.8	73.7	60.2	68.9
with a person (outside the home)						
After touching a surface that is likely	35.7	50.0	93.7	80.5	67.0	75.8
frequently touched						
After sneezing or coughing	7.1	6.5	91.1	65.8	54.4	61.8
Before/ After looking after someone	1.8	0.0	93.2	66.3	51.5	61.1
who is ill						
Base – Those who saw/heard messages	56	46	195	192	105	297
					Figures in 1	percentage

Respondents were further probed on when they should wash hands while in public places or outside home. Again, more than 90% of the social users could mention multiple occasions for washing hands while 82% of rural and 91% of slum dwellers could mention only one occasion; after touching surface that may have been frequently touched by others. Other situations could not be mentioned by even half of the respondents in these two groups.

Table 9: Occasions for washing hands outside residence [Ref Q4.7]

	Rural	Slum	Social Media	Male	Female	Total
After coming into physical contact with a person (outside home)	45.5	42.2	92.6	79.7	68.6	75.8
After touching a surface that is likely to have been touched by others or frequently touched	81.8	91.1	94.7	90.9	93.1	91.7
After sneezing or coughing	18.2	8.9	90.5	65.8	60.8	64.0
Before/ After looking after someone who is ill	1.8	6.7	91.0	68.4	47.1	60.9
Base – Those who saw/heard messages	56	46	195	192	105	297

Most of the respondents across the three groups claimed that washing hands outside home would help to prevent spread of COVID-19. Personal hygiene/cleanliness was cited as an important reason for washing hands outside by 91% of the social media users.

Table 10: Reasons for washing hands outside residence [Ref Q4.8]

	Rural	Slum	Social Media	Male	Female	Total
Helps to prevent spread of coronavirus	90.9	93.5	95.8	93.1	97.1	94.5
Cleanliness/personal hygiene	34.5	34.8	91.0	74.5	65.7	71.4
Not sure/do not know	5.5	0.0	.5	1.1	2.0	1.4
Base – Those who saw/heard messages	56	46	195	192	105 Figure	297 es in percentage

Most of the respondents from the slums (94%) and social media users (97%) mentioned that hands should be washed for 20 seconds or more.



Table 11: Time spent washing hands [Ref 4.9]

	Rural	Slum	Social Media	Male	Female	Total
For 20 seconds (or more)	62.5	93.5	96.8	90.4	88.5	89.7
For 10 seconds (or more)	1.8	0	5.8	4.3	3.8	4.1
For more than 1 minute	35.7	4.3	2.6	9.6	8.7	9.2
Not sure/do not know	1.8	2.2	0	0.5	1	0.7
Base – Those who	56	46	195	192	105	297
saw/heard messages						

Figures in percentage

23

3.1.3 Motivation

The respondents who heard or saw any message on hand washing were asked about the changes in their handwashing habits. Almost all of the respondents claimed to have changed their handwashing practices at home, 8 in 10 respondents changed their handwashing practices outside residence and 6 in 10 respondents did the same at various institutions like healthcare facilities.



respondents clamed to have changed their

handwashing practices

outside residence.

Figure 5: Change in handwashing habits, no. of respondents [Ref Q5.1, Q5.2 and Q5.3]



Greater frequency in washing hands as a change was mentioned by most of the respondents in all senarios. The ones who have changed their handwashing practices were asked about the specific changes brought on by the messages. Greater frequency in washing hands as a change was mentioned by most of the respondents in all scenarios. Other changes include washing hands every time after coming home from outside, after touching anything outside/ at institutions and using sanitizer. Details can be seen in the tables below:

Table 12: Changes adopted by respondents (at home) [Ref Q3.2]

	Rural	Slum	Social Media	Male	Female	Total
I wash hand more frequently now	98.1	100	89.9	91.5	96.1	93.2
Every time I'm coming from outside	47.2	41.3	84.4	72.7	65.7	70.1
Cannot say	0	0	1.7	1.7	0	1.1
Those who reported to have adopted changes at home	56	46	195	192	105	297









