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HYGIENE EDUCATION STRATEGIES FOR REGION 1 FOR THE MINISTRY OF PUBLIC HEALTH IN THAILAND

WASH FIELD REPORT NO. 210

APRIL 1987

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of the Royal Thai Government
WASH Activity No. 337

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Prepared for the USAID Mission to Thailand and the
Ministry of Public Health of the Royal Thai Government
under WASH Activity No. 337

by

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April 1987

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GLOSSARY OF ACRONYMS

lcd	liters per capita per day
MOPH	Ministry of Public Health
PDA	Population and Community Development Association
ORS	oral rehydration solution
RTG	Royal Thai Government
USAID	United States Agency for International Development
WASH	Water and Sanitation for Health Project

EXECUTIVE SUMMARY

At the request of the Ministry of Public Health (MOPH) of the Royal Thai Government, the U.S. Agency for International Development (USAID)/Thailand arranged for the Water and Sanitation for Health (WASH) Project to send a consultant to review and revise current strategies in hygiene education. Dr. Mayling Simpson-Hebert, a specialist in anthropology and hygiene education, spent three weeks in April 1987 in Bangkok and Saraburi Province meeting with key government and nongovernment officials and observing field conditions.

The current hygiene education program in Thailand is primarily directed at promoting "hardware" such as latrines, rainwater storage jars, slow sand-filters, and the like. Methods to promote hardware are largely effective, as they enhance the capability of villagers to make and finance the hardware themselves through the training of village sanitation craftsmen and the establishment of community funds that provide loans to households. Village committees visit other successful villages, and district and province competitions inspire villagers to meet targets and goals. The program to bring about complementary behavioral changes in hygiene practices relies largely upon mass media, school curricula, and training for midwives and sanitarians. Such methods have not proved to be very effective and the MOPH is seeking new approaches.

The following recommendations are made to strengthen the current program.

1. Focus more on person-to-person approaches for teaching hygienic behavior through use of a village team of hygiene educators.
2. Strengthen the "social preparation" of villagers to accept hygienic practices by providing more internal incentives or rewards. Four types of incentives are recommended:
 - Economic ("you will spend less on health care and lose less time from work").
 - Fashionable ("it is modern, private, and convenient to own a latrine and use it").
 - Religious ("you can earn merit by helping to make the village environment clean and by teaching your children hygienic practices").
 - Health ("you will have fewer diarrheal and parasitic infections and your children will grow healthier and will suffer less").
3. Set hygiene targets for each village to meet, with rewards given to villages when targets are met. (A set of ten targets are recommended in Chapter 5.)

4. Train village craftsmen to give messages about the proper use of rainwater storage jars and latrines. Have them paint messages on storage jars and place picture-stickers inside latrines.
5. Establish working groups of households which, for various reasons, do not have access to individual latrines or clean drinking water sources; and ask the midwife, sanitarian, monks, village craftsmen, and community development officer to assist them in solving their access problems.
6. Focus more on training of one- to three-year olds in latrine use and handwashing.
7. Involve monks more in the program, especially for teaching hygienic behaviors.
8. Focus more on reaching women and on selecting women as village health volunteers and village craftswomen.
9. Encourage more bottom-up (village committee) approaches for creating strategies to meet hygienic goals and for disseminating messages on proper hygiene practices.
10. Establish an effective system for measuring behavioral change and evaluation of the hygiene education program. (Two methods are suggested in the report).
11. Choose eight districts in Region 1 (one district in each province) as pilot districts to test for one year a proposed model hygiene education program. (The program is described in Chapter 5.)
12. Conduct periodic reviews of the effectiveness of mass media materials and messages on a regional basis (as regional cultural differences may require specially tailored messages); pretest all new materials; and change materials and messages often to attract the attention of consumers.

Chapter 1

INTRODUCTION

1.1 Background to the Consultancy

Thailand is now in the first year of its Sixth Five-Year Economic Development Plan (1987-1991). In July 1985, the Water and Sanitation for Health (WASH) Project assisted in preparing the water supply and sanitation program of the Ministry of Public Health (MOPH) for the Sixth Plan, and one key recommendation was to strengthen hygiene education. Discussions between the MOPH and the U.S. Agency for International Development (USAID)/Thailand led to a second request for a WASH consultant to review and revise the hygiene education strategies at the MOPH and to review the role of village sanitation craftsmen in the rural water supply and sanitation program. In April 1987 a WASH consultant in anthropology and hygiene education, Dr. Mayling Simpson-Hebert, spent three weeks at the Region 1 Sanitation Center in Saraburi Province to review the program and make recommendations.

1.2 Scope of Work

The scope of work for the consultancy was defined by the WASH staff in accordance with the initial requesting cables received from the MOPH and USAID/Thailand. Specific tasks were to

- review all existing hygiene education materials from the MOPH and other Royal Thai Government (RTG) ministries and private groups,
- interview MOPH sanitation and health education staff and the health education department staff at Mahidol University,
- interview the staff of the MOPH Regional Sanitation Center at Phraphutthabat, Saraburi,
- observe hygiene education activities and classes in Region 1, and
- develop recommendations and approaches to improving hygiene education strategies and produce a report for the MOPH and USAID/Thailand.

Working closely with the staff of the Region 1 Sanitation Center, the consultant identified a number of ways current hygiene education strategy of the region could be strengthened.

Chapter 2

DESCRIPTION OF THE HYGIENE EDUCATION PROGRAM

2.1 Water and Sanitation: Coverage and Use

Region 1 is an agricultural area in the center of Thailand just north of Bangkok. The region is composed of eight provinces and covers 18,337 square kilometers. Over 2.6 million people live there in 488,200 households and 5,576 villages. Where the Chaopraya River passes through the region, the population is denser than it is in outlying areas. The region is served by 395 medical doctors, 1,800 nurses and midwives, 130 dentists, and 1,080 sanitarians.

Currently 51.5 percent of the population in Region 1 has access to a minimum of two liters per capita per day (lcd) of drinking water, and 76 percent of the households have latrines. People in Region 1 obtain drinking water from a variety of sources including piped-water supplies (24.1 percent), shallow wells with handpumps (16.5 percent), rainwater storage jars (8.5 percent), concrete cisterns for rainwater collection (2.3 percent), and household water filters (0.06 percent). The remaining 48.5 percent use polluted sources.

In order to increase the number of people with safe drinking water sources quickly and with the least expense, the MOPH has adopted a policy of encouraging the production of rainwater jars made of cement. During the rainy season, from May to August, enough rain falls to provide a family of five with drinking water for the whole year, provided each family has two "jumbo jars" of 2,000 liters each. Village craftsmen, men aged 25 to 40 who have experience in working with cement, are trained through an MOPH program to build rainwater storage jars and latrines. In Region 1, 1,402 craftsmen have already been trained, and 4,174 more are to be trained by 1991, or one for every village.

The King of Thailand celebrates his sixtieth birthday in 1987. In honor of this event, the Royal Thai Government plans to build an additional five million jumbo rainwater storage jars for the rural population.

2.2 The Hygiene Education Program

2.2.1 MOPH Strategies

The MOPH has set a target for the International Drinking Water Supply and Sanitation Decade (1981-1990) of supplying 95 percent of the rural population with at least two lcd of drinking water and providing 75 percent of all rural households with sanitary water-seal (pour-flush) latrines. The Water Decade goals established by the MOPH are consistent with Thailand's goal of "Health for All by the Year 2000." Under the direction of the National Economic and Social Development Board, eight basic minimum needs were identified and a goal was set that these needs should be met by the year 2000. One of these needs is

basic human services, including adequate drinking water supplies and sanitation. A main strategy to meet these goals is for the villages to participate directly in the planning and development process and to survey their own progress in meeting goals.

The MOPH has long recognized the importance of a hygiene education program to complement the water and sanitation hardware being provided. Currently, the national strategy for hygiene education uses various approaches. A number of them are listed below.

