Promoting Handwashing with Soap in the Indigenous Community Context

Dr. Elizabeth McDonald, Senior Researcher
Child Health Division, Menzies School of Health Research
Darwin, Nth Territory, Australia

Hosted by Jane Barnet
jane@webbertraining.com

www.webbertraining.com

Remote Aboriginal Communities

Indigenous Australians are disadvantaged across all the social determinants of health compared to non-Indigenous Australians.

Poor Environment Health/Household Crowding

The underlying reasons why children have a high burden of infections are complex.

Endemic Infections / Poor hygiene

Chronic URTIs  Chronic CSOM
Chronic Cough  Scabies & Skin Infections
Chronic diarrhoea

Serious Consequences

Bronchietasis: chronic wet cough, breathlessness, emphysema
CSOM: permanent hearing loss, poor learning, social isolation, unemployment
Failure-to-thrive: stunting, higher risk of chronic diseases in adulthood (hypertension, diabetes, renal disease)
Rheumatic Fever: Rheumatic Heart Disease

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Main transmission routes of infection

Most infection is transmitted primarily by direct contact (person-to-person, aerosol or droplet) and/or contact with contaminated fomites or animals.

Contamination and transmission

Indigenous children are 23-fold (8% vs 0.3%; relative risk, 23; 95% CI 3, 185) more likely to have hand contamination with respiratory pathogens (S. pneumoniae, H. influenzae) compared to children attending urban child care centres.

In remote communities intra-familial transmission (specifically siblings to infant transmission) is responsible for early (at 2 weeks) bacterial colonisation (with respiratory pathogens) of newborns.

Evidence Base – handwashing with soap

<table>
<thead>
<tr>
<th>Study</th>
<th>Outcome</th>
<th>Relative Risk/Incident Density Ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luby, Agboatwalla et al 2004 RCT</td>
<td>Diarrhoea, Mean Incidence Antibiotic Soap, Main Soap</td>
<td>0.50 (0.36, 0.63) 0.47 (0.35, 0.59)</td>
</tr>
</tbody>
</table>

The content of hygiene education programs need to initially focus on the performance of the basic hygiene behaviours at the appropriate times. Didactic teaching methods should be avoided. The use of ‘score’ strategies is not likely to be effective. Rather, providing positive images, the use of role models and social marketing strategies are likely to be most successful.

Evidence Base

The Hygiene Improvement Framework

Key Elements for Hygiene Promotion

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>The high tolerance of young children defecating in the open poses an ongoing health risk to all children.</td>
<td>Acceptable and feasible methods to counter the negative effects of this practice (or change the behaviour) need to be identified. This should be achieved by using participatory methods to develop interventions.</td>
</tr>
<tr>
<td>A low level of awareness exists around the risks posed by common childhood infections and the potentially infectious nature of discharge and exudates due to respiratory and skin infections.</td>
<td>Health education and hygiene promotion programs should aim to raise the level of awareness around the potential infectious nature of faeces and most body fluids.</td>
</tr>
<tr>
<td>Currently there is a low level of compliance among community members to performing the most basic of hygiene behaviours, e.g., handwashing after changing infants’ nappies and contact with young children’s faces.</td>
<td>The content of hygiene education programs need to initially focus on the performance of the basic hygiene behaviours at the appropriate times. Didactic teaching methods should be avoided. The use of ‘score’ strategies is not likely to be effective. Rather, providing positive images, the use of role models and social marketing strategies are likely to be most successful.</td>
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Social Marketing

The aim of social marketing is to make it as easy and as attractive as possible for the consumer to act in compliance with messages and to popularise positive health behaviours. The process of social marketing requires the active involvement of the target population, who voluntarily exchange their time and attention for help in meeting their health needs as they perceive them.

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Social Marketing

Social marketing borrows heavily from commercial marketing, especially in the use of the “4 P’s”, that is, “product, place, promotion and price”

Some general criticisms of the social marketing approach include:
- marketing campaigns do not encourage intellectual development but seek to change behaviours solely by satisfying consumer desires
- social marketing processes are not educational, particularly in the sense of helping learners to become autonomous decision makers
- social marketing does not strive for cognitive mastery
- social marketing methods promote the adoption of behaviours without a framework of understanding.

Hygiene Behaviour Change Hypothesis

Environment
- Social Norms
- Physical Facilities
  - Cues
  - Costs
- Biological Signs of contamination

Brain
- Planning
  - Teach my child manners
- Motivation
  - Disgust
  - Norms
  - Comfort
  - Nurture Behaviour
- Habit
  - Train children
  - Tips to train myself

Behaviour Change

No Germs on Me Handwashing Campaign

All health promotion resources developed for the No Germs on Me Handwashing Campaign, including TV advertisements are available at no cost from:

Questions

If you would like a full list of the paper referred to in this presentation or have any questions my contact details are:

Dr Elizabeth McDonald
Menzies School of Health Research
Darwin, Northern Territory Australia
elizabeth.mcdonald@menzies.edu.au

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