

Social & Behaviour Change Communication for Rural Sanitation Professionals

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This is intended for sanitation professionals working towards achieving Open Defecation Free (ODF) villages in India. ‘Sustainable sanitation for all’ hinges on the desired behaviour change among the communities. This paper gives ideas on social and behaviour change communication that sanitation professionals may use / adapt / improvise.

Communication Challenges

Have you ever noticed tourists trying to speak to a restaurant waiter, who doesn’t understand Hindi or English? The more they are misunderstood, the louder they shout the same thing. If what you’re doing doesn’t work – try something different (Astrid French, 1996). This is the first lesson in Behaviour Change Communication. If you only rely on the same one or two ways you will only be successful at dealing with a few people. In other words, you won’t win many chess games if you always play the pieces in exactly the same way.

SBM-G emphasizes on intense social & behaviour change campaigns (SBCC) including interpersonal communication (IPC) for achieving sustainable sanitation outcomes. Despite concerted efforts by the Mission staff, there are myths and customary practices that are deep seated in the mindset of people. They require unseating for new behaviours to get imbibed. The myths include: (i) children faeces are harmless; (ii) toilet is for women, and the youth; (iii) aged people can be let free to follow their traditional practice of doing it in the open so that they feel comfortable, and so on.

Behaviour change is about persuading, convincing and influencing for common good. It’s not about pleading, begging, cajoling for short-term changes in behaviour. It’s not about sweet-talk, which people might forget once you are gone. Behaviour Change Communication (BCC) aims at bringing about lasting change in one’s behaviour. It’s about impacting on the mind-set in order to alter one’s thinking towards self-regulation, even when no one is noticing him/her. In the end it is to reach improved quality of life for individuals and society.

Influencing Behaviour

We typically want to influence target population to do one of the following things:

	What behaviour influence we try?	Sanitation Behaviour (For example)
1	<i>Accept</i> a new behaviour	<i>Accept</i> that children and aged people should also use toilet, and it is not enough if only women in the family use toilet.
2	<i>Reject</i> a potentially undesirable behaviour	<i>Reject</i> throwing household /kitchen wastes in streets corners.
3	<i>Modify</i> a current behaviour	Keep the toilets at home clean. Leave the public toilets clean for the next user.
4	<i>Abandon</i> an old undesirable behaviour	<i>Abandon</i> completely defecating on the streets; in railway tracks; and in open fields. Use toilets.
5	<i>Continue</i> a desired behaviour	<i>Continue</i> to train every child in the family to use toilets, and demonstrate how to keep clean
6	We want people to <i>switch</i> a behaviour	<i>Switch to</i> hand-washing with soap after using a toilet, and before touching food items. <i>Switch to</i> using an improved sanitary latrines, from unimproved ones

(From a generic one found in Nancy R Lee & Philip Kotler, 2012. 'Social Marketing: Influencing Behaviours for Good', adapted for sanitation marketing)

One Initiative; Two Perceptions

Perceptual difference (between the rural people and the change agent) is one of the important reasons, why people resist change. Mental orientation or (one's world view) comes from the content of communication one has been exposed to and the thoughts s/he has entertained. Often, poverty can also affect a person's perception and the way s/he communicates. In the following box (see Box – 5.1) perceptions of rural people are culled from a study on rural sanitation published in Waterlines Journal (Webster, 2013), and the perceptions of change agents are from the author's own experiences in rural sanitation initiatives.

Box – 5.1: Rural Sanitation: One Initiative - Two Perceptions	
Perceptions of Change Agents	Perceptions of Rural People
<ul style="list-style-type: none">Open defecation is the most cited reason for the ill-health of rural people.Sanitary latrines solve the problem of unsafe disposal of human excreta.Faeces are faeces - no matter if they are children's or adults'. All of them are disease-causing.Cost-effective toilet designs are there. The	<ul style="list-style-type: none">Time changed our food habits. We eat foods that are toxic, that's why we are stunted and are getting all these diseases.Toilet is a hilarious idea for the type of house we live in. I shall construct toilet if I ever manage to construct a livable house.Only children and men defecate in the bushes. We, women use toilets.

