

---

---

---

---

---

**Vietnam National Handwashing Initiative  
Consumer Research  
Baseline Survey  
Final Report**

**Prepared for: World Bank**

**Prepared by: Indochina Research (Vietnam) Ltd.**

**June 25, 2007**

---

---

**TABLE OF CONTENTS**

<b>1</b>	<b>EXECUTIVE SUMMARY</b> .....	<b>6</b>
<b>2</b>	<b>RESEARCH SUMMARY AND OVERVIEW</b> .....	<b>9</b>
2.1	Research Background and Objectives.....	9
2.2	Methodology and Samples.....	10
2.3	Quantitative Sample: Demographics.....	14
<b>3</b>	<b>RESULTS. RATES OF HANDWASHING</b> .....	<b>16</b>
3.1	Handwashing rates and habits.....	16
3.2	Summary & Implications.....	19
<b>4</b>	<b>RESULTS. HANDWASHING BEHAVIOURS</b> .....	<b>20</b>
4.1	Background: Personal Hygiene.....	20
4.2	Most Common Handwashing Occasions - Reported.....	22
4.3	Child Feeding - Observed.....	23
4.4	Defecation – Observed.....	24
4.5	Summary & Implications.....	26
<b>5</b>	<b>RESULTS. WATER, SANITATION &amp; SOAP</b> .....	<b>27</b>
5.1	Water sources and their quality.....	27
5.2	Sanitation and Waste Management.....	29
5.3	Soap.....	30
5.4	Summary & Implications.....	33
<b>6</b>	<b>RESULTS. MOTIVATIONS AND BARRIERS TO HANDWASHING WITH SOAP</b> .....	<b>33</b>
6.1	The samples' daily activities.....	33
6.2	Background: Child Health, Diseases, Prevention.....	34
6.3	Motivations.....	37
6.4	Barriers.....	39
6.5	Hand washing with soap: theory vs. practice.....	39
6.6	Summary & Implications.....	41
<b>7</b>	<b>RESULTS. CURRENT CHANNELS OF COMMUNICATION</b> .....	<b>41</b>
7.1	Communications Usage.....	41
7.2	Knowledge issues.....	44
7.3	Communication Concepts.....	45
7.4	Implications.....	46
<b>8</b>	<b>CONCLUSION</b> .....	<b>47</b>
8.1	Synthesis of the findings.....	47
8.2	Recommendations.....	48
<b>9</b>	<b>APPENDIX A</b> .....	<b>50</b>
<b>10</b>	<b>APPENDIX B. Data Collection Tools</b> .....	<b>52</b>
10.1	In-Depth Interview Guideline.....	52
10.2	Focus Group Guideline.....	56

10.3	Additional Focus group & In-depth Guideline (done in May 2007) .....	58
10.4	Observation & Survey Questionnaire .....	59

## **ABBREVIATIONS**

<b>MOH</b>	<b>Ministry of Health</b>
<b>WB</b>	<b>World Bank</b>
<b>HWWS</b>	<b>Handwashing with Soap</b>
<b>FW</b>	<b>Fieldwork</b>
<b>FGD</b>	<b>Focus Group Discussion</b>
<b>SEC</b>	<b>Social Economic Class</b>
<b>TVC</b>	<b>Television Commercials</b>
<b>WES</b>	<b>Water usage and Environmental Sanitation</b>
<b>IEC</b>	<b>Information, Education, and Communication</b>

## LIST OF TABLES

Table 2-1: Details of research approach and sample .....	10
Table 2-2: Research locations.....	12
Table 2-3: Respondents' profiles.....	14
Table 2-4: Respondents' occupational profiles by location .....	15
Table 3-1: Frequency of handwashing by location.....	17
Table 3-2: Handwashing agents and rationales for not using soap in handwashing.....	17
Table 3-3: Handwashing agents by location .....	18
Table 3-4: Handwashing agents by educational level.....	18
Table 4-1: Personal hygiene practices by order of mention.....	20
Table 4-2: TOM and OM personal hygiene practices .....	20
Table 4-3: Ranking of personal hygiene practices by location.....	21
Table 4-4: Most common and other occasions of handwashing.....	22
Table 4-5: Mothers' activities before and after child-feeding.....	23
Table 4-6: Sites of child defecation .....	24
Table 4-7: Mothers' activities after cleaning their children's bottoms.....	24
Table 4-8: Mothers' activities after disposing of stools.....	24
Table 4-9: Mothers' activities after defecation.....	25
Table 4-10: Location of soap for handwashing by type of respondents.....	25
Table 4-11: Children's activities after defecation and before eating .....	25
Table 5-1: Main water source by location.....	27
Table 5-2: Types of toilet by location.....	29
Table 5-3: Frequency and ways of toilet cleaning .....	29
Table 5-4: Waste Management .....	29
Table 5-5: HHWS after handling waste by location.....	30
Table 5-6: Presence and sites of soap/soap substitutes in households .....	30
Table 5-7: Soap brand preference and reasons.....	31
Table 6-1: Perception of benefits of vitamin A.....	34
Table 6-2: Rate of child immunizations by disease .....	34
Table 6-3: Disease symptoms of children sick in the past 2 days.....	35
Table 6-4: Disease symptoms of children sick in the past 2 weeks .....	35
Table 6-5: Usual diseases by order of mention.....	35
Table 6-6: Perceived causes of diseases.....	36
Table 6-7: Perceived risk of infection by disease and by location.....	36
Table 6-8: Treatment of disease by disease .....	36
Table 6-9: Preventive measure awareness by disease .....	37
Table 6-10: Mentions of preventive measures by diseases .....	37
Table 6-11: Reasons for HHWS .....	38
Table 7-1: Communication channels used most by type .....	41

Table 7-2: Favourite TV programs by location .....	43
Table 7-3: TV ad attitudes by location .....	43
Table 7-4: Recall of TV's HW ads by location .....	44
Table 7-5: Source of information by location .....	44
Table 7-6: Order of consideration in toiletry product purchase by location .....	44
Table 9-1: Feeding regime by children's age .....	51
Table 9-2: Mothers' advice-givers upon their children's sickness .....	51

## 1 EXECUTIVE SUMMARY

### Objectives

The World Bank and its Water and Sanitation Program (WSP), the London School of Hygiene and Tropical Medicine), the Academy for Educational Development and the private sector, in collaboration with USAID, UNICEF, and the Bank-Netherlands Water Partnership are implementing a global initiative aimed at promoting the use of handwashing with soap (HWWS).

Within this initiative, a multistage research project on Handwashing with Soap was conducted by Indochina Research Limited in Vietnam. The project focused primarily on behaviours of mothers with children under 5 years old, living in rural areas and with a low income level.

The **specific objectives** were:

1. to provide baseline data on **rates of handwashing** for monitoring and evaluation in program areas.
2. To investigate **handwashing behaviours** among mothers of children under 5 years old;
3. To look into **availability of factors such as sanitation, water and soaps**;
4. To understand **motivating factors and barriers**;
5. To document **current channels of communication**, particularly for messages about HWWS.

### Methods

#### Respondents:

Mothers with children under 5 years old, living in villages of “urban” or “rural” communes. Income equivalent, at most, to US\$ 150 per household/ per month. This was asked in MoH comments, can you elaborate on how they were recruited and how they were remunerated for their time in participating?

The study was conducted in 2 qualitative and 1 quantitative phases:

Phase 1-qualitative: N=56 Product Trials (PT) followed by In-depth interviews (IDI)

Phase 2-qualitative: N=16 Focus Group Discussion (FGD)

Phase 3-quantitative: cluster sampling, N=720 Observations & face-to-face Interviews

#### Locations:

North: Son La, Hung Yen, Phu Tho


Centre: Nghe An, Binh Dinh

South: Vinh Long, Dong Thap, Ninh Thuan

### Results

#### Current Handwashing Practices

All statistics in this report represent reported data unless noted otherwise.

 60% of those who wash their hands with water report they don't find soap necessary.

- HWWS is Top of Mind for only 5% of mothers.
- Location of soap near latrines markedly influence the use of soap , e.g. in areas where open-air defecation is practised or in households where soap is placed in the kitchen rather than the bathroom, HWWS is less likely to occur.
- Soap use is directly correlated to education.
- The overwhelming majority reportedly wash their hands at least three times a day. However, observations revealed that half the sample usually wash their hands with plain water; a quarter use bar soap, and the rest of the sample use household detergents such as dishwashing liquid or laundry detergent.
- The most common reported handwashing occasion is after going to the toilet, followed by before meals, after cleaning a baby's bottom, and after cooking.
- Other reported HW top rankings occasions included: handling human faeces, managing waste, cleaning baby, handling animals: all about dealing with waste.
  - There are differences between "urban" and rural areas influencing hygiene & sanitation practices, particularly handwashing; for example, in "urban" areas, bathroom & toilet are combined in 1 room or next to each other, so it is more convenient for residents to HWWS.
- Upon observation, actual incidence of HWWS is only 5% before feeding child, 3% after feeding child. After child's defecation, only 25% HWWS.
- Children HWWS much less than their mothers.
- In most cases of HWWS after defecation, bar soap was at hand. This shows that placement is crucial.
- And there is contrast between the high awareness of handwashing and the comparatively low importance. While 92% of the respondents claim to wash their hands more than 3 times a day, 60% of all respondents did not find HWWS important.






### Motivations and Barriers to HWWS

Knowledge	Mothers are quite aware of the health implications of poor hygiene, however, there is a lack of information about the role of soap in preventing diseases
Belief & Knowledge	Most mothers claimed they feel the urge for HWWS only when there is visible dirt/ when their hands smell.
Attitude	HWWS is universally accepted as the "respectable" thing to do. Nevertheless, it is clear the sample HWWS quite less than what they say.
Perceived Risk	Only 13% of mothers reported being at risk for diarrhoea and the rest don't perceive diarrhoea as a significant risk. Most mothers do not think their families are in danger of contracting illnesses .The majority cite weather/ climate change as the major cause of diseases
Perceived lack of time	Rural mothers lead busy lives; HWWS takes longer than handwashing with water.
Perceived cost	Every household has some sort of washing agent, bar soap is less frequent: it's an extra cost.
Cultural Barriers	Many think most common illnesses are due to climate or other factors, not to poor hygiene.






Soap placement far from toilet	Very often toilets/ bathing areas are far from the cooking area, where washing agents are mostly kept
Availability	60% of households have bar soap, and almost all households has some kind of detergents (laundry or diswashing detergent) which are kept mainly in the bathroom/toilet or in the kitchen.
Locus of Control	Soap is chosen and bought nearly exclusively by women.
Willingness to Pay	What prevents them from buying soap is said to be the price, which is perceived to be too expensive.
Product Attribute	Fragrance, anti-germ properties and price are criteria mothers use in their decision to buy soap.

### Current Channels of Communication

-  Television dominates media usage with 43% of mothers reporting to watch VTV3, 12% watching VTV1 and 17% watching local channels (e.g. Vinhlong, Cantho)
-  Only 20% of mothers listen to the radio
-  15% report reading newspapers occasionally
-  Mass organizations (especially the Women's Union) are a strong communication vehicle for interpersonal communications.
-  Health workers are also a possible vehicle however their interactions are limited – most interact with mothers only during vaccination campaigns or when mothers bring their children to the local medical office.

***“Television is most appropriate because we watch TV after work in the evening during our dinner. We only visit doctor or health officer when we bring our children there when they are sick, but they talk about our children’s sickness such as guide us how many pills we should give our children, yes, they do remind us to maintain hygiene in general”.*** (across locations)

### Conclusion

-  Although HWWS is reported to be culturally acceptable and is already a social norm, observations reveal that actual HWWS rates are significantly lower than reported rates. In Vietnam, there is a large gap between hygiene theory and practice, which is consistent with global research findings on HWWS.
-  The study focuses mainly on those who only HW with water; they are the audience segment that the campaign should concentrate on.
-  Interviewees are very devoted to their children, around whom their lives and daily activities are structured. Washing (themselves, children, dishes, clothes) and cleaning are a crucial part of their routines.

## Recommendations

- ☐ Thus, the practice of handwashing is very widespread and frequent. There is no need to promote it per se. But handwashing with soap is very limited contrasted with the prevalence of soap in many households.
- ☐ A communications strategy should address the fatalistic acceptance of illness (and low perceived risk) and should dissolve the notion that germs and dirt must be visible to be harmful. Communications messages can leverage the aesthetic and socially appealing advantages of soap.
- ☐ Soap's anti-bacterial qualities can be used in communication as a contrast to the target audience's poor water and sanitation conditions.
- ☐ Willingness to pay for soap will also be important, which can be increased by promotions and by encouraging word-of-mouth communication about the affordability of soap.
- ☐ Children should be used in communication visuals in order to make it emotionally relevant. Common daily activities should be used for audience identification/ projection purposes.
- ☐ Showing that dirt and germs can be invisible and linking HWWS to diarrhoeal or respiratory illnesses are also areas for communications.
- ☐ Increase knowledge: A campaign to increase awareness of the causes of diarrhea and prevention, including HWWS. A campaign to increase the target's perception of health risk and sense of urgency.
- ☐ Increase soap availability: increase the occasions of soap purchase – by price & distribution initiatives.
- ☐ Encourage people to place soap in easily accessible areas.
- ☐ Integrated media campaigns will be essential to address each of the key issues and media should be tailored to raise awareness and/or reinforce hygiene knowledge. Increasing HWWS rates cannot be tackled by TV ads alone. TV can raise awareness but other channels of communication are equally important to promote action. It is essential that mass organizations use the ads as background for a repeated, door-to-door activity to promote HWWS.

## 2 RESEARCH SUMMARY AND OVERVIEW

### 2.1 Research Background and Objectives

The World Bank and its Water and Sanitation Program (WSP), the London School of Hygiene and Tropical Medicine (LSHTM), the Academy for Educational Development and the private sector, in collaboration with USAID, UNICEF, and the Bank-Netherlands Water Partnership are implementing a global initiative aimed at promoting the use of handwashing with soap in developing countries.

In Vietnam, the Ministry of Health (MOH), the Water and Sanitation Program (WSP), and the World Bank mission, in collaboration with other public and private partners, propose to develop a PPPHWI, with the overall objective of improving the health of populations at risk of diarrhea through a public-private partnership promoting handwashing with soap.

The World Bank charged Indochina Research Limited with designing and conducting across Vietnam a multistage research project on Handwashing with Soap in order to define a baseline and to help planning and articulating a nationwide handwashing campaign.


The project focused primarily on behaviours of mothers with children under 5 years old, living in rural areas and with a low income level. This was because it was felt this was the social group where children are still most at risk of contracting infections because of the lack of basic hygienic measures.

The research results are to be used for Monitoring & Evaluation purposes and for message development, providing the insights needed to design an effective communication program to promote handwashing with soap.

