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Advocacy as a core strategy of social and behaviour change communication interventions

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Abstract
Using communication strategies in any development intervention is a well-documented and established tradition. Communication in this context implies a participatory process between stakeholders in any social change programme. Social and behaviour change communication is the systematic application of interactive, theory-based, and research-driven communication processes and strategies to address tipping points for change at the individual, community, and social levels. This is because of a growing understanding that behaviours are grounded in a particular socio-ecological context and change usually requires support from multiple levels of influence. The three strategies of SBCC which are Behaviour Change Communication (BCC), Social Mobilization, and Advocacy, can be employed in addressing problems. While SBCC interventions may employ any one of these strategies at any level, this article argues that advocacy is that one strategy that is very crucial to any level in the intervention. Advocacy as a strategy, recognizes that most behaviours of individuals are interdependent, not based on individual or individual preferences alone. And that change cannot be achieved through strategies addressing only the individual as his/her actions and decisions depend on what others think, do and expect from him or her. While it may be correct to apply more than one strategy in a given intervention, it is the conviction of the authors of this paper that the social environment which an individual exist must be given prime attention if sustainable change is so desired. Hence, the need to use advocacy at every stage of the intervention process.

Keywords: Advocacy, Intervention, Social mobilization, development, change

Introduction
Developing countries, especially Latin America, Asia, and Africa, have been bedeviled by many social conditions including poverty, illiteracy, poor health and a lack of economic, political, and social infrastructures. This situation compelled the developed societies of the west – Europe and America - to initiate developmental programmes to these countries during the post – war and post – colonial period. Development communication which refers to the application of communication strategies and principles in the developing world was advanced as a framework to drive home policies and ideologies of the West. This was because the problem of underdeveloped societies was believed to be an information problem, as such; communication was presented as an instrument that would solve it. Note however that communication at this early stage basically meant the transmission of information from source to sender.

But providing people with information and teaching them how they should behave do not necessarily lead to desirable change in their response/behaviour. However, it is believed that when there is a supportive environment with information and communication (teaching) then a desirable change in the behaviour of the target group is achievable. This is the major thrust of behaviour change communication.

Behaviour Change Communication
Behaviour Change Communication is an evidence- and research-based process of using communication to promote behaviour that lead to improvements in lifestyles. BCC intends to foster necessary actions in the home, community, health facility or society that improve health outcomes by promoting healthy lifestyles or preventing and limiting the impact of

health problems using an appropriate mix of interpersonal, group and mass-media channels (Glanz, K., Rimer, B. K., & Viswanath, K., 2008) [5]. Looking back a few years, the theoretical grounding of behaviour change communication is said to have its origin around the 1950`s. It was termed "information – education – communication" by public health practitioners. The new name BCC came with the growing awareness that merely giving information does not do the trick. More integrative approaches were needed. This realization came along with a shift in mass media perception, which also became more critical toward the concept of a mere receiver on one side and a sender on the other side (Glanz, et al, 2008) [5].

The explicit emphasis on behaviour change as an outcome helps to highlight the need for a thorough understanding of the full range of determinants, both internal and external factors, to understand why people do what they do and how to facilitate healthy options, decisions and support. These determinants could include knowledge and attitudes as well as many other factors elucidated in theories such as access to services, emotions, real and perceived consequences, as well as social support.

According to Bello (2014) [2], BCC efforts have focused on individual behaviour change because the most widely used theories emphasized the individual level. However, a growing understanding that behaviours are grounded in a particular socio-ecological context and change usually requires support from multiple levels of influence resulted in an expansion of the approach to become Social and Behavior Change Communication (SBCC).

SBCC Defined

SBCC is said to be a two – way participatory communication process that is evidence based i.e. well researched – not based on assumption but on clear – cut empirical facts. It uses socio – ecological model for analysis to arrive at "tipping points" for change. This definition was advanced during one of the interactive sessions with the SBCC Masters Degree students of the Cross River University of Technology, Calabar, Nigeria. As we shall soon see, the above definition holds substance when compared to the standard definition offered by experts in the field of SBCC because it identifies the basic components of the SBCC process. According to C – Change Module 0, "SBCC is the systematic application of interactive, theory-based, and research-driven communication processes and strategies to address *tippingpoints* for change at the individual, community, and social levels" (C-Change, 2011)**.** SBCC approaches behaviour change from multiple levels by analyzing personal, societal, and environmental factors to find the most effective tipping points for sustainable change.

