

More inclusive societies

Societal exclusion and isolation due to hygiene and health challenges is a global problem that can happen to anyone, anywhere and at any time in life. The needs of the marginalized, the vulnerable, and the discriminated in hygiene and health related decision-making is often overlooked. Stigmatization and taboos are other obstacles to achieve more inclusive societies. Two common and natural conditions that cause exclusion are menstruation and incontinence, which affect the every-day life of billions of people all around the world. There are however, initiatives and solutions to break the obstacles and barriers.

Hygiene-related barriers can differ in different parts of the world, but the outcome of exclusion is remarkably similar. Typical barriers include environmental barriers, social factors and fears of sexual violence that can contribute to sanitation-related psychosocial stress for individuals.²⁶ The social and psychological impacts of hygiene and health-related exclusion are huge. According to the United Nations, half the world lacks access to essential health services, such as family planning and infant immunization.²⁷ Even in some countries with good healthcare provision, many people lack access due to their inability to afford healthcare or because of cultural taboos.

Empower women and challenge social norms

WaterAid and its partners are making real progress on changing behaviors and social norms by empowering women and the marginalized.

Global hygiene and health initiatives, together with water and sanitation efforts, provide a platform to empower women and strengthen gender equality outcomes. WaterAid, together with colleagues and local partners, has made some crucial water, sanitation and hygiene (WASH) and gender achievements. This has included testing integrated menstrual health solutions with sexual and reproductive health and rights actors; encouraging men to do their share of WASH-related household labor, and increasing women's leadership in WASH governance systems. To move from these successes to achieving 2030 hygiene, WASH and gender aspirations, WaterAid will continue to strive towards gender transformative practice, building evidence of what works, and influencing policy makers to create space and listen to women and other marginalized voices.

SDG Target 10.2: By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.

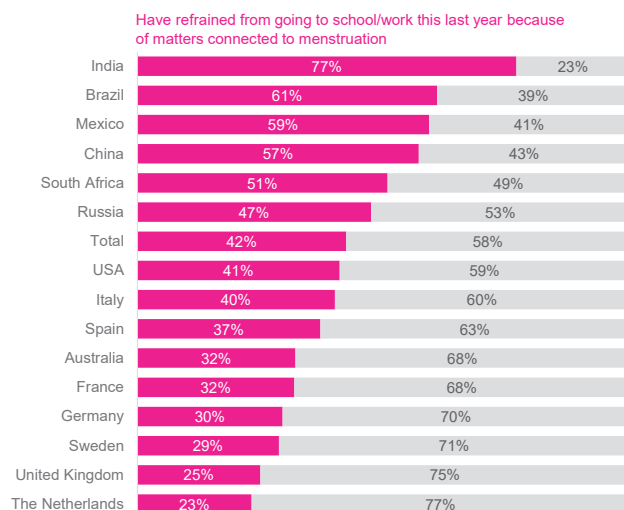


Menstruation and personal hygiene should not be a barrier to well-being

At any given moment, about every fourth woman of menstruating age in the world has her period. For many women, this does not prevent them in their everyday life. For too many, the lack of a private space for washing and managing their menstruation, sanitary products to absorb or collect the blood or the ability to dispose of sanitary materials acts as barriers to community participation.

The Essity survey shows that millions of workdays and days in school are lost each year because women refrain from attending. Beside the medical reasons, social stigma and lack of basic access to toilet, washrooms and sanitary products explain the absence. This includes 15 million days of absence in the US, 6.1 million in Mexico, 1.7 million in France and 645.000 in Australia.

2 out of 5 women have refrained from going to school or work the last year due to menstruation



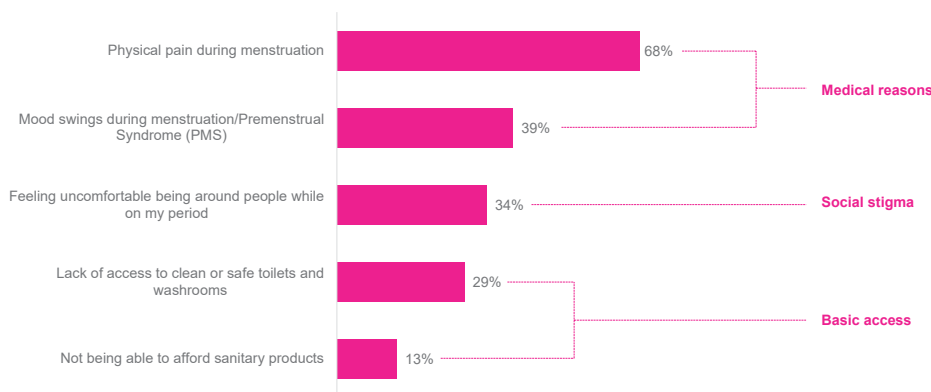
42%

have refrained from going to school/work because of matters connected to menstruation

Question: Have you refrained from going to school/work this last year because of any of the following reasons related to menstruation?
Filter: Women

From the Essity Survey. Read more about the survey on page 7.

3 in 10 of those who have refrained from going to school or work lack access to clean and safe toilets



Question: Have you refrained from going to school/work this last year because of any of the following reasons related to menstruation?: "Have refrained"

From the Essity Survey. Read more about the survey on page 7.