The **specific objectives** of the assignment were:

1. To provide baseline data on **rates of handwashing** for monitoring and evaluation in program areas.
2. To investigate **handwashing behaviours** among mothers of children under 5 years old;
3. To further look into **availability of factors such as sanitation, water and soap** in and around the household;
4. To understand **motivating factors and barriers** in doing so and how these might be applied to **key junctures** (after contact with faeces and before contact with food);
5. To document **current channels of communication**, particularly for the types of messages that might motivate handwashing with soap (HWWS).

The research was implemented in 3 phases:

 **Phase 1** – Product Trials followed by In-Depth Interviews

 **Phase 2** – Focus Group Discussions

 **Phase 3** – Structured Observations followed by baseline Quantitative Interviews

In this report, the results are presented divided by objectives. Each of the 5 objectives above are illustrated by combining the findings of different approaches – explained by the following methodological introduction.

## 2.2 Methodology and Samples

The table below offers a synthesis of the overall research approach:

**Table 2-1: Details of research approach and sample**

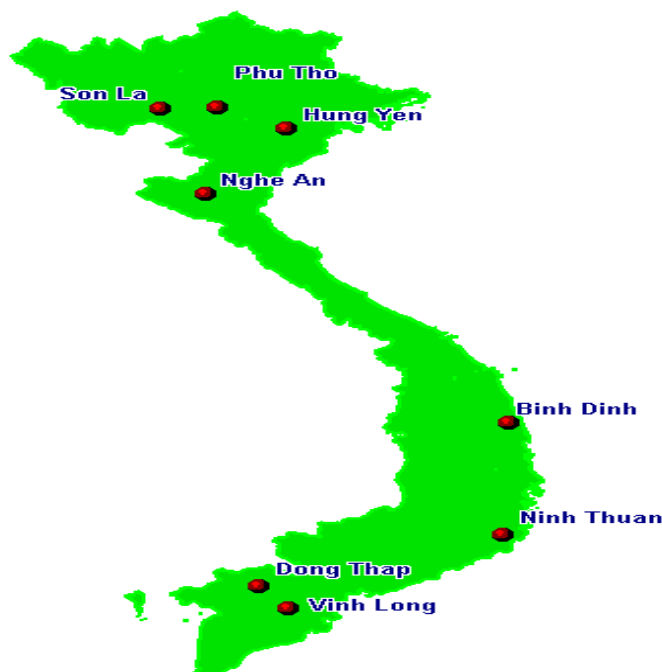
<b>Respondents:</b>	<p>Mothers with children under 5 years old, living in villages of “urban” or “rural” communes.</p> <p>Social-Economic Class (SEC) Income equivalent, at most, to US\$ 150 per household/ per month.</p>
<b>Samples:</b>	<p>Phase 1-qualitative: N=56 Product Trials (BT) followed by In-depth interviews (IDI)</p> <p>Phase 2-qualitative: N=16 Focus Group Discussion (FGD)</p>

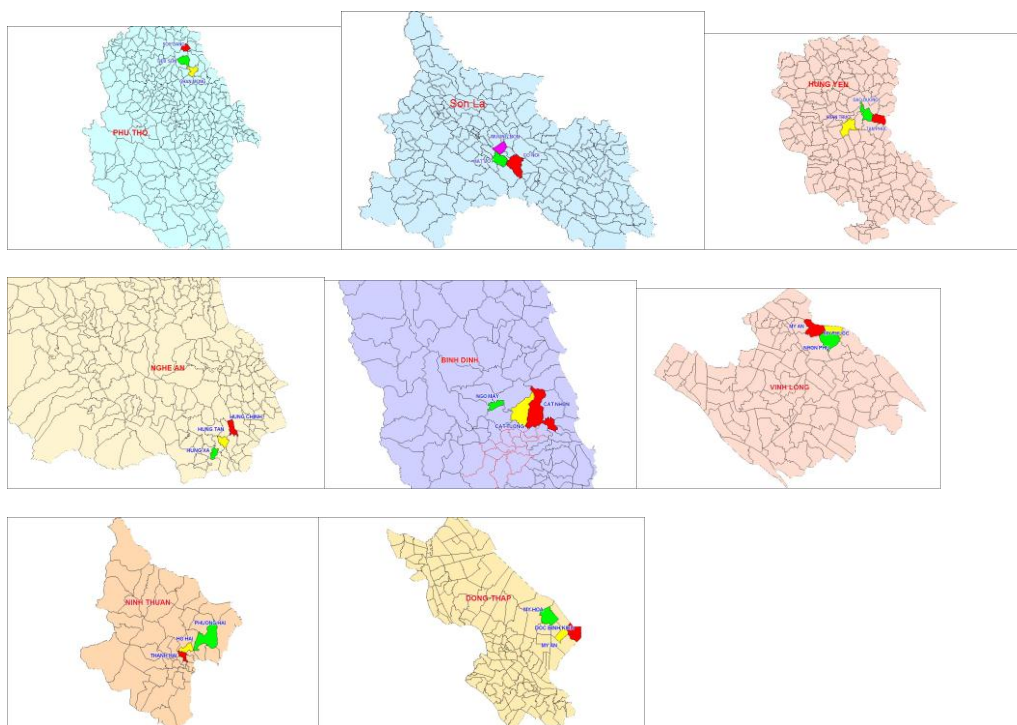
	Phase 3-quantitative: N=720 Observations followed by face-to-face Interviews
--	--

Four different data collection methods were used in three successive research stages. However, the respondents' definition remained consistent, allowing the research to triangulate and cross-validate findings obtained through different methodologies and in different circumstances.

At the outset of the research, the 8 provinces above were designated by the Ministry of Health, on the basis of geographical, economical and social considerations, and with the aim of obtaining a balanced representation of Vietnam's rural areas.

In the second stage, in each location, 1 "urban" (i.e. within a radius of 20 km from the provincial centre) and 2 "rural" (i.e. outside the 20 km radius) communes were selected, again by the Ministry of Health. The 2/3 ratio in favor of rural communes reflected the approximate distribution of communes on the provincial territories. Selected Communes had some MOH infrastructure.





In the successive stage, IRL chose at random 2 villages in each commune, and conducted the qualitative research procedures. They were twofold:

**Product trials:** Unwrapped soap (no specific soap brand) was given to each pre-recruited participant. The interviewer clearly explained the whole process to the respondent i.e. this soap is for her to explicitly use for hand washing for 14 days, after which the interviewer will come back to gain an in-depth understanding of her experience. Within 7-10 days of soap placement, interviewers reminded the respondent about soap usage.

**Focus group discussions:** on hygiene, health, and handwashing practices. A screening questionnaire designed as per the recruitment criteria provided by WB (i.e. mother with children of age below 5 years old, etc.) was used to recruit respondents. A standard FGD consisting of 8-10 mothers was conducted at the offices of local authorities of the commune of selected provinces.

Participants were chosen at random according to the criteria above.

The fieldwork was conducted in November – December 2006.

The following table shows the distribution of BT/IDIs and FGDs.

**Table 2-2: Research locations**

Region	Province	Commune	FGDs	BT /IDIs
North	Son La	Co Noi	1	2
		Muong Bon		2
		Hat Lot	1	3
	Hung Yen	Dao Duong	1	2
		Xuan Truc		2

	Phu Tho	Tan Phuc	1	3
		Chan Mong	1	2
		Tieu Son		2
		Soc Dang	1	3
Central	Nghe An	Hung Chinh	1	2
		Hung Xa		3
		Hung Tan	1	2
	Binh Dinh	Cat Nhon	1	3
		Cat Tuong		2
		Ngo May	1	2
South	Vinh Long	My An	1	3
		My Phuoc		2
		Nhon Phu	1	2
	Dong Thap	My Hoa	1	2
		My An		2
		Doc Ninh Kieu	1	3
	Ninh Thuan	Ho Hai	1	2
		Phuong Hai		3
		Thanh Hai	1	2
<b>TOTAL</b>		<b>16</b>	<b>56</b>	

For the quantitative survey, the communes were the same, and the following criteria were used:

#### Sampling Method:

4-stage purposive sampling (by the Ministry of Health) followed by random (by IRL) cluster sampling N = 720 (90 interviews per province). Standard error =  $\pm 4.5\%$  (assuming that Design Effect=2.)

#### Sampling:

3 communes (1 “urban”, 2 rural) per province were pre-selected by MoH.

2 villages in each commune were randomly selected by IRL. 10-15 households per village were randomly selected by IRL.

#### Data Collection:

1<sup>st</sup> stage. Household observation lasting 3 hours (6:9 am) on HW & water & sanitation facilities; followed by 2<sup>nd</sup> stage. Face-to-face interviews on a structured questionnaire.

#### Quality Control:

100 % In-house QC; 30% of each interviewer’s completed interviews were validated by QC by supervisors on location.

Fieldwork was conducted in December 2006.

The observation protocol concentrated on the interactions of each mother with one specific child. When a mother had more than one child under 5 years old, one was chosen at random among them. In the infrequent cases where the chosen child (“index child”) was routinely taken to a caretaker’s house, the interviewer would follow it and continue the observation, returning later to the original household to interview the child’s mother.

### Data Processing/ Analysis:

The study collected different kinds of data, with different methodologies.

Qualitative data (from IDIs , from FGDs and from product tests – see guidelines in Appendix) were collected as transcripts, which were then analyzed by textual analysis. The results were gathered in specific analytic reports, which were then used as one of the bases of the present final report.

Quantitative data (from the observation questionnaire and the interview questionnaire – see Appendix) were controlled and cleaned appropriately, then loaded in an SPSS database, then processed by frequency counts, cross tabulations, ranking, correlation or regression as required. The resulting tables were analyzed and the related quantitative report was integrated into the present final report. When it is required, the report indicates the kind of data used to state a result or conclusion. When it is not indicated, it means both qualitative and quantitative data have been used.

### Limits of Interpretation:

The research project planned from its outset to use different methodologies in order to describe and understand a set of specific social behaviours. The conclusions were formed by analysing qualitative and quantitative results as a whole. Integrating qualitative and quantitative always presents a range of obstacles. Measurement units are not comparable – it is up to the researchers' judgment to decide whether a given set of results can explain – and to what extent – the results yielded by another, different methodology.

Additionally, the relatively small sample limits the ability to conclude that it is representative of the entire rural areas of Vietnam, let alone of the country. The sample turns out to be closer to a well-constructed indicative sample. Thus, numerical differences and statistical analyses have to be taken in their context.

Additionally, though sufficient measures had been taken, it is completely unlikely to remove bias altogether. It is very likely that mothers will behave better when observed.

### 2.3 Quantitative Sample: Demographics

The sample offers a fairly uniform picture:

**Table 2-3: Respondents' profiles**

<b>Age (N=720)</b>	
18-24	29%
25-34	47%
35-44	18%
45 and over	5%

<b>Household Monthly income (N=720)</b>	
<400,000 VND)	2%
400,001- 800,000 VND	6%

800,001-1,600,000 VND	28%
1,600,001- 2,400,000 VND	43%
2,400,001-3,200, 000 VND	14%
3,200,001-4,000,000 VND	1%

Education (N=720)	
No formal schooling	2%
From 1-5	26%
From 6-9	53%
From 10-12	15%
Technical / Vocational	2%
College/University	2%

- ☐ Respondents are females with 1 or more child under 5 years old living in primarily rural areas. Two thirds of the villages are rural while 1/3 are closer to the provincial centre.
- ☐ The sample is young, but not very young. It can be mostly characterized as in transition between what is traditionally defined as “youth” and “maturity”. Three fourths of the mothers are under 35, slightly less than 1/3 are under 25.
- ☐ Following the research design, household income levels of the sample are quite low: about 1/3 of the interviewees’ households earn between \$50-100 per month, while nearly half earn between \$100-150.
- ☐ Education levels are moderate to average. The percentage of mothers who have only attended primary school is little more than a quarter of the sample. The other three quarters have gone to secondary school. The bulk of the interviewees (more than half the sample) have completed the lower secondary level. But less than 1 out of 5 has reached the upper secondary level.

The occupational profile of the sample is rather straightforward:

**Table 2-4: Respondents’ occupational profiles by location**

	TOTAL	Son La	Phu Tho	Hung Yen	Nghe An	Binh Dinh	Vinh Long	Dong Thap	Ninh Thuan
<b>Growing rice</b>	<b>48%</b>	56%	54%	69%	74%	42%	30%	23%	38%
<b>Housewife</b>	<b>21%</b>	8%	3%	9%	3%	6%	48%	59%	33%
<b>Commerce/trade</b>	<b>11%</b>	11%	12%	8%	3%	30%	7%	8%	10%
<b>Services</b>	<b>7%</b>	6%	7%	4%		12%	13%	6%	7%
<b>Raising poultry</b>	<b>6%</b>	12%	11%	3%	7%	4%	1%	4%	2%
<b>Civil servant</b>	<b>2%</b>		2%	3%	8%	2%			3%
<b>Others</b>	<b>4%</b>	7%	9%	3%	4%	3%	1%		6%

- ☐ Most of the interviewees actually work part-time, and very few are regular employees of a company or organization.



- ☐ As one would expect, the majority of respondents - especially in the Northern provinces - are rice farmers.
- ☐ A significant proportion of Southern mothers are basically housewives – though they might be involved in some part-time businesses.
- ☐ Trading constitutes a major occupation in Binh Dinh.

	Location														Total			
	Son La		Phu Tho		Hung Yen		Nghe An		Dong Thap		Binh Dinh		Vinh long		Ninh Thuan		Mean	Valid N
	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N		
Son-Under 3	1.00	N=33	1.00	N=43	1.02	N=44	1.06	N=31	1.03	N=30	1.00	N=23	1.00	N=35	1.09	N=34	1.03	N=273
Son-3 to 5	1.09	N=23	1.00	N=15	1.07	N=14	1.00	N=16	1.03	N=33	1.24	N=25	1.00	N=28	1.00	N=23	1.06	N=177
Son-6 to 9	1.00	N=3	1.00	N=5	1.00	N=7	1.05	N=20	1.00	N=7	1.00	N=8	1.67	N=9	1.07	N=14	1.11	N=73
Son-10 to 12	1.00	N=5	1.00	N=5	1.00	N=5	1.00	N=7	1.00	N=11	1.00	N=10	1.00	N=6	1.00	N=9	1.00	N=58
Son-13 to 15	1.00	N=1	1.00	N=3	1.00	N=6	1.00	N=3	1.00	N=4	1.00	N=2	1.33	N=3	1.20	N=5	1.07	N=27
Son-16 to 18	1.00	N=1		N=0	1.00	N=1		N=0	1.00	N=1	1.00	N=2	1.00	N=1		N=0	1.00	N=6
Son-More than 18		N=0		N=0		N=0		N=0	1.50	N=2		N=0		N=0	1.00	N=1	1.33	N=3
Daughter-Under 3	1.00	N=29	1.00	N=29	1.00	N=31	1.00	N=31	1.05	N=20	1.00	N=36	1.00	N=16	1.00	N=32	1.00	N=224
Daughter-3 to 5	1.00	N=18	1.00	N=20	1.05	N=21	1.00	N=21	1.00	N=14	1.00	N=19	1.00	N=15	1.00	N=20	1.01	N=148
Daughter-6 to 9	1.00	N=5	1.00	N=4	1.11	N=18	1.09	N=11	1.36	N=14	1.07	N=14	1.11	N=18	1.00	N=16	1.11	N=100
Daughter-10 to 12	1.00	N=2	1.00	N=3	1.20	N=5	1.07	N=15	1.00	N=7	1.00	N=5	1.00	N=5	1.00	N=7	1.04	N=49
Daughter-13 to 15	1.38	N=8	1.00	N=2	1.00	N=3	1.00	N=8	1.00	N=2	1.00	N=5		N=0	1.00	N=3	1.10	N=31
Daughter-16 to 18	1.00	N=1	1.00	N=1	1.00	N=4	1.00	N=4	1.00	N=1	1.00	N=2		N=0	1.00	N=1	1.00	N=14
Daughter-More than 18		N=0		N=0	1.00	N=1	1.00	N=1		N=0		N=0		N=0		N=0	1.00	N=2

Pls. note in the below findings every data is reported unless explicitly mentioned as “observed”.

