

Children as Handwashing Change Agents

A short review of the evidence

“If a child find his mother preparing food without washing hands, or coming from latrine and does not wash hands, he can tell her to wash hands. This would be a very useful advice.”

– Schoolteacher, Tanzania.ⁱ

Many global health behavior change programs focus on influencing children, given their adaptability. In the early years of life, children are still learning about the world, identifying social norms, and forming lifelong habits, so this is an opportune moment to help them develop the habit of handwashing with soap at critical times.

But can children be more than the passive recipients of knowledge, values, beliefs, and behaviors? A growing body of thoughtⁱⁱ supports the concept of respecting and valuing children as health-promoting actors for their families and peers.ⁱⁱⁱ Children’s knowledge, attitudes, and behaviors can be harnessed and they can act as change agents to positively influence other people’s health behaviors. Their potential impact is dependent on the power and knowledge hierarchies that surround them, which vary between cultures. For instance, in many cultures it is frowned upon for children to correct or challenge adults.^{iv} However, despite constraints, this is an area that shows promise for handwashing.

In Kenya, when children were trained to promote handwashing, they built handwashing stations in their homes which researchers found were also used by the adults in the household (some also persuaded their parents to build latrines).^v Another study in Kenya found that when children were educated about handwashing, their parents’ knowledge increased, and a full quarter of parents reported changing their behavior based on what their children had been taught.^{vi} And a study in Zambia found that after being educated on handwashing, children built tippy-taps at home and advised their parents to wash their hands. Importantly, the study found that most parents and families were receptive to learning from the children; it also found that parents tended to trust the information their children brought home from school, but perceived the information to be more trustworthy if it was accompanied by visual confirmation, such as a worksheet.^{vii}

Children’s impact on family decision-making in the wider water, sanitation, and hygiene (WASH) sector has been particularly apparent in the context of Community-Led Total Sanitation (CLTS) interventions. Children have been found to play several roles in ending open defecation, including: awareness raising, collecting baseline information, developing indicators, disseminating information, and influencing their parents to build toilets.^{viii} Children have also been successfully trained to deliver sanitation knowledge to adults in a school setting.^{iv}

Research from other sectors also holds potential lessons for children as handwashing change agents. For example, in the environmental sector, after children in Costa Rica completed a course about a particular type of bird, 38% of parents were found to also have improved their knowledge of that bird.^{ix} Similarly, a study in the Seychelles found that where children were undertaking wetland environmental work, their



parents were more likely to self-report conserving water.^x In terms of nutrition, studies of children's influence on food shopping choices^{xi} show that children influence their parents' purchasing choices; while the authors consider the potential public health value if children advocate for healthier foods, this was not investigated.

While subject to—and challenged by—power imbalances and other cultural and personal contexts, there is a clear opportunity for children to meaningfully drive healthy changes in their households. Leveraging children as handwashing change agents to impact family-wide behavior is clearly not a panacea for the many challenges of reaching communities with effective behavior change messages.^{xii} Nevertheless, children can benefit from the opportunity to demonstrate responsibility and contribute to the family, and evidence is emerging that their efforts can impact family health. We look forward to more research around this interesting behavior change approach.

ⁱ Mwanga, J.R.; Jensen, B.B.; Magnussen, P.; Aagaard-Hansen, J. School children as health change agents in Magu, Tanzania: A feasibility study. (2008) *Health Promot. Int.* 23 (1): 16-23.

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^{iv} Olayiwole, C.B.; Ezirim, M.; Okoro, G.C. (2003). Children as agents of sanitation and hygiene behaviour change, Nigeria. 29th WEDC International Conference Abuja, Nigeria.

^v Onyango-Oumaa, W.; Aagaard-Hansen, J.; Jensenc, B.B.; (2005). The potential of schoolchildren as health change agents in rural western Kenya. *Social Science & Medicine.* 61(8):1711–1722.

^{vi} O'Reilly, C.E.; Freeman, M.C.; Ravani, M., et al. (2008) The impact of a school-based safe water and hygiene programme on knowledge and practices of students and their parents: Nyanza Province, western Kenya, 2006. *Epidemiology and Infection.* 136(1):80-91.

^{vii} Bresee, S.; Lupele, J.; Caruso, B.; Fry, S.; and Freeman, M. (2014). Exploring the potential of schoolchildren as change agents in the context of school WASH in rural Zambia. USAID.

^{viii} Kar, K. (2003) "Subsidy or Self-Respect? Participatory Total Community Sanitation in Bangladesh" (Brighton: IDS).

^{ix} Vaughan, C.; Gack, J.; Soloranzo, H.; and Ray, R. (2003). The effect of environmental education on school children, their parents, and community members: a study of intergenerational and intercommunity learning J. *Environ. Educ.* 34 12–21.

^x Damerell, P.,; Howe, C.; Milner-Gulland, E.J. (2013). Child-orientated environmental education influences adult knowledge and household behaviour. *Environmental Research Letters.* 8:1.

^{xi} Wingerta, K.; Zachary, D.A.; Fox, K.; Gittelsohn, J.; Surkana, P.J. (2014). Child as change agent. The potential of children to increase healthy food purchasing. *Appetite.* 81: 330–336.

^{xii} Skelton, T. (2007). "Children, Young People, UNICEF and Participation" *Children's Geographies.* Vol 5, Nos 1-2.

