An analysis of what motivates IDPs to treat water using Ceramic Water Filters and what motivates children living in IDP areas to use latrines.

Findings from a Formative Research Study amongst IDPs in Sittwe Township, Rakhine State, Myanmar

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SOLIDARITÉS INTERNATIONAL

Save the Children

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INTRODUCTION:

This report presents findings from a formative research study conducted in October and November 2016 by DFID-funded WASH consortium members in Rakhine State, Myanmar. The research was based on the doer/non-doer methodology so as to better understand individual motivations behind the practice of two specific hygiene related behaviours: treatment of household level drinking water and defecation practices among young children. The research was conducted amongst IDPs living in Sittwe Township, Rakhine State, Myanmar.

BACKGROUND:

The research was undertaken as part of an INGO Consortium funded by the Department of International Development (DFID) and implementing the project entitled "*WASH Life Saving Humanitarian Response programme for the Displaced and conflict affected community in Rakhine State*." Members of the INGO Consortium include Save the Children, Solidarites International, Oxfam, and Action Contre La Faim (ACF) and since 2012 they have been working in 27 camps, villages and resettlement areas in Sittwe Township, Rakhine State, implementing WASH and nutrition activities targeting IDPs.

Rakhine State is the poorest among the 14 states in Myanmar (World Bank, 2014). Rakhine's vulnerability is further compounded by inter-communal tensions and violence between Rakhine Buddhist and Muslims who self identify as Rohingya. In 2012, inter communal violence resulted in several hundred of deaths and the displacement of approximately 145,000 people. At the end of 2016, there were presently more than 120,000 individuals displaced in 36 camps or host communities; the displacements largely affect Muslims. Presently, inter-communal tensions remain high as an incident in October 2016 saw renewed fighting in Northern Rakhine among both groups.

CONTEXT:

A Consortium-led Knowledge, Attitudes and Practice (KAP) Study from June 2015 revealed that affected communities have knowledge of good hygiene behaviours, but there was a gap in practicing them. In order to address the knowledge-practice gap, a deeper understanding of the behaviours in the affected communities was needed.

To date, hygiene promotion activities in IDP camps and villages in Sittwe township have been primarily focused generic hygiene promotion activities (i.e. handwashing promotion, awareness on proper use of latrines, household level water storage and treatment, etc), distribution of hygiene items, environmental clean-up campaigns, house-to-house monitoring of acute watery diarrhea (AWD) by community health volunteers, and capacity building activities for volunteers, camps and village leaders.

In two areas, treatment of drinking water at household level and open defecation amongst 4-8yr old children, Consortium staff working in the project areas observed that despite hygiene promotion activities, there was minimal adoption of the intended behaviours. In order to address the treatment of drinking water at household level, Ceramic Water Filters (CWFs) were to all affected households, repeated household visits were made to encourage their use, and IEC materials demonstrating how to use CWFs, why people should use CWF, and how to clean and maintain CWFs) were visible in all camps and villages. Despite these efforts, it was observed that households were still having issues using CWFs. Monitoring data from the Consortium showing that 58% of households had a CWF that they were using but that rates of filtering were lower- this was only 37% for Oxfam sites in 2016. . Concerning open defecation, it was observed that young children, particularly between the ages of 4-8 years old, were

openly defecating in camps and villages rather than in the latrines. Years of hygiene promotion activities at school, and through Community Health Volunteers (CHVs) have raised awareness about the importance of using latrines, but a knowledge-practice gap still exists. The KAP study in 2015 found that the practice of defecating in the "open field" was as high as 53.6% of one sampled community.

Within the Consortium, Oxfam took the lead in conducting Formative Research aimed at establishing a systematic understanding of what drives and motivates people's behaviors in these two areas. An International Consultant was hired with expertise in the doer/non-doer barrier analysis methodology and the results of this research will work towards the following:

- To inform the development of context appropriate hygiene promotion activities that utilize behaviour change communication strategic approaches
- To provide analysis that can feed into the development of appropriate IEC materials
- To inform monitoring and evaluation (M&E) approaches to hygiene promotion activities,
- To inform how best to engage with communities in camp and village settings.

RESEARCH METHDOLOGY:

In order to establish a systematic understanding of what drives and motivates people's behavior, a doer/non-doer methodology was applied. By identifying those who do a behavior (doer) to those who do not (non-doer) and comparing their responses against a set of 13 behavioural determinants, the result is a more comprehensive understanding of what enables and motivates behaviours and practices.

A total of 454 people were interviewed at the household level in 19 different sites where the Consortium partners currently provide humanitarian assistance in the rural area of Sittwe Township, Rakhine State.

Two key behaviours were chosen as the focus of the study:[1]

Behaviour:	Priority Group	Desired behaviors
Open defecation	Mothers with children aged 4-8 years old[2]	Defecation occurs in a latrine at all times
Treatment of Water at the household level	Housewives	Household drinking water is treated using ceramic water filters (CWF).

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[1] Originally handwashing was also chosen, but since the data collection coincided with Global Handwashing Day, an objective analysis of people's behaviours would have been altered by Global Handwashing Day celebrations so this behaviour was removed.

[2] Rather than interview young children directly, their mothers were interviewed on their behalf as they would be well-placed to understand what motivates children to either use the latrine (doer) or openly defecate (non-doer).

The 13 behavioural determinants used for this research are as follows:

No.	Behavioural Determinants	Probing questions to Priority Group:
1.	Self-Efficacy	Can you do the behaviour?
		What makes it easier?
		What makes it difficult
2.	Positive Consequences	What are the advantages?
3.	Negative Consequences	What are the disadvantages?
4.	Social Norms	Do most people approve?
		Who approves?
		Who disapproves
5.	Access	How difficult is it to get what you need to do the behaviour?
6.	Reminders	How difficult is it to remember to do the behaviour?
7.	Risk	How likely to get the problem?
8.	Severity	How serious is the problem?
9.	Action Efficacy	Will doing the behaviour prevent the problem?
10.	Divine Will	Does God approve of you doing the behaviour?
11.	Policy	Any community laws/regulations that make it less likely you will do the behavior?
12.	Culture	Any cultural rules/taboos against the behavior?
13.	Universal Motivators	What do you desire most in life?

Training

A Training of Trainers (ToT) was provided in Sittwe to 13 Consortium staff - 4 Oxfam staff, 3 from Save the Children, and 1 from Solidarites International. A camp-level training was conducted in Thet Kel Pyi Camp and attended by a total of 29 Muslim staff and volunteers including 8 staff from Solidarites, 4 staff and 8 volunteers form Save the Children and 4 staff and 5 volunteers from Oxfam.

Location

This study was conducted in the rural area of Sittwe Township, Rakhine State in 19 different sites where the Consortium partners currently provide humanitarian assistance. These sites were grouped into 2 different geographic areas, 1) Muslim villages, 2) Muslim Camps. Details on the specific sites for each agency are as follows:

Organisation	Muslim Camps	Muslim Villages
Save the children	Basara, Thet Kel Pyin, Maw Thae Hynar, Ohm Daw Gyi 1, Ohm Daw Gyi 3, Ohm Daw Gyi 6	That Kel Pyin
Solidarites	Dar Paing, Thae Chaung, Baw Du Pha, Hmanzi,	Baw Du Pha, Dar Paing, Thae Chaung, Thae Chaung Lathama, Dar Paing Tents
Oxfam	Say Tha Mar Gyi,	Say Tha Mar Gyi, Say Tha Mar Chay, Ohm Taw Gyi

It is important to note that the distinction between "Muslim camps" and "Muslim villages" is not a binary one given the complexity of the IDP settlement in Sittwe. This study grouped the data along these lines after agreement with the Consortium partners to consolidate and merge the data per organisation.

DATA COLLECTION

The study used an in-depth survey technique to interview the target audience. A total of 454 people were interviewed at the household level. Qualitative data was collected separately for each behavior:

Behaviour	Data collected	Number of people interviewed
Open defecation	21 November to 12 December 2016	210 (camps + villages)
Treatment of Water at the household level	7 November to 18 November 2016	244 (camps + villages)

Examples of questionnaires used are found in Annex 1.

RESEARCH LIMITATIONS:

There were a considerable number of research limitations as a result of the complex operating environment of Sittwe Township. These include:

- **Security**: A deterioration of the security situation in October 2016 led to severe movement restrictions that impacted directly on the data training and data collection.
- **Language**: data training was conducted in English and the language barrier of the national staff (from all Consortium members) may have been underestimated and affected their ability to understand the methodology and objectively collect data.
- **Competing priorities**: In some instances data collection was incomplete due to competing priorities and data collectors had to go back to households to collect data, causing delays and likely data collection errors.
- **Budget**: the budget allocated for this activity within the DFID consortium was found to be low compared to the rates charged by International Consultants. As a result, the hired Consultant was only able to be in-country for a short time which may have affected the quality of the data collected.
- **Merging locations**: decision of the consortium to consolidate and merge the data per organisation did not allow for a nuanced understanding into how the differing locations could lead to different determinants that effect doers and non-doers.
- **Identifying doers and non-doers:** The methodology of the doer/non-doer analysis recommends interviewing at least 90 respondents (45 doers and 45 non doers) for each behaviour in each individual location. However in this study, data collectors found it challenging due to a combination of limitations listed above, to identify 45 doers and 45 non-doers for each location. Therefore analysis has not been done at individual site level and instead has been disaggregated by each camp/village and each organisation. For these units we had above the recommended sample number of 90 for each of the 6 contexts. .

RESULTS AND ANALYSIS:

The results and analysis on the two behaviours studied are presented below with full results presented in Annex 2.

The results are first presented by a table illustrating – per Consortium member – which behavioural determinants should be focused on when developing future hygiene promotion activities. This is because they are presently motivating doers to practice the behavior and therefore can motivate non-doers to adopt the behavior. The table also shows which behavioral determinant should not be focused on; as it could possible reinforce non-doer behavior.

Following the table there is a more detailed explanation of the Results for each geographic area and Consortia member as well an analysis section which includes recommendations on key messages and approaches to be considered by Consortia members for future programming.

A) Open Defecation amongst Children 4 to 8 yr old Children Muslim Camps

A total of 105 people were surveyed on open defection amongst children (50 Doers; 55 non-Doers) from a total population of 71,905. The table below illustrates the results by Consortium member. The green check mark (✔) identifies the behavioural determinant that should be focused on while the red cross (X) identifies the behavior that should not be focused on. No cross (blank) identifies a behavior that was deemed to be not significant.[3]

✔ = focus X = do not focus Blank = not significant	Save the Children	Solidarites	Oxfam
Self-Efficacy	✔	✔	
Positive Consequences			
Negative Consequences			
Social Norms	✔		✔
Access			
Reminders			✔
Risk		X	
Severity			✔
Action Efficacy			✔
Divine Will			✔
Policy		X	X
Culture		X	
Universal Motivators		✔	✔

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[3] When analysing the data, normally differences of 15% are considered significant between Doers and Non-Doers. However, due to the limitations of this study, differences of 5% and above were considered to be significant.

