SESSION PLANS

Day 1
Module 3, Session 1:
Introduction to WASH Behaviour Change

Session Learning Objectives

By the end of this session, participants should be able to:

1. Describe factors that facilitate maintenance of old behaviours (for individuals and in groups);
2. Describe factors that support behaviour change (for individuals and in groups);
3. Describe key factors that will influence the adoption of improved practices in hygiene at the household level;
4. Describe the qualities of a good communicator and know how to establish rapport with clients;
5. Use essential communication skills — active listening, acknowledging feelings, asking questions, and summarising;
6. Describe the small steps ("small doable actions") that lead to ideal practices.

Time: 55 minutes

Prep Work

Before you teach:

There are no materials to prepare.

Trainer Steps: Introduction to WASH Behaviour Change

A. Introduction

Explain to participants that the entire module will focus on skills and steps HBC providers need to come to agreement on improved water, sanitation, and hygiene practices (or behaviours). These practices include the ways in which people customarily wash their hands; treat, transport, store, and serve drinking water; and handle and dispose of faeces and menstrual blood.

You will focus on understanding what is meant by behaviour change or improving a client's or caregiver's practices in the context of water, sanitation, and hygiene care.

B. Climate Setter/Large Group Discussion: What Influences You to Change Practices/Behaviours? (10 minutes)

1. Ask participants to brainstorm on factors that maintain people's practices, that is, why people continue to do the same practices even if they have gained new knowledge or learned new ways of doing something.

Trainer Note:

Ensure the following factors are included in the final list if they were not mentioned by the participants:

Household Level

- **Habit – "We've always done it this way" (e.g., disposing of waste in the river);**
- **Not ready to change – new practice is perceived as too difficult, too different, requiring too much work for the household member (e.g., need to clean latrine regularly);**
- **Beliefs/attitudes are not changed with new information (e.g., not convinced of arguments and evidence for improved hygiene);**
- **No perceived benefit for the household member or his/her family (e.g., placement of latrine/hand-washing station too far from the house;**
- **Head of household disapproves or does not perceive the benefit of the new practice;**
- **Lack of equipment/material resources to do the new practice;**
- **New practices are not seen as a priority in the household;**
- **New practices are seen as costly compared to old practices.**

Community Level

- **Community leader/s not supportive of new practice;**
- **Lack of community consensus on how to implement the new practice (e.g., site of new latrine, responsibility for maintaining new latrine);**
- **Insufficient resources even when community agrees to pool resources (e.g., buying supplies needed to build latrines);**
- **Local traditional beliefs are contrary to the practice (e.g., belief that children's faeces does not contaminate the environment and is not dangerous to anyone's health);**
- **Gender roles outweigh benefit of the new practice (e.g., even if a latrine is made available, women will only use it at night because they do not want to be seen going into a latrine).**

2. Ask the group to brainstorm on factors that support behaviour change (i.e. changing to new, healthier practices).

Trainer Note:

Ensure that the following are discussed and included in the list:

Household Level

- **Household member, particularly mother/ caregiver, recognises the importance of the need for the new practice;**
- **Head of household is supportive of the new practice;**
- **Access exists to resources/materials/equipment to implement the new practice;**
- **Household member has been introduced to/has had a discussion of the new practice previously – that is, the information/ideas are not new, so the household member has had time to think over the information/practices;**
- **Household member's beliefs and/or values are consistent with the new practice;**
- **Household member has had direct experience of the benefits of the new practice – is motivated to change;**
- **Household member perceives a direct benefit to the household (e.g., children will not get sick, caring for a sick person will be easier), and is**

motivated to change;

- **Household member has the support of family members/friends in implementing the new practice.**

