

# HAPPY, HEALTHY AND HYGIENIC

HOW TO SET UP A  
HYGIENE PROMOTION PROGRAMME

# 4

COMMUNICATING  
HYGIENE

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# **HAPPY, HEALTHY AND HYGIENIC: how to set up a hygiene promotion programme.**

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and the London School of Hygiene & Tropical Medicine.

This handbook is designed in four parts to help you set up a hygiene promotion programme.

This hygiene promotion handbook is the fifth of ten publications in the Programme Division/Water, Environment and Sanitation Technical Guidelines Series.

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## COMMUNICATING HYGIENE

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## **Preface**

This mini-manual is part of a series of four being produced by the London School of Hygiene & Tropical Medicine (LSH&TM) in cooperation with the Government of Burkina Faso and with the support from UNICEF. The manuals are based on the experiences of the UNICEF-supported Saniya Project.

The objective of this series is to show how to encourage people to adopt safer hygiene practices and to make hygiene programmes more effective. It advocates the promotion of safe hygiene practices as preventive measures against diarrhoeal disease, and thereby contributes to a reduction of child mortality in developing countries.

The first mini-manual in this series introduces the ideas and techniques of hygiene promotion; the second one covers how to identify practices that need to change and how to develop replacement practices with individuals, families and the community; the third one deals with the topic of motivating behaviour change; and the fourth one deals with how to understand how people communicate and how to build on that knowledge to design an effective communication programme.

We look forward to receiving suggestions and ideas on how to improve support to field interventions in the area of hygiene promotion and to continue partnerships to strengthen hygiene programmes for children.

## **Acknowledgments**

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The pictures were drawn by Mamadou Traore and Emmunuel Nkobi.

# NEW WAYS OF PROMOTING SAFE HYGIENE

## Why hygiene?

Diarrhoea is one of the top three killer diseases in developing countries, claiming the lives of more than three million children a year. Improvements in water supply and sanitation in the last 20 years have helped to cut the incidence of diarrhoea. But if these technologies have had an impact on health, it is because they make *better hygiene* possible.

Whether modern facilities are available or not, the best way to protect a child from diarrhoeal diseases is to keep the child's living space free of the microbes that cause diarrhoea. That means adopting a number of safe hygiene practices in and around the home.

## What are these manuals about?

These manuals show how to encourage people to adopt safer hygiene practices. They can also help you to make your current hygiene programme more effective.



In these step-by-step guides we:

- ⇒ show how you can work with communities to learn what people know, do and want concerning hygiene
- ⇒ offer you up-to-date ideas about hygiene and communications
- ⇒ explain how to put these together to plan an effective hygiene promotion programme for large populations.

## Who are these manuals for?

If you are a:

- ⇒ Decision maker, team leader, manager, trainer or health worker
- ⇒ Working in Government, aid agencies or NGOs
- ⇒ In the field of health, water supply, sanitation or urban services
- ⇒ In urban or rural settings.

Then these manuals are for you!

## How to use these manuals

There are four manuals in this series. This is the fourth which covers how to understand how people communicate and how to build on that knowledge to design an effective hygiene communication programme.

- ⇒ Manual 1 shows how to plan a hygiene promotion programme
- ⇒ Manual 2 deals with how to target practices for change
- ⇒ Manual 3 describes how to motivate people to change.
- ⇒ Manual 4 shows how to design a communication programme

The manuals can be used separately or all together. The other manuals will, however, be easier to understand if you read the first one first. They have been kept short and simple, and they are in black and white so that you can photocopy them. We have minimised the technical jargon, but you may find some key words you have not met before. Definitions can be found in the glossary at the end of manual No 1.