1. Results and Analysis from Save the Children in Muslim Camps:

The data collected by Save the Children came from 6 sites: Thet kel Pyin, Maw Thi Hynar, Ohn Daw Gyi 1, Ohn Daw Gyi 3, Ohn Daw Gyi 6 camps.

A. RESULTS

- *Self-efficacy and Social Norms* were the behavioural determinants found to be motivating doers to continue practicing the behaviour. There was a 13% difference between doers and non doers in terms of self efficacy and 26% difference between doers and non doers for social norms.
- There were no significant behavioural determinants to specifically not focus on.

B. ANALYSIS

Based on the above results, Save the Children could consider focusing on self efficacy and social norms to reinforce behavior in the 6 camp sites. Examples of key messages could include:

- *Encouraging children to use the latrine because other children are using the latrine and it's something that grown-ups are doing.*

Another consideration could be to install stairs and handrails at each latrine to make it easier for children to use and is likely to motivate non-doers to adopt this practice.

2. Results and Analysis from Solidarites International in Muslim Camps:

Data was collected by Solidarites International from 4 sites (Da Piang, Thae Chang, Baw Du Pha, Hmanzi camps).

A. RESULTS

- *Self-Efficacy and Universal Motivators* were the behavioural determinants found to be motivating doers to continue practicing the behaviour. There was a 33% difference between doers and no doers in terms of self efficacy and an 8% difference between doer and non doers for universal motivators.
- Risk, Policy, and Culture was the behavioural determinants that may reinforce non-doer behaviour, therefore key messages should not focus on these areas. There was an 11 % difference in for risk; there was an 8% for policy; for culture there as a 47% difference for culture.

B. ANALYSIS

Based on the results above Solidarites International could consider focusing on self efficacy and universal motivators to reinforce the behavior in the 4 sites. One focus could be on reinforcing the safely of using latrines.
Examples of **key messages** include:
- *Solar lights make latrines safe and accessible for everyone at all times of the day and night*[4]
- *If children defecate in latrines, this will result in a cleaner village which will in turn, make it more peaceful and stable.*

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[4] We do know that in Sittwe camps there is a practice of men sitting under the solar lights at night which may impact women and girl's perceptions of safelty. This is to be further analysed before the key message is developed.

Risk, policy and culture were all found to reinforce non doer behavior with culture recorded the highest percentage. It is therefore recommended that SI explore culture and taboos against children using latrines is in order to understand how this may be barrier to adopting the behaviour.

3. Results and Analysis for Oxfam in Muslim Camps:

Oxfam collected date from one Muslim camp site: Say Tha Mar Gyi Camp.

A. RESULTS

- *Social Norms, Reminders, Severity, Action Efficacy, Divine Will, and Universal Motivators* were the behavioural determinants found to be motivating doers to continue practicing the behaviour. A difference of 10% was reported for Social norms, 10% for reminders, 8 % for severity, ,10% for action efficacy, 10% for Divine Will and 8% for universal motivators
- Policy was the behavioural determinants that may reinforce non-doer behaviour, therefore key messages should not focus on this area. There was a 10% difference between doers and non doers for this area.

B. ANALYSIS:

Based on the results above it is recommended that Oxfam focus on behavioural determinants that motivate the doer behavior. Key messages to reinforce behavior could include:
  - *Children should use the latrines at all times and this will also make their Fathers and other children happy*
  - *Nobody disapproves of children using latrines and if they do, everyone will approve and be happy*
  - *Once children start using the latrine, it's not hard to forget to use it every time.*
  - *When children do not use the latrines, this is serious and makes the camp dirty and smelly and there is increased risk of diseases.*
  - *God approves of the behaviour*
  - *If everyone uses a latrine, the family is happy and can spend good times together.*

B) Open Defecation amongst Children 4 to 8 yr old Children Muslim Villages

A total of 105 people were surveyed on open defection amongst children (50 Doers; 55 non-Doers) from a total population of 35,676. The table below illustrates the results by Consortium. The green check mark (✔) identifies the behavioural determinant that should be focused on while the red cross (X) identifies the behavior that should not be focused on. No cross (blank) identifies a behavior that was deemed to be not significant.

✔ = focus X = do not focus Blank = not significant	Save the Children	Solidarites	Oxfam
Self-Efficacy		✔	
Positive Consequences			
Negative Consequences		X	X
Social Norms			
Access	X		
Reminders	✔		
Risk			
Severity			
Action Efficacy			
Divine Will			
Policy	X		
Culture	X	✔	✔
Universal Motivators		✔	✔

1. Results and Analysis from Save the Children Villages:

Data was collected from 1 site: Thet Kel Pyin Village.

A. RESULTS

- *Reminders* were the behavioural determinant found to be motivating doers to continue practicing the behaviour. There was an 18% difference between doers and non doers in terms of reminders.
- *Access, Policy, and Culture* was the behavioural determinants that may reinforce non-doer behaviour. There was a 10% difference between non doers and doers for access, 8% for policy and 18% for culture.

B. ANALYSIS

Based on the results above it is recommended that Save the Children focus on reminders and creation of routine to reinforce doer behaviour. Key messages should focus on the creation of a routine and that once the behaviour is practiced a few times, it will not be hard to forget.
However, as the location of the latrines was indicated as a barrier to non-doers, key messages with information about the locations of the latrines throughout the village could possibly motivate non doers to adopt the behaviour.

2. Results and Analysis from Solidarites International Villages:

Data was collected from 6 village sites (Baw Du Pha, Dar Paing, Thae Chang, Thae Chang Lathama, Dar Paing Tents, Thae Chang Rakhine Villages).

A. RESULTS
- *Self Efficacy, Culture and Universal Motivators,* were the behavioural determinants found to be motivating doers to continue practicing the behaviour.   There was a 10% difference between doers and non doers in terms of self efficacy and a 28% difference in terms of universal motivators.
- *Negative Consequences* was the behavioural determinant that may reinforce non-doer behaviour, There was an 10% difference between non doers and doers for negative consequences

B. ANALYSIS

Based on the results above it is recommended that SI focus on reinforcing positive behaviour with approaches and key messages related to self efficacy .Examples of key messages include the following:
- *If children defecate in latrines, this will result in a cleaner village which will in turn, make it more peaceful and stable.*

As well, cultural practices towards children's defecation practices should be explored more as it is shown to motivate doers.

Given that access was one of indicated as a barrier for non doers it is recommended that the locations be focused on. key messages with information about the locations of the latrines throughout the village could possibly motivate non doers to adopt the behaviour. As well, as access was indicated as a barrier to non-doers, stairs to the latrine can be considered a barrier for using the latrine. Children friendly latrines should be considered or the installation of handrails (to aide children going up/down stairs).

3. Results and Analysis from Oxfam Villages:

Oxfam collected date from 3 village sites (Ohn taw Gyi, Say Tha Mar Gyi, Say Tha Nar Cha Villages).

A. RESULTS:
- *Culture and Universal Motivators* were the behavioural determinants found to be motivating doers to continue practicing the behaviour. There was a 29% difference between doers and non doers for culture and a 28% difference for universal motivators.
- Negative Consequences was the behavioural determinants that may reinforce non-doer behaviour. There was an 10% difference

B. ANALYSIS: Recommendations on approaches and key messages

Given the results above it is recommended that Oxfam focus on culture and universal motivators to reinforce doer behaviour.

Examples of key messages include:

- *If children defecate in latrines, this will result in a cleaner village which will in turn, make it more peaceful and stable.*

As with the analysis for SI above, cultural practices towards children's defecation practices should be explored more as it is shown to motivate doers.

Given the results on negative consequences, key messages should not focus on these areas. Examples of key messages could include:
- *if there are no stairs, have an older sibling or an adult help a small child go into and out of the latrines.*

C) Treating Water with Ceramic Water Filter in Muslim Camps

A total of 133 people were surveyed on ceramic water filter (52 Doers; 81 non-Doers) from a total population of 71,905 individuals. The table below illustrates the results by Consortium member. The green check mark (✔) identifies the behavioural determinant that should be focused on while the red cross (X) identifies the behavior that should not be focused on. No cross (blank) identifies a behavior that was deemed to be not significant.

✔ = focus X = do not focus Blank = not significant	Save the Children	Solidarites	Oxfam
Self-Efficacy			
Positive Consequences		✔	✔
Negative Consequences			
Social Norms		✔	
Access			X
Reminders	X		
Risk			
Severity			
Action Efficacy			
Divine Will			
Policy	X		
Culture	X		
Universal Motivators		✔	

1. Analysis from Save the Children camps:

The data from Save the Children came from 6 sites: Basara, Thet Kel Pyin, Maw Thae Hynar, Ohm Daw Gyi 1, Ohm Daw Gyi 3, Ohm Daw Gyi 6.

A. RESULTS
- There were no behavioural determinants found to be motivating doers to continue practicing the behaviour.[5]
- Reminders, Policy, Culture was the behavioural determinants that may reinforce non-doer behaviour. There was an 8% difference in reminders; there was a 27% difference in policy, and there was a 13% difference in culture.

B. ANALYSIS

The results from the Save the Children sites found no motivations for doers. It is therefore difficult to recommend approaches or key messages to motivate behaviour but it is clear that key messages should not focus on reminders, policy and culture which were found to reinforce negative behavior.   For example it is important not to emphasize community rules or laws regarding the use of the filters as this may make it less likely that the community will use them.

2. Analysis from Solidarites International in Muslim Camps

The data from Solidarites International as from 4 sites (Dar Paing, Thae Chaung, Baw Du Pha, Hmanzi).

A. RESULTS
- *Positive Consequences, Social Norms and Universal Motivators* were the behavioural determinants found to be motivating doers to continue practicing the behaviour.   There was a 33% difference in positive consequences, 40% in social norms, and 12% for universal motivators (education).
- There were no behavioural determinants that may reinforce non-doer behaviour

B. ANALYSIS

Given the results above, it is recommended that SI focus on motivating behaviours – for example focusing on the positive consequences of using the filters. Another area that could motivate behavior is to link it to education and the benefits that use of the filters will have on children's attendance and performance at school. Examples of key messages that could be considered include:
- *That using the CWF provides clean water*
- *That using the CWF makes their children happy*
- *That their children deserve to be healthy when they are in school and using CWF gives them clean water which helps keep them healthy*

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[5] Indicating a problem with data collection.

3. Results and Analysis from Oxfam in Muslim Camps:

The data from Oxfam is from 1 site: Say Tha Mar Gyi camp

A. RESULTS
- *Access* was the behavioural determinant found to be motivating doers to continue practicing the behaviour. There was a 12% difference for access.
- **Self Efficacy and Negative Consequences** were the behavioural determinants that may reinforce non-doer behaviour. There was a 14% for self efficacy, and 12% for negative consequences.

B. ANALYSIS

Given the results above Oxfam could look at key messages to address the perceptions of negative consequences and motivate non-doers. These could include:
- *Filtering water using the CWF takes time, but it has positive consequences for the family*
- *Suggestions on where to keep CWF to keep water cool* (to counteract the perception that the filters make the water hot)

D) Treating Water with Ceramic Water Filter in Muslim Villages

A total of 111 people (55 Doers; 56 non-Doers) were surveyed on ceramic water filter use in Muslim villages from a total population of 35,676.

