

Behaviour change for promoting safe and equitable child faeces management in Solomon Islands

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Solomon Islands



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Situational context – why CFM in Solomon Islands?

- Approx. **45%** of Solomon Islanders practice open defecation
- Children are vulnerable, their health and wellbeing is affected as they spend a lot of their time on the ground.
- Diarrhea is a leading cause of children mortality also causing child malnutrition and stunting
- Open defecation by young children is frequently observed by Community-Led Total Sanitation (CLTS) facilitators and is not currently addressed by CLTS activities



Research overview – aims, objectives and process

AIM → Develop a behaviour change intervention, that can be incorporated into CLTS, to improve CFM (including by men), ultimately influencing national government policy

OBJECTIVES

- Document **current CFM practices** and the *perceived advantages* and **disadvantages** associated with them.
- Explore **motivations** for safer CFM and how these could be used in behaviour change communication.
- Describe the **extent of knowledge** about the role of child faeces in the transmission of infection.
- Explore **potential communication channels**, including through CLTS implementation



Behaviour change campaign overview

Following formative research, co-design and pretesting of pilot activities:



Phase one - Formative research

- Two provinces – Isabel (2020) and Guadalcanal (2021)
- Five **CLTS villages*** – Kolomamata, Baghovu, Salio, Bubumala, Verakoukou
- **57 HHs with children less than five**

Phase two – Controlled before-and-after pilot of campaign

- 12 villages with baseline surveys & interviews
- 6 villages with intervention
- Same 12 villages endline M&E

Behaviour change campaign overview

Framework:

Behaviour Centred Design (BCD)

Suite of activities and guidance designed for community-level engagement of both mothers and fathers of young children

Strong motives (from formative research) included NURTURE, DISGUST and AFFILIATION

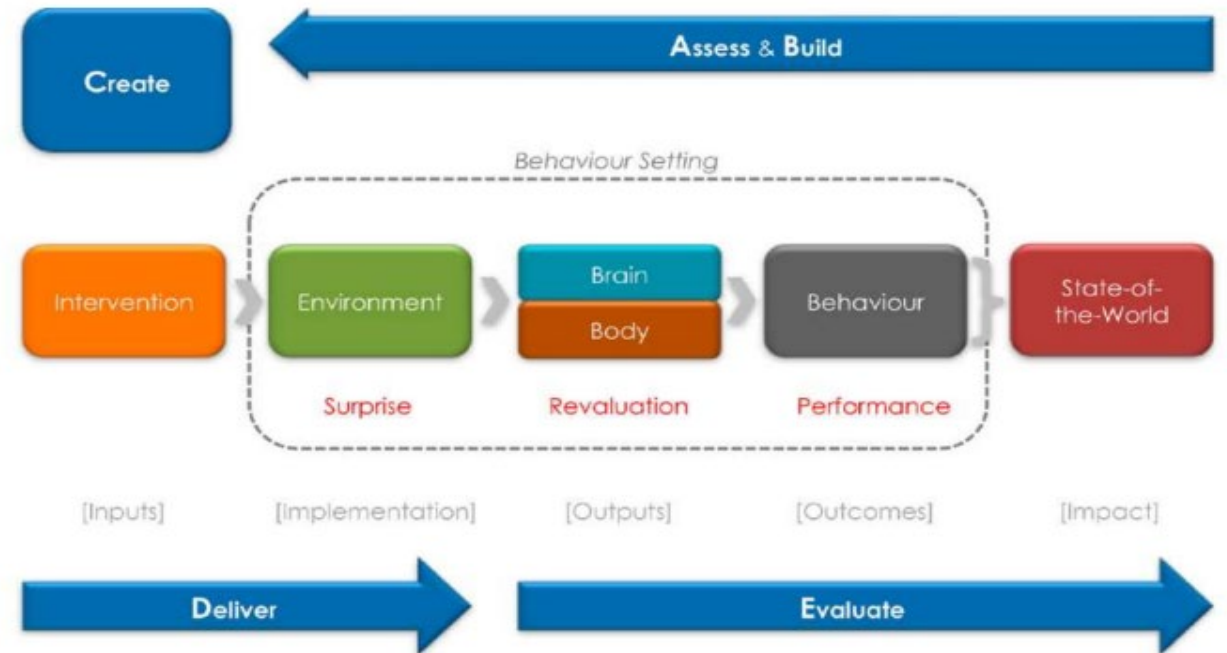


Figure 1.2: The Behaviour-Centred Design approach (Aunger & Curtis, 2016)

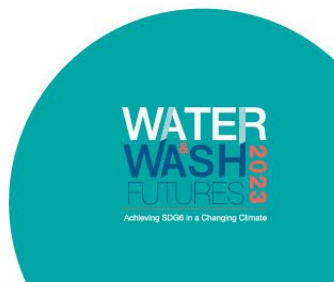
Behaviour change toolkit

Designed to be imbedded in the post-triggering/monitoring stages of CLTS

Four group activities:

1. Nurture statement- Always our children comes first
2. Duim raet samting wetem poopoo bilong pikinini (Doing the right thing with child's faeces-video screening)
3. Role play-(pikinini poopoo olobaot)
4. Duim datwan (commitment plan)

Plus household visit one week later for checking in





What did we find during our pilot?

High scale of satisfaction regarding holding attention from participants, novelty of information provided as well as comprehension of the activities and willingness to practice CFM.

