



**INVESTIGATING AND ADDRESSING
THE BARRIERS TO MOTHERS WITH CHILDREN UNDER FIVE
YEARS WASHING THEIR HANDS WITH SOAP AT THE FIVE
CRITICAL TIMES A DAY
IN RURAL ZAMBIA**

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PIN'S EXECUTIVE REPORT SERIES

Investigating and addressing the barriers to mothers with children under five years washing their hands with soap at the five critical times a day in rural Zambia

Published by: People in Need (PIN) in April 2019

Research Conducted in: Ndoka Ward, Kalabo, Western Province, Zambia

Authors: Namukolo Mate, Zuzana Filipová and Camila Garbutt

Photos: Namukolo Mate

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This publication is supported by: People in Need



Introduction

One of the main goals of development practitioners is to enable people to adopt and practice positive behaviours that help them improve the quality of their lives. Development projects frequently make assumptions about why people do not follow the positive behaviours these interventions promote. However, such assumptions are not always correct and decrease the effectiveness of well-intended interventions.

People in Need (PIN) believes that the best approach to commencing new projects is to thoroughly **understand people's attitudes, beliefs and practices** regarding the behaviours the intervention aims to change. Formative research is an essential step in designing effective behaviour change strategies.

This report documents the results of the formative research conducted for PIN's project Women in Innovations (WIN) funded by People in Need. The implementation period of the first phase of the WIN project was from September 2017 to September 2018 in Nangole, Nawinda and Mabuto communities in Ndoka ward of Kalabo district, Western Province, Zambia. The project aims "to improve nutrition and strengthen resilience of vulnerable population through integrated sustainable innovations in Western Province, Zambia" and the specific objective is "to improve dietary diversity, livelihood skills, health, hygiene and nutrition practices of vulnerable households with children under 5 (of each at least 70% are (female headed) in Kalabo district of Western Province".

INTRODUCTION TO THE RESEARCH

The research had **two main aims**:

- To understand which barriers and motivators have the biggest influence on whether people practice the key behaviours the project promotes; and
- To use this understanding for designing an effective behaviour change strategy.

The research used the **Barrier Analysis**, a quantitative and qualitative methodology that asks people a series of questions aimed at identifying which of the main determinants of people's behaviour are most influential in the given context. The Barrier Analysis uses the Doer/Non-Doer methodology that consists of interviewing 45 people who already practice the behaviour (Doers) and 45 people who have not yet adopted the behaviour (Non-Doers). The difference between the Doers' and Non-Doers' responses reveals which barriers and motivators are most significant. The focus of the Barrier Analysis is always on the way the respondents perceive the behaviour, irrespective of whether we think it is right or wrong. Based on the findings, it is possible to develop tailored activities that tackle the identified barriers to practicing the desired behaviours.

The research studied the following **behaviour that is essential for achieving the project's goals**:

Mothers with children under five washing their hands with soap at the five critical times a day

The priority group are women with children under 5 years in rural areas, whose primary source of livelihood is farming. The hygiene practices of the mother in a household has the highest impact on other members of the household, especially young children where the increased infection risks heighten the chances of chronic undernutrition. PIN selected this behaviour for its study because handwashing with soap is one of, if not the most, effective ways to prevent diarrheal disease and maintain health.

The three communities in Ndoka were selected for this study based on the results of the baseline assessment that had been conducted in December, 2017. At the time of the baseline collection, 34% of children between 8-24 months had diarrhoea in the weeks prior to the survey, 26,5% of women knew the main ways how to prevent diarrhoea, and 25% of women knew at least three causes of diarrhoea.¹

¹ PIN baseline survey (December 2017)

WHAT DETERMINES PEOPLE'S BEHAVIOURS?¹

PERCEIVED SELF-EFFICACY

A person's belief that s/he has the confidence, knowledge, and ability required for practicing the behaviour.

PERCEIVED SOCIAL NORMS

A person's perception of whether the family, neighbours, or other important people will approve or disapprove of her/ him practicing the behaviour.

PERCEIVED SUSCEPTIBILITY

A person's perception of how likely it is that s/he will be affected by the problem the behaviour is addressing.

PERCEIVED POSITIVE CONSEQUENCES

What positive things does a person think will happen if s/he practices the behaviour? What will be the benefits & advantages?

ACCESS

The extent to which a person can access the products or services required to practice the behaviour.

PERCEIVED SEVERITY

A person's perception of how seriously affected s/he can be by the problem the behaviour is addressing.

PERCEIVED DIVINE WILL

A person's belief that God's and/or spirits approve of the behaviour, or are causing the problem.

PERCEIVED NEGATIVE CONSEQUENCES

What negative things does a person think will happen if s/he practices the behaviour? What will be the costs & disadvantages?

CUES FOR ACTION

The presence of reminders that help a person to remember to practice the behaviour or the steps involved in doing the behaviour.

PERCEIVED ACTION EFFICACY

A person's belief that doing the behaviour will address the problem.

POLICY

Local laws and regulations that affect behaviours and access to products and services.

CULTURE

The extent to which local customs, values or lifestyles influence (not) doing the behaviour.



¹ Schmied, P. (2017) Behaviour Change Toolkit. People in Need



RESEARCH METHODOLOGY

Training of Enumerators and Supervisors: Camila Garbutt (PIN Nutrition and Public Health Advisor) trained Namukolo Mate (Field Officer, Health and Nutrition) in the methodology for conducting and analysing the Barrier Analysis. Namukolo developed the questionnaire and trained the data collectors. Tabulating the data was done with the support of Zuzana Filipová (Programme Coordinator).