<p>poor can afford.</p> <ul style="list-style-type: none"> • Moreover, there is a subsidy support from the government. • Keep the toilets clean. The water seal in the toilet pan is meant not to let smell get out, and to prevent flies from accessing faeces. Using toilet can help save the money, you otherwise spend on getting cured of diseases. • Children can be trained in using toilets properly, and to keep clean. • Everyone in a house must cultivate the habit of using toilets. It makes no sense some in the family use toilet, some don't. • Isn't Swachh Bharat an excellent dream? Defecating in the open is no good culture. It is disease-causing, and it is an indication of cultural poverty. • There are honey-comb brick structures that make the faecal matter decompose, which can even be touched and used as manure. 	<ul style="list-style-type: none"> • The latrines are there but they are not good ...when you enter, the smell engulfs you which might cause diseases. • Having a good toilet may help because I don't want to feel that smell from poor toilets that would cause diseases. But good toilets are for the rich to construct. • Flies and mosquitoes are there all over. How can we eradicate (or wipe them out) completely. • Allow children and older people to use toilets? Oh! They mess up. • The children always mess up the latrines. I don't want to use such a toilet; I better go to the bushes where I usually go. • I have been like this since my childhood, and everybody does it in the bushes. • I am not the only one to feel ashamed of or feel shy about. • Oh, when you have to clean up the septic tank, it smells the entire village. Who shall clear it; where and how to dispose it.
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Resistance to Change

Many communication challenges arise because of differing perceptions. Your perception of things is different from theirs. Your mental orientation is different from theirs. They have been socialized in a different environment - in an environment where defecating in the open is '*usual or customary*'. The challenge is about how to bring about a perceptual alignment.

'Perception checking' is a tool to help us understand others accurately instead of assuming that our first interpretation is correct. Perception checking is a cooperative approach to communication. Sometimes directly understandable, and at times, it is less directly understandable. Building empathy is one way of understanding the other person. (e.g. why toilet is not in his priority? How it feels to live in a leaky house and someone suggests you to have a toilet?)

Another way of understanding this phenomenon is, that there are several 'negative autosuggestions' that are recorded in his subconscious mind (*i.e. I don't need; I have been doing it in the open for years, what's the need to change now? etc.*). We need to 'outweigh and

overshadow these negative autosuggestions with our reasoning and positive autosuggestions'. S/he must find credibility in your reasoning; and apparentness in your rationale. Your reasons must be sound, believable, convincing, realistic, true to life, deeply reflective and profound.

With your power-packed reasons you can positively influence him to a new way of thinking where s/he internally appreciates sanitation culture. It becomes compelling for him never to slip back, and s/he adopts sanitation as a way of life. Your earthly reasons must call off his subconscious mind from trying to discover new justifications in favour of open defecation. As a health and sanitation worker, do you have such compelling reasons? Or do you just reproduce what you read on the surface of some training manual; or you reproduce in your talk what remains on the surface of your mind from an interesting lecture you heard your senior colleague delivered in a training hall.

Breaking the Resistance to Change

If your reasons are locally-grounded, your message will get grounded. For example, street theatres with locally-grounded contents have proved to be very useful trigger in favour of sanitation action. But generic theatricals or non-specific theatricality as IEC tool do not work. They serve the purpose of short-time entertainment, and people forget once the drama is over. Similarly, mere facts and figures presented as series of lectures or through IEC materials do not work. They fail to connect.

We need to understand personal stories, cultural narratives, and peoples' perceptions; how the brain, mind and language work. We need to apply that knowledge effectively to make truths meaningful and to give truths the power to change the way people understand and perceive matters related to sanitation. Personal stories and cultural narratives help connect and change the way people think.

A third way of influencing one's thinking is, feeding people's mental databank with more positive autosuggestions convincingly. Then you are sure to shine as a successful sanitation professional. This demands doing a lot of homework before you get down to communicating with people. Adequacy of your preparation matters. Are you fully prepared to credibly answer their questions? It matters because if you don't succeed, they shall remain unchanged with the

negative autosuggestions that flow from their subconscious mind constantly; they shall punch holes at the feeble reasons you put before them. Beware, rural people never ever tell you that they are not convinced with your reasoning. They take your unconvincing answer to reinforce their mental script of whatever negative impressions they already have about government programmes in general.