The table below illustrates the results by Consortium members. The green check mark (✔) identifies the behavioural determinant that should be focused on while the red cross (X) identifies the behavior that should not be focused on. No cross (blank) identifies a behavior that was deemed to be not significant.

✔ = focus X = do not focus Blank = neutral	Save the Children	Solidarites	Oxfam
Self-Efficacy	X	✔	
Positive Consequences	✔	✔	✔
Negative Consequences	X		
Social Norms		X	
Access	X	✔	X
Reminders		✔	
Risk			
Severity			
Action Efficacy	✔	X	
Divine Will			
Policy			
Culture			
Universal Motivators	✔		

1. Results and Analysis from Save the Children in Muslim Villages:

The data from Save the Children is from 1 site: That Kel Pyiin village.

A. RESULTS
- *Positive Consequences, Action Efficacy, Policy and Universal Motivators* are the behavioural determinants found to be motivating doers to continue practicing the behaviour. There was a 15% for positive consequences, there was a 15% for action efficacy, 38% for policy and 11% for universal motivators.
- Self Efficacy, Negative Consequences and Access were the behavioural determinants that may reinforce non-doer behaviour. There was an 11% difference for self-efficacy; there was a 9% for negative consequences and 15% for access.

B. ANALYSIS

Based on the results above Save the Children could consider the following key messages to motivate behaviour:
- *How easy the Ceramic water filter is to use*
- *The Health benefits of the filter*

In addition there are some key messages that could be considered to motivate non-doers which could include:
- *Storage of water to keep it cool (once filtered)*
- *Suggestions of there to keep the CWF in the home so that it does not break.*
- *Accountability mechanism inside the camp to get what they need*

2. Results and Analysis from Solidarites International in Muslim Villages:

The data from Solidarites is from 5 sites (Baw Du Pha, Dar Paing, Thae Chaung, Thae Chaung Lathama, Dar Paing Tents).

A. RESULTS
- Reminders, Access, Positive Consequences, and Self Efficacy are the behavioural determinants found to be motivating doers to continue practicing the behaviour. The difference recorded for Positive consequences is 16%, reminders is 35%, self efficacy is 18%, access is 16%.
- Action Efficacy and Social Norms. were the behavioural determinants that may reinforce non-doer behaviour. The difference recorded for Social norms was 38% and 25% for action efficacy.

B. ANALYSIS
Based on the results above SI could consider trying to motivate behavior with some of the following example key messages
- *How easy it is to use the tap on the CWF*
- *Health benefits (reduces diarrhoea and diseases and is good for your health)*
- *User-satisfaction*
- *Accessibility of CWFs*

- *Easy to keep using once you start*

3. Results and Analysis from Oxfam in Muslim Villages:

The data from Oxfam is from 4 sites (: Say Tha Mar Gyi, Say Tha Mar Chay, Ohm Taw Gyi).

A. RESULTS
- **Positive Consequences** are the behavioural determinants found to be motivating doers to continue practicing the behaviour. The difference for positive consequences was 9%.
- **Access** was the behavioural determinants that may reinforce non-doer behaviour. The difference recorded for access was 15%.

B. ANALYSIS
Based on the results above Oxfam should consider developing key messages to reinforce positive consequences of using the ceramic water filter. Examples of key message could include:
- *Using the CWF reduces health expenses because using this is good for your health.*
- *Highlighting the accountability mechanism in the village to go to if there is a problem with the CWF.*

CONCLUSION:
This formative study identified several important barriers and motivators on Open Defecation among children aged 4-8 years old and the use of Ceramic Water Filter in treating drinking water among mothers in the villages and camps of Sittwe Township.

The study found significant differences in behavioural determinants from camp to camp, and from village to village. It is important to recognise that although the population is from the same ethnic group there are a lot of differences in this population – they were displaced from many different locations both urban and rural and from a variety of socio economic circumstances before displacement. Following displacement, many variables came into play: whether IDPs resided in a camp or a village, what services were provided in that camp or village, who provided hygiene promotion education (i.e. which humanitarian agency), etc. Thus due to the IDPs unique displaced situation, they will not have the same behavioural practices and conclusions cannot be drawn simply from those who reside in camps versus those who reside in villages.

This Formative Research should be considered as a guide to further programming. Findings and analysis in this report provide individual Consortium agencies with a guide to further explore site specific approaches and messaging to motivate changes in hygiene behavior. The limitations in data collection and sample size for each individual camp, along with complexity and differences within the population studied inhibits this report from making conclusive recommendations on a new hygiene promotion approach for each individual site. However, the insights gained here demonstrate that there are several unique behavioral determinants that are either enabling or preventing the adoption of the two behaviours studied. It is therefore recommended that any new key messages and approaches developed by the Consortium members should be pre-tested with the targeted population before any larger programmes are developed.

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Group: ❏ Doer   ❏ Non-Doer

Barrier Analysis Questionnaire on Treating drinking water with ceramic water filters for use with Female Heads of Household

Behavior Statement
Female Heads of Households treat the family drinking water using a ceramic water filter at all times.

Demographic Data

Interviewer's Name: _____   Questionnaire No.: _____

Date: _____   Community: _____

Scripted Introduction:
Hi, my name is_____; and I am part of a study team looking into diarrhea prevention (or waterborne illness – should come from DBC Framework 'Problem; section) practices. The study includes a discussion with women about this issue and will take about 20 minutes. I would like to hear your views on this topic. You are not obliged to participate in the study and no services will be withheld if you decide not to. Likewise, if you decide to talk with me you won't receive any gifts, services or remuneration. Everything we discuss will be held in strict confidence and will not be shared with anyone else. Would you like to participate in the study? [If not, thank them for their time.]

Section A - Doer/Non-doer Screening Questions

1. Are you the female head of the household?
    ❏ A. Yes
    ❏ B. No → *Thank them and ask if there is another woman in the house who is considered the head of household or lady of the house.* → *End interview*
    ❏ C. Don't know → *End interview and look for another respondent*

2. Do you have drinking water stored here at home*?*
    ❏ A. Yes
    ❏ B. No → *End interview and look for another respondent*

3. Did you do anything to kill the germs in this drinking water? (to make the water safe to drink?)
    ❏ A. Yes
    ❏ B. No
    ❏ C. Do not remember / no response → End interview and look for another respondent

 4. What did you do to make your water safe to drink?
    ❏ A. Treated it with a ceramic water filter
    ❏ B. Other → *Mark as Non-doer and continue to Section B*
    ❏ C. Doesn't recall/ no response → End interview and look for another respondent

5. Do you have treated water at home now?
   ❑ A. Yes
   ❑ B. No → *Mark as Non-doer and continue to Section B*

6. Can I please see the ceramic filter you use?
   ❑ A. Yes → If ceramic filter is present and used
   ❑ B. No → If you cannot see the filter or if it is evident that the filter has not been used) Mark as a Non-doer and continue to Section B

In the table below identify the screening questions and how they need to be answered to be considered either a Doer, Non-doer, or a person not to be interviewed   DOER /NON-DOER CLASSIFICATION TABLE

DOER (ALL of the following)	Non-Doer (any ONE of the following)	Do Not Interview (any ONE of the following)
Question 1 =A		Question 1 = B or C
Question 2 = A	Question 2 =B	Question 2 = C
Question 3 = A	Question 3 =B	Question 3 = C
Question 4 = A	Question 4 =B	Question 4 = C
Question 5 = A	Question 5 =B	
Question 6 = A	Question 6 =B	

Group: ❑ Doer   ❑ Non-doer

Section B – Research Questions

Behavior Explanation (as needed)
In the following questions I am going to be talking about treating your drinking water.   By this I mean using the ceramic water filter that is meant to kill the germs to make the water safe to drink.

(Perceived Positive Consequences)
1a. *Doers:* What are the **advantages** of treating your drinking water with a ceramic water filter?
1b. *Non-doers:* What would be the **advantages** of treating your drinking water with a ceramic water filter?
(Write all responses below. Probe with "What else?")

(Perceived Negative Consequences)
2a. *Doers:* What are the **disadvantages** of treating your drinking water with a ceramic water filter?
2b. *Non-doers:* What would be the **disadvantages** of treating your drinking water with a ceramic water filter?
(Write all responses below. Probe with "What else?")

*(Perceived Self-efficacy)*t
3a. Doers: What makes it *easier* for you to treat your drinking water with a ceramic water filter?
3b. Non-doers: What would make it *easier* for you to treat your drinking water with a ceramic water filter?
(Write all responses below. Probe with "What else?")

(Perceived Self-efficacy)

4a. **Doers**: What makes it *difficult* for you to treat your drinking water with a ceramic water filter?

4b. *Non-doers*: What would make it *difficult* for you to treat your drinking water with a ceramic water filter?

(Write all responses below. Probe with "What else?")

(Perceived Social Norms)

5a. **Doers:** Who are the people that *approve* of you treating your drinking water with a ceramic water filter**?**

5b. *Non-doers:* Who are the people that *would approve* of you treating your drinking water with a ceramic water filter?

(Write all responses below. Probe with "Who else?")

(Perceived Social Norms)

6a. **Doers:** Who are the people that *disapprove* of you treating your drinking water with a ceramic water filter?

6b. *Non-doers:* Who are the people that *would disapprove* of you treating your drinking water with a ceramic water filter?

(Write all responses below. Probe with "Who else?")

(Perceived Access)

7a. *Doers:* How difficult is it to get what you need to treat your drinking water with a ceramic water filter? Very difficult, somewhat difficult, or not difficult at all?

7b. *Non-doers:* How difficult would it be to get what you need to treat your drinking water with a ceramic water filter?

❑ a. Very difficult
❑ b. Somewhat difficult
❑ c. Not difficult at all.
❑ d. Don't Know / Won't say

(Perceived Cues for Action / Reminders)

8a. *Doers:* How difficult is it to remember to treat your drinking water with a ceramic water filter before anyone consumes it? Very difficult, somewhat difficult, or not difficult at all?

8b. *Non-doers:* How difficult do you think it would be to remember to treat your drinking water with a ceramic water filter before you or anyone else consumed it? Very difficult, somewhat difficult, or not difficult at all?

❑ a. Very difficult
❑ b. Somewhat difficult
❑ c. Not difficult at all.
❑ d. Don't Know / Won't say

(Perceived Cues for Action / Reminders)

9a. *Doers:* How difficult is it to remember the correct way to treat your drinking water with a

ceramic water filter? Very difficult, somewhat difficult, or not difficult at all?

9b.   *Non-doers:* How difficult do you think it would be to remember the correct way to treat your drinking water with a ceramic water filter? Very difficult, somewhat difficult, or not difficult at all?

❑ a. Very difficult
❑ b. Somewhat difficult
❑ c. Not difficult at all.
❑ d. Don't Know / Won't say

(Perceived Susceptibility / Perceived Risk)

10.   *Doers and Non-doers*: How likely is it that you, your child or any family member will get diarrhea in the next 3 months? Very likely, somewhat likely, or not likely at all?

