

HYGIENE PROMOTION

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Contents

- 1. Introduction
 - 1.1 Terminology
 - 1.2. The importance of hygiene promotion
- 2. Overviews of hygiene promotion
 - 2.1 Component activities of hygiene promotion
- 3. Situation analysis
 - 3.1 General information required in situation analysis
 - 3.2. Identification of target hygiene practices
 - 3.3. Community participation in assessing needs
- 4. Planning and implementation of hygiene promotion
 - 4.1 Service improvement component
 - 4.2. Advocacy component
 - 4.4.3 Health education component
 - 4.3.1 Who should it be directed at?
 - 4.3.2 Who should carry out the health education?
 - 4.3.3 What should the health education consist of?
 - 4.3.4 How should the education be carried out?
- 5. Monitoring and evaluation of hygiene promotion
- 6. Conclusions
- Glossary
- Bibliography
- Biographical Sketch

Summary

Hygiene promotion involves activities directed towards the improvement in health through the promotion of uptake, maintenance and use of water and sanitation systems and accompanying support behaviours such as appropriate storage and use of water in the home, washing of hands and face, safe disposal of faeces and hygienic preparation of food. Effective hygiene promotion usually involves a mix of three activities: health education directed at individuals, families and communities to adopt hygiene behaviours, service improvements such as the development of outreach and support services and latrine components, and advocacy directed at encouraging appropriate policies.

The first step in carrying out hygiene promotion is an assessment of the target community to determine the relative importance of different disease transmission routes, current hygiene practices, beliefs and other factors which determine those

practices and of the possible resources and channels that can be mobilized for hygiene promotion. Based on this initial assessment a hygiene promotion strategy is planned and implemented. A hygiene promotion strategy involves decisions on the content of education messages, who in the community they should be directed at, the settings and the specific details of the methods to be used. Important settings for hygiene promotion include the community, schools, health facilities and the workplace. Methods can involve face-to-face communication, participatory learning methods, mass media and folk media. In the immediate short term hygiene promotion activities can be evaluated in terms of changes in intermediate outcome variables such as changes in knowledge and beliefs. However, in the longer term evaluation should demonstrate improvements in behaviour and health. In recent years a number of small-scale evaluations have been carried out that demonstrate the value of hygiene promotion. The challenge ahead is to scale up and ensure that hygiene promotion is fully integrated into all water supply and sanitation programmes.

1. Introduction

1.1 Terminology

Various terminologies have been used by programmes which seek to promote hygiene. Health promotion is a general term which covers all health issues and includes all methods including improvements in services, promotion of healthy public policy and education/communication directed at communities. Health education specifically refers to the education/communication components of health promotion. Also used for health education has been the term 'Information, Education and Communication'—usually abbreviated to IEC—and another term 'Communication Support'. Hygiene education and hygiene promotion can be considered to be hygiene-specific components of the broader terms health education and health promotion. While some writers restrict the term hygiene to mean only those practices such as hand-washing, it is more appropriate to broaden the basis of the term to hygiene also cover the following:

- Practices concerning installation, maintenance, storage and use of improved water supplies and the discontinuation of use of unimproved sources.
- Safe disposal of faeces in latrines.
- Hand-washing with soap or equivalent, face-washing, hygienic preparation of foods.

1.2. The importance of hygiene promotion

The adoption of the 1980s as the United Nations Decade for Water and Sanitation led to considerable international effort to improve water supply in the developing countries. The 1990s was a time of consolidation and reflection on these earlier efforts from which certain important lessons emerged. The first was the realisation that improving the access by poor communities to water supply involved addressing human as well as technical issues. Community participation emerged as a vital necessary—but often neglected—ingredient for water supply programmes. The second important lesson came from the evaluation of the health impact of these programmes. That lesson was that provision of improved water supply programmes was not on its own sufficient for

achieving health. An important step forward in the understanding of the role of water in public health was the development by Bradley of his environmental classification which identified four kinds of water-related disease.