### 3 RESULTS. RATES OF HANDWASHING

#### 3.1 Handwashing rates and habits

Respondents’ daily washing activities include: washing hands, washing dishes and clothes, bathing themselves and their children, cleaning their house, cleaning their toilet and bathroom. Each interviewee is, usually, in charge of keeping her household clean.

The first remark to be made is that reported handwashing (in general – no specification of the washing agent) is indeed very widespread. The near totality of respondents (except in Son La – mountainous and cold -) claim they wash their hands more than 3 times a day – and observations also tend to concur.

**Table 3-1: Frequency of handwashing by location**

Frequency of Handwashing	TOTAL	Son La	Phu Tho	Hung Yen	Nghe An	Binh Dinh	Vinh Long	Dong Thap	Ninh Thuan
Almost never			1%						
Rarely	2%	13%			3%				
Once a day		2%					1%		
One to 3 times per day	6%	20%	8%	3%	3%		10%		2%
More than 3 times per day	92%	64%	91%	97%	93%	100%	89%	100%	98%

Age, education and income are not significantly associated with rates of handwashing. Ninety percent or more of mothers already wash their hands so the phenomenon is nearly universal. A large difference relates to the type of washing agent used.

**Table 3-2: Handwashing agents used for post-defecation and rationales for not using soap in handwashing**

Agent used in Handwashing after defecation		Why you don't use soap?	
Plain water	51%	Not important / necessary	60%
Beauty / bar soap	27%	No time	24%
Laundry detergent powder / soap	13%	No soap / not enough soap	15%
Dishwashing soap / liquid	10%		

To further understand the reasons “why people don't use soap” Indochina research conducted few more in-depths (in Vinh Long & Ninh Binh) and one FGD in the end of May 2007. And findings reconfirmed the reasons why 60% mothers thought HWWS unimportant: *habit and their concepts of dirt*.

It means mothers have got used to washing hands with water **“all people here have the same habit, it's common...you ask about washing hands after defecation? Well it's not really important even washing hands with water, we often forget. HWWS is only important before feeding child as children's system is still weak, we have to avoid virus attack or when we have stubborn stains or after making fish that only soap can help remove, otherwise water is enough to clean off dirt”**.

**Soap** is suitable for all junctures depending on its availability, convenience (within reach) because of its cleaning efficacy as well as anti-bacteria function.

**Dishwashing liquid** is suitable for all junctures **but also on hands because it is within reach and only** depending on its availability, convenience (within reach) because of its quick removing foams/ slippery agents and fragrance. not suitable on bathing as it is ‘designed’ for washing dishes.

**Detergent** is least appropriate for its strong cleaning effects i.e. remove tough stains therefore it is harmful to skin as well as its fragrance is not appropriate on hands.

**“Soap can be used for hand wash but it’s not convenient sometimes as we only put it in the bathing area while dish wash is at washing place, we wash hands after cooking or preparing fish and dish wash liquid is easily and quickly rinse off. Detergent contains high bleaching therefore it causes rashes on skin and not easy to rinse off”.**

The problem is quite clear. Half the sample say they don’t use any kind of washing agent – just plain water. Slightly more than a quarter use bar soap, and the rest are spread between laundry detergents and dishwashing liquid.

To make matters more difficult, 60% of non-soap users (i.e. about 30% of the whole sample) say they don’t find soap necessary. This may be in part an excuse to save some face, but it points to a lack of awareness as well (refer to findings above) The necessity of using soap is a crucial point for any communication campaign.

The question of the agents can be further analyzed to identify whether there are any differentiating factors. The distribution of locations has an impact:

**Table 3-3: Handwashing agents by location**

Agent used in handwashing	TOTAL	Son La	Phu Tho	Hung Yen	Nghe An	Dong Thap	Binh Dinh	Vinh Long	Ninh Thuan
Beauty / bar soap	27%	61%	42%	37%	19%	6%	36%	2%	12%
Laundry det. Powder	13%	16%	36%	17%	21%		9%		4%
Dishwashing liquid	10%	7%	3%	6%	10%	6%	36%	2%	9%
Just plain water	51%	17%	19%	41%	50%	89%	20%	96%	74%

Handwashing practices vary widely across locations. The integration of quantitative results with observation reports shows variations are due to local conditions.

In the South, it is much more common to use only water (which is within easy reach because of the large system of canals throughout the Mekong Delta). Conversely, in Son La, Phu Tho & Binh Dinh water is not easily accessible as these areas are drier and mountainous. Therefore, people tend to HWWS at home where they may be more able to access soap and water.

Another important factor – which can have very significant implications for any communication campaign – is education:

**Table 3-4: Handwashing agents by educational level**

Agent used in handwashing	TOTAL	Up to grade 5	Grade 6 to 9	Grade 10 to 12+
Beauty / bar soap	27%	17%	28%	37%
Laundry det. Powder	13%	10%	14%	16%
Dishwashing liquid	10%	11%	9%	12%
Just plain water	51%	62%	49%	35%







The table clearly shows how handwashing practices vary significantly by educational level. The use of bar soap rises steadily together with education – and so does the use of laundry powder, although more marginally. Conversely, the use of plain water decreases steadily with the increase of education. There is a clear positive correlation.

Two other sample characteristics which could influence use of handwashing agents have been analyzed as well, but results are less significant than local conditions and education. Age has a moderate impact: the under 35s use plain water a little less than older respondents. However, since younger respondents are slightly better educated, the correlation could be spurious.

A regression analysis shows (see Appendix for the detailed tables) that education is the most likely factor to have a significant influence on handwashing with soap and detergents. For instance, with handwashing with soap as the dependent variable, education yields a significance F value of 0.93, compared with F values of 10.5 for age, and 6.2 for income: in other words, education is about 6 times more likely than income to influence handwashing practices.

Finally, analyzing the sample by income shows no clear correlation with the use either of bar soap or of any detergent. This should be kept in mind, since the following sections will show that price of soap is not the main obstacle for most (but may still be an obstacle for some) to its use in handwashing.

### 3.2 Summary & Implications

-  All interviewees are very devoted to their children, around whom their lives and daily activities are structured.
-  Washing (themselves, children, dishes, clothes) and cleaning are a crucial part of their routines.
-  The overwhelming majority of mothers say they wash their hands at least three times a day.
-  However, half the sample usually wash their hands with plain water; a quarter use bar soap, and the rest of the sample use household detergents.
-  60% of those who wash their hands with water say they don't find soap necessary. This would be a crucial point for a communication campaign.
-  Soap use - and also laundry powder use - is directly correlated to education.

**Thus, the practice of handwashing seems to be very widespread and frequent. There is no need to promote it *per se*, rather to promote it in specific occasions, and with cleansing agents.**

**But HWWS is very limited. One problem will be how to shift towards HWWS among less educated mothers.**

## 4 RESULTS. HANDWASHING BEHAVIOURS

### 4.1 Background: Personal Hygiene

Respondents were asked “In thinking about personal hygiene, what practices come to your mind?” No list of possible responses was submitted. The first response given is considered the Top-of-Mind practice of the interviewee. The following spontaneous mentions of other practices are noted as well; finally respondents are submitted a list of other practices (aided recall):

**Table 4-1: Personal hygiene practices by order of mention**

Practices	Top of Mind	Other Mentions	Aided
Brushing teeth	52%	25%	23%
Have a bath / shower regularly	23%	34%	36%
Drinking boiled / treated water	7%	25%	56%
HWWS	5%	21%	47%
Keeping the toilets clean	4%	16%	60%
Wearing clean clothes	3%	23%	61%
Using hygienic toilets	3%	15%	62%
Washing hair regularly	1%	14%	61%
Keeping the bathroom clean	1%	5%	63%
Keep house clean/ hygienic	0%	1%	1%

The results are interesting; insofar that brushing one’s teeth and having a bath are the only 2 Top-of-Mind associations scoring more than 10%. HWWS comes fourth, and it is Top of Mind for only 5% of mothers interviewed.

**Table 4-2: TOM and OM personal hygiene practices**

Practices	Top of Mind + Other Mentions
Brushing teeth	77%
Have a bath / shower regularly	57%
Drinking boiled / treated water	32%
HWWS	26%
Keeping the toilets clean	20%
Wearing clean clothes	26%
Using hygienic toilets	18%
Washing hair regularly	15%
Keeping the bathroom clean	6%
Keep house clean/ hygienic	1%

HWWS lags quite behind other practices: it is mentioned spontaneously only by a quarter of the sample, and it has about 1/3 of the mentions that tooth brushing gets. This ranking could be a good baseline parameter to start from.

Moreover, when asked the respective importance of different practices (explicitly listed to them), interviewees ranked HHWS quite low. (The scale goes from “Not important at all” = 1 to “Very important” = 5. The benchmark is = 3.5.)

**Table 4-3: Ranking of personal hygiene practices by location**

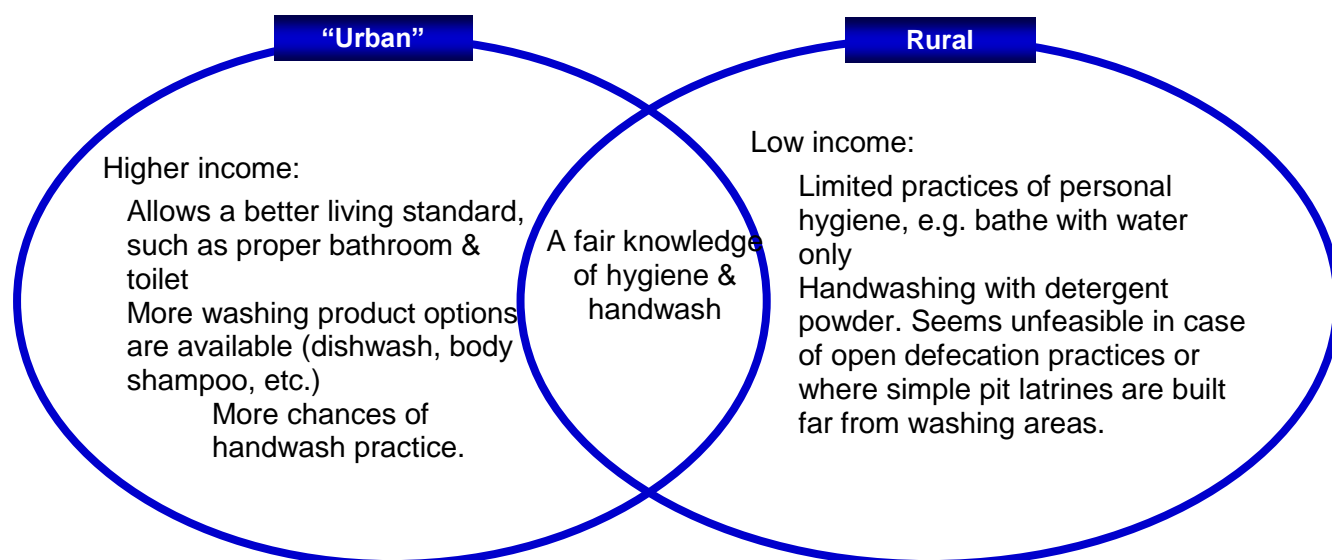
Practices	TOTAL	Son La	Phu Tho	Hung Yen	Nghe An	Binh Dinh	Dong Thap	Vinh Long	Ninh Thuan
<b>Brushing teeth</b>	<b>4.7</b>	4.8	4.7	4.7	4.7	4.9	5	4.7	4.4
<b>Drinking boiled/ treated water</b>	<b>4.6</b>	4.5	4.9	4.7	4.7	4.7	4.9	4.8	3.6
<b>Have a bath/ shower regularly</b>	<b>4.4</b>	4.4	4.6	4.6	4.4	4.5	4.7	4.7	3.7
<b>Wearing clean clothes</b>	<b>4.3</b>	4.3	4.6	4.6	4.1	4.3	4.8	4.6	3.5
<b>Keeping toilet clean</b>	<b>4.1</b>	3.8	4.3	4.2	4.1	3.9	4.8	4.6	2.9
<b>Going to proper hygienic toilets</b>	<b>4.1</b>	3.8	4.4	4.2	3.9	4	4.9	4.7	3.2
<b>Washing hair regularly</b>	<b>4</b>	4	4.2	4	4	3.9	4.3	4.1	3.7
<b>HWWS</b>	<b>3.9</b>	4.3	4.2	4	3.8	4.1	4.1	3.9	2.8
<b>Keeping bathroom clean</b>	<b>3.9</b>	3.8	4.3	3.9	3.6	3.8	4.7	4.6	2.8

In theory, interviewees consider all practices important (everyone is largely above the 3.5 benchmark), but there are relevant differences. The ranking is fairly similar to ToM – however, HHWS slides down: brushing teeth and clean water are joint top, then bathing, then clean clothes, clean toilets, washing hair and HHWS.

The overall profile of perceived importance is fairly similar in all provinces. Thus, HHWS has quite some way to go, uniformly all over the country.

In the qualitative phase, much attention was paid to the respondents’ awareness of hygiene-related problems. All mothers claimed a good knowledge of hygiene in general & handwashing in particular.

