

Hygiene promotion for men: Challenges and experiences from Nepal

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Men have an important role to play in family and community health improvement. However, most hygiene promotion programmes focus on women only. Specific examples on how men are targeted are difficult to find. We feel this is an omission as in order to reduce the main risky hygiene practices, effective hygiene promotion must involve every member of the community: women, children and men. Involving men and encouraging their responsibility in hygiene and sanitation improvements is important because men often have a key role in decision making and they often control finances. Men who are well informed on the benefits of hygiene improvement for their family are more likely to support their wives and children to change their own behaviours. This paper describes the benefits and lessons learned by NEWAH, a national NGO based in Nepal, who took up the challenge to focus hygiene promotion on men.

Keywords: hygiene promotion, gender roles, participatory methodology

THE BEHAVIOUR OF WOMEN AND MEN, girls and boys has an impact on community development. Identifying key risk behaviours, priorities, roles and responsibilities can help field staff to understand how to target their hygiene promotion activities more effectively. Doing this in a participatory way helps community members understand key risks and possible corrective actions to be taken. Although this has been recognized for many years (see, for example, van Wijk-Sijbesma, 1995), few programmes have approaches and tools to target men specifically. Many donors want to see impact on women and children and are often less aware of the positive impacts of including men. In addition, it is often also not taken up actively by NGOs or other implementers. An EU-funded programme called 'Assistance to Vulnerable Groups and Communities Most Affected by the Internal Conflict (VCP-EU)' has provided an opportunity to address this issue and NEWAH (Nepal Water for Health) is one of the first organizations to take up this challenge.

Many donors are often less aware of the positive impacts of including men in hygiene promotion

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© Practical Action Publishing, 2010, www.practicalactionpublishing.org
doi: 10.3362/1756-3488.2010.031, ISSN: 0262-8104 (print) 1756-3488 (online)



The remote village of Kamchada village, Nepal

Two years have passed of this three-year project which includes three major components: (rehabilitate) access to basic services; rebuild livelihoods for the poor; and strengthen community-based organizations. Hygiene promotion for men was a small but important element in the overall water and sanitation intervention. Health and sanitation facilitators are members of the community, hired for the project to carry out hygiene promotion activities and support the rehabilitation of basic services. The project covered four districts of Nepal: Doti and Achham of the far west region and Dailekh and Surkhet of the mid-west region.

The mid- and far-west regions of Nepal are challenging areas to work in

For many years, the mid- and far-west regions of Nepal were not priorities of development initiatives. This is an area that is challenging to work in because of the rough terrain, limited infrastructure and scattered habitation as well as the effects of the government–Maoist conflict in the past. Compared with more accessible areas, there is a lack of transportation, infrastructure and access, which are significant barriers for development. Many inhabitants, mostly men, are involved in seasonal work, which often means working abroad in India for about six months a year, which is one of the barriers the village health and sanitation facilitators faced as we will see later in this paper.

Health education or hygiene promotion

Many organizations include health education for community members in their water and sanitation projects. However, health education is not the same as hygiene promotion. Health education often implies instruction: telling people what to do or what not to do. We believe that successful programmes do not instruct people, but instead interact with people to jointly find solutions (see Appleton and Sijbesma, 2005). In this paper we deal with hygiene promotion.

What is hygiene promotion for men?

Hygiene promotion reduces the main risky hygiene practices and conditions of women, children and men. To be effective, however, each member in the community – and especially vulnerable groups such as disabled and very poor people – should be involved. This is what is meant by inclusive hygiene promotion. However, most of the hygiene promotion programmes focus on women only. Specific examples of how men are targeted are difficult to find.

This may have to do with the way hygiene promotion activities are set up. First, hygiene and sanitation behaviours that form a risk for health are identified within the community. Second, the groups most at risk are identified. In most of the communities these are the mothers. Often they are the ones preparing the food, cleaning the children after defecation and feeding the children. In addition, it is assumed that if you reach the women you will reach the whole family. This appears to make it less urgent to reach men.

Inclusive hygiene promotion means that men are also explicitly targeted in hygiene promotion activities; however, it does not mean that other groups are excluded.

We will use the experience of NEWAH, a national NGO based in Nepal, as a case to describe the challenges, but also the benefits and the lessons learned when focusing hygiene promotion on men.

Why is it important?

