

# Promoting Handwashing with Soap in the Indigenous Community Context

## Dr. Elizabeth McDonald, Menzies School of Health Research

### A Webber Training Teleclass

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## Promoting Handwashing with Soap in the Indigenous Community Context

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Hosted by Jane Barnett  
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### General Background Information

Australia

- International Boundary
- Administrative Boundary
- Road
- Railroad
- River
- National Capital
- Administrative Center
- City or Town

Scale: 0 100 200 300 400 Miles

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### Remote Aboriginal Communities

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

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### Poor Environment Health/Household Crowding

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

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### Endemic Infections / Poor hygiene

Chronic URTIs

Chronic CSOM

Chronic Cough

Chronic diarrhoea

Scabies & Skin Infections

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### Serious Consequences

**Bronchiectasis:** 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.



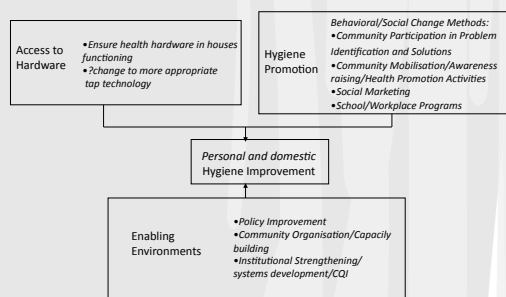
In remote communities intra-familial transmission (specifically siblings to infant transmission) is responsible for early (at 2 wks) bacterial colonisation (with respiratory pathogens) of newborns.

**Evidence Base – handwashing with soap**

Study	Outcome	Relative Risk/Incident Density Ratio (95% C I)
Luby, Agboatwalla et al 2004 RCT	Diarrhoea Mean Incidence Antibiotic Soap Plain Soap	0.50 (0.36, 0.63) 0.47 (0.35, 0.59)

Luby SP, Agboatwalla M, Painter J, Altaf A, Bilhimer WL, Hoekstra RM: Effect of intensive handwashing promotion on childhood diarrhoea in high-risk communities in Pakistan: a randomized controlled trial. JAMA 2004, 291: 2547-2554.

**The Hygiene Improvement Framework**



Access to Hardware: •Ensure health hardware in houses functioning  
•?change to more appropriate top technology

Behavioral/Social Change Methods: •Community Participation in Problem Identification and Solutions  
•Community Mobilisation/Awareness raising/Health Promotion Activities  
•Social Marketing  
•School/Workplace Programs

Hygiene Promotion

Personal and domestic Hygiene Improvement

Enabling Environments: •Policy Improvement  
•Community Organisation/Capacity building  
•Institutional Strengthening/systems development/CQI

Adapted Bateman and McGahey 2001 p. 3

**Key Elements for Hygiene Promotion**

Indicator	Action
The high tolerance of young children defaecating in the open poses an ongoing health risk to all children.	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.
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.	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.
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 faeces.	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 'scare' 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.

**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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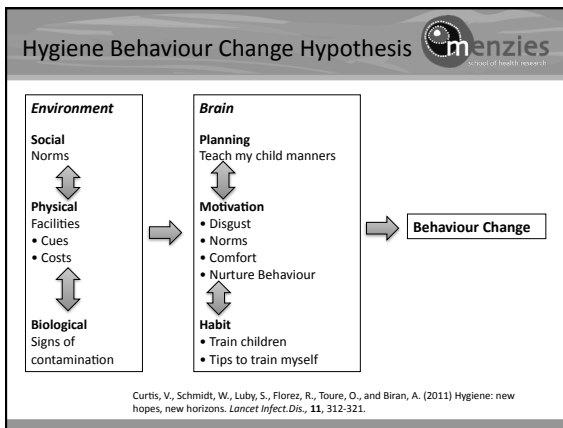
**Social Marketing**

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

**Social Marketing**

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.



**No Germs on Me Handwashing Campaign**

**no germs on me!**

*always wash your hands  
after using the toilet, after changing baby's nappy  
and before touching food*

**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:

[http://health.nt.gov.au/Environmental\\_Health/No\\_Germs\\_on\\_Me\\_Campaign/index.aspx](http://health.nt.gov.au/Environmental_Health/No_Germs_on_Me_Campaign/index.aspx)

**Questions**

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

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 Prof. Andreas Voss, Nijmegen University, Netherlands

12 December **LYME DISEASE: KNOWLEDGE, BELIEFS, AND PRACTICES OF PHYSICIANS IN A LOW ENDEMIC AREA**  
 Dr. Bonnie Henry, British Columbia Centre for Disease Control

19 December **IS THERE VALIDITY TO VRE TESTING AND SCREENING?**  
 Dr. Michelle Alpha, University of Winnipeg

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