There were actually relevant differences between mothers living in “urban” and rural areas, influencing their hygiene & sanitation practices, particularly handwashing; for example, in “urban” areas, bathroom and toilet are combined in 1 room or next to each other, so it’s more convenient for the residents to wash their hands with soap. The chart below, based mainly on qualitative data, illustrates this:



*You know, people living far from this “urban” area do their defecation in their garden or bush, I don’t think they wash their hands after defecation, not like us, we are living in city area therefore we have bathroom and toilet in the same room, or some family they have 2 separate rooms but next to each other, therefore hand wash is very convenient as detergent, soap are available, even dish wash liquid because with just few step we can reach it as kitchen is next to the bathroom” (Son La, Phu Tho - “urban”)*

*“You’d better take a look around here to understand our facilities; it’s not like yours in “urban” area. People here are all the same, we wash hands after finishing all things before meals for example, we sweep the yard, we carry on with food shopping, then cooking, yeah.... you can consider we wash hands during washing vegetable or cooking” (Vinh Long, Dong Thap - rural)*

#### 4.2 Most Common Handwashing Occasions - Reported

In order to better evaluate the respondents’ actual (vs. declared) handwashing behaviours, the study compared reported handwashing behaviours with three observed handwashing practices. The reported behaviours were the answers to the paired questions “When do you normally most wash your hands?”/ “When do you normally wash your hands?”. The respondents’ answers were spontaneous – no list was submitted to them:

**Table 4-4: Most common and other occasions of handwashing**

Handwashing Occasions	Most	Other
After going to toilet	44%	51%
Before meals	17%	54%
After cleaning a baby’s bottom	9%	71%
After preparing food	9%	48%

<b>After managing waste</b>	4%	76%
<b>Before preparing food</b>	4%	61%
<b>After handling/touching human faeces</b>	4%	79%
<b>Before touching baby</b>	3%	48%
<b>After coming back from outside</b>	2%	41%
<b>After cleaning animal area</b>	2%	58%
<b>After handling animals</b>	2%	62%
<b>After meals</b>	1%	50%

For little less than half the respondents, the most common handwashing occasion is after going to the toilet (the answer should be considered as basically equivalent to a Top-of-Mind kind of statement).

Before meals, after cleaning a baby, and after cooking are each considered the most common occasion by a still significant number of respondents (9% or more).

The other spontaneous occasions produces– a different kind of top rankings. In descending order they are: handling human faeces, managing waste, cleaning baby, and handling animals. They all relate to dealing with different kinds of waste. The survey checked these statements by observing 3 junctures: before feeding the child, after child's defecation and after mother's defecation

### 4.3 Child Feeding - Observed

Observation of 696 separate cases of child-feeding yielded results which are quite different from what one would imagine from the declared behaviours. Before feeding a child, handwashing is rarely practiced:

**Table 4-5: Mothers' activities before and after child-feeding.**

<b>Immediately before/after feeding did the mother? (N=696)</b>	<b>Before</b>	<b>After</b>
<b>Carry on as usual (NO HW)</b>	<b>64%</b>	<b>78%</b>
<b>Wash hands with water (HWW)</b>	<b>27%</b>	<b>16%</b>
<b>HWWS (all soap)</b>	<b>9%</b>	<b>5%</b>
<b>1. HW with soap</b>	<b>5%</b>	<b>3%</b>
<b>2. Wash hands with Laundry powder</b>	<b>3%</b>	<b>1%</b>
<b>3. Wash hands with Dish washing liquid</b>	<b>1%</b>	<b>1%</b>

Only 9% of mothers HWWS before feeding their child. Moreover, If hands are washed at all, only water is used. Feeding is a juncture crucial to children's health, and thus a potential subject for any campaign aimed at increasing HWWS.

The context of 'feeding the child' in this study consist of 3 main meals (breakfast, lunch & dinner) and snack timings as well. Usually, snack is more served (fruits, cakes, boiled sweet potato) by hands. Main meals are served properly with spoon, chopsticks as Vietnamese tradition (solid food is served by either chopstick or



spoon while soup / porridge etc. is served with a spoon). 'Before' is from the point the mother prepares, cooks, serves/ feeds the child.

#### 4.4 Defecation – Observed

**Children's defecation** was observed at two junctures: after wiping the child's bottom and after the mother disposed of the stools. The behavioural patterns are roughly parallel:

**Table 4-6: Sites of child defecation**

Where did the child defecate (first time) (N=490)?	
In a potty	44%
On the ground outside	19%
On the floor inside the house	13%
In a nappy	13%
In the toilet	9%
On a paper	1%
In a basin	1%

**Table 4-7: Mothers' activities after cleaning their children's bottoms**

Immediately after wiping the child bottom did the mother...? (N=490)	
Dispose of stools	45%
Wash/rinse her hands with water (HWWW)	18%
Carry on as usual (NO HW)	13%
<b>HWWS (all)</b>	<b>23%</b>
1. HWWS with bar soap)	14%
2. Wash her hands with Laundry powder	7%
3. Wash her hands with Dishwashing liquid	3%

**Table 4-8: Mothers' activities after disposing of stools**

Immediately after disposing of stools did the mother.....? (N=221)	
Wash/rinse her hands with water (HWWW)	40%
Carry on as usual (NO HW)	10%
<b>HWWS(all soap)</b>	<b>50</b>
1. HWWS (with soap)	<b>23%</b>
2. Wash her hands with Dishwashing liquid	19%
3. Wash her hands with Laundry powder	8%

If one considers the two junctures together (N=490), 24% of the total immediately wash their hands with a detergent, and a further 22.5% of the total do it after disposing of stools. In both groups, the most commonly used agent is bar soap.

On the other hand, more than half the sample actually did not use any detergent – of which more than 15% did not even rinse their hands with water. It is another case of discrepancy between declared and actual behaviours. Immediately after disposing of the child's stool, only a quarter of the sample used soap.

**Mother defecation.** The pattern of the 268 cases observed is fairly similar to the one above:

**Table 4-9: Mothers' activities after defecation**

<b>After defecation did the mother (N=268)</b>	
<b>Wash her hands with water (HWWW)</b>	40%
<b>Carry on as usual (NO HW)</b>	10%
<b>HWWS (all soap)</b>	<b>49%</b>
<b>1. HWWS (with bar soap)</b>	24%
<b>2. Wash her hands with Laundry powder</b>	13%
<b>3. Wash her hands with Dish washing liquid</b>	12%

Mothers HWWS 49% of the time after defecate leaving roughly the same percentage of mothers who do not use soap. The uniformity of practices in both cases suggests that the use of detergents after defecation is a matter of habit more than of specific circumstances.

In the instances when soap or another detergent was used, it was spotted close to the water source (in most cases, within arm's reach). The table compares the cases of mothers and of household children older than the index child.

**Table 4-10: Location of soap for handwashing by type of respondents**

<b>Where did soap/cleansing agent for handwashing come from?</b>	<b>Mother</b>	<b>Schoolchild</b>
<b>Soap/ cleansing agent kept near water source (within arm's reach)</b>	73%	84%
<b>Soap/ cleansing agent distant from water source</b>	27%	16%

Soap placement is one of the better proxy indicators to whether HWWS occurs. The data prove the importance of making soap available - and of increasing the quantities available.

Finally, when there were older children in the household (usually siblings of the index child), their handwashing behaviour was observed:

**Table 4-11: Children's activities after defecation and before eating**

After defecation did the child (N=84)	
Wash hands with water (HWWW)	42%
Carry on as usual (No HW)	23%
HWWS (all soap)	31%
1. HWWS (soap)	19%
2. Wash hands with Laundry powder	6%
3. Wash hands with Dish washing liquid	6%
Others	2%

Immediately before eating did the child? (N=207)	
Carry on as usual (No HW)	60%
Wash/Rinse hands with water (HWWW)	33%
HWWS (all soap)	2%
Wash hands with Laundry powder	2%
Others	3%

Prior to eating, two thirds of children do not wash their hands at all as food is mostly taken with chopsticks or spoons. After defecation, 42% wash their hands with just water, 31% wash their hands with soap and nearly a quarter of the children do not wash their hands at all,

#### 4.5 Summary & Implications

- ☐ Brushing one's teeth and having a bath are the only 2 Top of Mind practices spontaneously mentioned by more than 10% of the sample. HWWS is Top of Mind for only 5% of mothers.
- ☐ There are relevant differences between "urban" and rural areas, influencing hygiene & sanitation practices, particularly handwashing.
- ☐ The most common declared handwashing occasion is after going to the toilet, followed by before meals, after cleaning a baby, and after cooking.
- ☐ The "other occasion" top rankings: handling human faeces, managing waste, cleaning baby, handling animals: all about dealing with waste.
- ☐ Upon observation, actual incidence of HWWS is 5% before feeding child, 3% after feeding child.
- ☐ After child's defecation, only 1/4 of observed sample use HWWS - same percentage as for their own defecation. A further 1/4 use some other detergent. Children wash much less than their mothers.
- ☐ In most cases of HWWS after defecation, bar soap was at hand. This shows that placement is crucial.

**Thus, the rate of HHWS is very low before feeding child, and only 51% after defecation. The comparatively low importance that HWWS is given contrasts the high awareness of handwashing. There is obviously scope for opinion and behavioural change here.**

Table 20: Ways of handwashing and distance of soap from water source

		Soap/ cleansing agent kept near water source (within arm's reach)	Soap/ cleansing agent distant from water source
How do you wash hand	With beauty/ bar soap	71.3%	67.6%
	With Laundry detergent powder/ soap	42.6%	38.2%
	With dishwashing soap/ liquid	48.9%	50.0%
	Just plain water	55.3%	73.5%
Most common way	With beauty / bar soap	43.6%	26.5%
	With Laundry detergent powder/ soap	19.1%	14.7%
	With dishwashing soap/ liquid	17.0%	5.9%
	Just plain water	20.2%	52.9%

## 5 RESULTS. WATER, SANITATION & SOAP

### 5.1 Water sources and their quality

In the course of the survey, the respondents' living quarters were examined, and the water sources assessed. In 2/3 of the cases, water came from taps. Water sources vary from location to location, depending on geographical situation and on infrastructure (water supply with/without proper filter).

Almost all areas have problems with potable water, such as lime content in Nghe An & Ninh Thuan, or pH in Vinh Long & Dong Thap, The specific type of source varies widely from province to province, depending on a complex set of interacting conditions:

**Table 5-1: Main water source by location**

Main water source	TOTAL	Son La	Phu Tho	Hung Yen	Nghe An	Dong Thap	Binh Dinh	Vinh Long	Ninh Thuan
Tap from wells in house	36%	31%	73%	3%	11%		86%		
Tap outside house, in compound	33%	7%		94%	77%	47%	10%	20%	47%
Municipal Tap outside house, in compound	16%	20%				43%		63%	43%
Municipal Tap inside house	9%	39%	3%	1%	1%	8%		7%	8%
Storage in House	5%	2%	17%		8%	2%	1%	10%	2%
Storage on Roof	2%	1%	7%	1%	3%		3%		

Qualitative results illustrate the respondents' perception of the different possible water sources, in order of potability.

**Rainwater:** Best to drink thanks to its perceived purity. No residue. Good taste. But there is not enough rain water for cooking. Thus, other sources are used: spices/ seasoning can mask the water's foul-smelling taste.

***“Rain water is very precious here because of its distinct taste (delicious). Some rich people can invest for big tank to reserve rain water during dry seasons. We are not rich so we reserve water as much as we can for drinking only. When we run out of rain water, we have to buy bottled water for our infant baby, those who have infant baby I mean” (Son La)***

***“We can't explain why but rain water is delicious, it's just because we don't have enough rain water to use for drinking & cooking throughout the year” (across locations)***

**Tap water:** It is the second most popular choice for drinking and comes from drilled wells, and pumped into a big container with a basic filter. It is supplied most commonly by local private providers: and usually there is no guarantee of its drinking quality.

***“Tap water is good for drinking when we don't have rain water left” (Across locations)***

***“I have a big tank of rain water for drinking throughout the year, but most people here have to use tap water for drinking during dry season, we have to pay for this water” (Across locations)***

**Drilled water:** Owned by households who can afford drilling a well. Its water is pumped into containers - when the sediments are deposited, the water is ready for use.

***“Those who can afford drilling facilities use drilled water for all of their activities. They sometimes share their drilled water with the community when the tap water system of the commune is out of order but in fact this rarely happens” (Vinh Long)***

**Well water:** It is the last choice when no other source is available. For instance, it is used by families too poor to buy rain water containers (especially in Ninh Thuan).

***We use both rain water and well water. Well water is for washing, cleaning and cooking when there is not enough rain water as rain water is prioritized for drinking. Well water contains lime therefore it's not good for drinking, its taste is not that good”. (Ninh Thuan)***

**River water:** Used by most respondents in Vinh Long & Dong Thap, where few houses in “urban” areas have drilled water.

***“People here pump water from the rivers and use chemicals to deposit alum before use” (Vinh Long, Dong Thap).***

## 5.2 Sanitation and Waste Management

Again, there are marked variations between provinces. On the whole, sanitation conditions seem rather poor.

**Table 5-2: Types of toilet by location**

Toilet Types	TOTAL	Son La	Phu Tho	Hung Yen	Nghe An	Dong Thap	Binh Dinh	Vinh Long	Ninh Thuan
Water-flush WC with self destroying Septic Tank	26%	5%	6%	8%	18%	9%	41%	7%	62%
Outhouse on a fishpond.	20%				3%	78%		83%	5%
Double vault composting latrine (bio/eco-toilet)	13%	23%	18%	40%	37%	3%	5%	3%	
Simple pit latrine	9%	32%	41%	24%	11%				25%
Latrine with cap, roof and cover	9%	36%	24%		29%				2%
A hole, filled up	7%						41%		
Water-flush WC with ST + latrine trench	6%			8%	3%		11%		12%
Others	9%	5%	12%	20%		9%		7%	18%

Moreover, in almost all cases toilet conditions were observed to be unhygienic – faeces were present on the

**Table 5-3: Frequency and ways of toilet cleaning**

How often is the toilet cleaned? N=584	
Every day	23%
3-5 times per week	7%
1-3 times per week	38%
1-4 times a month	7%
Almost Never	24%

How is the toilet cleaned?	
With toilet brush	13%
With toilet brush & disinfectant	16%
With hand made brush	38%
Broom	29%

In terms of household waste management, most respondents dispose of their household rubbish either by burning it (34%) or by gathering it in the appropriate places (29%) or by burying it (9%). The other modalities are different ways of dumping waste. In some households, more than one method is used:

**Table 5-4: Waste Management**

What do you do with household rubbish? N= 720	
Collect, burn & throw	34%
Gather in garbage bin	21%
Throw in dust hole	15%
Throw into river/pond	14%
Throw in public dump	13%
Bury	9%
Gather in plastic bags	8%

<b>Throw into bush or beach area</b>	3%
<b>Leave it lying around</b>	2%

The analysis of frequency of handwashing with soap after handling waste shows that there is significant room for improvement. Only half the sample wash their hands with soap occasionally, and another 13% never HWWS. Again, the South seems to HWWS less than other parts of the country. This confirms qualitative data that reveals that in the south where water is plentiful along the canals, more people are likely to wash with only water. In the north, water sources are mostly in the home where soap is easier to access.

