



Systematic Approach to Behaviour Change in Sanitation in Kapilvastu district, Nepal RWSSP-WN BRIEF 1-2018

BACKGROUND

In 2016 Baluhawa VDC of Kapilvastu district was getting ready to declare itself as 'Open Defecation Free' (ODF). RWSSP-WN surveyed all 767 households in Baluhawa, and found that the completion of the toilets and their use when completed emerged as major challenges. In 2017 RWSSP-WN decided to trial 'RANAS' approach to behaviour change in these hard-to-change locations. This Brief summarises the findings from the formative research conducted in Kapilvastu district in Nepal in September 2017.

Kapilvastu is one of the last three RWSSP-WN working districts yet to be declared Open Defecation Free. At the same time there are concerns that even in those areas already declared, not all are using the latrines. Maya-devi Rural Municipality (Gaunpalika) in south-eastern Kapilvastu was chosen as the study site given that it is included into RWSSP-WN II programme activities this fiscal year, and given that the Baluhawa VDC is now included into that municipality.

The Risks, Attitudes, Norms, Abilities, and Self-regulation (**RANAS**) approach to systematic behaviour change explores behavioural factors comparing 'doers' (in this case those who do use the toilet) with 'non-doers' (in this case, who do not use the toilet). The findings are used to select the most appropriate Behaviour Change Technique (BCT). RANAS has 4 Phases:

- Phase 1: Identify potential behavioural and contextual factors
- Phase 2: Measure the identified potential factors and determine those steering the behaviour
- Phase 3: Select corresponding BCTs and develop appropriate behaviour change strategies
- Phase 4: Implement and evaluate the behaviour change strategies

This Brief outlines the findings and plans until Phase 3 above.

The data collection was coordinated by Ms. Kalpana Dishwa, RWSSP-WN II. This Brief and related full report was written by Ms. Sanna-Leena Rautanen. Mr. Bipin Poudel coordinated the local action and contributed to the BCT selection. The data was collected by 12 persons in September 21-26, 2017. They also contributed to the finalization of the questions and their translation into local language. *Date: 01.01.2017*

Photo: The good and the bad—and the not always used



RESPONDENTS

We aimed for a sample that has a balanced representation of men and women, of different age groups, and 50:50 doers and non-doers, as well as fairly equal total numbers in each of the three study wards.

There were total 161 respondents of which 54% were female and 46% male.

Out of all respondents, 60% were heads of the household. Out of all heads of household, 42% were female.

Two ethnic/caste/social groups stand out, namely Disadvantaged Tarai groups (43%) and religious minorities, in this case Muslims (40%).

The household sizes tend to be very large. Only 5 household out of 161 had 5 or less members. This might be a practical problem when there is only one toilet per up to 30 family members

The educational level is very low. Out of all female respondents, **90% had no schooling**. Out of all female respondents, 71% were illiterate, the corresponding figures for male respondents being 54% no schooling and 34% illiterate.

The most literate age group in this sample is 18-29, but even in this group 40% report 'no schooling'. Out of total sample, more than half are illiterate.

Study location, purpose and methodology

While Kapilvastu district has still many locations that have not been declared 'ODF', there is still a serious concern that even in those areas that have been declared, Open Defecation (OD) still continues. With this exercise we wish to understand better the behavioural factors that influence people's choice **to use or not to use their existing toilets**.