Understand that until you develop certain degree of trust – and demonstrate that you are different - it's playing see-saw only. Be consistently effective. Self-monitor your communication, and how it is received. Hold your patience to impact on the subconscious mind. In rural development practice, there is no one right way of doing anything. Use your own best judgment at all occasions (Chambers, 1996).

We have slightly touched upon the contours of human behaviour and how we try to understand resistance to a change process. Now, let us see some of the BCC theories, and tools and how they can be useful for the facilitators of Swachh Bharat Mission. Here again we have attempted to present, as lucidly as possible, various theories and tools that can be applied in the context of sanitation promotion. Nevertheless, *instruments as such do not produce excellent music. It depends on whose hands these instruments are.* It is in the competence, inventiveness and commitment of the facilitators that can spell success.

Behavioural Change Communication Tools

1.Mental Reframing

Your brain is a story telling machine. There is a non-stop soundtrack going on in your mind, which is called ‘self-talk’ or auto-suggestions. It’s always telling you a story – even when you are listening to a health educator talk to you about how we suffer from preventable diseases such as typhoid and diarrhea; and how toilet-use can prevent you from falling ill etc. Your mind will tell you either a Positive Story or a Negative Story - always. The self-talk could be like this.

- *This small (200 – 250 gram?) pile is not going to make the entire India dirty.*
- *It doesn’t matter. Most people in my village do it in open*
- *But I have been ‘doing it in the open’ for years,*

- *Most of us don't use toilet, are we all in the hospital, day in and day out, week after week?*
- *Shame... everybody does that.. I'm not the only one doing it. What shame are you talking about?*
- *There's not enough water available to drink, where do I find water for toilet use.*
- *You are right, but I DON'T WANT.*
- *I am habituated to doing it in open. I can't change now at this age. Let our women use your toilet.*
- *'Toilets are for women'... men ...??? We don't need them.*

These are often stereotypes – a widely held but fixed and oversimplified image or idea of something such as toilet-use. *What we can try is ‘remove the existing frame and reframe with a new one’. Reframing with songs and slogans – is a way to change the self-talk and stereotypes.* Reframing is possible through IPC – Inter-Personal Communication also. In reframing, songs on swachhata, cultural stories, street theatres, and slogans can be used as nudging tools. They slowly pervade, gradually persuade, and unsuspectingly convince. However, it's not as easy as it is said. But, the first thing is to understand what prevents them from appreciating the idea of toilet-use. What is the mental block, after all? Is it poverty? Is it habit? Is it sheer laziness? Then we can plan how to remove the existing frame in a given community. We need to design our communication messages (songs or stories or slogans or cultural stories) to remove that frame, and replace it with a positive mental frame. Besides songs and slogans, IPC can do well in removing mental frames, and creating a new one. IPC is required, where a sanitation motivator has to move ‘from being at *social zone* to get at *personal zone*’ to be able to strike a chord.

2.Pushing from Reflective to Automatic

- Our thoughts lead to actions. Actions lead to habits and habit formation. And habits form behaviour. Most of our behaviour is habitual. Habits become part of your natural-self or character. This makes you say: '*I feel free, and comfortable only when I defecate in open'. This small room is suffocating.*
- Habits are a lot stronger than logic and reasoning. Your mind is so conditioned that you are almost deaf or you are not ready to listen at all. Your reflective mind (conscious

mind) may, for a moment, ask you to consider using a toilet. But, immediately your automatic-self (subconscious mind, which holds a world view for you) brings in a justification why you don't need to change. That which comes from your automated self is faster, and it's a deep-seated ready-reference. It becomes habituated. How to change one's habits? The answer lies in exposing a person long enough to a new habit.

- Expose a person long enough so that inclinations become strong enough to move from reflective-self to automatic-self. Thus, behaviour change is not one-time triggering. Making it a habit – enabling to become ‘habituated’ takes time and continuous monitoring and persuading through a variety of communication channels. Provide him the facility and make sure s/he uses it regularly until the habit sticks to his behavior.