❑ a. Very likely
❑ b. Somewhat likely
❑ c. Not likely at all
❑ d. Don't Know / Won't say

(Perceived Severity)

11.   Doers and Non-doers: How serious would it be if you, your child or any family member got diarrhea? A very serious, somewhat serious, or not serious at all?
❑ a. Very serious
❑ b. Somewhat serious
❑ c. Not serious at all
❑ d. Don't Know / Won't say

(Action Efficacy)

12. Doers and Non-doers How likely is it that you or your child or any family member would get diarrhea if you did not treat your drinking water with a ceramic water filter?
❑ a. Very likely
❑ b. Somewhat likely
❑ c. Not likely at all
❑ d. Don't Know / Won't say

(Perception of Divine Will)

13a.   *Doers:* Do you think that **God approves** of you treating your drinking water with a ceramic water filter?

13b.   *Non-doers*: Do you think that **God would approve** of you treating your drinking water with a ceramic water filter?
❑ a. Yes
❑ b. No
❑ c. Don't Know / Won't say

(Policy)

14.   *Doers and Non-doers*: Are there any policies, laws or rules that make it more likely that you treat your drinking water with a ceramic water filter?

❑ a. Yes
❑ b. No

❏ c. Don't Know / Won't say

(Culture)

15. **Doers and Non-doers:** Are there any cultural beliefs or taboos that you know of against treating your drinking water with a ceramic water filter?
    ❏ a. Yes
    ❏ b. No
    ❏ c. Don't Know / Won't say

Now I am going to ask you a question unrelated to treating drinking water with a ceramic water filter.

(Question on Universal Motivators)

16. **Doers and Non-doers:** What is the one thing that you desire most in life?

THANK THE RESPONDENT FOR HIS OR HER TIME!

Group: ❏ Doer   ❏ Non-Doer

Barrier Analysis Questionnaire : Latrine Use for defecation Amongst mothers with women 18 to 60 yr old Children

Behavior Statement Latrine use defecate at all times

Demographic Data
Interviewer's Name: _____Questionnaire No.: _____Date: ___/___/___

Community: _____

Scripted Introduction: Hi, my name is_____; and I am part of a study team looking into defecation habits. The study includes a discussion of this issue and will take about 20 minutes. I would like to hear your views on this topic. You are not obliged to participate in the study and no services will be withheld if you decide not to. If you decide to talk with me you will not receive any remuneration, gifts or services. Everything we discuss will be held in strict confidence and will not be shared with anyone else. Would you like to participate in the study? [If not, thank them for their time.]

Section A - Doer/Non-doer Screening Questions
1. In the last 4 days, how many times did you defecate?
   ❏ A. 2 or more times
   ❏ B. 1 or fewer times➔ *End interview and look for another interviewee*
   ❏ C. Do not remember / no response ➔ *End interview and look for another interviewee*

2. Thinking back over the last 4 days, what are **all** the places that you defecated?
   (read all the responses)

❑ A. my own latrine/ neighbor's latrine/community latrine/any latrine→ *pose question 4*
❑ B. Bush/Yard (is there anywhere else this is likely to happen?) → *if Bush/Yard is the ONLY response, mark as* <u>Non-doer</u> *& pass to Section B*
❑ C. Do not remember / no response → *End interview and look for another interviewee*

3. Thinking back over the last 4 days, how many times did you defecate in a latrine?
   ❑ A. 2 or more times
   ❑ B. 1 or fewer times
   ❑ C. Do not remember / no response → *End interview and look for another interviewee*

DOER /NON-DOER CLASSIFICATION TABLE

DOER (all of the following)	Non-Doer (any of the following)	Do Not Interview (and of the following)
Question 1 = A		Question 1 = B, C or D
Question 2 = A	-	Question 2 = B or C
Question 3 = A	Question 3 = B	Question 3 = C
Question 4 = A	Question 4 = B	Question 4 = C

Group: ❑ Doer ❑ Non-doer

Section B – Research Questions

(Perceived Self Efficacy / Skills)

1. ***Doers & Non-doer:*** With your present knowledge, resources, and skills, do you think that you could use a latrine every time you needed to defecate?
   ❑ a. Yes
   ❑ b. Possibly
   ❑ c. No
   ❑ d. Don't Know

(Perceived Positive Consequences)

2a. ***Doers:*** What are the ***advantages*** of using a latrine every time you need to defecate?
2b. ***Non-doers:*** What would be the ***advantages*** of using a latrine every time you need to defecate?   ***(Write all responses below. Probe with "What else?")***

(Perceived Negative Consequences)

3a. ***Doers:*** What are the ***disadvantages*** of using a latrine every time you need to defecate?
3b. ***Non-doers:*** What would be the ***disadvantages*** of using a latrine every time you need to defecate?
(Write all responses below. Probe with "What else?")

(Perceived Self-efficacy)

4a. ***Doers***: What makes it ***easier*** for you to use a latrine every time you need to defecate?
4b. ***Non-doers***: What would make it ***easier*** for you to use a latrine every time you need to defecate?
(Write all responses below. Probe with "What else?")

(Perceived Self-efficacy)

5a. ***Doers***: What makes it ***difficult*** for you to use a latrine every time you need to defecate?
5b. ***Non-doers***: What would make it ***difficult*** for you to use a latrine every time you need to

defecate?
(Write all responses below. Probe with "What else?")

(Perceived Social Norms)
6a.   *Doers:* Who are **all** the people that ***approve*** of you using a latrine every time you need to defecate?
6b.   *Non-doers:* Who are **all** the people that ***would approve*** of you using a latrine every time you need to defecate?
   (Write all responses below. Probe with "Who else?")

(Perceived Social Norms)
7a.   *Doers:* Who are **all** the people that ***disapprove*** of you using a latrine every time you defecate?
7b.   *Non-doers:* Who are **all** the people that ***would disapprove*** of you using a latrine every time you need to defecate?
(Write all responses below. Probe with "Who else?")

(Perceived Access)
8a.   *Doers:* How difficult is it to access a latrine each time you need to defecate?
8b.   *Non-doers:* How difficult would it be to access a latrine each time you need to defecate?
   ❑ a. Very difficult
   ❑ b. Somewhat difficult
   ❑ c. Not difficult at all.
   ❑ d. Don't Know / Won't say

(Perceived Cues for Action / Reminders)
9a.   *Doers:*   How difficult is it to remember to use a latrine every time you need to defecate? Very difficult, somewhat difficult, or not difficult at all?

9b.   *Non-doers:*   How difficult do you think it would be to remember to use a latrine every time you need to defecate? Very difficult, somewhat difficult, or not difficult at all?
   ❑ a. Very difficult
   ❑ b. Somewhat difficult
   ❑ c. Not difficult at all.
   ❑ d. Don't Know / Won't say

(Perceived Susceptibility / Perceived Risk)
10.   *Doers* & **Non-doers:** How likely is it that you or your family members will get a diarrheal disease in the next 3 months?   Very likely, somewhat likely, or not likely at all
   ❑ a. Very likely
   ❑ b. Somewhat likely
   ❑ c. Not likely at all.
   ❑ d. Don't Know / Won't say

(Perceived Severity)
11.   **Doers and Non-doers:** How serious would it be if you or a family member got a diarrheal disease? Very serious, somewhat serious, or not serious at all?
   ❑ a. Very serious
   ❑ b. Somewhat serious
   ❑ c. Not serious at all
   ❑ d. Don't Know / Won't say

(Action Efficacy)

12. Doers and Non-doers How likely is it that you or a family member would get diarrheal disease if you used a latrine every time you needed to defecate? Very likely, somewhat likely, or not likely at all

- ❑ a. Very likely
- ❑ b. Somewhat likely
- ❑ c. Not likely at all.
- ❑ d. Don't Know / Won't say

(Perception of Divine Will)

13a. *Doers:* Do you think that God approves of you using a latrine every time you need to defecate?

13b. *Non-doers:* Do you think that God would approve of you using a latrine every time you need to defecate?

- ❑ a. Yes
- ❑ b. No
- ❑ c. Don't Know / Won't say

(Policy)

14. **Doers and Non-doers:** Are there any community laws or rules in place that make it more likely that you use a latrine every time you need to defecate?

- ❑ a. Yes
- ❑ b. No
- ❑ c. Don't Know / Won't say

(Culture)

15. **Doers and Non-doers:** Are there any cultural rules or taboos that you know of against using a latrine every time you need to defecate?

- ❑ a. Yes
- ❑ b. No
- ❑ c. Don't Know / Won't say

Now I'm going to ask you a question unrelated to latrine use.

(Question on Universal Motivators)

16. **Doers and Non-doers:** What is the one thing that you desire most in life?

THANK THE RESPONDENT FOR HIS OR HER TIME!

Doer and Non-Doer behavioural analysis

Behaviour: Treating drinking water with Ceramic Water Filter at the household level

Context: Muslim Camps, Sittwe Township

Organization: Save The Children
Population surveyed: 133 (52 Doers; 81 non-Doers)
Total Population: 30,249 HH
Data is consolidated from the following camps: Basara, Thet Kel Pyin, Maw Thae Hynar, Ohm Daw Gyi 1, Ohm Daw Gyi 3, Ohm Daw Gyi 6

No.	Behavioural Determinants	Probing questions	Results	Analysis	Recommendations
1.	Self-Efficacy	Can you do the behaviour?	Not Significant	Not Significant	*The analysis of this data indicates that there may have been problems in the data collection.*
		What makes it easier?	Non-doers were 1 times more likely to say that it is easier to get clean water than doers	Not Significant	
		What makes it difficult	Not Significant	Not Significant	Top behavioural determinants for Save the Children Camps: n/a
2.	Positive Consequences	What are the advantages?	Non-doers are 1 times more likely to say that it is good for your health than doers	Not Significant	
3.	Negative Consequences	What are the disadvantages?	Non-doers are 3.4 times more likely to say that there are no disadvantages	Not Significant	Behavioural determinants not to focus on (as it may reinforce non-doer behaviour):
4.	Social Norms	Do most people approve?	Not Significant	Not Significant	1. Reminders 2. Policy 3. Culture
		Who approves?	Non-doers are 3.6 times more likely to say that husbands approve than doers.	Not Significant	Key messages for non-doers

					(will also reinforce doer behaviour): - Positive health benefits of using the CWF (generic message about health benefits)
			Non-doers are 3.2 times more likely to say that children approve than doers.		
		Who disapproves	Non-doers are 2.8 times more likely to say that no one disapproves or disagrees than doers.	Not Significant	
5.	Access	How difficult is it to get what you need to do the behaviour?	Non-doers are 1 times more likely to say that it is very difficult to get what you need to do the behaviour than doers. Non-doers are 1 times more likely to say that it is somewhat difficult to get what you need to do the behaviour than doers.	Not Significant	
6.	Reminders	How difficult is it to remember to do the behaviour?	Doers are 10.8 times more likely to say that it is difficult to remember to do the behaviour. Non-doers are 5.5 times more likely to say that it is not difficult at all to remember to do the behaviour.	Despite the fact they are doers, they state that is it difficult to remember to do the behaviour. However, since non-doers state that it is not difficult to remember the behaviour, this probably means there was data collection or interpretation issues with this behavioural determinant and it should therefore be considered not significant.	
7.	Risk	How likely to get the problem?	Not Significant	Not Significant	
8.	Severity	How serious is the	Not Significant	Not Significant	

		problem?		
9.	Action Efficacy	Will doing the behaviour prevent the problem?	Not Significant	Not Significant
10.	Divine Will	Does God approve of you doing the behaviour?	Not Significant	Not Significant
11.	Policy	Any community laws/regulations that make it less likely you will do the behavior?	Doers are 11.9 times more likely to say maybe when asked if there are any community laws/regulations that make it less likely that you will do the behaviour than non-doers. Non-doers are 1 times more likely to say yes when asked if there are any community laws/regulations that make it less likely that you will do the behaviour than doers.	Doers could be motivated by community laws and regulations so the focus should not be on emphasizing any authority figures, rules, or laws regarding the use of CWF as it would be less likely that they would do the behaviour.
12.	Culture	Any cultural rules/taboos against the behavior?	Doers are 11.4 times more likely to say maybe when asked if there are any cultural rules or taboos against the behaviour than non-doers. Non-doers are 1 times more likely to say yes when asked if there are any cultural rules or taboos against the behaviour than doers.	Doers note that there may be cultural rules or taboos against the behaviour, but the fact that they do it anyways could possibly indicate that they understand the benefit of using the CWF.
13.	Universal Motivators	What do you desire most in life?	Non doers are 5.8 times more likely to say education than doers.	Not Significant.

