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### Good mums: a gender equality perspective on the constructions of the mother in handwashing campaigns

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## Good mums: a gender equality perspective on the constructions of the mother in handwashing campaigns

### Abstract

The first part of this paper provides a brief overview of the framing of women in hygiene interventions. The following section provides a review of the literature on best practices for handwashing and hygiene, as framed by discourses on the good mother. The goal of this paper is to illustrate how promotional approaches are targeting mothers to change handwashing and hygiene behavior, and to contrast such interventions with the possibility of more gender transformative approaches. We argue that women don't always implement the handwashing practices they would prefer. This is clearly not due to laziness and thoughtlessness, and it is important to understand the factors women negotiate when making decisions. Furthermore, we argue that by reinforcing, legitimating, and perpetuating the idea of the good mother, hygiene promotion seeks to achieve short-term gains on hygiene at the expense of long-term gains on sustainable behavior change coupled with gender justice and equality.

### Keywords

gender, mother, women, hygiene, behaviour change

# Good Mums: A Gender Equality Perspective on the Constructions of the Mother in Handwashing Campaigns

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## KEY WORDS

gender, mother, women, hygiene, behavior change

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## ABSTRACT

The first part of this paper provides a brief overview of the framing of women in hygiene interventions. The following section provides a review of the literature on best practices for handwashing and hygiene, as framed by discourses on the good mother. The goal of this paper is to illustrate how promotional approaches are targeting mothers to change handwashing and hygiene behavior, and to contrast such interventions with the possibility of more gender transformative approaches. We argue that women don't always implement the handwashing practices they would prefer. This is clearly not due to laziness and thoughtlessness, and it is important to understand the factors women negotiate when making decisions. Furthermore, we argue that by reinforcing, legitimating, and perpetuating the idea of the good mother, hygiene promotion seeks to achieve short-term gains on hygiene at the expense of long-term gains on sustainable behavior change coupled with gender justice and equality.

## 1 INTRODUCTION

Hygiene is a forgotten foundation of public health (Bartram and Cairncross, 2010). Hygiene is defined as the conditions or practices conducive to maintaining health and preventing diseases, especially through cleanliness (Mitlin, 2011). Hygiene thus refers to both the conditions (the physical facilities that enable hygiene practices) and the practices/behaviors that people enact.

Hygiene is promoted as a means of reducing morbidity and mortality. Promoting good hygiene is one of the most cost-effective health interventions (Black et al., 2016). The value of handwashing with soap, in many cases, is emphasised to promote positive growth and development outcomes among children. The benefits include decreases in diarrhoea and respiratory infections among children (Luby et al., 2005,

Wilson et al., 1991, Halder et al., 2010, Curtis et al. 2009). Handwashing with soap can also reduce the incidence of undernutrition, skin diseases, eye infections like trachoma, intestinal worms, and parasitic infections.

Whilst the health benefits of promoting handwashing with soap to mothers and caregivers of young children is generally acknowledged in the public health literature, hygiene is viewed in different ways by mothers and Water, Sanitation and Hygiene (WASH) professionals. For mothers, handwashing with soap is a way to provide infants with a safe and clean environment (Mitlin, 2011). Anxiety associated with nurturing children is thought to impel mothers to change their practices. On the other hand, from the perspective of development agencies and government ministries, handwashing with soap is particularly appealing because it is a low-cost intervention that does not involve technologies or expensive equipment.

Globally, most ‘invisible’ work such as parenting and household labor is conducted by women (Charmes, 2016). Therefore, women carry a disproportionate responsibility for the hygiene of the household and their families. Socially-prescribed gender norms can result in inequalities that leave women with little control over the division of labor in the household and too little power in family decision making. Women are burdened with multiple roles and unreasonable workloads while men fail to take on an equal share of domestic responsibilities (Fooks, 2018). Chant (2008) refers to this as the ‘feminisation of responsibility and obligation’, and critiques the development practice of focusing on women as a channel to improve the well-being of children and other family members.

Hygiene campaigns that are designed to reflect existing cultural norms often play to gender stereotypes and reinforce the sole responsibility of women, in their reproductive roles, to perform hygiene practices to ensure the well-being of other family members.

Over the past four decades, images of the ‘good’, ‘ideal’ or ‘super’ mother have become increasingly prevalent in hygiene campaigns, given their socially prescribed roles as household managers and caretakers of children. This reflects fears that mothers across the globe are not handwashing with soap, contributing to poor child health, growth and development outcomes.

One Ugandan mother, Sarah, reports what she learned through a UNICEF program:

“I now know that it is important to wash our hands with soap after using the toilet, before eating food, before feeding the baby, and after cleaning the babies’ bottoms. I also encourage my children to wash their hands using the tippy tap after playing ... Ever since we implemented what we were taught by the Hand Washing Ambassador, the health of my children has improved ... Our home is clean, and the family is healthy” (Nakibuuka, n.d).