**Table 5-5: HHWS after handling waste by location – observed or reported?**

<b>HHWS after handling waste</b>	<b>TOTAL</b>	<b>Son La</b>	<b>Phu Tho</b>	<b>Hung Yen</b>	<b>Nghe An</b>	<b>Dong Thap</b>	<b>Binh Dinh</b>	<b>Vinh Long</b>	<b>Ninh Thuan</b>
<b>Always</b>	<b>36%</b>	41%	60%	49%	50%	4%	53%	3%	24%
<b>Sometimes</b>	<b>52%</b>	46%	37%	34%	40%	92%	36%	96%	34%
<b>Never or almost never</b>	<b>13%</b>	13%	3%	17%	10%	3%	11%	1%	41%

### 5.3 Soap

In terms of **soap placement**, 720 observations showed that all interviewed households have access to either soaps or soap substitutes.

**Table 5-6: Presence and sites of soap/soap substitutes in households**

<b>Soap / Soap substitutes present in the household / Locations</b>			
<b>Laundry detergent</b>	100%	<b>Bathroom/ latrine</b>	45%
<b>Dish washing liquid</b>	88%	<b>Near well</b>	31%
<b>Bar Soap</b>	60%	<b>In kitchen</b>	15%
		<b>Cupboard in kitchen</b>	3%
		<b>Outside (nearby) latrine</b>	2%
		<b>Near water tank</b>	2%

Laundry powders/liquids or dishwashing powders/liquids are the most predominant agents. Bar soap was present in slightly less than two thirds of the households. Soap and/or soap substitutes were observed mainly near the bathroom/ latrine (45%) and the well (31%).

In terms of **brand preference declared** by interviewees, Lifebuoy is the most preferred, and the most frequently used, soap brand in all survey locations. This is also confirmed by the household observation (above). The most observed brands were as follows. Bar soap: LifeBuoy. Laundry: Omo. Dish washing: My Hao, Sun light, Lix

**“Yes, we use Lifebuoy soap because it contains anti-germ efficacy” (Across locations)**

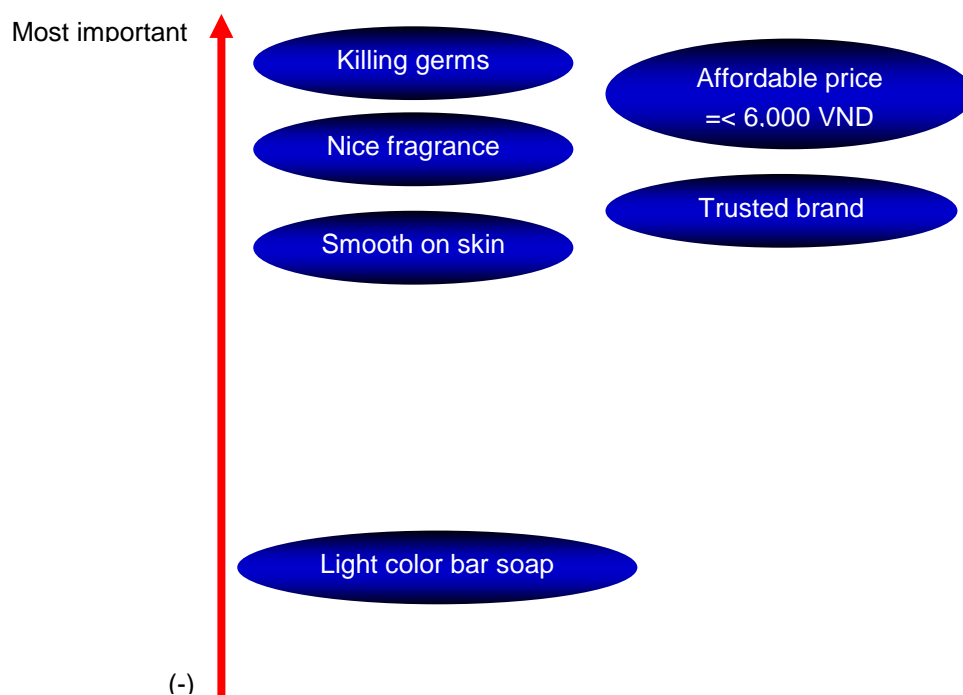
**Table 5-7: Soap brand preference and reasons**

Preferred brand		Reasons to prefer Lifebuoy	
Lifebuoy	50%	Pleasant smell	59%
Camay	14%	Anti-bacteria	40%
Lux	8%	Cleans the skin	27%
Safeguard	6%	Reasonable price	13%
Chrysopogon	5%	Long-lasting aroma	13%
Palmolive	4%	Non-allergic	6%
Others	6%	Softens/ doesn't dry the skin	6%

The primary reasons offered for using Lifebuoy are its “pleasant smell” and its “anti bacterial” characteristics. The reasons’ ranking reflects the generic reasons adduced why one should wash hands with soap (see above).

When it comes to **soap-buying practices and criteria**, it is worth noting that - as far as the survey sample is concerned - the husband is usually the main income earner, and often more educated than his wife. However choosing and buying soap is always the wife’s responsibility (around 98% of the cases). The implications in terms of campaign strategy are obvious.

The qualitative study analyzed the criteria used in choosing and purchasing bar soap. They show that anti-germ properties, a nice fragrance and an affordable price are key for bar soap:



Anti-germ properties, a nice fragrance & affordable price are key for bar soap



***“Killing germ is important, we don’t know how it works but it is claimed on TVCs and on its packaging, so we buy it.” (Across locations)***

***“We sniff to choose our favorite fragrance, it makes me feel refreshing and clean” (Across locations)***

**In product trials**, bar soaps were provided to 56 respondents for 14 days. All respondents tried the provided bar soap for handwashing, as requested. Those who usually bathed with bar soap said they used the provided bar soap for bathing as well.

Their family members also shared the provided bar soap because it was placed in their usual washing area. The following table summarizes the perceptions of the provided bar soap:

Likes	Dislikes
<ul style="list-style-type: none"> <li>- Nice &amp; long lasting fragrance.</li> <li>- It exerted and antigerm action.</li> <li>- Perfectly removed dirt, grease, bad smell from hands.</li> <li>- Gives a smooth and clean feel.</li> </ul>	<ul style="list-style-type: none"> <li>- The bar soap is a bit soft =&gt; easily decayed/ broken.</li> </ul>

Current bar soap users repeatedly mentioned the provided soap’s nicer fragrance. There was no perceived difference in terms of functional benefits in comparison with their current bar soap.

Non-bar soap users said they highly appreciated bar soap benefits (nice fragrance, hands feeling clean, smooth & comfortable after washing) because they used to wash with water only. The barrier they felt towards bar soap use was their limited budget: dishwashing liquid & detergent were used in instead.

In terms of future intentions after the product trial, both current bar soap users and non-bar soap users confirmed they would continue using bar soap for handwashing for the benefits mentioned.

***“I will continue using bar soap as its fragrance is nice and all my family members said that it is good” (Nghe An, Vinh Long, Binh Dinh, Ninh Thuan)***

Since most wanted to carry on using the trial product & did not know its brand, they said they would try to identify it in the market by its fragrance, shape and colour

Some said they would ask for Lifebuoy since it was the only brand that matched the provided bar soap’s experienced benefits.

***“When we buy soap, we look for anti-germ benefits which are presented on its package or on TVC, then nice fragrance. Lifebuoy has those benefits as it claims, also it’s not harmful to our skin. This trial product is Lifebuoy, isn’t it?” (Across locations)***

## 5.4 Summary & Implications

- ☐ Current water sources cannot guarantee hygienic standards for eating/ drinking.
- ☐ Sanitation is poor, most toilets are unhygienic. Soap can be a defence.
- ☐ In all households soap (100% of cases) soap products were found. They are mainly kept in the bathroom/toilet or in the kitchen.
- ☐ Soap is chosen and bought nearly exclusively by women.
- ☐ The declared main criteria are: fragrance, anti-bacterial properties (perceived through communications) and price.
- ☐ A product trial showed that non-users are swayed by bar soap's product benefits. What prevents them from buying soap is said to be the price.

**However, detergents' widespread availability contrasts with the previously observed low rates of bar soap use in important junctures. This double gap between limited use of soap on one side, availability of detergents and awareness of soap's hygienic/health benefits on the other, needs to be addressed with a campaign aimed at behavioural change.**

**Soap's anti-bacterial qualities can be used in communication as a contrast to the target's poor water and sanitation conditions.**

## 6 RESULTS. MOTIVATIONS AND BARRIERS TO HANDWASHING WITH SOAP

### 6.1 The samples' daily activities

The uniform profile shown by the demographics of the quantitative sample is reflected in the profile of the respondents to the qualitative phase as well. Both samples - qualitative and quantitative - are mainly housewives and part-time workers, i.e. women who are not officially employed by a company or organization.

Most respondents contribute their labour to their household's main activity (more often than not, rice farming). Several women endeavour to earn some extra income, by backyard farming, selling vegetables at the market, selling groceries, having a tailoring shop at home, etc. This kind of supplementary income is more frequent in the Southern provinces.

Mothers confirm that children are their centre of attention, regardless of whether they are working or not. This comes out with great clarity in all the qualitative research – both in IDIs and FGDs. The women devote their hearts and minds to their daily activities revolving around their children.

They unanimously state that the activities which they consider really important and enjoyable are related to taking care of their children. Earning a living is seen as a function of maternal love: the only reason for

mothers to work is their deeply felt desire to obtain some little more money, which all goes to give their children a better life.

***All I do is for my children first, I work to have money for my children (Son La & Phu Tho – “urban”) I care for my children by cooking good meals, teaching them, making sure they are clean and so on (Across most locations).***

## 6.2 Background: Child Health, Diseases, Prevention

On the whole, the sample is uniformly aware of some basics of child health care. As one would expect, – as it is provided free of charge by the Vietnamese government – the overwhelming majority of mothers (83%) say they’ve given Vitamin A to their children. Vitamin A is mainly thought to improve eyesight and/or act as a prevention against infectious diseases. It also has good effects on the skin. The percentage of don’t knows (13%) is even lower than that of mothers who haven’t given Vitamin A to their children:

**Table 6-1: Perception of benefits of vitamin A**

What can vitamin A do?	
Gives good eyesight	44%
Gives good health/ prevents infectious diseases	30%
Makes skin healthy and/or beautiful	20%
Prevents infant death	19%
Good appetite	19%
Good sleep	16%
Do not know	13%
Others	12%

Nearly all children are immunized. With the exception of hepatitis A and cholera, nearly all mothers claim to have completed all immunizations for their children. Again, vaccines are provided free of charge by the Vietnamese government.

**Table 6-2: Rate of child immunizations by disease**

	Tuberculosis	Measles	DPT	Polio	Hepatitis A	Hepatitis B	Cholera
<b>Yes</b>	92%	88%	95%	94%	40%	89%	36%
<b>No</b>	8%	12%	5%	6%	60%	12%	64%

However, the health situation of the sample’s children is not very satisfactory. The data take into account only the child chosen for the survey (the “index child”). In 25% of cases this child had been sick in the last

two days. (The question asked for “sickness” - rather than for a list of symptoms - so there may be some underreporting of “sickness.”)

The commonly occurring symptoms are cough (2/3 of the cases), fever or dyspnoea (nearly half the cases):

**Table 6-3: Disease symptoms of children sick in the past 2 days**

<b>Sick in the past 2 days: symptoms N=180</b>	
<b>Cough</b>	66%
<b>Fever</b>	46%
<b>Dyspnea/Wheeze</b>	46%
<b>Vomit</b>	8%
<b>Diarrhoea over 3 times/day</b>	6%
<b>Stomachache</b>	2%

Moreover, a quarter of all mothers whose children hadn't been sick over the past 2 days reported cases of child sickness in the past 2 weeks. Adding up the data, it means that, within the 2 weeks preceding the survey, 44% of the sampled children had been sick. Respiratory problems dominate (3/4 of the cases) while diarrhoeal symptoms are reported to be the second leading cause.

**Table 6-4: Disease symptoms of children sick in the past 2 weeks**

<b>Sick in the past 2 weeks: symptoms N=134</b>	
<b>Respiratory problems</b>	76%
<b>Diarrhoea</b>	13%
<b>Flu</b>	4%
<b>Sore throat</b>	4%
<b>Other</b>	8%

Moving from the individual children to the community at large, we see that what worries people most (Top-of-Mind spontaneous recall) are respiratory problems and flu:

**Table 6-5: Usual diseases by order of mention**

<b>Usual diseases in your community N=720</b>	<b>ToM</b>	<b>Aided Recall</b>
<b>Respiratory problems</b>	55%	29%
<b>Flu</b>	25%	50%
<b>Diarrhoea</b>	10%	29%
<b>Red-eye</b>	6%	21%
<b>Malnutrition.</b>	1%	9%
<b>Parasitic Worms</b>	1%	8%
<b>Trachoma</b>	1%	2%

Respiratory problems and flu are the 2 top most diseases affecting all communities. Surprisingly, diarrhoea and red-eye have low incidence, both as ToM disease and in general. There are no great variations by province. The reasons why informants think these diseases occur are very important:

**Table 6-6: Perceived causes of diseases**

Reasons	
Climate/weather changes	85%
No clean water, drinking unsafe water	33%
Polluted environment	19%
Eating contaminated food	16%

A crucial point is the fact that the overwhelming majority (85%) cite weather or climate change as the major cause of diseases: it is somehow a *fatalistic approach*, and implicitly it could justify the lack of preventive actions. While this approach can be at least partly explained by the high number of flu-related illnesses, it is an attitude which must be addressed in any HWWS campaign. Unsafe water is mentioned by 1/3 of the sample, pollution by 1/5. Again, there are awareness problems here.

Mothers across most locations are confident their family is not at great risk of being affected by the most common diseases. (The scale goes from “Very unlikely to be infected” = 1 to “Very likely to be infected” = 5. The benchmark is = 3.5.)

**Table 6-7: Perceived risk of infection by disease and by location**

Risk of infection by...	Son La	Phu Tho	Hung Yen	Nghe An	Dong Thap	Binh Dinh	Vinh Long	Ninh Thuan
Diarrhoea	3.8	3	2	3.3	3	1.7	3	3
Red-eye	3.3	4.2	2.8	3.1	3.5	2		2
Respiratory problems	3.9	3.9	2.9	3	3.3	3	3.1	3.2
Flu	4	4	2.6	2.7	3.5	3	3.4	3.4

In most cases, the index is below the benchmark. And, from a HWWS viewpoint, the fact that diarrhoea especially is claimed to be most unlikely across most locations is far from encouraging.