- Mass media
 - films, posters, pamphlets, leaflets
 - radio announcements, cassette tapes played over village loudspeakers
 - public lectures to various target groups (including the heads of villages and tambols (groups of villages), village committees, village sanitation craftsmen, village health volunteers and village health communicators, schoolteachers, nurses and midwives, sanitarians, school children, monks, women's clubs, and youth groups).
- School curricula and adult literacy curricula, produced in cooperation with the Ministry of Education.
- Training programs for village health volunteers and village health communicators.
- Training of village sanitation craftsmen to build rainwater storage jars and latrines; training military men before discharge to build latrines; training sanitarians in latrine construction.
- Visits of village committees to other successful villages.
- District-wide and region-wide village competitions.
- Establishment of community development funds, which include sanitation funds that allow villagers access to low-interest or interest-free loans to buy rainwater storage jars or to build latrines.

These approaches can be grouped into two main types: educational (mass media and school curricula) and self-help. The emphasis is on self-help and encouraging the private sector. The approaches, based on the needs and priorities set by village committees, are "active"--villagers carry out activities themselves. A diagram of the national strategy is set out in Figure 1.

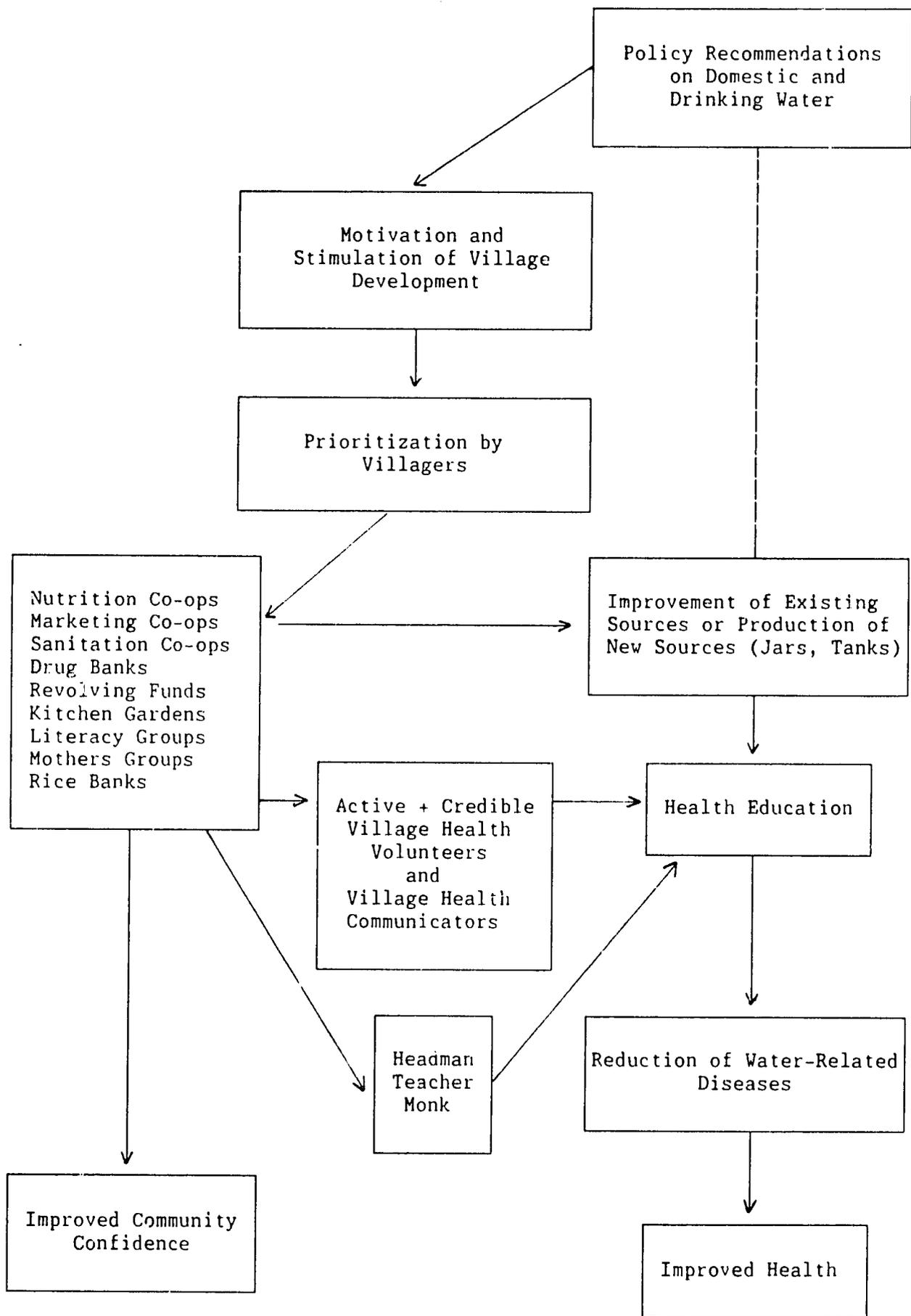


Figure 1. Health Education through Community Development--A Strategy of the MOPH.

2.2.2 Hygiene Education in Region 1

The objectives of the current hygiene education program, as outlined by the staff in Region 1, are to

- convince people to build latrines and use them daily;
- convince people to use safe water for drinking, cooking, and washing utensils;
- promote good solid-waste and liquid-waste disposal facilities and household and environmental cleanliness;
- promote food sanitation in households, restaurants, markets, and school canteens;*
- promote insect and rodent control;* and
- stimulate the process by which village craftsmen, on their own, will spread their knowledge to other villages and train other craftsmen in their craft.

The overall objective is to reduce the incidence of diarrheal and parasitic diseases in all age groups.

2.3 Operations of the Regional Sanitation Centers

The Sanitation Centers serve as technical support units to Provincial and District Health Offices in the provinces, which, in turn, assist tambols in their health and hygiene development goals. A tambol is an administrative unit consisting of eight to ten villages. Each village has an elected head, as does each tambol. All MOPH regional sanitation activities, as well as other government development activities, work through tambol heads, village heads, and village development committees, composed of eight to ten women and men. Village development committees are supposed to set their own priorities for development, identify problems in their own communities, and suggest solutions. Each tambol has a health center with a resident midwife and sanitarian who, together with the village health volunteers and communicators, carry out the MOPH policy of primary health care and health and hygiene education.

The Regional Sanitation Centers serve as support units to other divisions of the MOPH and other ministries (especially the Ministries of Education, Agriculture, and Interior) at the provincial level. The centers provide guidance and advice to the Provincial Health Offices, District Health Offices, and directly to some tambol health centers, some villages, and some village health volunteers and communicators. Figure 2 depicts the administrative structure of the Regional Sanitation Centers.

* The consultant did not review these programs.

