

EVALUATION OF KNOWLEDGE ON BASIC HYGIENE AND BEHAVIOR IN BURKINA FASO

EXECUTIVE SUMMARY

The USAID West Africa, Water Supply Sanitation and Hygiene (USAID WA-WASH) Program, through Winrock, implements the multiple use services (MUS) activity in Burkina Faso. MUS aims to enable rural households to improve sustainable access to water, income, health, hygiene and food security through the introduction of technically and economically viable services of multiple uses of water. In addition, MUS aims to improve the health of poor rural households by providing access to safe drinking water and improved hygiene practices.

This study was conducted in eight villages in five provinces of Burkina Faso to evaluate the knowledge, attitudes, and practices (KAP) in hygiene of the community members in order to develop a health promotion strategy in the MUS intervention area. The study was conducted between February and March 2013 in the villages of Koudiéré, Vilpalogo and Weglega in the Kadiogo province, Koukouldi in the Sanguié province, Tiogo-Mossi in the Boulkiemdé province, Moko-Oullo and Yaro in the Ballé province, and Nana in the Mouhoun province. The specific objectives of the study were: (1) to identify common health problems related to water and sanitation in the villages; (2) to determine the knowledge, attitudes and practices of people in terms of water use, sanitation practices and health issues in the villages; (3) to identify poor hygiene practices; and (4) to develop a hygiene promotion strategy adapted to the local context. This study was conducted in a participatory manner with stakeholders who are working directly or indirectly in hygiene and health sectors in the target villages.

The study methodology entailed review of literature on MUS to gather secondary data on hygiene and health in order to better guide the collection of data. Primary qualitative data was collected to complement the quantitative data of the MUS baseline survey that was conducted in 2012. The qualitative data collection involved interviews with village resource persons and heads of health centers and primary schools. Similarly, focus group discussions with the community members were held to collect data on the perception of the different target groups (men and women) on issues related to health and hygiene. An interview guide and focus group facilitation guide were developed as tools for data collection combined with direct observation of the physical environment in the target areas. Information from focus groups and interviews was processed through a content analysis. A content analysis interprets the meaning of the qualitative data, groups emerging themes and assign codes for the purposes of analysis.

The findings of the focus group discussions showed that malaria was the most common disease affecting the community members. This confirms the results of the baseline study conducted in September 2012, which showed that among the households surveyed, malaria was the common disease (83.1% of the households) followed by stomach problems (6.5%), diarrhea (3.5%), and cholera (0.2%). Further, this finding concurred with the results from the health centers in the villages of Oullo, Vilpalogo, Koudiéré, Weglega, Koukouldi, and Tiogo-Mossi which showed that the major reason for consultations at the health centers was malaria. Regarding the level of community's knowledge on hygiene, the interviews revealed that people linked unsafe drinking water and poor food hygiene to the stomach problems and diarrhea. In addition, in the villages of Oullo, Nana, Koukouldi, and Koudiéré, focus groups linked malaria to poor sanitation. Similarly, the baseline study conducted in September 2012 showed that 85.2% of households linked unsafe water to the common diseases in their communities. These findings show that people understand the link between unsafe drinking water, poor hygiene and common diseases.

In the villages of Oullo, Nana, Koukouldi, and Koudié, interviews revealed that the main source of drinking water was traditional (hand-dug) wells. In the villages of Yaro, Moko, Tiogo Mossi, Weglega and Vilpalogo, protected wells and boreholes were the main sources of drinking water. The 2012 baseline survey showed that only a small proportion (38.8%) of households surveyed used an improved water source for their drinking water needs. The community members attributed the use of traditional wells to their proximity to homesteads, the frequent breakdowns of the boreholes, the insufficient number of boreholes, the long queues at some boreholes, and the pleasant taste of the water from the traditional wells. The majority of people in the study area felt that the available potable water was of poor quality because they mainly get it from unprotected traditional wells where water is contaminated by dirt and runoff during the rainy season. Despite the bad quality of the drinking water, most of the community members did not treat water before drinking. In regard to hygiene practices, the focus groups discussions revealed that people had knowledge about the two key moments for hand-washing with soap as before meals and after visiting the toilet. However, community members did not wash their hands despite having the knowledge. The baseline study report showed that 85.9% of households surveyed did not practice hand-washing with soap before meals and only 0.3% of the households surveyed had hand-washing stations. Three primary schools and one health center had hand-washing facilities. However, it was observed that most hand-washing facilities were not functional which may indicate a lack of awareness or interest from the teaching staff in the enforcement of hygiene rules.

The study concluded that the members of the community have the knowledge about good hygiene practices but few households followed basic hygiene practices. Therefore, the hygiene promotion strategy used was centered on a community-based participatory approach. The objectives of the strategy are: (1) to promote hand washing with soap at key moments; (2) to promote safe drinking water around water points; and (3) to ensure maintenance of the water point and hygienic water collection, transportation, and storage. The strategy emphasizes the promotion of facilities for hand-washing. It targets households and students, with the involvement of resource persons in the village such as traditional authorities, local elected officials, religious leaders, local organizations, and teachers.

The hygiene promotion strategy is implemented through information-education-communication (IEC) activities and participatory hygiene and sanitation transformation (PHAST) tools to help communities improve hygiene behaviors. It also integrates gender in all hygiene promotion activities as over 70% of water-related activities, domestic hygiene and health in the household are the responsibility of women. The Program targets 40% representation of women in water point management committees and encourages women empowerment in the activities of hygiene promotion. Finally, the Program builds the capacity of women to form women groups to support the MUS activities and to promote hygiene. For sustainability of the strategy, the Program works closely with key stakeholders such as traditional and local authorities, teachers, and community water management committees. The involvement of resource persons from the village such as village councilors, the village development committees, traditional chiefs and religious leaders contribute to the mobilization of the population. In addition, the strategy targets children in schools to become agents of change in behavior within their own families and communities. Health and hygiene committees are established in schools to monitor hygiene promotion in schools. Water point management committees are set-up to ensure sustainable management. Media communication is adapted to the local context and includes home visits, posters in public places or institutions, theaters, forums, demonstration sessions of good hygiene practices, broadcasts of key hygiene messages and radio games around good hygiene practices.

The full report is available (in French) upon request via our website. For more details about our program activities and other reports please visit <http://wawash.fiu.edu/>.