

SECTION – 4

Behavioural Change Communication Tools

One Initiative; Two Perceptions

Perceptual difference (between the rural people and the change agent) is one of the important reasons, why people resist change. Mental orientation or (one’s world view) comes from the content of communication one has been exposed to and the thoughts s/he has entertained. Often, poverty can also affect a person’s perception and the way s/he communicates. In the following box (see Box – 1) perceptions of rural people are culled from a study on rural sanitation published in Waterlines Journal (Webster, 2013), and the perceptions of change agents are from the author’s own experiences in rural sanitation initiatives.

| Box – 3.1: Rural Sanitation: One Initiative - Two Perceptions | |
|--|--|
| Perceptions of Change Agents | Perceptions of Rural People |
| <ul style="list-style-type: none"> • Open defecation is the most cited reason for the ill-health of rural people. • Sanitary latrines solve the problem of unsafe disposal of human excreta. • Faeces are faeces - no matter if they are children’s or adults’. All of them are disease-causing. • Cost-effective toilet designs are there. The poor can afford. • Moreover, there is a subsidy support from the government. • Keep the toilets clean. The water seal in the toilet pan is meant not to let smell get out, and to prevent flies from accessing faeces. Using toilet can help save the money, you otherwise spend on getting cured of diseases. • Children can be trained in using toilets properly, and to keep clean. • Everyone in a house must cultivate the habit of using toilets. It makes no sense some in the family use toilet, some don’t. • Isn’t Swachh Bharat an excellent dream? Defecating in the open is no good culture. It is disease-causing, and it is an indication of cultural poverty. • There are honey-comb brick structures that make the faecal matter decompose, which can even be touched and used as manure. | <ul style="list-style-type: none"> • Time changed our food habits. We eat foods that are toxic, that’s why we are stunted and are getting all these diseases. • Toilet is a hilarious idea for the type of house we live in. I shall construct toilet if I ever manage to construct a livable house. • Only children and men defecate in the bushes. We, women use toilets. • The latrines are there but they are not good ...when you enter, the smell engulfs you which might cause diseases. • Having a good toilet may help because I don’t want to feel that smell from poor toilets that would cause diseases. But good toilets are for the rich to construct. • Flies and mosquitoes are there all over. How can we eradicate (or wipe them out) completely. • Allow children and older people to use toilets? Oh! They mess up. • The children always mess up the latrines. I don’t want to use such a toilet; I better go to the bushes where I usually go. • I have been like this since my childhood, and everybody does it in the bushes. • I am not the only one to feel ashamed of or feel shy about. • Oh, when you have to clean up the septic tank, it smells the entire village. Who shall clear it; where and how to dispose it. |

All along in chapters 2 and 3 we have been touching upon the contours of human behaviour and how we try to understand resistance to a change process. Now, let us see some of the BCC theories, and tools and how they can be useful for Swachh Bharat facilitators. Here again we have attempted to present, as lucidly as possible, various theories and tools that can be applied in the context of sanitation promotion. Nevertheless, instruments as such do not produce excellent music. It depends on whose hands these instruments are. It is in the competence, inventiveness and commitment of the facilitators that can spell great success.