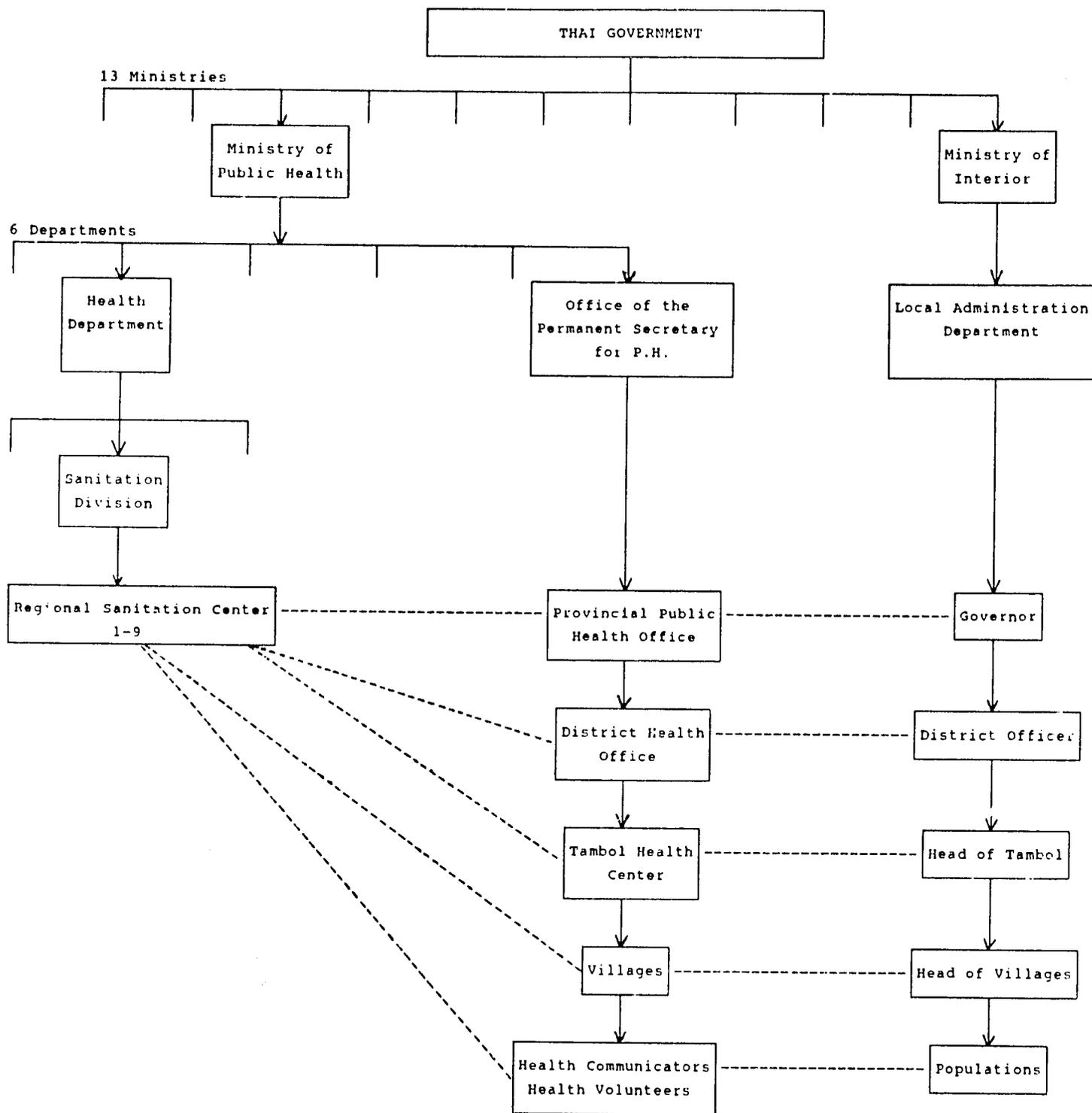


Figure 2. The Relationship of the Regional Sanitation Centers to Other Departments and Ministries.

Regional Sanitation Centers are responsible for the provision of rainwater cisterns and jars and small piped-water systems, the training of village craftsmen, the promotion of latrine construction, and hygiene education in rural areas. The centers are also responsible for rodent and vector control and food sanitation.

Tambol sanitarians report once every three months on their progress in providing water and sanitation hardware.

2.4 The Region 1 Center

Region 1 Sanitation Center has a limited staff, considering the size of the region. Four staff members are responsible for planning and implementing all programs in training for water and sanitation hardware construction and hygiene education. Two persons are professionally trained in health education with bachelor degrees, and two are professionals in environmental science, one with a master's degree and one with a bachelor's degree. Their policies and programs are implemented at the provincial level by four mobile sanitation teams. Each team consists of two persons and is responsible for two provinces.

Region 1 Sanitation Center implements nearly all aspects of the national strategy for hygiene education. The region has discontinued the use of mobile units to show films in villages because it is expensive, and the films became out-of-date and no longer interested the villagers. The center determined that the cost of maintaining the mobile units outweighed the educational benefits. The center staff also reported that the program they implement is heavy on the hardware and weak on the software (training and promotion of hygiene education).

Chapter 3

FINDINGS

3.1 Successful Aspects

3.1.1 Disseminating Hardware

Overall the current hygiene education program has been successful in disseminating "hardware"--mainly building latrines and rainwater storage jars. All the current strategies have contributed to this success. However, the intervillage competitions, visits of village committees to other successful villages, and training of village craftsmen are, in the opinion of Region 1 staff, the activities that stimulate the most change.

The program is well designed for stimulating the process whereby villagers and communities can become capable of meeting their own hardware needs. Training village sanitation craftsmen involves transferring knowledge to the private sector and encouraging trainees to set up businesses to sell the hardware. Through visits to other communities and intervillage competitions, village leaders become actively involved in the development process with concrete goals to meet. Community funds make it possible for nearly every household, however poor, to borrow money necessary for purchasing the hardware.

The MOPH has an effective system for reporting progress on the acquisition of hardware by villagers. Every three months the tambol sanitarian completes a form which asks for information on demographic statistics and the percentage of households having latrines, rainwater storage jars, and other hardware. There is no information, however, on what percentage of this hardware is out of order, out of use, or used improperly. For example, many rainwater jars are left uncovered.

3.1.2 Producing Educational Materials

The MOPH and the Ministry of Education have produced an impressive array of educational materials to promote the adoption of sanitation hardware and good hygiene practices. The MOPH has produced posters featuring popular TV stars, traditional Thai dancers, and the beauty of natural landscapes to advertise using waste bins and building latrines and to promote the idea that to be Thai is to be clean. Pamphlets and leaflets explain how to build latrines. School textbooks on health and hygiene education for each of the six grade levels teach both personal hygiene and environmental sanitation. Likewise, reading materials on these same subjects have been produced for adult literacy classes. Job manuals have been produced for midwives, sanitarians, village health volunteers, and village health communicators to assist them in all their duties in primary health care, including sanitation. All of the printed materials are attractive, generally simple to read, and well illustrated with colorful and sometimes comical characters. Latrine stickers that emphasize keeping latrines clean have been produced for display in public toilets at tourist sites and in government offices.

3.1.3 Program for Behavioral Change

The MOPH, through its primary health care program, has been trying to bring about behavioral changes in villages by having public health nurses work directly with village heads, village development committees, midwives, sanitarians, village health volunteers and communicators to promote various hygienic practices. For example, toilet training of toddlers is encouraged by asking health volunteers and communicators to teach mothers to train their toddlers to defecate in bowls and then empty the contents into the latrine and flush. They also encourage mothers to clean up after their children, wherever they may defecate, and flush the feces down the latrine. This has met with some resistance from mothers who claim they cannot afford to buy the necessary bowl.

While the program for behavioral change exists, it appears to be weak in that too few people are involved in giving and reinforcing messages. Also, the effectiveness of the current hygiene program depends to a great extent upon the personal motivation and interests of the public health nurses, some of whom are very active in villages regarding hygiene education, and others who are less active or would prefer to focus on other areas, such as family planning. No strong policy or mandate has been set forth for teaching hygiene education in every village.

3.1.4 Involvement of Mahidol University

Mahidol University provides training in environmental technology, health, and hygiene education, and offers a master's degree program in public health. The university produces graduates for the MOPH and in this way transfers the newest theory and methods developed by the faculty to the MOPH. The faculty of the public health program provides field training to students at demonstration villages in cooperation with the MOPH. Various theories on village improvement and health and hygiene education are tested for the MOPH, but Mahidol University does not independently produce educational materials for the national program.

3.1.5 Involvement of the PDA

The Population and Community Development Association (PDA) of Thailand, a private nonprofit organization that became famous for its work in family planning, is now assisting villages in acquiring rainwater cisterns and latrines. The PDA, which works closely with the MOPH in a complementary way to help villagers meet their needs more quickly, has been focusing on providing hardware and internal incentives to villages to adopt the hardware and hygienic behavior. This is done through "social preparation," which means talking to villagers about the advantages of good sanitation, particularly its economic, convenience, and health advantages. The PDA does not produce printed materials for dissemination in villages, nor does it have any other special network for reinforcing hygienic behavior. PDA staff members work only with groups of households requesting rainwater cisterns and latrines, and they claim that such groups of households already understand the importance of good sanitation and do not need further motivation or reinforcement of good hygienic practices.

3.1.6 Overall Progress

Overall in Region 1, some villages have been very successful in obtaining latrines and a clean drinking-water supply for everyone in the village, while others are now in the process of change. In fact, some villages are just now being contacted to start the process of adopting latrines and rainwater storage jars. Government officials are all aware of the bottom-up approach to village development and the importance of working through village committees. However, putting this into practice has met with mixed success.