Considering the many women with special needs and disabilities, women who live in conflict-affected areas or in the aftermath of natural disasters to mention a few, they often have even less access to the facilities and resources they need to manage their menstruation.

Break the stigma of women's bodies

In many societies, there is still a culture of shame associated with menstruation. According to the United Nations Population Fund (UNFPA) State of World Population 2019 Report, menstruation-related stigmas reinforce the notion that women are inferior to men, which can be used to justify preventing girls and women from going to school, cooking and attending religious ceremonies.²⁸

In recent years, there has been a strong movement to break the stigma of menstruation. Women and men all over the world have been speaking up about menstruation and what is needed to break the related barriers to community participation. This has paved the way for a future where menstruation is recognized a normal bodily function, and as a sign of health than can be discussed openly.

Everyone can play a role in breaking down stigmas and myths. A new global research study²⁹ reveals that two thirds of women who experience miscarriage, endometriosis, fertility issues and menopause would find it easier to cope with these experiences by being open with family and friends. And yet, the same research found that half of women feel society wants them to keep silent about their experience and half of women felt that staying silent about their issues damaged their mental health.

It is important to create a more open culture to generate a virtuous circle of sharing and listening to bring about individual, cultural and ultimately institutional change. Diverse stakeholders have different opportunities to break barriers and challenge norms.

Everyone is needed to break taboos

Businesses can contribute to breaking taboos in many ways. Besides providing products and services that lead to inclusive societies, companies can support actors such as civil society, academics or policy makers with their product and market insights. Businesses can also use their broad reach to empower people and break social stigmas directly.

For years, the Essity brand for Feminine care, Libresse, has been at the forefront of breaking taboos and stereotypes affecting well-being and health around the globe. The award-winning #BloodNormal initiative in 2017, which reached over 800 million people, tackled the stigma around periods and turned the socially acceptable 'blue liquid' visual depiction into the 'real' red.

With 'Viva La Vulva' in 2018, symbolic singing vulvas called out the body shaming culture that is prevalent today. In 2020, the latest initiative, #wombstories, highlights the

Chris Bobel, Professor of Women's Gender and Sexuality Studies at the University of Massachusetts and author of *The Managed Body* examines the intersection of social movements, gender, health and embodiment. "Girls need to be able to live, study, work, and play in communities where menstruation is no longer deployed as ammunition. Menstruation must be read as a naturally occurring biological process. De-weaponized. To this end, everyone surrounding girls – boys, teachers, family members, religious leaders, policy makers, and so on – needs to challenge menstrual stigma," says Bobel.

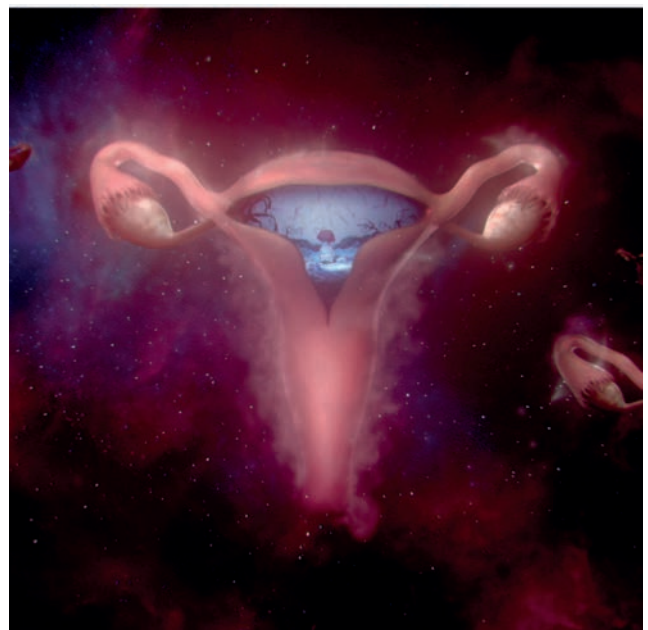


Image from the Libresse initiative #wombstories giving a voice to the unseen, unspoken and truths about women's bodies.

unseen, unspoken and unknown stories about periods, miscarriage, endometrioses, peril, menopause, vulvas and wombs by inviting people tell their own personal stories. The Golden Globe decorated director of #wombstories, Nisha Ganatra, explains the importance of #wombstories: "I feel particularly drawn to this project. The work I feel most passionate about is the work that meaningfully resists outmoded social norms that no longer fit the cultural moment but persist nonetheless."

Another example of reaching out on hygiene and health issues is the initiative 'Hygiene is our right'. UNICEF in Mexico and Essity have collaborated since 2016 to increase dialogue about menstruation and hygiene issues among young people in the country. This collaboration has reached 7,5 million people via various channels in Mexico.

Empowering women to build toilets in Nepal

A female-led neighborhood group in Pokharigaun, Nepal, is championing basic sanitation in the village to ensure access for every household.

Fifteen years ago, ten women in the Nepali village of Pokharigaun stood up to change the behavior of their neighbors and went on to become the driving force for promoting the importance of sanitation. Sunita Gurung, a mother of three, is one of the founding members that formed a neighborhood group in the village.