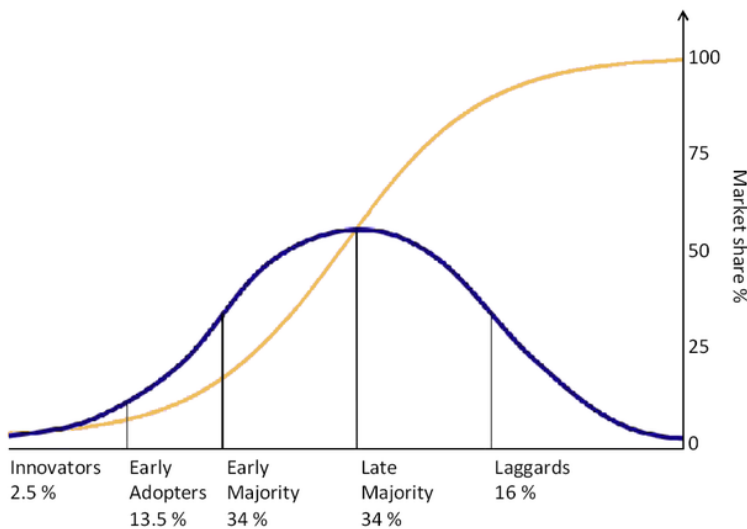
Some BCC tools and applications

1. Behaviour Adoption Curve: Achieving saturation in rural sanitation coverage before 2019 is an important mission Swachh Bharat Abhiyan has in focus. Here, Rogers popular Innovation Adoption Curve (IAC) can be adapted to achieve this mission. The basic argument of IAC (viewed from the standpoint of sanitation promotion) is that trying to quickly and massively convince the mass of a new idea or habit that they are not used to is difficult. It makes more sense if we segmented the community into various categories such as Innovators, Early Adopters, Early Majority, Late Majority, and Laggards (See Box 3.3). The idea is start working with those with whom it is easy to work, and make faster progress instead of banging your head against laggards at the outset. Necessarily, we must move from left to right in the adoption curve (see the

diagram 3.1). As mentioned earlier the idea of IAC is to start at the right place first.

They have
been
socialized in
a different
environment
- in an
environment
where
defecating in
the open is
'absolutely
normal'.

Diagram – 3.1: Roger’s Behaviour Adoption Curve



Generally, in any change process, especially when it is ‘induced change’ (and not a naturally occurring one) people have a tendency to watch from a distance what others in the community do. Not all of them change in one go. Individuals in small numbers and batches, start adopting to change. Here, it depends on the communicator’s ability to make ‘the Early majority to talk sufficiently loudly’ on the benefits of owning and using a toilet out of their experience. After we reached the Late Majority, we shall put in extra efforts so as not to let the curve take a downfall.

Box – 3.3: Segmenting the Community Groups

Segment – 1: Innovators: These are people who readily agree to owning and using toilet, as if they were waiting for you to visit them. It could be partly because of their mindset, or it could be because of the position they hold like Panchayat functionaries, Panchayat Secretary, SHG leaders, Noon-meal worker, Sales men in Ration shops etc.

Segment – 2: Early Adopters: They try out new ideas after a careful observation of the goings on. This can be traditional leaders, opinion leaders, local grocery shop and other shop owners, SHG members, and so on.

Segment – 3: Early Majority: Thoughtful people, careful but accepting change more quickly than the average. E.g. Parents with young girls at home; parents with daughter or son studying at college level; men who frequent to town; and women who are active in SHG or in some bank transactions etc.

Segment – 4: Late Majority: These are skeptic people, who consider about changing only when the majority has already changed.

Segment – 5: Laggards: Traditional people who generally walk as if they wear blinders. They are not ready to consider giving a thought about anything new, until almost everyone in the village seems have a toilet, and are using one. Or when it has almost become a tradition in the village now that everyone else own and use toilet, and only a very few defecate in the open.

How do we identify who belongs to which segment? A person may be an innovator or excellent adopter when it comes to adopting some agricultural practices, but the same person may have never given a thought about owning a toilet. S/he may even fall in the late majority when it comes to becoming convinced about using a toilet. It happens people bounce back and forth across the curve (as in Diagram 3.1) in large part based on their belief and understanding of health and hygiene, and their interest in the underpinnings of the change we present to them.

Box – 3.4: When will behaviour change rapidly?

Behaviour will change occur more rapidly if using a toilet is perceived as being better than previous options (relative advantage) and consistent with the existing values, experiences and needs of potential adopters (compatibility), if they are easy to understand (complexity), testable via limited trials (trialability) and their results are visible (observability). Different information exchange relationships (communication channels) have specific impacts. We need to highlight the different roles 'mass media (IEC)' and 'interpersonal' channels (IPC-BCC) can play to enhance the rapidity of adoption to toilet use. IEC can be useful for creating awareness amongst potential adopters. BCC and IPC can really take it to the next level by being effective in terms of persuading actual adoption (practically). Thus, close interpersonal communications play a key role.

