

SECTION – 3

Information, Education and Communication

Strategies that work

The first thing to understand about IEC is ‘*what issues can and cannot be addressed through IEC*’. And why have we placed our focus more on Behavioural Change Communication (BCC)? Are these two different – IEC and BCC? And if they are different, what were we trying to change through IEC? Before getting down to discussing further about the strategies that work, it will be in order if we get clarity on ‘what is IEC at all’? And what is BCC? This is necessary because for some IEC is as short as being able to expand the abbreviation. For others IEC means, posters, wall writings, handbills, TV scrolls etc. We have observed some sociologists involved in sanitation promotion equating communicating to ‘talking’. Let us try to clarify: Information, Education, Communication drawing examples from water and sanitation sector.

What is the difference between IEC and BCC?

Information, Education and Communication (IEC) is a process of providing information and education to individuals and communities to promote healthy behaviours that are appropriate to their context. It is believed that having correct knowledge will lead to adoption of healthy behaviours. But our experience with IEC programmes shows that knowledge and awareness are not necessary and sufficient conditions for behaviour change. For instance, if giving correct knowledge had worked - by now, there was no need to talk about 60 per cent of the Indians still not owning a toilet; and among those who constructed about 25 – 35 per cent of the toilets not being

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used. This is because adoption of behaviour is also influenced by the external environment; the local context, family and community at large, in which an individual lives. Understanding the mental orientation, and his/her world view are important too.

Behavioral Change Communication (BCC) has evolved from the previous experiences of IEC. IECs used in water and sanitation sector, most often, are generic /centrally prepared. It is based on an instructional or pedagogic understanding ‘that not using a toilet is an unhealthy practice and using one is a healthy behaviour’. It is viewed as externally-driven or something manufactured outside of the community expected to change the unhealthy practices at community level. Although there are elements like pre-testing an IEC material, in actual practice, IEC materials are rarely pre-tested. They are straight away consigned from state level to all the districts, and villages for use. It often turns out to be generic, notional, instructional, which lack context-based evidences, and relevance.

BCC has strengthened the fundamentals and the interiors of IEC, rather than extending it from above. We need to work more on understanding and breaking the mental blocks of people, rather than using some posters, and videos indiscriminately – either because you like it, or that’s all you have been supplied with.

To achieve the desired result by bringing about appropriate changes in behaviour, communication needs to go beyond imparting knowledge and awareness. It has to strike the heart.

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It has to develop conviction about the risks of the present behavioural pattern and the benefits of the proposed set of behaviours, which a poster or handbill cannot achieve. It has to be translated into practice. The practice has to be sustained. Practice has to be advocated to others as well. Communication that goes beyond providing knowledge and creating awareness and addresses all the needs mentioned above, in stages, thereby bringing changes in behaviour is known as behavioural change communication. The emphasis is on the individual and the community whose behaviour is to be changed. It is when communication goes beyond the individuals and seeks to reach out to the society at large with the aim of effecting changes in individuals and the community, the elements of 'Social Mobilization' and 'Advocacy' are added to targeted communication for individuals, then the communication matures into behaviour and social change communication (Dibyendu Sarkar, 2013).

One big advantage with BCC is that it is possible to work with communities with almost no IEC materials in hand. BCC is an evidence-based, consultative process of addressing knowledge, attitude and practices through identifying, analyzing, and segmenting audiences and participants in programmes and by providing them with relevant information and motivation through well-defined strategies, using an appropriate mix of interpersonal, group and participatory methods, including mass media. BCC aims at affecting changes not only in knowledge but also in attitude and practices and thus a more comprehensive approach than IEC. BCC depends again on information, education and communication only in a variety of ways. Yet, as mentioned

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before, the foundation or the fundamentals have been made stronger for a better understanding of the use of IEC.

We must clarify here that BCC does not completely brush aside IEC. In fact, the concept of BCC demands more from the educators who employ IEC tools. Moreover, it demands IEC to be location-specific and behaviour change focused. It aims at moving beyond the mechanical use of printed materials and audio visuals, paying sufficient attention to ‘the change desired in the behaviour of people in favour of toilet use and general cleanliness’. IEC materials should not serve as sprayers of educational information in barren land. BCC element should render IEC effective and result-oriented. Let us revise or revisit our understanding of IEC so that we know the role of IEC in BCC.