There are 3 strategies employed by SBCC in addressing issues and problems, viz; Behaviour Change Communication (BCC), Social Mobilization, and Advocacy. Depending on the situation to be addressed, SBCC may employ one or more of the strategies or even a combination of all these strategies. In some situations, advocacy or social mobilization for policy change may support stronger and more immediate permanent change than campaigns that target individual behaviours (John, 2020) [6]. The focus of this paper is on advocacy as a core strategy for social and behaviour change communication, it is necessary therefore to attempt a discourse on this. Real life interventions shall be advanced to cap the presentation.

Advocacy Unbound

Advocacy, which has its roots in law, has been defined in varying ways. The Association for Progressive Communications (APC), defines advocacy as:

the active support of an idea or cause expressed through strategies and methods that influence the opinions and decisions of people and organizations, (and posit that) in the social and economic development context the aims of advocacy are to create or change policies, laws, regulations, distribution of resources or other decisions that affect people's lives and to ensure that such decisions lead to implementation (www.apc.org).

Advocacy can be viewed as any action that speaks in favour of, recommends, argues for a cause, supports or defends, or pleads on behalf of others. Advocacy helps to raise resources and political/social leadership commitment for development actions and goals. Advocacy work covers but not limited to the following activities:

1. Organizing meetings with leaders of thought and opinion within the community.
2. Educating the leaders on the need for a change of policies. And also educating the members of the public on the implications of policies and how they affect them.
3. Research which helps to ascertain the real situation to be addressed and the felt – needs of the populace.
4. Educational conferences where issues are discussed and solutions proffered.
5. Grassroots training and workshops that teach successful strategies and skills for necessary action.

From the aforementioned, it is clear that crucial in advocacy are certain elements which can be summed in CARE (Cooperative for Assistance and Relief Everywhere)'s definition of advocacy in its Resource Manual for CARE Programme Managers: the *deliberate process* of *influencing* those who make policy decisions (CARE *Advocacy Tools and Guidelines*, January 2001, p.2).

Sharma (n.d.) cited in Belgloian (n.d., para.2) describes advocacy as a tool for "putting a problem on the agenda, providing a solution to that problem and building support for acting on both the problem and the solution". Similarly, Safe the Children Fund, UK, in its handbook for planning advocacy says that "advocacy is a social change process affecting attitudes, social relationships and power relations, which strengthens civil society and opens up democratic spaces".

What is clear from the above submissions is that advocacy makes it possible for every critical stakeholder to be on the same page by building consensus about and around a given issue. By doing so, it raises the public's consciousness about the particular issue such that efforts are coordinated, strategies are deployed for communication and mobilization eventually.

Theoretical Consideration

There are several theories that can be integrated into advocacy strategy in any given communication effort that is targeted at social change. For the purpose of this paper, Everette Rogers' Diffusion of Innovation theory is adopted.

Everett M. Roger's Diffusion of Innovations, or Diffusion theory, refers to the process by which a change agent (e.g., individual, informal group or organization) models or

communicates an innovation. The innovation can be as diverse as a product, practice, programme, policy, or idea. Over time, the innovation may move onward to certain types or categories of adopters: early adopters, the early majority, the late majority, and laggards. Should the innovation reach a critical mass, it either will be adopted or rejected by members of the social system. An innovation is more likely to be adopted if it is relatively easy to comprehend; perceived as better than the idea it supersedes; and/or is compatible with the values, beliefs, and needs of the potential adopters. The degree to which the innovation, or results of the innovation, is visible and communicated to others, can influence the rate of adoption. When new ideas are invented, diffused, and adopted or rejected, social change can occur (Pathways For Change, n.d)

Underlying Assumptions

- Diffusion includes both the planned and spontaneous spread of new ideas.
- Newness means that some degree of uncertainty is involved in diffusion. However, an idea can feel familiar or normative if it is compatible with the potential adopter's existing values and belief system.
- Potential adopters' perceptions of the change agent(s) or opinion leader(s) affect their willingness to adopt a new idea. Thus, if the innovator is an outsider to the social system, there may be greater skepticism or opposition to the innovation.
- It should not be assumed that the diffusion and adoption of all innovations is necessarily desirable for a social system.

Application to Advocacy

- Policy and law can force individuals to adopt an innovation. However, individuals seem more open to the innovation or persuadable when the relative advantages of adoption are communicated and/or made visible by peers or media.
- Organizations may appoint a champion or charismatic individual who throws his or her weight behind an innovation and the diffusion process.
- Promising strategies include research, policy solution development, dissemination activities, champion development, and communications. (Pathways For Change, n.d.)