The focus on mothers in hygiene programs may be viewed by practitioners as a natural reflection of society. However, it is argued that since mothers have a particular responsibility for caring for children, the moralization of their hygiene practices has a special power. There is some evidence to show that the predominant approach to hygiene and handwashing campaigns have had success at reducing diarrhea and improving health outcomes (although the improvements may only be in the short term). However, in the context of the added pressure to promote and support the Sustainable Development Goals, this paper raises the question of whether this approach may be to the detriment of women and proposes ideas for how handwashing with soap campaigns can be gender-transformative, without losing their impact and effectiveness.

The first part of this paper provides a brief overview of the framing of women in integrated WASH programs. The following section provides a review of the literature on best practices for handwashing and hygiene, as framed by discourses

on the good mother. The issues raised in these two sections are discussed in the second part of this paper with reference to the ‘What’s the Problem Represented to be?’ approach.

## 2 METHODS

The overall goal of this paper is to challenge the uncontroversial starting point of the ‘good mother’ in handwashing and hygiene behavior promotional approaches. This paper is concerned with how representations of mothers in hygiene programs shape action but may also entrench gender stereotypes.

A literature search was conducted to identify both published and unpublished studies using the terms ‘mother’ ‘hygiene’ ‘program’ and ‘intervention’. The following databases were searched: Medline (PubMed), 3ie Impact Evaluation Database, Google Scholar, WEDC and IRC as well as individual journals (*Gender and Development*; *Waterlines*; *Tropical Medicine and International Health*; *Journal of Water*; *Sanitation and Hygiene for Development*; and *PLOS Medicine*). To find unpublished material and relevant program documents, we checked the websites of various implementation agencies. Both qualitative and quantitative studies such as case studies, ethnographic research and action research were included, as well as experimental impact evaluations.

The ‘What’s the Problem Represented to be?’ (WPR) approach (Bacchi, 2009) is used in this paper to guide the analysis of the literature. This approach:

“starts from the premise that what one proposes to do about something, reveals what one thinks is problematic (needs to change). The way the problem is framed, in turn, shapes the framing of the solution ... it [WPR] presumes that some problem representations benefit the members of some groups at the expense of others. It also takes the side of those who are harmed. The goal is to intervene to challenge problem representations that have these deleterious effects” (Bacchi, 2009, p. 44).

To date the WPR approach has been used in relation to domestic public policy, and it has been adapted in this paper to hygiene promotion programs. It also questions the presumption that ‘problems’ are fixed and uncontroversial starting points. The tool includes six guiding questions (Bacchi, 2012: 21):

1. What’s the ‘problem’ represented to be in a specific policy or policy proposal?
2. What presuppositions or assumptions underpin this representation of the ‘problem’?
3. How has this representation of the ‘problem’ come about?
4. What is left unproblematic in this problem representation? Where are the silences? Can the ‘problem’ be thought about differently?
5. What effects are produced by this representation of the ‘problem’?

6. How/where has this representation of the ‘problem’ been produced, disseminated and defended? How has it been (or could it be) questioned, disrupted and replaced?

### 3 LITERATURE REVIEW

While this is not a comprehensive review, examples show how key organizations and publications have framed the discussion over the past four decades, from the 1980s when handwashing promotion was first recognized as a critical form of infection prevention control.

Table 1 below shows how those hygiene interventions or campaigns that have been documented targeted mothers from low- and middle-income countries at an individual, household or community level.

Whereas once hygiene behavior change may have been integrated into WASH programs, the literature indicates that handwashing and hygiene programs have increasingly become stand-alone interventions, and that mothers (rather than all household members or care givers) are increasingly the focus of interventions encouraging people to wash their hands with soap and water (Cairncross et al., 2005 (India); Curtis et al., 2001 (Burkina Faso); Monte et al., 1997 (Brazil); Briscoe & Aboud, 2012).