	Rural	Slum	Social Media	Male	Female	Total
I wash hand more frequently now	51.4	92.9	72.3	70.2	77.4	72.9
I wash my hand after touching any sort of object	77.1	40.5	85.1	76.6	73.8	75.6
Start using sanitizer	0.0	0.0	4.1	4.3	0.0	2.7
Base – Those who reported to have adopted changes in outside	43	35	157	152	83	235

Figures in percentage

Table 14: Changes adopted by respondents (at various institutions) [Ref Q5.6]

	Rural	Slum	Social Media	Male	Female	Total			
I wash hand more frequently now	77.3	92.0	77.8	77.9	83.3	79.9			
I wash my hand after touching any sort of object	72.7	32.0	84.6	77.9	70.0	75.0			
Start using sanitizer	0.0	0.0	.9	1.0	0.0	.6			
Base – Those who reported to have adopted changes at various Institutions	23	24	133	114	65	178			
Figures in percentage									

Apart from being motivated by the messages, most of the respondents appear to have changed their handwashing practices because of the fear of catching COVID-19. Respondents also changed their handwashing habits to protect family members from being infected by the virus. A substantial portion of the respondents, especially among social media users (76%), also mentioned desire for cleanliness as a reason for the change in habit.

Table 15: Other reasons for changing handwashing habits [Ref Q5.4]

	Rural	Slum	Social Media	Male	Female	Total
Fear – protect myself against COVID-19/	86.3	97.6	91.8	92.2	90.7	91.6
disease						
To protect family and loved ones	25.5	45.2	91.2	74.1	66.0	71.1
Desire for cleanliness	35.3	38.1	77.1	66.9	55.7	62.7
Following instructions (eg. from	11.8	9.5	49.4	40.4	27.8	35.7
Government, community or religious leaders)						
To conform/ be respected by community	0.0	0.0	21.8	17.5	8.2	14.1
or peers						
Increased availability of handwashing	11.8	7.1	32.9	28.9	17.5	24.7
facilities						
Base – Those adopted changes in handwashing practice	51	42	170	166	97	263

Figures in percentage

3.1.4 Handwashing Practice at Home

The respondents were asked about times when they usually wash hands at home. Across categories, two occasions were cited by most of the respondents; before eating and after using toilet. Washing hands after returning home from outside has also been stated by 82% of the slum respondents, 97% of the social users and only about 56% of the rural inhabitants. Understandably, urban social media users wash hands on a greater number of occasions compared to the other two groups.



of the respondents also mentioned desire for cleanliness as a reason for the change in habit.





Urban social media users wash hands on a greater number of occasions.











Table 16: Occassions for washing hands at home [Ref Q6.2]

	Rural	Slum	Social	Male	Female	Total
	Renal	Sharm	Media	wate	Temale	rotal
Before eating	100.0	95.6	98.6	99.1	97.4	98.5
Before cooking	33.9	44.4	77.4	64.0	66.7	64.9
Before feeding a child	16.9	31.1	68.8	55.5	51.8	54.2
After cleaning a young child	8.5	13.3	64.7	49.8	43.0	47.4
After using toilet	84.7	88.9	97.3	93.8	93.9	93.8
Once I return home from outside	55.9	82.2	96.8	88.2	86.0	87.4
After coming into physical contact	11.9	20.0	83.7	65.9	54.4	61.8
with a person (outside the home)						
After touching a surface that is likely	35.6	31.1	82.8	68.2	64.9	67.1
to have been touched by others or						
frequently touched						
After sneezing or coughing	8.5	6.7	84.6	63.0	54.4	60.0
Before/ After looking after someone	0.0	4.4	78.7	58.8	45.6	54.2
who is ill						
Befor going to sleep and after wake	16.9	2.2	0.0	2.8	4.4	3.4
up						
After doing anything	6.8	0.0	0.0	.5	2.6	1.2
Before performing ablution/wudhu	1.7	4.4	0.0	0.0	2.6	.9
Base – All respondents	59	46	235	223	117	340

