

Behavioural and Social Change Communication

A Companion to the Facilitators of Swachh Bharat Mission

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The purpose of IEC (Information, Education, Communication), especially in the sanitation sector is behavioral change – change in favour of constructing and using toilets; and the rest shall follow. Mechanical lineup of IEC tools without an understanding of behavioural change dimensions renders it hollow. This handbook shows how development practitioners need to connect themselves to the context; design messages that are grounded; and deliver messages that result in desired behavioural and social change. It refers to, and draws ideas from trans-theoretical model (TTM) on stages of behavioural change, to put across how TTM can be beneficially used for collective behavioural change in favour of rural sanitation promotion.

CONTENTS

Preface

Foreword

I India's Sanitation Challenge

- Introduction

II Understanding Resistance to Change

- Tell me: why?
- Resistance to Change
- Understanding Resistance to Change
- The Source of Resistance
- How to deal with Resistance?
- The Inflexible Communicators
- Perception and Negativity
- Tit-bits

III Information, Education and Communication

- Strategies that work
- What is the difference between IEC and BCC?
- Information
- Education
- Communication
- Strategies for Failure
- Knowing is one, Practicing is entirely another
- What is Behavioural Change Communication?
- Interpersonal Communication for Sanitation Promotion
- Two other elements (Social Mobilization and Advocacy)
- Sanitation Behaviour
- Five things to remember

IV Social and Behavioural Change Communication

- One Initiative; Two Perceptions
- BCC Theories and Tools, and how they can work in sanitation promotion
- Behaviour Adoption Curve
- Narrative Patterns for different aims
- Trans-theoretical (Stages of Change) Model (TTM)
- Modified TTM for Sanitation Promotion (M double-T M)
- How long is a piece of String?
- Socio-Ecological Model for Change

- Breaking the Resistance to Change
- Nurturing Social Norms in favour of Sanitation
- How they did it?
- Good Health Communication
- Mobile phone is on the priority of the people, but toilet is not. Why?

V Social Marketing Strategies for Sanitation Promotion

- Social Marketing
- Marketing Sanitation
- Positioning Statements
- Brand Building – Using Gandhi as a brand
- Creating a ‘product brand’ platform
- Menu of Ideas that Sell
- Mission Swachh Bharat: Possible
- The bottom-line in our brand ‘Gandhiji’

References

List of Abbreviations and Acronyms Used

BDO	: Block Development Office
BPL	: Below Poverty Line
CRSP	: Central Rural Sanitation Programme
DRDA	: District Rural Development Agency
GoI	: Government of India
NBA	: Nirmal Bharat Abhiyan
IAC	: Innovation Adoption Curve
IEC	: Information, Education, Communication
NRDWP	: National Rural Drinking Water Programme
NSSO	: National Sample Survey Organisation
MDWS	: Ministry of Drinking Water and Sanitation
MoRD	: Ministry of Rural Development
ODF	: Open Defecation Free
PHED	: Public Health Engineering Department
SBA	: Swachh Bharat Abhiyan
SBCC	: Social and Behavioural Change Communication
SBM	: Swachh Bharat Mission
TTM	: Trans-theoretical (Stages of Change) Model
TSC	: Total Sanitation Campaign

Preface

In response to the Prime Minister of India's call for Swachh Bharat, we, at the NIRD-PR, set out to do up and refresh our handbook on 'behavioural and social change communication for promotion of rural sanitation'. The idea was to prepare a 20-page handbook that will give a credibly good understanding of rural mindset; factors recognized as mind-blocks; tools some of the popular behavioural theorists suggest to break the mental conditioning of the rural people in order to be able to convince the rural people in favour of constructing and using toilets and so on. As we started collecting materials for reference we found it was going unstoppable. We found ourselves inescapable from this exercise. Two things dawn on us. (1) There is no dearth of literature or knowledge in development communication – be it diseases caused by poor sanitary conditions or technological choices ranging from as low as \$ 1.25 per toilet; (2) Practitioners need 'ideas and tools' to work with – not theories as such, as if to pass an academic examination, which is the focus of the some of the handbooks we came across.

