

PIN'S EXECUTIVE REPORTS SERIES



A COLLECTION OF BARRIER ANALYSIS STUDIES:

INVESTIGATING AND ADDRESSING

THE BARRIERS TO IMPROVED HYGIENE AND SANITATION PRACTICES

IN RURAL ETHIOPIA



People in Need (PIN) recognizes that while the use of high-quality data is essential for the programming of development agencies, the workload of senior staff can make it a challenge for them to read through often lengthy publications. As a result, interesting reports are produced but only few professionals read them. PIN's EXECUTIVE REPORT SERIES therefore focus on sharing PIN's best practices, research findings and practical recommendations in a brief, to the point and easy-to-read format. As a result, implementing agencies and donors can easily ensure that their programming decisions are based on reliable data and generated lessons, both contributing to the higher impact of their work. For a full list of available PIN Executive Reports, feel free to get in touch with us!

PIN'S EXECUTIVE REPORT SERIES

Investigating and addressing the barriers to improved hygiene and sanitation practices in rural Ethiopia

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Research Conducted in: Sidama Zone, SNNP Region, Ethiopia

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Introduction

One of the main objectives of development practitioners is to enable people to adopt and practice positive behaviours that help them to improve the quality of their lives. Development projects frequently make assumptions about why people do not follow the positive behaviors these interventions promote. However, such assumptions are often wrong 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 behaviors the intervention aims to change. Formative research is an essential step in

designing an effective behaviour change strategy. This report documents the results of the formative research conducted for the project "Improvement of Health, Hygiene and Sanitation in selected towns and villages of Sidama Zone, Ethiopia (SNNPR)". The project's implementation period is 2017-2020 and is funded by the Czech Development Agency. The Overall Objective is "Improved health of 10 target communities in Bensa, Bana, Hula, Aleta Wondo, Aleta Chuko and Loka Abaya Woredas" and the specific objective is "Improved hygiene and sanitation practices of all household members and health facility staff in the 10 target communities".

INTRODUCTION TO THE BARRIER ANALYSIS

The research used the Barrier Analysis, a quantitative and qualitative methodology that asks people a series of questions aimed at identifying which barriers and motivators have the biggest influence on whether they (do not) practice a given behaviour. Barrier Analysis studies use 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 preventing the promoted behaviours. The following behaviours were selected:

- The pit isn't full
- The walls and door provide adequate privacy
- There is a solid roof that protects the latrine from the rain

Mothers of children 0 – 59 months wash their hands with soap at the five critical times each day.

Prevalence of the behaviour: Just 9% of households in the target area have a designated place for handwashing with water and soap/ash available.

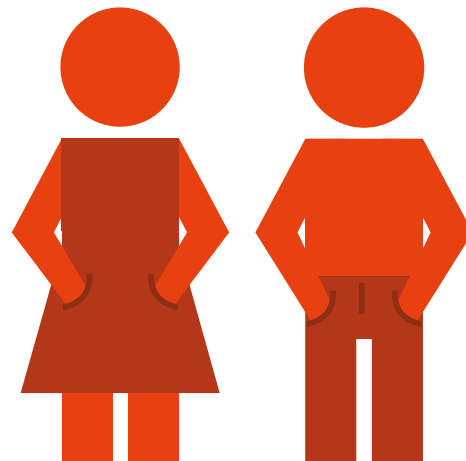
The hygiene practices of the mother in a household has the highest impact on other members of the household, especially young children where increased infection risks increase the chances of chronic undernutrition. PIN selected this behaviour to study because handwashing with soap is one of, if not the most, effective way to prevent diarrheal disease and maintain health.

Men 18-45 years old use an improved latrine

Prevalence of the behaviour: 46% of households in the target area have access to an improved latrine within 50m. The project targets 100% latrine coverage and 75% improved latrine coverage.

