

The Status of Hygiene Behaviours for Cholera Prevention in Hotspots in Zambia

TARGETED ACTION FOR PREVENTION OF CHOLERA
TAP-C

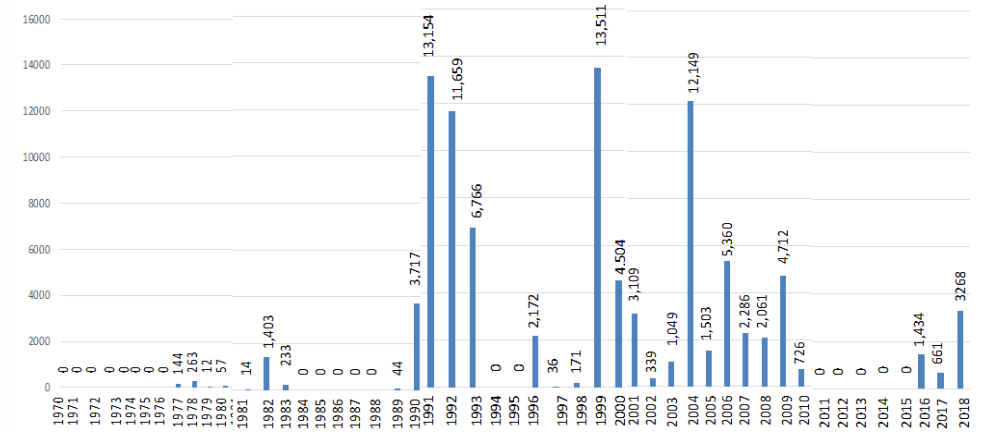
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Background

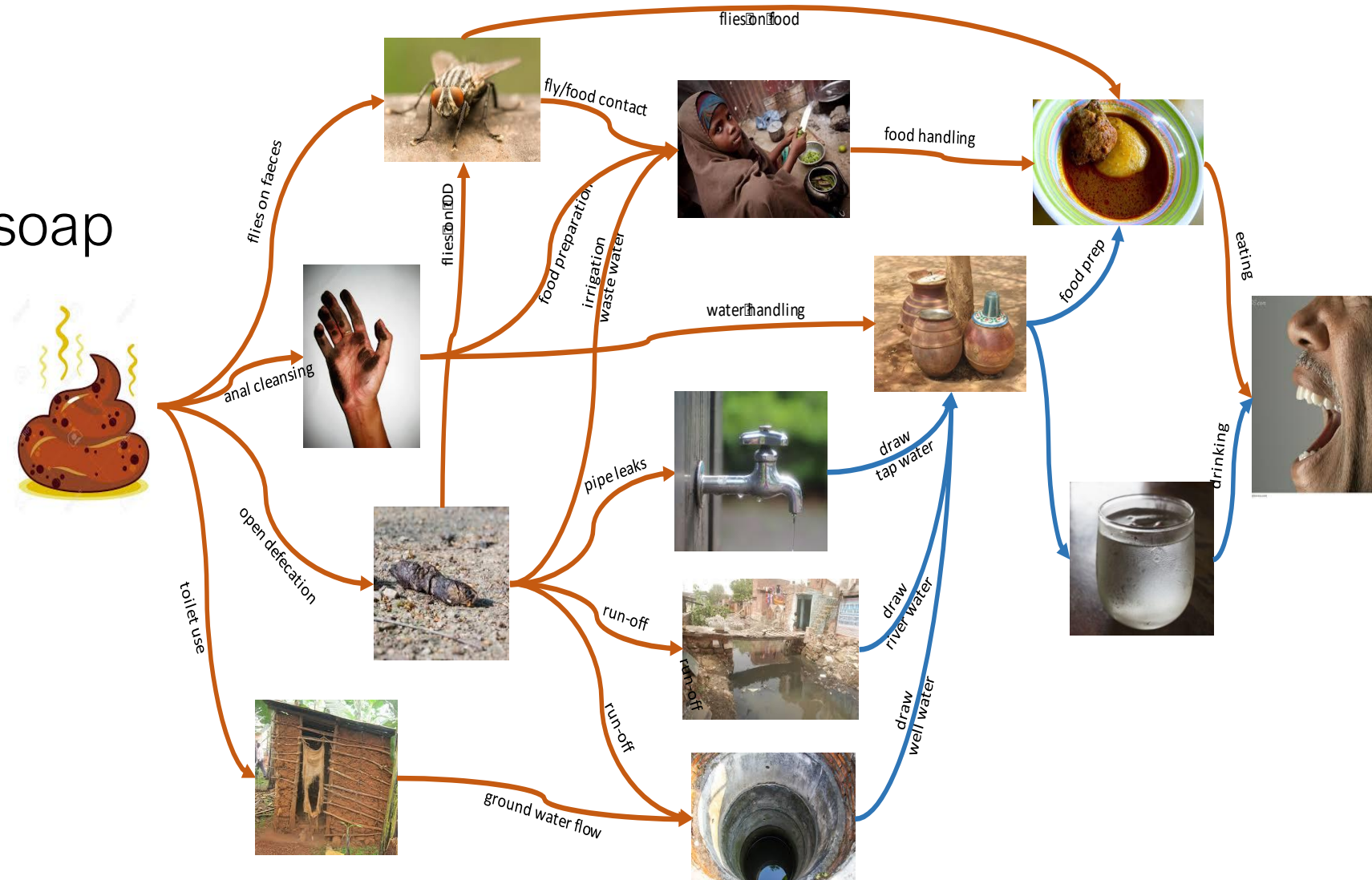
- Zambia is a low middle-income country in the Sub-Saharan Africa with a population of ~17million
- Access to WASH services remains sub-optimal
 - Safe drinking water
 - Improved sanitation
 - Functional HWWWS locations
- Limited evidence on the behavioural determinants