3. Mental Availability

This is about making the message mentally available all over, until it reaches deep down into the sub-conscious mental system. It's about providing visibility and keeping mentally reminding in all possible ways. The visibility and the mental orientation that the logo of SBM-G has rendered all over India can be one good example of this. Wherever we find Mahatma's spectacle, it tells us about swachhata. No words required. Similarly, many state governments have attempted providing visibility e.g. Government of Tamil Nadu's posters on ‘Doctor: *chi chi Chellappa*’. Wherever this doctor's poster is seen with ‘*chi chi chellappa*’, it fills in your mind that defecating in open disgusting, and highly undesirable in the opinion of doctors.

4. Reason Vs Emotion

That open defecation causes several different diseases is well-known. People have heard about it over and over again – over a million times. They have heard it so repeatedly that such pieces of information do not make sense to them. Most probably, they shall believe if someone defecated in open in the morning, and so s/he had to be admitted in the hospital the same evening - due to cholera or jaundice. It is as if those who smoke a cigarette in the morning be diagnosed with severe symptoms of cancer the same evening. Then people will believe your reasoning. Instantaneity - ‘looking for instant results is the order of the day’. This explains why ‘our scientific reasoning and pure logic’ does not convince them.

Although your reasons are backed with scientific facts, and your arguments are quite logical, your message falls flat. People, perhaps, hear it like a gramophone record stuck in a scratched groove, playing the same tired refrain over and over again. So, the way to get the record unstuck is to give the needle a nudge or pick it up and put in somewhere else. One good way of doing this is ‘Stop talking to the head, and start talking to the heart’, meaning stop reasoning out; instead, start striking at the ‘emotional side of a person’. When it comes to sanitation, it is more about shaming. Exposure is the essence of shaming, and a feeling of exposure is also one of shame’s (the emotion) most distinct ingredients and intimately links shame to self-image, self-respect and reputation. This is what CLTS and CAS successfully used. For instance, it’s like giving a medicine to a patient with a condition: *‘Never think about the black monkey when you open this medicine bottle. If you did, the medicine will not work’*. Every time the patient thought about taking that medicine, the black monkey comes in his mind’s eye. In CAS, you introduce ‘shit’ and detail it out - in how many different ways shit reaches your mouth, because of open defecation. Then conclude saying: *‘It’s your village, your shit. I am no one to advice you not to eat your own or your neighbour’s shit’*. This message makes every time a rural person sits in front of food, s/he feels disgusting for s/he gets reminded about the shit story – the idea of knowingly ingesting shit.

5. Ask ‘One Influential Question’

A question – so well-known to them – but nobody ever put it so profoundly that it makes them thoughtful and deeply reflective. One ingredient of such question is that it must re-introduce some values they already know, and believe in - by tricking them. So, do not lecture. Ask them a question – definitely not in a challenging tone. Your question should sound simple but reveal a profound point. Communicating is not akin to verbal boxing, where you should win the community groups. You need not rollout your arguments one after the other aggressively – often we do it out of impatience. Remember ‘The superior fighter succeeds without violence’. This is intelligent non-aggressiveness.

Don’t tell them or teach them. Just ask one influential question, such as this one a Sanitation Professional asked a village woman. A village woman, whose husband is a labourer in one of the gulf countries, said: *‘Let my husband come during his next vacation. Then he will decide about constructing a toilet’*. The Sanitation Professional asked her one influential question: *Would your*

husband – on his return from foreign country - feel immensely pleased if you tell him that you were showing your rear (seat) to whoever passed by, doing it in the open? Wouldn't your husband feel happy if you tell him that in his absence you decided to construct a toilet because you did not venture out to doing open defecation – behind the bush and late in the evenings? This question can be profoundly influential. It has an emotional touch. It has certain values obviously every woman recognises. It has an element of shame. It exposes the reputation of herself, and her husband. She will have no response. She can only become deeply reflective.

6.Creating Social Norms

Norms are established standards of social behaviour which individuals in a group are expected to follow. They are simply rules of conduct that prescribe how one should behave so that the society approves of it. What the society approves / disapproves, and considers important.