Community Level

- **Community leader is supportive of the new practice;**
- **Strong community cohesiveness – communities make decisions for the benefit of the whole community (e.g., equal division of labour is involved in building and maintaining cleanliness of latrines, all community members demand consistent availability of supplies for water treatment, etc.);**
- **Community beliefs and values are consistent with the new practice (e.g., the community believes that open defecation should be eliminated);**
- **Access to resources exists – and is likely to continue to exist (e.g., chlorine solution is available without an interruption of supply);**
- **Support for sustainability exists (e.g., community leaders support community-wide activities to improve access to safe water and sanitation services.**

C. Large Group Discussion: Qualities and Skills of a Good Communicator – Part 1 (15 minutes)

1. Explain that communicating well and establishing a good relationship with a household member in a context where providers are trying to support behaviour change/improvement is a crucial part of the work of HBC providers.
2. If communication between the HBC provider and the household member is effective, it can significantly affect how households accept new and improved behaviours and thereby increase the likelihood that the household will try to adopt the new/improved behaviour and enjoy the positive outcomes (improvement in the quality of life of PLWHA and family).
3. Explain that the group will review the qualities of a good communicator, then brainstorm on a few critical communications skills required to be a good communicator.
4. Ask: What are the qualities of a good communicator?

Trainer Note:

Ensure that the following critical points have been mentioned.

A good communicator is someone who is:

- **Able to keep confidentiality;**
- **Sensitive about when to speak and when to listen;**
- **Friendly and kind;**
- **Understanding and supportive;**
- **Always available;**
- **A good listener and easy to talk to;**
- **Honest, responsible, and trustworthy;**
- **Patient;**
- **Helpful with problem-solving;**
- **Respectful of the client, family, and home;**
- **Empathetic — understands the client's point of view and has the client's interests at heart;**
- **Sensitive to customs and culture, gender relations, age, and body language;**
- **Not judgemental;**
- **Perceived as wise/knowledgeable (e.g., knows local knowledge, customs, has life experience, perceived to make good decisions in own life, respected in the community);**
- **Knowledgeable of different subjects in health and hygiene, and his/her knowledge can be trusted;**
- **Knowledgeable of his/her limitations.**

5. Explain that, in addition to these essential qualities that make effective communicators, one also needs to understand key **characteristics about him/herself** that can have an effect on how one communicates, what is communicated, and how the client perceives the communication.

6. Just as beliefs, values, and attitudes affect people's commitment to taking on new behaviours, so do the HBC provider's **own beliefs, values and attitudes** affect his/her ability to empathise with the household member's situations, be non-judgemental about the household's current behaviours, work with the client for behaviour change, and support sustained improved behaviour change. For example, if the HBC provider believes the household member's current hygiene

behaviours reflect laziness, or that the lack of hygiene is the household's fault, those beliefs may be reflected in the HBC provider's attitude and will affect the communication with the household member.

7. Sensitivity to the **household member's culture, religion and traditions** is essential. In developing new/improved hygiene behaviours, the HBC provider is more likely to help household members adopt new/improved behaviours if the household traditional belief or religious belief can be incorporated into the new practice, or if the new practice is seen as important as the traditional belief.
8. Remind the participants that HBC providers help clients to think about their behaviours and decide **to improve/change them on their own**. Many individuals and communities have effectively modified or abandoned harmful hygiene practices once they understood the benefits to themselves and their families, not because they were confronted or instructed.

D. Large Group Discussion: Basic Communication Skills When Talking to Clients (20 minutes)

1. Explain that good communication involves (1) listening skills, (2) body language skills, and (3) question-asking skills.

Listening Skills

2. Ask participants to tell what it means to be a good listener. After one minute of brainstorming, ensure that at least the following have been mentioned:

   - Listening means to pay close attention to someone; to hear with intention. Good listening involves listening ACTIVELY.
   - A good listener does not interrupt, allows silences, and does not speak until he/she has listened.
   - A good listener lets the other person see she/he is listening by nodding, maintaining eye contact (if culturally appropriate), and asking questions at appropriate intervals.