Health Communicators / Development practitioners involved in sanitation promotion need ideas, strategies and tit-bits that can serve as practically useful tools. Such ideas and tools should come in handy to introduce a swarm of bees in the ears of rural people that keep buzzing until they stop the habit of defecating in the open. A communicator, when s/he communicates about sanitation, must be able to make out and take in what's going on inside the mind of a villager; a

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communicator needs to know if s/he is making progress or is being viewed like a record stuck in a scratched groove, playing the same tired refrain over and over again. Application in a practical situation is the focus of this handbook, and not to prepare the health educator on some abstract concepts in social psychology. For this to really happen, the readers must take a break in-between and get down to doing mental rehearsals, with their eyes closed.

Our purpose of IEC (Information, Education, Communication), especially in the sanitation sector is behavioral change – change in favour of constructing and using toilets; and the rest shall follow. When we find half of India's population still defecates in the open, we tend to ask ourselves if we are mechanically lining up our IEC tools - one after the other or one over the other - without paying sufficient attention on the behavioural change dimension. If we did that, for sure, it tends to render our IEC activities hallow, ineffective and unproductive.

This Companion to Health Communicators shows how development practitioners need to connect themselves to the context; design messages that are grounded; and deliver messages that result in desired behaviour and social change. It refers to resistance to change, and draws ideas from a host of theoretical strands in social psychology to put across how these theories inform development practice, and how they can be effectively used for collective behavioural change in favour of rural sanitation promotion.

A communicator needs to know if s/he is making progress or being viewed like a record stuck in a scratched groove, playing the same tired refrain over and over again.

Although it has come on your hand in print form, we consider this a work-in-progress. We keep working on amplifying ‘the bee buzz’. This handbook while it is still a work-in-progress has reached your hands for you to use and give us ideas ‘how to amplify the buzzer’. We are set out to work with mind-sets – of our own and others. So, there is no saying: ‘*there can be no two ways of doing it*’. It is possible, the health educators can draw ideas from this handbook and improvise / adapt to your requirements. Our purpose is making your IEC tools for sanitation promotion effective, and your public communication campaigns result-oriented. Our mission is ‘Swachh Bharat’. Let us together make a clean, green and beautiful India.

R Ramesh
P SivaRam

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Acknowledgements

The irony about writing is that it is very much demanding, while at the same time energizing, instead of making you feel tired. While you have set pen to paper, there are plenty of authors you interact with through their books and works. While interacting with them (in their absence) you admire them, envy them of the brilliant work they have done; and also when you come across an idea that is impracticable you can easily disagree with them or skip over without hurting. We need to acknowledge many such people for their admirable contribution to the literature and tools that served as base for this work.

Since this handbook is meant to contribute to a great social cause, we have very liberally drawn from the works of several institutions, and authors such as UNICEF, WSP, including documents from the Ministry of Drinking Water and Sanitation. We have tried to cite the source of the materials as meticulously as possible. Where we have not given, it is perhaps a mistake, which if pointed out, we shall happily rectify when it goes as second-revised version for print.

We profusely thank Dr M V Rao I.A.S, Director General of NIRD-PR for the confidence he has instilled in us to take up any good work that is useful to our trainees, the community, and to contribute to the mission of the MoRD. Many thanks to Dr Sonal Mober, Assistant Professor at NIRD-NERC-Guwahati for she gave a meticulous reading of the manuscript. We are happy to dedicate this handbook to all the participants of our training programs in NIRD-PR, and outside, for we have learnt a great deal interacting with them, and through their honest feedback.

