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This example uses image file names to show where images should be placed in the monograph. References and shortened forms are shown at the end of this example.

Example:

Title: Improving Hygiene... How hard can it be? *Evaluation of the No Germs on me Television Commercials*

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Behaviour Change

The difficulty of improving hygiene is that we are talking about changing people's behaviour. As I am sure all of you, who have struggled to eat five serves of vegies a day or exercise for a half an hour a day or not exceed the recommended daily alcohol intake will acknowledge, adopting healthier behaviours is not always easy and as the cartoon clearly illustrates it is not a matter of switching a button it is a day to day choice and some days we feel stronger than others. Research indicates that it takes at least 21 days of repeating a behaviour for it to become a habit.

Insert Image 1

Reference: Nick Croker:2014

Universal Drivers

Though changing behaviour is difficult we know a lot more about hygiene today than we did 15 years ago. There has been considerable research into what motivates hygiene particularly in terms of handwashing. A number of universal drivers have been identified including disgust, comfort, nurture and status. Disgust refers to the feeling when hands are dirty or contaminated in some way. Interestingly there are many similarities between cultures as to what is viewed as disgusting. Nurture and comfort refer to the need to care for and protect one's children and status is of course all about keeping up with the Jones and doing what everyone else is doing. Conversely social norms can also reinforce poor hygiene behaviours.

Research conducted in the Northern Territory by Dr Liz McDonald and also the formative research that was conducted as part of the original No Germs on Me program found that hygiene practices such as routine handwashing were positively valued by participants. That safe hygiene is positively valued on remote communities is a step in the right direction towards improving hygiene. However, valuing safe hygiene as a concept is not sufficient to motivate changes in behaviour, in particular when the behaviours are deeply entrenched social or cultural norms.

Risky hygiene behaviours persist around the world because of a web of factors that can be hard to shift. Environmental conditions such as a lack of water, poor effluent disposal and drainage play a role but in Australia where such basic infrastructure for

the most is in place it is the economic conditions, local social structures and cultural norms which mostly help to keep present practices locked in place.

Why Focus on Handwashing?

Taking into account the drivers and barriers to hygiene in 2007 the Environmental Health Branch of the NT Department Of Health developed the No Germs on Me Social Marketing Campaign to promote routine handwashing with soap after going to the toilet and after changing babies nappies and before touching food. We decided to focus on handwashing as there is clear evidence that handwashing with soap can reduce the spread of infection. A number of message recall surveys conducted in both the NT and WA and Queensland indicated that the campaign message was understood and well received. As to whether it actually changed people's behaviour it is hard to say as we were unable to evaluate effectively.

Extension of No Germs on Me Campaign

In 2013 WGATSIEH in collaboration with Dr Liz McDonald from Menzies School of Health Research developed three new television commercials which are designed to encourage the parents and carers of young children to prompt and show children how and when to wash their hands and clean dirty faces especially snotty noses.

The television commercials were developed with the input of Aboriginal people living in remote communities. They were filmed in regional and remote locations and feature Aboriginal people from these areas.

One of commercials targets primary school aged children and focuses on hand washing with soap prior to eating. This commercial utilises humour and the motivational factor of disgust to promote behaviour change. The other two commercials focus on family members taking action to help interrupt child-to-child transmission of respiratory and other infections by teaching and assisting young children to wash their hands with soap and have clean faces (faces free of nasal discharge) before touching babies. The behaviour change motivational factor of nurture informs these commercials.

Evaluation of NGoM

The development of the new TVCs provided another opportunity to evaluate the NGoM campaign. As I am sure you can imagine it is difficult to find a suitable method to determine if the rates of handwashing have increased. Unlike in developing countries where direct observation is often used to record when and how frequently families wash their hands, we were reliant on self report which comes with a range of issues the main one being over reporting, that is where people say they do something more often than they really do.

Six communities in 3 different geographical regions participated in the evaluation. Two communities were located in the Top End; two in Central Australia and two in the Kimberley region of Western Australia. All six communities are disadvantaged across all measurable social determinants of health. Common to all communities are high rates of infection among young children and the need to improve hygiene practices to improve child health.

Methodology

A questionnaire was developed based on Azjen's Theory of Planned Behaviour.