Social norms have been recognized to influence open defecation. Social norms are the rules that govern how individuals in a group or society behave. Any behaviour outside these norms is considered strange or uncharacteristic to those belonging to that community / clan. Put simply: *If everyone is doing it, then why can't I? Conversely, if no one is doing it, can I?* (Jacqueline Devine, 2009). There are several ways of giving shape to such social control mechanisms. Creating new social norms to operate in favour of sanitation and cleanliness can be one good way of breaking the resistance to change. There are several illustrations, from the experiences of practitioners, to prove the power of social norms. We shall refer to some of them in a short while.

A better understanding of the dynamics of social norms, and more particularly of empirical and normative expectations of a community, would greatly enhance the process of understanding how to sustain the normative expectations of a society. Some people identify social norms with observable, recurrent patterns of behaviour (such as OD). But, norms cannot be identified with observable behaviour alone as social norms also express social approval or disapproval of such behaviours. *Norms are conditional. You have to comply with it.* Social norms tell us how we should behave or how the society expects us to behave. The puzzle about Indian society is that it does not expect anyone to do it in the open, nor does it disapprove if anyone is found doing it in

the open. In Indian villages, there is no social norm about open defecation practice. What we notice is empirical practice (you can call it empirical norm). So, wherever OD is practised, it is not a social norm. It can be viewed as a traditional practice or it is customary.

Social norms are things that you believe you should do, because you know everyone in your reference network expect you to do it. Do people in your society expect you to go for OD? Do people in your society expect you to use a toilet? No. Neither. Traditionally people have been doing it in the open, and so they continue to do so. There is no social expectation about it. The need of the hour is creating a social expectation that everyone should use toilet. This is creating a new social norm. Creating a new social norm involves creating a new expectation. For instance, I ask for your mobile number without asking you in the first place if you have a mobile phone, at all. The reason is that everyone in your reference network has a mobile phone. If you don't have a mobile phone you are looked at as a strange person.

Similarly, how to make universal toilet use in rural India, a social norm? If anyone is going out, s/he must be viewed like a deviant, violating a general social norm. Social norms can be enforced formally (e.g. through sanctions in Gram Sabha meetings / Community Associations), or informally (e.g. through body language and non-verbal cues). That which starts as an enforced norm, shall slowly become a social norm, like 'you tend to keep silence in a library' – no matter there is or not, a signage asking you to keep silence. The following are some of the social norms introduced in some ODF villages.

- Whistle when you find someone is going for OD (creating a social **disapproval**)
- *Vanarsena* teasing and disturbing those who practice OD (creating a social **disapproval**)
- Garland people when they come from OD. **Disapproval**
- Walk of Pride with people who have/use toilet. (Creating a **social recognition and approval** that toilet use is the social norm/ social expectation)

How to revise and rewrite the undesirable social norms? A community may adopt norms through a variety of ways. A Panchayat can withhold or deliver services in response to members' adherence to the officially approved norms, and operant conditioning. This is explicitly outlining and enforcing behavioural expectations for social good. Once firmly established, a norm

becomes part of the community's operational structure. Changing the behaviour of individuals and communities in favour of a sanitation culture, and making it part of a larger social norm.

'If I defecate in open or behind a bush, my society looks down upon me as being uncivilized'. 'I must own and use a toilet - that's the social norm here'. Let's install new habits, new norms - universal toilet use in India as a social norm.

Box – 5.3: When will behaviour change rapidly?

Behaviour will change more rapidly if using a toilet is perceived as being better than previous options (relative advantage) and consistent with the existing values, experiences and needs of potential adopters (compatibility), if they are easy to understand (complexity), testable via limited trials (trialability) and their results are visible (observability). Different information exchange relationships (communication channels) have specific impacts. We need to highlight the different roles 'mass media (IEC)' and 'interpersonal' channels (IPC-BCC) can play to enhance the rapidity of adoption to toilet use. IEC can be useful for creating awareness amongst potential adopters. BCC and IPC can really take it to the next level by being effective in terms of persuading actual adoption (practically). Thus, close interpersonal communications play a key role.

