

## Campaign promoting chlorination in Chad

(Excerpt from the PhD thesis of Jonathan Lilje)

Intervention sessions were organized around four elements implementing several behavior change techniques (BCTs); these were chosen based on the findings of the baseline survey. All four elements were presented to the participants during each intervention session in the order presented below. An overview of the different elements used, behavior change techniques applied, and factors targeted can be found in the table:

TABLE : Intervention elements, Behavior Change Techniques, and targeted factors

Element	Behavior Change Techniques	Targeted factor(s)
Audio spot	BCT 3: Inform about personal risk BCT 5: Inform about and assess costs and benefits BCT 15: Provide instruction BCT 9: Inform about others' behavior BCT 11: Inform about others' (dis)approval	perceived vulnerability perceived costs and benefits how-to-do-knowledge others' behavior other's approval
Poster	BCT 1: Present facts BCT 7: Prompt to talk to others	health knowledge perceived costs and benefits
Practical demonstration	BCT 15: Provide instruction BCT 17: Demonstrate and model behavior	how-to-do-knowledge confidence in performance
Public commitment	BCT 10: Prompt public commitment BCT 21: Organize social support BCT 34: Use memory aids and environmental prompts	others' behavior confidence in performance remembering

**Audio spot** The first element was a pre-recorded audio advert which introduced several arguments and personal statements about water treatment. These statements were inspired by interview responses given during the baseline surveys. The script was then refined to cover various aspects of water disinfection, such as how-to-do knowledge, vulnerability, perceived costs and benefits, abilities, and social norms concerning water treatment. Several BCTs were incorporated in this recording, such as “Inform about personal risk” (BCT 3), “Inform about and assess costs and benefits” (BCT 5), “Provide instruction” (BCT 15) targeting risk, attitude, norm, and ability factors. The statements in the recording were mixed so that positive stances outweighed negative stances. This fed the impression that more people were engaged in the behavior than those who were not and served as a means to target the perception of others' behavior and others' approval (“Inform about others' behavior”, BCT 9; “Inform about others' approval/disapproval”, BCT 11). Below is an exemplary statement played during the audio recording targeting perceived costs and benefits (BCT 5).

*“I went to buy « eau de javel » (liquid chlorine solution) at the local market, the price is about the same as for a pack of salt or sugar and it serves to treat the drinking water for our family for a whole month. Some people say it is too expensive or that they don't have the money for that. But if you think about the costs to buy medication each time when your kids fall sick, it is actually not that much money”*

The recording was provided to promoters as an MP3 file on a memory card together with a playback device and batteries. It was played to participants at the beginning of the intervention sessions. The advert was conceived in collaboration with a local radio station, spoken by professional actors, and recorded in three different languages, French, Arabic, and Sara.

**Informational poster** The second element was a poster communicating information on where and how diarrhea is contracted and what can be done to prevent it. It was an adaptation of the F–diagram, which graphically depicts several pathways of diarrhea propagation and how those pathways can be interrupted. The poster used BCT 1 (“Present facts”), targeting health knowledge and explaining to participants where and why they are at risk. The main target behavior of the campaign, drinking water disinfection, was introduced as a means of protecting oneself and one’s family from diarrheal disease including cholera on the poster. Participants were encouraged to discuss the contents of the poster among them to spark social discourse on the topic (BCT 7: “Prompt to talk to others”).

**Practical demonstration** The third element was a practical demonstration mainly targeting how-to-do knowledge (“Provide instruction”, BCT 15) and confidence in performance (“Demonstrate and model behavior”, BCT 17). Promoters demonstrated to participants how to correctly apply chlorine products for drinking water disinfection, including how to calculate the dosage needed. Other practical aspects were also discussed, such as where to buy chlorine, how to store and use the products safely, and what kind of locally available containers could be used for measuring quantities.

**Public commitment** The fourth element, which concluded each session, was a public commitment appeal (BCT 10: “Prompt public commitment”). Participants were encouraged to make a public pledge in front of the assembled audience to treat their household’s drinking water after having learnt the practical skills necessary. Heads of households were prompted to supply material and funds to the person responsible for the provision of drinking water within the household. Caregivers who were not heads of households were prompted to seek support from their heads of household (BCT 21: “Organize social support”). Participants committing to treating their household’s drinking water received a commitment sign. This was a piece of blue cloth to be displayed on the participant’s house. The sign had two main functions. One was to publicly communicate their engagement to their neighbors, visitors, and passers-by, thus highlighting the descriptive norm. The second function of the sign was to remind the members of the household about their commitment (BCT 34: “Use memory aids and environmental prompts”).