Source (adapted from): Everett M Rogers, (1983). *Diffusion of Innovations*, The Free Press, London.

We should not make the mistake of drastically underestimating how much work and time will go into getting people convinced. But, it is possible everyone shall become adopters eventually. We can definitely accelerate the pace of change / adoption to toilet use. We can achieve saturation in coverage, if only we planned our communication interventions intelligently in a sequence, and be an enabler with other things like organizing materials, masons and so on. IEC activities or street plays helps to a certain extent only. There is nothing comparable to interpersonal communication with households individually.

Time spent in one-to-one interaction with a household is time well-spent. Remember: People tend to forget how fast you did a job, but what a lasting work you have done stands for ever, meaning take complete personal responsibility to change people towards 'toilet use' and not merely for constructing one. You sleep with the satisfaction of having done a meaningful job. It is possible if we bear in mind the behaviour change theories presented here to guide and sense the goings on; and educate and communicate appropriately.

2. Narrative Patterns: To achieve development goals, communicators have to use a variety of narrative patterns for different aims. It can include story telling too. They can be summarized as below.

| Box – 3.2: Narrative Patterns for Different Aims | | | |
|---|--|--|---|
| If your objective is: | You will need a story that: | In telling it, you will need to: | Your story will inspire such responses as: |
| Sparking action | Describe how a successful change was implemented in the past, but allows listeners to imagine how it might work in their situation. | Avoid excessive detail that will take the participant groups' minds off its own challenge. | "Just imagine..." "What if...." |
| Transmitting Values | Feels familiar to the participant groups and will prompt discussion about the issues raised by the value being promoted. | Use believable (possibly real-life) characters and situations, and never forget that the story must be consistent with your own actions. | "That's so right...!" "Why don't we do that all the time?" |
| Fostering Collaboration | Movingly recounts a situation that listeners have also experienced and that prompts them to share their own stories about the topic. | Ensure that a set agenda doesn't squelch this swapping of stories – and that you have an action plan ready to tap the energy unleashed by this narrative chain reaction. | "That reminds me of the time that I..." "Hey, I've got a story like that". |
| Taming the rumours /grapevine | Highlights, often through the use of gentle humour that reveals it to be untrue or unlikely. | Avoid the temptation to be mean-spirited, and be sure that the rumour is indeed false. | "No kidding!" "I'd never thought about it like that before" |
| Sharing knowledge | Focuses on mistakes made and shows in some detail how they were corrected, with an explanation of why the solution worked. | Solicit alternative - and possibly better solutions. | "There but for the grace of God..." "Wow! We'd better watch that from now on". |
| Leading people into the future | Evokes the future you want to create without providing excessive detail that will only turn out to be wrong. | Be sure of your story- telling skills. (Otherwise, use a story in which the past can serve as springboard to the future.) | "When do we start?" "let's do it". |

Source: Jay A. Conger, 2013. On communication: The necessary art of persuasion, Harvard Business review's 10 Must Reads, HBR Press, Boston.

3. Trans-theoretical (Stages of Change) Model

The Trans-theoretical Model (TTM) is based on critical assumptions about the nature of behavior change and population health interventions that can best facilitate such change. TTM of behavior change assesses an individual's readiness to act on a new healthier behavior, and provides strategies, or processes of change to guide the individual through the stages of change to Action and Maintenance (Prochaska, 2014). Behavioral change can be thought of as occurring as a progression through a series of stages.

The trans-theoretical model (TTM) proposes change as a process of six stages. They are:

Pre-contemplation is the stage in which people are not intending to make a change in the near future (often defined as the next 6 months).

Contemplation is the stage where people intend to change (within the next 6 months). People in this stage are aware of the pros of changing but also can identify the cons.

Preparation represents the stage where people have a plan of action and intend to take action in the immediate future (within a month).