This model aims to predict whether a person intends to do something by measuring:

- whether the person is in favour of doing it (attitude);
- how much the person feels social pressure to do it (subjective norm); and
- whether the person feels in control of the action in question (perceived behavioural control)

Intentions are the precursors of behaviour. Although there is not a perfect relationship between behavioural intention and actual behaviour, intention can be used as a proximal measure of behaviour. The questionnaire included a range of questions to measure people's attitude to helping children to wash their hands and faces, whether they felt they were under any social pressure to wash children's hands and faces and the extent to which people felt they were able to assist children to wash their hands and faces.

Insert Image 2

Caption: Azjen's Theory of Planned Behaviour

The Questionnaire was administered prior to and after the TVCs were screened intensively for 4 weeks on five channels. The broadcast area covered was vast and included remote and rural communities across the NT, Western Australia, northern South Australia, central and far west Queensland and New South Wales. 865 questionnaires were completed across the pre and post rounds.

Results - Health Hardware

The results of the questionnaire identified several physical impediments to parents and carers assisting children to wash their hands with soap, blow their noses and wash their faces including non working taps, lack of soap and lack of tissues or toilet paper for blowing noses..

What did people say about whether taps in their house worked?

865 people from 6 communities answered this question.

The Answer:

YES: 791 (91%) People

NO: 69 (8%) People

UNSURE: 5 (1%) People

Results – Availability of Tissues or Toilet Paper

What did people say about whether there was toilet paper or tissues in their house?

865 people from 6 communities answered this question.

The Answer:

YES: 794 (91%) People

NO: 65 (8%) People

UNSURE: 6 (1%) People

Results – Availability of Soap

What did people say about if there was soap near the sinks in their house?

865 people from 6 communities answered this question.

The Answer:

YES: 755 (87%) People

NO: 103 (12%) People

UNSURE: 7 (1%) People

In terms of the availability of soap and tissues information obtained from community health centre staff, store managers and EHOs suggest that over reporting was very likely. Housing inspections conducted as part of the development of the original NGoM program found that soap was generally not available in homes. Health staff in one community reported they frequently receive requests from community members (which they are not able to meet) for basic hygiene items. Hygiene products in remote communities are expensive relative to their cost in urban centres especially when the low income of many remote families is taken into account.

Clearly ready and constant access to soap and water is essential for handwashing with soap to become a habit. Discussions with community members and store managers suggest that soap is perceived by community members to be a discretionary rather than an essential purchase.

Results - Access to Television

How many people said they have TVs that work in their house?

415 people from 6 communities answered this question.

The Answer:

YES: 318 (77%) People

NO: 97 (23%) People

The level of access to a TV varied markedly between communities with 100% of participants in community six having a working TV at home but only 49% in Community 2. This finding highlights the variation in socio-economic conditions that can exist both between and within communities.

Results – Reach of the TVCs

How many people saw the new NGoM commercials?

415 people from 6 communities answered this question.

The Answer:

YES: 319 (77%) People

NO: 96 (23%) People

Overall, 319 (77%) respondents across the six communities reported having seen one or more of the new NGoM commercials. Understandably, given their limited access to TV, only fifty-eight per cent of the participants from Community 2 reported that they had seen the new commercials

Results – Appeal of the TVCs

Did people like the new commercials?

319 people from 6 communities answered this question.

The Answer:

YES: 308 (97%) People

NO: 11 (3%) People

Overwhelmingly people reported that they liked the new commercials. 29% of respondents rated the commercial featuring the father and son as the one they liked the most; 32% rated the commercial featuring boys playing football as their favourite; and 19% rated the commercial featuring the girls playing 'clap hands' as the one they liked the most

Results - Clarity of the TVCs

Did people understand the stories in the new commercials?

319 people from 6 communities answered this question.

The Answer:

YES: 311 (97%) People

NO: 8 (3%) People

In keeping with the message recall surveys of the original NGoM campaign nearly everyone reported that they understood the messages of the new TVCs.

Changing Behaviour

Belief, attitude and intention are the steps that seem to lead to people changing their behaviour or to adopting a new behaviour .Once a new behaviour is repeated over and over as Brendon said for at least 21 days, these steps do not apply anymore

because the behaviour has become a habit, like putting on a seatbelt when you get into the car.

Results - Belief

Did people believe that helping kids to wash their hands with soap at important times and helping them blow their nose and have clean faces will stop infections?