It has been recognized for years that women and men have different roles, responsibilities and interests in hygiene and sanitation. Involving men and encouraging their responsibility in hygiene and sanitation improvements is important for many reasons. For example, men:

- have key roles in decision making within the family and community;
- often control finances;

Specific examples of how men are targeted are difficult to find

Women and men have different roles, responsibilities and interests in hygiene and sanitation

When men are aware of the benefits of hygiene improvement they are more likely to change their behaviour

- have an important role to play in family and community health improvement;
- can help reduce the excessive burdens of women;
- can be role models to others in the community.

Men who are well informed on the benefits of hygiene improvement for their family are more likely to support their wives and children and to change their own behaviour. 'Exclusion of husbands and fathers from hygiene education programmes also does not take into account their feelings of responsibility and pride in their families and children' (Burgers et al., 1988: 19).

Until two years ago, NEWAH's hygiene education activities were mainly targeted at women and children through community meetings and household visits. NEWAH staff indicated that men are often not present during the household visits. Why target men when they are not around? That was not only stated by the local health and sanitation facilitators, but also by other Nepal-based organizations with whom the experiences were shared during the project.

This triggered NEWAH staff working on hygiene promotion. They changed their way of using the gender and poverty (GAP) approach analysis. For the past 10 years, the gender awareness training of NEWAH staff allowed them to identify which segments of a community were being excluded from project inputs related to hygiene promotion. Women and children were identified as the main groups excluded from project inputs while at the same time they appeared to be the most vulnerable groups in terms of access to safe water and sanitation. Therefore the focus until recently was mainly on those groups.

For the past two years, however, NEWAH has used the GAP approach to look not only at the element of exclusion from project inputs but also at the element of effectiveness for the whole community. From the analysis of the gender and power relations at the household and community level, it was clear that men need to be included as a target group, along with women and children in hygiene promotion.

Man Bahadur Bhujel, a male community worker in the village of Phaperthum, reported that since the men in the community have started receiving health education they have become aware of its importance and no longer need convincing from their wives (NEWAH (2003)).

Explicitly targeting men, however, appeared to be difficult to accomplish in reality, in the family and community. The health workers at the community level as well as the regional staff at the district level faced many challenges.

Explicitly targeting men appeared to be difficult to accomplish in reality

Challenges and how to overcome them

Turn theory into practice

In phase one of the EC (European Commission) project there were 17 health workers hired: 13 women and 4 men. In phase two there were 11 health workers: seven women and four men. All of them received a small salary over 12 months. These health workers were hired to act as hygiene promoters in the villages. They were called health and sanitation facilitators (HSFs). Before they started their work on hygiene promotion in the villages, the HSFs underwent an elaborate training programme by NEWAH on 18 health issues, all of them equally important. These issues ranged from faecal-oral diseases, transmission routes, safe handling of water, family health and practical use of teaching materials to monitoring and supervision and hygiene promotion key components. The information overload was huge and it was difficult for the HSFs to translate the course materials and what they had been taught into practical action at the village level.

The regional support staff of NEWAH also faced difficulties in implementing the adapted approach on the ground. They received questions from HSFs on how to incorporate this specific focus on men into their regular activities. How should they translate the training on hygiene for men into practical guidance they can use in their daily work? As the focus on men is new to the regional staff, this is not something for which they have ready-made answers.

Overcoming the challenge of turning theory into practice. To bridge the gap between theory and practice, all HSFs were introduced to six steps of hygiene promotion using participatory methods with community members:

1. Identify the key risk behaviours in your community.
2. Link risky behaviours to groups of people within the community; that is, identify the target groups.
3. Find out the reasons for their current practices; that is, what is their motivation.
4. Identify the benefits they see in changing their behaviour.
5. Formulate messages for the target group(s) *and* decide which ones to use. It is important to limit the number of messages to one or two.
6. Select and/or adapt tools to use and people to support.

This training helped the HSFs improve their fieldwork. They started targeting the different groups within the village but realized that they did not reach the adult men and the elderly (men and women). Knowing the importance of including all community members in hygiene promotion, this motivated them to actively focus on men in their activities. However, it did not solve the problem of how to

Issues range from faecal-oral diseases, safe handling of water, and family health

reach them. From their experience with the gender and poverty approach, NEWAH recognized that it is sometimes difficult for women to involve men. For this reason they have also recruited some male community health facilitators.