The training for data collectors, Sanitation Action Group members (SAG-12), was done on 13th June, 2018 with the pilot testing in Kangongo Village of Nangole community in Ndoka ward.

Questionnaires Development and Pilot Testing

The questionnaires were developed based on the latest version of the Barrier Analysis questionnaire template available at PIN's website www.behaviourchange.net and were translated by a trained staff into Silozi. Half a day was allocated to questionnaire testing in the field and addressing potential sources of misunderstanding.

Sampling

The data for the behaviour was collected from a standard sample of at least **45 Doers and 45 Non-Doers**. The total number of 90 respondents were divided between the three communities that PIN is working in; these are Mabuto, Nawinda, and Nangole communities in Ndoka ward. Individual respondents were selected based on purposive sampling.

Coding and Data Analysis:

All completed questionnaires were divided up in a way that the responses from Doers and Non-Doers are analysed separately. The research manager in cooperation with all enumerators first designed codes for various responses to all questions. Similar responses to the same questions were then given the same code. If the difference in the percentage of Doers and Non-Doers who mentioned the same response was more than 15 percentage points (and the p-value was less than 0.05), the determinant was marked as significant and worth addressing by the project strategy.

Limitations and Lessons Learnt:

- Monitoring of the data collectors during the data collection was done partially because data collectors had to split into teams to achieve a wider coverage. The future BA will require the participation of at least one more facilitator.
- Despite the well-planned timing for the BA, the coding and tabulating of the results took more time than what was expected due to the difficult terrain and the bad car condition.

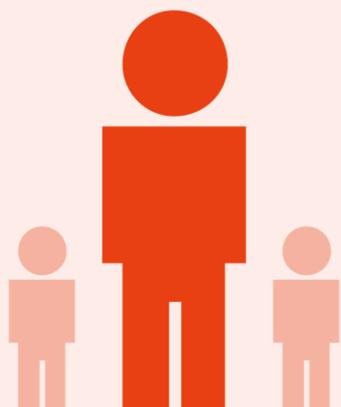
RESULTS

BEHAVIOUR:

Mothers of children 0-59 months wash hands with soap at the five critical times a day.

Descriptions of Priority Group

- Rural women with young children under 59 months, living in Ndoka Ward
- Small scale farming and fishing are the main sources of livelihood
- 34% of children under 8-24 months had diarrhoea in the weeks before the baseline survey
- 26,5% of women know the main ways on how to prevent diarrhoea
- 25% of women know at least three causes of diarrhoea



DETERMINANTS:

1. Self-Efficacy

The mothers say they do not have the knowledge, skills and resources to wash hands with soap.

The mothers say that a lack of personal hygiene makes it difficult for them to wash hands with soap.

2. Perceived social consequences

The mothers say that washing hands with soap prevents diseases.

3. Perceived access

The mothers say it is difficult for them to access soap for them to wash their hands with soap.

4. Reminders

The mothers say it is difficult for them to remember to wash hands with soap.

5. Devine Will

The mothers say it is God's will for children to have diarrhoea.

BRIDGES TO ACTIVITIES:



Increase mothers' perception that they have the capacity, skills and, resources to wash hands with soap at the five critical times.



Increase mothers' perception that they can wash hands with soap even if they feel they are not very clean.



Increase mothers' knowledge on how washing hands with soap helps to prevent diseases.



Increase mothers' perception that it is not difficult to get the soap to wash hands.



Increase mothers' ability to remember to wash hands with soap at 5 critical times.



Increase women's perception that it is not God's will for the children to get diarrhoea.

ACTIVITIES:



Training of WASHE/SAG volunteers on conducting visits and community conversations.



Developing a brochure on WASH (see Activity 3.1 in the project document).



Develop a leaflet to remind women to wash hands with soap at five critical times (to be handed out during HH visits).



HH visits conducted by the WASHA/SAG members. The visits will focus on: (1), (2), (3), (5), (6).



Community conversations conducted by the volunteers through the traditional leaders, focusing on:(1), (2), (3), (5), (6).



Work with the local church leaders in the communities and encourage their participation and presence in the CC meetings (7).



Who: Field Officer/ Programme Coordinator

When: 26 July, 2018

→ Revise Results Framework and ITT to incorporate new indicators that are designed based on the new activities.

Who: Field Officer/ Programme Coordinator

When: End of July, 2018

→ Implement the new activities identified based on the BA.

Who: Field Officer

When: From August 2018 to December 2018.

FOLLOW-UP ACTIONS

→ Present the research findings to the communities, explain the proposed activities and get their feedback.

Who: Field Officer (Namukolo Mate)

When: End of July, 2018

→ Revision of project work plan to incorporate the proposed activities in the existing project activities.

ANNEXES

Annex 1 : Barrier Analysis Questionnaires



BA hand wash
questionnaire English



BA handwash
questionnaire Silozi

Annex 2 : Barrier Analysis Tabulation Sheets

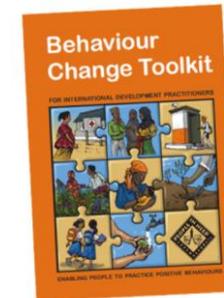


BA hand wash
tabulation sheet

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Behaviourchange.net



Behaviour Change Toolkit