It was important to ask this question to try and find out if people believe that washing their hands with soap and cleaning kids' faces will stop infection from spreading. What people believe forms their attitudes to things, for example if people believe that washing their hands with soap gets rid of germs and can prevent infection then their attitude about washing their hands with soap is likely to be good. People seemed to have a strong belief that handwashing with soap will stop kids getting so much sickness. Nearly everyone told us that they think handwashing with soap and keeping kids' faces clean:

- stops kids getting sick;
- gets rid of germs;
- is a good thing to do;
- is safe;
- is useful and is nice.

Results – Attitude

It was important to determine what people's attitudes were to helping kids wash their hands with soap and helping them clean their faces. If people have a positive attitude about helping kids to wash their hands with soap then they are more likely to think about doing this. People's attitude to helping kids to wash their hands with soap and to cleaning kids' faces can vary sometimes it can be positive and sometimes negative. The survey found that:

- Most people (between 85 and 90%) said it causes them a lot of worry when new born or older babies get infections like diarrhoea, ear or chest infections.
- A lot of people (between 60 & 70%) said that making sure that kids always washed their hands and always have clean faces would make a lot of extra work for them.
- Most people (about 90%) said that the extra work you have to do to clean-up kids' runny noses and help them wash their hands is a good thing.
- About half the people (about 50%) said that making sure kids wash their hands and have clean faces makes them feel very tired and stressed. Half the people disagreed with this.
- Nearly everyone (about 90%) said that doing something to stop babies and kids getting infections is very important.

Results - Intention

If people's intentions are high and they plan to teach and help kids to wash their hands with soap it means they are more likely to actually go ahead and do so as

long as they have access to everything they need for example a tap that works, soap and tissues or toilet paper to clean kids' faces.

Most people (altogether 860 people answered this question) said it was their intention to help kids to wash their hands with soap and to make sure kids had clean faces. However this finding may not reflect the true situation because it is well known that people may tell you what they think is the right answer rather than what is true.

Analysis of Results

The Theory of Planned Behaviour constructs which were found to have good internal reliability that is Attitudes Overall, Perceived Behavioural Control and Generalised Intention were compared between the pre and post intervention surveys using the Paired sample T test for the 99 respondents who had completed both survey rounds. Unfortunately no statistically significant differences were found. Possible reasons for this include:

- The short time frame of the intervention. Due to time and budgetary constraints the evaluation was conducted after the TVCs had run for only 4 weeks.
- The small sample size.
- Absence of control communities.
- Other factors that may influence how participants score items. For example a strong sense of self efficacy may change when having to deal with an uncooperative child. In general meeting young children's hygiene needs can be challenging even more so in the context of remote communities where children are allowed greater autonomy.

Insert Image 3

Caption Results of Paired Sample t-test – Theory of Planned Behaviour constructs shown to have good internal reliability.

An Independent sample t test was also conducted on all the communities combined, n=766 but no differences were found.

Insert Image 4

Caption: Results of Independent Sample t-test – Theory of Planned Behaviour constructs shown to have good internal reliability

Where to from here?

Possibly in the future we may be able to conduct another evaluation of the NGoM Campaign being mindful of some of the design issues that I have highlighted today. There is very limited research being conducted in the field of hygiene promotion particularly in the context of Aboriginal and Torres Strait Islander Communities. In order to improve outcomes we need to make that all programs are evaluated and key findings shared so that we can learn from each other and ultimately develop better programs

With the continued high rates of infection amongst young children on remote communities there is clearly a need for ongoing work in this area. The Hygiene Improvement Framework illustrates the type of comprehensive approach which is

needed to improve hygiene over the longer term. Along with a range of hygiene promotion programs there is a need to advocate for improved access to affordable soap and other essential products necessary for undertaking safe hygiene practices. We need to continue to promote the purchase of soap and other basic hygiene products as essential rather than discretionary to daily living requirements. Ongoing monitoring of housing health hardware is required to ensure functionality and so allow for easy accessibility.

There is the need for better collaboration. A greater impact could be achieved if all those with a mandate to improve hygiene harmonised their approaches and even pooled resources. Most crucially Aboriginal communities need to be actively involved in the development of interventions for sustainable change in hygiene behaviour to be achieved.

Insert Image 5

Caption: *Hygiene Improvement Framework*

References

Identify references in the document and list them at end of the transcript.

Shortened forms

Abbreviations should be written in full the first time they appear in the document with the abbreviation in brackets afterwards e.g. National Aboriginal and Torres Strait Islander Environmental Health (NATSIEH) and from then on you can use the abbreviation.

List abbreviations used in your transcript at the end.