   Ask participants to turn to the **Participant's Guide, page 143,** to the chart labelled, **Signs That You Are or Are Not Listening Actively to Your Client.** Ask for a volunteer to read the chart out loud.

Trainer Note:

Signs of active/not active listening:

Signs That You Are Listening	Signs That You Are Not Listening
Facing the client	Looking away or around the room
Looking at the client when she/he speaks	Being distracted
Nodding	Not acknowledging what is being said
Smiling or frowning appropriately	Moving around too much or fidgeting
Being calm	Writing notes, finding papers
Being patient	Interrupting
Maintaining eye contact (if culturally appropriate)	Not allowing silent pauses in the conversation
Asking questions at appropriate intervals	Not directly answering or addressing the issue that the client has just raised because you are not listening
Using good body language – see below	Not listening actively or intently

Body Language Skills

3. Ask participants to give examples of what it means to have good body language that demonstrates the HBC provider is actively listening and communicating with the client. Spend two or three minutes brainstorming. Ask participants to open the **Participant's Guide** to **page 147** to the section labelled, **Good Body Language.**

Point out any examples that were not already brought up during the brainstorming.

Trainer Note:

Possible responses might include:

- **Being relaxed, not appearing embarrassed, awkward, or shocked — even if the listener might be feeling some of those things;**
- **Having an open posture, e.g., arms in a comfortable position and at one's sides, not folded across chest;**
- **Leaning forward, and moving, shifting positions in response to the way the client is sitting. (In good listening, the listener does this without even noticing — she/he mirrors the way the client sits and moves — this is a good indication that communication is good);**
- **Eye contact, as appropriate to culture and gender, but not staring;**
- **Sitting posture:**
    - **Sit sideways at a 45 degree angle to the person (sitting fully facing the person can be intimidating, especially if the person is feeling embarrassed about the conversation — sitting sideways, at an angle of 45 degrees gives the person an opportunity to look elsewhere if he/she needs to at times);**
    - **Sitting at the same or *lower* level (if the same level is not possible) — if the provider sits higher than the client, it unconsciously suggests the provider is more important;**
    - **Sitting without barriers (e.g., a clinic desk - between the client and the provider, although sitting at a kitchen table with the client (at a 45 degree angle) would be a comfortable and normal way of sitting in someone's home.**

4. Ask participants what they think about these ideas, and encourage them to offer other skills for listening. Then discuss ways to solve problems for using body language. Ask participants:

    - What would you do if there was only one chair in the house you were visiting? *(Answer - Sit on the floor or get something like a box to sit on.)*
    - What would you do if the person were visiting was in bed? *(Answer – Ask permission to sit on the bed, or sit on a box or stool so you would be eye level with the client.)*
    - What would you do if the client was lying on the floor on a mat? *(Answer – Sit on the floor.)*

5. Ask for brief examples of what is appropriate when entering and communicating in someone's home in Uganda. For example:

- Do you ask permission to sit down first, or do you sit as soon as possible without asking permission?
- Do you introduce yourself first, or do you wait until the household member has welcomed you before you start to talk?

Skills for Asking Questions

6. Explain that in addition to good listening and body language skills, mastering how to ask questions is extremely important in establishing good communication to help the PLWHA and family improve WASH behaviours. Different types of questions are used to find out different things. Using questions skilfully helps to develop better communication with the family members whose WASH hygiene behaviours need improvement.

7. Tell the group that you will suggest several types of questions and want the participants' ideas on when and why an HBC provider might use that type of question. Tell participants to turn to the **Participant's Guide, page 144,** to the section labelled, **Types of Questions and When to Use Them.**

8. **Review the following:**

   Open-ended Questions

   Ask, "What is an open-ended question?" Write the participants' answers on the flipchart. Build on the participants' answers and summarise by stating the following:

   An open-ended question is a question that gives a person an opportunity to volunteer information, share experience, tell his/her story. Explain that open-ended questions encourage discussion and should be used as much as possible.