- *Waterborne* disease included all those disease which can be transmitted through drinking water including cholera, typhoid, Giardia, hepatitis A, shigellosis, and enteroviral disease.
- *Water-washed diseases*, where the main source of infection comes from contact with faeces and lack of hygiene, such as trachoma, diarrhoea, scabies, shigellosis, ascariasis, enterobiasis.
- *Water based infections*, where water plays a role in host/parasite life cycle e.g. schistosomiasis, guinea worm.
- *Water related insect vector*, where water forms the breeding ground for an insect vector e.g. malaria, dengue, onchocerciasis, filariasis, African trypanosomiasis (sleeping sickness).

It was realized that it was not enough simply to provide good quality water to communities. In many cases the problem was not contamination of water sources but insufficient quantity for adequate hygiene. Most disease transmission was taking place through the water-washed routes and provision of water needs to be accompanied by the promotion of use of latrines and simple hygiene measures including washing of hands and clean storage of water in the home.

The focus of research has been on the prevention of childhood diarrhoea which could be a result of infection by viruses especially rotovirus, bacteria such as shigella, typhoid and cholera and helminth parasites such as guinea worm and ascaris. Elegant community trials have demonstrated that simple interventions such as hand-washing with soap or an abrasive such as ashes could have an impact on diarrhoeal disease. A systematic review by Curtis and Cairncross found that hand-washing with soap could reduce the risk from diarrhoea by 42 to 44% and that one million deaths per year might be averted by hand-washing alone. Considerable confusion existed about the role of specific behaviours. For example the boiling of water has long been a central focus for hygiene education. However boiling of water is only relevant when the point source of water is contaminated whereas in many situations contamination of water takes place during handling and storage. In an attempt to resolve these confusions the World Health Organization hosted an expert meeting in 1993. This meeting came up with the list of key hygiene behaviours shown in Box 1.

Targeting these key hygiene behaviours could lead to the greatest reduction in diarrhoeal morbidity:

- ***Safer disposal of faeces***, particularly faeces of young children and babies and of people with diarrhea.
- ***Hand-washing*** after defecation, after handling babies' faeces , before feeding and eating and before preparing food.
- ***Maintaining drinking water free from faecal contamination*** in the home and at the source.

Box 1. WHO consultation 1993

The importance of hygiene has been reinforced in control programmes directed at other infectious diseases including cholera, schistosomiasis, guinea worm and trachoma. Research on the mechanisms of transmission of trachoma has provided valuable insights into the importance of face washing, latrines and control of flies.

2. Overviews of hygiene promotion

2.1 Component activities of hygiene promotion

Hygiene education directed at individuals, families and communities needs to be carried out alongside strengthening of capacity of environmental health services and advocacy for the adoption of supportive policies. The three kinds of activity that might be involved in hygiene promotion are summarised in Figure 1 and more information on each of these three areas is provided later in this chapter. I named this model according to the acronym of its three component parts—the HESIAD model.