3.2 Major Weaknesses

The current strategies have had only limited success in bringing about the behavioral changes necessary if the latrines and water jars and other water and sanitation hardware are to produce health benefits. Many villagers continue to neglect handwashing after every defecation and before food handling and eating, do not use latrines for every defecation, do not always cover water jars, and continue to dip water from the tops of water jars, even when there is a spout, thereby contaminating the rainwater. Children are permitted to defecate around the village and in nearby fields, and farmers continue to use fields for defecation. The current program lacks a clear strategy for changing behavior and has no system to measure behavioral change. It relies upon educational materials and mass media messages produced centrally by the MOPH to bring about better hygienic practices in the population, but this approach, despite its professional finish, is perhaps too passive to stimulate change. The following subsections list the major weaknesses in the current program. All could be corrected.

3.2.1 Too Much Reliance on Mass Media

Too much reliance is placed upon mass media and school curricula to bring about behavioral change. Some villagers cannot read the printed materials, which in many cases appear to contain complicated messages about specifications for building latrines. There is no pretesting of printed materials or radio and cassette messages to estimate their effectiveness. Also too much reliance is placed upon the speaking skills of headmen, who often have only a fourth grade education and lack these skills.

There is a lack of internal incentives for change and a weakness in the "social preparation" of villagers to accept change (such as talking to village development committees before a project).

3.2.2 No System of Reporting and Evaluation

There is no system of reporting or evaluation to measure behavioral change in the villages. Measurable goals and targets have not been set.

3.2.3 Problems with the Village Sanitation Craftsmen

Village sanitation craftsmen are not asked to deliver "software" messages when they build a latrine or rainwater storage jar for a family. In their training

course they are taught about the International Decade for Drinking Water Supply and Sanitation, how diarrheal and parasitic diseases are transmitted, and how important their work is for improving health, but they are not asked to pass on that knowledge or even to give simple messages in how to use latrines and water jars properly.

A further problem is that village craftsmen frequently migrate out of the village after they have been trained. Training women to be village crafts-women may, to some extent, alleviate this problem, since women are less likely to migrate.

3.2.4 Hard-to-Reach Households

The problems of households that cannot or will not build latrines and other hardware are not adequately understood. Some households are composed of children whose parents have migrated to cities to work; other households do not own the property they occupy and will not spend any money to improve it; other households are too impoverished even to pay back a loan from the sanitation fund. It may be that some of these households already have arrangements for using other family's facilities (there are no data on this) or that such arrangements could be made.

3.2.5 Too Few Target Groups

The current campaign now focuses mainly on men. Left out are village women, children (other than in the school curriculum), monks, schoolteachers and youth groups. All of these groups should be targeted, as discussed below.

There is a lack of focus on women, either as teachers of their own children or as consumers of hardware. In fact, the entire program is male-centered, as it works through village headmen (about 95 percent of whom are males), village committees (mostly males), village health volunteers and communicators (95 percent of whom are males), village craftsmen, and household heads (usually males). Rarely are women selected to be village health volunteers or communicators because the sociogram used for screening candidates in practice selects only household heads, who are usually males. It was the staff's opinion that women are important in any decision regarding the domestic sphere. Household heads usually ask their wives if they want a latrine or rainwater storage jar before they decide to buy one.

There is no particular focus on children other than in the school curriculum. There is little emphasis on toilet training for toddlers and preschool children who are at a critical age for instilling basic habits. The school curriculum on health and hygiene education is so broad and contains so many messages that it is likely that the particular ones deemed important by the Sanitation Division of the MOPH get lost in the maze of messages.

The cleanliness of school latrines is in question, as school children, rather than janitors, are responsible for cleaning the latrines. At the time of the field visits, the schools were closed, but school latrines were smelly and very dirty.

Youth (ages 15 to 20) both in and out of school are often willing and eager to participate in village development programs. Often they are organized into youth groups by community development officers and agricultural extension agents. These groups could be tapped for potential involvement.

Monks are important community leaders, but they are underutilized in the present program. There is some training of monks in making jars and latrines, but monks are currently not asked to give any hygiene behavioral messages.

3.2.6 Guidance and Support Needed from the MOPH

The bottom-up approach, while well known among government officials in theory, is sometimes difficult to put into practice. The idea is to encourage village development committees to define and prioritize their own problems and suggest their own solutions. This could be very important for meeting new goals in hygiene behavior. Officials need more guidance on how to do this.

Government policy has not given much emphasis to reaching hygienic goals. Tambol and village heads usually make every effort to meet a government target for village development, if they have a clear understanding that it is government policy. However, making certain that hygienic behaviors are adopted has not been a strong policy of the government, while government policy has emphasized the hardware aspects of hygiene.

3.2.7 Problems with Community Funds

There are problems with community funds, especially the sanitation funds. Community funds are operating effectively in only about 25 percent of the villages. Sanitation funds, a part of the overall community fund, fare even more poorly. There are also serious problems in collecting debts on loans made for building latrines and water storage jars. Many villagers regard these loans as funds given to them by the government, and they feel they do not have to pay them back. Also, some villagers in charge of community funds do not do their jobs. Either they do not want to or they do not know how to manage the funds and audit the books. They need some system of support to overcome these problems.

3.3 Requirements of a New Approach

The Region 1 Sanitation Center staff and the consultant determined that, based on the foregoing weaknesses in the current campaign, any new program must have at least the following characteristics:

- Villagers need better "social preparation" or internal incentives for change to create a demand for the product of "improved hygiene."
- Methods used to communicate information about hygiene must not require literacy or sophisticated speaking skills on the part of villagers. Printed materials must be pretested to be sure they fit village culture.

- Some method must be devised for households that cannot or will not build latrines, water storage jars, or other hardware to have access to these.
- Persons operating community funds must have more support.
- Tambol and village heads and sanitarians need more specific help and direction for organizing and carrying out projects.
- Village craftsmen should be given training in how to deliver hygiene education messages. Also, women should be selected for training as they are less likely to migrate out of villages.
- The campaign must target women and children as well as men.
- The new strategy must have methods for reporting and evaluation.

Specific recommendations for achieving the above goals are set out in Chapter 4, and Chapter 5 presents a model hygiene education program that turns the general and specific objectives into a practical and doable project, with job descriptions for each worker and messages for each target group. A training program for carrying out this model program has also been designed, along with a list of final tasks to be completed before the training program and model hygiene education program can be implemented at the village level.

Chapter 4

RECOMMENDATIONS

4.1 Major Shifts in Emphasis

It is recommended that a new hygiene education strategy for Region 1 have the following major shifts in emphasis. These shifts in emphasis do not involve any loss in the former program but rather are made in order to strengthen the current program in bringing about behavioral changes.

- A shift from constructing latrines, water jars, and other hardware to using the hardware properly.
- A shift from top-down and passive mass media approaches for disseminating information on hygienic behavior to bottom-up and more active person-to-person approaches.
- A shift from educating the general population or household heads to educating toddlers (aged one to three), preschool children (aged four to six), and school children (aged seven to fifteen) through their parents and teachers.
- A greater involvement of monks, women, and village craftsmen (and craftswomen) in hygiene education.
- More importance placed on reporting and evaluation of "software."

4.2 Recommendations for Region 1

4.2.1 Cultural Considerations

The specific recommendations (listed below) and hygiene education messages (listed in Section 4.3) for Region 1 may be regarded as culture-specific. They are based on an analysis of the culture and religion (mainly Buddhist) of the area. These recommendations may not apply to other cultural and religious regions of Thailand. For example, in the Northeast people have different cultural beliefs regarding water quality. Some prefer to drink muddy water and do not accept drinking rainwater, which they consider to be "thin" and not filling. In this new program for Region 1, that problem does not need to be addressed. In the south large Muslim populations have their own religious beliefs regarding water quality and defecation habits. As there are very few Muslim villages in Region 1, these variations do not need to be addressed. Also, our recommendation to further involve monks in the program and to promote the idea of earning merit for the next life by acquiring hygienic habits would obviously not have any cultural relevance to Muslim and Christian communities. Therefore, we do not consider the new approach to hygiene education developed for Region 1 to be necessarily applicable nationwide. Each region would need to undertake specific cultural and religious studies in order to adapt the recommended program to its own culture area.