Figures in percentage

25

Almost all of the respondents across the three categories use soap and water for washing hands. Usage of bar soap is highest among rural inhabitants (98%), followed by slum dwellers (89%) and social media users (76%). A higher portion of social media users seem to prefer liquid soap over bar soap. Liquid soap is also used by 20% of slum dwellers and 21% rural inhabitants. Besides, washing powder is used by 33% of the slum respondents which is found to be used by less than one fifth of the rural respondents and social media users (16% for both cases). Using sanitizer gel for hand hygiene is seen among 66% of the social media users. **Figure 6: Substances used by respondents for handwashing [Ref Q6.1]]**



Table 17: Type of soap used by respondents [Ref Q6.2]

	Rural	Slum	Social Media	Male	Female	Total
Bar soap	98.2	89.1	75.9	81.2	82.9	81.8
Liquid soap	21.4	19.6	81.5	64.3	57.7	61.9
Soapy water	1.8	2.2	18.1	15.5	8.1	12.9
Washing powder	16.1	32.6	15.7	17.9	18.9	18.2
Hand sanitizer	0.0	0.0	1.9	1.0	1.8	1.3
Base – Those used soap and water	57	46	233	221	115	336

Figures in percentage

Majority of the rural respondents **(85%) wash hands** using tube well . A large portion of slum dwellers **(44%) wash** their hands from the water they store. Using tap to wash hands is noticeably higher among **social media users (75%) Table 18: Sources of water for washing hands [Ref 6.3]**

	Rurai	Sium	Social Media	Male	Female	Total
Piped water supply with tap	16.9	23.9	75.0	60.2	51.8	57.2
Stored water with tap	8.5	15.2	51.8	41.7	33.3	38.8
Stored water without tap	8.5	43.5	15.9	18.5	18.4	18.5
Tubewell	76.3	26.1	16.4	26.5	32.5	28.6
Other sources (river, pond, shallow machine)	5.1	13.0	0.0	1.9	4.4	2.8
Base – All Respondents	59	46	235	223	117	340
					Figures	in percentage

Respondents using tube well or stored water without tap were further asked on how they collect water from these two sources for washing hands. Majority of the respondents store their water in a bucket, collect water from the bucket through a mug and wash hands. Some of the respondents described explicitly how they collect water for washing hands that have been stated below:.

'Firstly, I use water to clean the handle then press handle to release water and rub my hand for minutes then wash my hand by pressing the handline'

'I take liquid soap in my hand, rub my hand then take water in the mug from the bucket and wash out my hand'

'At first I wash my hand with normal tube well water, rub hands with soap , was hands with water after washing my hands i wash tube well handle with water

Table 19 : Different ways to run water for handwash [Ref Q6.4]

	Rural	Slu m	Social Media	Mal e	Femal e	Tota l
Clean the handle with soap, collect the water and then wash my hand	34	2.9	3.3	12.9	21.2	16.7
Press the handle and wash hand	18	14.7	3.3	11.3	15.4	13.2
Store water in a bucket and pull water from the bucket with the help of a mug	8	52.9	10	24.2	19.2	21.9
Take the water in a mug and then wash hand	40	29.4	6.7	25.8	30.8	28.1
Rinse my hands with water and soap, rub both palms, fingers, wrist for 20 seconds and then wash hands with water.	0	0	76.7	25.8	13.5	20.2
Base – Those used tubewell or saved water	50	34	30	62	52	114

A vast majority of social media users (75%) claimed to wash hands for at least 20 seconds or more. However, these portions are found to be lower in cases of slum (45%) and rural (25%) respondents. Noticeably, a large portion of rural respondents (66%) and slum respondents (44%) were unable to mention how long they should ideally spend for washing hands.



rural respondents wash hands using tube well.

slum deweller respondents wash hands from water they store.

75% social media users use tap to wash hands.







24% slum deweller

respondents were able to check time they spend handwashing.

45% slum deweller respondents were able to check time they spend handwashing.

47% social media users were able to check time they spend handwashing.