She reflects on 13 years of her married life living in an open defecation community and cleaning up feces outside her house as an obedient and decent housewife. Like the other villagers, Gurung was unaware that pathogens from fecal matters often cause sickness. But worries about the family's health began, as she and her newborn baby often had to seek treatment for repeated infections.

The turning point for Gurung was a visit to another village, where she used toilets with running water for the very first time. She felt empowered to act not only in her household but the entire community to end open defecation. Now the neighborhood group, comprising 42 members, leads the drive to ensure that basic sanitation is accessible to all the 54 village households.



WSSCC is a partner supporting the implementation of Nepal's sanitation campaign – an intensive national push to achieve a dramatic transformation of the country's sanitation and hygiene practices through a behavior change approach.



Sunita Gurung is a founding member of a neighborhood group working to bring basic sanitation to all households in Pokharigaun, Nepal.

Champion reaching out to hearing-impaired

Champions such as Patricia Mulongo are at the forefront of breaking taboos in emerging markets around the world. Patricia Mulongo is the only hearing-impaired menstrual hygiene management (MHM) trainer in Kenya. She trains people with disabilities to show that menstruation doesn't have to leave anyone behind. As she suddenly lost her hearing at the age of 13, and did not learn sign language until she was 18, Mulongo was excluded from learning about menstruation. Now in her early forties, Mulongo is an MHM champion training people with disabilities. She participated in the first national MHM Training of

Trainers in Kenya organized by WSSCC, UNICEF and the Kenyan Ministry of Health. A fashion designer by trade, Mulongo was identified through her links with the Deaf Women Empowerment (DWE) community organization. In just under a year, Mulongo has trained more than 200 people. She reaches out to people in schools, social events, through churches and the community. "MHM has stolen my heart and I make sure to bring up the topic every time I meet people as my aim is to reach as many hearing-impaired people as I can," Mulongo signs.

Menstruation – a human rights issue?

Under the Women's Convention, practices related to menstruation may constitute discrimination if they affect "fundamental freedoms in the political, economic, social, cultural, civil or any other field". In this sense, lack of access to clean water, sanitation and hygiene products to properly manage menstruation may constitute a human rights violation³⁰.



Participants in the Menstrual Hygiene Management (MHM) workshop review learning materials. Both women and men take part in the workshop as a way break taboos on menstruation in society.

Policy makers act on menstrual health issues

The silence and taboos on issues such as menstruation, incontinence and other stigmatizing conditions, such as lymphedema, need to be broken. Effective hygiene and health practices come from shifting behavior and social norms, which involves a long-term commitment from all of us. Policy makers and opinion leaders have a particularly important role to play and political leadership is required. In some countries, the focus on menstruation has already led to governmental initiatives and actions. Below are two examples of how governments have taken action on menstrual health issues.

Kenya paves the way with Menstrual Hygiene Policy

The Government of Kenya is providing more robust support for menstrual challenges faced by girls and women throughout the nation after approving a landmark policy dedicated to menstrual health and hygiene in November 2019. The stand-alone policy aims to scale up national Menstrual Hygiene Management (MHM) for those in need.

In a statement issued by the President's Strategic Communications Unit, the Government of Kenya explicitly acknowledged menstrual health and hygiene as a rights issue, bringing it into "the mainstream of the country's health and development agenda by considering the prevailing social, economic, cultural and demographic contexts of women and girls."

Neville Okwaro, a WSSCC MHM trainer and consultant with the Ministry of Health WASH Hub, commended the government's decision. According to Okwaro, the new

MHM policy will help integrate MHM into existing state programs such as Anti-Female Genital Mutilation campaigns, campaigns against early child marriages and gender-based violence, and notably the Beyond Zero campaign that is spearheaded by the country's First Lady to address issues of child and maternal health.

The policy formulation process has been ongoing since 2016 with a first draft of the MHM policy developed by a technical working group, including Amref Health Africa, Kenya Water for Health Organization, UNICEF, WASH Alliance Kenya, World Vision, WSSCC and Zana Africa with support from the Ministry of Health. With the new policy put in place, key actions for effective policy implementation can begin, including multisectoral and stakeholder efforts to promote implementation, commitment to meaningful resources and investment, and clear measures to ensure that no one is left behind.



UK government breaks barriers on menstruation

Period poverty is a widespread issue in the UK, and recent demonstrations and campaigns have brought about national media coverage as well as governmental initiatives. One initiative is the cross-sectoral Period Poverty Taskforce, initiated by the former Minister for Women and Equalities, Penny Mordaunt.

