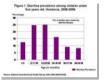
When knowledge fails: Hygiene in Rural Honduras

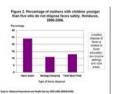
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Background

Childhood diarrhea is a leading cause of morbidity and mortality in Honduras: 16% of children younger than five years of age have suffered from at least one diarrheal episode within the last weeks



Poor hygiene practices are one of the main risk factors for diarrhea transmission: 47% of mothers with children younger than five years old do not dispose of feces safely, while 57% of households in rural communities do not treat their water.



The case of San Antonio de la Libertad

San Antonio de la Libertad (SA), is a small, poor, rural, mestizo community of 145 households (1,200 people) set in the foothills of Central Honduras. There is no water system, and only 13 homes of a total of 150 have access to water siphoned by hoses from nearby streams.

According to community interviews, approximately 6 children under one year of age have died and 2 children between 1-5 years have perished during 2006. Thirty cases of diarrhea were reported during 2007 among the under 5 population from the only health clinic available in the community, which is run by two community health workers (CHW).

Methods

The study assessed hygiene practices among women aged 19-59 years who cared for children aged five and under in San Antonio de la Libertad.

Over the course of two months in 2008, we conducted formative research using 8 focus groups, 4 in-depth interviews with key community informants and participant observations in 30

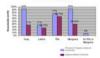
Results

Mothers were aware of the causes of water contamination and the effects of diarrhea. Most of the women identified hand washing before meals, boiling water and fully cooked food as means of preventing diarrhea. They also emphasized the need for hand washing for children before eating given that they usually play in the dirt. Soap was not mentioned.

Furthermore, mothers identified the need for soap after contact with certain items they believed were dirty. They also reported washing their hands mostly at critical times (e.g. before eating, after "toilet use", or after cleaning a child who had defecated).



Figure 3. Availability of hygiene items and actual behavior among mothers 15-49 years old. San Antonio de la Libertal 2008



However, despite the presence of soap in 93% of the households, mothers did not use it when washing their hands. Therefore, hygiene behavior was not drive by the knowledge of causes and effects of diarrhea and methods to prevent it. Instead, the true motivation for mothers to wash their hands was to appear clean, responsible, attractive and wealthy.

Discussion

These findings emphasize that hygiene promotion interventions should not rely solely on the technical public health and/or biomedical approaches. Rather, a hygiene behavior change program will succeed or fail depending on the understanding of the social environment and consumer motivations of the target population (e.g. mothers).

This research suggests that a successful hygiene behavior change campaign should incorporate a social marketing approach that retains its consumer focus and a sound understanding of user motivations.