Organization: Solidarites International
Population surveyed: 133 (52 Doers; 81 non-Doers)
Total Population: 28,538 HH
Data is consolidated from the following camps: Dar Paing, Thae Chaung, Baw Du Pha, Hmanzi

No.	Behavioural Determinants	Probing questions	Results	Analysis	Recommendations
1.	Self-Efficacy	Can you do the behavior?	Not significant.	Not significant.	Top behavioural determinants for Solidarites Camps: 1. Positive consequences 2. Social norms 3. Universal motivators Behavioural determinants not to focus on (as it may reinforce non-doer behaviour): n/a Key messages for non-doers (will also reinforce doer behaviour):
		What makes it easier?	Not significant.	Not significant.	
		What makes it difficult	Doers are 4.7 times more likely to say that it takes time to filter the water than non-doers. Doers are 3 times more likely to say that they are afraid the filter will break than non-doers. Doers are 2.9 times more likely to say that the filters are difficult to clean than non-doers.	Not significant.	
2.	Positive Consequences	What are the advantages?	Doers are 2.3 times more likely to say that the advantages of using the filter are to prevent diarrhea and diseases than non-doers. Doers are 2.4 times more likely to say that the advantages of using the filter are that they are good for health than non-doers. Doers are 14 times more likely to say	Doers are motivated by the fact that using the CWF means they have <u>clean water</u> so the focus should be on this positive consequence of using the CWFs.	- That using the CWF provides clean water - That using the CWF makes their children happy - That their children deserve to be healthy when they are in school and

					using CWF gives them clean water which helps keep them healthy
			that the advantages of using the filter are that they have clean water than non-doers. Non-doers are 1 time more likely to say that the advantages of using the filter are that they feel happy.		
3.	Negative Consequences	What are the disadvantages?	Not significant.	Not significant.	
4.	Social Norms	Do most people approve?	Not significant.	Not significant.	
		Who approves?	Doers are 16.1 times more likely to say that children approve than non-doers.	Doers note that their children approve of using the CWF so the focus should be on the user satisfaction of children.	
		Who disapproves	Doers are 3.4 times more likely to say that no one disapproves than non-doers.	Not significant.	
5.	Access	How difficult is it to get what you need to do the behavior?	Doers are 2.5 times more likely to say that it is not difficult at all to get what you need to practice the behaviour than non-doers.	Not significant.	
6.	Reminders	how difficult is it to remember to do the behavior?	Doers are 3 times more likely to say that it is not difficult at all to remember to do the behaviour than non-doers.	Not significant.	
7.	Risk	How likely to get the problem?	Doers are 3.9 times more likely to say that it is somewhat likely to get to the problem than non-doers. Doers are 4.4 times more likely to say	Not significant.	

			that it is not likely at all to get to the problem than non-doers.	
8.	Severity	How serious is the problem?	Non-doers are 1 times more likely to say that the problem is very serious than doers.	Not significant.
9.	Action Efficacy	Will doing the behaviour prevent the problem?	Doers are 2.9 times more likely to say that it is very likely that doing the behaviour will prevent the problem than non-doers. Doers are 3.2 times more likely to say that it is not likely at all that doing the behaviour will prevent the problem than non-doers.	Not significant.
10.	Divine Will	Does God approve of you doing the behaivor?	Doers are 3 times more likely to say that God will approve of you doing the behaviour than non-doers.	Not significant.
11.	Policy	Any community laws/regulations that make it less likely you will do the behavior?	Doers are 2.8 times more likely to say maybe that there are any community laws/regulations that make it less likely you will do the behaviour than non-doers.	Not significant.
12.	Culture	Any cultural rules/taboos against the behavior?	Doers are 2.8 times more likely to say that there are maybe cultural rules/taboos against the behaviour than non-doers.	Not significant.
13.	Universal Motivators	What do you desire most in life?	Doers are 11.2 times more likely to state that they would desire education most in life than non-doers.	Doers desire education, so linking this determinant to the determinant on social norms and how doers state that children approve of the use of CWFs, the focus can

			be on how using the CWF is good for your children who then will thrive in school.		

Organization: Oxfam
Population surveyed: 133 (52 Doers; 81 non-Doers)
Total Population: 2,280 HH
Data is consolidated from the following camps: Say Tha Mar Gyi

No.	Behavioural Determinants	Probing questions	Results	Analysis	Recommendations
1.	Self-Efficacy	Can you do the behaviour?	Not significant	Not significant	Top behavioural determinants for Oxfam Camps: 1. Access Behavioural determinants not to focus on (as it may reinforce non-doer behaviour): 1. Self-Efficacy 2. Negative Consequences Key messages for non-doers (will also reinforce doer behaviour): - Accessibility of CWFs - Filtering water using the CWF takes time, but it has positive consequences for the family
		What makes it easier?	Non-doers are 3.4 times more likely to say that having the filter makes it easier to do the behaviour than non-doers. Non-doers are 1 times more likely to say that the tap being easy to open makes it easier to do the behaviour than non-doers. Non-doers are 1 times more likely to say that being good for your health makes it easier to do the behaviour than non-doers.	Not significant	
		What makes it difficult	Doers are 6.7 times more likely to say that it takes time to filter the water than non-doers. Non-doers are 1 times more likely to say that having no stand or no place	Doers note that the movement of the water through the filter can be slow. Therefore the <u>focus should be on the fact that taking the time to filter the</u>	

			makes it difficult to do the behaviour than non-doers.	water has positive consequences to the family such as clean water and healthier family members.	- Suggestions on where to keep CWF to keep water cool
2.	Positive Consequences	What are the advantages?	Non-doers are 3.1 times more likely to say that having clean water is an advantage than doers. Non-doers are 1 times more likely to say that an advantage to practicing the behaviour is that it makes them feel happy than doers.	Not significant	
3.	Negative Consequences	What are the disadvantages?	Non doers are 1 times more likely to say there are no disadvantages than doers. Doers are 11 times more likely to say that water is hot after filtering than non-doers. Doers are 11.2 times more likely to say that there is a bad smell like clay than non-doers.	Doers note that using the CWF results in hot water. Focus could be on suggestions for storing filtered water to keep it cool. Doers also note that there is a bad smell like clay when using the filter. Focus could be on the health benefits of the filtered water instead of the smell.	
4.	Social Norms	Do most people approve?	Not significant	Not significant	
		Who approves?	Not significant	Not significant	
		Who disapproves	Not significant	Not significant	
5.	Access	How difficult is it to get what you need to do the	Non-doers are 4.2 times more likely to say it is very difficult to get what they need in order to do the	Focusing on the fact that CWFs are easily accessible and distributed to everyone	

| | | behaviour? | behaviour than doers.

Doers are 11.2 times more likely to say that it is not difficult at all to get what you need to do the behaviour than non-doers. | (and noting the accountability mechanism for those who do not have them) will motivate non-doers to adopt the behaviour. |
|---|---|---|---|---|
| 6. | Reminders | How difficult is it to remember to do the behaviour? | Non-doers are 2.1 times more likely to say that it is not difficult at all to remember to do the behaviour than doers. | Not significant |
| 7. | Risk | How likely to get the problem? | Non-doers are 4.4 times more likely to say that they not likely at all to get the problem than doers. | Not significant |
| 8. | Severity | How serious is the problem? | Not significant | Not significant |
| 9. | Action Efficacy | will doing the behavior prevent the problem? | Non doers are 2.5 times more likely to say that it is very likely that doing the behaviour will prevent the problem. | Not significant |
| 10. | Divine Will | Does God approve of you doing the behaivor? | Not significant | Not significant |
| 11. | Policy | Any community laws/regulations that make it less likely you will do the behavior? | Not significant | Not significant |
| 12. | Culture | Any cultural rules/taboos against the behavior? | Not significant | Not significant |
| 13. | Universal | What do you | Non-doers are 1 times more likely to | Not significant |

| | Motivators | desire most in life? | say that they desire move in life business investment or jobs than doers. | | |

Doer and Non-Doer behavioural analysis

Behaviour: Treating drinking water with Ceramic Water Filter at the household level
Context: Muslim Villages, Sittwe Township

Organization: Save The Children
Population surveyed: 111 (55 Doers; 56 non-Doers)
Total Population: 6,400 HH
Data is consolidated from the following villages: That Kel Pyin

No.	Behavioural Determinants	Probing questions	Results	Analysis	Recommendations
1.	Self-Efficacy	Can you do the behaviour?	No significant difference between doers and non-doers.	Doers are motivated by the fact that it is easy to use. Focus should be on how <u>easy</u> it is for the CWF to be used. Doers also admit that they are afraid the CWF will break – it's a ceramic pot fitted into a plastic bucket. Focus should be on suggestions on <u>where to place the CWF</u> in the home so that is it not easily broken.	Top behavioural determinants for Save the Children Villages: 1. Positive consequences 2. Action efficacy 3. Universal motivators Behavioural determinants not to focus on (as it may reinforce non-doer behaviour): 4. Self-efficacy 5. Negative consequences 6. Access
		What makes it easier?	Doers are 2.9 times more likely to say that having the filter makes it easier than non-doers.		
		What makes it difficult	Doers are 3.4 times more likely to say that it is not difficult than non doers Doers are 11.1 times more likely to say that being afraid the filter will break makes it more difficult than non-doers.		
2.	Positive Consequences	What are the advantages?	Doers are 2.9 times more likely to say that using the filter prevents diarrhoea	Doers are clearly motivated by the health benefits of using the CWF. Focus should be on the fact that using	