Source (adapted from): Everett M Rogers, (1983). *Diffusion of Innovations*, The Free Press, London.

Five things to remember in order to achieve Behaviour Change (Pavarala, 2014)

1. It is not only about the factual issue, but also about the stakeholders' PERCEPTIONS on the issue;
2. It is not as much about WHAT is happening, but rather WHY it is happening (key role of research in every step of the process is required)
3. Process observation and interaction with adopters, on-lookers, and non-adopters should be held constantly.
4. There must be periodical internal discussion taking place amongst the health educators on the mental blocks they identified in the community, and how they are trying to make a break through etc.
5. People as dynamic actors, should be made to actively participate in the process of social change rather than people perceived as passive receivers of information.

Narrative Patterns that Work

To achieve development goals, communicators have to use a variety of narrative patterns for different aims. It can include story telling too. They can be summarized as below.

Box – 5.4: Narrative Patterns for Different Aims

If your objective is:	You will need a story that:	In telling it, you will need to:	Your story will inspire such responses as:
Sparking action	Describe how a successful change was implemented in the past, but allows listeners to imagine how it might work in their situation.	Avoid excessive detail that will take the participant groups' minds off its own challenge.	“Just imagine...” “What if....”
Transmitting Values	Feels familiar to the participant groups and will prompt discussion about the issues raised by the value being promoted.	Use believable (possibly real-life) characters and situations, and never forget that the story must be consistent with your own actions.	“That’s so right...!” “Why don’t we do that all the time?”
Fostering Collaboration	Movingly recounts a situation that listeners have also experienced and that prompts them to share their own stories about the topic.	Ensure that a set agenda doesn’t squelch this swapping of stories – and that you have an action plan ready to tap the energy unleashed by this narrative chain reaction.	“That reminds me of the time that I...” “Hey, I’ve got a story like that”.
Taming the rumours /grapevine	Highlights, often through the use of gentle humour that reveals it to be untrue or unlikely.	Avoid the temptation to be mean-spirited, and be sure that the rumour is indeed false.	“No kidding!” “I’d never thought about it like that before”
Sharing knowledge	Focuses on mistakes made and shows in some detail how they were corrected, with an explanation of why the solution worked.	Solicit alternative - and possibly better solutions.	“There but for the grace of God...” “Wow! We’d better watch that from now on”.
Leading people into the future	Evokes the future you want to create without providing excessive detail that will only turn out to be wrong.	Be sure of your storytelling skills. (Otherwise, use a story in which the past can serve as springboard to the future.)	“When do we start?” “let’s do it”.

Source: Jay A. Conger, 2013. On communication: The necessary art of persuasion, Harvard Business review's 10 Must Reads, HBR Press, Boston.

Principles of BCC

1. Use grounded-research, not assumptions to drive your programme / programme strategies. (This helps provide clarity on the social context).
2. Segment the target population & focus
3. Use behavior theories and models to guide decisions
4. Involve partners and communities throughout
5. Beware what can be achieved through BCC and what cannot be achieved through BCC
6. Do self-critical monitoring of process adopted and the outcome.

How do we construct messages?

- Can we target beliefs or behaviours?
- Clearly define behaviour to target
- Identify the belief that leads to this behaviour
- Construct a simple, strong message highlighting benefits of changing behaviour.

Looking beyond “big” media to local media

- Use means and messages that are familiar to the stakeholder group
- Draw from their context—the language and the form of delivery must be “local”
- Think of “entertainment-education”

Using Theatre in Education

- Collecting stories—draw from everyday lives of people (can use participatory methods)
- Use clearly identifiable roles (not individuals)
- Include:
 - Humour (if possible)
 - Conflict
 - Specificity
 - Find ways to involve the audience: as actors, or in follow up discussion

The use of the word ‘audience’ must be avoided in development communication, for it clearly brings in the ideas of *someone lending ears, and passivity*. Instead, try using ‘participants’ or ‘participant groups’ or ‘stakeholders’. The word stakeholder comes from the word ‘stake’, which means ‘participating and offering support or active holding of something’. Consider this example: *you can put up a tent, only if the stakes are properly grounded and strong enough.* Your message must be grounded, and locally supported with evidence to be able make an impact.