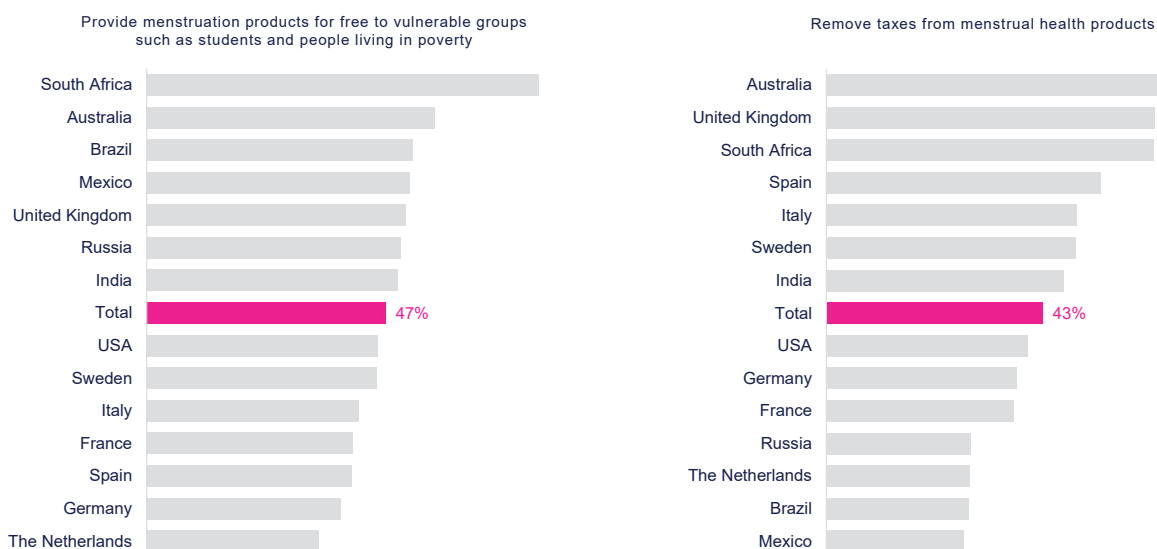
In 2019, the UK government announced that period products in schools, hospitals and police custody will be free for women and girls. The Taskforce, including members from grass-root organizations, businesses, public bodies, academics and social enterprises, was set up to build on this work, looking at where accessibility is an issue for women and girls. The Taskforce has since concluded that tackling stigma and shame around periods is just as important as creating access to related products.

At its first meeting in July 2019, Mordaunt stated that “for too long women and girls in the UK have faced unnecessary adversity around their periods, that is why we have formed this new Taskforce.”

Since the Taskforce formed, it has held regular meetings in workstreams with objectives to address the stigma surrounding menstruation. In its first phase, the workstream has further looked into the roots of the stigma.

During the COVID-19 outbreak, the Taskforce has had less meetings. However, all members are keen to continue the collaboration, especially since the issue of period poverty is only likely to have grown due to the societal consequences of COVID-19.

Wanted measures to improve menstrual health



Question: Some might argue that the government has a very important role in ensuring access to health and hygiene for its people. In which of the following ways do you believe that the government and/or public authorities should engage in menstrual health? Filter: Women.

From the Essity Survey. Read more about the survey on page 7.

In the Essity survey, 47% believe that menstruation products should be provided free of charge to students and vulnerable groups (people living in poverty) and 43% think that taxes on menstrual products should be removed.



SDG Target 5 focus on Gender Equality. In SDG 5 C it is underlined to adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels.

Break the stigma on incontinence and improve everyday life

Effective continence care key to good health

If incontinence was a country, it would be the third largest in the world, since 400 million people are affected by it. Almost 42% of people above 65 with daily incontinence are dependent on care of others and living at home.³¹ Regardless of whether individuals with incontinence require a caregiver or not, they should be supported to be able to handle their incontinence (managing toileting and changing incontinence products) as far as possible by themselves.

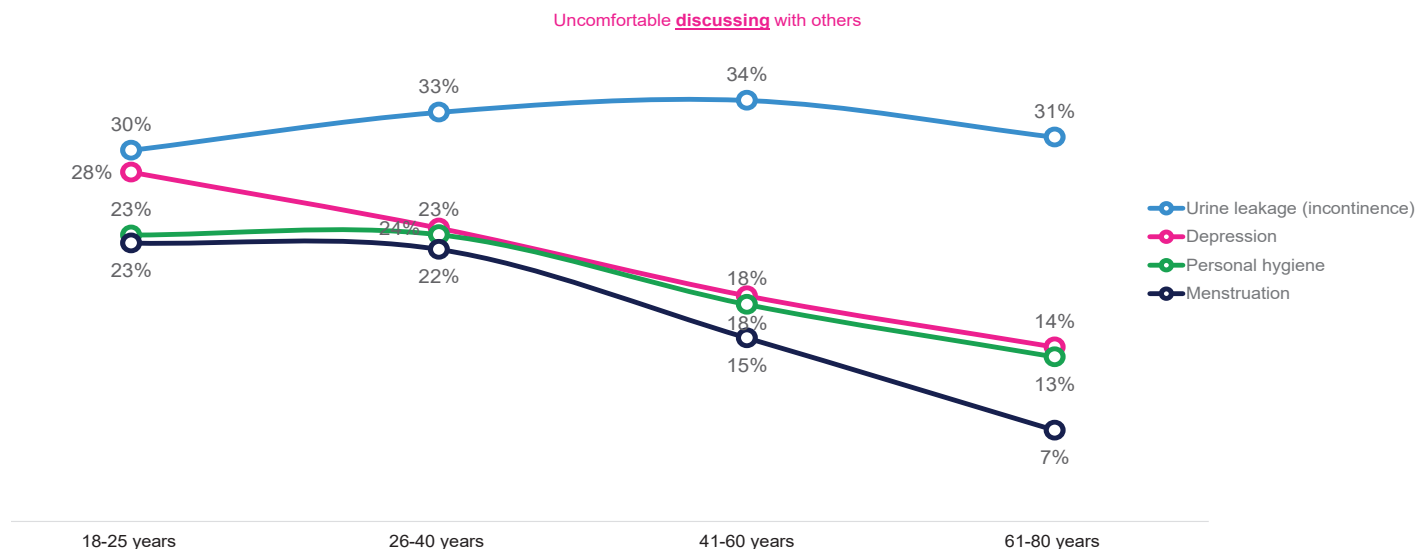
This is down to three reasons. First, self-management leads to less dependency on others, increasing dignity and well-being for the individual. Secondly, individuals who are able to self-manage their incontinence are more likely to function better in social context (e.g. at work), thus increasing their contribution to society. Thirdly, it places fewer demands on society, both in terms of people with incontinence needing less assistance from care giving relatives and professional