Table 20: Amount of time respondents spend washing hands [Ref Q6.5]

	Rural	Slum	Social Media	Male	Female	Total
Less than 20 seconds	0.0	0.0	5.6	3.9	3.6	3.8
20 seconds or more than 20 seconds	26.8	45.7	74.9	66.0	55.0	62.1
1 minute or more than 1 minute	8.9	10.9	2.3	3.9	6.3	4.7
Unable to mention	64.3	43.5	17.2	26.2	35.1	29.3
Base – All Respondents	59	46	235	223	117	340
					Figures	in percentage

Figure 7: Means to count time [Ref 6.6]



Figures in percentage

The data suggest that about one fourth of the rural respondents (24%) and less than half of the slum respondents (45%) and social media users (47%) are able to check the time they spend washing hands. The respondents who can check time, cited a number of means to count time including singing, follow wrist watch/mobile/wall watch, counting from 1-20 etc.

Table 21: Different means to count time while washing hands [Ref 6.7]

	Rural	Slum	Social Media	Male	Female	Total
Based on assumption	14.3	57.9	5.6	20.5	2.5	14.6
Counting from 1-20 or more	21.4	31.6	33.3	32.5	30.0	31.7
Following wrist/mobile/wall watch	42.9	5.3	22.2	20.5	25.0	22.0
Singing Happy birthday to you 3/4 times/reciting Sura	7.1	5.3	35.6	24.1	35.0	27.6
By following hand washing steps as learnt from various sources (peers, friends etc.)	14.3	0.0	3.3	2.4	7.5	4.1
Base – Those were able to count duration of handwashing	14	19	111	98	45	142

3.1.5 Barriers to Changing Behavior

Majority of the respondents across the three categories seem to have not faced any obstacles while changing their handwashing behavior both at home and outside. However, more than one fifth of the respondents in rural areas (28%) and slum areas (22%) appear to have some sort of barriers at home whereas 22% of social media users faced barriers outside their residences. Unavailability of soap and high price of soap are two reasons cited by the majority of the respondents of rural and slum areas. Furthermore, respondents Furthermore, respondents having average family income of up to BDT 20,000 or less termed soap as expensive. having average family income of up to BDT 20,000 or less termed soap as expensive. Half of the social media users mentioned unavailability of water as deterrent to practice handwashing. Bazar/open markets, public toilets and public transport are the places they faced most of the obstacles. It is noteworthy to state that public transportation was closed during lockdown, their social media users might mention this place from their perceptions.

Two of the respondents were differently abled and one of them mentioned the price of soap as a barrier for washing hands at home. Because of lock down they could not tell anything regarding barriers to wash hands outside.

Figure 8: Percentage of respondents facing barriers [Ref Q7.1 and Q7.3]



Table 22: Type of barriers faced by respondents at home [ref Q7.2]

	Rural	Slum	Social Media	Male	Female	Total
Soap not available	68.8	10.0	40.0	41.2	47.4	44.4
Soap too expensive	37.5	40.0	40.0	47.1	31.6	38.9
Soap prioritised for other purposes (bathing, laundry etc.)	6.3	10.0	30.0	23.5	5.3	13.9
Water not available/ reliable	18.8	20.0	50.0	41.2	15.8	27.8
Water too expensive	12.5	30.0	0.0	11.8	15.8	13.9
Water prioritised for other uses	0.0	0.0	30.0	17.6	0.0	8.3
No piped water supply	12.5	20.0	10.0	11.8	15.8	13.9
Water is dirty	0.0	0.0	0.0	0.0	0.0	0.0
No device for washing hands	0.0	0.0	20.0	5.9	5.3	5.6
Handwashing device broken	0.0	0.0	0.0	0.0	0.0	0.0
Face problem since same sources used by many families	0.0	0.0	10.0	5.9	0.0	2.8
Base – Those faced barriers at home	16	10	12	19	20	39



Table 23: Places where respondents faced barriers [Ref Q7.4]Table 21: Places where respondents faced barriers [Ref Q7.4]

