Measuring behavioural change outcomes in development aid: a call for standardization to improve the evidence synthesis

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Background

Handwashing and improved sanitation have been shown to significantly reduce the risk of diarrhea. Despite this potential benefit, the Millennium Development Goal (MDG) sanitation target in 2015 was missed by 62 million people and 2.5 billion people still engage in open defecation practices [1]. Handwashing with soap is poorly practiced in low-income countries with handwashing frequency rates varying between 5% and 25% [2].

Methods

Identification, and selection of included studies

POPULATION: people from low- and middle-income countries

INTERVENTION: programs conducted to promote handwashing and sanitation behaviour

COMPARISON: no program or program with other promotional approach

OUTCOME:
- Handwashing (at key times)
- Latrine use
- Safe faeces disposal practices
- Open defecation practices

We identified 35 studies (28 experimental studies and 7 quasi-experimental/observational studies) assessing 87 handwashing and 39 sanitation outcomes. When stratifying the outcomes by type of data, timing of assessment and type of study design, outcomes were so diverse that the ability to synthesize outcomes via meta-analyses was rare, complicating proper interpretation of the data. Only handwashing after defecation/before cooking/before eating (figure 1) and open defecation practices (figure 2) were measured ≥ 3 times via a uniform methodology (i.e. collection of binary data during implementation in experimental study designs).

Conclusions

Systematic and uniform definitions and standardized monitoring of WASH behavior outcomes is needed to improve the conduct of evidence synthesis. This would help governments and international bodies to formulate clear and more robust recommendations.

References
[4] Hans Van Remoortel, Motstraat 40, 2800 Mechelen | 2017.08.95

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