caregivers, as well as delaying or even avoiding institutional care. To live a more independent and dignified life for both the individual with incontinence and their caregivers self-management presents itself as an effective way that also creates a value to society, the shared value. Read more in the Essity report Shared value: Self-management of incontinence, that you find at www.essity.com.

When people are able to stay independent and continue to live at home, not needing to be institutionalized, there is value both for the person and society. Effective continence care through self-management increases the value for all actors involved – it helps to improve not just the quality of life of those suffering from incontinence and their relatives, but also positively impacts the care efficiency at point of care and thereby the use of available resources.



Perceived stigmatization reduces with age - except for incontinence



Question: Some topics related to personal hygiene and health might be difficult to discuss with other people. Which of the following topics would you be most uncomfortable discussing with others?

From the Essity Survey. Read more about the survey on page 7.

The Essity survey shows that 33% of respondents find incontinence the most difficult issue to talk about, even more difficult than issues such as depression and personal hygiene. The Essity survey also shows that incontinence remains a stigma in many parts of the world.

Incontinence also stands out when it comes to the development of perceived stigmatization with age. Generally, the older people get, the more comfortable they are to discuss

topics related to personal hygiene and health. The exception is incontinence, which 61 to 80 year-old-people feel even slightly more uncomfortable discussing than 18 to 25-year-old-people.

Many people with incontinence suffer both from the perceived societal stigma and the physical implications. Together, they can have a substantial impact on the everyday life of a person suffering from incontinence.

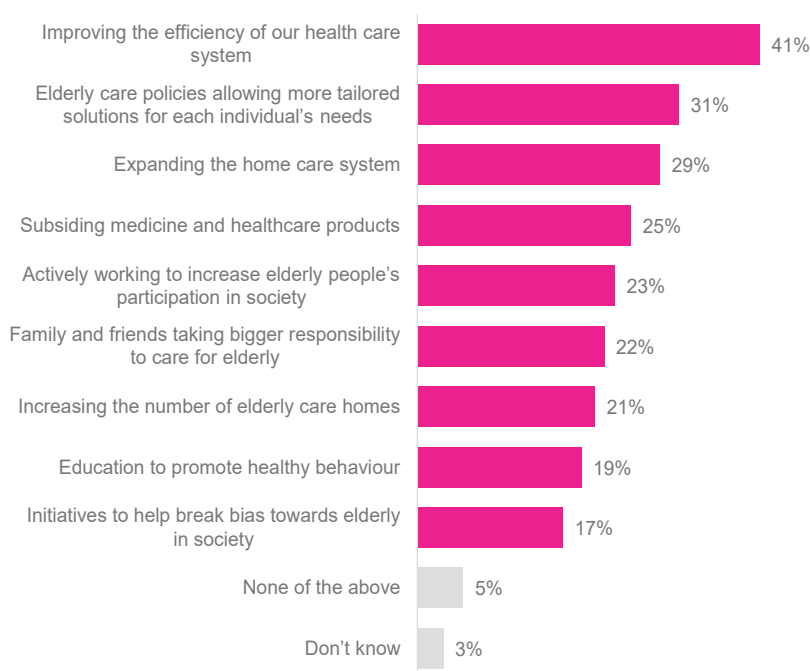
Incontinence effects all ages. Here is a calculation from the Essity survey findings on number of work or school days lost per year because of incontinence:

Germany	2 million
United Kingdom	2 million
Russia	19 million
Sweden	290 thousand

*From the Essity Survey.
Read more about the survey on page 7.*

Improving efficiency is considered key to improve the health of elderly people

To find out how the public thinks health of elderly people can be improved, the Essity survey posed the question; what of the following do you consider most important to improve the health of elderly people in your country? Improving the efficiency of the health care system was selected the most important element. The survey also shows that person-centered care is important as well as actively increasing elderly people's participation in society.



Question: Which of the following do you consider most important to improve the health of elderly people in your country?

From the Essity Survey. Read more about the survey on page 7.

Person-centered care - putting people first and drives efficiency

Person-centered care is a well-established concept in Sweden that can empower both people living with incontinence and healthcare professionals. In 2015, legislation in Sweden was passed to ensure patients have the right to co-decision making. The Swedish person-centered care standard inspired a European standard that was launched in the summer 2020 and is currently being implemented in 13 countries.³²

Helle Wijk

Professor in nursing at the Institute of Health and Care Science, Sahlgrenska Academy at Gothenburg University. She is also a researcher at the Gothenburg Person Centered care Center (GPCC). Wijk's area of interest is in geriatric nursing with a special focus on dementia, incontinence and how the living environment helps or hinders certain care processes.