Action is the stage in which people make the behaviour change and ***maintenance*** represents that stage where people work to prevent relapse.

Finally, ***termination*** represents that stage where individuals have 100 percent efficacy and will maintain their behaviour. This stage is the most difficult to maintain.

The following set of assumptions drives TTM theory and practice:

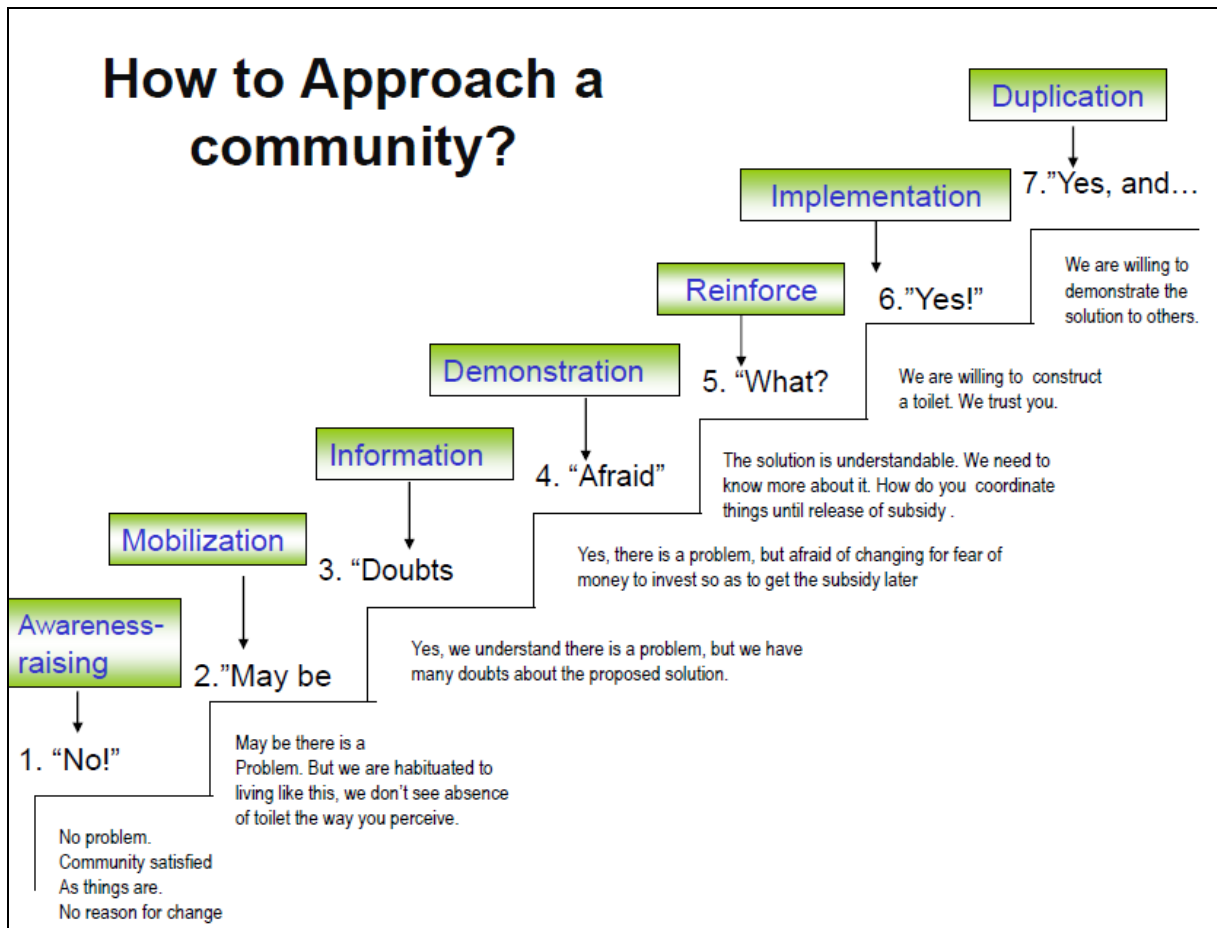
- Behavior change is a process that unfolds over time through a sequence of stages. Health population programs need to assist people as they progress over time.
- Stages are both stable and open to change, just as chronic behavior risk factors are both stable and open to change.
- Health and Sanitation initiatives can motivate change by enhancing the understanding of the pros and diminishing the value of the cons.
- The majority of at-risk populations are not prepared for action and will not be served by traditional action-oriented prevention programs. Helping people set realistic goals, like progressing to the next stage, will facilitate the change process.

