“How to” Series: Tips on Communicating for Hand Hygiene during COVID-19

Health, WASH and communication professionals are faced with the urgent task of reaching the public in a way that will motivate and enable preventive actions. This brief provides suggestions for crisis planning and risk communication particular to hand hygiene and related issues for COVID-19, without covering basic social and behavior change principles. Planners face urgent timelines and some key communication approaches are not feasible due to lack of time, social distancing and reduced mobility. This brief suggests some ways to accelerate your planning to shape effective behavior change initiatives and offers some tips particular to crisis communication.

Designing effective behavior change strategies requires attending to the following key planning decisions:

- Who is your target audience and what do you want them to do?
- What factors most influence audience behavior?
- What activities best address those factors?

Essentially, these decisions build communication efforts around a hypothesis of change. This brief is organized around these key decisions.

Planning Decision #1: Who is your target audience and what do you want them to do?

It is critical to be razor sharp about the particular audience you are addressing with risk communication. Be as specific as you need to be, and as general as possible. In crisis communication, you must reach broad audiences; however, there may be several distinct at-risk populations (known as audience segments) to target with audience-specific behavioral objectives. In other instances, a different approach is required to trigger and sustain similar behaviors among various audiences. For each selected audience, it is vital to identify target behaviors that are feasible for that audience. While best practice requires research to define the audience-behavior couplet, the current context may require you to depend on available research and pretesting.

Identifying the behavioral objective is distinct from crafting the message(s) which will be communicated. At this stage, the goal is to specify the behavior you want the audience to carry out, such as:

- Wash hands with soap and running water for 20 seconds
- Use alcohol-based handrub if soap and water are not available
- Wash hands often including after coughing or sneezing, when returning home, and other key moments

Be specific when identifying the target audience and behavior objective.

Along with hand hygiene behaviors, other preventative behaviors for COVID-19 include:

- Stay home! Minimize any non-essential outings.
- Maintain 2 meters of distance with anyone but people in your household.
- Wear a face mask or a piece of cloth over your nose and mouth.
- Do not touch your mouth, nose or eyes unless you just washed your hands with soap.
- Learn the symptoms of COVID-19 and avoid contact with your household if you have COVID-19 symptoms

In addition to reaching broad, ‘general’ audiences, COVID-19 risk communication also needs to address very particular audiences, like grocery clerks, public transit drivers, lab technicians and others. A more narrow, specialized audience requires different behaviors and thus specialized communication in addition to communications about general prevention. For example, to prevent the spread of COVID-19 in healthcare facilities, the specific behavior could be identified:

All visitors should wash hands with soap or use a hand sanitizer before entering a healthcare facility.

**Make the target behavior feasible for that particular audience.**

This is often difficult for public health professionals and can be thought of as risk reduction. Crisis communication requires high compliance by a large number of people. More people will practice a behavior if they consider the behavior feasible from their point of view. Small doable actions are behaviors that may not be ideal, but are along the pathway to that ideal behavior, and provide reasonable risk reduction that brings some degree of public health and personal benefit.

For example, households with limited access to water will find it challenging to have all family members do extended hand washes with clean water the many times a day that are critical times for handwashing. Small doable actions for handwashing in water-scarce settings could include:

- Install and use a water-saving tippy tap or similar water-limiting handwashing device
- Wash with ‘less clean’ water sources. Yes, you can get clean hands with dirty water *(Wash’Em, 2020)*
- Wash as frequently as possible at key COVID-19 priority times, but for shorter washes if water is scarce. *(Studies show hands are often recontaminated within an hour, so frequency can be more effective than duration for handwashing (White, 2019)*

Sometimes, more than one behavior will lead to similar desired outcomes (clean hands), and final selection of small doable actions should consider which behavior is easiest, most convenient, desirable, and affordable to promote and practice.