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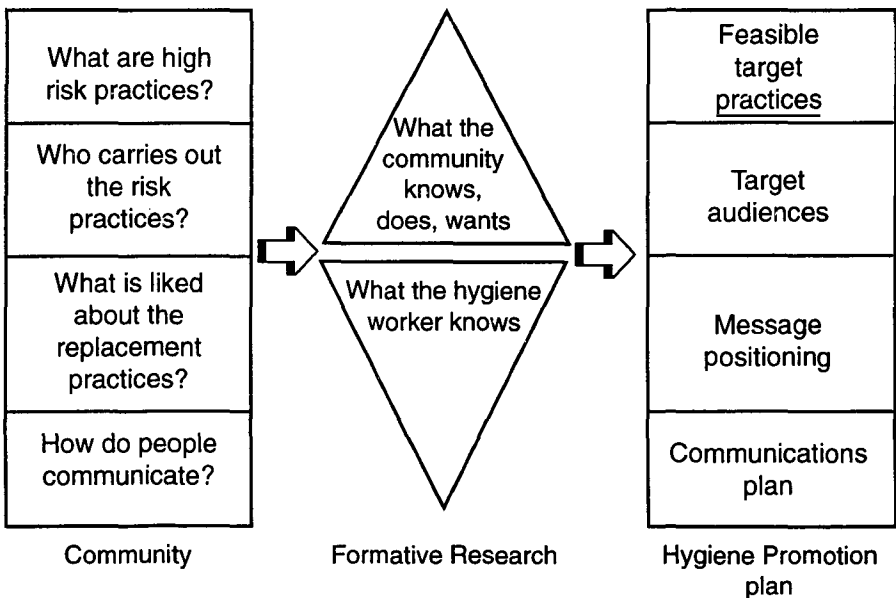
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# INTRODUCTION:COMMUNICATING HYGIENE

This is the last in a series of four manuals which take you through the process of designing a hygiene promotion programme.

In the first manual we saw how to use a process of formative research to combine what the community and the hygiene worker know, do and want. The diagram shows the questions that are tackled by the formative research and the way in which the answers help to design the hygiene promotion programme. The first step is to identify risk practices and design replacement target practices in collaboration with representatives of the communities (Manual 2). The second step is to find an effective motivational strategy (Manual No 3). In this manual (no 4) we describe how the results are put together to design and set up an hygiene communications programme. The manual starts by outlining how to define target groups and how they communicate. It then shows how to choose effective communication channels and gives advice on designing materials.



# TARGET AUDIENCES

No communication programme can expect to be successful if it does not know with whom it is communicating. One of the tasks of formative research is to determine who the targets of the hygiene promotion programme should be. At this stage we should already know who is carrying out the risk practices; they may be mothers of small children, or school age children, or they may be other adults. But people do not act in isolation; they are members of family groups and of a wider society which has a great influence on what they do. These family or social units are, in turn, influenced by people in authority, religious, political and traditional leaders and agencies and institutions as shown below. All of these groups need to be involved, or to support the programme to ensure that it succeeds.



**Target**

## Audience segmentation

Dividing your target audience up into separate groups to give them different messages is called audience segmentation. The diagram gives an example from Africa. Typically there are three groups to be addressed:

**Primary audience:** those who carry out the risk practices and who are being asked to change their behaviour (Inner triangle).

**Secondary audience:** the people in the immediate family or society of the primary audience who support (or hinder) them in their behaviour (middle circle).

**Tertiary audience:** just as important as the other groups are the decision makers, groups, agencies and leaders who need to endorse and support the programme if it is to be successful (outer circle).

## Characteristics of target audiences

Each target audience has its own characteristics. We need to know enough about these groups to be able to target communication efficiently. It is no good, for example, to have an expensive television campaign aimed at mothers if few of them watch TV regularly. However, a TV programme to generate support from officials might be a worthwhile investment. Such decisions can only be made if you know certain things about your target groups. For example:

Who are the members of the target audiences?

Where can they be found?

How many are there all together?

What languages do they speak?