INFORMATION

- This primarily relates to information about the existence of water and sanitation related problems; the seriousness and magnitude of the problem. Do we have factual data? Is the information we have evidence-based? It can be at macro-level such as: world-wide 4,500 children die every day due to water-related illness. Or it can be related to micro-level incidents of diarrheal deaths in a given block in a given year. Have we collected stories of people affected; children that died of diarrhea in a given village/ in the neighbourhood. How many families; how many children; and how many affected in the last 2 – 3 years, for instance. How does it matter – in the sense, how poor health and sanitation practices

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become reasons for ill-health, unnecessary expenditure, levels of poverty aggravated in a given community and so on.

- This information must also include habits of people; general health and sanitation practices in a given village; the area men go for squatting; the area women go to relieve themselves; the area school age girls go to sit; the interruptions / associated-jokes; their perceptions of civic pride and social status. The culture, belief system, attitude and behavior people manifest in disposing human excreta; misconceptions and perceptions about safe water and health; and the source of such beliefs, and what actually is the truth behind such belief systems etc. What kind of sanitation culture people adopt?
- Information about people who own toilets but are unwilling to use them; or one or two members who still 'do it in the open'; children not toilet-trained; families that misuse toilet for other purposes; and about toilets disused and so on.
- (Evidence-based) Information helps us to provide a believable or convincing backdrop for the community members to connect themselves easily, rather than 'teaching' what you read in a manual, or heard from a senior colleague. Contextually connecting gets the people prepared to listen to the educational message / technical solution your programme proposes. It helps us to connect easily and relate the solution to the context in question. Information brings in contextual relevance. So connecting our programme message becomes easy. Information helps to design educational

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the content
of
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been exposed
to; and the
thoughts
s/he has
entertained.

and communication messages that stand grounded. Information can be supportive, and help people relate easily and believe.

EDUCATION

- Education by definition is *what remains after you have forgotten all the factual data and information* (what remains? your life style that reflects your attitude, behavior and actions). For instance, you have developed the habit of hand-washing with soap after you use a toilet. You feel uncomfortable in a place where after you have used a toilet, but you do not get soap to wash your hands. You started hand-washing with soap as a conscious activity, and over the years it has gone into your sub-conscious mind that your mind is now conditioned to do it as a habit every time. It has become part of your nature. It becomes part of your character and real-self.
- It is possible you may have forgotten what prompted you to develop that habit of hand washing with soap after you use a toilet, but the habit stays with you. This is the effect of education. The educational message should be specifically designed (and appropriately delivered).
- Designing educational messages *creates awareness about the problem and proposes a solution*. The solution proposed could be hand washing with soap; or an innovation like eco-sanitation that solves the problem associated with septic tanks. Or it could be a participatory solution to own a sanitary complex for people who do not have space to construct toilets. It

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could be about the importance of personal hygiene, menstrual hygiene etc. Or it could be about the post-construction incentive that the BPL families are entitled to from the government.

- Thus, *information provides for designing effective educational messages and technical solutions* that suits local context, rather than expecting the community to adjust to suit to the size of the coat we have gone with. Or still worse, plead the community because you have a target to fulfill and report to your superior before a deadline.
- The proposed solution must lead to change in the life style, attitude, behavior and actions *resulting in improved quality of life* in rural areas.

You can't
tell how deep
a puddle is
until you
step in it.

COMMUNICATION

- The 'channel of delivery' of your educational message or technical solution is what we call 'communication'. How do you make your message reach? The delivery channels or method of delivery could be inter-personal communication, small group discussion, video, poster, flip chart, wall writing, skit, street play interpersonal communication and so on. The IEC Guidelines (2010) of the MDWS, and the Drinking Water Advocacy and Communication Strategy Framework (2013-2022) of the MDWS provides a range of options one can choose from. One needs to remember, 'they are guidelines and not holy verdicts' – meaning they are only suggestive. Development practitioners are free to modify, improvise and *choose method of delivery of an educational message bearing*

in mind the evidence-based information you have in a given context.