Person-centered care differs from traditional treatment models that more see the person as the receiver of a medical intervention. The concept typically involves developing health plans together with the person to see and understand the whole person pathway and secure the best possible care all across the process.

"The great thing about person-centered care is that it informs and involves all parties to increase everyone's knowledge and find the best solutions and actions – all to make life as good as it can be for a particular patient," explains Helle Wijk, Professor in nursing at the Institute of Health and Care Science, Sahlgrenska Academy at Gothenburg University. "It's about promoting dialogue and spending time to try different solutions to find out what works best and is 'ok for me.'"

What is a person-centered care?

Person-centered care involves patients actively participating in their own medical treatment in close cooperation with health professionals.

“Person-centered care starts with person-centered leadership.”

Helle Wijk, Professor in nursing at the Institute of Health and Care Science

Empowering nurses in continence care

Nurses and care aides are naturally often closest to the persons and the most active profession in finding continence solutions. A person-centered care approach can help, but they also need to have the tools and knowledge to perform continence assessments and have access to the full offering of solutions available.

“Professional carers in Sweden receive basic continence training, but they need to undergo a 10-week course to have the mandate to prescribe different containment products,” says Wijk. “I believe that many nurses would benefit from the course, which would result in better assessments of the care need for persons with incontinence and ultimately better care.”

Leadership can also have a big impact on empowering and motivating healthcare professionals. “Managers must have respect for and be engaged in their staff as person-centered care starts with person-centered leadership,” says Wijk.



“Integrated people-centred health services means putting people and communities, not diseases at the heart of health systems, empowering people to take charge of their own health rather than being passive receivers,”

Portuguese MEP Lidia Pereira, Europe's People Party (EPP)

Technological solutions in person-centered continence care

The care for people with incontinence in healthcare is about to transform from a “check and change” approach to more high-tech digitalized solutions, enhancing quality of life of the individuals and improving working conditions for caregivers.

“I believe that technology can promote person’s well-being and actually empower staff to do a better job,” claims Wijk. “For example, sensor solutions that indicate when incontinence pads should be changed – particularly for persons who cannot express their need for a toilet assistance or a pad change.” Such sensor solutions can help avoid unnecessary interventions to help staff know when changing pads is actually needed. Changing an incontinence pad unnecessarily at night can disturb sleep leading to fatigue and reduced appetite, which affects the overall quality of life. It can also lead to a waste of resources.

“We need policy changes to raise awareness of proven digital health technologies that are often overlooked,” says Wijk.

A modern policy framework to secure proper uptake supported by training as well as a value based approach to funding these digital health technology devices is needed. The overall value created for society should be accounted for, rather than focus on the costs per piece or intervention. This is important to secure further investments in innovation, research, new ways of working and digitalization. The digital tools can support a person-centered assessment, allowing the person and the caregiver to a greater understanding individual needs and pattern. The best suited assistance or product for that individual can be chosen, which leads to improved outcomes and better allocation of resources, generating value for the individual, health care systems and society.



Examples of continence care sensor solutions

Tena Identifi™

Uses a pad with built-in sensors to record a person’s voiding pattern for 72 hours, to help make a personal toileting and containment plan based in individually timed assisted toilet visits and containment products.

Tena SmartCare™

A digital health technology device notifying the carer when to change the incontinence product. The notifications are received on an individual smartphone or dashboard in a nursing home.

Inclusive continence care for persons with dementia

Contrary to the common stereotype, people with dementia often have a good quality of life and actively participate in society. This is increasingly the case as people are being diagnosed with dementia earlier in life. “People with dementia therefore need the support to overcome continence issues when they arise as they can hinder their participation in society,” says Dianne Gove, Director for Projects at Alzheimer Europe. “After all, access to continence care is a basic human right, and everyone should be entitled to all the care they need.”

Prioritizing individual needs

Avoiding assumptions and stereotypes on what it means to have dementia is crucial. People with dementia can have a variety of symptoms, require different care and support, and are equipped with their own coping systems. “Failing to identify an individual’s specific needs risks overlooking potential solutions that might suit that particular person,” says Gove. “This is why it’s really important not to base care decisions on a generalized view of dementia.”

Ensuring access to a choice of continence care products that a person can adapt to their own lifestyle and needs

is essential. “The right products can empower people by giving them the confidence to go out in public and play an active role in society without worrying about having incontinence accidents,” says Gove. “For people with dementia, it is also important to have easy access to toilets and changing facilities when they’re in a public environment.” With the right level of support, carers can help and facilitate people with dementia to retain continence and independence for as long as possible.

Dianne Gove

Dianne is Director for Projects at Alzheimer Europe where she has worked since 1996. She chairs Alzheimer Europe’s ethics working groups and represents the organization in various projects with partners. Gove has conducted extensive research into GP’s perceptions of dementia and how these relate to stigma and timely diagnosis.



