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Project facts

Key words

WASH, WBI resilience, Sanitation

Behavioral themes

ISM behavioral diagnosis

Research design

Behavioural diagnosis using qualitative phenomenology

Scope

Start date: June 2021

End date: June 2023

Sample size: n=52

Location

Maharashtra, India

Funder

[KnorrBremse Global Care](#) (KBGC)

Partner

Save the Children (STC) (Including CUBIC)

Ethics approval

Morsel India

Why do strong WASH norms not result in better WBI resilience?

Strong WASH norms (water, sanitation and hygiene) shape behaviour but do not ensure water-borne illness (WBI) resilience due to persistent access gaps, uneven infrastructure, and low awareness among vulnerable groups such as temporary labourers. Resilience requires enabling systems such as reliable water and sanitation infrastructure, targeted outreach, and sustained service delivery alongside norms.

Background

Water, sanitation, and hygiene (WASH) programs aim to improve access to safe drinking water, adequate sanitation facilities, and healthy hygiene practices to reduce the spread of preventable diseases. In many low-resource settings, limited access to clean water and sanitation increases the risk of water-borne illnesses such as cholera, diarrhea, and typhoid, particularly among children and vulnerable households. In Maharashtra, India, KBGC funded a WASH-focused initiative implemented by STC to strengthen community health and reduce the burden of water-borne disease, with Busara serving as the external behavioral design and qualitative research partner.

Conducting the research

We conducted in-depth interviews (IDIs) with a total of 61 participants, including 9 key informants, 33 adult caregivers, and 19 adolescents at the household level. The interviews explored community experiences and perceptions related to access to potable water, sanitation facilities, hygiene practices, and healthcare services, with a particular focus on challenges linked to water-borne illnesses.

Among the adult caregivers interviewed, the average age was 39 years, with an even gender distribution. Participants came from diverse educational backgrounds, with the highest education level being 12th standard. The adolescent participants had an average age of 16 years and included 11 boys and 8 girls. Engaging both adults and adolescents allowed the research team to capture a broader understanding of household dynamics, daily WASH practices, and the differing experiences of community members across age and gender groups.

- » Strong pro-WASH social norms already drive most household behaviours, suggesting interventions can build on existing practices rather than rebuild them from scratch.
- » High baseline adoption of basic WASH behaviours limits the impact of awareness campaigns alone. Greater gains are likely through improving infrastructure access and targeting underserved or transient populations.
- » Awareness of water-borne illnesses remains low, particularly among underserved groups. While hygiene practices are common, understanding is often symptom-based rather than preventive, highlighting the need for more salient health messaging.
- » Children and existing social structures, including gender roles, are influential behaviour channels. Interventions can be strengthened by using children as messengers and aligning delivery with local social dynamics.

Implications

For policymakers: Improve outcomes by prioritizing infrastructure and service delivery—maintaining public toilets, expanding water access, and strengthening last-mile systems, especially for temporary labor populations. Existing pro-WASH norms can be leveraged, reducing the need for major behavior change campaigns.

For practitioners: Use norm-based, child-centered approaches that engage schools and community channels to reinforce existing behaviors. Incorporate gender-responsive delivery and community monitoring to strengthen uptake and accountability.

For communities: Build on existing WASH practices and recognize children as active channels of information within households, not just recipients of interventions.

Recommendations for future research

Future research should assess whether additional improvements in WASH can still reduce water-borne illnesses by identifying remaining gaps in access and use. If WASH is already near optimal, efforts should shift to other drivers such as health-care access and exposure pathways, where behavioral science can inform targeted risk reduction and sustained prevention.

Further reading

Dutta, S., & Bharucha, E. (2019). A study of risk factors related to water and sanitation in Pune, west India. *Journal of Community Health Research*, 8(2), 113–120. <https://doi.org/10.18502/jchr.v8i2.1181>

Pandve, H. T., Chawla, P. S., Giri, P. A., Fernandez, K., & Singru, S. A. (2015). Study of hand washing practices in a rural community of Pune, India. *International Journal of Community Medicine and Public Health*. <https://doi.org/10.18203/2394-6040.ijcmph20151560>

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Study team

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