Advocacy in Action

In India, more people practice open defecation than anywhere in the world – more than 600 million individuals. Although access to improved sanitation is steadily increasing in India since the year 2000, the pace of change is too slow. If the current trend continues, India will miss the Millennium Development Goal (MDG) target for sanitation, and without India the world will not be able to achieve its targets. Clearly accelerating access to and use of toilets and hygiene practices have become a national priority for India. To accelerate the process, the Ministry of Drinking Water and Sanitation (MDWS) along with UNICEF and other partners developed the National Sanitation and Hygiene Advocacy and Communication Strategy Framework for 2012-2017. The overall goal was to make sure that people have access to, and use a toilet and practice good hygiene, including handwashing with soap after the toilet and before food. The strategy focused on increasing knowledge and perceived importance of sanitation and hygiene practices, with the long term objective of changing the way society thinks so that open defecation is no longer acceptable in India. (MDWS&UNICEF National Sanitation and Hygiene Advocacy and Communication Strategy Framework for 2012-2017).

As earlier hinted, part of advocacy work involves research. The development partners set out to find out challenges and misconceptions with regards to the use of toilets and the practice of good hygiene. Here are some of the findings of their research:

1. **Open defecation is a socially accepted traditional behaviour**. Many households and communities consider toilets unclean and the availability of open defecation fields in rural areas supports the continuation of such a belief. A study in Tamil Nadu revealed that 50% of the surveyed population found defecating in the open cleaner than using a toilet with more than 11% reporting that it is unhygienic to have toilets near the dwelling. Almost 90% reported that they were 'habituated' to open defecation and 5% reported that it was 'not in our culture' to use toilets. A further 4% were dissuaded by household elders not to use toilets.

(Source: UNICEF Study on Perception and Attitudes for Household Sanitation in Tamil Nadu; conducted by SRI-IMRB; 2010)

2. Lack of awareness of the linkages between using a toilet, the safe disposal of faeces and hygiene and health. Improved sanitation is not prioritized in many households and the links between open defecation and common diseases, including diarrhoea are not understood. Practicing open defecation creates an environment where disease transmission takes place and it is young children in particular who pay the highest price. Over 80% of all deaths due to diarrhoea among children under-five years of age are directly attributable to poor sanitation, unsafe drinking water and unhygienic practices. However, most communities do not view diarrhoea as life threatening.

3. Acceptance of open defecation means that girls and women remain *"imprisoned by daylight."* In the absence of toilets, girls and women (be they daughters, wives, mothers, aunts, grandmothers or nieces) are forced to wait for early morning or late at night to defecate. This sees them vulnerable to harassment, rape, disease and accidents, for example, snake bite.

4. Child faeces are considered to be harmless. Many fathers, mothers and caregivers do not perceive child faeces as harmful. It is common practice to throw faeces out in the open and not ensuring its proper disposal. Caregivers also fail to wash their hands with soap after handling and cleaning soiled babies and infants. Yet, according to UNICEF IYS Fact Sheet 2008, one gram of faeces contains: 10,000,000 viruses, 1,000,000 bacteria, 1,000 parasite cysts.

5. A significant gap exists between knowledge and practice. Even when people are aware of the health risks related to poor sanitation – and specifically not using a toilet, and critical hygiene behaviours – they continue with unhealthy practices. A study in Orissa revealed that 50% of

households surveyed knew that water contamination causes diseases, however 64% of these households continued to draw water from storage vessels by inserting a hand. Although 92% of respondents considered washing hands to be important for personal hygiene, only in 29% households were soap/ ash kept at the washing area. About 56% of respondents associated health problems with open defecation but nearly 36% did not think it important enough to build a toilet at home. Among the model Gram Vikas villages, 83% of households had toilets but only 48% were reportedly using them. (Source: Study to Assess Gaps Responsible for Low Utilisation of TSC among Tribal Population of Orissa; UNICEF and IMACS 2011)

6. Access to a toilet does not always mean it is used or maintained. Ownership of a toilet does not always lead to better adoption of sanitation and hygiene practices. Often faulty design, lack of proper maintenance, lack of knowledge about proper toilet usage and insufficient running water in the vicinity raises dissatisfaction levels, resulting in a return to open defecation. Along with highlighting the relevant benefits of constructing toilets there is an urgent need to provide information about the availability of improved and affordable design options and how these can easily be maintained.

7. Building and owning a toilet is not perceived as aspirational. Construction of toilets is still seen as a government responsibility, rather than a priority that individual households should take responsibility for. As such people prioritise buying a mobile phone or TV rather than investing in, using and maintaining a toilet. The challenge is to motivate people to see a toilet as fundamental to their social standing, status and well-being.

Based on the Evidence, the Strategy focused on four critical sanitation and hygiene behaviours:

a. Building and use of toilets
b. The safe disposal of child faeces
c. Handwashing with soap after defecation, before food and after handling child faeces
d. Safe storage and handling of drinking water.