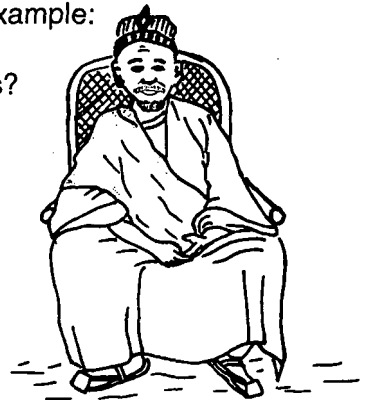
Who listens to the radio or watches TV regularly?

What proportion can read?

Do they read newspapers?

What organisations and groups do they belong to?

Which channels of communication do they like and trust?



### Characteristics of target groups: examples

Target Audience	Who?	Where?	Channels of communication	Objective
Primary	Mothers, children, child carers	Home, markets fields, schools	Weddings, baptisms, lessons, home visits street theatre, video	Change hygiene practices
Secondary	Fathers mothers-in-law, teachers neighbours, uncles, etc	Neighbourhood, work places, meeting places bars, churches, temples, sports	Radio, TV meetings, press, video projections, leaflets, special events	Support the changes in hygiene practices
Tertiary	Religious, community, political leaders government partner, donor agencies	Capital, offices churches, mosques, temples	Leaflets, radio, TV, meetings, seminars, ceremonies, print media, workshops, internet specialist press	Support the hygiene promotion programme

# CHANNELS OF COMMUNICATION

Channels of communication are the routes that are used to get the hygiene message across. They include: traditional channels of information such as word of mouth, messengers and social gatherings; modern channels such as radio and TV, and channels which are created for hygiene promotion, such as theatre or video shows and special events.

Channels of communication can be divided into three types:

- ⇒ One-to-one
- ⇒ Group
- ⇒ Mass

Whilst one-to-one communication between skilled communicators and target audiences are probably the most effective way of getting a message across, they are likely to be very time consuming and require many staff. An intermediate solution, less effective, but less costly, is to address groups of your target audience at meetings, video showings or special events. Mass communication such as Radio and TV are used more and more, and though they can reach many people at lower cost per capita, they have a lower capacity to affect behaviour because there is less opportunity for dialogue(Hiam).

## Reach, effectiveness and cost-effectiveness

The communication programme that emerges from your formative research needs to balance coverage and cost-effectiveness. To do this you need to find out about how target audiences communicate, and from this work out the **reach** of each potential channel. So, if for example, you find that only 7% of targeted men read the newspapers, but 75% listen to the radio, then radio has the better reach and would be an obvious choice for mass media. If you find that target women do not go out much and have little contact with any channels of communication outside their households, then house-to-house visits will be required. Work out the cost per capita of each form of communication and then select a mix of communication channels which balance maximum reach and maximum effectiveness with minimum cost (Kotler).

# FINDING OUT ABOUT TARGET GROUPS

In this manual we describe three ways of finding out about your target groups and how they communicate:

- ⇒ Existing information
- ⇒ Household survey
- ⇒ Focus group discussions

## Using existing information

First of all, much information will already be available. You probably already know about your tertiary target group, leaders and decision makers, because you have worked with them before. Demographic and survey data should be available to tell you about secondary and primary groups. How many women of child bearing age are there in the target area? How many school age children? What is the official literacy rate? Contact local newspapers and ask about their circulation figures. This is a list of some key questions to try to answer.

- ⇒ How many in each target group?
- ⇒ What is the literacy rate for each group?
- ⇒ What are the local organised groups? churches etc?
- ⇒ What are the local radio and TV stations?
- ⇒ What is their programme of broadcasts?
- ⇒ Are there any audience research figures?
- ⇒ What are the local and national newspapers/magazines?
- ⇒ What are their circulation figures?
- ⇒ What proportion of children are in school?
- ⇒ What is the school curriculum? Does it include hygiene?
- ⇒ How many teachers are employed?
- ⇒ What are the outreach activities of the health centres?

