

Promoting Safe Child Faeces Management in Solomon Islands



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Full research title: Promoting Safe Child Faeces Management: Behaviour change interventions that leverage local ways-of-knowing and address inequitable WASH gender norms in Solomon Islands

Duration: July 2019 – June 2021

Purpose

The lack of safe infant and child (U/5) faeces management (CFM) is a critical issue in Solomon Islands, as it is in many countries¹. Unsafe CFM, or the failure to separate and contain the faeces of young children, causes significant human health risks to Solomon Islanders, because of a confluence of situational factors which exacerbate unsafe CFM. These include low rates of access to safe sanitation facilities, varying knowledge and beliefs around the safety of the faeces of children, and the higher potential for transmission of pathogens from infants' faeces to children because of their playing behaviours in their environment, which brings them in contact with contaminated surfaces and objects.

A complicating factor for improving child faeces management is that currently, it is likely that women and older children, usually siblings, have responsibility for similar childcare activities, and an improvement in CFM practices could further increase the burden or work and responsibility on women and children. However, challenging entrenched gender norms is a long and slow process and in some instances can create risk of harmful backlash to women and children, if not done safely. Serious backlash – rejection by others that the responsibility for safe CFM should be shared with them and which results in abuse – could be exhibited by some men, but also by other women, who may reject modernisation of gender roles.

Recent advances globally in designing behaviour change intentions for sanitation and hygiene have replaced or complemented educational approaches with a systematic consideration of technological, psychosocial and contextual determinants. But the lack of consideration of epistemologies, or local-ways-of-knowing, and the missed opportunity to disrupt gender inequitable CFM roles, through CFM interventions, has been criticised^{2,3}.

Solomon Islands Government is committed to improving sanitation across all rural areas, and is implementing demand-based approaches, in particular CLTS. At present the Solomon Islands CLTS approach doesn't explicitly address CFM and there is an opportunity to incorporate a CFM component, or implement a subsequent intervention that complements CLTS with the aim to explicitly address CFM.

The safety of CFM is particularly relevant in the Solomon Islands (SI) because:

- Diarrhoea is a leading cause of childhood mortality, causing ~25% childhood deaths⁴
- Child malnutrition and stunting affects 33% children⁴
- 80% population are rural, where there is 80% open-defecation, and 16% have a handwashing facility with soap⁴

The National Sanitation Plan⁵ and community engagement guidelines outline the approach to improve sanitation and hygiene. However, they don't currently address CFM despite young children comprising 15% of the population⁶. There are no local communication materials for CFM.

Research questions

The overarching research question is: **Can an intervention based on psycho-social, technological and epistemological determinants improve safe child faeces management (CFM) in rural Solomon Island villages and also improve inequitable gender norms associated with safe CFM?**

- (i) How do local people create, treat and share knowledge relating to new ideas about CFM?
- (ii) Which psycho-social drivers can be leveraged to improve CFM?
- (iii) What infrastructure/objects facilitate safe CFM?
- (iv) How can men be involved in CFM, to improve inequitable CFM gender norms and how can this be promoted in a do-no-harm way?
- (v) Will an intervention based on these insights improve CFM?

Desired outcomes

The desired research outcomes include:

- Demonstration of a CFM behaviour intervention, that maximises the possibility to achieve safe CFM in rural Solomon Islands through being informed by local epistemologies, psychosocial drivers and technology trials.
- Demonstration of a WASH behaviour change intervention that challenges inequitable gendered roles for CFM in Solomon Islands in a safe way
- Lessons to inform communication strategies for WASH behaviours in Solomon Islands gained from using local lenses, such as local ways-of-knowing and gender norms.

If successful, this intervention could be incorporated into the Solomon Islands Government's national guidelines for sanitation promotion (CLTS). The sanitation policy of the Solomon Islands Government recommends CLTS approaches to improving sanitation.

Large-scale roll-out of an effective CFM behaviour intervention, such as through a national CLTS program, would have significant impacts to human health, in particular, infants and children of Solomon Islands who currently suffer high rates of WASH-related diarrhoea, mortality and morbidity.

Research approach

The overall approach of the research involves two phases of research:

- (i) **Phase 1:** formative research to develop a CFM behaviour change intervention, with pretesting of elements of the CFM intervention
- (ii) **Phase 2:** piloting of CFM intervention using a randomised control trial to assess potential outcomes (effects on targeted determinants, and effects on improving CFM and gender-inequitable CFM), implementation processes, and inform refinement of the intervention.

The formative research will be conducted in two provinces, where there has been CLTS intervention recently. The intervention will be trialled in two provinces where CLTS implementation is ongoing. These provinces will most likely be Guadalcanal, and Malaita or Isabel.

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