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			and diseases than non-doers. Doers are 11.5 times more likely to say that using the filer is good for health than non-doers.	the filter <u>reduces diarrhea and diseases</u> and is <u>good for your health</u>.	Key messages for non-doers (will also reinforce doer behaviour): • How easy the CWF is to use • Health benefits • Storage of water to keep it cool (once filtered) • Suggestions of there to keep the CWF in the home so that it does not break. • Accountability mechanism inside the camp to get what they need
3.	Negative Consequences	What are the disadvantages?	Doers are 2.7 times more likely to say that there are no disadvantages than non-doers. Doers are 10.9 times more likely to say that the water is hot after filtering than non-doers.	Doers note that using the CWF results in hot water. Focus could be on suggestions for storing filtered water to keep it cool.	
4.	Social Norms	Do most people approve?	Doers are 2.7 times more likely to say that children approve than non-doers.	Not significant.	
		Who approves?	No significant difference between doers and non-doers.	Not Significant.	
		Who disapproves	Doers are 5.4 times more likely to say that no one disapproves/disagrees than non-doers Doers are 4.9 times more likely to say that grandmothers disagree than non-doers.	Not significant.	
5.	Access	How difficult is it	Doers are 3.1 times more	Doers note that it is difficult to get	

		to get what you need to do the behaviour?	likely to say that it is very difficult to get what you need to do the behaviour. Doers are 11.5 times more likely to say that it is somewhat difficult to get what you need to do the behaviour.	what they need. Focus should be on <u>highlighting the accountability mechanism</u> in the camp or village: who to go to when there is a problem with the CFW.
6.	Reminders	How difficult is it to remember to do the behaviour?	Doers are 4.2 times more likely to say that it is somewhat difficult to do this behaviour than non-doers.	Doers note that it can be difficult to remember the behaviour. Focus should link to the <u>other areas which motivate the use of CWF</u>: - Easy to use - Prevents diarreah - Good for health
7.	Risk	How likely to get the problem?	No significant difference between doers and non-doers.	Not significant.
8.	Severity	How serious is the problem?	Doers are 4.9 times more likely to say that the problem is somewhat serious. Doers are 4.9 times more likely to say that that they don't know if they problem is serious or not than non-doers.	Not significant.
9.	Action Efficacy	Will doing the	Doers are 11.5 times	This links to the determinant on

		behaviour prevent the problem?	more likely to say that it is somewhat likely that doing this behaviour will prevent the problem than non doers.	positive consequences. Same recommendation: Doers are clearly motivated by the health benefits of using the CWF. Focus should be on the fact that using the filter reduces diarrhea and diseases and is good for your health.	
10.	Divine Will	Does God approve of you doing the behaviour?	No significant difference between doers and non-doers.	Not significant.	
11.	Policy	Any community laws/regulations that make it less likely you will do the behavior?	Non-doers are 1 times more likely to say yes, that any community laws/regulations make it less likely that they will do the behaviour. Doers are 15.6 times more likely to say that maybe any community laws/regulations make it less likely that they will do the behaviour.	Doers could be motivated by community laws and regulations so the focus should not be on emphasizing any authority figures, rules, or laws regarding the use of CWF, but more on the other aspects noted: - Easy to use - Prevents diarreah - Good for health	
12.	Culture	Any cultural rules/taboos against the behavior?	Doers are 3.5 times more likely to say that maybe cultural rules/taboos against the behaviour than non-doers.	Not significant.	
13.	Universal Motivators	What do you desire most in life?	Doers are 10.9 times more likely to say that they most desire business investment/jobs in life	Doers are motivated by business investments/jobs and having money. The use of the CWF should be linked to good health, which is linked to the	

| | | | than non-doers.

Doers are 11.1 times more likely to say that they desire most in life having money and being rich. | abovementioned items for motivating the adoption of the behaviour. | |

Organization: Solidarites International
Population surveyed: 111 (55 Doers; 56 non-Doers)
Total Population: 13,777 HH
Data is consolidated from the following villages: Baw Du Pha, Dar Paing, Thae Chaung, Thae Chaung Lathama, Dar Paing Tents

No.	Behavioural Determinants	Probing questions	Results	Analysis	Recommendations

	Self-Efficacy	Can you do the behavior?	Not significant	Doers admit the tap is easier to use, so the focus on non-doers can be how <u>easy</u> it is to open the tap (as this may be a barrier for not adopting the behaviour)	Top behavioural determinants for Solidarites Villages:
					  1. Reminders
					  2. Access
					  3. Positive

				Consequences 4. Self Efficacy Behavioural determinants not to focus on (as it may reinforce non-doer behaviour): 1. Action Efficacy 2. Social Norms Key messages for non-doers (will also reinforce doer behaviour): - How easy it is to use the tap on the CWF - Health benefits (reduces diarreah and diseases and is good for your health) - User-satisfaction - Accessibility of CWFs - Easy to keep using once you start
1.		What makes it easier?	Doers are 6.7 times more likely to say that the tap is easier to open than non-doers	
		What makes it difficult	Not significant	
2.	Positive Consequences	What are the advantages?	Doers are 10. 9 times more likely to say that it prevents diarrhea and diseases than non-doers.	Doers are clearly motivated by the health benefits of using the CWF. Focus should be on the fact that using the

			Doers are 11.8 times more likely to say that it is good for your health than non-doers.	filter reduces diarrhea and diseases and is good for your health.
3.	Negative Consequences	What are the disadvantages?	Non-doers are 1 times more likely to say that it smells like clay than doers.	
4.	Social Norms	Do most people approve?	Not significant.	Not significant.
		Who approves?	Doers are 13.7 times more likely to say that husbands approve than non-doers Doers are 9 times more likely to say that children approve than non-doers.	Husbands and children approve when HH are using water treated with CWF. Therefore, focus can be on the user-satisfaction (i.e. your family members like it when you use the filter) to motivate non-doers to adopt the behaviour.
		Who disapproves	Doers are 2.7 times more likely to say that no one disapproves or disagrees than non-doers Doers are 12.5 times more likely to say that house visitors are 12.5 times more likely to disapprove than non-doers	House visitors disapprove of the behaviour, so it will not be ideal to promote the concept of social norms. Instead, focusing on user satisfaction and positive consequences are likely to motivate non-doers to adopt the behaviour.
5.	Access	How difficult is it to get what you need to do the behavior?	Doers are 11.8 times more likely to say that it is not difficult at all to get what you need to do the behaviour then non-doers. Non-doers are 10.5 times more	Focusing on the fact that CWFs are easily accessible and distributed to everyone (and noting the accountability mechanism for those who do not have them)

			likely to say that they don't know how difficult it is to get what they need to do the behaviour.	will motivate non-doers to adopt the behaviour.
6.	Reminders	how difficult is it to remember to do the behavior?	Non-doers are 1 times more likely to say that it is very difficult to remember to do the behaviour than doers Doers are 14.8 times more likely to say that it is not difficult at all to remember the behaviour than non-doers. Non-doers are 1 times more likely to say that they don't know if it is difficult to remember to do the behaviour.	Doers note that it is not difficult to remember the behaviour. So the focus can be on the fact that once you start using the filter, it is easy to keep remembering to use the filter.
7.	Risk	How likely to get the problem?	Doers are 3.5 times more likely to say it is not likely at all to get the problem than non-doers. Non doers are 1 times more likely to say that they don't know if it is likely to get the problem than doers.	Not significant.
8.	Severity	How serious is the problem?	Non-doers are 5.7 times more likely to say that they don't know how serious the problem is than doers.	Not significant.
9.	Action Efficacy	Will doing the behaviour prevent the problem?	Doers are 13.1 times more likely to say it is not likely at all that doing the behaviour will prevent the problem than non-doers.	Since this slightly contracts that doers are motivated by the positive consequences of using the CWF, this could

				mean that they define "the problem" as something larger than just filtering water out of the CWF. Also, translation of this concept might not have been clear.
			Non-doers are 3.3 times more likely to say that they don't know if doing the behaviour will prevent the problem than doers.	
10.	Divine Will	Does God approve of you doing the behaivor?	Doers are 4 times more likely to say that yes, god will approve of the behaviour than non-doers. Non doers are 1 times more likely to say that no, god will approve of the behaviour than doers.	Not significant.
11.	Policy	Any community laws/regulations that make it less likely you will do the behavior?	Doers are 3.5 times more likely to say that yes, any community laws/regulation will make it less likely they will do the behaviour than non-doers Non doers are 1 times more likely to say that no, any community laws/regulation will make it less likely they will do the behaviour than doers	Not significant.
12.	Culture	Any cultural rules/taboos against the behavior?	Doers are 3.5 times more likely to say that maybe, there are any cultural rules/taboos against the behaviour Non doers are 1 times more likely to say that no, there are any cultural rules/taboos against this	Not significant.

No.	Behavioural Determinants	Probing questions	Results	Analysis	Recommendations
			behaviour		
13.	Universal Motivators	What do you desire most in life?	Not significant	Not significant.	

Doer and Non-Doer behavioural analysis

Behaviour: Treating drinking water with Ceramic Water Filter at the household level
Context: Muslim Villages, Sittwe Township

Organization: Oxfam
Population surveyed: 111 (55 Doers; 56 non-Doers)
Total Population: 527 HH
Data is consolidated from the following Villages: Say Tha Mar Gyi, Say Tha Mar Chay, Ohm Taw Gyi

No.	Behavioural Determinants	Probing questions	Results	Analysis	Recommendations
1.	Self-Efficacy	Can you do the behaviour?	Not significant.	Not significant.	Top behavioural determinants for Oxfam Villages: 1. Positive Consequences
		What makes it easier?	Not significant.		
		What makes it difficult	Doers are 2.6 times more likely to say that it is not difficult than non-doers.		
2.	Positive Consequences	What are the advantages?	Doers are 3.3 times more likely to say that it is good for your heath than non-doers. Doers are 10.9 times more likely to say that it reduces health expenses than non-doers.	Doers are clearly motivated by the use of CWFs because it reduces health expenses than non-doers. So the focus should be on the fact that using the filter improves health and reduces health expenditures for the HH.	Behavioural determinants not to focus on (as it may reinforce non-doer behaviour): 1. Access Key messages for non-doers (will also reinforce doer behaviour):

3.	Negative Consequences	What are the disadvantages?	Doers are 3 times more likely to say there are no disadvantages than non-doers	Not significant.	- Using the CWF reduces health expenses because using this is good for your health.
4.	Social Norms	Do most people approve?	Not significant.	Not significant.	- Highlighting the accountability mechanism in the village to go to if there is a problem with the CWF.
		Who approves?	Doers are 2.1 times more likely to say that Husbands approve than non-doers Doers are 3.4 times more likely to say that children approve more than non-doers		
		Who disapproves	Doers are 3.1 times more likely to say that no one disapproves/disagrees than non-doers		
5.	Access	How difficult is it to get what you need to do the behaviour?	Doers are 11.5 times more likely to say that it is very difficult to get what you need to do the behaviour than non-doers. Doers are 2.7 times more likely to say that is it not difficult at all to get what you need to do the behaviour.	Perhaps there were distribution problems of the CWF, and if so, this is likely the reason for this explanation (that doers say that it is very difficult to get what you need). Focusing on access would therefore not increase the changes of non-doers adopting the behaviour. Focus should be on highlighting the accountability mechanism in the village: who to go to when there is a problem with the CFW.	
6.	Reminders	How difficult is it	Doers are 2.7 times more likely to say	Not significant.	

		to remember to do the behaviour?	that it is not difficult at all to remember the behaviour than non-doers	
7.	Risk	How likely to get the problem?	Doers are 2.7 times more likely to say that they don't know how likely it is to get the problem than non-doers.	Not significant.
8.	Severity	How serious is the problem?	Not significant.	Not significant.
9.	Action Efficacy	will doing the behavior prevent the problem?	Not significant.	Not significant.
10.	Divine Will	Does God approve of you doing the behaivor?	Doers are 2.9 times more likely to say that yes, god will approve of you doing the behaviour than non-doers.	Not significant.
11.	Policy	Any community laws/regulations that make it less likely you will do the behavior?	Doers are 2.9 times more likely to say that there are any community laws/regulations that make it less likely you will do the behaviour than non-doers.	Not significant.
12.	Culture	Any cultural rules/taboos against the behavior?	Doers are 2.9 times more likely to say that maybe there are cultural rules or taboos against the behaviour	Not significant.
13.	Universal Motivators	What do you desire most in life?	Not significant.	Not significant.