**Table 1: Characterization of hygiene interventions in recent decades**

Decade	Milestones in global WASH/ hygiene progress	Tracing/ characterizing the literature on mothers and hygiene behavior change approaches	Wider development discourse on addressing gender equality
1980s	International Drinking Water Supply and Sanitation Decade (IDWSSD, 1981-1990)  United States Centers for Disease Control and Prevention identified hand hygiene as an important way to prevent the spread of infection and heralded the first nationally endorsed hand hygiene guidelines.	Studies in this decade on understanding kinds of dirtiness that lead mothers to handwashing in shanty towns in Peru (Fukumoto et al., 1989) as well as domestic hygiene in Bangladesh (Alam et al., 1989), Pakistan (Mull & Mull, 1988) and Tanzania (Killewo & Smet, 1989) and food hygiene in Kenya (Van Steenberg, et al., 1983). Case study of a mothers' club in the Philippines (Cabarrubias, 1984).	Women in Development (WID) portrayed women as more hardworking, caring, and responsible than men. Women could be used to provide skills, resources, labor, and cost recovery to make projects more effective.
1990s	The Central American Handwashing Initiative	Studies in this decade included an observational study of mothers' hygiene practices in Nigeria (Omotade, et al., 1995), a KAP study of mothers in rural Haryana (Sood & Kapil, 1990), and a study of hygiene behavior in Botswana (Kaltenthaler et al., 1996). Studies in rural Nicaragua and Bangladesh showed that mothers living in households that owned more consumer goods were more likely to report handwashing than mothers living in households that owned fewer items. A seminal study of hygiene behavior was published.	Women and Development (WAD) and Gender In Development (GID) focused on reducing women's domestic workloads, enabling women to become more economically independent and participate more actively in community development activities/ collective decision-making.
2000s	2001: Global Public–Private Partnership for Handwashing launched  International Decade for Action ‘Water for Life’ (2005-2015)  Hygiene Improvement Project USAID-funded program (2004-2010)  Global Scaling Up Handwashing Project began in 2005  International Year of Sanitation (2008)  First Global Handwashing Day on October 15, 2008	Publications in this decade focused on mothers' perceptions of domestic hygiene and child diarrhea in the Philippines (Sakisaka, 2002) and Pakistan (Hoek, 2001) as well as experience with mothers' clubs in Nigeria (Osuntogun et al., 2000). ‘For Her It's the Big Issue’ (Fisher, 2006) highlighted issues mothers face in decision-making and management of WASH services. Programma Saniya, in Burkina Faso, showed that consumer research results in better-targeted handwashing promotion program activities and greater levels of handwashing behavior change. Formative research studies were also undertaken in the Global Public–Private Partnership for Handwashing. PPHW program projects in India, Vietnam, Senegal, Ghana, Madagascar (Curtis et al., 2009) generally targeted mothers while programs in Uganda and Kenya targeted caregivers of children <5 years.	The wider discourse re-examined social structures and institutions that determine women's position in society relative to men.
2010s	2017: The Global Handwashing Partnership launched	Publications in this decade ranged from a commentary on why sanitation, hygiene and water matter to mothers and their daughters (Brocklehurst & Bartram, 2010), a study on hand contamination of Tanzanian mothers (Pickering, et al. 2011), instructions for mothers to prepare mixtures of soap and water for handwashing stations (Alive and Thrive Bangladesh, 2012), food and associated domestic hygiene in Bangladesh as well as research on handwashing for maternal and neonatal health.	A life course approach to program design has become evident with interventions focused at all stages of women's life. Growing attention to gender transformative approaches to WASH with specific attention to vulnerable groups.

## 4 REPRESENTATIONS OF MOTHERS IN HYGIENE INTERVENTIONS

The following table presents a range of ‘good mother’-style hygiene interventions. Interventions range from 2007 to 2017, with varying levels of focus, and a variety of contexts including Ghana, Uganda, Kenya, Vietnam, Philippines, Pakistan, Nepal and India.

Typically, these behavior-change campaigns are based on the formative research findings and developed with a creative agency, an academic and an implementing partner.

In behavior-centered design and the Integrated Behavioral Model for Water, Sanitation and Hygiene – IBM-WASH (Dreibelbis et al., 2013) interventions focus on a key behavior change area (such as handwashing) and use emotional drivers of behavior change, such as nurture (desire to see chil-