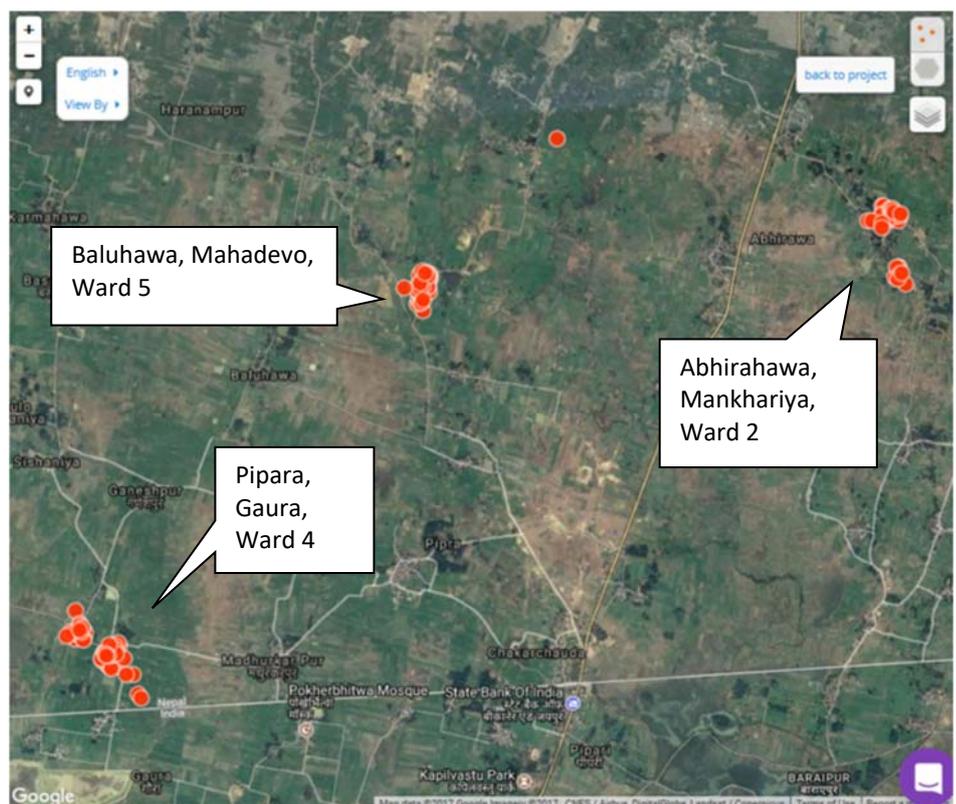
The purpose of the entire exercise is to sharpen our approach into sanitation and hygiene related Behaviour Change Communications (BCC). The specific objectives of applying the RANAS approach in Kapilvastu is to explore whether the systematic approach to behaviour change will result in better outcomes than our business-as-usual approach.

Mayadevi Rural Municipality (Gaunpalika) in south-eastern Kapilvastu was chosen as the study site given that it is included into RWSSP-WN II programme activities this fiscal year, and given that the Baluhawa VDC is now included into that municipality. Within this, three wards were chosen, see Map 1.

Step 1: Identify potential behavioural & contextual factors

RWSSP-WN II found in its earlier studies (see e.g. RWSSP-WN Brief 11-2016 & RWSSP-WN Brief 10-2016) that even if the households have a latrine, it may not be used by all family members, or it may not be used at all times. Open defecation continues regardless of the 100% toilet coverage. The survey in Baluhawa in 2016 covered all 764 households within the VDC. It found that there were still 195 households (26%) without any toilet even if the VDC was ready to declare 'ODF', and that 326 (91%) households reported as having a toilet that is regularly used by all family members while 9% reported that the toilet is used but not by all family members. Toilets were both missing, not competed and not used.

Map: The survey locations in Mayadevi Rural Municipality



The Doers and the Non-Doers

In RANAS it is important to distinguish in between the 'doers' and the 'non-doers'. In this case, those who always use the toilet for defecation ('doer') and those who go for open defecation ('non-doer'). There were four categories of this, of which the strictest definition for a 'doer' is that over the past seven days, the respondent always used the toilet for defecation, i.e. never' went for 'OD' in the last seven days.

Since the aim was to have balanced representation of both 'doers' and 'non-doers', the sample does not represent the population in the same way as the random sampling would have. The result that 47% of the respondents were always using toilet for defaecation *does not mean* that nearly half of the entire village would always use the toilet.

The following point summarizes some of the general outcomes:

- According to the 72% of the respondents', about half or 'most' people in their communities do go for 'OD'. Yet, at the same time, most respondents are embarrassed to go for 'OD', they do not like to do it, but rather, the like their toilet. Against this background, it is difficult to understand why half of these respondents still do go for 'OD'.
- The likelihood of being harassed when going for 'OD' is very high in all wards. Very few respondents out of 50 in Ward 4 reported it extremely unlikely, while 96% considered it likely to various degrees.
- Out of total sample, 85% like their toilets and 85% are comfortable in using them. Very few can give any reasons why it would be uncomfortable to use the toilets, usually relating to privacy. This is easy to understand when seeing what the respondents call 'a toilet', which in many cases is just up to plinth level, with no walls or 'sari only' walls.
- Access to water in the compound? There are more non-doers that have access to water in the compound than doers.
- There is no significant difference in between doers and non-doers with regards to how many years ago they constructed their toilet.
- When asking who is not using the toilets, the answers are spread out over various combinations, two groups stand out: **16-59 years old male** and **Male over 60**.
- It is not generally approved that children under 5 do 'OD'. Only five persons out of 161 stated that 'all would approve' to the question "*Imagine that young child (baccha) went for open defecation. How much would people in your community approve or disapprove?*" 82% were in the opinion that all or most would disapprove this practice.
- Similarly, the 'OD' by elderly people is not approved either. Here 84.5% stated that all or most would disapprove.

Observations from the overview:

- Completing latrines is the number One in the to-do list. We cannot go ahead with using the toilet as long as there is no toilet to use.
- Approval is not an issue, social norms are in favour of 'ODF'
- Need to ensure that male 16-59 and male over 60 get targeted with some messages of their own right. The usual target group is mothers for many sanitation, hygiene and health related messages.

TOILETS?

Ten years ago there were only 5 toilets among the 161 respondent households. Between 6 and 10 years, another 12 toilets were constructed. Practically all who claim to have a toilet, have done this in between 1 and 5 years, but not within the past year .

All respondents had a toilet. At least this was what we assumed since all locations had been declared 'ODF'. That was part of the research protocol. In practice we found that not all had completed their toilets, even those who claimed that they are using them.

All the wards have been declared as 'ODF'. Yet, it appears that especially female respondents did not know about this as is shown in the table below: while 80% of the male respondents did know, only 52% of female did, with third agreeing that they do not know. This gives an impression that whatever BCT was used, it had not reached these women

USE OF MEDIA

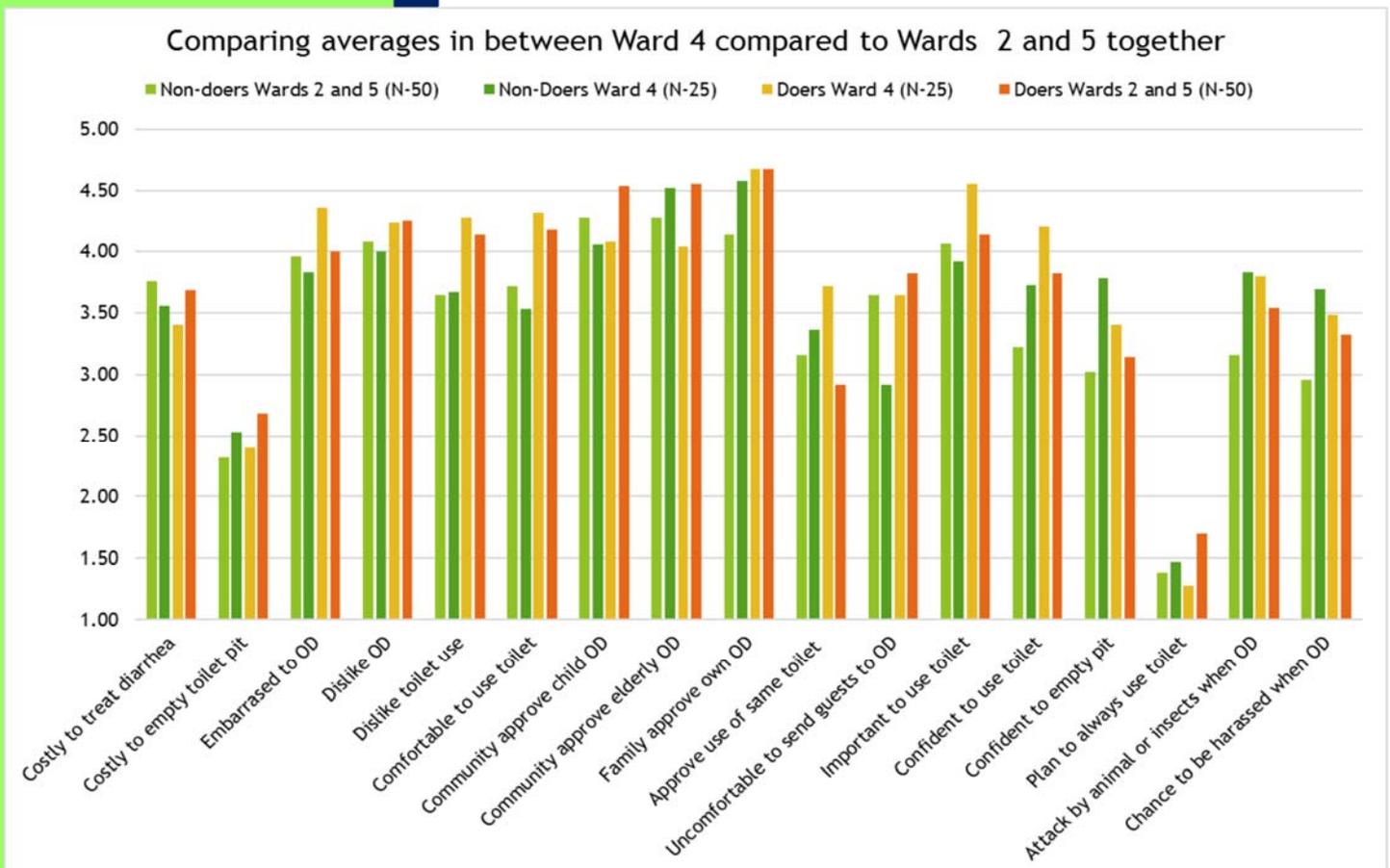
The use of different types of media reflects the overall low literacy: while people do use mobile phones, they are not listening to FM radio (20% of women and 38% men responded 'yes'), use social media or read anything at all (3% of women and 31% of men report reading local news papers, leaflets or anything at all)