When you have collected it, make up a table which puts together all the information that you found for each target group. You can then use a simple household survey to find out about how your primary

## Household survey

Design a survey format that suits what you know about the primary target population. An example is shown below. It will save time and effort if you combine the survey with one of the other activities, say straight after completing the structured observations. You will then have a sample of between 70 and 200 households, depending on the size of the target area. (See manual no 1). If you decide that you also need to target men as a part of the secondary target group you could interview them separately, or at the same time, if it is convenient. Tabulate results in the normal way.

### Extract from a household communication survey form

1. Do you have a working radio in the house?  
yes=1 no=2
2. Do you listen to the radio?  
every day =1, every few days=2, rarely=3, never=4
3. If you do, which radio station do you prefer?  
.....
4. If you do, what are your favourite programmes?  
name.....time.....  
name.....time.....
5. Do you belong to a local group, committee, church, etc?  
.....
6. In the last year how many meetings of this group have you attended?  
0, 1, 2, 3, 4, 5, 6, 7+
8. How often has a health worker come to your house in the last year?  
0, 1, 2, 3, 4, 5, 6, 7+
9. How often have you been to the clinic in the past year?  
0, 1, 2, 3, 4, 5, 6, 7+
10. Please read this sheet for me  
read easily=1, read with difficulty=2,  
not able to read=3

## Focus Group Discussions

Having found out about how people communicate, you need to involve your target audiences in the choice of media for the programme. The target audiences know best which media are most appropriate for hygiene messages. Here is an example:



An AIDs prevention programme in West Africa used traditional messengers called Griots to communicate the benefits of condom use to mothers in their homes. The programme was very successful, partly because Griots are traditionally allowed to talk about sensitive subjects, like sex. However, women in focus groups explained that Griots would not be good messengers of hygiene promotion because they were not seen as being 'clean' people. Griots, were however, involved in composing and singing a hygiene song at public gatherings.

A second series of focus groups may be needed to refine your communications plan, or you may be able to ask questions about communications in the first series of focus groups. You will need to consider holding a few more groups for men or mothers-in-law or other influential secondary targets of your programme. Some of the points to cover include:

- ⇒ How do people get messages about local and world events?
- ⇒ How do the local groups and associations function?
- ⇒ Who are the main influences on household behaviour?
- ⇒ Who are the right sort of people to promote hygiene?
- ⇒ What, how and when is the best way to send messages?



# MAKING A COMMUNICATION PLAN

You are now ready to work out a draft communication plan. Previous manuals helped you to decide on the target practices and the positioning of the messages. This manual has shown you how to choose target audiences and pick out key channels of communication.

Assemble all of the information you have, and, together with your team, decide which channels of communication are likely to be most effective and to be affordable within your budget.

The next step is the creative part. You need to translate these elements into activities and events designed to get your messages over. These are commonly called communication supports.

## Communication supports

Communication supports use the senses of vision and of hearing to convey messages.

**Audio-visual** supports are meant to be seen and heard; they include theatre, video, film, and teaching with visual materials

**Oral** supports use words alone to pass messages, this may be in the form of a story, a radio announcement, or a visit from a health worker.

**Written** supports include leaflets, posters and articles in the press

**Visual** supports include posters, stickers and flip charts.

According to Hiam, Kotler and Graeff the best support media:

- ⇒ **are attractive:** so that they pull people in
- ⇒ **use local idiom** and situations: so that people feel it concerns them
- ⇒ **are repetitive:** so that messages are retained
- ⇒ **are easy to understand:** so nobody gets confused
- ⇒ **are participatory:** an exchange of views is most effective
- ⇒ **are provocative:** so that they are memorable and discussed
- ⇒ **show by example:** so that the new practices are seen to be possible.