When crafting feasible behavioral objectives for a communications campaign, there are vital equity and inclusion implications. If a behavior is fundamentally not feasible for a particular audience segment (women, slum dwellers, people living with HIV), then that segment of the population is essentially being excluded from the planning. Customizing feasible behaviors for marginal and vulnerable audiences is an effective strategy for inclusion.

**Since extensive formative research may not be possible, depend upon what is readily available.**

Usually, identifying feasible behaviors requires audience research, customarily requiring face-to-face interactions and often group meetings. With the COVID-19 emergency, there is not time or ability to undertake extensive in-person audience research. As an alternative, consult key informants including members of that particular audience as well as people within organizations serving that audience. Also, consult formative research which has already been done for that audience and other related prevention
behaviors, under other outbreaks if possible. But remember, everything must be designed from the audience point-of-view, not what you as a health, WASH or communication professional thinks the audience members should feel or do. Consultation with the target audience may need to be iterative as planners validate feasible behaviors that are indeed feasible.

**Planning Decision #2: What factors most influence audience behavior?**

The factors that influence behaviors are referred to as behavioral determinants. It is critical to identify a small set of the most important behavioral determinants for your communication strategies. When identifying these factors under calmer circumstances, formative research is recommended to define decisions about feasible behaviors and to understand what motivates a particular audience segment to act for a specific behavior.

Even though formative research is likely not possible because of urgent timelines and social distancing restrictions, there is existing evidence that is highly relevant to inform prevention interventions for COVID-19. Applying the findings from these studies sets you on the road to effective COVID-19 prevention communication efforts.

**Target the factors that most influence your audience to act.**

Assuring individuals have the skills, supplies, social support and sense of efficacy to carry out protective behaviors will make it more likely that they try to maintain the preventive practices. For effective COVID-19 prevention communication it is also essential to integrate what we know about relevant behavioral determinants, the factors most influential in the performance or non-performance of a particular behavior.

A review of the literature set out to identify the most influential determinants of handwashing behaviors in crisis and routine settings, synthesizing findings from 78 studies that met strict quality criteria. Though the authors noted the knowledge of handwashing determinants remains suboptimal, they did identify the most commonly reported determinants: risk, psychological discounting the risks, knowledge, demographic traits (like gender, wealth and education), and infrastructure. The authors conclude, “Hygiene promotion programmes are likely to be most successful if they use multi-modal approaches, combining infrastructural improvement with ‘soft’ hygiene promotion which addresses a range of determinants rather than just education about disease transmission.”

**Fear messaging by itself is not effective.**

A common tactic to spur behavior change is the use of shock or fear. This tactic is commonly used by health, WASH and communication professionals, government officials, and educators. But lessons learned from HIV, cholera, Ebola and other risk communications show that using
fear tactics alone is ineffective. If perception of risk is to be addressed, it must be coupled with a close link to a protective action that the audience has strong self-efficacy or confidence to perform.

Research clearly shows that inciting fear or focusing on danger without giving options for protective action leads an audience to address their fear, but ignore or deny the risk (it won’t affect me; I’m not in the highest risk group) or resort to fatalism (I can’t do anything; whatever will be, will be). However, increasing an audience’s perception of risk, when closely linked to an immediate feasible protective action they feel confident they can carry out, is likely to spur the audience to take action. Responses of an audience for different levels of perceived threat and perceived efficacy are shown in the figure (above). When perceived efficacy to act is higher than fear, the individual will take the desired preventive actions to protect themselves and others. The implications for COVID-19 prevention communications are clear. Avoid shocking fear appeals, and if you choose to address risk, do so with a close link to an action that your target audience feels is feasible and protective.

Engage people at a subconscious and emotional level, using cues or “nudges” in messaging.

Nudges are physical cues that influence individuals to automatically behave in a certain way without thinking about it. Nudge theory operates by designing elements in an environment which encourage the improved behavior without limiting choices. Nudges operate differently than instructions, mandates or information-based reminders for audiences to assess but rather build on people’s automatic reflex.

