

Inculcating the Handwashing Habit Through Social Marketing Among Poor Children in India

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Chapter Overview

This case describes a campaign run by the Rotary Club in Chandigarh, India, to introduce the habit of handwashing among poor children living in slum areas in a city in India. Several studies have pointed to the fact that inculcating the simple habit of handwashing among children can reduce disease and improve mortality rates. However, due to various constraints and beliefs, it is difficult to develop long-term habits. Through this project, an effective attempt was made to apply marketing principles to this social cause and to build excitement around the activity to affect long-term behavior change. The authors were part of this project. This case is the result of direct experience in the project together with a theoretical background.

Introduction

The legitimate aim of companies is to sell products and services to make a profit. However, it is increasingly being felt that they should benefit society as well. While some companies give donations to social organizations and others start social projects, many others depend on corporate social responsibility (CSR) activities. This paper shows that great benefits can be achieved if management and marketing principles are applied to CSR activities to bring about behavioral changes among

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people. Indeed, social organizations have a lot to learn from the marketing discipline to bring about the lasting changes that they seek.

Since marketing is concerned with identifying and fulfilling consumer needs, social organizations too must identify the needs of the target audience before embarking on their programs. This case study describes how marketing principles were used successfully to inculcate the habit of handwashing among poor children in India.

Campaign Background and Environment

The target audience was identified as children and their mothers. But they were not receptive to direct messages about public health. Thus, introducing elements of marketing and branding helped make a success of an otherwise boring hygiene message. The paper shows how marketing activities can be devised in ways that will be relevant to the target audience and generate interest. It has great applicability for social organizations who wish to market similar messages for affecting long-term change in habits.

Theoretical Background

Many theories of social learning have been proposed. The Health Belief Model (HBM) explains and predicts health behaviors and takes into account the attitudes and beliefs of individuals. It was developed by Hochbaum, Rosenstock, and Kegels and has been used and adapted to explore health behaviors (Rosenstock et al., 1998). The HBM predicts people's "readiness to act," which, together with cues, stimulates behavior. In other words, attitudes and beliefs have to be addressed to induce health-related behavior.

Another theory that is relevant here is the Extended Parallel Process Model (EPPM), which analyzes the use of fear appeals to motivate people to change their behavior. The EPPM attempts to answer how and why fear appeals succeed (Witte, 1992). Fear appeals are often used in hygiene-related interventions and the fear of illness usually causes people to adopt better habits and behavior. Unfortunately, fear appeals have been overused by health professionals. They can be ineffective among very poor people, because they feel they have nothing to lose.

We also draw upon reports that describe similar work across the world. Diarrhea is reportedly a common cause of morbidity and a leading cause of death among children aged less than five years, particularly in low- and middle-income countries, according to the *Hand washing for Preventing Diarrhoea Review* (Ejemot, 2008). Interventions such as inculcating the habit of handwashing interrupt the transmission of diarrhea-causing pathogens; studies have shown that strategies to encourage handwashing with soap can reduce the incidence of diarrhea by about one-third, and in young children by as much as 48%.

Though it is an easy way to prevent diseases, and despite its low cost and proven benefits, rates of handwashing with soap are very low throughout the developing world (*The World Bank*, 2005). Both knowledge of the practice and availability of water and soap are the basic requirements. Mere washing with water is not enough; soap helps in removing pathogens and also chemically kills contaminating and colonizing flora making handwashing more effective.

Studies by the World Bank of handwashing habits in Peru and Vietnam show that campaigns relying on mass media and limited community intervention often fail. A study of a large-scale handwashing campaign in Vietnam in 2010 (Galiani et al., 2012) shows that there was no difference between the treatment in the experimental and control groups, with no impact on health or productivity. “These results suggest that even under seemingly optimal conditions, where knowledge and access to soap and water are not main constraints, behavior change campaigns that take place on a large-scale face trade-offs in terms of intensity and effectiveness,” says the report. The World Bank evaluation of a large-scale intervention in Peru also shows limited results (*The World Bank Policy Research Paper 6257*). It found that the mass media intervention alone had no significant effect on handwashing knowledge or handwashing behavior among the target audience.