As early as 1985 men were involved in sanitation training in Nepal: 'Water technicians were trained in disease transmission [and] personal and home hygiene... The initial resistance to the new training changed... By appealing to their interest in improving their own health, they saw greater relevance for the project and its integrated approaches' (Burgers et al., 1988: 21).

According to the male HSFs, it is indeed difficult to involve men, but they acknowledge that it is even more difficult for a female HSF to reach the men in the community. They mention that hygiene and sanitation issues can be openly shared among men. This was also the conclusion from an assessment of the NEWAH gender and poverty approach in 2003: 'Male community health workers can be extremely effective in fostering change with men where female CHVs cannot make any headway' (James et al., 2003: 11).

Some suggestions on how to involve community members, especially men, in hygiene promotion are listed below:

Inform men about the benefits for the whole household: sanitation and hygiene is not just for women

- Inform men (and women/children) about the benefits for the whole household: sanitation and hygiene is not just for women!
- Focus on the technical aspects of sanitation.
- Involve men in construction.
- Give a specific role: information sharing or leadership role.
- Focus on economic benefits: reuse of manure and wastewater for kitchen gardening, health savings from improved hygiene and sanitation.
- Choose suitable times: evening, specific day, season or festival.
- Choose suitable locations: go to where the men already are (tea stall, market or household compound).
- Use short messages: focus on part of a tool (such as one part of the F diagram, one or two flashcards) or on one risk behaviour.
- Focus on small, achievable steps: stepwise improvement to existing practice or to existing sanitation facility.
- Involve key opinion leaders: health workers, tea stall owners, religious leaders, teachers or storytellers.
- Involve village leader(s), WSUC (Water and Sanitation User Committee), carers, community-based organizations and youths.

The female health and sanitation facilitators found it difficult to reach men in the community

Get in contact with men: Location and time

The female HSFs emphasized that it is possible to reach men, but that it is not as easy as reaching the women. For example, if there are male and senior relatives of the female HSF in the village, such as a father

Work makes it difficult to include men in regular hygiene promotion activities

or brother-in-law, then the HSF cannot directly talk to them. One of the HSFs also mentioned that she felt intimidated by (elderly) men while doing her job.

Both male and female HSFs found it difficult to encourage men, adolescent boys, elderly men and elderly women to attend hygiene promotion meetings. Many community members are busy with farm work or are abroad for seasonal work which makes it difficult to include them in regular hygiene promotion activities. A specific challenge they faced in this programme is that the time of the community members is already consumed by the water construction activities of the programme. So attending hygiene promotion activities is experienced as an additional burden and is given less priority.

To reach men, health and sanitation facilitators chose new locations such as tea stalls

Overcoming the challenge of getting into contact with men. In order to reach the men, both male and female HSFs started to choose new, different public places for their hygiene promotion activities, such as tea stalls, the community building and areas where work takes place for the rehabilitation of water supply. Timing of the hygiene promotion activities was adapted to the availability of the community members in the public places.

Box 1. Reaching men in tea stalls

Adult men of the Rumathan village used to gather in a local tea stall in the morning from 7 to 10 a.m. HSF Birkha Bahadur Thapa decided to do the water-sequencing exercise with these men. The exercise is about safe water from source to cup and is used to discuss with the participants where their drinking water comes from, who is collecting, treating and/or storing the water and what risks are involved at each step.

Bahadur Thapa says that this exercise made the men realize that they should support women in domestic work rather than wasting time in the tea stall. Now Khadka Bahadur Khatri, the project caretaker, spends mornings doing domestic work.

Knowing what motivates men

Motivation seems to be one of the hardest issues to get to grips with. Initial reactions of men towards the attempts of the HSFs to include them in hygiene promotion activities ranged from indifference to aggression. The HSFs found it difficult to identify what would motivate men to change behaviour for improved sanitation and hygiene and, therefore, also which tools to use to convey their messages.

Overcoming the challenge of knowing what motivates men. Having more possibilities to reach men leads to the next challenge to be addressed: which issues interest men? How to motivate them? How to stimulate behaviour change for improved sanitation and hygiene? Men may often be motivated by different factors from those that motivate

Men may often be motivated to improve hygiene by different factors from those that motivate women

women. The HSFs found, for example, that men can be attracted towards hygiene promotion activities by being given specific roles. Men prefer not to be just members of the audience, so it would be good to explore the possibility of giving men an information-sharing role or some sort of leadership role. According to Hema Chalaune, HSF of Dasarathpur VDC Surkhet district, men are more interested in direct monetary benefits than in changing their hygiene behaviour.