The long term objective was to change social norms making open defecation unacceptable and internalizing the practice of safe disposal of child faeces, handwashing with soap and safe storage and handling of drinking water among all.

Advocacy as a strategy of SBCC recognizes that most decisions and behaviours affecting individuals are interdependent, not based on individual or individual family preferences alone. And that change cannot be achieved through strategies addressing only the individual, as his/her decisions depend on what others think, do and expect from him/her.

This intervention proposed three phases using one strategy for each phase. Advocacy strategy was employed for the second phase. The focus of this paper however, is to promote the value of advocacy as a strategy in social and behavior change communication efforts of intervention programmes.

The purpose of the advocacy phase is to mobilize government, media, civil society, implementing agencies and other stakeholders to strengthen sanitation programming and policies. It is believed that advocacy will create a platform to bring about effective implementation of the programmes of the government. The objective is to galvanize support to translate commitments into concrete actions. The target audiences for this exercise are: Policy makers, programme managers, media, opinion leaders, youth, academia, private sector. The central message is to get them to understand the importance of sanitation and information on government initiatives for total sanitation.

Advocacy activities employed: One to one meetings, Sensitization workshops, Field/exposure visits, Seminars/ conferences, Public private partnerships. Details of these activities are given below:

Evidence-based advocacy package: An evidence-based advocacy package was developed, including fact sheets, human interest stories and power point presentations on relevant sanitation and hygiene issues. The package was used for one to one meetings with policy makers and also for the orientation of elected representatives in order to garner their support in the implementation and lobbying with the government on hygiene and sanitation issues.

Media kit for journalists: Partnership with both national and regional media was intensified. Media kits including human interest stories, fact sheets, photo essays and stand-alone pictures on sanitation were developed. The package created awareness among all stakeholders on sanitation and its health implications. A CD containing photo images and graphics on sanitation for easy replication was included.

Field visits: Exposure visits to field for media, celebrity advocates and elected officials were conducted to increase awareness on sanitation issues and increase civil society participation.

Seminars and conferences: National conference for scaling up nationally and regionally best practices on hygiene and sanitation was organized. District collectors from the states met and shared initiatives at both state and district level. Lessons learned were to help inform and improve implementation.

Strengthening institutional capacity: One of the key focus areas of the advocacy strategy was to strengthen the existing institutions in the state working on sanitation and hygiene. This included strengthening the capacity of key opinion builders and policy makers, including NGO workers and nodal institutes at the state level.

Private sector partnerships: Corporate and other partnerships were to be cultivated to assist in campaign development, messaging and dissemination and support in programme implementation. Below is a breakdown of the communication intervention programme:

Audience/Stakeholders	Specific activities	Inputs needed
Policy makers: Parliamentarians (including ministers), members of legislative assemblies **Programme managers**: Civil servants at centre, state and district level	Training workshops on sanitation, water and hygiene practices, including NRDWP, at the central and state levels. At the central level, it can involve the Parliamentarians' Forum*. At the state level it can involve legislators' forums. Will also include information on related programmes such as MGNREGA. One-to-one meetings with key decision makers, including those in-charge of the government departments of ministries concerned and cross sectorial departments like health, nutrition and education. Field visits to best practice areas	Develop training module for workshops Evidence-based advocacy package Fact sheets Video films Audio programmes Presentations with programme related information Identify locations for field visits Organise workshops, identify participants and resource persons
Media	Training workshops for editors and journalists of both print and electronic media at national and regional levels on WASH issues including information on programs – NRDWP. Focus on engaging media in states with poor sanitation indicators Field exposure visits to locations that have performed well and under-performing areas Media networking to keep a consistent flow of WASH information and ensuring coverage Sensitisation workshops for programmers for inclusion of WASH issues programmatically in the electronic mediums – radio and TV	Develop training module for workshops News-based media package Fact sheets Human interest stories Programme related information Key contacts for further information Ready to use material in print and electronic form Identify locations for field visits Organise workshops, identify participants and resource persons Organise press conferences and one to meetings
„ **Religious leaders**	One-to-one meetings for informing them about the importance of sanitation water and hygiene and the initiatives of the government in the sector Develop partnership with existing religious development organisations to ensure that their programs include messaging on appropriate hygiene and sanitation behaviours to sensitise religious followers and link the issue of hygiene and sanitation to the notion of purity and a calling of the faith as well as lead by example.	Information sheets on programme, policy and execution Other printed material such as leaflets and posters Organise workshops and convention, identify participants and resource persons
NGOs, CBOs, SHGs, including trusts and cooperatives	Training workshops on specific areas where these organisations can engage in the water and sanitation sector	Develop training module Information sheets on WASH policy, programme and implementation Other printed material such as leaflets and posters Organise workshops and convention, identify participants and resource persons
Youth	Engaging youth organisations and universities Sensitisation workshops for youth leaders and youth clubs for developing a cadre of youth change agents and advocates on the importance of sanitation water and hygiene	Training module for youth leaders for information and peer-to-peer communication Digital and other social media specifically developed for the youth
Academia	Mapping of academia working on WASH Sensitisation workshop Field visits	Desk research Evidence-based advocacy material Fact sheets Research papers