An example of a nudge for handwashing is the bright and fun footsteps (see image below left) along the pathway to nudge school children from latrines to handwashing stations which are also brightly decorated with handprints. These tactics have been found to be an effective way to nudge children to wash their hands after the toilet. Without additional handwashing education or motivational messages, handwashing with soap among school children in Bangladesh increased from 4% at baseline to 68% the very next day after nudges were installed – and then moving up to 74% at both two-weeks and six weeks after nudges were added (Dreibelbis et al., 2016).
Other nudges are required for key COVID behaviors. This whimsical nudge (see image above right) was developed for Shanghai school children to encourage social distancing as they returned to school from sheltering at home. Nudges must be developed to nudge handwashing at the household level to assure everyone washes hands when they first enter the home, before engaging with an elder family member, and other key COVID-19 times.

**Planning Decision #3: What activities best address those factors?**

Pick the best tool for the job! It is critical to use tactics most suited for the behavioral determinants you are trying to address. Addressing different determinants requires different activities, so a mix of tactics will be required. Remember there is a need to address skills, supplies and infrastructure, social support and perceived efficacy.

**Focus communication efforts on mass media and social media.**

Because of the need for social distancing, communication tactics involving face-to-face and group interaction are likely not feasible. Therefore, mass media and social media are the most effective communication tools available under COVID-19. Consider how to engage existing social networks as platforms that help compensate for physical distancing. For instance, members of various WhatsApp or Facebook groups share affinity for an issue or profession, and these bonds can be harnessed to leverage social pressure and social norms in support of performing a particular target behavior. Mass texting “from” respected leadership, more personal phone trees, testimonials and stories on social media can build on group affinity and help create the feel of interpersonal engagement while still using mass media.

Also, remember interventions beyond communication tools are likely needed to address the key determinants – such as assuring access to supplies and infrastructure required to carry out the targeted behavior. If you are considering any kind of house-to-house or group activities, be sure to follow government guidelines for social distancing.
Engage existing networks.

Engaging with existing networks is important to achieve protective behaviors within any group. For hard-to-reach “marginal audiences,” they are only marginal to those on the outside of the group. Often WhatsApp and Facebook groups exist for a range of key audiences. Working with local leadership of those groups strengthens inclusion and provides extensive and intensive access for messaging to key audiences with small doable actions crafted specifically to their context.

Messages must be delivered by a credible voice for the audience. Social norms and social support draw on an audience’s sense of what people important to them regarding that behavior think they should do. If addressing skills which are needed to be learned, an authoritative voice may be more effective. Again, it’s choosing the right tool for the job.

Summary of tips to effectively communicate about hand hygiene during COVID-19

While the situation with COVID-19 feels new, there is a lot of existing evidence from handwashing promotion that is highly relevant to inform prevention communication. Applying the tips below sets you on the road to effective COVID-19 prevention communication efforts.

- **Tip #1**: Be specific when identifying both your target audience and the behavioral objective.
- **Tip #2**: Make the behavior feasible for that particular audience.
- **Tip #3**: Since extensive formative research may not be possible, depend upon what is readily available.
- **Tip #4**: Target the factors that most influence your audience to act.
- **Tip #5**: Fear messaging by itself is not effective.
- **Tip #6**: Engage people at a subconscious and emotional level, using reflexive cues or “nudges” in messaging.
- **Tip #7**: Focus communication efforts on mass media and social media appropriate to the audience and behavior.
- **Tip #8**: Engage existing networks, whether virtual or physical, to engage your particular target audience.

Learn More

To find additional resources to address hand hygiene during the COVID-19 outbreak, consult the Global Handwashing Partnership COVID-19 landing page.

Also, hygiene resources can be found at the COVID-19 Hygiene Hub. Other relevant resources include UNICEF’s guidance briefs on understanding hygiene promotion and community-based health care for COVID-19 as well as this study on risk perception and COVID-19.

For additional support, contact the Global Handwashing Partnership secretariat at contact@globalhandwashing.org.