Support

Some of the HSFs said they felt demotivated because of the lack of interest among community members. They had many roles to perform within the project and support from the regional office was irregular because of the large distances to cover, frequent road blocks and high fuel prices. Some HSFs in very remote areas were never visited in their own community. Lack of support seems to be a structural challenge. A few years ago, male community health workers also indicated that they 'face problems in trying to gather other men (given their time constraints) and to overcome the resistance they face from these other men in the community' (James et al., 2003: 11).

At the regional level, NEWAH staff support the HSFs in reaching community members. However, the HSFs face challenges that are common in other countries, too. In Ethiopia, for example, WaterAid states that the role of the health facilitator is 'hard for many reasons: it can be lonely, involves walking long distances in all conditions, and can involve coming into direct daily contact with many of life's harshest realities' (Matthewson and Ayele, 2005). The HSFs of NEWAH also have a high workload, since they work on the implementation of water supply structures, too. Linked to the fact that NEWAH staff also work in many projects concurrently, the time left for support is very limited.

Overcoming the challenge of support. Equally important for involving men in hygiene and sanitation improvement is to find people or organizations able to help to change the attitude and behaviour of men. The HSFs found that it helps if hygiene issues are discussed in the Water and Sanitation User Committee meetings before reaching out to men. With the help of the chairperson and active members of the committee it was easier to get the message across. These are a few points identified by a couple of HSFs in remote areas of Nepal. Are these strategies equally relevant everywhere in Nepal or only for the remote areas? At least some of the methods listed above should be relevant within and perhaps outside Nepal as well. In any case, including men in hygiene promotion in a systematic and effective manner is an issue that needs more attention at the levels where planning and strategy are developed.

With the help of the Water and Sanitation User Committee it was easier to get the message across

Targeting influential men in the community increases involvement of other men

Staff from the regional office try to support the HSFs by more frequent contact by telephone or in person and by stimulating closer cooperation between technical and health field staff. The limited time actually spent in the field made the regional staff develop alternatives: for example, support from NEWAH regional staff and/or District Development Committee staff in targeting influential men in the community. These men may pave the way for better involvement of men in sanitation and hygiene improvement.

Two key issues are addressed to improve effectiveness and sustainability of water, sanitation and hygiene (WASH) activities after project completion. One is to strengthen the involvement of community structures such as the Water and Sanitation User Committees in sanitation and hygiene promotion as well as in monitoring progress and outputs. Second is to provide practical support and motivate project staff, especially the HSFs. Training is provided for facilitation skills by social section staff of NEWAH, focusing on the six-step approach and a limited number of hygiene issues. According to the HSFs, they could reach men more effectively in at least three project villages: Mathillo Ganma, Jumla Kafal and Dhipintada of the Dailekh district, one of the four districts covered by the project. The HSFs felt empowered by sharing experiences among project staff, from field support for each other and by the more intensive monitoring and support from regional staff in the form of field visits and joint planning.

Financial resources

A general problem is that hygiene promotion is often not budgeted for in water and sanitation projects

A general problem related to hygiene promotion for all groups is that hygiene promotion is often not budgeted for in water and sanitation projects. This is not only the case in Nepal; many countries face this problem. In Ghana, for example, WaterAid researched WASH projects and found that hygiene education was hardly mentioned and, where it was mentioned, it was given little attention during planning and inadequate budget provisions to implement the actions (Ntow, 2009: 3).

Overcoming the challenge of financial resources. There is a need to adequately resource inclusive hygiene promotion in projects to enable men to be effectively targeted, along with women, boys and girls (both in and out of school). An ideal situation would be to include it in the water and sanitation budget of the local government authorities responsible for water and sanitation services, but as a start it should at least be included in the budget of water and sanitation projects. This will raise per capita costs of projects, but it is justified if donors are serious about achieving positive and sustainable results in changing hygiene behaviour.