	Rural	Slum	Social Media	Male	Female	Total
Communal/ public toilets	14.3	0.0	56.8	51.4	41.2	48.1
Public waterpoints	14.3	0.0	38.6	37.8	23.5	33.3
Market	100.0	100.0	84.1	89.2	82.4	87.0
Public transport	0.0	33.3	70.5	62.2	52.9	59.3
Schools	0.0	0.0	18.2	18.9	5.9	14.8
Health-care facilities	0.0	0.0	25.0	24.3	11.8	20.4
Base- Those faced barriers outside home	7	3	44	37	17	54



Figures in percentage

Around one fifth of the respondents (21%) stressed door to door campaign in order to disseminate the messages.

Around 1 in 5 slum respondents suggested to supply low prices soap.

3.1.6 Suggestions

We have asked respondents to share their suggestions so that messages can be disseminated in the effective way. The responses were found to be varied to some extent. Around one fifth of the respondents (21%) stressed door to door campaign in order to disseminate the messages. This was suggested more respondents from rural areas as compared with other groups. About one fifth of social media users (23%) suggested to disseminate the message mentioning its importance and lifesaving attribute. More than one fourth (30%) slum respondents suggested to disseminate the messages through miking/TV/arranging courtyard sessions/involving NOG workers, imam etc. Around 1 in 5 slum respondents suggested to supply low priced soap. A few respondents of slum areas (12%), social media users (13%) and rural respondents (17%) opined to have provided handwashing facilities in the street or any crowdy pleases. Overall, 29% of the respondents could not provide any suggestions.





Table 24: Suggestions provided by the respondents

	Rural	Slum	Social Media	Male	Female	Total
Arranging handwash facilities in the street/slum/block/crowdy place/mosque	11.9	17.4	13.2	15.2	10.3	13.5
Disseminating importance of hand washing and it would save life	6.8	4.3	23.0	19.7	13.7	17.6
Disseminating messages using mike/TV/NGO workers/Imam	11.9	30.4	4.3	9.4	8.5	9.1
Door to door campaign	30.5	23.9	17.9	17.9	26.5	20.9
Increasing availability of water and low-priced soap	8.5	15.2	14.0	12.6	14.5	13.2
Cannot say	30.5	8.7	33.2	28.7	30.8	29.4
Base – All respondents	59	46	235	223	117	340

Figures in percentage

3.2 Comparison with National WASH data

To assess the changes in handwashing practice, we have taken an attempt to compare the survey data with national data. The data of National Hygiene Survey 2018 was used in this purpose. Only relevant indicators were used. The objective of this comparison is to get an idea how useful the current hand washing campaigns in raising awareness. However, using this comparison for drawing any meaningful inference would not be wise. Details can be seen from the table below:

Table 25: Comparison between Data



Indicators	National (%)	Rapid Asses	ssment (%)
Before preparing food/serving	36		63
Before eating	40	4	94
Before feeding the baby	15		57
After defection	55		90
After cleaning child's anus	9.1		45

Figures in percentage



health workers were interviewed. Out of 15, 13 respondents mentioned having seen or heard handwashing messages with the last 15 days.



3.3 Health Workers

In total 15 health workers were interviewed, 7 from Meherpur and 8 from Taherpur. From this 9 were male and 6 were female. Out of the 15 interviewed respondents, 13 respondents mentioned having seen or heard handwashing messages within the last 15 days. 2 male health workers from Meherpur did not see or hear any such messages.

All of the respondents from Taherpur received messages from their employers whereas 4 out of 5 health workers of Meherpur saw the messages on TV. On average, they received messages from employers at least once in five days and saw messages on TV twice a day.

Messages were clear to the workers. They could also recall the message that instructed them to wash their hands for 20 seconds or more after taking care of any patient. They informed that washing hands is important to prevent the spread of the virus. They were aware that soap and water or sanitizer gel should be used to clean hands. The prescribed handwashing duration of 20 seconds or more was found to be known to almost all of them barring one.