Table 2: ‘Good mother’-style hygiene interventions

Name	Country	Design of the approach	Characterisation of mothers/ absence of fathers or other care-givers	Depiction of fathers in campaigns
Hohoro Wonsa /‘Truly Clean’ Handwashing Promotion (Scott et al., 2007)	Ghana	The campaign used a mix of media and interpersonal communication channels. ‘Disgust’ via fear of contamination drove hygiene behaviors. TV ad aimed to associate disgust with unclean hands after toilet use, showing that water alone was not enough. Used a purple glow on the hands of mothers and children after toilet visits.	Aimed to reach mothers of children <5 years of age and had the strongest impact on self-reported handwashing with soap (HWWS). Motives included nurture, disgust, status (Scott et al., 2007).	Not targeted
Lifebuoy ‘Help A Child Reach 5’	Films about two mums, Sangrahi in India and Eunice in Kenya	Films on the importance of handwashing with soap (HWWS) in the month after birth.	Aspirations for unborn children told as a ‘real life experiment’. Story aimed at mothers to be told by ‘future’ children who thank their mothers for their ‘lifesaving habit’.	Not targeted
Lifebuoy School of Five	India (anganwadis), Vietnam (Women’s Union)	Teach mothers about handwashing with soap.	Teach handwashing through pre-school center and home visits to new mothers.	Not targeted
Mum’s Magic Hands (Oxfam, Unilever’s Lifebuoy soap, and Unilever’s Chief Sustainability Office, 2014/2015)	Emergency-affected area the Philippines, Pakistan and Nepal	Taught sessions, provided activities and stickers to promote and reinforce the practice of HWWS at home and in the community.	Mothers nurture their kids against all odds and their magic hands care for children – washing those magic hands can prevent their children getting ill.	Not targeted
“Good mums’ clubs” (Nicholson et al., 2014)	India	Mums were employed to encourage peer support among mothers, boost morale and build a network.	Competition for ‘best mums’ certificates, which included proper handwashing. HWWS pledges for children and mothers, ‘Best Mums’ club.	Not targeted
SuperAmma Campaign (Biran et al., 2014)	India	SuperAmma Campaign based on emotional drivers of behavior (nurture, disgust, affiliation, status and habit). Included community and school- based events with film, skits, public pledging ceremonies, household visits and school visits.	SuperAmma is an aspirational rural Indian mother who teaches her son handwashing as part of good manners: she helps bring up a successful young man. SuperAmma aims to make HWWS personally meaningful and socially admirable.	A male character included in <i>Hand</i> , a film by Good Pilot. In <i>Hand</i> , a father tells the story of his SuperAmma to his son but misses an opportunity to challenge gender stereotypes because his story is about his mother’s parenting, not his own.
Food hygiene (Gautam et al., 2017)	Nepal	Aimed to improve food hygiene behaviors amongst mothers of young children in rural Nepal, handwashing with soap being one of the key behaviors.	Mothers would identify with a central “ideal mother” character, who practiced safe hygiene to be respected in the community (status motive). Nurture, disgust, and affiliation were further levers of change.	Not targeted

dren become successful). Interventions typically follow the five-step process of Behavior Centered Design (A: Assess, B: Build, C: Create, D: Deliver and E: Evaluate).

The central character in these campaigns is an ideal or good mother. Researchers have found that people practice hygienic behaviors because it is what others do (Abdi and Gautam, 2016; De Buck et al., 2017). The Ideal Mothers trial in Nepal and SuperAmma in India focused on mothers' sense of identity to change behaviors (Abdi and Gautam, 2016; Auger and Curtis, 2015). Invention tools typically include television and/or radio commercials as well as community activations (usually using emotions and story-telling to make the targeted behaviors more memorable). Monitoring handwashing with soap often relies on self-reporting, frequently of mothers on behalf of the household. However, it is known that mothers tend to over-report 'good' behaviors when questioned.

**Figure 1 : The Story of Super Mom: when you choose handwashing with soap, you choose progress – India**



## 5 DISCUSSION

This paper does not argue that mothers are not an important target audience for hygiene promotion. Indeed, efforts to achieve higher rates of HWWS could be very beneficial to mothers' and children's health. The authors' aim is to challenge representations of the 'good mother' in recent hygiene campaigns. The WPR approach allows examination of how these problems are represented in particular ways and with particular effects. The next section explores these construct mothers in hygiene promotion programs with reference to the six guiding questions in the WPR approach.

### 1. What's the 'problem' represented to be in a specific policy or policy proposal?

This first question asks agencies proposing to improve hygiene what they hope to change and what they produce as the 'problem'. The problem is typically under-five mortality and morbidity linked to mothers' handwashing/hygiene practices. According to UNICEF, in 2016 16% of

under-five deaths were due to acute respiratory infections (UNICEF, 2018a) and 8% were due to diarrhoea (UNICEF, 2018b). WASH has been linked to undernutrition and stunting (Danaei et al., 2016) which affects almost one-quarter of under-five children globally (UNICEF/WHO/World Bank, 2018). Better handwashing/hygiene practices can play a key role in preventing diseases and improving nutritional outcomes for under-fives.

Interventions promoting handwashing with soap to mothers and caregivers of young children have reportedly led to decreases in diarrhoea and acute lower respiratory infections among their children (Luby et al., 2005, Wilson et al., 1991, Halder et al., 2010, Curtis et al., 2009). However, few handwashing interventions have been sufficiently well documented to show that they have produced long-term consistent, appropriate hand hygiene at the five recommended moments for handwashing (De Buck, 2017).