Tools used in the communities

To involve men in hygiene and sanitation improvement, project staff also needed to think about which hygiene promotion tools they could use. A tool such as body mapping for awareness raising on personal hygiene did not work very well with elderly people, for example. Elderly people are not used to these 'new' ways of looking at your body, especially the private parts, according to the HSFs.

Some of the tools that do seem to work are the F-diagram, a tool for raising awareness on transmission routes of oral-faecal diseases, and drama.

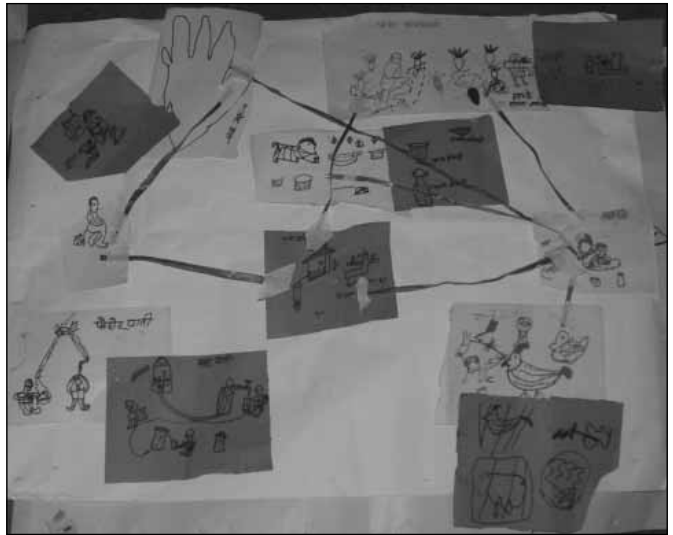
The F-diagram was adapted from an education tool to a promotion tool. Thus, instead of showing people the F-diagram and explaining the transmission routes of faecal matter, community members were encouraged to find out for themselves which were the risks they face.

The HSFs started by asking community members to tell a story: how can stool from a person with diarrhoea get into your mouth? They asked them to draw things, for example a plate of food to show contamination by food, or a water pot, or flies. Then the community members were asked to show how faeces can come into the mouth by placing strings from one drawing to another, for example from flies to food. By doing this they showed the link between risky behaviour and faecal-oral illness. Through the exercise, participants became aware of the transmission routes, and this makes it easier to see where the risky behaviour should be blocked in order to block the

The F-diagram is a tool for raising awareness on transmission routes of oral-faecal diseases, and drama



Body mapping exercise



F-diagram made by HSFs in training on hygiene promotion for men

transmission of faecal-oral diseases, one of the ways being washing hands after defecation.

After this participatory exercise, participants discussed who in their community were the groups most at risk. Even in the training session for the HSFs this worked very well. One of the HSFs said that he only now clearly saw and understood the importance of using a latrine.

Using drama

In many districts, men go away for work and when home they don't attend health meetings

Theatre is an innovative way of getting the hygiene message across to men who are not easy to target

HSFs covering three villages work together to convey their hygiene promotion messages. They started touring from village to village with a play to convince men that hygiene is an essential part of the drama of family life. In many districts, men go to India for six months at a time for work. When they come home, they often do not attend meetings organized by the health workers. Theatre is an innovative way of getting the hygiene message across to men who are not easy to target. So, the HSFs wrote a play in collaboration with the project staff responsible for technical support. The health workers go from village to village performing a play which shows the importance of having and using a latrine. The moral of the story is that men will not get a wife if they do not have a toilet. This theme was chosen particularly to attract the men in the community. These shows are highly popular and attract many villagers, including men. It is hoped they will encourage men to display sustained hygienic behaviour. Of course, getting men to change their behaviour may need more than a play, but it's an excellent first step.

Integrating new approaches in existing strategy

The inclusive hygiene promotion approach is seen as a valuable addition to the existing NEWAH approach on hygiene promotion. NEWAH has integrated hygiene promotion for men in their hygiene promotion strategy guidelines as well as in the existing project cycle. The adapted inclusive hygiene promotion approach is being mainstreamed in some NEWAH projects funded by donors. The training given to new HSFs follows the new approach; in fact the entire existing project cycle has been revisited. Learning and sharing of experiences takes place from regional level to headquarter level and vice versa.

Acknowledgement

The author/s would like to extend thanks to the HSFs as well as to the regional NEWAH staff of the Far and Mid-Western Region of Nepal for their constructive input and support.

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