The workers wash their hands before eating and after using toilet when they stay at home. In general, they wash their hands outside home on two occasions; coming into contact physically with someone else and touching any surface that is frequently touched by others. In the health center, all of them wash hands before or after treating injury and handling medical equipment. They wash their hands for at least 20 seconds or more.

All of the health workers claimed to have motivated others to wash hands in the prescribed way after seeing or hearing the messages. They have also changed their own handwashing practices at home, outside home and at the workplace. Increase in the frequency of washing hands as a change was mentioned by all of them. Besides, in the health centre, they wash hands after touching any object or treating any patient. They changed their handwashing habits primarily because of fear of being infected by COVID-19 and also to maintain personal hygiene.

The interviewed health workers believed that disseminating information on handwashing, counseling people on the importance of handwashing and arranging awareness programs would motivate people to practice proper hand hygiene. This belief motivated them to inform people on handwashing whenever they got opportunities. They did this while meeting them personally, over phone, or when people visited their health facility. They informed people both indiv-

On average, they received 30 soaps and distributed them from health centers

ually and in groups. They used posters as visual aids while disseminating the messages in most of the cases.

7 in 15 health workers (1 health worker from Meherpur and 6 from Taherpur) informed that they received soap from the GoB to distribute to the general people. On average, they received 30 soaps and distributed them from health centers or let the patients use them on entry to the facility.

All the health workers have attended handwashing related sessions. They too have arranged handwashing related sessions in community clinics, satellite clinics, residences etc.

Health centers also took initiatives to ease hand washing practices by ensuring running water and availability of soap in the facilities as mentioned by the workers.



Chapter 4: Conclusion



TV is still the dominant medium for disseminating messages to the general public.

Evidently, there is a lack of actual practice in all three interviewed groups in washing hands after coming home. This study is exploratory in nature and aims to inform on the effectiveness of the dissemination of messages on washing hands properly among the target population. While the study reveals mostly positive aspects, there are a few alarming discrepancies that need to be addressed without delay.

General Findings

TV is still the dominant medium for disseminating messages to the general public. Social media users are more exposed to different types of sources, whilst a majority of the rural and slum populace rely heavily on a few media/sources like TV, miking/public announcement, mobile communication (e.g SMS, WhatsApp etc.) and world of mouth. Majority of the people in all three groups understand the message that washing hands properly prevents COVID-19, and most of them use soap and water as recommended. Urban users of social media are more informed, quite understandably, on how and when to wash hands while most of the rural and slum inhabitants do so before eating, after using toilet and on returning home from outside.

One of the more important findings pertains to the lack of understanding of slum and rural inhabitants regarding washing hands after sneezing and coughing. In fact, they believe washing hands only during a certain few occasion mentioned above while ignoring the sometimes more important situations like when looking after someone ill, coming into contact with another person, before feeding or cleaning a child etc. The message on when to wash hands and why needs to reach as many people as possible, as it is one of the WHO recommended steps in order to prevent the spread of the COVID-19 coronavirus.

Based on the messages, majority of the people in all three groups seem to have changed their hand washing habits at home, however there still seems to be a lack of awareness on the importance of hand hygiene outside home or while at various institutions like educational establishments and healthcare facilities. Evidently, there is a lack of actual practice in all three interviewed groups in washing hands after coming home from outside, especially with the rural and slum inhabitants.

Also, only a handful of the slum and rural respondents mentioned having a method for counting time while washing hands. It is important that messages suggesting suitable ways to do this are disseminated targeting these two groups for greater effectiveness. The major obstacles to proper hand hygiene as mentioned by the respondents consist of unavailability or high price of soap and lack of water.

Scope for Future Studies

One of the major outcomes of this study looks at the discrepancy in message penetration among the rural population. Further and more elaborate studies can be conducted to highlight this issue and provide recommendations.