What do we do with the laggards –the damp match sticks?

We persuade and convince people to change behaviours. We also put to use social control mechanisms to influence those who do not pay heed or listen to patient explanations. It’s possible some people choose to ignore even the changing social norms in their own village. They remain unconcerned / undisturbed. The GP can resolve to take strict action against such families to the extent of refusing all service delivery - drinking water, ration commodities etc. Is this not being ‘coercive’ – one may ask. No. This is only speaking in the language they understand. You are only a BCC specialist. You are no psychiatrist to cure psychiatric illness of people.

Toilet Maintenance and Cleanliness

Toilet Cleanliness

Toilet is a perfect place for germs and bacteria to breed, if it is not kept clean. A wide range of transmissible pathogens like bacteria (e.g e-coli, and salmonella) as well as viruses (e.g. rotavirus and hepatitis A and E) can spread through poorly maintained toilets. Bacteria and viruses can be found not only in toilet bowl, but also in the floor around. Bacteria in the toilet absorb organic waste and releases gases which is the reason why we get a foul smell in the toilets. Hence toilet hygiene is very important. This applies to all types of toilets:

- Individual Household Latrines
- Share Toilets
- Community Toilets
- School and *Anganwadi* Toilets

Cleaning the Twin-pit Toilets

- Wet the toilet pan with half mug of water. This will help easy flushing after use.
- Toilets must be cleaned after every use, and every day. For cleaning the toilet pan and the floor area, a pinch of detergent (soap) power may be used.
- It is recommended not to use chemicals such as phenol or acid in cleaning the twin-pit toilets. Acidic liquids tend to kill the microbes in the soil that otherwise help digest the harmful bacteria in the faecal matter. It prevents faecal matter from becoming compost.
- Over-use of water for cleaning can cause the pit gets filled sooner than planned. Therefore, it is advised to use water judiciously.
- Children must be toilet trained. Child faeces must be disposed of in the toilet pan, and flushed.
- Solid waste (used sanitary napkins, diapers, kitchen waste, sweepings etc.) should not be thrown into the toilet pan, as this would cause clogging of the pour-flush pan.
- Remember to clean the toilet brush which can spread bacteria if not cleaned after every use. Wash toilet brush with disinfecting detergents. Toilet brush should be changed at least once in every six months.

- Toilet must be kept open for ventilation and for the sun light to enter at least for one or two hours daily – especially after cleaning the toilet. Sunlight is an excellent disinfectant. Mop the floor, and allow it to dry.
- Wash your hands thoroughly with soap every time you come in contact with toilet.

The tips provided above for cleaning of toilets, are applicable to all types of toilets.

Maintenance of Shared Toilets / School Toilets

Community toilets / shared toilets and toilets in schools as well as in the marketplaces / bus stands are constructed to the requirements of users. However, often, there is no proper arrangement for regular cleaning of such toilets. This is more so, when it comes to public/ community toilets. Schools without proper compound walls, often, face the problem of locals messing up the toilets. To prevent school toilets (and shared toilets) from being messed up by local miscreants, compound walls are necessary. As far as shared toilets are concerned, users on rotation-basis can clean the toilets they all share and use or they must put in place a system that is acceptable to all of them. However, for public toilets and community toilets pay-and-use arrangements work the best. The point is public toilets and community toilets must generate its own income to be able to maintain it clean. Contracting it out seems to be the best option. Where these types of toilets are let open to public use for free, the chance of their falling to disuse is very high. Institutions such as Sub-Health Centres / Primary Health Centres, Panchayat Office, and *Anganwadis* must employ sanitation workers to keep clean.

Hand-washing Practice

Hand-washing with soap at critical (key) times has proved to be effective and highly cost effective means of reducing the incidence of diarrhoea, and other infectious diseases. Hand-washing is important especially ‘after using a toilet, and before touching food’. The impact of washing hands with soap has wider implications, as hands are vectors that can transport disease agents from humans to humans, directly and indirectly. Furthermore, hand-washing habit contributes to maintaining health, hygiene, and safety. Unfortunately, the global rates of hand-washing with soap, however, are very low particularly among the poor, who also face the greatest threat from infectious diseases. Thus, there is a need for hand-washing stations, and

wash-basins close to the toilets. Soap and running water must be made available - be it individual household toilets, or school toilets or toilets in institutions.