## **Producing communication materials**

For each channel of communication decide on:

- ⇒ the principal message
- ⇒ the target audience
- ⇒ the motivation (immediate advantage and long term goal)
- ⇒ the promoter (eg, a respected elder, an opinion leader, a health agent)
- ⇒ the tone of the communication (e.g. if the ultimate goal of the hygiene practice is a happy family, the tone of a radio advert would be joyful and fun)

Give the task of designing the materials to small groups; include insiders and outsiders, team members and community members and creative people such as musicians, theatre writers, or artists. If you can afford it, use the advice of a local ad agency. If you can't, you may be able to find local publicists, radio journalists or entertainers with good ideas. Brainstorm lots of ideas and then work the best up into detailed scenarios or images. Keep a close track of your messages and their positioning: everybody has their own ideas about hygiene, creative people and 'experts' like go their own way, rather than using your well-researched insights into the target communities!

## **Testing communication materials**

You will not get the communications materials right first time. The poster designed to show a mother washing her hands may look to the target audience like she is taking a pill, the radio ad you produce may be so funny that it distracts from the message. The training materials for health workers may not stop them from reverting to old habits of haranguing their audiences. You will need to make trial versions of all of your materials and test them. Prototype posters can be taken to a school or a health centre and people can be asked what they see in them. Small focus groups with representatives of target groups can be held to evaluate tapes of radio programmes. Some members of the audience can be interviewed after the first show of a play to see what they retained. Health workers can try out materials and give you feedback on their usefulness.

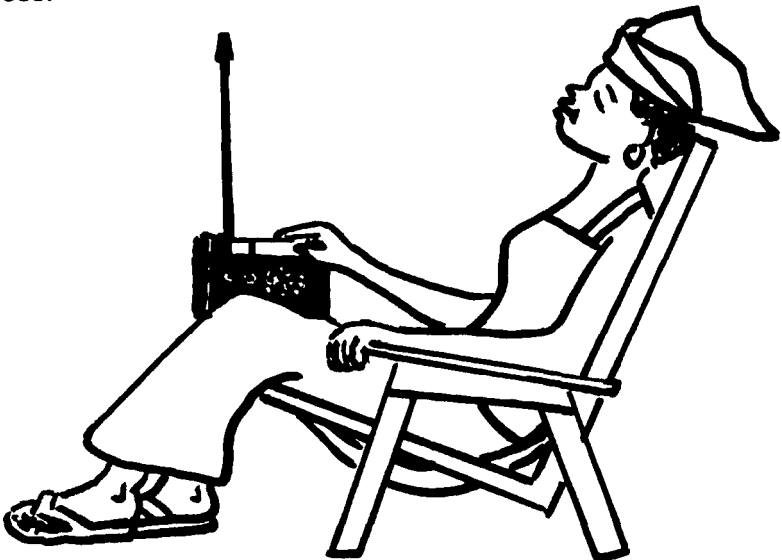
## Piloting the intervention

As with any large scale intervention, it is wise to start on a small scale, to try out and revise all your approaches in one zone, for example. Carry out a detailed evaluation after six months and then revise your approaches and scale up.

## COMMUNICATING BEHAVIOUR CHANGE: SUMMARY

This manual is the final one in a series which concerns a new approach to improving domestic hygiene. A systematic process of formative research combines what communities and hygiene workers know, want and do to build a hygiene promotion programme. Previous manuals showed how to develop target practices and how to find out how to motivate behaviour change. This final manual shows how to identify and characterise target audiences, and how to use surveys and focus group discussions to find a mix of channels of communication that suit them. Finally it gives guidance on developing and testing materials.

The communications materials are developed to be attractive, locally relevant, easy to understand, and repetitive to ensure their effectiveness.



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## A new way of promoting safe hygiene...

This is the last in a series of four manuals which explain how to set up a hygiene promotion programme. The manuals take you through a step-by-step process of working with communities to design a programme which suits what they know, do and want.

Using approaches from anthropology, epidemiology, communications science, marketing and health promotion, the manuals show you how to answer such questions as:

- ⇒ what specific practices are putting health at risk?
- ⇒ what can motivate people to change their practices?
- ⇒ what are the best ways of communicating hygiene messages?

They show how to use the answers to design a hygiene promotion programme that responds to the needs of health consumers.

The manuals will be of use in water, sanitation and health programmes and to community, non-government or government organisations.