- Proper way of washing hands for the correct amount of time is essential for the overall effectiveness of hand hygiene to prevent COVID-19. Further studies can implore the gaps in this regard and within a wider population group, and hence aim to inform the relevant decision makers.
- Similar studies can be carried out within other population groups, such as factory workers, urban and rural housewives, law enforcers (DMP, RAB etc.) and the like to paint a broad-brush picture of the effectiveness of handwashing messages to the general population in Bangladesh.
- Certain aspects of the study, such as message conveyed versus actual practice can be investigated further (spot observation/demonstration) and with a wider population range.

It is extremely important to ensure the maximum penetration, awareness and understanding of the message disseminated to the general population on proper hand-washing in order to prevent COVID-19. The nature of the virus, as have been seen in many cases around the globe, does not allow for negligence or ignorance in certain practices, especially hand hygiene. One person can affect multiple others, and can do so over a substantial period of time resulting in mass transmission as was seen with South Korea's patient 31. It is imperative to attempt to prevent as many cases as possible, to make sure Bangladesh does not slide down the slippery slope of major contagion, at least not due to lack of effectiveness in information dissemination to the public.



Annex-1: Tables (Health Worker)

Table 26: Number of respondents exposed to messages [Ref Q2.1]

	Meherpur Taherpur l		Male	Femal	Total
				е	
Yes	71.4	100.0	77.8	100.0	86.7
No	28.6	0.0	22.2	0.0	13.3
Base – All respondents	7	8	9	6	15
				Figures	in percentage

Table 27: Messages received by respondents [Ref Q3.2]

	Meherpur	Taherpur	Male	Female	Total
Wash hands for 20 sec after	100.0	87.5	85.7	100.0	92.3
touching any patient					
Wash hands with soap or sanitizer	60.0	50.0	28.6	83.3	53.8
frequently					
Ask the patients to wash their	0.0	12.5	0.0	16.7	7.7
hands before entering the room					
Need to Follow the 6 steps of hand	0.0	12.5	14.3	0.0	7.7
washing recommended by WHO					
Do not touch nose and mouth	20.0	25.0	28.6	16.7	23.1
without washing hands					
Base – Those received message	5	8	7	6	13
				Figures in	n percentage

Table 28: Occasions for washing hands at home [Ref Q3.9]

	menerpui	ranerpui	wate	remai	Τυτά
				е	
Before eating	100.0	100.0	100.0	100.0	100.0
Before cooking	20.0	25.0	0.0	50.0	23.1
Before feeding a child	20.0	62.5	28.6	66.7	46.2
After cleaning a young child	20.0	25.0	0.0	50.0	23.1
After using toilet	100.0	100.0	100.0	100.0	100.0
Once I return home from outside	60.0	12.5	42.9	16.7	30.8
After coming into physical contact	60.0	37.5	57.1	33.3	46.2
with a person (outside the home)					
After touching a surface that is	0.0	12.5	14.3	0.0	7.7
likely to have been touched by					
others or frequently touched					
Before/ After looking after	60.0	62.5	71.4	50.0	61.5
someone who is ill					
Before and after treating a patient	40.0	0.0	28.6	0.0	15.4
or treating an injury					
After touching any animal or bird	20.0	0.0	14.3	0.0	7.7
Base – Those received message	5	8	7	6	13
				Figures in	percentage

Table 29: Occasions for washing hands outside home [Ref Q3.10]

	Meherpur	Taherpur	Male	Female	Total
After coming into physical contact with a person (outside the home)	100.0		85.7	83.3	84.6
After touching a surface that is likely to have been touched by others or frequently touched	80.0	87.5	100.0	66.7	84.6
After sneezing or coughing	20.0	0.0	0.0	16.7	7.7
Before/ After looking after someone who is ill	60.0	62.5	85.7	33.3	61.5
Once per hour	0.0	25.0	14.3	16.7	15.4
Avoid touching tap	0.0	0.0	0.0	0.0	0.0
Base – Those received message	5	8	7	6	13
				Figur	es in percentage

Table 30: Occasions for washing hands at medical center [Ref Q3.11]