R Ramesh / P SivaRam

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SECTION – 1

India's Sanitation Challenge

Introduction

Rural sanitation promotion is one of the mammoth challenges that India faces today. It is estimated that nearly half of the population of this country is still 'doing it in the open'. Another matter of serious concern related to this issue is a little over 20 percent of the toilets constructed are reported to be not in use (Government of India, 2013). First government grants for sanitation facilities were made available to local bodies in 1912, and later it got delegated to provincial governments in 1919. Nevertheless, sanitation promotion started off in a serious way only after Medinipur Experiments in 1990s; and after the launch of Central Rural Sanitation Programme (CSRP 1986 - 1998) and Total Sanitation Campaign (TSC) by the Government of India in 1999 (Alok, 2010). India is making progress in rural sanitation adding some 4 million new toilets per year (Jacob, 2014). However, going by the percentage of 'people who still do it in the open' the pace of change to toilet use is too slow.

It is astounding to find that in absolute numbers more than 620 million people practice open defecation in India – that is we have almost half of our population defecating in the open (WHO & UNICEF, 2013). Perhaps, every one of them thinks that 'this small pile' is not going to harm the entire India. How to make them understand that this is not only harmful but also shameful? For an economy aspiring to *make everything in India*, a mass of its society travelling in the opposite direction is really an eyesore.

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With a post-construction incentive of Rs.12,000 per toilet, India is perhaps, the only country in the world that gives such a big incentive to construct individual household toilets. The advocates of CLTS (Community-led Total Sanitation) find it amusing, and amazing to notice Government of India spend such a big amount on every household for sanitation promotion (See for instance: Waterlines Vol.27 No.3, July 2013, pp.177-183). How to unravel the mystery of rural mindset and make them feel defecating in open places disgusting is the focus of this handbook.

No.2 Problem at No.1: Sanitation promotion is a priority on the rural development agenda of the government of India for more than 15 years now. Since the initiation of CRSP and TSC remarkable efforts are being made to have villages clean and open defecation-free (ODF). Considering the size of the country, we must state that India has made good progress. Rural sanitation coverage in India in the year 1990 was a mere seven per cent. A recent survey by NSSO in December 2013 has reported that 41 per cent of the rural households own toilets. Yet, the remaining 59 per cent of rural India defecates in the open.

Swachh Bharat: The Government of India (GoI) on 2nd October 2014 launched Swachh Bharat Abhiyan (SBA) with a mission of achieving clean India by the year 2019. There are varied projections – some optimistic and hopeful; and others pessimistic and cynical. Those aspiring to achieve should keep guard of cynicism and move ahead. Estimations and projections apart, one thing that is clear is we are still a long

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way from a clean India. While open defecation is a serious problem in Indian villages; irresponsible disposal of household waste is increasingly making urban areas unlivable. Rural Indians, without a speck of hesitation can defecate on the streets in the nights; and behind bushes during daytime. It is no problem for them. That is very normal and common – to perceive *doing it in the open as no problem*. It is no problem because everyone does that. It has nearly been a social norm that everyone perceives that *it does not matter*. Rural society tends to view it as a normal happening everywhere.

Let us digress for a while: Talking about social norms, let us digress for a while, to funerals in rural India. We know that being assured of a decent funeral remains a high priority for many in Indian villages. And not being able to properly burn (or bury) and pay last respects to a deceased person one can put the honour of the family in jeopardy. In India, (like it is in many other poorer countries of the world) funerals take on important symbolic and social significance. Even today funerals continue to assume overriding significance to demonstrate a family's prestige to the extent that financing of a funeral, especially for poorer families, can exhaust resources and send a family into debt. Social norm demands it that way; for otherwise, it puts a family into *acute embarrassment* in the society.

We draw this example, not to abate the importance of a decent funeral, but as it renders us appalled when we draw a parallel to defecating in the open being accepted and practiced, despite more than a decade of campaign against it, and all out support by Government of India for construction of household

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toilets. There is *no embarrassment* about defecating in the open. Perhaps, all the street plays and jingles of our health educators from PHEDs, DRDAs, NGOs, and others are heard as verbal diarrhea these regiments are suffering from.