The consultant noted a lack of sufficient cultural information about villages served in Region 1: specific beliefs about disease transmission, personal hygiene practices, and water use habits that may bear on any new program. Further cultural studies in all the regions should be undertaken and printed reports that could be used as references for future work of this type should be produced.

4.2.2 Person-to-Person Approaches

Focus more on person-to-person approaches to teaching hygienic behavior through the use of a village team of hygiene educators, rather than just relying on mass media, formal classroom presentations, and the tambol midwife and sanitarian.

4.2.3 Providing Incentives

Strengthen the social preparation of villages by providing more internal incentives or rewards. Four types of incentive messages are recommended:

- Economic: "You will spend less on health care and lose less time from work because hygienic behavior brings about better health." This should appeal to both men and women who run household budgets.
- Fashionable: "It is modern, private, and convenient to own a latrine and use it." This should be particularly appealing to men.
- Religious: "You can earn merit by building and using your own latrine or rainwater storage jar (or other hardware), by making the village environment clean, and by teaching your children hygienic practices so they will be free from diarrhea and parasites." This should appeal mostly to older people who are concerned about earning merit.
- Health: "You will have fewer diarrheal and parasitic infections and your children will grow healthier and will suffer less." Thus, the concept of child health or child survival is taught. This concept should appeal especially to mothers of young children. It will require an entire package of hygiene education messages that go beyond water and sanitation to include nutrition and simple remedies for diarrhea (such as oral rehydration therapy) and other illnesses. The child survival concept should also support the current family planning campaign. Field staff still note some reluctance among villagers to limit births because they expect one or two children per family to die. This narrowing of the focus from health to child health or survival also has the advantage of tying in with merits. It can become meritorious for mothers to enhance the chances for their children to survive.

4.2.4 New Tasks for Village Sanitation Craftsmen

Train village sanitation craftsmen to give messages about the proper use of rainwater storage jars and latrines. Have them paint messages on the jars, give the families picture-pamphlets of correct jar use, and pass out picture-stickers on proper latrine use and handwashing.

4.2.5 Working Groups of Hard-to-Reach Households

Establish working groups of households that, for various reasons, do not have access to individual latrines or clean drinking water sources and ask the midwife, sanitarian, monks, village craftsman, and community development officer to assist them as groups in solving their access problems.

4.2.6 New Focus on Children

Focus more on training children aged one to three in latrine use and handwashing.

- Create latrine picture stickers that children can understand.
- Print a picturebook that teaches toddlers about using the latrine. A recommended title could be "Kai Learns to Use the Latrine." This could be printed by the private sector with the MOPH promising to purchase a certain number for distribution to Nutrition Centers and Health Centers.
- Teach mothers the importance of early toilet training, using the latrine 100 percent of the time, cleaning up children's feces after defecation outside the latrine and flushing them down the latrine because they are also dirty and disease-producing, and teaching their toddlers and children to wash their hands after defecation and before eating. Research suggests that trying to teach basic hygienic practices to children over the age of three or four is more difficult. By that time their basic habits are already established.
- Add toilet training and handwashing to the posters distributed by the MOPH that list the principles of responsible motherhood.
- Modify the latrine design to accommodate small children. An extra foot-plate at the forward (narrow) end of the latrine bowl is an option.

4.2.7 New Focus on Schoolteachers and Their Pupils

Focus more on schoolteachers and reaching school children.

- Create supplementary teaching materials, such as flipcharts and slides, rather than a new curriculum, for schoolteachers to use when teaching hygiene education.

- Encourage teachers to invite village speakers, such as the monk and the village sanitation craftsman, to talk about village hygiene and their contributions toward it.
- Encourage teachers to have children make hygiene education posters for the village each school year, to post them around the village, and to change them often.
- Ask the Ministry of Education to look into the matter of school latrine cleanliness and ways to achieve cleanliness for every day of the school year so that children will develop a positive, rather than a negative, image of latrine use.

4.2.8 New Focus on Monks

Involve monks more in the program, especially for teaching hygienic behaviors. Monks in Thailand have traditionally been progressive agents of change. Many are highly educated in secular fields, have experience in development work, and are willing and eager to assist in development programs. In every Thai Buddhist village there is at least one monastery and at least one or two monks supported by that village.

- Ask the monks to teach in their weekly sermons that hygienic behavior earns merit for the next life. They can also teach the hygiene education messages and how to construct latrines and water jars.
- Provide interested monks with flipcharts and teaching slides.
- Involve more monks in the training programs for village sanitation craftsmen.
- Encourage monks to ask monastery committees to make donations to the village sanitation fund (a part of the community fund).
- Ask monks to assist the community fund by functioning as auditors or helping to convince families to pay back their debts to the fund.
- Encourage villagers to donate materials and labor for building a latrine and a rainwater storage jar for each village monastery along with the donation of the monk's robe and other necessities. According to the teachings of Buddha, every monk is supposed to have access to pure drinking water and proper excreta disposal facilities. Encouraging villagers to provide this hardware to monks increases the prestige and religious value of these amenities.

4.2.9 New Focus on Women

Focus on reaching women and the selection of women as village health volunteers, village health communicators, and village craftswomen.

- Mass media messages should show women, as well as men, as agents of change and adopters of new ideas. (Some materials produced by the MOPH already do this.)
- Women's organizations at the national and local level could be contacted about assisting in hygiene education as part of their voluntary activities.
- The selection of women as village health volunteers and village health communicators implies a different screening process than the one currently in use.
- The selection of women as village sanitation craftswomen implies that prior experience in cement work be deleted as a selection criterion and that interest in becoming a craftswoman be given more weight in selection. Selection of women for training does not necessarily mean that they have to do the heavy cement work, but rather they are trained in the technology of building jars and latrines. They could become businesswomen and hire laborers to do the heavy work.

4.2.10 Encouraging New Approaches

Encourage more bottom-up (village development committee) approaches for creating strategies to meet hygienic goals and for disseminating messages. Ideas and methods that work need to be recorded by field staff and sent to the MOPH Sanitation Division so they may be tried elsewhere. A "data bank" of indigenous hygiene education methods needs to be kept for analysis and possible replication elsewhere. There is much to be learned here.

4.2.11 Involvement of Youth Groups

Encourage the involvement of youth groups in the village hygiene education program.

- Ask youth groups to assist the sanitarian in conducting village hygiene surveys.
- Ask youth groups to make posters and motivate households to meet village targets.

4.2.12 Measurement and Evaluation

Establish an effective system for measuring changes in behavior and evaluating the hygiene education program.

- For each village set measurable targets for behavioral change that sanitarians and villagers can survey themselves. Rewards should be given to villages when they meet the targets. (A set of ten targets are recommended in Chapter 5.)
- Ask members of the village hygiene education teams and representatives from village target groups to meet periodically with village development committees and district officers to evaluate progress toward meeting targets for change.

4.2.13 Pilot Project

Choose eight districts in Region 1 (one district in each province) as pilot districts to test for one year the proposed model hygiene education program described in Chapter 5.

4.2.14 Review and Pretesting of Media Materials

Conduct periodic reviews of the effectiveness of mass media materials and messages on a regional basis (as regional cultural differences may require specially-tailored messages). Pretest all new materials and change materials and messages often to attract the attention of consumers. Encourage more input from the regions for ideas for mass media.

4.2.15 Involvement of Voluntary Organizations

Encourage the involvement of voluntary organizations, both men's and women's societies, such as Rotary, Lions, Jaycees, YMCA, and YWCA. They can be asked what they would like to do to promote either the hardware or software of the hygiene education program.

4.3 Recommended Hygiene Education Messages for Region 1

The following hygiene education messages are recommended for Region 1.

- Teach children aged one to three to use latrines. Children's feces are dirty and carry diseases. Always put their feces in the latrine. Teach children to wash their hands after defecation.
- Wash your hands after defecation, before eating or cooking, and before feeding children. Always use soap or detergent to wash hands.

- Use clean drinking water to prepare food. Heat food before serving it.
- Bathe daily and wash clothes often.
- Use oral rehydration solution (ORS) for treatment of diarrhea.
- All people must have access to latrines and clean drinking water, even if they cannot pay for a latrine or rainwater jar.
- All rainwater storage jars must have lids.
- Do not dip anything inside the rainwater jar; use the spout.
- Keep your latrine clean. Have water and dipper inside the latrine for flushing.
- Building and using latrines and keeping your house and environment clean will earn you merit for the next life.
- Building and using latrines is fashionable and convenient and will help reduce diarrhea and parasitic infections in your village. It will especially help keep children from getting diarrhea.