Most campaigns to encourage handwashing place emphasis on the threat of disease to get people to change their behavior and educating people about transmission of disease. Mass media is also shown to be an ineffective method for such campaigns. The failure of these campaigns suggests that focusing on disease prevention or using mass media is not very effective. The need is to change the habits and motivations of the target audience. Behavior change campaigns thus have to be devised that yield trade-offs in terms of effectiveness. This is what we set out to do.

We decided to change habits by using the “five levers of change” used by Unilever (Weed, 2015), which consists of cementing habits by (a) making it understood, (b) make it easy, (c) make it desirable, (d) make it rewarding, and (e) build it into a habit. We also decided to approach the problem by applying marketing principles to building habits just as we would sell a consumer product.

The Clean Hands Project

The Rotary Club, which is active in social projects, took up the task of inculcating the habit of handwashing among poor children in the slum areas of Chandigarh. It used marketing principles and elements of branding and promotion to identify the target population, communicate to them, get them involved, and thereby inculcate the habit of washing hands after using the toilet or before eating meals. The aim of the project was to prevent disease and to improve general hygiene.

An initial study was undertaken to understand the target market and its motivations. While talking to a sample of the population, we found that people in the slums near a city were subject to several awareness campaigns taken up by government and non-government organizations regarding the importance of education,

hygiene, environmental protection, and so on, but there was little implementation and practically no follow-up. The net result was that the efforts of do-gooders had in fact turned away people rather than educating them. Nor did people want to be lectured on their lifestyles.

We also learnt that organizations rarely went beyond generating awareness. They came and lectured but did not involve the people. As a result, there was skepticism about the efforts of these organizations. We therefore discovered that a campaign or even a workshop on washing hands would generate little interest among the people. We had to approach the problem in a new, creative way.

Target Audience

Chandigarh is a planned and modern city in India. It is home to a large number of well-to-do people, which is evident from the fact that it has the highest density of vehicles in the country. Though it ranks among the highest per capita income cities of India, studies show that 21.8% of the population lives below the poverty line. Of its population, 29% lives in unauthorized colonies or slums (*Indian Express*, 2013). A large number of slums dot the city, which have grown over a period of time. Despite government efforts and rehabilitation schemes, the city continues to live with its slums.

The target market was identified as children living in these slums. Parents of these children often lack access or ability to send their children to schools. It was also realized that the role of parents—and especially the mothers—was important if long-term behavior change was sought for. Thus, the target market was expanded to include mothers as well.

This was important, because we had to choose a message that would appeal both to children and their parents. Timing was also important; to ensure that parents accompanied their children, Sundays were chosen for the activity.

Target Audience Barriers and Benefits

We had to overcome several beliefs among the target market. The most important one was how to generate interest among the audience. As mentioned earlier, there was a fatigue for social messages among people, who felt that many well-intentioned people came to their locality, but hardly went beyond words. “We are more than aware about cleaning our environment, hygiene and even sending children to school. But nobody shows us how to do all this practically,” a mother told us. We could understand that this perception had resulted because many social campaigns rarely went beyond the awareness objectives and thus could be classified as “all talk and no action.”

Another problem was to get people interested in an otherwise boring message of health and hygiene, while another barrier was how to develop long-term habits.

The benefits that would be gained among the target audience were lower diseases and stomach infections, and also improvement in children mortality rates.

Barriers, Benefits, and Competition

There were several barriers that we faced. The first was that of communication. We faced the problem of how to get the message across and frame it in such a way that it would be acceptable to the audience. This case study describes how the communication barrier was broken. The second barrier was the cost of soap. But the most important barrier was habits. People believed that their hands were clean and did not require washing. A major barrier was changing this belief.

Another barrier related to the non-availability of water. Tap water was only available for a few hours each day, so washing hands was a problem. We had to educate people to store water in their homes and make it available for handwashing for both adults and children.

The benefits that were expected among the target audience included better health and hygiene. An unexpected benefit that we had not anticipated was the children's showing off the pleasant smell that their hands had after washing with soap. For mothers, the benefits were immense in terms of illnesses that could be avoided by better hygiene.