Doer and Non-Doer behavioural analysis

Behaviour: Open defecation amongst 4-8 yr old children

Context: Muslim Camps

Organization: Save The Children
Population surveyed: 50 Doer and 55 Non-Doers
Total Population: 4,334 HH
Data is consolidated from the following camps: Thet kel Pyin, Maw Thi Hynar, Ohn Daw Gyi 1, Ohn Daw Gyi 3, Ohn Daw Gyi 6 camps

No.	Behavioural Determinants	Probing questions	Results	Analysis	Recommendations
1.	Self-Efficacy	Can you do the behaviour?	Doers are 2.6 times more likely to say yes that they can do the behaviour than non-doers	Not significant	Top behavioural determinants for Save the Children Camps:
		What makes it easier?	Non-doers are 7.5 more likely to say that easy stairs that suitable for children makes it easier than doers	Non doers mention that stairs which are suitable for children makes it easier to do the behaviour. This could suggest that the absence of stairs is a barrier to adopting the behaviour.	1. Self efficacy 2. Social Norms Behavioural determinants not to focus on (as it may reinforce non-doer behaviour): n/a
		What makes it difficult	Not significant	Not significant	
2.	Positive Consequences	What are the advantages?	Doers are 3.7 time more likely to say that it is good for health than non-doers	Not significant	Key messages for non-doers (will also reinforce doer behaviour):
3.	Negative Consequences	What are the disadvantages?	Not significant	Not significant	- Encouraging children to use the latrine because other children are using the latrine and it's something that grown-ups are doing.
4.	Social Norms	Do most people approve?	Not significant	Not significant	
		Who approves?	Doers are 8.4 times more likely to say that children approve than non-doers	Children approve of the behaviour (defecating in a latrine) so the focus should be on encouraging this behaviour.	For consideration:

		Who disapproves	Doers are 3.4 times more likely to say that no one disapprove than non-doers	Not significant	• Installing stairs that are easy to use for small children at every latrine
5.	Access	How difficult is it to get what you need to do the behaviour?	Not significant	Not significant	
6.	Reminders	How difficult is it to remember to do the behaviour?	Not significant	Not significant	
7.	Risk	How likely to get the problem?	Not significant	Not significant	
8.	Severity	How serious is the problem?	Doers are 4.7 times more likely to say that problem is not serious at all than non-doers	Not significant	
9.	Action Efficacy	Will doing the behaviour prevent the problem?	Non-doers are 3.6 more likely to say that it is somewhat likely to prevent the problem than non-doers	Not significant	
10.	Divine Will	Does God approve of you doing the behaviour?	Not significant	Not significant	
11.	Policy	Any community laws/regulations that make it less likely you will do the behavior?	Not significant	Not significant	
12.	Culture	Any cultural rules/taboos against the behavior?	Not significant	Not significant	
13.	Universal	What do you	Non-doers are 3.1 more likely to	Not significant	

	Motivators	desire most in life?	say that their desire most in life is to live in peaceful situation that doers		

Organization: Solidarites
Population surveyed: 50 Doer and 55 Non-Doers
Total Population: 5,302 HH
Data is consolidated from the following camps: Da Piang, Thae Chang, Baw Du Pha, Hmanzi camps

No.	Behavioural Determinants	Probing questions	Results	Analysis	Recommendations
1.	Self-Efficacy	Can you do the behavior?	Not significant	Not significant	Top behavioural determinants for Solidarites Camps: 1. Self Efficacy 2. Universal Motivators
		What makes it easier?	Doers are 10.8 times more likely to say that it is easier if latrine have solar lights than non-doers	Doers indicate that having solar lights makes it easier for children to use the latrines, meaning that this option is available for them even after it gets dark. The focus should be on reinforcing the safety of using the latrine at all times	Behavioural determinants not to focus on (as it may reinforce non-doer behaviour): 3. Risk 4. Policy 5. Culture
		What makes it difficult	Not significant	Not significant	
2.	Positive Consequences	What are the advantages?	Doers are 2.7 times more likely to say that it prevents diarrhoea and diseases than non-doers Non-doers are 5.3 times more likely	Not significant	Key messages for non-doers (will also reinforce doer behaviour): • Solar lights make

#	Determinant	Question			
			to say that using latrine is good for health than doers		latrines safe and accessible for everyone at all times of the day and night
3.	Negative Consequences	What are the disadvantages?	Doers are 2.9 times more likely say that there are no disadvantages than non-doers	Not significant	- If children defecate in latrines, this will result in a cleaner village which will in turn, make it more peaceful and stable.
4.	Social Norms	Do most people approve?	Not significant	Not significant	
		Who approves?	Non-doers are 4.6 more likely to say that children approve than doers	Not Significant	
		Who disapproves	Not significant	Not significant	For consideration:
5.	Access	How difficult is it to get what you need to do the behavior?	Not significant	Not significant	• Explore culture and taboos against children using latrines
6.	Reminders	how difficult is it to remember to do the behavior?	Not significant	Not significant	
7.	Risk	How likely to get the problem?	Non-doers are 6.5 more likely to say that it is very likely to get the problem than doers	Non doers understand the problem but that they are still not practicing the behaviour means that they need to be motivated by other determinants.	
8.	Severity	How serious is the problem?	Not significant	Not significant	
9.	Action Efficacy	Will doing the behaviour prevent the problem?	Not significant	Not significant	
10.	Divine Will	Does God approve of you doing the behaivor?	Not significant	Not significant	

No.	Behavioural Determinants	Probing questions	Results	Analysis	Recommendations
11.	Policy	Any community laws/regulations that make it less likely you will do the behavior?	Doers are 10.8 times more likely to say yes that community laws/regulations make it less likely they will do the behaviour than non-doer	The creation of community laws/regulations about this behaviour would likely <u>de-motivate doers to do the behaviour</u>. Therefore, the focus should not be on creating these.	
12.	Culture	Any cultural rules/taboos against the behavior?	Non-doers are 20.6 more likely to say that yes culture/taboos against the behaviour than doers	Explore existing cultures and taboos surrounding children using the latrines to understand this better.	
13.	Universal Motivators	What do you desire most in life?	Non-doers are 3 more likely to say that they desire having car/trishaw in life than doers Doers are 7.5 times more likely to say that they desire in life is to live in a peaceful situation than non-doers.	Linking children using latrines with a cleaner village which will help towards generating a sense of peace and stability will motivate non-doers to adopt the behaviour.	

Organization: Oxfam
Population surveyed: 50 Doer and 55 Non-Doers
Total Population: 2,280 HH
Data is consolidated from the following camps: Say Tha Mar Gyi Camp

No.	Behavioural Determinants	Probing questions	Results	Analysis	Recommendations
	Self-Efficacy	Can you do the behaviour?	Non-doers are 3.6 more likely to say yes they can do the behaviour than	Not Significant	Top behavioural determinants for Oxfam

					Camps:
			doers		1. Social Norms
1.		What makes it easier?	Not Significant	Not Significant	2. Reminders
		What makes it difficult	Not Significant	Not Significant	3. Severity
					4. Action Efficacy
2.	Positive Consequences	What are the advantages?	Not Significant	Not Significant	5. Divine Will
3.	Negative Consequences	What are the disadvantages?	Not Significant	Not Significant	6. Universal Motivators
4.	Social Norms	Do most people approve?	Not Significant	Not Significant	Behavioural determinants not to focus on (as it may reinforce non-doer behaviour):
		Who approves?	Non-doers are 10.8 more likely to say that father approve than doers

Non-doers are 11 more likely to say that children approve than doers | Non-doers admit that fathers and children approve of the behaviour so the focus should be on encouraging children to use the latrines being motivated by their fathers and other children approve of the behaviour. | 1. Policy

Key messages for non-doers (will also reinforce doer behaviour): |
		Who disapproves	Doers are 10.8 more likely to say that no one disapprove than non-doers	Focus should be on emphasising that nobody disapproves of the behaviour.	• Children should use the latrines at all times and this will also make their Fathers and other children happy
5.	Access	How difficult is it to get what you need to do the behaviour?	Not Significant	Not Significant	• Nobody disapproves of children using latrines and if they do, everyone will approve and be happy
6.	Reminders	How difficult is it to remember to do the behaviour?	Doers are 11 times more likely to say that it is not difficult at all to remember to do this behaviour than non-doers	Focus should be on the fact that once the behaviour is done once, it is not hard to remember to keep doing it	• Once children start using the latrine, it's

			again.		not hard to forget to use it every time.
7.	Risk	How likely to get the problem?	Not Significant	Not Significant	• When children do not use the latrines, this is serious and makes the camp dirty and smelly and there is increased risk of diseases.
8.	Severity	How serious is the problem?	Doers are 10.8 times more likely to say that somewhat serious to get the problem than non-doers	Doers recognize that the problem of children not using the latrine is serious. Focusing on this – that it makes the camp dirty and smelly, will motivate not doers.	
9.	Action Efficacy	will doing the behavior prevent the problem?	Doers are 11 times more likely to say that it is very likely that doing the behaviour will prevent the problem than non-doers	Doers recognise the benefit of doing the behaviour (children using latrines) and that it will prevent the problem. This links to the Severity determinant.	• God approves of the behaviour • If everyone uses a latrine, the family is happy and can spend good times together.
10.	Divine Will	Does God approve of you doing the behaivor?	Doers are 11 times more likely to say yes that God will approve of you doing the behaviour than non-doers	Focus should be on the fact that god approves of the behaviour.	
11.	Policy	Any community laws/regulations that make it less likely you will do the behavior?	Doers are 11 times more likely to say maybe that there are any community laws/regulations that makes is less likely you will do the behaviour than non-doers	Creating community laws or regulations will de-motivate doers from practicing this behaviour.	
12.	Culture	Any cultural rules/taboos against the behavior?	Not Significant	Not Significant	
13.	Universal Motivators	What do you desire most in life?	Doers are 10.8 times more likely to say that would desire more in life is to enjoy family than non-doers	Doers are motivating by spending time with family. Focus should be on linking latrine use to a happy family	

				that spends time together.	
1.					

