The Foam Behavior Change Framework for Handwashing with Soap.
The learning objectives of this module include understanding:

- The advantages of using a framework
- Some behavioral determinants of handwashing with soap
- How WSP applied the FOAM framework
Handwashing with soap rates remain low globally.

As a program manager, your objective is to improve these rates. But, in order to change a behavior, you must first understand the factors that influence it. These factors are known as behavioral determinants.

Determinants can facilitate or enable the behavior, or conversely, serve as barriers. Behavioral determinants can be either internal, such as beliefs, or external, such as access to soap and water.
In the early planning stages of our project, we realized our team would benefit from a simple framework that could be used to explain factors that influence mothers to wash their hands with soap.

In April 2007, we held an internal workshop to formulate a framework. Our model was the PerForm framework developed by Population Services International. PerForm has been used in a variety of social marketing programs focused on health products and services.

And that is how FOAM was born! The framework is grounded in social cognition models that have long been used to guide and predict behavior change. FOAM stands for Focus, Opportunity, Ability, and Motivation.
A simple framework like FOAM can be very useful to program managers. First, it creates a common language for all team members and partners. This can be especially important in multi-country initiatives.

Second, it informs the design of a handwashing with soap initiative. By making explicit the factors that influence handwashing, FOAM enables comprehensive and evidence-based programming.
Now let’s dive into a few more details about FOAM.

As I mentioned earlier, the F in FOAM stands for Focus. It’s important to focus on the behavior you want to change. Do you want to improve handwashing with soap after toilet use? Or before food handling? Or do you want people to be keeping their handwashing station functional by fetching water and ensuring that soap is present?

And who do you want to perform this behavior: all mothers? Or only rural? Mothers of children under the age of three? What about caretakers such as nannies or grandmothers? What about fathers? Children? If so, of what age?

While this may sound obvious, it is surprising this first step, to clearly define who you are targeting, to do what, is often overlooked!
Third, FOAM also informs the monitoring and evaluation strategy. If the evidence suggests a need to target a specific behavioral determinant, and you design an intervention based on this strategy, you will want to monitor whether this determinant changes or not.

Fourth, FOAM can be adapted across populations and even behaviors. For example, FOAM can be used to analyze the behaviors of mothers, fathers, primary school children, among other populations, and can be used to analyze factors that influence handwashing with soap at different junctures, such as before food preparation and after toilet use.
The O-A-M in FOAM stands for **Opportunity**, **Ability** and **Motivation**. These represent three categories of behavioral determinants within the framework.

Determinants in the **Opportunity** category represent the environmental, institutional or structural factors that influence a person’s chance to perform a behavior.

Determinants in the **Ability** category relate to a person’s skills and proficiency to perform the behavior.

**Motivation** determinants include the drives, wishes, urges and desires that influence the behavior.

Put simply, for a person to wash his or her hands with soap, he must have the chance to do it, be able to do it and want to do it!
Keep in mind that there are several determinants within each category.

For a complete description of all determinants, see *Introducing FOAM*, available in this toolkit. While we cannot go into detail here, I’ll highlight a few determinants, and please also note that many are discussed throughout this toolkit.
A key determinant in the Opportunity category is access and availability.

Access and availability can mean several things. Is soap readily found in local market stalls?

What about water? Is water readily available for handwashing at home?

Studies have shown that most households have some form of soap. But this may not be good enough. Can someone easily access the soap after going to the toilet? In Senegal for example, research indicated that soap is sometimes locked up when not in use.

Another way to look at access is whether some form of handwashing station that combines soap and water is located next to the latrine or near the food preparation area.
A determinant in the Ability category is Knowledge. Knowledge has often been targeted through traditional information, education, and communication efforts.

In the case of handwashing with soap, knowledge can be about its role in the prevention of diarrhea and respiratory infections. It can also be about how to properly wash hands or how to manage soap in the household so that is readily accessible for handwashing and not wasted or misplaced.

Though knowledge is necessary for behavior change, it is rarely sufficient. That is why other determinants are identified in FOAM.
A determinant in the Motivation category is Beliefs and Attitudes.

Beliefs and attitudes are mental positions people may have about a product or behavior. These can motivate or demotivate people to perform a certain behavior.

In Senegal and Vietnam, for example, research showed that some mothers believed that using water alone was sufficient, and that soap was not needed to wash hands. Other people might believe that handwashing with soap is only needed when hands look, smell, or feel dirty. Or, if people believe they have little control over their destiny, they may not be motivated to adopt behaviors that can prevent illnesses.

Beliefs are sometimes difficult to identify because people are not always aware of having them.
Turning back to WSP’s experience in the field, I’d like to give you a sense of how FOAM was used in each of the project countries.

In Vietnam, formative research was conducted prior to the development of FOAM.

FOAM was later used to analyze and summarize the research results in just a few pages. Findings were mapped to individual determinants as much as possible, given that not all determinants had been explored in the study.

Based on this mapping, the project team prioritized determinants to target in the intervention. This, in turn, informed which determinants would be tracked through monitoring.
The process was similar in Senegal, where various studies had already been conducted through the Public-Private Partnership for Handwashing and other partners.

FOAM was used to map findings and identify gaps for additional research. Since some studies were dated, this mapping also helped identify areas that needed further validation.

Determinants prioritized through the mapping exercise were examined through a “doer non doer” study. This helped the team identify which determinants could be statistically correlated to handwashing with soap.
In Tanzania, FOAM was used to analyze existing studies and to identify areas for spot research.

A workshop was held with stakeholders to identify the priority determinants to target through the intervention.
Similarly, in Peru, FOAM was used to analyze existing studies and to identify areas for spot research.

At first, priority determinants to target through the intervention were selected on the basis of available evidence and the team’s judgment. These determinants were later confirmed using a doer non doer approach. As the intervention proceeded, the determinants were tracked through regular monitoring surveys to see if they were moving in the right direction.
This completes the presentation. You'll find key terms, tips to keep in mind, and additional tools and resources within this module.