'Bad mothers' are a secondary problem. Mothers are often the primary target audience of hygiene campaigns, "since they are usually the main caregivers for young children and are most influential in a family setting" (WHO, 2002). New motherhood is considered to be an opportunity for changing behaviors: the social roles of women have changed, they are concerned about their children's health risks, and there is a strong emotional response to having and caring for a child (Greenland et al., 2013).

In hygiene campaigns, different images of a good mother appear in different settings, but there are some general similarities. She is heterosexual and married. She is light skinned. She is well dressed. She is not employed outside the household. She does not have a disability. She is often concerned to ensure the wellbeing of a son. She has the role of caregiver in the household.

### 2. What presuppositions or assumptions underpin this representation of the 'problem'?

There are several gendered presuppositions or assumptions that underlie an identified problem representation.

The theory of change behind 'good mother' interventions is that mothers will want to improve their hygiene to protect her (usually) boy child, since not doing so would be detrimental to the son's wellbeing and would indicate her failure as a mother. It is assumed that:

- Motherhood presents an opportunity and motivation to improve hygiene behaviors.
- The emotional relationship between the mother and boy child (a maternal bond or instinct) can be leveraged.
- Mothers will wash hands at critical events and take individual responsibility for the child's health.

Rather than simply a task or behavior, handwashing/hygiene becomes closely bound up with an idealised notion of good motherhood. Mothers typically want to be good and so they self-regulate their behavior (and are therefore vulnerable to negative emotions of guilt and shame).

Improved hygiene/handwashing by the mother is a marker of improved outcomes for children including health and educational success. It also demonstrates another side of maternal ambition for social mobility via education.

### **3. How has this representation of the ‘problem’ come about?**

The third question explores how a particular representation of the problem has come about – the conditions ‘that allow a particular problem representation to take shape and to assume dominance’ (Bacchi, 2009, p.11).

The literature suggests that handwashing with soap is rarely practiced at the critical times when it could interrupt the transmission of disease (Greenland, 2013, 2016). Studies have reported that mothers’ hands are heavily contaminated with fecal organisms. Evidence from Pakistan (Luby, Agboatwalla et al., 2007) and Tanzania (Pickering et al., 2011) indicate that the children of mothers whose hands are more contaminated have higher rates of diarrhea than the children of mothers whose hands are less contaminated.

There is still limited understanding of why people adopt good handwashing habits (De Buck, 2017). Although formative research study with Ghanaian mothers found that nurturing, caring for and protecting children was a primary motivation for women to carry out hygiene behaviors (Scott et al., 2007).

Increasingly, evidence about ‘what works’ is focused on a specific individualized behavior change rather than a broader social change (Greenland et al., 2013). For instance, a number of formative handwashing research studies have included mothers as the target audience, as documented in an 11-country review (Curtis et al., 2009).

A focus on mothers may also reflect the drive to ensure value for money, as it is more cost-efficient (in terms of staff time and materials used) and effective to focus on one target in behavior-change campaigns. A focus on ‘the mother’ potentially offers the lowest cost per contact.

Moreover, the representation of the ‘good mother’ plays into a longstanding discourse about gendered responsibilities for WASH-related work in the household, which falls disproportionately on women in all cultures.

Behavior change programs often place the blame and responsibility for family health on mothers (Barnes; 2015; Brown Travis & Compton, 2001). Women’s roles as caregivers can place an extra burden on them to change and maintain behaviors to inhibit the spread of disease (Amaro, Raj & Reed, 2001).

Nevertheless, the evidence that an exclusive focus on mothers leads to sustained hygiene behavior change and the anticipated health outcomes is patchy.

### **4. What is left unproblematic in this problem representation? Where are the silences? Can the ‘problem’ be thought about differently?**

There are a number of silences in the representation of the ‘good mother’ in hygiene interventions. It is critical to note that “it is still not clear as to which hands matter most – is it the mother’s, the child’s, or those of people outside the family potentially vectoring novel pathogens?” (Freeman et al., 2014). Indeed, mothers are not always the caregivers – siblings, family members, neighbours and fathers may also provide care. There is minimal data available upon which to base judgements about whether promoting handwashing among new or expecting mothers is more effective than targeting women at other stages in their lives, and there is little data available on whether the use of the ideal mother stereotype in campaigns increases handwashing with soap. For instance, Luby et al. (2007) found no difference in hand contamination among mothers in an intervention group exposed to handwashing promotion and soap provision, and mothers in a comparison group that received no promotion or soap provision.

Experiences shows that even when mothers recall the benefits of handwashing with soap, they still might not practice the behavior at critical times, or else they may be ambivalent about the benefits. For instance, Demssie et al. (2017) surveyed 251 mothers of children under the age of five years in Gotu Kebele, Ethiopia. While more than 99 percent of the mothers knew the importance of handwashing, their self-reported handwashing practices were much lower. Only 52 percent reported washing their hands before feeding their children. Affleck and Pelto (2012) and Yates et al. (2012) both noted that a shortage of time, money and simple inconvenience were reasons why Bangladeshi mothers did not change their practices. Others have shown that whether a mother practices handwashing is influenced by her age and educational level.