In terms of treatments for diarrhoea and red-eye symptoms, residents either buy drugs from a pharmacy (self-treatment) or consult a doctor / health officers. For respiratory problems which may require more difficult treatments, most respondents consult with doctors / health officers.

**Table 6-8: Treatment of disease by disease**

What do you usually do to treat the following disease?	Diarrhoea (N=69)	Red eye (N=43)	Respiratory problems(N=393)
Buy drug without seeing a doctor or nurse	46%	41%	27%
Use a traditional medicine	4%		3%
Consult with doctor /health officer	51%	59%	72%
Did nothing		2%	1%

There is a good knowledge of prevention of the diseases that are ToM: for diarrhoea and red-eye. Three quarters of mothers who mention them spontaneously as the topmost disease say they know how to prevent it. For respiratory diseases, prevention awareness is at 57%:

**Table 6-9: Preventive measure awareness by disease**

Awareness of preventive measures	Diarrhoea N=69	Red-eye N=43	Respiratory problems N=393
Yes	73%	72%	57%
No	23%	26%	39%
Do not know	4%	2%	3%

Asked what these preventive measures are, interviewees offer a limited number of responses:

**Table 6-10: Mentions of preventive measures by diseases**

<b>Diarrhoea N=50</b>	
Eating warm food, drinking warm water	76%
Not eating unknown-origin food	28%
Following good personal hygiene	26%
<b>Red Eye N=31</b>	
Taking preventive drugs	39%
Using clean water sources	29%
<b>Respiratory Problems N=225</b>	
Keeping warm (wearing enough clothes)	66%
Eating warm food	28%

However, none of the frequently cited measures mentions HWWS. And even “good personal hygiene” - a very broad term - is at only 25%. There is clearly a lack of information about the role of soap in prevention.

### 6.3 Motivations

To analyze the main motivations in favor of the use of soap in handwashing, the qualitative phase of the study dwelt in detail on the notion of dirtiness (see Appendix A – images of dirtiness and cleanliness): what it does mean, and how it acts. Generally speaking, most interviewees agreed on the subjects, independently from their locations. Dirtiness has **three kinds of impact on health: direct, indirect, and environmental.**

**Direct impact:** Dirtiness acts daily, through foods & drinks, since they are immediately & directly absorbed by the body. Consequently, poor hygiene practices can have immediate consequences - diarrhoea, parasitic worms, etc. -, which are dangerous to health.

**“Those dirt or bacteria coming directly into our body will cause diseases, therefore, picture of dirty hands is considered too dangerous for our health. Or if we have defecated in such dirty toilets, bacteria will surely come into our body when we eat. Dirty toilet picture conveys that virus transfer by air is real”. (Across locations)**





**Indirect impact:** Dirtiness is also caused by wearing dirty clothes, by exposure to dirty floors/ toilets, even by housecleaning. All these can cause skin disease. These situations are potentially risky but their effect is not immediate, and there is time to obviate.

**Environmental impact:** Dirt from pollution (industrial emissions, rubbish, mud, etc.) impacts the environment, but not necessarily on every individual. Though fumes can penetrate the body through the nostrils, they are perceived to have an impact only on those living in the nearby areas. Environmental pollution is considered avoidable. And it's perceived as less dangerous than the first two kinds.

***“Picture of polluted smoke is definitely dirty, however, it only affects those living nearby. We do not have such factory surrounded our area, so it's not dangerous ” (Across locations)***

On the whole, qualitative results show that mothers in all provinces are very aware of the health implications of poor hygiene. However, most say they wash their hands only when they are visibly dirty, greasy or smelly (a very frequently quoted example is after cleaning fish).

In favour of HWWS, nearly all **FGDs and IDIs respondents** state that health-related washing activities are very important. This assessment is backed by a series of motivating factors:

-  Hands come into direct contact with food while cooking/eating. Dirty hands can contaminate foods and drinks that are ingested.
-  Dirt on hands or nails contains germs. If hands are not cleaned properly, the germs will be absorbed and may cause diarrhoea or other illnesses later.
-  Personal hygiene is important to health. Clean skin is perceived to be a sign of a healthy person and clean skin also has positive social connotations.
-  Together with health-related motivations, soap's good fragrance and its positive effects (smooth skin, comfortable clean feeling) were always cited.

**Survey interviewees** rank the importance of HWWS according to slightly different criteria.

**Table 6-11: Reasons for HWWS**

<b>Motivations for HWWS</b>	
<b>Get rid of bad smell</b>	44%
<b>Prevent disease</b>	30%
<b>Remove germs</b>	20%
<b>Remove dirt</b>	19%
<b>Good fragrance</b>	19%
<b>Makes hands soft</b>	16%
<b>Makes hands clean</b>	13%
<b>Others</b>	12%

The top single reason is to get rid of bad smells. It relates to comfort and social acceptability more than to health. Two health-related motivations follow, and combined add up to 50% of the sample.

Most HWWS motivations mentioned in the survey pertain to aesthetics rather than health. The combined results show that HWWS is universally accepted as the “respectable” thing to do - but that in practice soap has a strong aesthetic appeal (i.e. if you wash hands with soap you feel and look good) that could be made use of in a campaign.

#### 6.4 Barriers

While there is a very broad consensus on the motivations in favor of handwashing with soap, there are also obstacles. They are mainly of three types: **visibility, time, price.**

Dirt is perceived by the great majority of the respondents as something that can be **perceived by the senses** – in other words, can be either seen or smelled. Nearly all FGD and IDIs respondents wash their hands with soap **only** when they remark that their hands are visibly dirty or smelly. Otherwise, they will wash their hands using only water.

In the qualitative study there are very frequent mentions of **time constraints** in relation to handwashing with soap. HWWS is widely stated to be important – and in particular after defecation and before meals which is confirmed by the quantitative results. However, respondents spontaneously admit they are likely to forget to HWWS if they are in a rush (the baby is crying, somebody comes in, the food is cooking etc).

***“Washing with soap takes longer, I think, and we only need soap to clean stubborn stains or before touching infant baby, otherwise it’s fine to use water only “.*** (additional FGD, IDIs)


Lastly, **soap price** is said to be a problem. The study shows that soap affordability it is a real barrier for some (not all) “rural” households, but for none of the “urban” ones.


The crucial point, however, is that in most cases **soap is considered important only when there is the need to remove a perceptible factor of discomfort (dirt, smell).** In other words, respondents’ practice often does not fit their theory.

#### 6.5 Hand washing with soap: theory vs. practice

**Theory.** Respondents claim they wash their hands:

 Before & after preparing meals

 After defecation

 After having meals

Before cleaning a baby or hugging it And these are the claimed benefits and barriers of handwashing with soap:



Received benefits	Concerns/ Barriers
<p>Removes dirt, grease, smell, sweat, etc.</p> <p>Removes germs (perception/ belief via advertisements)</p> <p>Clean hands (visible &amp; feel)</p> <p>Nice fragrance =&gt; comfortable feeling</p> <p>Improves skin (smooth, clean, nice fragrance)</p>	<p>No habit of using bar soap (only some)</p> <p>No money for buying separate bar soap for handwashing only</p> <p>Can use dishwashing detergent or shampoo during other washings.</p> <p>Removing lather takes time - inconvenient when in a rush.</p>

**Practice.** Mothers' hygiene practices in reality depend on their habits – and on the availability of soap.

Though mothers tend to claim they wash their hands before meals and after defecation, in reality this does not always happen, because:

- ☐ There is no soap in the house (particularly in rural areas)
- ☐ Alternative agents (e.g. dishwashing liquid, washing powder) are rarely observed near a toilet area
- ☐ Especially, it's very likely there is no HWWS in case of open air defecation...
- ☐ ...or when fishpond latrines are used - no soap was seen there in observations...
- ☐ ...or when the toilet is separated from the bathing area or far from the household washing area.

In qualitative research, when moderators specifically probed about circumstances of contact with soap, respondents would often state they 'touch' washing products (detergent, dishwashing liquid) only when they do household washing or cleaning (dishes, clothes, etc.)

***“We just say so (HWWS), but in reality when baby cries too loudly, we are frustrated, only have enough time to quickly wash hands with water or rub on our clothes if hands are not too dirty to smooth the crying baby” (Across locations)***

***“Yeah, we do forget when we are in rush, you know we have busy life, we just want to finish as much as we can, if not before meals, we forget to wash hands, even after defecation” (Son La-”urban”)***

And, when respondents are in a rush (e.g. baby is crying), they just wash their hands with water, as quickly as they can. All the above brings the study to conclude that the actual practice of handwashing with soap is lower than what is claimed.

## 6.6 Summary & Implications

- ☐ There is a low perception of being at health risk. Diarrhoea especially is claimed to be unlikely.
- ☐ The overwhelming majority cite weather/ climate change as the major cause of diseases: a **fatalistic approach**, justifying lack of preventive actions - and an attitude which must be addressed in any HWWS campaign.
- ☐ So there is **no sense of alarm**. And there is a lack of information about the role of soap in prevention.
- ☐ On the other hand, mothers are quite aware of the health implications of poor hygiene.
- ☐ HWWS is universally accepted as the “respectable” thing to do. Moreover, in practice soap has a strong aesthetic appeal that could be made use of in a campaign.
- ☐ The advantages of soap: Removes dirt. Removes germs (perception/ belief from ad). Clean hands to see & feel. Nice fragrance => comfortable feeling and good skin.
- ☐ Nevertheless, it is clear the sample actually HWWS quite less than what they say.
- ☐ Dirt is thought of as mostly **visible** and **detectable through smell**. Thus, there is no urge to prevent invisible dirt (even if everybody knows about germs). This is a major obstacle.
- ☐ Other barriers to HWWS: many are not used to it. Soap is perceived as expensive. Substitutes are available. It is perceived as time consuming.

**A communications strategy must address the fatalistic acceptance of illness (and the feeling that risks are low) - and especially must destroy the notion that dirt (i.e. germs - which are in theory well known) are visible.**

**Further communication leverage can be gained by stressing the aesthetic/ socially appealing advantages of soap.**

## 7 RESULTS, CURRENT CHANNELS OF COMMUNICATION

### 7.1 Communications Usage

A range of diverse communication channels is present in all eight survey locations. The survey sample – owing that they lead hard and busy lives - uses them in a fairly limited way:

**Table 7-1: Communication channels used most by type**

<b>Most often used</b>	
<b>TV STATIONS</b>	
VTV 3	43%
Vinh Long TV (HCMC)	17%
VTV 1	12%
<b>RADIO STATIONS</b>	
Dai Tieng noi Viet Nam	11%
Dai Tieng HCM	4%
Vinh Long	2%
<b>NEWSPAPERS</b>	
Phu Nu Viet Nam	11%
Cong An Nhan Dan	2%
<b>MASS ORGANIZATIONS</b>	
Women	36%
Farmers	9%
Parents & Teachers	4%

Television & mass organizations dominate – radio, magazines and newspapers have much smaller audiences.

**Television** is uniformly watched every dinnertime, usually 6:00 pm – 8:00 pm, and its consumption is mainly limited to films or news. Only VTV1-3 are available across Vietnam i.e national channels, VTV1 and especially VTV3 are available and viewed in all 8 locations. VTV2 is also available, with limited broadcasting time e.g. lunch or few daytime hours. Different locations have their own local channels, such as Vinh Long is broadcast in Vinh Long. TVC is claimed to be highly enjoyed by families (e.g. Lifebuoy ads). However, in some locations like Vinh Long its viewership is quite low.

**Radio** is uniformly spread, but doesn't seem to have the audience of television. Mothers don't seem to listen to the radio when going about their daily chores.

**Mass organizations** means in this case mainly the Women's Union, the Farmers' Association, the Parents and Teachers Association; however the local health office, and the local village/ commune administration are often considered mass organizations as well. All members have direct contact with every single household.

However, the frequency of contacts by either the Women's Union or health officials varied across locations. In Nghe An, Son La, Hung Yen, Dong Thap & Binh Dinh, WU representatives are in more frequent contact (approximately once a week). In Phu Tho, Vinh Long & Ninh Thuan contact was more occasional, and event-based: vaccination reminder, new indications from provincial or national authorities, etc.

**Newspapers** and magazines were not observed in most locations, particularly lacking in rural areas. Some interviewees state they read newspaper or magazines sometimes, but by that they often mean something as infrequent as once or twice a year.

Literacy among most women is often lower than average (some have not finished primary school). Mothers see magazines/ newspapers rarely; and even when they have a chance to read, print media are usually old and devoid of interest.

In synthesis, more than 80% of low-income rural mothers watch TV, about 20% listen to radio, and at most 15% read newspapers (occasionally). VTV 3 dominates the media, and TV is the main a medium that cannot be avoided for mass communication of issues.

A broadcast media campaign, however, needs to be complemented by frequent reminders from local authorities and mass organizations. This activity will encourage people to develop & maintain soap handwashing habits: without narrow cast communication there is no possibility of changing handwashing practices.

Focusing on television, films in general, the local news, music shows and three quizzes are mothers' favorites:

**Table 7-2: Favourite TV programs by location**

Favourite kind of TV program	TOTAL	Son La	Phu Tho	Hung Yen	Nghe An	Binh Dinh	Vinh Long	Dong Thap	Ninh Thuan
Films	74%	78%	59%	60%	71%	83%	94%	98%	40%
News	39%	27%	35%	23%	55%	45%	46%	74%	11%
Music	24%	15%	22%	9%	16%	15%	48%	52%	14%
Hay chon gia dung	23%	25%	25%	30%	20%	29%		2%	46%
Ai la trieu phu	12%	27%	12%	16%	19%	16%	2%		2%
Tro choi am nhac	10%	22%	22%	18%	5%	12%			5%

**Table 7-3: TV ad attitudes by location**

Attitude towards TV ads	TOTAL	Son La	Phu Tho	Hung Yen	Nghe An	Binh Dinh	Vinh Long	Dong Thap	Ninh Thuan
I never watch	15%	16%	12%	18%	24%	8%	22%	15%	10%
I rarely watch to the end (switch channel)	61%	43%	53%	55%	64%	47%	76%	84%	66%
I always watch to the end	23%	41%	36%	27%	12%	45%	2%	1%	24%

The sample shows limited interest in TV ads. This is one of the reasons why a campaign could not be based on TV alone.

## 7.2 Knowledge issues

58% of the interviewees can remember TV ads about handwashing. Of all who are aware of HWWS campaigns, almost all say they have seen them in TV, followed by friend/relatives/neighbours or health centres – all major information sources. However, it has to be remembered that in such information contexts as this one, TV is always offered as a source for whatever element of knowledge is discussed.

**Table 7-4: Recall of TV's HW ads by location**

Recall	TOTAL	Son La	Phu Tho	Hung Yen	Nghe An	Dong Thap	Binh Dinh	Vinh Long	Ninh Thuan
<b>Yes</b>	<b>59%</b>	93%	72%	48%	65%	20%	75%	17%	77%
<b>No</b>	<b>40%</b>	7%	26%	51%	33%	80%	25%	83%	18%
<b>Don't know</b>	<b>1%</b>		2%	1%	2%				5%

Of course, the main source of information about matters outside the village is nearly always TV - followed by word-of-mouth.