WARD FOR ACTION

Pipara, Gaura, Mayadevi Rural Municipality Ward 4, was selected as the ward where the behaviour change technique to be used is based on the findings of this study. In this ward, only the chosen BCTs will be used.

Comparing the Doers and the Non-Doers

The following chart shows how the Ward 4 'doers' and 'non-doers' (the two bars in the middle) compare within the Ward 4 itself, and against the two other Wards (2 & 5). The points of interest are where the 'doers' and 'non-doers' are different within the Ward 4 itself as this result guides the selection of the Behaviour Change Technique for Ward 4. The detailed report prepared for this survey explores the behavioural factors from various perspectives: 1. considering the total sample (without making difference in between the wards); 2) considering the Ward 4 alone; 3) comparing ward 4 with the other two; and 4) by accepting 'almost never' as 'doers'. The report also explores the differences in between the non-doers in different wards and in between the doers in different wards.



In Pipara, Gaura, out of total sample of 61 households, there were only 6 'Doers' (who never went for 'OD' over the past seven days) and 4 that 'almost never' went to 'OD'.

Even if this Ward is declared 'ODF', only 9% reported that they never went for OD over the past seven days, i.e. that they always use toilet.

What is different in the Ward 4?

While within the total sample, the '*embarrassed to OD*' did not stand out, in Ward 4 it does. Similarly, '*important to use toilet*' stands out more strongly in Ward 4 compared to the total sample.

The statement '*uncomfortable to send guests for Open Defecation*' stands out in between 'doers' and 'non-doers' of Ward 4, while in the two others combined there is no strong difference.

'*Confident to use toilet*' stands out in Ward 4 even if the 'non-doers' in Ward 4 score almost the same as the 'doers' in the other two wards.

While 'community approves child OD' and 'community approves elderly OD' do stand out amongst the two other wards, the differences are not so pronounced in Ward 4 in between 'doers' and 'non-doers'.