4.4 End Note: River and Canal Dwellers

The Region 1 Sanitation Center staff noted one additional problem that the current hygiene education program could not affect. It is doubtful that the proposed new approaches will affect it either. People living along the shores of rivers and canals or in river boats cannot be convinced to use latrines or new sources of clean drinking water. They use the rivers and canal as sewers, throwing all their refuse, liquid waste, and toilet waste into them. Also, they draw water from these same rivers and canals for domestic use and drinking water.

It is unlikely that any hygiene education program can greatly change the habits of this group as long as they live near or on rivers and canals. The water supply is simply too convenient. We suggest that this problem can be solved only at the highest ministerial levels by making policy on river and canal use and pollution. It may be that the only solution would be to resettle residents some distance from the rivers and canals, just far enough away so that a latrine and a rainwater storage jar or other hardware would be more or as convenient as the rivers and canals.

Chapter 5

A MODEL HYGIENE EDUCATION PROGRAM FOR REGION 1

5.1 Principles of the Model

The staff of the Region 1 Sanitation Center and the consultant designed a detailed hygiene education program to be tested on a pilot basis. The program is based on the recommendations in Chapter 4. We suggest that eight districts, one in each of the eight provinces in Region 1, be chosen as pilot districts for testing the model.

The model program was designed on the following principles:

- It should not require more budget, more government personnel, or much extra work on the part of existing personnel. It should be within the present capability of the staff.
- It should utilize health personnel, government personnel and community leaders already working for village development. What we ask them to do should fit within each person's existing job description.
- The new approach should be consistent with the basic minimum needs concept, whereby village committees are involved from the beginning. They survey and resurvey their own villages to measure progress and analyze their own problems and suggest solutions and ways to meet goals.
- It should incorporate all of the recommendations in the report, especially those that stress reaching all target groups in the village.

In this program, several people already working in the village will be asked to give a few hygiene education messages to specific target groups. No one person will be responsible for all messages or for all target groups. Rather the responsibility is divided among a team of village hygiene educators. Each worker has a part to play. Some have large parts, such as the tambol midwife and the sanitarian, and others smaller parts. The purpose is to reinforce the mass media and school curriculum on hygiene education with a village person-to-person approach. By asking many different village workers to give a few messages in hygiene education to different target groups, we weave a net of information flow into which nearly every villager from infancy on should be caught.

5.2 The Village Team and Target Groups

The following people will be asked to be members of the village hygiene education team:

- tambol midwife,
- tambol sanitarian,
- trained village sanitation craftsmen (and future craftswomen),
- village health volunteers and village health communicators (male and female),
- schoolteachers,
- monks,
- community development agents, and
- agricultural extension agents.

The team will be headed by the tambol sanitarian, in cooperation with the village development committees, village heads, and tambol heads, to whom he will report progress. The sanitarian will conduct the baseline surveys and resurveys that will provide the information to guide the team.

All persons on the team will be given a written scope of work to carry out. They will also be informed about ten targets that the village would like to reach (see Section 5.4 on targets and evaluation) They will be reaching out, using individual and small-group approaches, to the following target groups in each village:

- mothers of toddlers (aged one to three) and preschool children (aged four to six) to teach toilet training, handwashing, and sanitation in food preparation;
- women's groups, youth groups, and farmers' groups to teach basic hygienic practices;
- households without latrines and/or sources of clean drinking water, to help them achieve access to these;
- school children; and
- Nutrition Centers to teach toilet training and handwashing to preschool children. (Nutrition Centers are government-sponsored centers that provide day care for children aged two to five of working parents.)

5.3 Scopes of Work for the Village Team

The scope of work for each team member is listed in the following subsections.

5.3.1 Tambol Midwife

1. Teach mothers with babies and preschool children
 - the concept of "child health" or "child survival,"
 - to teach toddlers one to three years old to use latrines every time,
 - to clean up toddlers' feces and flush them down the latrine,
 - that toddlers' feces are dirty and can cause disease,
 - to teach toddlers to wash their hands with soap or detergent after using the latrine and before eating,
 - the importance of breastfeeding infants,
 - about household sanitation (cleaning up solid and liquid waste) for the health of children,
 - to bathe children daily and wash their clothes often to prevent skin diseases,
 - about oral rehydration solution for treatment of diarrhea,
 - to wash their hands before cooking and before feeding babies and children, and
 - to use clean water to prepare food for babies and children and to heat food before feeding them.
2. Teach workers at the Nutrition Center about toilet training for toddlers and handwashing. Supervise and give follow-up messages on these practices.
3. Help form working groups of households without latrines or clean drinking water to help them solve their problems and to achieve access to latrines and clean drinking water.
4. Meet with women's groups on hygiene education. Avoid lectures but instead use the small group approach guidelines. (See Section 5.5.5 and Appendix C.)

5. Teach the concept of "child health" or "child survival" to the village development committee.

5.3.2 Tambol Sanitarian

1. Explain to the village committee the four advantages of adopting good hygienic practices: the economic, fashionable, religious, and health advantages.
2. Serve as head of the village team on hygiene education. Work closely with the village development committee to achieve goals.
3. Conduct village surveys on the "ten targets" of a hygienic village. Report the findings to the village development committee and send a report to the District Health Office.
4. Help form working groups of households without latrines or clean drinking water to help solve their problems and to help them achieve access to latrines and clean drinking water.
5. Speak to women's groups, youth groups and households on hygiene, especially about
 - the importance of handwashing with soap or detergent after defecation and before cooking and eating, and
 - covering rainwater storage jars and not dipping anything inside them.

Use the guidelines on working with small groups and making effective contacts with individuals and households. (See Section 5.5.5 and Appendices B and C.)

6. Encourage members of youth groups to assist you in your hygiene education work.

5.3.3 Village Sanitation Craftsman

1. After you make a rainwater storage jar, paint the following messages on it:
 - Let rain fall until your roof is clean.
 - Put pipe to jar and let fill with rainwater.
 - Now cover jar to keep water clean.

- Do not remove the cover because water will get dirty and mosquitoes will breed here which can carry hemorrhagic fever.
 - Don't put anything inside the jar. Do not dip water out; use the spout.
 - Rainwater is good for drinking if you keep it clean.
2. When you deliver the new rainwater jar to the family, give the family the picture pamphlet with these same six messages and explain it to the family.
 3. Put a picture sticker on the inside of every latrine you make and explain the sticker to the family.
 4. Talk to the working groups of households that have no latrines or clean drinking water; tell them about your work. Teach them about the sanitation fund, and cooperate with the midwife and sanitarian in teaching them the importance of clean water and latrines.
 5. Meet with the village development committee about families who are too poor to pay for latrines and rainwater storage jars, especially those households without adults.
 6. Be a guest speaker to school classes about how you make latrines and rainwater storage jars and why it is important to have them.

5.3.4 Village Health Volunteer and Village Health Communicator

Give five key messages to your group of households.

- Teach your toddlers (aged one to three) and older children to use the latrine every time.
- Teach your children also to wash their hands after defecation and before eating.
- Have soap or detergent in your house for handwashing.
- Always use clean water for drinking and cooking.
- Have water and dipper in your latrine for flushing. Keep your latrine clean.

5.3.5 Schoolteachers

1. Invite the village craftsman and the monk to talk to the children informally about hygienic practices.

2. Help the children to make hygiene education posters for the whole village. Post these around the village and change them often.
3. Put cleanliness of the school latrines as a first priority for school cleanliness.

5.3.6 Monks

1. Teach villagers in weekly sermons that they will earn merit if they build and use latrines and keep their houses and environment clean.
2. Use the teaching materials (flipcharts and slides provided by the Region 1 Sanitation Center) to teach hygiene education in any way you wish.
3. Help the midwife and sanitarian to form working groups of households with no latrines or rainwater storage jars to help them solve their problems and gain access to clean water and sanitary facilities.
4. Assist the village development committee in the management of the sanitation fund by serving as an auditor or helping to convince families to pay their debts to the fund.
5. Ask the monastery committee to give a donation from the monastery fund to the village sanitation fund.
6. If you know how to build latrines or rainwater storage jars, help the poor to build them.
7. Be a guest speaker in school classes about using latrines, handwashing, and clean drinking water.