Progress so far: In sanitation front, we have some of the Indian states that have progressed most like Sikkim, Himachal Pradesh, Mizoram, and Kerala that stand out as the best performing states. Others, like Punjab, Haryana, Maharashtra, and West Bengal have done relatively well too. However, states like Bihar, Madhya Pradesh, Rajasthan, Odisha and Uttar Pradesh are stuck in the bottom (low coverage) and (low progress). Here, the number of toilets constructed is only one part of the story, the other side of it – that is how many (or what percentage of) toilets are actually put to use is a bigger question that is very pertinent. In fact, the latter half (‘the other side’) of the question is what answers ‘whether a sanitation mission is successful or not’.

Toilets constructed, remaining unused due to trivial reasons like that of the proverbial rhyme ‘want of a horse shoe nail’ is widespread. Percentage of toilets reported as unused is implausible. Down to Earth (January 31, 2014) reports that about 67 per cent of the toilets constructed are not used in Jharkhand; 59 per cent in Chhattisgarh; 30 per cent in Tamil Nadu; 26 per cent in Madhya Pradesh; and 24 per cent in Rajasthan. Based on the current trends in the pace of construction some states and UTs (e.g Bihar, Odisha and Puducherry) is really a matter of serious concern. Countries such as Sri Lanka and Bangladesh are reporting 94 – 96 per cent coverage of household latrines.

How development practitioners need to connect themselves to the context; design messages that are grounded; and deliver messages that result in desired behaviour and social change.

The Result: Making Swachh Bharat a success is not fully in the hands of the government machinery implementing it - in the sense - mere construction (output or the number constructed) does not spell success here. It is the result that matters – whether everyone from every household that owns a toilet uses it. It is more to do with habits, personal realization and social acceptance. Until everyone starts using a toilet, everyone else is in danger too.

The question of values: The same holds good for the city culture of keeping one's house clean, and remain unconcerned of the filth on the street in front. In the words of Ayn Rand (1964), *this selfishness entails a hierarchy of values set by the standards of one's personal self-interest, and the refusal to sacrifice a higher value for a non-value*, even amongst the so called educated in Indian cities. This nonchalant attitude in matters related to 'commons' is a serious concern all over India. The 11,040 tones/ a day (tpd) of waste handled by Delhi Corporation; 3,344/tpd waste handled by Bengaluru; 4,923 tpd by Hyderabad; and 11,520 tpd handled by Kolkata are all accumulation of our collective irresponsibility. Let us hope Mahatma's spectacles as a 'brand' in Swachh Bharat Mission shall work its way towards Clean India.

The best time to plant a tree was 20 years ago: Making Swachh Bharat a reality is in the hands of every one of us. It is in our personal interest, and national interest. Believe Swachh Bharat is possible, and that it is a superb dream to work towards. They say: *The best time to plant trees was 20 years ago, and the second best time is ...NOW.*

Study on
human behaviour
has proved time
and again that
'habits are
stronger than
reasons and
logic'.

SECTION – 2

Understanding Resistance to Change

Tell me why

Have you¹ ever tried writing down ‘10 convincing reasons’ (earthly reasons that nobody can punch a hole against!) to each of the following questions? Do not give any worldly reasons or sophisticated justifications. Be rational, reasonable and grounded to the rural reality. Write down 10 reasons that directly connect to a rural villager you are talking to - about sanitation. *If you get a big-enough why, you can always figure out the how.* Here are the questions.

1. Tell me why do you think I should construct and use a toilet?
2. Tell me why do you think I should not waste water / save water?
3. Tell me why do you think children should be trained to develop habits that are hygienic?

We need to do this homework because they [rural people] have one thousand reasons (which have become almost metaphors by now) why they do not need a toilet. Some of their reasons are:

- *But I have been ‘doing it in the open’ for years,*
- *Most of us don’t use toilet, are we all in the hospital, day in and day out, week after week?*
- *Shame?..everybody does that.. I’m not the only one doing it. What shame are you talking about?*
- *We don’t have money; the subsidy is too small*
- *But you give subsidy later. Do you think I have the money to invest so that I get your subsidy later?*

Write down 10 reasons that directly connect to a rural villager you are talking to - about sanitation. If you get a big-enough **why**, you can always figure out the **how**.