	Meherpur 1	Meherpur Taherpur		Femal	Total
				е	
Before and after examining or	100.0	100.0	100.0	100.0	100.0
treating injury					
After handling medical	100.0	87.5	100.0	83.3	92.3
equipment					
When entering in the health	20.0	37.5	42.9	16.7	30.8
centre					
Base – Those received message	5	8	7	6	13

Table 31: Changes in handwashing practice [Ref Q4.4a]

	Meherpur	Taherpur	Male	Female	Total
I wash hand more frequently	100	100	100	100	100
I wash my hand after touching any sort of object	80.0	100.0	85.7	100.0	92.3
I wash hand before and after examining a patient	80.0	87.5	85.7	83.3	84.6
Water and soap are in the entrance gate so that hand can be washed in the entry point	0.0	12.5	14.3	0.0	7.7
Base – Those received message	5	8	7	6	13
				Figures in p	percentage

Table 32: Reasons for changing handwashinghabits [Ref Q4.5]

	Meherpur	Taherpur	Male	Female	Total
Fear protect myself against Covid-19/	100.0	100.0	100.0	100.0	100.0
disease					
To protect family and loved ones	20.0	37.5	14.3	50.0	30.8
Desire for cleanliness	60.0	75.0	85.7	50.0	69.2
Following instructions (eg from	0.0	12.5	0.0	16.7	7.7
Government, community or religious leaders)					
To conform/ be respected by community	0.0	0.0	0.0	0.0	0.0
or peers					
Increased availability of handwashing	0.0	0.0	0.0	0.0	0.0
facilities					
Base – Those received message	5	8	7	6	13

Figures in percentage

Table 33: Occasions for washing hands outside home [Ref Q3.10]

	Meherpur	Taherpu	Male	Female	Total	
		r				
Ensure running water	100.0	100.0	100.0	100.0	100.0	
Soap is always available	100.0	100.0	100.0	100.0	100.0	
Display instruction for washing	20.0	50.0	28.6	50.0	38.5	
hands						
All health worker practice it	0.0	25.0	14.3	16.7	15.4	
Installed handwashing device is	0.0	0.0	0.0	0.0	0.0	
available						
hanging Poster about the	0.0	12.5	0.0	16.7	7.7	
information of hand washing corner						
Base – Those received message	5	8	7	6	13	
Figures in nercentag						

Table 34: Suggestions to motivate people for washing hands [Q5.3]

	Meherpur	Taherpur	Male	Female	Total
Through disseminating information on handwashing	42.9	57.1	66.7	20.0	50.0
Awareness raising and counselling	42.9	0.0	33.3	0.0	21.4
By distributing hand washing items/material	14.3	14.3	11.1	20.0	14.3
Establish wash point in public place	14.3	14.3	11.1	20.0	14.3
Ensure regular water supply	0.0	14.3	0.0	20.0	7.1
Miking (motivational speech)	0.0	14.3	0.0	20.0	7.1
Through courtyard meeting	14.3	0.0	0.0	20.0	7.1
Base – All Respondents	7	8	9	6	15

Figures in percentage

Table 35: : Occasions of sensitizing people on handwashing practice [Ref Q6.2]

	Meherpur	Taherpur	Male	Female	Total
When I met someone always, I	83.3	66.7	88.9	33.3	75.0
inform about hand wash					
Over phone call	16.7	0.0	0.0	33.3	8.3
Discuss through one to one session	16.7	33.3	11.1	66.7	25.0
when patient visit us					
Base – All Respondents	7	8	9	6	15
				Figures ir	n percentage

Table 36: Methods of distributing soap [Ref Q6.12]

	Meherpur	Taherpur	Male	Female	Total
Only one when patients visit in centre	0.0	20.0	0.0	33.3	16.7
Soap has been distributed to the patients in the clinic	0.0	40.0	33.3	33.3	33.4
Distributed among the poor patients	0.0	40.0	66.7	0.0	33.3
Keep the items in the entry point so that patient can use it in the entry point	100.0	0.0	0.0	33.3	16.7
Base - Those received handwashing materials from GoB	1	5	3	3	6

Figures in percentage