(Source: MDWS&UNICEF National Sanitation and Hygiene Advocacy and Communication Strategy Framework for 2012-2017)

A similar advocacy intervention effort took place in Nigeria. It was determined that the fastest and most effective way to prevent disease spread is by washing hands with soap and that the most vulnerable are children. In 2013, to advocate the benefits of washing hands with soap, PZ Cussons, makers of Carex antibacterial hand wash, launched a 400-school-wide strategy to create understanding and awareness among pupils and children in Lagos State.

Keying into the 2013 commemoration of the Global Hand-washing Day (GHD) with the theme 'The power is in your Hands', PZ Cussons through its marketing manager, Mr. Clement Sunday, said "if we can teach kids and use them as agents of change, a whole lot of people will be more informed about maintaining good hand hygiene practices", using the GHD to drive its 'Hands Up For Hygiene Programme'. To push this, the company met parents and children in schools, homes, women development centres, parties, recreation and religious centres to spread their message (naija.yafri.ca).

Launched in 2008, Global Handwashing Day (15 October), is an annual event backed by the Global Public-Private Partnership for Handwashing with Soap, of which Unilever's Lifebuoy brand is a founding partner and succeeded in placing handwashing policy at a global level firmly on the international development policy agenda of the UN (www.unilever.com).

In an approach which incorporated multimedia communications campaigns, with handwashing messages conveyed through channels such as television, newspapers, radio, Facebook and Twitter, Unilever Nigeria Plc in conjunction with Departments of Public Health and Sanitation in Lagos kicked off a campaign aimed at defeating diarrhoea through promotion of hand washing with soap, during which utilisation of social media platforms such as texting "defeat" to 20050 and socialising on facebook.com/lifebuoy Soap were deployed to create understanding and spread awareness.

In a presentation entitled; "Addressing The Scourge Of

Diarrhoea Through Hand Washing", Consultant Paediatrician/Head, Olikoye Ransome Kuti Children Emergency Room, LUTH, Dr. Babayemi Osinaike listed the most critical times to clean hands are: after using the restroom, after interacting with someone who is ill, after touching animals, before and after preparing food, especially raw meat, poultry, or seafood, after touching a public surface, before and after meals and snacks, when hands are dirty and before caring for young children.

Also speaking, Unilever Nigeria Plc's MD, Thabo Mabe, said "Turning hand washing with soap before eating and after using the toilet into an ingrained habit could save more lives than any single vaccine or medical intervention, cutting deaths from diarrhoea by almost half and deaths from acute respiratory infections by one-quarter". Unilever introduced the Five Levers for Change in its advocacy:

- Visibly clean is not necessarily clean: (lever 1: make it understood)
- Mother & child interaction: (lever 2: make it easy)
- Pledging: (lever 3: make it desirable)
- Positive reinforcement: (lever 4: make it rewarding)
- 21 days' practice: (lever 5: make it a habit)

Here's their success story;

Past studies show that if we can reach one child through a school programme, that child will go home and influence the behaviour of his or her whole family.

We apply this multiplier effect to calculate our total reach for our schools programmes".

… We found that handwashing with soap at key occasions increased significantly after the school hygiene promotion programme. Soap use increased from 53% to 75%. This increase was sustained at the same level more than six months after the programme ended.

(www.unilever.com)

Conclusion

The major thrust of this paper has been on the value of advocacy as a strategy of Social and Behaviour Change Communication. Advocacy as a strategy recognizes that most behaviours of individuals in the society are interdependent, not based on individual or individual preferences alone. And that change cannot be achieved through strategies addressing only the individual as his/her actions and decisions depend on what others think, do and expect from him/her. In other words, it views an individual's behaviour from the context of his/her socio – ecological experience as well as other cultural influences. While it may be correct to apply more than one strategy in a given intervention, it is the conviction of the authors of this paper that the social environment which an individual exist must be given prime attention if sustainable change is so desired. Hence, the need to use advocacy at every stage of the intervention process.

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