



→ WASH WITHIN BEST

WASH in Behaviour Change

Human behaviour is influenced by the environment, family, society and culture. Behaviour change is influenced by many interrelated factors, such as perception of risk or benefit related to a given behaviour; the skills and belief in the ability to change; access to resources necessary to perform the new behaviour; and norms and values within the family, community and society that make the behaviour acceptable.

Why Address Behaviour?

Disease transmission is determined by people's way of life and practices. While they often engage in practices passed down through generations, individuals, communities and institutions can change behaviours to prevent or reduce disease. Communities can normalise new behaviours, while policy makers can sustain these normalisations, transforming individual behaviours into social norms. Prevention of many NTDs relies in part on WASH behaviours such as improved hygiene and sanitation practices at the individual, household, community and institutional levels. Behaviour change in NTD programmes should also accommodate prompt care-seeking behaviours, uptake of and adherence to treatment to prevent long-term negative consequences such as increased disease severity, and advocacy for change.

NTD-related behaviours

What can programmes do to promote behaviour change?

Interventions should be developed based on an understanding of behaviours and their determinants in target communities and should be focused on addressing the factors and mechanisms that influence behaviour (regardless of whether or not the target group understands the link between the behaviour and the disease). Changing behaviours is complex and requires time. Since change is more likely when it is supported by a change in social norms, behaviour change interventions should aim to reach entire groups in the programme area. One possibility is to embed the relevant behaviours in other development programmes, for example any large-scale campaigns on child health,

RESOURCE #2 NTD-related behaviours

Identify target WASH, treatment and other behaviours





family health, sanitation/hygiene, nutrition etc ('umbrella' campaigns, that address multiple behaviours under a single, aspirational 'brand' may be an appropriate method. [WaterAid briefing note on BCC campaigns \(https://washmatters.wateraid.org/publications/mass-behaviour-change-campaigns-briefing-note\)](https://washmatters.wateraid.org/publications/mass-behaviour-change-campaigns-briefing-note). These programmes may already cover NTD-related behaviours (e.g. hygiene), even if they have not been specifically designed for NTD control. Nonetheless, given that NTDs transmission can involve highly specific behaviours, it may not always be possible to embed all relevant aspects into broader programmes. This might be particularly relevant in areas with high endemicity and co-endemicity of NTDs. In these contexts, a more targeted behaviour change programme may be appropriate.

Developing a behaviour change programme

Behaviour change programmes have, in the past, been designed based on the assumption that knowledge and awareness primarily drive behaviour – leading to 'educational' interventions using posters, brochures and educational talks as standalone interventions. Although these play a role in addressing behaviours, standard knowledge/awareness programmes have not shown to be very effective at changing and sustaining behaviours when not partnered with interpersonal communication or other supporting mass media. Effective behaviour change programmes therefore require understanding and addressing the underlying drivers of behaviour.

Gather information about relevant behaviours and their causes (Formative Research)

Formative research, unlike commonly-used knowledge, attitudes and practice (KAP) surveys, provides information on what people do, when and why in the specific programme area, and what actions can be taken to change behaviours. While 'research' may sound daunting, this is simply about collecting information to better understand the target population, and to learn about the context of behaviours, including the causes, physical, psychosocial, socio-cultural, structural, and other influencers and barriers to specific behaviours. Some information may already be available from existing research and situational analyses.

Formative research enables designing a program approach, activities, materials and tools that are appropriate and relevant to the target group, and address cultural beliefs and the main facilitators and barriers to behaviour change.  **Understanding behaviour to develop behaviour change interventions**

Develop a Behaviour Change intervention

- Translate the insights from the formative research into specific objectives for the program, including the key aspects the programme needs to address: the practices that need changing, what drives them, and the mechanisms for change (messages, products, activities).
- Design and pre-test an appealing intervention package. Involving marketing, branding and creative agencies/individuals, as well as representatives from the target audience and those who will be implementing the intervention, can deliver a more effective package and avoids developing standalone knowledge-based educational programmes. Cultural appropriateness, language, and enabling access to inputs (e.g. soap, water containers) should be reflected in the design, and the resulting package should suit the delivery channel (i.e. the specific programme activity through which the behaviour change intervention will be delivered) in terms of use and usefulness. Inclusion of all members of the targets group should be part of the design process (e.g. taking into consideration literacy, gender and other aspects). Pre-testing of the materials and revision before a final version is produced is essential. See, for example:

 **Resource for pre-testing tools**
(<http://www.thehealthcompass.org/how-to-guides/how-conduct-pretest>)

Implementing and monitoring a behaviour change programme

A successful programme requires a substantive implementation period with sufficient exposure and contact points (making clear the advantages of embedding behaviour change components in routine programmes or undertaking long-term mass media campaigns that are well designed and funded and reach many people repeatedly).

 **RESOURCE**
#3 Understanding behaviour to develop behaviour change interventions

Develop behaviour change interventions for NTD control





Monitoring the outcome of the programme is essential, as being “reached” with messages, does not guarantee behaviour change. The main focus of monitoring and evaluation for behaviour change should be intermediate and long-term behavioural outcomes (people have changed their attitudes and practice of behaviours). Refer to step 5 of this toolkit and WHO Guidelines on Sanitation and Health, Chapter 5, which sets out the main frameworks :

→ https://www.who.int/water_sanitation_health/publications/en/

Key lessons from behaviour change programmes

- There is no ‘one size fits all’ behavior change intervention. A combination of multiple, context-specific promotional approaches, based on a thorough understanding of behaviours and their determinants, tends to be effective.
- Behaviour change programmes that are culturally salient and locally owned and driven are more likely to be sustained and effective. Community-based approaches and social marketing appear particularly effective in reducing open defecation and improving toilet use.
- Long term behavior change requires sufficient and dedicated budgets as well as sufficient implementation time.
- Promotional approaches addressing behavioral determinants and social norms perform better at changing and sustaining behaviours than educational approaches aiming to increase knowledge of disease risks.
- Children can be effective BC agents for families and households.
- Government leadership and integrating behavior change into wider development efforts are critical.