Here are the questions.

- *The space we have is too small to accommodate a toilet.*
- *The sanitary complex is not at easy access from my house.*
- *I may lose my daily wage for at least a week, constructing this unwanted thing.*
- *You are right, but I DON'T WANT IT.*
- *Oh, maybe, you have been given some target to accomplish.*

It's a question of what one attaches importance to, and the difference in the perceptions of the rural people and the development workers. The bottom line in the reasoning of rural villagers is: I don't attach importance to what you refer to – toilet or hand-washing with soap. I don't attach any value to sanitation because I am habituated to doing it in the open, which is almost part of my true-self. I have never felt ashamed of it because I know I am not the only one doing it in the open. This is 'widespread mass opinion'. Talking about communicating to the masses, the word 'mass' comes with several interesting definitions in the Oxford Advanced Learners' Dictionary (Hornby, 2010). It gives an idea, who we are trying to communicate with when we say 'communicating sanitation to the rural massesⁱⁱ'. We are set out communicating with 'the rural masses', not a few progressive farmers; not a few people infected by / living with HIV-AIDS.

Resistance to Change

One daunting question among the development professionals working in the sanitation sector is: *(Enough) awareness has*

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been created in order to make them realise this undesirable open defecation practice – WHY DON'T THEY CHANGE? Unable to find an answer to this question, they end up dismissing the question as 'resistance to change'. They tend to think that rural people generally are hesitant about any new initiative; and are unchanging; or unwilling to change their old ways of doing things. What we, as development practitioners lack is 'self-critical analyses'. The easy solution we have discovered for quite some years now is the three letter *mantra* – I E C (Information, Education, Communication), and to carry it on business as usual. The fact of the matter about IECs is that they have ended up creating awareness and knowledge, but failed to trigger action to the extent desired; as much as they have failed to understand human behaviour and the reasons behind resistance to change.

Understanding Resistance to Change

The reason why they don't change could be because they are afraid of accepting responsibility.

- Lack the desire to change
- Lack the discipline to change
- Lack the belief they can change
- Lack of will to accept the need for change

You are trying to install new habits in their character; and break the habits they lived with for over 20 – 30 years. But they choose to listen to their autosuggestions and go by them. Most of our behaviour is habitual. Habits are a lot stronger than logic and reasoning (Kera, 2011). How often we hear from our colleagues: '*I want to give up smoking, but I am unable to*'. The implication of the statement is: *I am aware of all the reasons why I should give up smoking, but still this*

The fact of the matter about IECs is that they have ended up creating awareness and knowledge, but failed to trigger action to the extent desired, as much as they have failed to understand the reasons behind resistance to change. We have let IECs travel in one-way.

habit overpowers me. Their mind is so conditioned and closed that they are not ready to take in any new idea or simply they are not ready to listen at all. There are several negative auto-suggestionsⁱⁱⁱ working in people's minds to offer justification for why they don't care – be it using a toilet or water saving. Habits render one powerless from making right decisions.

The Source of 'Resistance to Change'

To understand 'the source of resistance to change', it is necessary to understand a simple truth about what runs in his/her mind when a rural villager listens to your communication on the importance of sanitation. We are aware that the conscious mind of humans can think. The subconscious mind is not rational/ it acquires a world view and holds it for ready reference. Subconscious mind is the databank that feeds information to the conscious mind to respond.

When listening to you, his conscious mind keeps constantly interacting with his subconscious mind with reference to his autosuggestions. The reference he has in his subconscious mind about sanitation practices is negative (i.e. *I don't need; I have been like this for years; I am poor; the subsidy may not come in full; there is enough open place available etc.*). S/he is partly listening to you, while internally talking to himself, justifying to himself why he does not need a toilet. Subconscious mind is not rational /it's not chosen. It's unconsciously acquired during the course of life. It is getting habituated and to direct one to behave in a manner he has always been behaving. As he grows in age, it gets stronger and becomes rock solid (as 'engraved reference points' at subconscious mind). Thus goes the saying: 'habits die hard'.

