

Editorial: What does it take to change behaviour?

RICHARD C. CARTER

Recognition has been growing in recent years that many of the potential benefits of WASH programmes will not be experienced without significant changes in human behaviours. The idea that simply providing people with good information and reasoning will bring about such change has long been abandoned. Information is part of the picture, but maybe only a small part.

For a moment, let's be specific. Which behaviours need to change and why? The most obvious changes surround hygiene and sanitation, since it is here that my actions in relation to handwashing and my use and care of my latrine have the greatest impact on the health of you and your children, as well as on that of my neighbours and friends. My failure to wash my hands at a critical time can result in my passing on infections to you. If I defecate in the open, that exposes my community to risk.

But behaviour change is also important in the area of water supply and wastewater management. In the case of community (shared) water services, if I do not do my bit in terms of helping to care for the infrastructure, contributing financially to its maintenance, and supporting those in and beyond the community who manage it, then I am putting others at a disadvantage. Where water and sanitation services are provided by a utility, I still have a responsibility to pay my bills, report faults and dispose of wastewater with care.

In short, the enjoyment of better water and sanitation services requires certain behaviours in me, which are to the benefit of all service users.

We all grow up surrounded by and practising certain behaviours, and probably never think to question most of them. It is often only when we experience other cultural or social norms that we question our own, or criticize the other. What we wear, what we consider polite, what is acceptable or unacceptable behaviour or speech – is all absorbed by us as we grow up. Some of it we can rationalize – 'I do this because ...' – but other things are simply learned habits with no rational explanation – 'It's the done thing ...'. Much of what we do reflects the culture in which we were raised, while other aspects relate to the social groups in which we mix.

Part of our problem as those involved in trying to improve water and sanitation services and hygiene practices is that we think we know what practices or behaviours are needed, and we think we know why. The question 'why?' mostly centres on health and its improvement. We take it for granted that better health is the main reason for doing WASH work. It then follows that all people should enjoy

Richard C. Carter (richard@richard-carter.org) is Director, Richard Carter and Associates Ltd; Senior Research Associate, Overseas Development Institute; and Visiting Professor, Cranfield University, UK.

© Practical Action Publishing, 2015, www.practicalactionpublishing.org
<http://dx.doi.org/10.3362/1756-3488.2015.026>, ISSN: 0262-8104 (print) 1756-3488 (online)

a certain minimum level of water and sanitation service, with no time limit, and that their behaviours should reinforce the use, management and financing of those services. Furthermore, the way in which water and sanitation services are used – water for personal and home hygiene, sanitation to safely contain faeces – requires certain behaviours which may not have been present before.

I express this as a problem for those of us working to improve WASH, because it is all too easy for us to impose our professional reasoning and rationale on those whom we are trying to help. Just as many behaviours are learned irrationally, so those behaviours may need to change without relying too much on the rationality of science and project logic. It has been well-recognized for some time now that the drivers of behaviour change in sanitation and hygiene are often more to do with individual emotions and social status than cold hard reasoning about health benefits.

So what does it take to bring about the behaviour changes that are needed to achieve equitable and sustainable outcomes in WASH programmes, and ultimately the full health and non-health impacts which we desire? There can be a tendency to plan ‘all-or-nothing’ approaches here. We may have in mind an entire set of practices – such as handwashing at five key times, combined with clean used latrines, tippy taps, household dish racks, bathing shelters and rubbish pits – when actually all of this may be a step too far too fast. In recent years others have promoted ‘small do-able actions’, a more limited approach to begin a process of behaviour change rather than trying to do all at once.

Whatever the approach, it is clear that certain components are needed in behaviour change programmes. Those whose behaviour is to change need information, advice, comprehension, incentives, freedoms, intention, resources, group cohesion, peer pressure, sanctions, enforcement, and time. But the relative importance of each of these aspects depends greatly on cultural and social context and on existing practices.

No one size fits all, but a few common principles apply. To be effective, behaviour change programmes must be based on local ‘formative’ research; they should build on and not undermine present practices; they should recognize the ‘irrational’ ways in which human beings behave and in which we change our behaviours; they should use communication methods which fit the culture; they should take sufficient time to build relationships of trust; and they should work to overcome obstacles and hindrances to behaviour change identified in the research carried out before programme design.

In this issue of *Waterlines* you will find much to stimulate your thinking and reflection about this important topic, with papers from Cambodia, Haiti, India, Kenya, Nepal and Tanzania – not the final word on the topic by any means, but some valuable contributions nonetheless.

Richard C. Carter