5.3.7 Community Development Agent

1. Help set up working groups of households without latrines or clean drinking water.
2. Organize a youth group to assist the sanitarian in the hygiene education program.
3. Promote the idea to the village development committee and general community that to build latrines and rainwater storage jars and to use them properly is modern and fashionable.

5.3.8 Agricultural Extension Agent

In meetings with farmers and agricultural youth clubs, promote the use of latrines before going to the fields and at all other times and the proper use of rainwater storage jars.

5.4 Targets and Evaluation

5.4.1 Two Methods of Evaluation

The model hygiene education program will use two methods of evaluation. The first method is for the village sanitarian, in cooperation with the village development committee, to conduct surveys at the beginning of the project and at six and twelve months to measure progress toward ten targets or indicators of a hygienic village. These surveys are in accordance with the Royal Thai Government policy of meeting basic minimum needs through village self-surveys.

The second method is to invite representatives from the village hygiene education team and from village target groups to meet with district officers at six and twelve months, after the surveys, to discuss the project and to provide feedback on how the approach is working. While this second method provides additional data to district officers, it will not provide the feedback to the village development committees. Thus, village committees could also plan meetings every six months for the first year to receive feedback from their village teams.

5.4.2 The Ten Targets for the Survey

During their first meeting with the village development committees of villages participating in the pilot program, the district officers will introduce the ten targets set by the Region 1 Sanitation Center for a hygienic village. The village committee will be asked to conduct a survey at the beginning to obtain baseline information and again at six and twelve months. When a village reaches all ten targets, it will be given a certificate of achievement by the Region 1 Sanitation Center. In order to keep villages from backsliding in future years, a resurvey will be done once a year for the next nine years to revalidate the certificate. It is anticipated that if these targets are met every year for ten years that these new behaviors will be established in the village.

The ten targets are as follows:

1. 100 percent of the village population has access to a latrine for use every day. (All household heads, whether or not they own a latrine, will be asked if all members of their family have access to a latrine for everyday use. If not, efforts will be made by the sanitarian, monk, midwife, and community development agents to provide access.)

2. 90 percent of the households with latrines keep them clean on a regular basis. (The sanitarian will make spot checks of household latrines on a schedule suggested by the Region 1 Sanitation Center. At the visit, he will motivate the household to keep their latrine clean.)
3. 100 percent of school latrines are kept clean every day (including no smell). (The sanitarian will make spot checks throughout the school year and motivate schoolteachers to establish a system of cleaning latrines daily.)
4. 100 percent of school and household latrines have water and a dipper inside the latrine for flushing. (The sanitarian will make spot checks.)
5. 100 percent of the households and schools have soap or detergent available for washing hands. (The sanitarian will make spot checks.)
6. 100 percent of the households and school latrines have new picture stickers inside. (The sanitarian will survey.)
7. 100 percent of rainwater jars have covers. (The sanitarian will survey.)
8. 100 percent of rainwater jars are covered at all times. (The sanitarian will make spot checks.)
9. 90 percent of the households and village schools have access to clean drinking water. (The sanitarian will survey.)
10. 50 percent of children aged four and five and 90 percent of children aged six are trained to use the latrine at all times. (The sanitarian will survey the mothers of these children.)

The sanitarian will be provided with a form for reporting the results of his surveys. These forms will be sent to the village committee, the district health officer, provincial health officer, and the Region 1 Sanitation Center.

5.4.3 Small Group Discussions

In the model program the methods designed to reach these ten targets should be evaluated periodically. New methods may need to be developed to fit changing circumstances. The Sanitation Center needs to learn about the successes and difficulties of the various village team members. To help in this evaluation, representatives of various members of the village team, as well as representatives of the target groups, will be asked to attend an evaluation seminar at the District Health Office once every six months. The idea is to invite, for example, monks from villages in the pilot district to attend a seminar and to learn about their successes and difficulties. Next, a group of village headmen, a group of midwives, sanitarians, and the like from each of the teams will be invited to meet and discuss their particular roles. In this way matters common to those groups can be thoroughly discussed. Their opinions on

how well the strategies are working will be sought. Not all villages in each pilot district can be represented because the groups should be kept small--about six to nine persons. However, village heads may wish to have their own meetings periodically with team members and other target-group members to discuss strategies and progress in their own villages.

It is recommended that representatives of the following team members and target groups get together for evaluation seminars:

- tambol midwives,
- women of all ages and economic backgrounds,
- tambol sanitarians,
- village sanitation craftsmen,
- mothers of children below the age of six,
- village health volunteers and village health communicators,
- households without latrines or drinking water,
- schoolteachers,
- monks,
- village heads,
- community development agents, and
- agricultural extension agents.

Certain principles should be adhered to in planning these seminars to make them effective and to facilitate attendance and participation.

- The groups should be kept small (six to nine persons) but not more than fifteen.
- A small per diem for transportation and meals should be given.
- A day should be chosen for the seminar that allows the target group to attend. (This may be a non-working day for government employees, but some provision for another day off should be made.)
- Child care should be provided for those who need it, especially for target groups involving women. (Lack of child care can be an obstacle to attendance. This obstacle should be removed. Tambol Nutrition Centers may be used for this purpose.)

- District staff should be well trained to lead small group discussions, to be "facilitators" rather than lecturers (see Appendix C).
- Efforts should be made to change the villages represented at various seminars to achieve maximum feedback from the whole district.
- A senior district staff member should be in charge of summarizing main points from the seminar for forwarding to the provincial health officers and the Region 1 Sanitation Center.

5.5 A Training Workshop Outline

Training for the pilot project will be given to the staff of the Region 1 Sanitation Center and to the provincial health and district health staffs. It will follow the plan outlined in the sub-sections below.

5.5.1 Part I: Major New Emphases for Hygiene Education

The trainers present the five new areas of emphasis (see Section 4.1). They may wish to explain the problems, constraints, and weaknesses of the former hygiene education program as a background to the new approach.

5.5.2 Part II: Concepts and Goals of the New Strategy

1. The concept of the new strategy is explained:
 - The new strategy does not involve much extra work. It is within the present capability of the staff. It requires no more budget, no more personnel and is within each worker's present job description.
 - The new strategy encourages bottom-up ideas for meeting goals. It is also consistent with the basic minimum needs concept whereby village development committees are involved from the beginning.
2. The way the strategy is to work with a village development committee is described: after the methods in the model hygiene education program are explained to the committee members, they should be given the opportunity to reject them and instead try their own methods. Thus, village committees should be encouraged to suggest their own ideas or methods for the new hygiene education program and for meeting goals set by this pilot project. Their ideas should be carefully developed and tried.
3. The concept of "active" versus "passive" methods for hygiene education is presented.

4. The concept of child health or child survival and the reason for an emphasis on young children are presented.
5. The concept of the team approach and cooperation of the team are presented. There will be many workers, each giving a few hygiene education messages. Some messages are different; some are the same. The program is complete if all team members are active and all target groups in the village are reached. The team weaves a net of messages that catches everyone in the village.
6. The reason for greater involvement of monks and women is presented.
7. The reason for the ten targets, reporting, and evaluation are presented.
8. Time is allowed for question and answers about concepts and goals.

5.5.3 Part III: Who Plays What Role--The Village Team

1. Trainers present the "scopes of work" for members of the village team: midwives, sanitarians, village sanitation craftsmen, monks, village health volunteers and village health communicators, schoolteachers, community development agents, and agricultural extension agents.
2. The new teaching materials for hygiene education are presented: the new latrine picture-sticker, the new rainwater storage jar picture-pamphlet, new flipcharts and slides for schoolteachers and monks, and a new picturebook for teaching toddlers to use the latrine.

5.5.4 Part IV: The Ten Targets--Reporting and Evaluation

1. The ten targets for each village are presented. The reasons for the high targets are explained: to eliminate the fecal-oral cycle of diarrheal disease.
2. The sanitarian's survey form and "software" reporting form for the ten targets are presented.