**Table 7-5: Source of information by location**

Source	TOTAL	Son La	Phu Tho	Hung Yen	Nghe An	Dong Thap	Binh Dinh	Vinh Long	Ninh Thuan
<b>TV</b>	<b>92%</b>	82%	92%	98%	85%	100%	97%	93%	96%
<b>Friends</b>	<b>18%</b>	28%	13%	2%	2%	18%	5%		52%
<b>Relatives</b>	<b>16%</b>	31%	16%	2%		12%	2%		42%
<b>Health centre</b>	<b>12%</b>	37%	11%	5%	7%		11%		1%
<b>Neighbors</b>	<b>10%</b>	28%	7%		2%		5%		17%

Lastly, a question was asked about what are the determining factors in the purchase of toiletry products:

**Table 7-6: Order of consideration in toiletry product purchase by location**

Location	TOTAL	Son La	Phu Tho	Hung Yen	Nghe An	Dong Thap	Binh Dinh	Vinh Long	Ninh Thuan
<b>Price</b>	<b>63%</b>	64%	59%	34%	47%	82%	63%	89%	64%
<b>Ad on TV</b>	<b>54%</b>	51%	71%	76%	50%	18%	81%	8%	74%
<b>Promotion</b>	<b>32%</b>	59%	16%	36%	39%	2%	66%	6%	37%
<b>Friends</b>	<b>24%</b>	18%	33%	18%	27%	32%	26%	11%	29%
<b>Shop owner</b>	<b>18%</b>	19%	18%	19%	22%	13%	27%	12%	11%
<b>Relatives</b>	<b>11%</b>	11%	8%	8%	10%	14%	6%	8%	24%

TV advertisements help promote toiletry products. However price would be the main determining factor for the product to be purchased. Promotion and informal networks (friends especially) are also important - and could be a good tactical vehicle for HWWS.

### 7.3 Communication Concepts

In qualitative research, three concepts of 'Dam dang' 'Gioi' & 'Me tot' were verbally introduced to the respondents to facilitate further insights into their associations/ perceptions (the idea of a "good mother" came from the "In Safe Hands" Marketing Workshop with Unilever as an area to explore with mothers during research and was provided to Indochina Research by the Coordinator of the Handwashing Initiative). The three concepts "**Dam Dang**" (dutiful), "**Gioi**" (talented) & "**Me Tot**" (good mum) were introduced to respondents to facilitate further insights into their associations/ perceptions. The 3 concepts were thus positioned by respondents in terms of preference and relevance:

**" Dam Dang" – Dutiful:** Consistently and highly preferred across locations because of its association with feminine qualities such as being a good cook, taking good care of the family, managing the family budget, etc.:

***"Dam Dang covers all the good characteristics of a good housewife, therefore we prefer Dam Dang".***

**"Me Tot" – Good Mum:** Described as a mother's devotion to her children and perceived as just one of the elements of "Dam Dang". "Dam Dang" is a more complete term.

***"A Dam Dang woman is surely a good mum, no need to use this" (Across locations)***

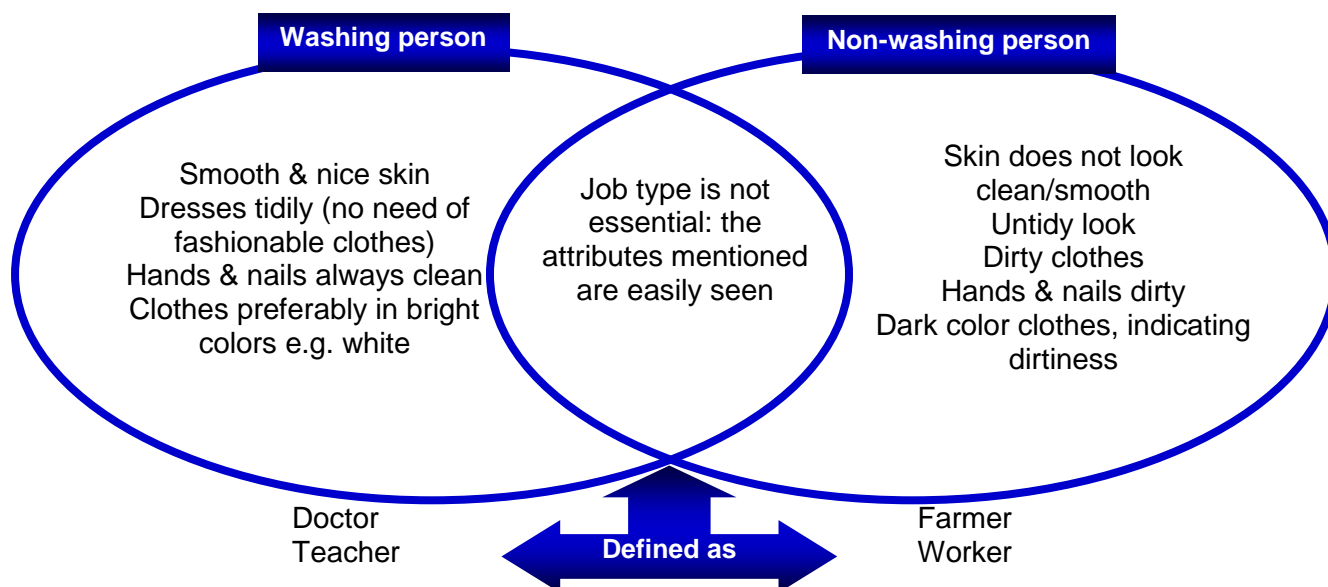
**"Gioi": - Talented:** Associated with career-focused women and suitable for mothers engaged in a regular job. And since none of the target respondents works in a company, "Gioi" is perceived as distant from them.

***"Gioi sounds distant, it's more about working women who works in offices...or at least have own business such as trading corns, etc." (Son La)***

The study results clearly indicate that the use of "Dam Dang" in communication should be recommended.

In the same line of research, a qualitative **personification exercise** was conducted to find out how respondents perceive and evaluate "washing" vs. "non-washing" persons.

The aim was to identify some elements of what could be the most suitable imagery for communication:



***“It doesn’t matter whether the person has a job or not, it’s more about his/her characteristics. Of course, farmers or workers will contact with dirt more often than a doctor or teacher. In fact, virus cannot be seen via naked-eyes. In my opinion, doctors or teachers should well represent washing persons, and farmers or workers for non-washing persons” (Across locations)***

#### 7.4 Implications

- ☐ TV must be used to raise awareness in an integrated media campaign – but other channels of communication are going to be equally important to promote action.
- ☐ TV ads should introduce new knowledge elements, and reinforce existing ones.
- ☐ TV best times have to be determined on the basis of when mothers do watch TV. 6-9pm is an obvious timeslot, but it would be wise to better identify the target’s TV habits and preferences before committing.
- ☐ In any case, factors influencing HWWS cannot be tackled by TV ads alone.
- ☐ It is essential that mass organizations on the ground use the ads as background for a repeated, door-to-door activity to promote HWWS, advise, encourage placement etc.
- ☐ Soap pricing will of course be important. It should be helped by promotions, and by encouraging word-of-mouth communication.

- ☐ Children should be used in communication, in order to make it emotionally relevant. Common daily activities should be used for identification/ projection purposes. The “Dam Dang” concept seems to have great impact.
- ☐ Communication subjects: explaining that dirtiness/danger is invisible; explaining that bad hygiene is a main cause of illness.
- ☐ Reinforcing argument: current water sources cannot guarantee hygienic food, toilets are dirty, HWWS protects.

## 8 CONCLUSION

### 8.1 Synthesis of the findings

The study shows that, among poor rural mothers, handwashing with soap is in an ambivalent situation:

- ☐ On one hand, it is culturally accepted - everybody knows soap kills germs and has appeal (fragrance/ comfort). HWWS (according to what interviewees say) is already the social norm. There is no need to preach its virtues.
- ☐ On the other hand, observation and hard data show the actual practice of HWWS is quite limited.

In the research’s target group, there is a large gap between hygiene theory and practice. The gap is maintained these main factors:





- ☐ **Insufficient understanding of germs.** Everybody has been taught germs exist - but most mothers (the less educated especially) identify them ONLY with visible dirt. Thus, HWWS is needed ONLY when one’s hands are dirty/smelly.
- ☐ **Lack of knowledge.** Many interviewees think most common illnesses are due to climate or other factors, not to poor hygiene. This attitude is reinforced by the third factor:
- ☐ **Low risk perception.** Most interviewees think they and their family are not in danger of contracting illnesses; therefore they lack in motivation.
- ☐ **Lack of time.** Poor mothers lead a busy life, and HWWS takes longer than handwashing with water - or not washing hands at all.
- ☐ **Perceived cost.** Even though every household has some sort of washing agent, bar soap is less frequent because it’s an extra cost.
- ☐ **Poor household logistics.** Soap placement is crucial - and very often toilets/ bathing areas are far from the cooking area, where washing agents are mostly kept. Moreover, water & sanitation are usually quite poor.







## 8.2 Recommendations

To tackle this set of interrelated motivations and conditions, a two-pronged strategy is needed:

**1. Increase knowledge.** There are clear areas of ignorance on health-related subjects (germs, causes of illnesses, prevention). These issues should be approached as follows:

-  A campaign to increase awareness of specific issues (causes and prevention).
-  A campaign to increase the target's perception of health risk and create a sense of greater urgency (based, for instance, on the unsatisfactory water and sanitation conditions).
-  Leverage should be gained by focusing the emotional aspects of communication on children, and on the mother's duty to them.
-  Campaign targets shouldn't be limited to mothers: schoolchildren could be addressed, through different communication vehicles.

**2. Increase soap availability.** This should be done by:

-  Increasing the occasions of soap purchase – by price & distribution initiatives.
-  Encouraging people to keep soap in their homes - and to place it in the right areas (“within hand reach”) – e.g. via the provision of soap holders to homes.
-  Increasing the existing awareness of bar soap's benefits in terms of: fragrance, wellbeing, positive social connotations of the soap-user.
-  Reducing, by promotions and other pricing initiatives, the perception of soap as a high-priced, “luxury” commodity.


This dual strategy would require the combined efforts of communication campaigns, direct action and outreach initiatives that involve different agencies/partners.

**Communications.** Integrated media campaigns will be essential to address each of the key issues identified here and media should be “right sized” - should be tailored to raise awareness and/or reinforce hygiene knowledge.

**Agency action.** To support any communication campaign a crucial role will have to be played by various organizations that can actually provide outreach by visiting the households on an individual basis, and encourage mothers to implement better hygiene and HWWS practices.

The next steps should be:

1. Identify how to make the key findings “actionable”. This requires:

-  1st - For each key finding – determine if the action to be taken to remedy the situation relates to raising awareness and/or improved knowledge or both.

2nd – Once actions are identified then assess which mix of communications and messages are best suited to improve the situation.

3rd – Determine what direct action and outreach initiatives can best support communication and define how they would work together.

2. Prioritise key findings to address and actions. This requires:

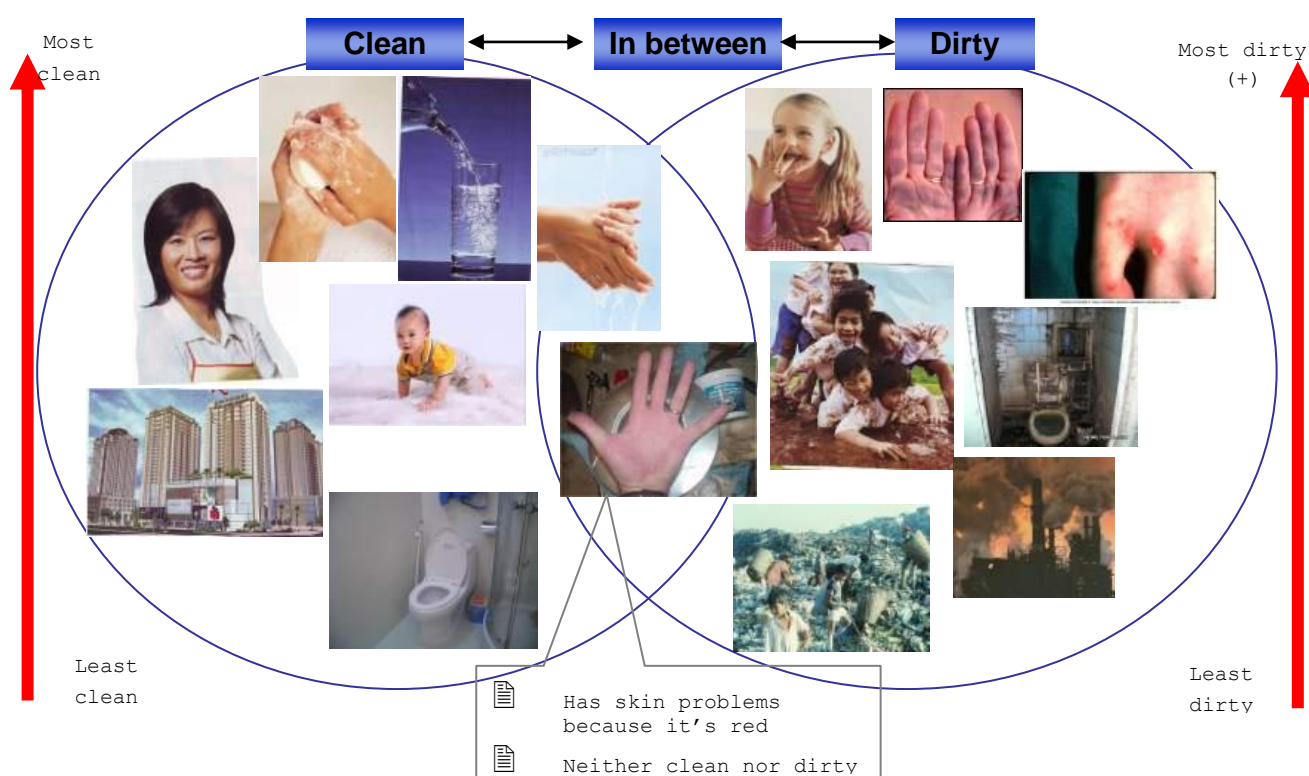
1st -Stakeholder matching. Once the above action plan is created, discussion is required to determine which groups of stakeholder/partners are best suited to address different elements of action plan.

2nd – Action planning. Expand on action plans, allocate timelines and budgets for these plans and set benchmarks to achieve for such initiatives.

## 9 APPENDIX A

### Notions of cleanliness and dirtiness – FGDs.

#### Ranking pictures from most to least dirty & from most to least clean



### Child Health Practices

Exclusive breast feeding is the most dominant practice for the child from 1-6 months (thanks to the PR activities of MOH & Government).