One of the key gaps in ‘good mother’ interventions is the discourse on the importance of hygiene without the presence of the necessary facilities and supplies. Thus, such campaigns may be setting up women to fail. Oswald et al. (2014) found that the probability of handwashing occurring after defecation and other fecal–hand contamination events increased among the mothers after the installation of private, piped water and sewerage connections external to each housing plot. Pickering et al. (2011) reflect on how challenging practicing personal and household hygiene can be for mothers in an environment with limited sanitation facilities.

Mitlin (2014) notes how such discourses explicitly critique low-income women for failing to maintain hygiene standards. The ‘good mother’ image deflects attention from the structural causes of poverty towards the individual’s values and behavior. Interventions focus on the ‘choices’ mothers make in relation to their mothering and hygiene practices in isolation from the wider social, cultural and economic



factors that shape mothers' decisions, including the mother's command over household resources.

By contrast, a number of child health and survival interventions have given attention to gender in behavior change communication interventions. Kraft et al. (2014) reviewed the gender dynamics and norms in maternal and newborn health interventions to find that addressing gender rights, norms and inequalities may be beneficial for effective program intervention on health behaviors and health outcomes.

The role of men in household hygiene is another area of silence. Kraft et al. (2014) note that "working in a synchronized way with men and women, may affect child survival through women's and couple's ability to make and act on decisions that benefit their own, their children's and, in some cases, their community's health". For instance, given the influence of the father on the breastfeeding behavior of the mother (Benoit et al., 2015; McCarter-Spaulding, 2008; Van Esterik, 1994; Crossley, 2009; Lee, 2011), the Fathers Infant Feeding Initiative (FIFI) trialed a male-facilitated antenatal class for expectant fathers. The initiative provided follow-up support for men on breastfeeding and infant feeding, and encouraged them to be supportive partners (Maycock et al. 2013; White et al, 2016). The SPRING project (Strengthening Partnerships, Results in Nutrition Globally) has worked to improve maternal, infant, and young child nutrition and hygiene behaviors in Niger through a community video followed by interactive discussions and home visits to answer participants' questions. The videos encouraged men and women to take shared responsibility for household hygiene and child nutrition instead of each parent working independently (Dougherty et al., 2017).

### **5. What effects are produced by this representation of the 'problem'?**

A WPR approach starts from the presumption that some problem representations create more difficulties for members of some social groups than for members of other groups (Bacchi, 2009, p. 15). The good mother discourse singularly burdens women and ties women's identities to their roles as child raisers and nurturers of others.

A number of commentators have noted how the moralization of hygiene can be especially detrimental for the self-images and wellbeing of mothers. Obrist (2004: 53, quoted in Mitlin, 2014: 18) discusses the consequences for women of the public campaign for hygiene in a lower middle-income neighbourhood in Dar es Salaam. Obrist notes a practical and intellectual but also an emotional burden for women who cannot put health promotion into practice. She illustrates how women feel about raising children in a situation that they feel is unhygienic:

Anna says, she feels ashamed seeing her children walking barefoot, especially entering places like the toilet. She simply cannot afford shoes for them. Sometimes she instructs them to wash their hands after going to the toilet, but when she remembers that they do not

even wear shoes, she just keeps quiet because what they get via their feet is much worse than what they get from not washing their hands (Obrist, 2004, p. 52 quoted in Mitlin, 2011:17-18).

Mothers' hygiene practices and the quality of care mothers provide to their infants are often regulated by others. In particular, mothers are judged and judge others against hygiene standards. Based on a qualitative study of handwashing among mothers in Kathmandu, "the implicit assumption was that mothers who did not handwash with soap were less than virtuous ... they also faced social censure and accusations of laziness" (Langford & Panter-Brick, 2013, p. 140). In Zambia, Komboni Housewives Women's Forums promoted hygiene with a community drama that featured housewives gossiping about mothers they believed were not practicing the correct behaviors (Greenland, 2016). After handwashing campaigns, there may be even more scrutiny of mothers to see whether they do/do not practice good hygiene. This supervision and surveillance can detrimentally impact relations between mothers and further marginalize members of households that are unable to meet the new hygiene norms, for instance because they are unable to afford soap or have insecure water supplies (Brewis et al., 2019).

There is a tension between exploiting gender norms and stereotypes for short term change in hygiene practices (albeit ones that are not necessarily sustained) but run the risk of reinforcing social and gender inequalities longer term. Instead, hygiene promotion might challenge stereotypes and encourage maternal confidence together with a sense of mutual trust between mothers.