Doer and Non-Doer behavioural analysis

Behaviour: Open defecation amongst 4-8 yr old children
Context: Muslim Villages

Organization: Save The Children					
Population surveyed: 50 Doer and 55 Non-Doers					
Total Population: 1,018					
Data is consolidated from the following villages: Thet Kel Pyin Village					
No.	Behavioural Determinants	Probing questions	Results	Analysis	Recommendations
1.	Self-Efficacy	Can you do the behaviour?	Non-doers are 1 time more likely to say don't know that they can do the behaviour than non-doers	Not significant	Top behavioural determinants for Save the Children Villages: 1. Reminders
		What makes it easier?	Not significant	Not Significant	
		What makes it	Not Significant	Not Significant	Behavioural determinants

#	Category	Question			
		difficult			not to focus on (as it may reinforce non-doer behaviour):
2.	Positive Consequences	What are the advantages?	Not Significant	Not Significant	1. Access 2. Policy 3. Culture
3.	Negative Consequences	What are the disadvantages?	Non-doers are 1 time more likely say that it is not safe to go to the latrine than doers	Not Significant	
4.	Social Norms	Do most people approve?	Not Significant	Not Significant	Key messages for non-doers (will also reinforce doer behaviour):
		Who approves?	Non-doers are 1 times more likely to say that children approve than non-doers	Not Significant	- Location of the latrines throughout the village and where
		Who disapproves	Doers are 1 time more likely to say that children disapprove than non-doers	Not Significant	and when they can be accessed
5.	Access	How difficult is it to get what you need to do the behaviour?	Doers are 11 times more likely to say that it is very difficult to get what you need to do the behaviour than non-doers Non-doers are 4.3 times more likely to say that it is not difficult at all to get what you need to do the behaviour than doers	Access to a latrine was identified as an issue for doers –so this could mean distance from the home, ability to get there in time (stopping activity in advance to allow time to get to the latrine). The focus should be on raising awareness about the location of the latrines throughout the village, where they can be accessed before school, during school, after school, in the evening.	- Routine – once you do it a few times, you will do it all the time…
6.	Reminders	How difficult is it to remember to do the behaviour?	Doers are 12 times more likely to say that it is not difficult at all to remember to do this behaviour than non-doers	Doers are practicing this behaviour out of routine, so enabling the creation of this routine among non-doers will be important.	

			Non-doers are 1 time more likely to say that they don't know to do this behaviour than doers	
7.	Risk	How likely to get the problem?	Not Significant	Not Significant
8.	Severity	How serious is the problem?	Not Significant	Not Significant
9.	Action Efficacy	Will doing the behaviour prevent the problem?	Not Significant	Not Significant
10.	Divine Will	Does God approve of you doing the behaviour?	Not Significant	Not Significant
11.	Policy	Any community laws/regulations that make it less likely you will do the behavior?	Doers are 10.8 times more likely to say no that there are any community laws/regulations that makes is less likely you will do the behaviour than non-doers	Doers are not motivated by community laws/regulations so linking the use of latrines to rules or laws will not be effective.
12.	Culture	Any cultural rules/taboos against the behavior?	Non-doers are 1 time more likely to say yes that culture/taboos against the behaviour than doers Doers are 11.2 times more likely to say maybe that culture/taboos against the behaviour than non-doers Doers are 10.8 times more likely to say no that culture/taboos against the behaviour than non-doers	Culture and taboos play a minimal role in motivating behaviours; focus should not be on emphasizing cultural factors to motivate adoption of this behaviour.
13.	Universal	What do you desire	Not significant	Not significant

	Motivators	most in life?			

Organization: Solidarites
Population surveyed: 50 Doer and 55 Non-Doers
Total Population: 3,323 HH
Data is consolidated from the following villages: Baw Du Pha, Dar Paing, Thae Chang, Thae Chang Lathama, Dar Paing Tents, Thae Chang Rahkine Villages

No.	Behavioural Determinants	Probing questions	Results	Analysis	Recommendations
1.	Self-Efficacy	Can you do the behavior?	Non-doers are 1 time more likely to say don't know that they can do the behaviour than non-doers	The <u>location</u> of the latrine is a motivating factor for using the latrine. Focus should be on emphasizing where the latrines are and how they can be accessed.	Top behavioural determinants for Solidarites Villages: 1. Self Efficacy 2. Culture 3. Universal Motivators
		What makes it easier?	Doers are 11 times more likely to say that it is easier if latrine is near than non-doers	Not significant	Behavioural determinants not to focus on (as it may reinforce non-doer behaviour):
		What makes it difficult	Not Significant	Not Significant	
2.	Positive Consequences	What are the advantages?	Doers are 4.4 times more likely to say that prevents diarrhoea and diseases than non-doers Doers are 4.7 times more likely to say it makes environment clean than non-doers	Not Significant	4. Negative Consequences Key messages for non-doers (will also reinforce doer behaviour):
3.	Negative Consequences	What are the disadvantages?	Doers are 11 times more likely to say that stairs is too high for children than non-doers	The <u>stairs</u> to the latrine can be considered a barrier for using the latrine. Children friendly latrines should be considered or the installation of handrails	- Location of the latrines throughout the village - If children defecate

#					
			(to aide children going up/down stairs).		in latrines, this will result in a cleaner village which will in turn, make it more peaceful and stable.
4.	Social Norms	Do most people approve?	Not Significant	Not Significant	
		Who approves?	Not Significant	Not Significant	
		Who disapproves	Non-doers are 3 more likely to say that children disapprove than doers	Not Significant	- If there are no stairs, have an older sibling or an adult help a small child go into and out of the latrines
5.	Access	How difficult is it to get what you need to do the behavior?	Not Significant	Not Significant	
6.	Reminders	how difficult is it to remember to do the behavior?	Not Significant	Not Significant	For further consideration:
7.	Risk	How likely to get the problem?	Non-doers are 2.7 more likely to say that they don't know if it is likely to get the problem than doers	Not Significant	- Stairs to the latrine can be considered a barrier for using the latrine. Children friendly latrines should be considered or the installation of handrails (to aide children going up/down stairs).
8.	Severity	How serious is the problem?	Not Significant	Not Significant	
9.	Action Efficacy	Will doing the behaviour prevent the problem?	Doers are 2.9 times more likely to say that somewhat likely doing the behaviour will prevent the problem than non-doers	Not Significant	
10.	Divine Will	Does God approve of you doing the behaivor?	Not Significant	Not Significant	- Culture towards children using latrines should be explored further as doers said this "maybe" affects the behaviour
11.	Policy	Any community laws/regulations that make it less	Not Significant	Not Significant	

No.	Behavioural Determinants	Probing questions	Results	Analysis	Recommendations
		likely you will do the behavior?			
12.	Culture	Any cultural rules/taboos against the behavior?	Non-doers are 1 time more likely to say that yes culture/taboos against the behaviour than doers

Doers are 9 times more likely to say that maybe culture/taboos against the behaviour than doers | Culture and taboos might play a role in motivating doers to practice the behaviour. Understanding more about community culture towards children using latrines could lend more insight into this statement. | |
| 13. | Universal Motivators | What do you desire most in life? | Doers are 8.8 times more likely to say that they desire in life is to live in a peaceful situation than non-doers. | Linking children using latrines with a cleaner village which will help towards generating a sense of peace and stability will motivate non-doers to adopt the behaviour. | |

Organization: Oxfam
Population surveyed: 50 Doer and 55 Non-Doers
Total Population: 527 HH
Data is consolidated from the following villages: Ohn taw Gyi, Say Tha Mar Gyi, Say Tha Nar Cha Villages

No.	Behavioural Determinants	Probing questions	Results	Analysis	Recommendations
1.	Self-Efficacy	Can you do the behaviour?	Non-doers is 1 time more likely to say don't know if they can do the behaviour than doers	Not significant	Top behavioural determinants for Solidarites Villages:
1. Culture
2. Universal motivators
		What makes it easier?	Not significant	Not significant	
		What makes it difficult	Not significant	Not significant	
2.	Positive Consequences	What are the advantages?	Doers are 4.4 times more likely to say that it prevents diarrhoea and	Not significant	Behavioural determinants

#	Category	Question			
			diseases than non-doers Doers are 4.7 times more likely to say that it makes the environment clean than non-doers		not to focus on (as it may reinforce non-doer behaviour): 1. Negative Consequences
3.	Negative Consequences	What are the disadvantages?	Doers are 11 times more likely to say that stairs is too high for children than non-doers	The stairs to the latrine can be considered a barrier for using the latrine. Children friendly latrines should be considered or the installation of handrails (to aide children going up/down stairs).	Key messages for non-doers (will also reinforce doer behaviour): - If there are no stairs, have an older sibling or an adult help a small child go into and out of the latrines - If children defecate in latrines, this will result in a cleaner village which will in turn, make it more peaceful and stable. For further consideration: - Stairs to the latrine can be considered a barrier for using the latrine. Children friendly latrines should be considered or the installation of handrails (to aide
4.	Social Norms	Do most people approve?	Not significant	Not significant	
		Who approves?	Not significant	Not significant	
		Who disapproves	Non-doers are 3 times more likely to say that children disapprove than non-doers	Not significant	
5.	Access	How difficult is it to get what you need to do the behaviour?	Not significant	Not significant	
6.	Reminders	How difficult is it to remember to do the behaviour?	Not significant	Not significant	
7.	Risk	How likely to get the problem?	Doers are 2.7 more likely to say that they don't know if it is likely to get the problem than doers	Not significant	
8.	Severity	How serious is the problem?	Not significant	Not significant	
9.	Action Efficacy	will doing the behavior prevent	Doers are 2.9 times more likely to say that it is somewhat likely that	Not significant	

					children going up/down stairs).
		the problem?	doing the behaviour will prevent the problem than non-doers		
10.	Divine Will	Does God approve of you doing the behaivor?	Not significant	Not significant	
11.	Policy	Any community laws/regulations that make it less likely you will do the behavior?	Not significant	Not significant	
12.	Culture	Any cultural rules/taboos against the behavior?	Non-doers are 1 time more likely to say that yes culture/taboos against the behaviour than doers Doers are 9 times more likely to say that maybe culture/taboos against the behaviour than doers	Culture and taboos might play a role in motivating doers to practice the behaviour. Understanding more about community culture towards children using latrines could lend more insight into this statement.	
13.	Universal Motivators	What do you desire most in life?	Doers are 8.8 times more likely to say that they desire in life is to live in a peaceful situation than non-doers.	Linking children using latrines with a cleaner village which will help towards generating a sense of peace and stability will motivate non-doers to adopt the behaviour.	