- There are some who are always accustomed to using videos as delivery channel because they have some videos they like very much. Moreover playing a video is 'decent' compared to interpersonal communication at every door or performing a street theatre. It does not require you to step off your pedestal. Practitioners have their own weakness for delivery channels, which makes them pay little attention to context, and the importance of connecting. Some use posters; some combine talking with a set of flip charts; some contract out a street theatre group; and so on. It is not what is easily available; it is about what will impress upon the people to push them towards action.
- What message goes best with what medium / media? & What is your message? Who are your audience? Does it help address the problem? Does it serve your educational purpose? Ultimately, the whole purpose of using communication methods and tools is to engage people and develop strategies leading to sustainable social and behaviour change.
- IEC tools are education-packed materials meant for the purpose of communicating. Do they serve the purpose of awakening the people? Do they prompt or prod the rural masses to review and re-evaluate some of their long-standing habits? For this to happen, we must depart from the culture of counting the number of toilets constructed unmindful of, if they are being used or not; we must break-free from the habit of

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counting the number of posters affixed and handbills distributed neglectful of what purpose they serve.

Strategies for Failure

It happens sometimes we prescribe ‘a sociological medicine for an engineering ailment’ or the other way round. To put in other words, when the technical structure of a toilet is faulty, or unusable, no amount of IEC can convince the community to use it. The fact of the matter is people in rural areas rarely demand toilets, and it is through IEC, and interpersonal communication we convince the people to construct one, for which the enhanced subsidy component also serves as an important incentive. If there are structural defects, no amount of education can take them to use it.

There are occasions when technical / engineering solutions have helped address sociological problems. For example, the *issue of inequity* in drinking water distribution has been addressed through technical solution by introducing ‘flow control valves’. But, sociological solutions can rarely address an engineering problem. If the structure is faulty and not usable, all our IEC efforts in trying to make people use toilet shall go in vain. This is the reason engineering is called hardware, and communication is called software. If the hardware is defective even a genuine software shall not work.

Similarly, if the problem is one of belief, attitude and behavior, it is most likely that a generic IEC strategy may not work. We need to put to use communication techniques - especially interpersonal communication - that are locally grounded; that make them laugh at themselves internally.

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The attitude of development practitioners need to change as well. This stems from the fact that on an average 27 percent of the toilets can be assumed to be not in use (68% as reported constructed by MDWS minus 41% as reported by NSSO, 2012). And if many of them are not in use because of poorly constructed structures (as reported by TARU, 2008), or incomplete toilets reported as completed, undoubtedly, they have been counted into statistics, and such households have been tick marked (in the Block Development Office [BDO] and Panchayat records) as 'subsidy distributed'. What are we going to do about them? Are we going to say that 'as per official records toilet exists' in your house - when in daily life s/he is defecating in the open?

This is more administrative and procedural, and no BCC/IEC can work there. In fact, they are issues to be sorted out by implementing agencies at the office level. They are not issues for IEC staff to rack their brains in order to come out with communication strategies to give operational expression at the field level. But our bureaucratic system is such that our IEC specialists shall bark at wrong trees if their superiors wanted it – often, knowing absolutely clearly that it's not going to work.

No two persons perceive a thing the same way. Differences in perception of people and of the scheme implementing staff are also important factors that result in slow pace of progress of sanitation programmes. Perceptions come from our world view. Perceptions get shaped over a period of time. Someone who has never used a toilet perceives toilet as an unwanted expenditure proposition. Someone who knows about the ill-

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effects of toilet considers it a saving, which otherwise one has to pay through nose to the hospital. A third person thinks it is matter of dignity and privacy etc.

The scheme implementing officials may perceive IEC as a program to transmit information, and improve knowledge and awareness, which should lead to better practice. This is an imperative. But, it does not always happen that way. If campaigns that improve knowledge and awareness had resulted in reduction of smokers in India, by now, selling cigarettes must have come down to almost zero. Can knowledge creation address issues of malaise in a society? In other words, whether knowledge on the importance of sanitation results in people demanding toilets and start using them? We need to ponder over these questions, seriously. If our experience has been 'no' then, what are we trying to do, through IEC programmes? How to make a real impact on the way people think and behave in sanitation matters?