### **6. How/where has this representation of the 'problem' been produced, disseminated and defended? How has it been (or could it be) questioned, disrupted and replaced?**

This question refers to 'the practices and processes that allow certain problem representations to dominate' (Bacchi, 2009, p. 19). These are the ways in which this representation of the 'problem' reaches a target audience and seeks to uncover contesting views.

Feminist research has been particularly important in disrupting ideals around motherhood, and has given women more opportunities to perform the role of mother in diverse ways. Dominant stereotypes of the 'good mother' have been reworked and resisted by women in a range of contexts, most successfully where women have choice of social roles, positions and identities (Benoit et al, 2015; Crossley, 2009; McCarter-Spaulding, 2008).

Kraft et al. (2015) developed a gender-equality continuum (Figure 2) to use as a diagnostic and planning tool. Gender-blind interventions do not recognize how gender dynamics affect behavioral outcomes. Gender-aware programs recognize from the outset that there are gender roles, norms and dynamics which can be transformed for positive change (Health Communication Capacity Collaboration, 2016).

Gender-aware interventions use gender analysis to identify activities that address culturally-prescribed roles and responsibilities associated with being male or female to achieve better outcomes. In Kraft et al.'s continuum, gender-aware interventions are further categorized along a gender-equality continuum from exploitative to accommodating and ultimately transformative.

According to this framework, 'good mother' handwashing behavior-change campaigns can be viewed as gender-exploitative interventions if they (unintentionally) reinforce or exploit harmful norms to achieve handwashing behaviors, or they can be viewed as gender-accommodating if they aim to make the caring/parenting role that a woman plays easier but do not address gendered expectations of who should usually do the child care.

Similarly, a Global Scaling Up Handwashing Project (WSP 2010) in Senegal could be described as gender exploitative/accommodating since it aimed to take advantage of, or work around, existing gender-based inequalities. Men were subsequently included in the project after recognition that: (1) Men control their households' access to, and provide funds for, soap. (2) Men can ensure that household members wash their hands with soap. And (3) Men can wash their hands with soap while encouraging others to do the same.

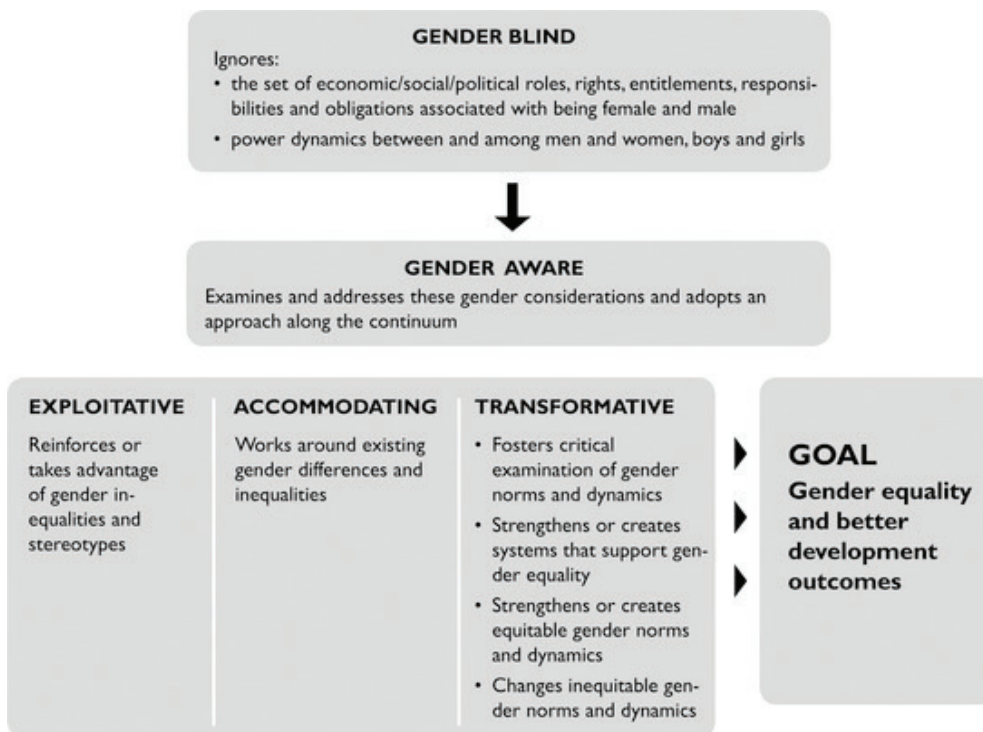
Moving a handwashing campaign along the continuum from exploitative to accommodating to transformative requires a shift away from the 'good mother' framing. The first step of a gender-transformative approach would be undertaking a

critical examination of gender roles, norms and dynamics as part of formative research to inform campaign/intervention design. Further steps could include targeting men and boys as carers and including materials which depict men changing nappies and cooking. Having male facilitators who can act as role models, and who have undergone self-transformation on gender norms and roles, is helpful when talking with men and community members about what gender norms are linked to hygiene behaviors and caring roles.