Demo: Hand-washing

People generally think washing hands with water after using toilet shall help them keep their hands clean. Unfortunately it is not so. You can demonstrate it through some fun-filled exercises. We present below, a demonstration that can help people understand why wash hands with soap after using a toilet.

Materials Required: Fifty gram pocket of red chilli powder (*mirchi* powder)

Activity: Step -1: Ask one of the community members to volunteer to help you in doing a simple exercise. Let one or two persons come forward.

Step – 2: Hand him/her the red chilli powder, and a glass of water. Ask him to mix it like a paste, using his left hand.

Step – 3: Once the paste is ready. Give two, three glasses of water and ask him to wash his hand very clean, until he is satisfied that his hands are truly clean. But do not give soap.

Step – 4: Ask him to ‘rub his left eye’ with the hand that he used for mixing the red chilli powder. (The volunteer would start feeling a burning sensation in the eye. Let him talk, now).

Step – 5: Ask the community members / participants, why is he feeling the burning sensation despite the fact that he washed his hands with water to his entire satisfaction. Discuss.

Step – 6: Give the volunteer soap or hand-wash liquid and ask him to wash hands clean. (You can use this opportunity to practically show how to wash hands clean, with soap)

Step – 7: After washing with soap, ask the volunteer to rub his right eye. Let him say if he feels burning sensation in his right eye. He would say: No. Ask the people: why.

Step – 8: This is the time to explain that washing hands merely with water after using a toilet shall not help us keep our hands clean. We need to inculcate the habit of washing hands with soap after using a toilet so that there is no trace of faecal matter remaining in the hands.

A Variant: A variant of this demo can be done using ‘egg’ also. Ask the participants to break an egg, and mix it in a bowl using his hands (for making omelette). Ask him to wash his hands clean to his full satisfaction – but only with water. Now, ask him (and others around) to smell the hand he used for mixing the egg. It smells egg. Why? Use this opportunity to explain the

importance of hand-washing with soap after using a toilet, and before touching food. You can also explain the importance of sneezing / coughing into a hand-kerchief.

Remind people of the F Diagram that human hand can be one of the ways to transmit bacteria found in human faeces. While shaking hands, we may transmit such bacteria to each other.

Demo: How clean is your hand?

This exercise is called: ‘*Nimbu Pani*’ or lemon water. This is another funny exercise that makes everyone understand how clean / unclean one’s hand is, at any given point in time.

Materials Needed: Water - safe to drink and two glass tumblers (or glass bowls)

Step – 1: Take a glass of water. Call a volunteer (who thinks his/her hands are clean) to participate in this game.

Step -2: Ask him / her to drink a few sips of water from the glass. She drinks a sip of water. (Ask her: Happy? She nods in agreement or says: yes. Happy.)

Step -3: Ask her if her hands are clean. She says: ‘yes’.

Step – 4: Ask her to wash her hands into a second glass, using the water from the glass where she sipped water, a little while ago. That means ‘hand-washed water’ is captured in the second glass. [You shall notice the colour of the water has turned like lemon water (*nimbu pani*)].

Step – 5: Now, ask the same person to drink that water (which looks like lemon water). [She refuses to drink, smiles and walks away].

Step – 6: Ask her, what happened? [Discuss: It’s the same water you sipped a little while ago. And you said your hands were clean. Water flew through your clean hands only. But ‘how did the colour change?’]. Explain how clean our hands are. How our hands come in contact with door knob, handle, bike handle, on tables, on chairs etc. and collect dirt/ dust. These could be the same door knob, chair, table etc. that hundreds of people touched unsuspectingly. Therefore, handwashing with soap is important.

There are good videos available on these subjects. You can play.

(Play a good video on ‘how to wash hands’ clean and germ-free)

(Play a good video on ‘proper way of sneezing and coughing’)