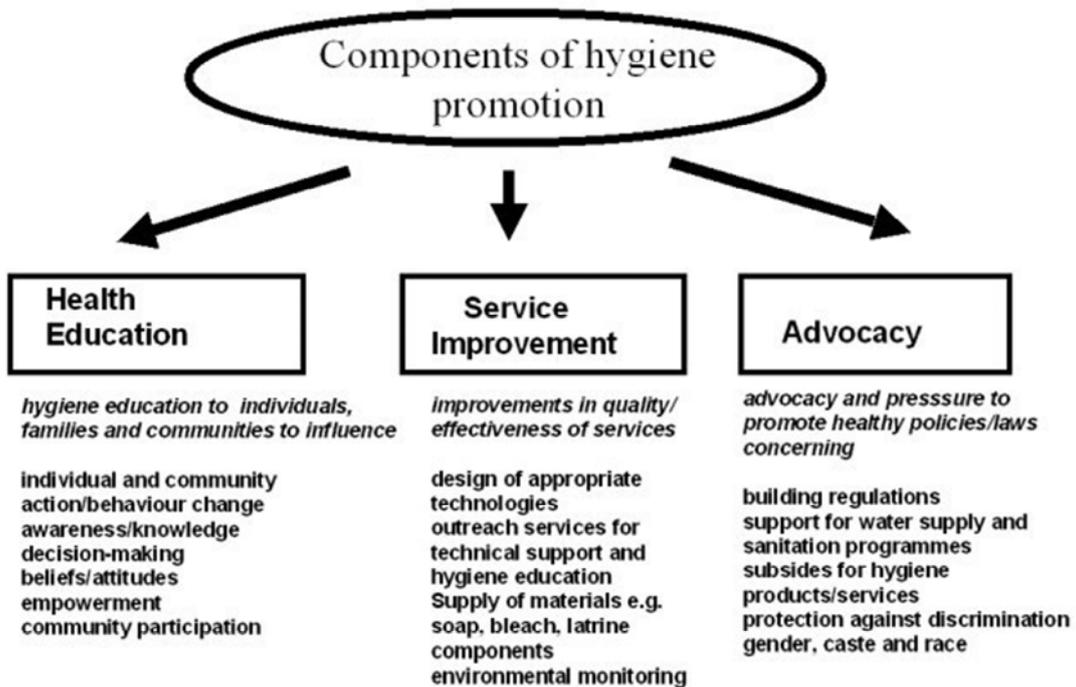


Figure 1. Three kinds of activity involved in hygiene promotion

2.2. Planning process for hygiene promotion

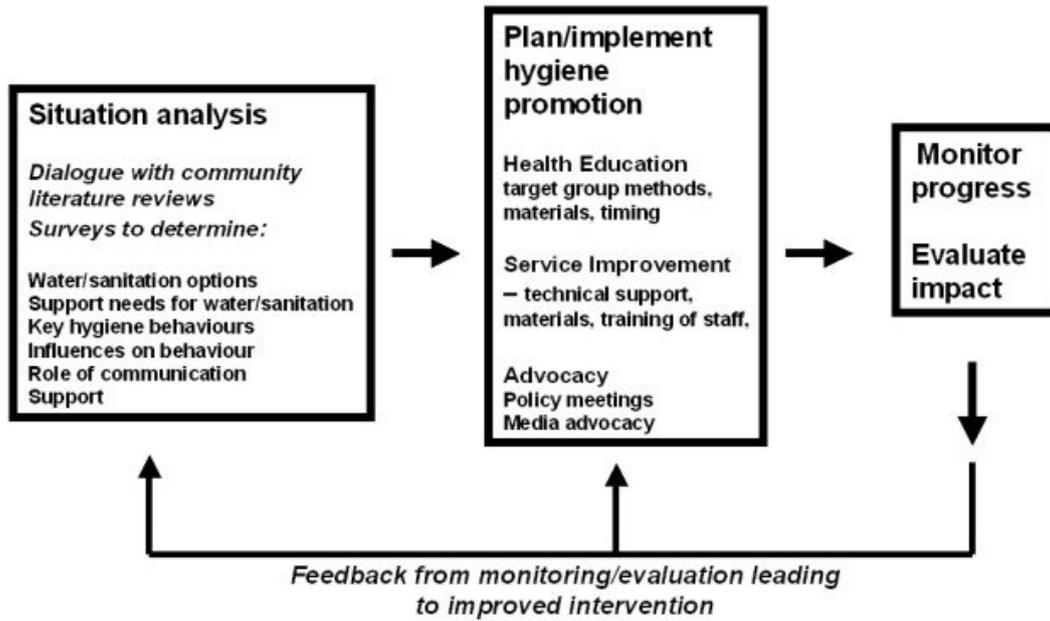


Figure 2. Programme planning for hygiene promotion

The planning of hygiene promotion interventions is summarised in Figure 2 and involves a systematic process of situation assessment, selection of interventions, implementation, monitoring and evaluation.

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Biographical Sketch

Dr John Hubley is Principal Lecturer in Health Promotion at Leeds Metropolitan University. He is the author of '*Communicating Health*' and '*The AIDS Handbook*' both published by Macmillans, and co-author of '*Public health in developing countries*' published by Oxford University Press. He recently worked for FAO in the final editing of their recently published manual on nutrition and AIDS. He is currently working with Macmillan Education on the Living Health readers for schools in Africa and a book for school-aged children on home based care. His main research interests focus on evidence-based health promotion in developing countries, and he maintains the Leeds Health Education Database of evaluated health education interventions on hygiene promotion and other health topics. He has been involved in training, consultancy and research activities in more than 25 countries in Africa, Caribbean, Asia, Europe and the Pacific. His consultancy activities have included working for WHO, EU, DFID and other donors and NGOs in project formulation, implementation and evaluation on reproductive health and other health topics. Further details are available at <http://www.hubley.co.uk>