   Ask participants to give examples of open-ended questions (that are different from the ones listed in the Participant's Guide).

   Examples of open-ended questions:
   - How do you store water?
   - When do you make up the baby food?
   - Why do you wash the bed linens?

   Then ask participants: When or why might you use open-ended questions?

   Open-ended questions should be used when you want to:
   - Find out some information;
   - Let the person explain things in her/his own words;
   - Open up the conversation;
   - Allow the person to talk more fully about his/her personal situation;
   - Help a shy person to talk.

Closed Questions

Ask participants, "What is a closed question?" Write the participants' answers on a flipchart.

Build on the participants' answers and summarise by stating the following: A closed question is a question that either leads to single word answers, or "Yes" or "No" answers.

Explain that closed questions do not open up the conversation, and require the HBC provider to then have to ask another question. This type of question is very useful in gathering specific information, however, or for when you need a brief answer (e.g., when you need to keep someone who talks a lot on track).

Say to the participants: "Please give me an example of a closed question (that is different from those listed in the Participant's Guide)."

Examples of closed questions:
- Do you have access to water?
- How many times a day do you wash your hands?
- Is there a latrine on the compound?

Checking Questions

Ask participants, "What is a checking question?" Write the participants' answers on a flipchart.

Build on the group's answers and say: "A checking question can help you find out how much the person has understood or if you have understood, and help you decide whether you need to give further information or a better explanation."

Ask participants to give examples of checking questions (different from those listed in the Participant's Guide).

Examples:
- What changes have we agreed to make in the way you use your water supply?
- How are you going to use the soap and water from now on?
- What I have heard is that you would like to build a latrine and you think both your husband and landlord would object?

Leading Questions

Ask participants, "What is a leading question?" Write the participants' answers on a flipchart.

Build on the participants' answers and state: "A leading question (either intentionally or subconsciously) leads the person to a particular answer."

Explain that leading questions are based on the questioner's assumption/s. This type of question does not help the person being questioned to be open about his/her true feelings or actions.

Say: It is easy to fall into the trap of using leading questions. Health workers and home based care workers use them a lot because they (usually subconsciously) want to hear specific information and feel too busy to get into a "big discussion". However, the "big discussion" is, in reality, the health worker's job in communicating and is exactly what HBC providers should try to achieve. One of the reasons most health workers or HBC providers fall into this trap is because they do not feel confident enough to communicate well, or do not feel confident that they have answers to difficult questions. Asking leading questions helps the health worker or HBC provider to stay in control of the conversation, even if they don't realise that is what they are doing.

Ask participants to give examples of leading questions (different from those listed in the Participant's Guide).

Examples

- You understand about how germs can cause infection now, don't you?
- Now that we've talked, you can store your water safely, can't you?
- You don't have any more questions about hand washing, do you?
- You know better than to store your water in an open container, right?

<u>'Why' Questions</u>

Ask participants: "What is a 'why' question?" Write the participants' answers on a flipchart. Build on participants' answers and state: "Why' questions ask the reason something is being done, or why something has happened."

Explain that this type of question can sometimes be useful, but should be used carefully, with a gentle tone and some qualification (words that soften the effect of the question). Otherwise, this type of question can sound accusing and can seem threatening and judgemental. Often it is better to turn this question into a statement that allows the person to explain a behaviour without feeling threatened or judged.

Ask participants to give an example of 'why' questions (different from those listed in the Participant's Guide).

Examples of why questions:

- I'm interested in why your village has this particular way of treating diarrhoea in children. Can you explain it to me?
- I would like to understand why you feel women should not use the latrine in the daytime.
- Can you tell me more about why your family cannot wash their hands with soap and water every time they use the latrine?