As they grow up, the obvious tendency is to rely less on milk and more on other foods.

**Table 9-1: Feeding regime by children's age**

Feeding Regime	1-6months (N=387)	>6months-1 year (N=383)	>1-3 years (N=419)	>3-5 years(260)
Exclusive Breast-feeding	73%	8%	-	1%
Breast-feeding plus powder milk	21%	33%	5%	1%
Breast-feeding plus other	5%	56%	47%	2%
Exclusively powder milk	1%	1%	10%	12%
Exclusively other	-	1%	37%	85%

**Table 9-2: Mothers' advice-givers upon their children's sickness**

Main sources of advice when your child is sick	(%)
Doctor	63%
Mother/mother-in-law	25%
Nurse	19%
Chinese medicine advisor	15%
Elders	13%
Other health workers	13%
Relatives	8%
Myself	5%
Husband	2%
Parents-in-law/father	1%

**Regression Analysis:**

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	3.776	1	3.776	6.153	0.014
Residual	216.607	353	0.614		
Total	220.383	354			

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.700	0.046		37.240	0.000
	Monthly income	-0.004	0.002	-0.131	-2.481	0.014

## 10 APPENDIX B. Data Collection Tools

### 10.1 In-Depth Interview Guideline

#### Product Trial and In-Depth Interview guide in English

Unwrapped soap is given to each pre-recruited participant.

Interviewer to clearly explain the respondent the whole process: i.e. this soap is for her to explicitly use for hand washing ONLY for 14 days and after which the interview will come back to gain an understanding of her experience.

Within 7-10 days of soap placement, interviewer will remind the respondent about soap usage.

If the respondent has not used the soap by that time, interviewer will ask for reasons and note down below.

Write down the reasons respondent did not use the provided soap & remind her to continue using the soap.

After 14 days, the interviewer visits each woman to carry out an in-depth interview with her to learn about her experiences between the two visits.

During the interview, the interviewer will probe into reasons such as likes and dislikes for each separate hand wash occasion, noting whether soap is used or not and why. It is just as important to learn from those women who did not use the soap given to them, as those who experienced positive experiences.

#### Visit 1: Before soap placement

Respondent profile

Before we begin, may I get some basic socio-demographic information from you? How old are you?

Under 24	1	36 – 40	4
25 – 30	2	> 41	5
31-35	3		

Where do you live? Record the place name, ask respondent if needed:

Place name: \_\_\_\_\_

What is the highest level of education you have attained?

Primary/ elementary school	1	College/ University	4
Secondary school	2	Others, specify:	5
High school	3		

What is your occupation? Record occupation

What is your husband's occupation?

Does your husband work at home or away?

At home	1
Away	2

How many children do you have?

One	1
Two	2
From 3 above, record exact number of children:	3

How many of these are under five years? If no child is under 5yrs terminate interview.

One	1
Two	2
From 3 above, record exact number of children:	3

How old is your youngest child?

0 -6mths	1	1 -2yrs	3
7-12mths	2	3 -5yrs	4

Have you moved to work or live in another town/ city in the past twelve months?

Yes	1	No	2
-----	---	----	---

If yes, record the place?

## Visit 2: Post-usage experience

Soap usage

2 weeks ago I left a soap with you and asked you to use it specifically for hand washing, did you use it?  
ASK TO SEE THE SOAP AND NOTE HOW MUCH THE PRODUCT APPEARS TO BE USED AND WHERE IT WAS KEPT:

Record soap Condition:

Almost finish	1	1/4	4
3/4	2	None	5
1/2	3		

Where Soap was kept? Ask to see the place kept soap and record: (note if soap was near water source, near toilet or neither. Provide written detail to clarify if needed).

Where do you defecate?

Open air defecation (bush, beach, river, pond)	1
Public toilet	2
Simple pit latrine	3
Improved pit latrine	4
Water-flush WC with septic tank	5
Double vault composting latrine (bio toilet/ eco-toilet)	6
Sharing with neighbor (specify toilet type)	7
Animal-shed (go to toilet in animal area) toilet	8

Where does your children defecate?

Potty	1	Floor	3
Nappy / Wrapper	2	Toilet as above	4



<p>General Soap Experience</p> <p>(Each time a hand wash is mentioned clarify whether soap is used or not and why hands are washed with or without soap)</p>	<p>Before being given this soap, for what did you use soap and why? List down occasions and note what type of soap is used for each occasion. Don't prompt: bath// beauty soap, hand washing soap, dish washing liquid, laundry detergent, any others?</p> <p>Any other occasions do you use soap and why? (get the list of activities with soap, probe for after cleaning animal area, after handling animal, after managing waste after returning home for working in fields)</p> <p><b>Usual hand wash occasions and reasons:</b> When/ what occasions do you hand wash? What do you use for hand washing and why? (If no soap usage mentioned, then why is soap not used) What are the most important times during the day to wash hands with AND without soap? Why? (Note junctures for later questions)</p> <p><b>If they mention dirt or cleanliness, ask the following:</b> What do you mean dirty/ cleanliness? How can you tell if something is clean or dirty? How can you tell if you are clean or dirty? What smell of clean? What smell of dirty? Can you be dirty even if you cannot see, smell or touch the dirt? What cues drive the use of soap? If not, then why is soap not used? Show dirty/ clean hand picture and ask for her associations.</p> <p><b>Water source used:</b> What water source do you use for hand washing (well water, rain water, river water, municipality tap water, reused water (water from washing rice, vegetables))? What else? Any shortages in water supply? Do you pay for the water? Does this effect hand wash practices? If yes how? If there is limited water, which hand washing practices will be prioritized?</p>
<p>Those who did not use soap provided or used little</p>	<p>What are the reasons for not using soap? Why you did not use the soap? Are these reasons general or specific to the soap provided? Things that would have aided/ encouraged soap use? Did you use different soap for hand washing? Why? <b>IF ANSWER YES, CARRY ON AS BELOW.</b> <b>IF NOT, CLOSE THE INTERVIEW.</b></p>
<p>Soap users</p>	<p>Did you use the provided soap? What was it used for?</p> <p><b>Likes and Dislikes about the soap provided:</b> What do you like about the provided soap? Why? What do you dislike about the provided soap? Why? Was soap given a good one, or is there one on the market that is better? If so, which one (brand/ variant etc..) and why?</p> <p><b>Advantages</b> What are differences between using soap and water alone – at each juncture? (use junctures identified above) Don't prompt: makes you feel free from germs, can clean your hands, like the smell, and make your hands soft.</p>

	<p>What are key benefits of using soap for hand washing at each of the above junctures?</p> <p><b>Disadvantages</b> Key dislikes/ problems associated with hand wash. (Probe for reasons (takes too much time, forgets to wash, soap not convenient, not enough water) What are worst things about hand wash with soap?</p> <p>Other usage of soap and reasons. Probe for what type of soap used – toilet v. multipurpose</p> <p><b>Barriers</b> Any difficulties associated with hand wash with soap? How do you overcome those difficulties? Have you ever forgotten to wash your hand with soap, if so why? Probe for reasons (takes too much time, forgets to wash, soap not convenient, not enough water) What do you do to remind yourself to remember wash your hand? <b>Pay particular attention to hand washing with soap.</b> Be sure to note the reasons for each separate hand wash incidence (the reason are likely to be different).</p> <p>Did other people in household use the soap? If so which members, what purpose &amp; why?</p>
Soap Attributes	<p>Most important attributes in a soap for hand washing <b>(Probe:</b> cost, smell, color, multipurpose, skin care, size, lather...). Probe motivations behind for each attribute.</p> <p>Then ask respondent to rank from most to least important to them. Is there any difference between anti-bacteria soap vs. beauty soap? What is the trusted brands of soap do you think of?</p>
Wrap up/ final	<p>Having experienced hand washing with soap, do you think it is good? Will you continue to wash your hand with this bar till it is finished? Why? Why not? Will you continue to buy soap? Why? Why not? If yes, where will you buy soap? Which one/ which brand? What will you use it for? Hand wash only or multi-purpose? What will it be? How would you persuade someone else to take up the habit of hand washing with soap? So, 'If I returned in a month, or a year, would I still find you washing your hands with soap'? At what junctures.</p>

**Thank the respondent for cooperating and close the interview.**



## 10.2 Focus Group Guideline

### Focus Group Discussion Guide

Introduction & warm up	<p>Moderator to explain purpose of the group – “this discussion is part of a bigger study into how people live their lives in rural Vietnam”</p> <p>Moderator to obtain names, age, occupation, and hobby details from respondents.</p> <p>Moderator to explain that there are no right or wrong answers it is the opinion of the respondents that we value above all else - honesty &amp; openness encouraged.</p>
Daily activities	<p>Please tell me your typical day, from getting up till going to bed.</p> <p>Moderator to list out all their activities and moderator writes them down.</p> <p>Ask them to rank these activities in order of their importance.</p> <p>Ask them to name the activity they like most and why</p> <p>Ask them to name activity they like least and why (Probe if actions are related to cleaning/bathing/washing/caring for child)</p>
Dirty vs. Clean	<p>Exercise I: Clean vs. Dirty</p> <p>Show 1 board with 5 pictures of clean and 1 board with dirty images.</p> <p>Better to begin discussion with dirty board, however can start with cleanliness</p> <p>Dirty board has pictures of: 1)Smoke/smog, 2) diseased skin, 3) rubbish, 4) children playing in dirt, 5) clogged toilet 6)dirty hands 7)child eating out of her hands</p> <p>General discussion of their perception of pictures</p> <p>Rank pictures from least to most dirty. Probe on reasons why they chose those ranks. Why?? (idea is for them to discuss/disagree about pictures)</p> <p>Repeat for clean pictures</p> <p>Clean board has picture of: 1)clean water, 2) tidy clean VN lady 3) clean child, 4) clean city, 5) clean toilet 6) hand washing with water 7) hand washing with soap</p> <p>General discussion of their perception of pictures</p> <p>Rank pictures from least to most clean. Probe on reasons why they chose those ranks. Why?? (idea is for them to discuss/disagree about pictures)</p> <p>Ask them for further comments, (allow for 30 seconds)</p> <p>In this context of clean and dirty, what can do you do to modify the situation? How do you know if something is dirty, something is clean? What can you do to make your hands go from this state (show picture of dirty hands) to this state (show only picture of clean hand (not the ones w/water or with soap)? What can smell tell you about clean vs. dirty things?</p>
Soap use ranking	<p>Ask women the types of soap used for hwws, dish washing, laundry and general cleaning. Just list down whatever you have used the soap for.</p> <p>Which two cleaning activities are most important to you?</p>
Hand wash Juncture ranking	<p>When do you wash your hand? (Moderator writes down and probes for each occasion)</p> <p>Why do you wash your hand at _____ (refer to the juncture list)?</p>

	<p>What, if any, do you think is the difference between anti-bacteria soap and regular soap? (probe whether they think anti-bacterial can clean better than ordinary soap)</p> <p>When you buy soap, who and what influence your decision to buy soap?</p> <p>Which brand of bar soap do you use most often and why?</p>
Personification exercise	<p>Ask respondent to describe the profile of the following 2 type of people:  a person who washes hands with soap regularly  a person who never washes hands with soap regularly</p> <p>Probe on: appearance/ outlook, age range, hobbies, jobs, educational level, position in society, house, behavior, personality, what other people think of them, vehicle owned, etc.</p> <p>Then, ask respondents:  How do you feel about these 2 people that you have described?  What rationales &amp; why you have such descriptions?</p> <p>Water source used:  What water source do you use for hand washing? What else?  Any shortages in water supply? Do you pay for the water?  How does this effect washing activities? If yes how?</p>
Good Mother	<p>Describe attributes of a "Dam dang" or "Gioi" woman. Is there a difference in meaning? Which do you prefer?</p> <p>Probe on: appearance/ outlook, age range, hobbies, jobs, educational level, position in society, house, behavior, personality, what other people think of them  (Use appropriate term)</p>
Influences & Channels	<p>Before we end, I'd like to know where women in your community get information on new things, or get new ideas.  News from within your community  News from outside your community (national, international news)  How reliable are these sources?</p>
Closing	

### 10.3 Additional Focus group & In-depth Guideline (done in May 2007)

#### Focus Group Discussion Guide (provided by WB) Vietnam May 2007

##### Introduction

Warm-up question: Let's start our discussion talking about commercials you have seen on TV lately. Can you describe some of them? What do you remember? What did you like? Dislike? Why? (Spend no more than 5 minutes).

I. Let's talk about different times you use soap at home. By soap, I mean any type of soap you may have in the house such as bar soap, dishwashing liquid or laundry soap (detergent).

- 1) Where do you keep every kind of soap in your house?
- 2) Have you ever wanted to use soap at home but found that it was not easy to reach or you had to go out of your way to get it?
- 3) In what situations has this happened? Has it ever happened when you wanted to bathe? Has it ever happened after going to the toilet?
- 4) What did you do in these situations?
- 5) What could you do to ensure that you have soap (any type) the next time when you need it (probe for different junctures)?

II. Some mothers say that HWWS is not important. What would make them say this? Probe for specific beliefs:

- No visible dirt
- No bad smell
- Washed hands earlier
- Did not touch feces
- Child's feces is not dangerous
- Etc.

III. Some people say that HWWS takes too much time compared to just handwashing with water.

- 1) What do you think?
- 2) How much time do you think it really takes? Is that long or not long?
- 3) So getting back to my question, why do you think people would say it takes too much time?

IV. In your community, what would people think of the following? (probe why after each question)

- Someone who brushes their teeth with toothpaste regularly?
- How about someone who does not HWWS before eating?
- Someone who keeps a tidy house?
- Someone who does not HWWS after going to the toilet?
- Someone who HWWS before eating?
- What about someone who HWWS after going to the toilet?

V. (Prepare a set of 3 illustrated cards (pictures) for each participant as follows): one with bar soap – no wrap or brand, one with dishwashing liquid – no brand, one with laundry – no brand). I am giving you 3 cards: each one is a picture of the different types of soap. I am going to read out a list of different activities where you may need to use soap. I would like you to show/raise the card that you feel is the *most* suitable soap for this activity:

- Bathing yourself
- Bathing your child
- After going to the toilet – probe why?
- Before feeding your child – probe why?
- Before eating – probe why?
- After fertilizing your field (with feces)
- After cleaning your child's bottom after defecation – probe why?

What about the *least* suitable soap for this activity:

- Bathing yourself
- Bathing your child
- After going to the toilet – probe why not?
- Before feeding your child – probe why not?
- Before eating – probe why not?
- After fertilizing your field (with feces)
- After cleaning your child's bottom after defecation – probe why not?

#### 10.4 Observation & Survey Questionnaire

Please refer to separate Excel file