



Can disgust and shame lead to cleaner water and more handwashing? Impact evidence from Bangladesh

Globally, diarrhoea causes the deaths of more than 750,000 children under the age of five every year. Improvements in water quality, sanitation and hygiene are associated with a reduction in risk of diarrhoea. However, treating water and regular handwashing with soap are not common practices in several low- and middle-income countries, including Bangladesh.

The idea of provoking shame and disgust about poor sanitation and hygiene has been used in community-led total sanitation programmes in a number of developing countries. The approach is meant to promote collective consciousness and action for improving sanitation. But does it work?

To find out how disgust and shame may affect safe water and handwashing practices, 3ie supported a research team to conduct a randomised impact evaluation between 2011 and 2014. This study involved 650 compounds of households in selected slums in Dhaka, Bangladesh.

What they did

The team¹ tested whether behaviour change messages provoking disgust and shame amongst people within each compound are more effective than public health-related messages promoting safe water and handwashing. The study also examined whether providing easy and free access to soap can improve handwashing behaviour.

All of the compounds that were part of the intervention received a free trial of a chlorine dispenser. This was

Did it work?

The impact evaluation showed that the intervention did not change behaviours.

- The messages aimed at creating disgust and shame did not increase demand for water treatment or improve handwashing behaviour compared to the standard health messages. Qualitative research showed that most residents in the compound did not attend the meeting where messages related to disgust and shame were communicated. Very few men watched the entire presentation. The women who were part of the meeting reported being unable to persuade men to adopt handwashing and water treatment practices.
- Use of the chlorine dispenser was low.
- There appeared to be low interest in chlorine dispensers. At the end of the free trial, only about a fourth of the households agreed to participate in an auction where they had to state their willingness to pay for the chlorine dispenser.
- The provision of the soapy water bottle led to a modest change in handwashing behaviour, regardless of the type of behaviour change message participants received.

¹Guiteras, R, Jannat, K, Levine D and Polley, T, 2015. *Testing disgust and shame-based safe water and handwashing promotion in Dhaka, Bangladesh, 3ie Impact Evaluation Report 29* (forthcoming) New Delhi: International Initiative for Impact Evaluation (3ie).

followed by a sales meeting where they could choose to continue with a subscription for the dispenser, its maintenance and refill. Half the compounds were shown a presentation that included messages on the health benefits of practising safe water and hand hygiene behaviour. The other half of the compounds received the disgust and shame intervention. This consisted of meetings where flip charts, demonstrations, role play and storytelling were used to explain health-related risks. But the emphasis was on provoking disgust and shame by demonstrating how faecal matter gets into drinking water and how it stays on the hands if they are not washed with soap. It also emphasised the role neighbours can play in spreading faecal matter.

Two-thirds of the compounds were also randomly selected to receive a bottle filled with water mixed with inexpensive laundry soap. This soapy water bottle was left near the latrine or water source. Compounds receiving the bottle were also exposed to additional behaviour change messages that either emphasised health risks or the shame of having faeces on your hands if you don't wash with soap.

What next: lessons for future research and practice

This study pointed up a number of implementation factors that may have affected the impact of the messages and use of the dispensers.

The smell and taste of chlorine appears to be a deterrent in adopting water treatment. Since the quality of water tends to be poorest during the monsoon, the authors recommend

marketing chlorine dispensers during other seasons so that the concentration of chlorine in water can be low. This would give people the time to get used to the taste.

Participation appeared to be affected by sex and gendered roles and relations. More evidence is needed to see whether changes to programme design might lead to the desired behaviours and improved sanitation and hygiene.



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