Asking Two Questions at Once

Emphasise the following points:

There is a common trap that can catch HBC providers if they do not carefully watch and plan what they are asking, that is, asking two questions together. People often ask two questions together in ordinary conversation. Ask participants if they can add to these examples:

- How did you manage with teaching your family hand washing? Did it go fine?
- What did he say about cleaning the latrine? Did he make a plan with the village?
- How do you know the water is clean? Do you boil it, or use a water purifier?
- What was discussed at the village meeting? Did everyone agree that a village hygiene committee needs to be formed?

Note how in this common way of asking questions, the first question is open while the second is a closed, or leading question. This helps the person asking the question to limit the response. The person asking the question probably isn't even aware that he/she is doing that since people do this often in daily life. But the HBC provider needs to be very careful NOT to ask two questions together because it will not help to get the answers the provider really needs. It also will not allow the client to say what he/she really thinks.

E. Large Group Discussion – Small Doable Actions (10 minutes)

1. Explain to the group that you will reflect on how people learn a new behaviour.

Ask people who do not know how to cook matooke to raise their hands and ask for one person to explain how he/she would like to be taught about making and serving matooke. Have the volunteer explain what steps they would like to go through to learn this skill and write down the answers on a flipchart.

Ask the other participants to either add on or provide corrections/suggestions. Read the participants' answers and underline the keywords such as those underlined in the statements below:

- Make the list of and gather the ingredients needed for the matooke;
- Then show (demonstrate) how to use the ingredients to cook the matooke;
- Then show (demonstrate) how to serve the matooke;
- Practise the cooking and the serving and get feedback.

Conclude by emphasising that to be able to learn a new behaviour, the new behaviour has to be broken down into simple steps or components, which can be implemented gradually until the new or ideal behaviour is properly mastered. These steps or components are referred to as small doable actions.

2. Explain that the HBC provider will apply the same principle of breaking any WASH behaviour into small doable actions when assisting a client and their caregivers in the household in an effort to improve WASH behaviours/practices. Breaking any WASH behaviour into small doable actions makes it feasible for clients and their caregivers because it helps them improve their behaviour gradually, doing what is possible given their resources and context.

3. Ask the participants to open the **Training Handouts** to **page 11** and ask a volunteer to read the definition of small doable actions.

Trainer Note:

The definition of small doable actions should include that:

Small doable actions (SDA) are the small steps ('baby steps') or tasks that get you closer to the desired or ideal WASH behaviour.

Small doable actions still improve the health of the individual or household (even if those actions are not as great an improvement as the 'ideal behaviour').

Small doable action are considered feasible (possible, realistic) by the household, from THEIR point of view, considering their current practise, available resources, and particular social context.

Although small doable actions fall short of an 'ideal practice,' they are more likely to be adopted by a broader number of households because they are considered feasible within the local context.

4. Explain the following points:

   - The behaviour **is feasible** because people FEEL they can adopt it immediately, given existing context and resources in the house.
   - It **is effective** because it makes a difference to the household and the community.
   - It **is a building block** or a stepping stone to the IDEAL practice.

5. Solicit questions from participants and provide answers. Explain that during the rest of this training, the group will discuss and seek consensus on how to identify small doable actions and help someone move from their current behaviour to an ideal behaviour.

6. Ask participants if they have any questions.

F. Review the Main Points of the Session (5 minutes)

Introduction to WASH Behaviour Change

Summary Points:

- There are many factors that influence why a person keeps doing something, and there are many factors that help support adoption of a new, improved practice. It is important to understand these factors to successfully help a client improve his/her practices.
- Part of being a good communicator includes understanding one's own values/beliefs (and how they influence communication with the client). To be a successful communicator, the HBC provider needs to use good listening skills, appropriate body language, and good questioning skills.
- To teach a new behaviour, the HBC provider needs to break it down into the small components that make up that behaviour. The provider also needs to help clients figure out what small doable steps they realistically can implement toward the ideal behaviour (if they are not able to immediately achieve the ideal behaviour).

Transition

Transition to the next session on hand washing.