There is little or no documented evidence of gender-transformative handwashing campaigns that are currently being designed and implemented. Yet there is the potential for change. Notably, experts participating in the Handwashing Think Tank (2016, 2015) highlighted the hygiene behavior of primary caregivers, besides mothers, and noted a lack of evidence on whose hand cleanliness matters most: fathers, other female caregivers (mothers-in-law), or children that play outside. Participants recommended engagement of the whole family in handwashing programs (rather than an exclusive focus on the mothers/caregivers of young children). Targeting parents in hygiene campaigns would avoid reinforcing traditional gender roles and harmful gender stereotypes and would create an opportunity for men to play a more active role in handwashing/hygiene in the household.

In parallel, a shift is also noted in private sector partners, which would support gender transformative handwashing programs. For instance, a number of soap manufacturers have signed up to #unstereotype, with the potential to disrupt good mother ideals and support gender-transformative hygiene programs by adopting a broader focus on parenting and care-giving for children through their media and advertising.

Figure 2: Gender Equality Continuum



(Kraft et al., 2014; reused in accordance with Journal of Health Communication's copyright agreement <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4205884/>)

## 6 CONCLUSION

Women and girls bear socially prescribed responsibilities in maintaining hygiene within the household. Baker (2014) contends that "a radical redistribution of care work" is essential for women and girls to achieve their "full potential in political, social and work spheres".

This paper has attempted to show how unequal gender dynamics and norms have been leveraged by hygiene behavior change approaches over the last four decades, with more recent interventions taking a stand-alone focus on mothers. The paper has problematized the construct of the 'good', 'ideal' or 'super' mother in hygiene pro-

grams, which tacitly reinforce unequal gender norms in order to change hygiene practices. The WPR approach was used to examine these ‘uncontroversial’ images of mothers as a starting point for interventions (Bacchi, 2009, 2012). Bacchi’s approach helps to reveal the underlying values and assumptions behind this instrumentalist response to reducing under-five morbidity and mortality.

Framings of the ‘good mother’ have a range of consequences (both ideological and practical) for social relations and the self-images of mothers. Recent hygiene campaigns draw on negative emotions of maternal guilt in relation to the ideal of a good mother. This paper argues that women don’t always adopt the handwashing practices they wish they could. Failure to wash hands with soap is clearly not due to a lack of knowledge, laziness or thoughtlessness. It is important to understand the factors that women negotiate when making decisions, including the unequal access to power within the household or community, and the social networks and resources that shape these ‘decisions’. The discussions in this paper suggest that hygiene campaigns must recognise the agency women have in making decisions for themselves (across stages of their lives) and their infants.

Hygiene can be an entry point to challenging norms and promoting more equitable sharing of household responsibilities among men and boys. For hygiene behavior change campaigns to promote gender equality, female empowerment and positive and sustainable behavior change they must:

- foster critical examination of inequalities and gender roles, norms and dynamics
- recognize and strengthen positive norms that support equality and an enabling environment
- highlight the relative position of women, girls and marginalized groups, and transform the underlying social structures, policies and broadly held social norms that perpetuate gender inequalities (Kraft et al. 2014).

In considering responses to the issues raised in this paper, there are a range of questions for actors to consider when designing and delivering hygiene promotion at the community and household levels:

- How can we identify effective triggers for sustainable behavior change which foster positive norms and do not reinforce gendered ideologies of parenting?
- How can we include a gender analysis/assessment of outcomes for women in formative research on hygiene?
- How can we shift gender dynamics as a strategy to improve behavioral outcomes in the household?
- How can we avoid the problem of alienating some of the mothers whom hygiene campaigns attempt to serve? How can we foster a relationship of trust between mothers and WASH and health professionals in monitoring handwashing rather than secrecy and shame?
- What strategic approaches to evaluating behavior-change campaigns are needed to capture changes in gender dynamics?

- What would a feminist, non-paternalistic approach to handwashing campaigns look like? How would the critical roles of fathers and other care-givers in household hygiene be depicted?

Hygiene programs could disrupt gendered norms that promote harmful practices. Including men in hygiene campaigns could promote more gender-equitable identities, relationships and practices. Questioning gender roles in the context of hygiene programs is part of the process of challenging broader gender inequities and building healthier and more equal and inclusive societies.

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