“Continence care is a basic human right and everyone should be entitled to all the care they need. Policy makers should ensure that programs fund proactive continence care and support”

Dianne Gove, Project Director for Alzheimer Europe

Digital health technology can play a role

The care pathway is helped using technology enabling a good assessment and an improved delivery of person-centred care. Technologies help to assist people with advanced dementia who experience difficulties in expressing their need to go to the toilet or have their pad change managed.

“Digital health technology can certainly play a role by not having to ask about or check a person’s pads,” says Gove. This helps avoid the overuse of products, as well as their underuse, which might lead to hygiene and skin issues. “Technological solutions might also be able to alert carers

when assistance is needed or help with a prompting plan, where appropriate, to ensure regular toilet visits, although they must be discreet to ensure privacy and self-esteem,” says Gove.

Digital health technologies, in combination with appropriate continence care products, can help ensure the good quality care for persons with dementia which meets their needs. This way, good outcomes can be achieved for the individual as well as for care giving relatives, whilst ensuring effective use of available resources provided by healthcare payers.

Inclusiveness through continence care support

It is essential that caregivers have the support and training they need to enable people to be at home for as long as possible – particularly people who might not be used to managing incontinence.

“Alzheimer Europe recommends that carers receive the emotional and psychological support they need around continence care,” says Gove. “Policy makers should ensure that programs fund proactive continence care and support.” The possibility to manage your continence and stay at home provides a shared value to both the individual and to society. “We need a proactive approach to continence care where support, advice and counseling on continence problems is readily available to persons and carers alike,”

says Gove. “Such comprehensive home care packages for people with dementia are essential to avoid premature entry into residential care by helping people to manage at home for longer.”

Managing continence issues can take up a significant part of any society’s resources, whether it is the person living with continence problems managing their own situation, or if such support is provided by relatives or by care organizations. This shared value can only be created by integrating the efforts from many actors in the care system, as well as companies providing products and services, and policy makers setting priorities, policies and defining regulations.



Design for all – a tool for inclusivity

To achieve more inclusive societies, it is important that all citizens have access to public environments, services and solutions. Lena Lorentzen, Professor of Industrial Design, Sweden is a champion for the approach Design for all. She explains the concept:

“Most products have a design based on the manufacturing capabilities of the 1950’s. Today, we have the technological ability to create products that have human needs as the starting point.” Lorentzen has developed a range of methods to help businesses involve stakeholders with diverse backgrounds and functional or cognitive disabilities in the design process.

She stresses the importance of involving stakeholders in all stages of the design process and to always involve the most demanding user. “Involving diverse stakeholders is not just about meeting the needs of people with functional disabilities, the result is a product that is better for everyone. And a product that is our friend will also have a longer life, contributing to a more sustainable society.”

Lorentzen has worked together with Essity in its development of the Tork hygiene concept which includes paper and soap dispensers for public environments. The multi-stakeholder design process included both users and the

cleaning staff aiming to ensure that the products were easy to use for everyone. “Design for all does not have to mean more expensive products, it can be simple changes. For example, changing the color indicators signaling a need to fill the paper dispenser so that it is visible for a person with color blindness.” Design for all is also about creating an inclusive workplace. It empowers more people to join the workforce which also brings economic benefits for society.

Lorentzen stresses that policy makers have an important role to play in setting procurement standards that create a demand for inclusive products and services. In the US, the Americans With Disabilities Act contributed to the development of the 7 Principles of Universal Design, which were created by a multidisciplinary group of architects, product designers and engineers at North Carolina State University in 1997.

“The developments in the US spurred the ‘Design for all’-movement in Europe and the concept is now recognized across the world. But we still have a long way to go before planning and design for all is universally adopted. Both policy makers and businesses need to take action, concludes Lorentzen.

“Design for all is about making sure that public spaces, products, services and information are designed to take account of the fact that we humans are all different in terms of functional ability, size, language, ethnicity and gender. It is really about barrier-free design, creating a society that does not exclude people based on variations in ability”

Lena Lorentzen, Professor of Industrial Design, Sweden

Innovative ways to improve or shift behavior

Norms of how to behave often go unquestioned. Policy makers, organizations as well as companies can encourage people to adopt more responsible and sustainable lifestyles or shift behavior to improve hygiene and health.

Cow-for-toilet competition

To address the challenge of open defecation, the Ugandan government launched a sanitation fund to promote the construction of toilets in rural communities. The Uganda Sanitation Fund (USF) was implemented by the Environmental Health Department within the Ministry of Health and supported by WSSCC to promote the demand for sanitation facilities and creative toilet solutions in rural communities. The program targets some 5.6 million people living in more than 9,000 villages throughout 44 of Uganda's 138 districts. Since its launch in 2011, toilet and latrine coverage in USF-supported districts has risen to 94% in 2019, according to Ministry of Health data.

In the town of Bulegeni in Uganda's eastern border district of Bulambuli, the cows were chosen as prizes in a latrine-building competition. To win, the latrines not only had to be the best and the cleanest, but also made from local materials.

"We have used banana fibers for the roof, and cow dung on the walls and even on the floor," said Stephen Mwanga, mayor of Bulegeni. "We decided that since we have low incomes, we should use local materials to build latrines." Amid cheers from villagers, Mwanga names 67-year-old Dafina Muzei as winner of the 2019 competition claiming, "she far exceeded the competition criteria."