Significant material and human resources is needed to have an improved latrine, and men in the target area are the most control over household resources. Based on initial assessments and previous surveys conducted in the area, the target of improved latrine coverage will be the most challenging to achieve and hence the formative research focussed on this. The definition of an improved latrine was:

- Solid slab that looked safe to use, with only one hole, and prevented any seepage into the surrounding environment



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 POSITIVE CONSEQUENCES

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

PERCEIVED NEGATIVE CONSEQUENCES

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

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.

ACCESS

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

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 SUSCEPTIBILITY

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

PERCEIVED SEVERITY

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

PERCEIVED ACTION EFFICACY

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

PERCEIVED DIVINE WILL

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

TRAINING AND METHODOLOGY

PIN staff trained:

Mesfin Gizaw (WASH Program Manager) and Tizita Tulu (WASH Project Manager) were trained in the full methodology for conducting and analysing a Barrier Analysis. Biruk Getachew (WASH Project Manager) and Fitsum (Hygiene and Sanitation Coordinator) participated in developing the questionnaire, training data collectors and tabulating the data.

Questionnaire development and pilot testing:

The decision on the exact wording of the behaviours and the development of the questionnaires was completed before Camila's arrival to the Country Programme. Questionnaires were pilot tested for 1 full day.

Sampling:

The improved latrine questionnaire was conducted in the rural kebeles of Aregeda Haro Dimtu and Danshe Gambela on the 1st and 2nd November, communities visited, dates and teams. The handwashing questionnaire was conducted in Bargo on the 7th November. These kebeles were selected because they are reflective of socio-cultural and geographically (in terms of distance to markets etc.) contexts in the other kebeles of the project.

Coding and data analysis:

Following the data collection the questionnaires are divided up so that the responses from Doers and Non-Doers are analysed separately. Coding and tabulating is done together with the data collectors. A response to a particular question is given a code, similar responses from other questionnaires are given the same code. The questions are structured around the 12 determinants of behavioural change and a mixture of open and closed questions. Significant differences between

the responses of doers and non-doers are compared, where a significant difference is defined as minimum of 15% difference.

Limitations and lessons learnt:

- Pilot testing is an essential step: both for making sure the questionnaire is properly designed but also for ensuring the data collectors understand all components. 1 full day should be planned for. Each questionnaire from the data collector should be reviewed with them and feedback given.
- The definition of an „improved latrine“ was important to clarify and ensure that all data collectors used the same standardised definition so that Doers and Non-Doers were clearly defined
- Data collectors frequently confused the responses to the questions „what makes it easier to do the behaviour?“ and „what are the positive consequence of doing the behaviour?“. Different data collectors would put the same response under different questions or they would repeat the same response under both. This made it challenging during data coding and tabulation stage and took extra time. It took approximately 5 hours to code and tabulate each questionnaire.



RESULTS

The results of the Barrier Analysis surveys are presented below using the Designing for Behaviour Change Framework.

Behaviour:

Men 18-45 years old use an improved latrine

Description of Priority Group:

Men whose primary livelihood is subsistence agriculture, living in rural areas of Sidama Zone, Southern Nations, Nationalities, and Peoples' Region



DETERMINANTS:

SOCIAL NORMS:

Men do not know that Health Development Army volunteers (HDAs) approve

Men do not know that Health Centre Workers approve

ACCESS:

Men think that it is difficult to have an improved latrine

ACTION EFFICACY:

Men do not believe that using an improved latrine is effective in preventing diarrhea

BRIDGES TO ACTIVITIES:

Increase men's perception that HDAs and Health Centre Workers approve of an improved latrine

Increase the perception that it is easy to have an improved latrine

Increase men's perception that using an improved latrine is preventing diarrhea.