Historical Cholera reports in Zambia

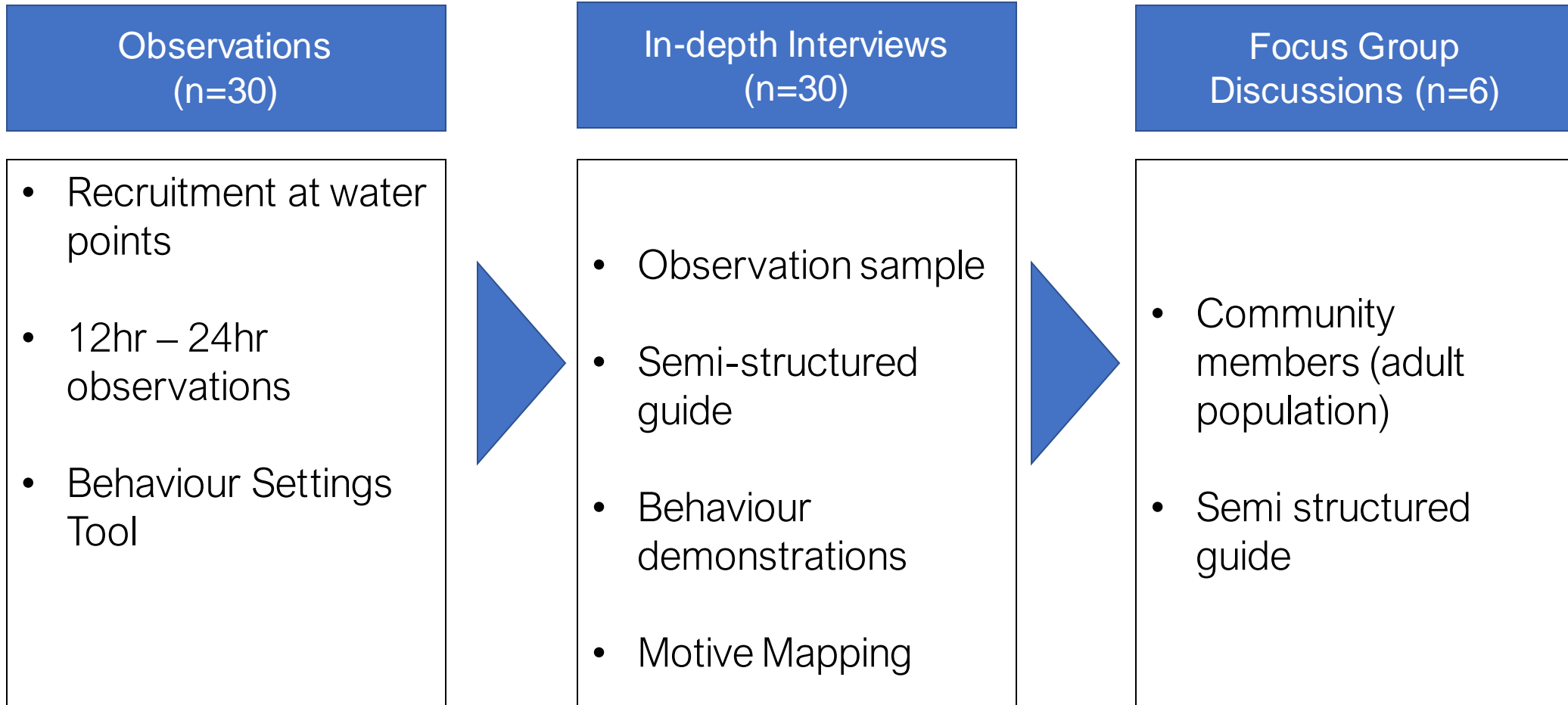


High Risk Behaviours for Cholera Transmission

1. Handwashing with soap
2. Water treatment
3. Re-heating of food



Exploratory study to explore the behavioural determinants for cholera prevention behaviours



Study Sites



- Wet lands with people living on temporal structures called floating islands
- Transient population
- Fishing major economic activity
- Approx 60,000 people
- 27 cholera cases reported during 2017/2018 outbreak



- Typical rural areas
- Borders the DRC
- Two villages targeted with an approximate population of 30,129
- Fishing and farming main sources of income
- 63 cholera cases reported during 2017/2018 outbreak



- Largest peri-urban area and most populated with approximately 370,000 people.
- Rely on shared onsite sanitation
- Access to drainage and garbage services is poor
- 1026 cholera cases reported during 2017/2018 outbreak

HWWS Behavioural Determinants

	Kanyama	Lukanga	Chiengi
Infrastructure	No handwashing location or infrastructure in place	No handwashing location or infrastructure in place	No handwashing location or infrastructure in place
Presence of Soap (observation)	3/12 (25%) observed with soap	1/6 (16%) observed with soap	6/12 (50%) observed with soap
Behaviour Props	Wash basin, soap, water, jar, cup container and soap holder all used in HWWS practice however are found in different locations making HWWS cumbersome		<i>You find that the soap is in the house and you are outside and you want to do other things so you find that you just wash with water</i>
Motives	<i>In a year, it is in rain season when we consistently wash hands with soap, starting from November, December, January, February and March, that is when we wash our hands very much...because we are scared of cholera</i>		<u>Fear</u> , nurture, comfort, affiliation and justice were selected as motives for HWWS
HWWS Norms	HWWS rarely practiced after faecal contact and most practiced after eating main meal. HWWW practiced before main meal.		