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Even at times, when his conscious mind wakes up to say: 'yes, I agree with you', his subconscious mind quickly brings in a justification to satisfy why he should choose to say 'no'. His conscious mind may persistently come up with excellent reasons, but his subconscious mind keeps coming up with even more compelling counter-reasons. That's why when we try to convince such people (especially older people) we often feel like talking to a brick wall. That's the reason it is said: 'catch them young while they are still at school' (*Bal Swachh Bharat*). The challenge in rural sanitation is how to make a villager to consider and ponder over the truth in what you explain about sanitation. How to break his resistance, pushing him to reweigh habits that s/he has lived with for years?

How to deal with resistance?

There are two things to bear in mind here. One is there is no such thing as resistance. There are only inflexible communicators who push at the wrong time and in the wrong direction; and the second thing to remember is 'habits are stronger than reasons and logic'. Habits are hard and they have got engraved as mental-orientation of a person over the years. As you communicate to them, your soft messages are taken to their existing mental-orientation for an appraisal. Chances of bouncing off are high unless your message is flexible-enough for consideration and locally grounded that can stand resolutely at appraisal stage without bouncing back immediately. Most of us think communicating is akin to verbal boxing, where you should win the community groups. A good communicator, instead of opposing someone's views, is flexible and resourceful enough to sense the creation of resistance, finds points of argument, align himself with them,

Sense
making is
an
'interactive
process'. In
other words,
reality isn't
'out there',
rather we
create it with
others
through
communication, and
negotiation.

and then redirect communication in a way s/he wants to go. *The superior fighter succeeds without violence.* This is called intelligent non-aggressiveness. This very much connects with our Swachh Bharat Mission's idea of presenting the Mahatma as a brand for a big-enough cause.

No resistant people, Only Inflexible Communicators

It is important for us to remember that certain words and phrases create resistance and problems. Good communicators realise this and pay close attention to the words they use and the effect they have on the participants group. The lesson is: there are no resistant people, only inflexible communicators. Just as there are words and phrases that automatically trigger feelings or states of resistance, there are also ways to communicate that keep people involved and open. For example, what would happen if you had a communication tool you could use to communicate exactly how you felt about the issue in question, without compromising your integrity in anyway, and yet you never had to disagree with the person, either? Would that be a fairly powerful tool? Well, here it is. It's called agreement frame. It consists of three phrases you can use in any communication to respect the person you are communicating with, maintain rapport with him, share with him what you feel is true and right, and yet never resist his opinion in any way. Without resistance there is no conflict. Here are the three phrases (Antony Robins, 1986):

“I respect and....”

“I agree and.....”

“I appreciate and....”

In each case, you are doing three things. You're building rapport by entering the other person's world and

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acknowledging his communication rather than ignoring or denigrating it with words like 'but' or 'however' or 'no' or 'you simply don't understand'. You are creating a frame of agreement that bonds you together. And you're opening the door to redirecting something without creating resistance. For instance, someone says to you, "you're absolutely wrong" about something. If you say, "No, I'm not wrong, I am talking sense", are you going to remain in rapport? No. This will lead to intensifying the resistance.

Notice, you don't have to agree with the content of the person's communication. You can always appreciate, respect or agree with someone's feelings (world view) about something. You can appreciate his feelings because if you had lived in the same context, you would have, perhaps, developed the same perception, who knows? When you communicate in this way, the other person feels respected. He feels heard, and has no fight. There is no disagreement, yet new possibilities are also simultaneously introduced for him to consider. There is a Murphy's Law which goes like this: *'If you can't convince, confuse'*. The response to your communication is 'confusion'. Now that you have given different perspectives to him, let him ponder over. S/he is not in the same 'resistant state' where you found him before. S/he is 'confused'. That's another level. That's good enough.