ACTIVITIES:

The result could imply that non-doers are not reached by the Health Development Army (HDA) system: either their households do not receive visits from HDAs or the HDAs are talking only to the women in the household (perhaps when the men are out). So therefore PIN needs to to **strengthen the HDA system** for promoting improved latrines and get them **focussing on men**. PIN field staff will therefore revitalise the HDA system, reviewing who are selected HDAs, training them and equipping with them with promotional materials on improved latrines. The messaging of these promotional materials will use the terminology of the responses given to the positive consequences question such as:

→ Clean living and we live in peace

→ Prevents contamination of enset (which is prepared outside)

If there are any outreach activities by Health Centre Workers, PIN will ask them to include improved latrine promotion and to **increase the linkages between health centre and community**.

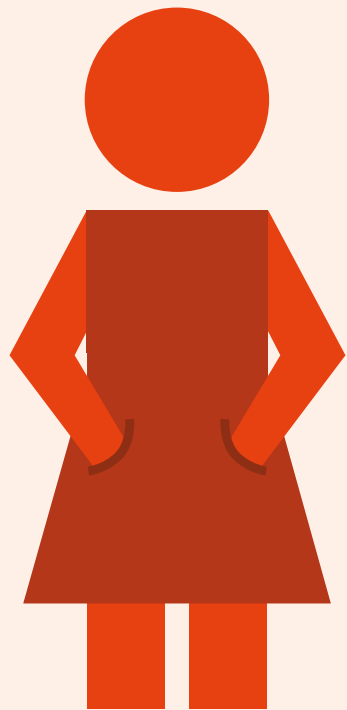
Demonstrations sessions where men who do not have an improved latrine are practically shown how to build one (through the construction of a demonstration latrine), to show it is easy to have an improved latrine.

Behaviour:

Mothers of children 0 – 59 months wash their hands with soap at the five critical times each day.

Description of Priority Group:

Women whose primary livelihood is subsistence agriculture, living in rural areas of Sidama Zone, Southern Nations, Nationalities, and Peoples' Region



DETERMINANTS:

SELF-EFFICACY

Mothers do not have access to soap in local markets
Mothers do not have enough money to buy soap

POSITIVE CONSEQUENCES

Mothers do not think that handwashing with soap prevents diseases

SOCIAL NORMS

Mothers do not know that Health Extension Workers (HEWs) approve

ACCESS

Mothers think it is very difficult to access soap

REMINDERS

Mothers do not remember to wash their hands at critical times

BRIDGES TO ACTIVITIES:

Increase mothers access to soap in local markets

Increase mothers ability to buy soap

Increase mothers perception that handwashing with soap prevents diseases

Increase mothers perception that HEWs approve

Increase mothers access to soap

Increase mothers ability to remember to wash their hands at critical times

ACTIVITIES:

Find out where the soap-sellers are in each kebele and where there are gaps.

In the areas where there is no soap being sold, **persuade local shops to sell it**. Telling them that if they stock it, we will help with the promotion.

When women come to the market on **market days**, we will **promote the soap sellers**.

Work with HEWs to promote handwashing (e.g. having a handwashing facility at the health post)

Water User Associations and Development Group leaders will be trained to **promote to men** that they should **review family spending priorities** to support paying for soap.

Promote handwashing facilities, persuading households to make their own and hang it next to the latrine. This could be done through the Health Development Army house-to-house visits



ANNEXES

Annex 1: Barrier Analysis Questionnaires

BA questionnaire
latrine use

BA questionnaire
handwashing

FOLLOW UP ACTIONS

- **Present the research findings** to the communities and explain the proposed activities and get their feedback
Who: Project team
By: Mid-November
- **Revision to project workplan** (Gantt chart) to incorporate the proposed activities in the existing project activities
Who: Tizita (to then send to Camila and Mesfin to check)
By: 22nd November
- **Revise Results Framework and ITT** to incorporate new indicators that are designed based on the new activities
Who: Tizita, Mesfin & Getasew (to then send to Camila to check)
By: 30th November
- **Using the responses given** under the “positive consequences” question develop BCC messaging for promotional materials
Who: Tizita (and then approval by Zonal Health Office)
By: Mid-November

Annex 2: Barrier Analysis Tabulation Sheets

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