5.5.5 Part V: How to Be Effective Hygiene Educators

Since this new approach requires more small group and person-to-person interaction, participants are taught how to make these contacts very effective. Two guidelines adapted from the World Health Organization are presented:

- How to Make Individual and Household Contacts Effective and Positive (included here as Appendix B).
- How to Make Small Group Discussions Effective (included here as Appendix C).

5.6 Preparing for the Model Hygiene Education Pilot Project

The following tasks must be completed before the model program can be launched.

1. The provincial officers need to select one district in their provinces to be the pilot district for this project. Districts low to medium in development should be chosen.
2. The Region 1 Sanitation Center needs to complete the following tasks:
 - Make a request to the district health officers to select more women to serve as village health volunteers and village health communicators and to be trained as village craftswomen.
 - Develop more completely the above training course outline for provincial and district officers and staff and tambol leaders.
 - Prepare new teaching materials including:
 - a new latrine sticker (with pictures only) that appeals to small children (a popular cartoon figure on the sticker is suggested),
 - a rainwater storage jar pamphlet with pictures illustrating the same six messages that will be written on rainwater storage jars by the village craftsmen (and craftswomen),
 - flipcharts for schoolteachers and monks,
 - slides for teachers and monks who have access to slide projectors, and
 - a picturebook for teaching toddlers (about aged two to four) to use the latrine (a suggested title is "Kai Learns to Use the Latrine").

- Undertake a review of current school curriculum on hygiene education. For any messages that may be missing from the curriculum, supplementary teaching materials must be made. It may be that the new flipcharts and slides are all that will be necessary.
- Make a village sanitation survey form for use by the tambol sanitarian to conduct the self-survey on the ten targets. Design the sanitarian "software" reporting form where the results of the survey are summarized.
- Design a "certificate of achievement" to be given to villages that meet the ten targets. Also design revalidation stickers or certificates for subsequent years.
- Plan the details for effective evaluation seminar discussions (attended by representatives of team members and target groups) to be held twice yearly at the district level.

APPENDIX A

Officials Contacted

Officials Contacted

Ministry of Public Health, RTG

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APPENDIX B

**Workshop Guidelines:
How to Make Individual and Household Contacts
Effective and Positive**

Workshop Guidelines:
How to Make Individual and Household Contacts
Effective and Positive

Home visits and individual or family contacts require careful planning and implementation. Such visits could be for the collection of information about the village or the family, for providing information, motivation and education, for giving reassurance or psychological support, or for building up relationships. Whatever the purpose may be, attention to the following essential features will contribute to the effectiveness of the visits.

Planning for the visit

1. Study the records of the household or consult with friends to learn as much as possible about the individual or family before the visit.
2. Make notes or be prepared in advance on probable problems to be discussed during the visit.
3. Know the community resources and facilities available so that referral, if needed, can be made to the proper agency on problems in which the family is interested.
4. Check the scientific information necessary for the purpose of the visit.
5. Fix the time and date of the interview with the respondents or at least give them advance notice so that they expect you.

Approach to the individual or family

1. Introduce yourself and greet according to local custom.
2. Try to establish rapport with the individual or family. Rapport-building is an essential first step in gaining your acceptance, especially when approaching persons whom you do not know. Such rapport-building will be facilitated by revealing your knowledge of the family, talking about things they are interested in, revealing a willingness to serve, praising the interviewee for his accomplishments, and participating in some common activity.
3. Judge your length of stay by existing conditions. If the situation is convenient, avail yourself of it fully; if not, arrange a further visit.

During the interview

1. Be conscious of the social and emotional forces at work within the interview situation and capitalize on them if they are in your favor.
2. Lead people to do the talking and cultivate the ability to be a good listener.
3. Accept that your role is not to make decisions for the sake of others. Try instead to create situations and opportunities by which the interviewee will be helped to arrive at decisions on his own.
4. Be sure about the basic ego needs of the individual, the satisfaction of which could help you to lead him to discuss your ideas and come to the most appropriate decisions.
5. Remember that communication takes place through nonverbal channels as well as through speech. One should be conscious of these other channels and adept in interpreting them with respect to the interview situation.
6. Refrain from sermonizing, moralizing, or rendering judgments before the full facts of the situation are understood.
7. Listen to the family's problems; gain confidence by showing a sincere interest in them and by helping to redress them to the maximum extent possible.
8. Give commendations for carrying out suggested measures or for other good points of family and children.
9. Try not to make too many suggestions during one visit.
10. Talk in simple language and give clear and correct information.
11. Use terms people understand.
12. Demonstrate whenever required.
13. Explain any literature you may give to them.
14. Avoid clashes or arguments during contact. There are many ways by which one can put across ideas opposite to those expressed by interviewees without offending their feelings.
15. Have faith in people and their ability to solve many of their problems.
16. Never make a promise that you know is not within your power to keep.
17. Help the interviewee to feel at ease and ready to talk.

18. Do not terminate the visit prematurely. Often, in public health problems, repeat visits are necessary. Make plans for the next visit before breaking off.

Follow-up

During the interview certain decisions might have been taken that require follow-up action on your part. Attention to these is essential before you approach the person for the next contact.

Source: Pisharoti, K. A. Guide to the Integration of Health Education in Environmental Health Programmes. Geneva: World Health Organization, 1975.

APPENDIX C

**Workshop Guidelines:
How to Make Small Group Discussions Effective**

Workshop Guidelines:
How to Make Small Group Discussions Effective

1. Contact should be made with as many members of the group as possible, individually and prior to the meeting, to interest them in the problem proposed for discussion.
2. It is preferable to limit the membership to about 15-20 for group thinking. Care should be taken to include some leaders, innovators, and satisfied adopters in the group.
3. The date, time, and place of the meeting should be so fixed as to make it convenient for most members to attend.
4. Before the meeting starts, an effort should be made to ensure that everyone is comfortable so that the group will be relaxed and able to direct its thoughts to the topic being discussed. An introduction of members to each other is essential.
5. The best discussions will be had when the people are seated in a circle so that everyone can see the faces and expressions of every other person in the meeting.
6. At the outset of the meeting the group should decide about the leader, recorder, time schedules, and procedure.
7. The meeting may start by the group leader explaining the problem for discussion.
8. Every member should be encouraged to greater activity by giving him approval and recognition for the part he plays.
9. Speeches should be discouraged. The objective should be to secure expression of the views of as many individuals as possible.
10. The group may need pertinent information on the problem it is trying to solve. The educator should find out whether the required resources are available in the group; if they are not he may bring in resource persons from outside. The resource person should not make a speech but should simply impart the information that the group wants for its decision-making.
11. The discussions should be kept focused on the problem. There is bound to be a certain amount of digression occasionally, and a good leader will permit this, though not to the extent that it displaces the original goal.
12. There is a need to summarize the discussions occasionally so as to enable the group to focus on the subject and develop it further.
13. The leader should listen well and patiently and be careful not to impose a decision on the group. He should often make his contribution in the form of questions.

14. Members of the group are likely to express divergent opinions. But these should be integrated and conflicts resolved by pointed and humorous attitudes.
15. Compromise on the part of members, the admission of errors, and the occasional yielding of ground will help the group to proceed.
16. A group needs a recorder to produce summaries of the discussion and decisions. These summaries enable the group to see what it has accomplished from time to time.
17. Leadership functions in the group need not always be performed by one person. Making others take the leadership will enhance their status.
18. Occasional evaluation by the group of its own progress towards the achievement of goals enables it to identify any deficiencies, to remedy them, and to make better progress. The presence of an objective observer who can report back to the group has been found useful. The observer is concerned with such problems as:
 - a. Are the objectives of the group clear and well laid out?
 - b. What is the motivation of the group?
 - c. Is the group too leader-centered?
 - d. Are the leadership functions properly discharged?
 - e. How hard is the group trying?
 - f. Are the interests of members sustained?
 - g. Is the group cohesive?
 - h. Is communication open within the group?
 - i. Does the group have the information it needs to solve problems?
 - j. What progress is being made in solving the problem undertaken?

Source: Pisharoti, K. A. Guide to the Integration of Health Education in Environmental Health Programmes. Geneva: World Health Organization, 1975.