The competing behaviors that we had to get over (a) that hands "appeared clean," (b) the belief that handwashing was a waste of time, and (c) non-availability of water. Volunteers were employed to help families get over these competing behaviors.

SWOT Analysis (Strengths, Weaknesses, Opportunities, Threats)

Strengths

The Rotary Club has credibility and a great reputation for social causes.

It has a strong and committed volunteer base.

It has the ability to mobilize medical experts and specialists.

It could attract sponsors and partners for the activity.

Weaknesses

The costs of buying materials such as soap and supplying it to poor households were prohibitive.

We also needed doctors and medicines to support people who had contracted diseases.

We had to get over the resistance of people to social projects and awareness campaigns.

Opportunities

We had to create a campaign that would be interesting and exciting to the target audience.

We could be part of an activity that could actually save lives or at least prevent diseases.

We could be involved in inculcating safe, hygienic habits among poor people. It would provide an opportunity for people to actually get involved in giving time or doing something for the poor.

There could be an opportunity to involve partners and young people as volunteers.

It could generate goodwill for the organizations involved in the project.

Threats

Resistance to the message by the target audience as awareness campaigns had been conducted in the past.

There was a danger that people would not attend these activities, and even if they did, would not translate them into long-term action.

Inculcating habits was not an easy task.

Limited availability of water.

Past and Similar Efforts

There have been many efforts to encourage handwashing in the past by social and commercial organizations. One notable campaign was by the Unilever brand, Lifebuoy. The brand campaigned at the Kumbh Mela in India, to raise awareness about good handwashing habits, partnering with more than 100 restaurants and cafés at the festival. The Kumbh Mela is one of the largest gatherings of people on the banks of the Ganges, so it was the ideal place to propagate a social message. For every food order placed, the first *roti* carried the branded message “*Lifebuoy se haath dhoye kya?*” (“Did you wash your hands with Lifebuoy?”). The words were

heat stamped onto the baked *roti* to draw attention at the time when handwashing is critical (Lifebuoy, 2013). More than 2.5 million branded *rotis* were consumed during the month-long campaign. Lifebuoy also placed soap in the toilets of each of the eateries to enable people to wash their hands with soap before eating.

Through this campaign, the company used its knowledge of how people use products and reminded them of washing hands when it was most important. If a person is reminded to do something at a particular time, it would hopefully result in a habit as the cue gets associated with a trigger. This was in line with the World Bank studies, which had showed that only awareness interventions do not result in long-term behavior change.

Campaign Objectives and Goals

Behavior Objectives

The event organizers were seeking behavior change among poor children. The idea was that they should develop the habit of washing hands properly before meals and after using the toilet.

Knowledge Objectives

Awareness about diseases and how they spread was to be generated, with habits that would halt their spread.

Belief Objectives

People did not understand the importance of clean hands. They believed that their hands were usually clean, and if they felt the need to wash them, they would simply wipe them or wash them with water. It was important to impart the belief that even if hands looked clean, they still needed to be washed with soap and water.

Campaign Strategies

Product Strategies

The Global Handwashing Handbook describes a marketing approach and says that the only way to change long-held habits related to handwashing is to understand the factors that drive and facilitate handwashing among the target consumers. The marketing approach focuses on the needs of the target audience and determines the

nature and scope of the promotional activities based on perspective of the target audience. Changing behavior requires the following three issues to be addressed:

Lowering Environmental and Cultural Barriers

Barriers in the environment include access to water, the high cost of soap, lack of handwashing facilities, and strong cultural prohibitions against washing on certain days in parts of Africa and Asia. These barriers had to be addressed while changing habits.

Transforming Old Habits

The aim of handwashing promotion is not to achieve a single event, but to instill a new habit that is followed automatically after every contaminating event. Essentially, new habits have to be installed replacing old ones.

Finding Motives and Drivers

Drivers are innate modules in the brain that motivate particular behaviors. They come in the form of emotions and the feelings. Discovering drivers and motivators help in successfully promoting the handwashing habit.

To add tangibility, a medical camp was also organized to attract people. Qualified doctors were invited to inspect patients and medicines were dispensed on the spot. This was an added attraction for people, who otherwise had little access to medical facilities.