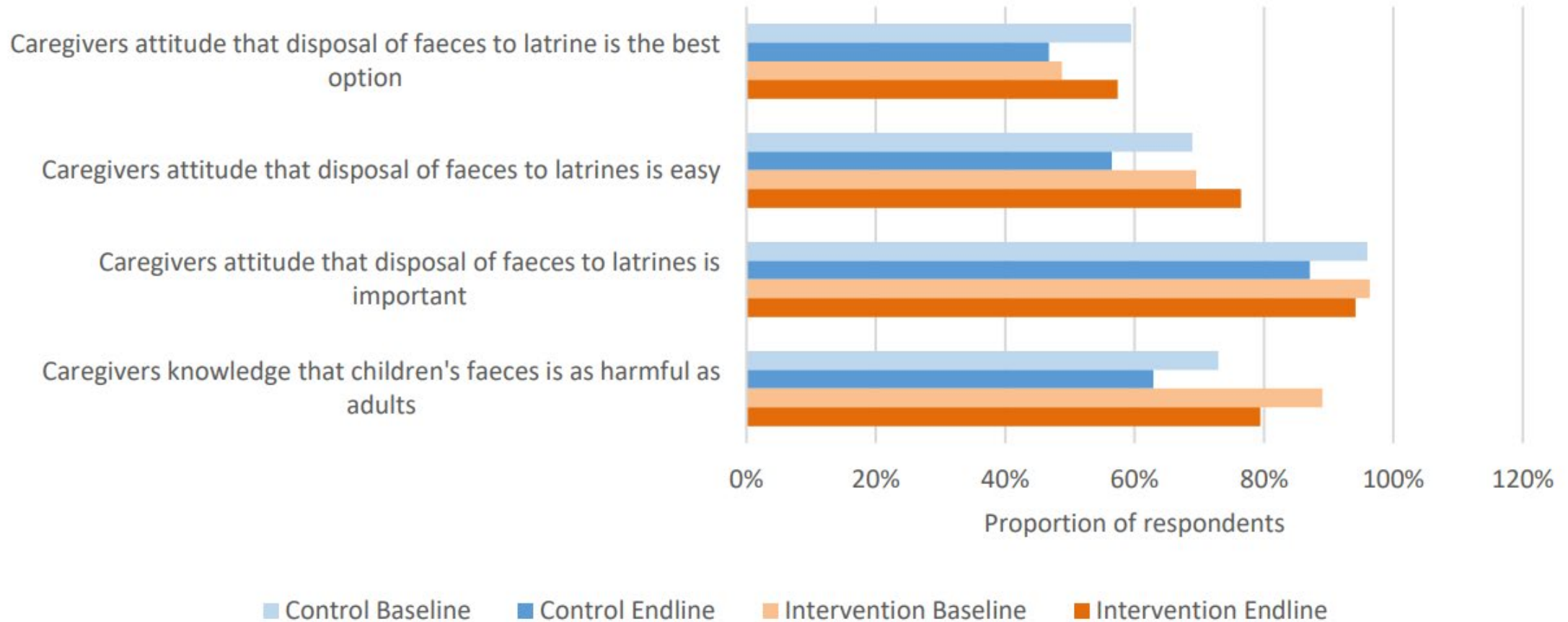
CFM workshops provided spaces of reflection about knowledge, attitudes and practices:

“I went home after Session A and taught my son how to use the toilet and about handwashing”

Mother



PO1b, PO1c and PO1d - knowledge and attitudes



Gender aspects and specifics of results

- Fathers reported being more motivated and more likely to be involved in their kids' waste disposal after attending the workshops *“I can also involve in managing my child’s faeces” Baloi-Father-EL*. Still equitable CFM practices needs to be reinforced
- Although fathers showed the greatest improvement in disposing of faeces to a latrine, having latrines or toilets nominated as the biggest barrier to practicing safe CFM.



**“I think fathers are now changing unlike before
where fathers do not touch the faeces.**

**Today, fathers can do that because I think they have
come across lot of groups that talks about sanitation
and hygiene practice”**

Senior woman, Baloi village, Solomon Islands

Ways of seeing and ways of knowing

Most successful – role modelling and video storytelling



Barana Village



Kotawa Village

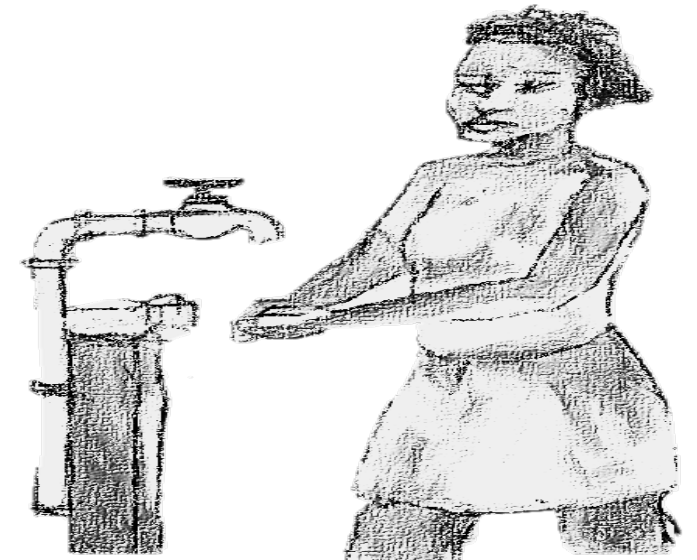
Ways of seeing and ways of knowing

Inviting primary agents of change in CFM (mothers *and* fathers)



Barriers to improved practice

- No access to a toilet
- Shorter timeframe of the pilot
- Lack of capacity amongst existing CLTS implementers
- Covid 19 restrictions limiting the time available for in community work.
- Some respondents in control villages had heard news of the intervention being conducted in other communities.
- Needs integration with other programs – infrastructure upgrades, gender programming, water conservation, etc



Way forward

- Interaction with Sanitation Technical Working Group + UNICEF (ONGOING)
- Additions to Trainers Manual for CLTS in the Solomons (ONGOING)
- Implementation and larger trial of tools & approach



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