Knowing is one, Practicing is another

If celebrities (especially from cinema industry) kick starting a programme shall achieve cent per cent result, there should be absolutely no tax evaders in this country. If a solution is sound (i.e. solves a problem) government's Total Sanitation Campaign (TSC) should have become a resounding success. The inference is there is something beyond knowledge, ahead of awareness, and moving past information. The solution is not in knowledge creation; and it is not in awareness creation. It is not that people are unaware. Your feeling of empathy should manifest as trust, and IEC and behavioural change

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communication should make way for it, and result in behavioural and social change.

What is Behavioural Change Communication?

Behavior Change Communication (BCC) is a process of working with individuals, families and communities through different communication channels to promote positive health behaviors and support an environment that enables the community to maintain positive behaviors taken on. Behavior Change Communication aims at moving people from awareness to action (HSSP, 2010).

Box – 2.1: Integral Development

'Integral' means 'having all the parts that are essential for something to be complete'. In simple language, toilet for example is an integral part of a house. Minus toilet a building with one or two living rooms, and a kitchen etc. is not called a house, in true sense. Visiting such a house, everything is seemingly present. Yet something significant is missing – the toilet. The occupants say: *We have abundant open space. We are accustomed to doing it in the open. We don't think we need a toilet.* Listening to this makes your face shrink. That is because an integral element is missing. You are not able to take it for a complete house because of the absence of a toilet in the house. You are not able to consider the occupants lead a 'quality life' because of the absence of *sanitation culture*. It indicates to you a chance to weigh up the quality of the person himself/herself. The quality of life they lead is poor. BCC should aim at this change.

In BCC we must be able to connect at the level of consciousness through educational message using appropriate media. It must change their perception (worldview) with reference to water and sanitation practices. It must influence

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their behaviour positively towards using toilets for defecating. For instance, it must make them feel nauseating or sickening if they have to continue with the habit of defecating in the open. Having to remain without washing hands with soap after defecating, must be felt as stomach-churning. This is what we call behavioral change communication. Their attitudes towards defecating in the open must change to the extent they feel disgusting about it.

It is often argued in many a seminar hall that many communication initiatives have succeeded in enhancing public awareness, but have failed in going beyond awareness, to stimulate positive changes in attitudes and practices toward creating lasting social change. Communication, to impact on sustainable behaviour change among individuals and groups on a large scale, needs to be strategic, participatory, based on evidence from research, and results-oriented. Results-oriented communication supports development goals and contributes to positive social change on a larger scale. For this happen, behavioural change communication must be:

- **Participatory:** We must adopt processes which allow people to speak for and about themselves and their issues.
- **Reality-based:** We should be prepared to recognize and reconcile different realities (and reality can be, and often is, more than one). Identify the physical / financial / mental barrier that creates the hurdle.
- **Specific:** Avoiding tendency to use the same techniques, the same media and the same messages in diverse cultural settings. Focus on the location, culture-specific habits.

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Integral: This is a process of raising long-lasting consciousness about an essential element of development rather than persuasion for short-term behavioural changes.

Interpersonal Communication

The key to successful interpersonal communication is *selecting the right response at the right time*. This must happen *instantaneously*, because you are in a conversation, the response must be right away there. You cannot be pretentious. Therefore, it requires developing a broader repertoire of behavioural skills, and become aware of the way you communicate with others. Self-monitoring your statements and responses is one method to improve conversational skills. Self-monitors are able to separate a part of their consciousness and observe their behaviour from a detached viewpoint, making observations such as:

“This approach is working well. I’ll keep it up”

“This approach doesn’t seem to work. I’d better talk to the woman in the family”

“I’m making a fool out of myself”

Ability to choose the most appropriate behaviour: This is important in interpersonal communication. Simply possessing a large array of communication skills isn’t a guarantee of effectiveness. It’s also necessary to know which of these skills will work best in a particular situation. It’s like choosing a gift: What is appropriate for one person won’t be appropriate for another person. A response that works well in one setting would flop miserably in another one. Although it is impossible to say precisely how to act in every situation, there

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are at least three factors to consider when you are deciding which response to choose: the context, your goal, and the other person.