Place Strategies

The events were conducted in a local school, which was quite near the slum area. The venue was chosen to provide easy access for children and their parents on the appointed days.

Promotion Strategies

Communication often becomes a problem in poverty-stricken areas as they are “media dark” in the sense that newspapers or mass media does not reach them. Innovative and direct methods have to be devised to reach the targeted population. Instead of using media or printed posters, we decided to hire a person who went around the locality on a bicycle announcing the message through a loudspeaker, so that it reached each and every home. Small leaflets showing a magician’s picture were also distributed.

Positioning

A lot of thought went into the positioning of the campaign. It is known that washing hands before eating prevents many diseases, but many people, especially the poor, do not have this habit. The campaign positioning had to be done in a way that it would appeal to the audience. That is, the problem had to be seen from the prism of the audience, not the organizers.

Most campaigns are designed from the point of view of organizations. The underlying logic is, “the poor must be taught.” Thus, many programs are launched to increase awareness but they do not contribute to social objectives. The World Bank studies clearly show resistance of the target audience to such efforts. So, the problem has to be seen from the point of view of the people. This is where social campaigns go wrong, as the efforts of the campaigners are often not seen in a similar light by the audience.

The campaign positioning that evolved after our initial study thus did not consist of mere lecturing but as fun events. While developing the positioning statement, we asked ourselves many questions, including:

What does the target audience expect from us?

Why should they listen to us?

What message will appeal to them?

By answering these questions, we came on a positioning statement that defined the problem from the consumers’ point of view. The answer to the first two questions showed that the positioning should be “fun” and not “education.” The messages were then designed accordingly; that appealed directly to children and their parents—the message did not give even a hint of the handwashing activity. It just invited people to come for a magic show and spend a day of fun.

Message Design

We realized that the activity could not be sold as a “handwashing workshop” or a teaching experience, which tends to put off the target audience. Instead, it was important to involve the people and to build excitement around the activity. It was thus marketed as a fun and excitement filled magic show in which people could also win prizes (Fig. 13.1). No social message was sought to be imparted and there was no hint of handwashing in the advertising message. This was one of the chief reasons that a large crowd gathered on the day of the event.

A screen showed movies with social ads. One ad “*Haath, muh aur bums*” (Hands, mouth, and bums) by Unilever was shown, which generated excitement among the children. It communicated the handwashing habit effectively.



Fig. 13.1 A magician shows tricks to local children. The handwashing theme was built in

Other Important Strategies

Volunteer Engagement

Volunteers were essential to demonstrate handwashing, to manage crowds, and to manage the clinics that were part of the medical camps. Volunteers from the Rotaract Club, which is a youth wing of the Rotary Club, signed up for the various activities. Children and families of Rotary Club members also pitched in.

Strategic Third-Party Sponsors

Sponsors to provide soap for cleaning hands, candies for the participants, and medicines for the medical camp were required.

Soap

A distributor of a company manufacturing soaps sponsored us by providing small soap packs.

Medicines

Medicines for the medical camps were obtained from sponsoring companies. While medicines for common ailments were distributed by doctors, patients were referred to hospitals for less common diseases.

Gifts

Participants were given small gifts such as candies and chocolates once they pledged to adopt the handwashing habit. The organizers achieved tangibility by



Fig. 13.2 A volunteer demonstrates the proper way of washing hands to children

offering prizes to participants. Children who participated in the event would also get a free soap and a candy if they promised that they would wash hands with it before meals and after using the toilet. The promise of a freebie associated with the event generated anticipation and excitement around the event. The Rotary Club gave demonstrations to motivate children to develop the habit of washing their hands. Another tangible element was added by volunteers who cut the overgrown nails of children, showing the dirt trapped in them that was likely to be ingested (Figs. 13.2 and 13.3).

On the appointed day, a magician enthralled the audience with magic tricks. Children loved it. After every few tricks, he would invite children from the audience who thought they had clean hands. Then, he would show the real “magic”—their hands under an ultraviolet light and magnifying glass, which showed that the hands were not clean as they thought. “All this will go in your stomach when you eat,” he would say, drawing sighs from the audience. Washing of hands with plain water was not enough, he showed, adding that soap was needed. He would then distribute soap to them and ask them to wash their hands. Volunteers helped the



Fig. 13.3 A volunteer cuts the nails of children, adding to the tangibility of the message

children wash their hands and demonstrated how the hands and nails could be cleaned (Figs. 13.2 and 13.3). After the washing, the magician again showed their hands in ultraviolet light, and they were clean.

