

Behaviour Change Interventions on Baby WASH related behaviours in Lao PDR

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Stunting in children is a very prevalent problem in Lao PDR, which is why its government has set a target to reduce stunting by 25% until 2025. An approach termed ‘Baby WASH’ that includes food hygiene, clean play areas, control of animal faeces, and child handwashing, has been proposed to address the nutrition-specific and nutrition-sensitive issues in children under 2 years old or in their first 1000 days, respectively. The aim of the formative research at hand was to develop behaviour change strategies based on quantitative data of the population at risk for the behaviours handwashing with soap before feeding a child, controlling and inhibiting mouthing of food by a baby, and exclusive breastfeeding for the first six months.

Context

Lao Social Research, the local collaboration partner, realized data collection for the project at hand between April and October 2019 in four target provinces of Lao PDR – Xiengkhouang, Houaphan, Phongsaly and Oudomxay.

Objectives

The main goal of this project was to develop behaviour change strategies based on the realized analysis, which serve to promote handwashing with soap before feeding a child, controlling and inhibiting mouthing of food by a baby, and exclusive breastfeeding for the first six months in primary caretakers. Specific objectives were:

1. Use qualitative research to complete the quantitative RANAS questionnaire with which to realize household surveys.
2. Analyse the obtained data with a doer/non-doer analysis, use the results to choose behaviour change techniques (BCTs) and develop an evidence-based behaviour change campaign.

What motivated handwashing with soap and physical distancing?

We identified, measured, and determined current practices of target behaviours and their behavioural factors (RANAS phases 1 to 3):

- 616 quantitative interviews were conducted in May 2019 in 4 target provinces.

- Behavioural factors influencing the target behaviours were identified by a doer/non-doer statistical analysis.

Behavioural factors steering handwashing with soap before feeding a child: Belief that handwashing prevents sickness, belief about effort of handwashing before feeding, feeling of disgust, other’s approval and barrier planning.

Factors steering inhibiting mouthing of food by a baby: Belief that the baby will be healthier, belief about effort of inhibiting mouthing, other’s approval in the village, confidence in performance, remembering.

Factors steering exclusive breastfeeding for the first six months: Belief that breastfeeding avoids undernourishment, other’s approval in the household, confidence in performance, barrier planning, commitment.



Mother feeding a baby by hand, Lao PDR 2019.

How did we design the campaign?

Based on the behavioural factors identified with the [doer/non-doer analysis](#), behaviour change techniques (BCTs) were selected from the [RANAS catalogue of BCTs](#).

Together with our local partner, a contextualized behaviour change campaign was developed with the following elements (RANAS phase 4):

1. Intervention plan for handwashing with soap before feeding a child: In a caretaker meeting, participants are prompted to build a handwashing facility which makes it easier to perform handwashing (BCT 16: Provide infrastructure). A picture of the participant is taken on which hand washing is shown as pleasant and the participant is being asked to describe the good feeling of washing hands with soap and water (BCT 8: Describe feelings about performing the behaviour). During a household visit, the health promoter goes with the participant to check if they have a handwashing facility (this is to complement BCT 16: Provide infrastructure). If there is none, the participant is asked why not, what the problems are, how they can be resolved, and who could help (BCT 30: Prompt coping with barriers). A poster with a pictorial or painting expressing the statement 'We all care for our babies and wash hands with soap before feeding it' is fixed in the household (BCT 36: Prompt to agree on a behavioural contract). By means of phone messaging, the following messages are communicated: "We would like to remind you to our contract in which you agree to always wash your hands before feeding your baby". "Please imagine that your baby could fall sick because you did not wash hands with soap and water before feeding the baby" (BCT 12: Prompt anticipated regret).

2. Intervention plan for controlling mouthing: During a first household visit the promoter helps the family to construct a 'playpen', which is cleaned with water and soap before putting the baby down, if they do not have one (BCT 16: Provide infrastructure). In a second household visit, all caretakers are asked to commit to always controlling mouthing of the baby (BCT 36: Prompt to agree on a behavioural contract). A poster is made with the illustration: 'We all care for our baby

and make an effort to prevent that the baby picks up food from the floor and puts it into its mouth' (BCT 34: Use memory aids and environmental prompts). For phone messaging, the following statements are conveyed: "We would like to remind you of our contract in which you agree to control the 'mouthing' of your baby". "We hope that you succeeded. If it was not possible then reflect on the reasons why you did not control 'mouthing' and how you can do it better for the next time" (BCT 30: Prompt coping with barriers).

3. Intervention plan for exclusive breastfeeding for the first 6 months: During a first household visit, the health promoter asks the mother carefully whether there are situations when she cannot or when it is difficult to breastfeed her baby. Then she shows how other mothers have resolved this situation by story sharing of experiences of other mothers (BCT 17: Demonstrate and model behaviour). The health promoter encourages the mother to identify strategies already used in the past and to develop new solutions for how to perform exclusive breastfeeding for the first six months even if they have to work in the field (BCT 30: Prompt coping with barriers). In a second household visit, the health promoter informs the mother that important people in the village think that exclusive breastfeeding for the first six months contributes to the well-being of the baby (BCT 11: Inform about others' approval / disapproval). She asks other people in the household to express their belief that it is good for the health of the baby to perform exclusive breastfeeding for the first six months. Their support is requested (BCT 21: Organize social support).

Conclusion

These intervention plans were integrated in the Government of Lao's National Nutrition Social Behavioural Change and Communication Strategy and Action plan to ensure a nation-wide consistency in messaging and approach.

An evidence-based campaign design with the RANAS approach is convincing authorities because the campaign is data driven and therefore tailored to the motivations of the local population.

Further information: Information on the RANAS model and practical approach; the Behaviour Change Techniques Catalogue and more fact sheets on the RANAS approach can be accessed on www.ranas.ch

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