HWT Determinants

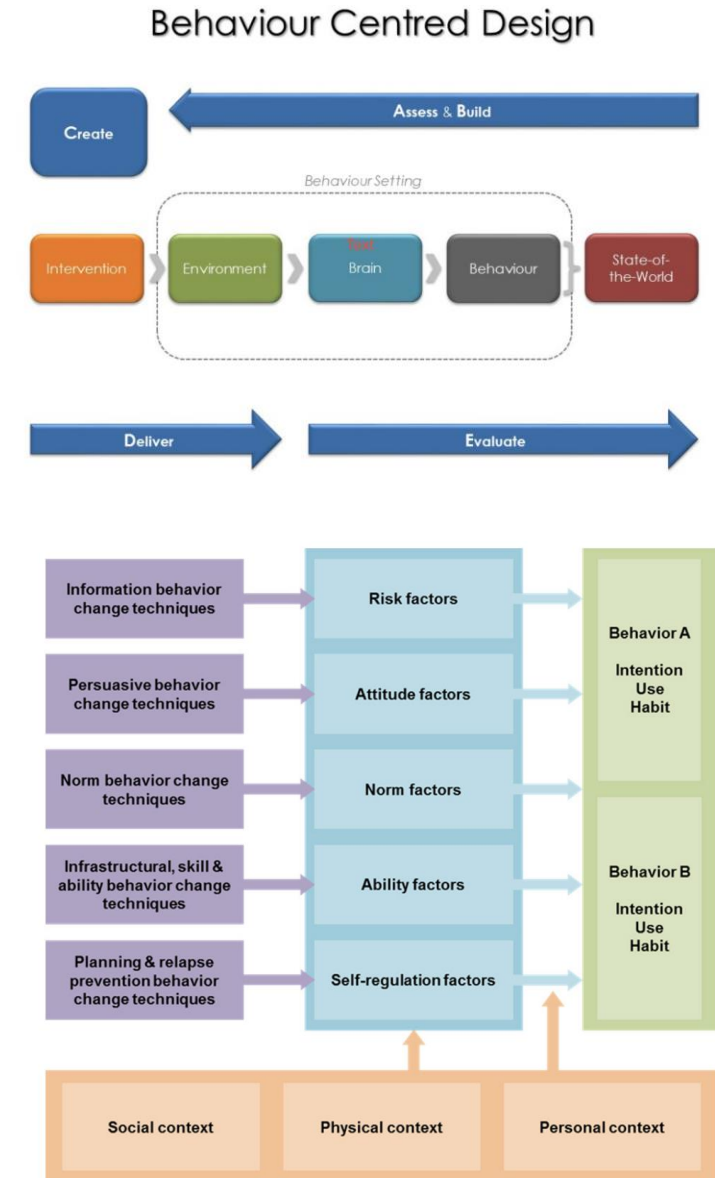
	Kanyama	Lukanga	Chiengi
Infrastructure: Water Source	Water sources reported are communal taps, piped on plot, and shallow wells	Water sources reported include rain-water and the swamps	Reported water sources are lake Mweru, dug wells, scoop wells and communal boreholes (hand pipes)
Props: Chlorine	Only 2 out of 12 had chlorine	No chlorine	No chlorine
Props: Storage Containers	6 /12 used narrow mouthed	6/6 used narrow mouthed containers	2/12 used narrow mouthed containers
Planning and Knowledge	Dependency on health facility to distribute chlorine. Consistently report the correct measurement for a 20l container, however variation exist for 5l and 10l containers. Time taken before drinking chlorinated water unknown		
Roles and Norms	Drinking water stored and covered in separate container from water used for other purposes. Mothers were responsible for ensuring water was treated		
Motives	Fear, nurture, affiliation, justice, love and create		

Food Re-heating Determinants

	Kanyama	Lukanga	Chiengi
Behaviour	2/6 observed re-heating	No storage or re-heating observed	1/6 observed re-heating
Stage	Indoor kitchen or outside	Outside or separate hut	No designated area
Props	Charcoal	Firewood	Firewood
Props	Aluminum pots with lids, "warmers", plastic bags. Small buckets to put containers and food inside. More options in peri-urban areas compared to rural areas		
Roles and Norms	Mothers and daughters responsible for ensuring food is reheated, re-heating especially practiced where there is a male head		
Planning and Knowledge	The extent to which food is re-heated is determined by taste, touch or color.		
Motives	Predominantly motivated by comfort and disgust as food was re-heated to improve taste, avoid stomach pains and nausea		

Recommendations for Behavioural Interventions

1. Theory driven behaviour change interventions that leverage on motives to drive change rather than health benefit messages.
2. Social marketing campaigns for props required to perform the behaviour (e.g chlorine, soap, food storage containers)
3. Shared responsibility as opposed to focus on women and girls
4. Timing of implementation must not focus on cholera seasons



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