Here again, there is a big difference between knowing about a skill and being able to put it into practice. As with any other skills – playing musical instruments or learning a sport, for example – the road to competence in communication is not a short one. You won't win many chess games if you always play the pieces in exactly the same way. If you only rely on the same one or two ways you will only be successful at dealing with a few people. For example, have you ever watched someone who doesn't speak the local language trying to speak to a waiter who doesn't speak English? The more they are misunderstood the louder they shout the same thing. If what you're doing doesn't work – try something different.

Box - 2.2: Proxemics

There are four space-related distinct zones that people unconsciously use as they interact with others. They are Intimate Zone, Personal Zone, Social Zone, and Public Zone. Some scheme implementing officers are rigid that they do not get off their pedestal. They speak to people maintaining that public zone, or at the most, they get down to social zone. They never get to the personal zone to understand the other person's [villager's] point of view. Empathy is possible only when we move closer to people and try to understand them from a personal distance. Interpersonal communication becomes effective only when we move to that 'personal space' and hold a face-to-face discussion.

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Two other elements

Two elements that concurrently go with BCC are: (i) Social Mobilization and (ii) Advocacy.

Social mobilization: Social Mobilisation can help to create a climate in which change can occur. It sets out to garner support from local people so that the programmes and interventions are accepted and well suited to the felt need. Well-planned social mobilisation efforts also seek to empower communities to take control of their own situations, including accepting or rejecting interventions. Social mobilisation, integrated with other communication approaches, has been a key feature in numerous communication efforts worldwide. When we have influenced the minds of a handful of local people in favour of sanitation and cleanliness, then we are set in the right direction for social mobilization for the cause of sanitation.

Advocacy: Advocacy can be (i) programme advocacy and (ii) policy advocacy. In public communication campaigns in rural areas, what we do is 'programme advocacy'. We try to put across to a group of people, in all possible ways, the importance of sanitation. It is explaining about the programme, and advocating that it is in the interest of the people and that people must make use of the benefit. This is preparing a community to accept a programme.

Policy advocacy is a policy prescription by the user community (poor beneficiaries or by civil society organizations) that sounds sensible, which otherwise, is unknown to the policy makers and decision-makers. It goes to policy makers as feedback for corrections in the programme

Habits get engraved as mental-orientation of a person over the years. But to undo them require lots of reasoning and logic.

implementation guidelines. One best example, in the context of SBA is creation of 'revolving fund district-wise'. The earlier hurdle in TSC was: 'Construct first and we shall give you an agreed amount as monetary incentive later', which was not encouraging due to various reasons, including: *I have no money to invest, so as to get the incentive from government later on*'. Now, this has been rectified by creating a district-level 'revolving fund'. It is expected that this financial facilitation shall accelerate the pace of toilet construction, and the chances are high for the programme to become more acceptable to the community.

What are the desired changes expected in behaviour (in Sanitation Sector)?

1. Every household must own an individual household toilet
2. Everyone must use the toilet for defecation, and no one should defecate in the open. It applies to the children and the aged persons in the family too.
3. Toilet must be kept clean. Water and soap must be available inside the toilet or very near the toilet.
4. Everyone in the family must wash hands with soap after using the toilet.
5. Household waste should be disposed off responsibly, as arranged by Panchayat.

You may have forgotten what prompted you to develop that habit of hand washing with soap after you use a toilet, but the habit stays with you.

Five things to remember in order to achieve Behaviour Change (Pavarala, 2014)

1. It is not only about the factual issue, but also about the stakeholders' PERCEPTIONS on the issue;
2. It is not as much about WHAT is happening, but rather WHY it is happening (key role of research in every step of the process is required)
3. Process observation and interaction with adopters, on-lookers, and non-adopters should be held constantly.
4. There must be periodical internal discussion taking place amongst the health educators on the mental blocks they identified in the community, and how they are trying to make a break through etc.
5. People as dynamic actors, should be made to actively participate in the process of social change rather than people perceived as passive receivers of information.

Principles of BCC

1. Use grounded-research, not assumptions to drive your programme / programme strategies. (This helps provide clarity on the social context).
2. Segment the target population & focus
3. Use behavior theories and models to guide decisions
4. Involve partners and communities throughout
5. Beware what can be achieved through BCC and what cannot be achieved through BCC
6. Do self-critical monitoring of process adopted and the outcome.

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