Phase 3: Select corresponding BCTs and develop appropriate behaviour change strategies

The Kapilvastu field staff raised the following points:

- * No written IEC materials (literacy rate is very low)
- * Better to have the real object /video for IEC
- * Find out the toilet structures group (good one vs bad one)
- * Movie – Only ½ hrs duration should also capture the local culture in local language (just not only conveying toilet use only directly)
- * Street drama – also needed (through this we can cover more things than the movie only)
- * Mobilization of religious group would be better (these are most influential and important person)
- * Wall painting (about toilet use)

Learnings by far

The interviewing process itself has been an eye-opening process in itself, with the following learnings for future behavioural surveys:

- We should not assume anything. We now assumed that the behaviour to target is the use of toilets as these were 'ODF' declared areas. Yet, the very first behaviour should be the completion of the toilets, then their use. We did not have questions about the toilets and their completion, but luckily the survey tool let us take photos that can be further analyzed in this regard.
- The geo-tagged photos are a rich source of information, and a way of having impact studies as the before-and-after situation can be matched 1:1. In the future we should give more detailed instructions how to take the photo so that some of the surrounding context is also revealed. Now many photos are of the pan set only, showing whether it is clean or not, possibly used or not, but missing out the superstructure, water source and handwashing opportunity, as well as the access to the toilet. We should develop an analytical tool for the use of visual materials, too, respecting the ethnical dimension of taking photos of people's property.
- Making sensible questions is hard: how to make questions that are not giving hints or pointers on what is the 'right answer' or 'what we would like to hear'. What are the questions that could have negative impact if we start asking about it? For instance, if we ask whether people are worried that the toilet pit gets full, would we be spreading a rumour that there is something to worry (just because we are going around asking about it)?
- Translating questions is art of its own right. When asking the respondents to give answers on Likert scale with four to five different options that can be scored, the different responses can be so close to each other that once translated two times (first from English to Nepali, then to local language), the questions are essentially the same.
- Great for learning to think out of box. The behavioural determinants give excellent frame of reference to force ourselves to think out of our usual box, to ask something that we have not asked yet, something that will open up a new perspective into the question of simple act of using the toilets. It is not as much as about 'which behavioural determinant we have not addressed yet', but more about have we even asked about it? How many important items have we missed when we have not been able to even ask about it?

THE WAY FORWARD?

Based on the results, the following behavioural factors were standing out:

- * Dislike toilet use; comfortable to use toilet,
- * Comfortable to send guests for open defecation
- * Confident to use toilet

With regards to Behaviour Change Technique (BCT), our earlier learnings remain valid:

- There is the pre-ODF and post-ODF situations still to be considered. Follow up, going back to the people. This is the challenge of Tarai with large number of people: not all can be reached face-to-face. Human interaction remains, however, at the heart of our approach.
- The selected BCTs to use boil down to people doing it and people receiving it. The human faces on both sides. The effort is now in translating the chosen BCT into action that makes sense.
- At the same time, the comparison group should be exposed to the BCC programme as usual, without being influenced by the BCT chosen for Ward 4., and related monitoring.

The surveys will be repeated in September-October 2018.

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INTERVIEWS: name & number of interviews done

- * Rajesh Kumar Gupta (12)
- * Thaneshwor Adhikari (36)
- * Shyam Kumar Vishwokarma (13)
- * Sita Kumari Chaudhary (11)
- * Dinanath Pandey (18)
- * Rambilas Prasad Kohar (23)
- * Ramdhani Harijan (8)
- * Noor Mohammad Musalman (11)
- * Sangita Khadka (10)
- * Chandra Bista (9)
- * Kalpana Dishwa (7)
- * Bipin Poudel (3)



RESULTS INDICATORS FOR RWSSP-WN II

This study relates to the RWSSP-WN II Purpose-level indicators 3 and 4, and Result area 1:

Purpose-level indicator 3: No one practices open defecation (all districts declared ODF)

Purpose-level indicator 4: All ODF districts have developed post-ODF strategy and ensured access to post-ODF support to their VDCs

Result 1 (Component 1): Access to sanitation and hygiene for all achieved and sustained in the project working districts.

Indicator Result 1.1 # of VDCs declared ODF

Indicator Result 1.3 # of Wards declared for having achieved total sanitation (wards within which each household complies with at least four out of five main TBC criteria as listed in the National Sanitation and Hygiene Master Plan) Note: *Total Sanitation achievements are undermined if open defecation continues!*

Rural Water Supply and Sanitation Project in Western Nepal Phase II is a bilateral development cooperation project funded by the governments of Nepal and Finland, and implemented through local governments and users' groups under the Department of Local Infrastructure Development and Agricultural Roads (DoLIDAR), Ministry of Federal Affairs and Local Development. RWSSP-WN II works in 14 districts in Western and Mid-Western development regions in Nepal.

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