In face-to-face communication (during door-to-door campaigns) family-specific and person-specific communication may have to be designed rather than walking as if a message-sprayer has been tied to your mouth. Self-critical analysis can help. Self-critical monitoring is very

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essential in communication. Critical review of practice is vital to enrich development practice. Without criticality, the experiences of your development practice shall not contribute to the existing knowledge in, and theories of rural development. Development communication must stay to create the desired impact.

Perception & Negativity

Many communication challenges arise because of differing perceptions. The first requirement to stand firmly as a good communicator is not to register a 'negative image' of the poor and criticize them as traditional, old-fashioned and unchanging. Do not get disheartened either. Maybe, they have misplaced priorities. Your perception of things is different from theirs. Your mental orientation is different from theirs. They have been socialized in a different environment - in an environment where defecating in the open is 'absolutely normal'.

The process by which we influence each other's perception through communication and negotiation is in our ability to understand a given society. How we feel about something and what we do about it are dependent upon our perception of it. Many times, by enabling people change these habitual patterns, we can help them create greater choices for them. This is called reframing. Our approach to reframing and how we facilitate perceptual alignment matters. We shall see more about this in the sections that follow, with real-life examples. Now let us take note of some simple-to-use behavioural tips.

*In face-to-face
communication
(Inter-personal
communication)
never talk as if a
message-sprayer
has been tied to
your mouth.
Listen and try to
identify the
mental block. It
helps.*

Tit-bits

You can reach your outcome more efficiently by gently aligning and then leading rather than by pushing violently. Most of us tend to go to a sanitation campaign holding a view that that we are right, and they [the villagers] are wrong. That simply means one side has a monopoly on truth, and the other resides in utter darkness. This must be avoided. Learn to listen with open mind; you shall notice your perspective expand. Try to understand the mental block, and what causes it. Address it with appropriate behavioural influence tactics.

Second way to solve problems is to redefine them – to find a way to agree rather than to disagree. We've all found ourselves in stuck states, in which we recycle our own mental dirty dishwasher. We are used to constantly making statements like: '*poor sanitation causes a variety of diseases*', and we keep repeating it wherever we go. It's like a record stuck in a scratched groove, playing the same tired refrain over and over again. The way to get the record unstuck is to give the needle a nudge or pick it up and put in somewhere else. The way to change a stuck state is the same way: we need to interrupt the pattern – the tired old refrain – and start anew. Maybe, we can talk about privacy, comfort, and so on.

Confusion, as mentioned already, is one of the greatest ways to interrupt patterns / behaviour. People fall into certain habits or patterns because it is their way of using their resources in the best way they know. It's not easy to convince them, but providing them with several perspectives to ponder over, it is possible to confuse them. Confusion makes people

uncomfortable. And that's the first step to make them buy a new idea.

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NOTES

ⁱ This is a guide book with tips and techniques for practical application by Health Workers or Health Communicators in the field. Hence, the expression **you** and **your** refer to the Health Communicators, and the third person **they** and **them** refer to the villagers who are generally considered hesitant about constructing a toilet and using one. The first person 'I' refers to rural people as if s/he refers to herself/himself.

ⁱⁱ The word 'mass' means *a large amount of something that does not have a definite shape or form*; another meaning is *a large number of people or things grouped in a confused way*; yet another meaning is *the ordinary people in society who are not leaders or who are considered to be not very well educated*; they are the most or they are *the majority*.

ⁱⁱⁱ The use of the adjective 'negative' as prefix to auto-suggestion in itself is a perception. In the perception of a health and sanitation worker it is 'negative' because he has been trained to perceive it as negative from a given development perspective. It has been scientifically proved that population defecating in open are at-risk. They are referred to as 'at-risk population'. From this perspective, our use of the expression 'negative auto-suggestion' may be justified, although people defecating in the open may argue against our use of the expression 'negative auto-suggestion'.