Near the market, there is a sign that stands tall, proudly declaring the town to be open defecation free. Like many other regions in Uganda, where 80% of the population has no access to basic sanitation services, Bulambuli has faced outbreaks of waterborne diseases before, including at least two cholera outbreaks in the last five years, according to Dr Gidare Muiri Mudaya, District Health Officer.



Positively influencing behavior through nudging

Companies do have an important role to play in society which goes beyond the core value of their products and services. One way is through nudging, which means positively influencing how people behave based on insights on human behavior.

Nudging plays an important role in Marie-Eve Laporte's teaching and research. Laporte is an Associate Professor at Sorbonne Business School and she believes that companies should take a position and engage in changing attitudes and behavior for the better.

"Either way, companies and brands impact people's behavior", explains Laporte. "How we perceive brands and marketing has changed. It is about creating shared value, that is not only for the company and the consumer but also for society at large."

Laporte is also a member of the jury of the Nudging for Good Awards, an initiative of AIM (the European Brands Association). The Nudging for Good Awards aim to inspire brands, promote the Nudging for Good concept, and showcase great initiatives.

Marie-Eve Laporte

Associate Professor at Sorbonne Business School and a Senior Lecturer in Management Sciences. She teaches quantitative studies, marketing and communication in MBA and master. Member of the Scientific Council of Chaire Marques & Valeurs, her research focuses on three areas: consumer eating behavior, health marketing and the digital transformation of marketing. Marie-Eve Laporte previously worked as a marketing and quality director in the food industry.



Nudging

Nudge comes from the academic world of behavioral economics and looks at influencing people's behavior positively and without constraints. According to Richard Thaler and Cass Sunstein, a nudge is, "any aspect of the choice architecture that alters people's behavior in a predictable way without forbidding any options or significantly changing their economic incentives". From a brand perspective, nudging is a way for a brand, on the basis of consumer insights, to make it easy and desirable for consumers to change behavior or habit and adopt a healthier or more sustainable one.

In the Nudging for Good Awards 2019, Essity's Hungarian brand Zewa was the winner of the Society category. Laporte explains why the jury selected Zewa and its Hygiene Has No Gender campaign: "We considered the nudge itself and the ethical aspects of it. We looked for an initiative that had the potential to benefit all of society. Zewa highlighted gender inequality through the eyes of children, which was very powerful. When we see kids being treated unfairly, we react because we do not want to pass on inequality from one generation to the next. Finally, it was clear that promoting equality is very much part of Essity's and Zewa's DNA."

Some argue that brands should not take a stand in political and societal issues. Laporte does not quite agree. "It is true that companies are not elected, but we are able to vote with our wallets. So, in that sense there is freedom of choice and brands are either chosen or not."

"I admire companies and brands that dare to take a stand. Companies used to say that marketing simply reflects society as it is, but now they show how society could or should be. Having said that, companies need to ensure that their values and actions are in tune, otherwise what they do may come off as insincere", says Laporte.





Calls for action on more inclusive societies

In this decade of action, it is vital to co-operate and build partnerships in order to achieve the SDGs and their targets. The global challenges are numerous and in this report, we have chosen to focus on global hygiene and health issues where there is a lack of progress and where WSSCC and Essity can contribute with knowledge and solutions. We call on policy makers to consider the following calls for action:

- **Promote more inclusive societies.** Effective hygiene and health practices evolves from shifting behavior and social norms. This shift requires long-term commitments from everyone, where we all play different roles. National policies need to support this transition by giving it special attention and putting financing behind. The silence and taboos on issues such as menstruation, incontinence and other stigmatizing conditions need to be broken. Policy makers also need to ensure dignity and promote equal opportunities. For example by:
 - Promoting of menstrual health literacy and education on the menstruation cycle at all levels can broaden understanding and help breaking taboos.
 - Funding research on women's health can also unveil how menstruation affects women's health and how to manage potential ill-health.
- **Endorse universal and inclusive policy.** Hygiene and health are truly universal and are relevant to everyone everywhere. The human rights perspective is ever present. Policy should aim to have hygiene and health solutions accessible for all, including those with special needs. For example, individuals with incontinence can live more dignified and inclusive lives, if the right care policies are applied, and the right solutions are provided. This can be achieved by improving self-management, taking a total care pathway approach to toileting and containment care, as well as recognizing the important role of incontinence products. Furthermore, policy makers have an important role to play in setting procurement standards that create a demand for inclusive products and services.
- **Support person-centered care.** Encourage and manifest person-centered care to empower both patients and healthcare professionals. By enabling health and social care systems to deliver person centered care better patient outcomes and care efficiencies can be achieved. Access to hygiene and health solutions often depend on certain policies and priorities, and equal access can contribute to more resilient, equal and sustainable societies. International bodies such as the WHO and OECD can therefore provide guidance on person-centered toileting and containment strategy provisions for individuals, their caregivers and society at large.
- **Promote value-based healthcare.** Assess the overall value created for society rather than focus on the costs per piece or intervention. This is important to secure further investments in innovation, research, new ways of working and digitalization, which can result in better hygiene and health outcomes. It contributes to inclusion, empowerment and creates a value benefiting individuals and society as a whole. Outcome based rules, regulations and standards needs to be developed.