Volunteers showed how hands were to be cleaned properly. Then, the children were asked to promise that they would use soap and water every time they washed their hands.

The activity was a success each time it was conducted. It helped in building excitement in an otherwise simple message, and also in collecting crowds for the event and succeeded in teaching people the importance of handwashing. The “aha moments” were introduced in the form of ultraviolet light and magnifying glasses, which showed the dirt embedded in hands.

The integrated approach helped in affecting long-term changes in the target audience. The message was formulated that not only generated excitement but fulfilled the need of the audience to get entertained. It was executed in a manner that was at once acceptable to the people, without sermonizing or teaching. Mothers were also involved, who would serve to remind their children to wash hands, so the chances of success of habit formation were quite high.

Evaluation

Evaluation of the project was carried out on the following objectives: (i) change in behavior, (ii) long-term habit formation, and (iii) incidence of water-borne diseases.

Through follow-up visits, mothers and children were asked questions relating to the above. We found considerable behavior change among the respondents. Mothers reported that the children were initially excited about washing their hands

and cleaned their nails too. They also reported that children were talking about their experiences and had showed learning about invisible germs and the dangers they posed.

Mothers also reported a positive response regarding long-term habit formation. They said that children would wash their hands without being reminded. Children also insisted that soap be bought by their families. These were positive outcomes.

Regarding the third objective, the response was confused as mothers could not specify why children fell ill. They said that some children were more prone to fall ill than others. Even the data from local clinics was not reliable so no conclusions could be drawn.

However, one recurrent response from mothers was that they appreciated efforts made the volunteers in trying to improve their lives. They said that they were motivated by the message to attend the programs being organized by us and appreciated the fact that we had involved their children. A recurrent remark was, “In other social programs they just go to collect freebies, but in this one they came back with some actual learning.”

Lessons Learned and Future Direction

Social organizations operate within their specified areas, often using a direct approach toward problems. This is often seen as sermonizing and talking down to people, turning them away.

What we learned from this initiative was that messages must be devised that appeal directly to the target audience and that delivering an experience was very effective in influencing people. We had to go beyond the confines of generating awareness to bring about actual changes. Marketing uses BTL campaigns, and we had to provide a memorable experience so that habit change could be initiated. By providing such an experience, we ensured better receptivity of the message.

Using marketing principles thus helped us in achieving our social objectives. We feel that social organizations can learn a lot from marketing and communication techniques. Since the direct approach of teaching and counseling has limited gains, messages have to be framed that fit in the lives of the target population, fulfilling their needs. Excitement must be built around the message, in the manner of branding. Learning, providing cues and triggers, and promise of rewards are elements that generate curiosity. Surprising the audience by introducing “aha moments” also helps in building successful campaigns. The handwashing project showed that such elements worked well in social change efforts.

Our experience showed that there is a need for a professional marketing approach in social organizations. They have to think “outside the box” and create programs that find quick acceptability among the target audience. This will help not only social organizations but the people as well.

Discussion Questions

1. Changing habits calls for innovative approaches. This case study describes some methods that were used to introduce the handwashing habit. Can you suggest other methods that can be used to change habits for the long term?
2. A key feature of such social campaigns is getting sponsors. How can organizers generate interest in sponsors where the profit motive is not primary?
3. Habit changing campaigns have not been very successful in many countries, as described in the case. Do you think the strategy used in the above case can be applied elsewhere? What changes would you suggest so that this program can be replicated in other areas or countries?
4. A problem that is faced in such campaigns is that of overcoming resistance to change. How can this problem be tackled?
5. Do you agree that application of marketing and management principles in the handwashing campaign helped it become more acceptable? Describe the principles used and their effectiveness in the above campaign.
6. Were the elements of marketing strategy used effectively in the handwashing campaign? What improvements would you have used?

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