- Specific principles and processes of change need to be emphasized at specific stages for progress through the stages to occur. There are principles and processes to apply at each stage (consciousness raising, environmental re-evaluation, self-reevaluation, counter conditioning, and reinforcement etc advocated by Dr Prochaska & colleagues, 2014).

How can this theory inform development practice, especially sanitation promotion?

| Response Stage | The question behind the response | Action by Health Communicator |
|-----------------------|---|---|
| Stage - 1 | ‘No’ . No problem. Community is satisfied as things are. No reason for change. | Identify the socio-cultural and economic reasons associated with it. What mindset makes them say: <i>‘No’, we don’t need toilet.</i> It’s not your presumed reason. Get to know from the people. Patiently listen to them talk, and elicit their reasons for not wanting. Do not presume. |
| Stage - 2 | ‘Maybe’ . May be there is a Problem. But we are habituated to living like this, we don’t see absence of toilet the way you perceive. | After you break their misconceptions, and wrong perceptions through your reasoning and consciousness rising, they may come to say ‘maybe’. But habits are stronger than logic and reasoning. So, they may still not be willing to sign on the application form to construct a toilet. |
| Stage - 3 | ‘Doubts’ . We understand that there is a problem, but we have doubts about the solution you propose. Does it work the way you explain? | It is here s/he has been pushed to the self-reevaluation stage. It is here relevant information that can clarify their doubts can help. |
| Stage - 4 | ‘Afraid’ : Yes, there is a problem, but afraid of changing for fear of money to invest so as to get the subsidy later | Demonstrate through an exposure visit / arrange interaction with beneficiaries in the neighborhood to show how s/he benefited. |
| Stage - 5 | ‘What?’ The solution is understandable. We need to know more about it. How do you coordinate things until release of subsidy? | Reinforcement helps pros of change to increase, and the cons of change to decrease. |
| Stage - 6 | ‘Yes!’ We are willing to construct a toilet. We trust you. | Self-efficacy increases. This can be considered as maintenance stage. |
| Stage - 7 | ‘Yes, and...’ We are willing to demonstrate the solution to others. | Termination stage where the self-efficacy works at its best. S/he is willing to demonstrate, how s/he did it. How s/he changed. |

A (slightly) modified TTM that suits sanitation promotion (with 7 stages)



Adapted from the works of: Prochaska's & colleagues, 1983.

How long is a piece of string?

There are two important points to bear in mind about the TTM to be able to do a better work in sanitation promotion. The first thing is, Stage – 2 in the figure does not mean visit – 2 (i.e. second visit). To move from Stage -1& 2, so as to get them openly ask questions and raise doubts (at Stage - 3) might take several visits, and not just 3 visits. How quickly you move from stage -1 through various stages to reach stage 6 or 7 is in your competence as development professional, understanding of social behaviour and local context. To complete the 7 stages might take more than 15 visits. To use development communication methods carefully in order to sustain, and build up their interest in getting them down to sanitation action is the real test of your proficiency in the job. The point is repeated visits are essential, and the number of visits depends on (i) how well you have studied the local situations and conditions; (ii) the strength of your homework, and (iii) how skilful you are in blending BCC techniques with IEC tools to be able to explode the local myths and beliefs so that they are willing to listen to you in the first place, ponder over, and consider changing.

Second important point about the stages outlined is, the development practitioner must be alert to gauge (determine fairly accurately) what stage he finds the community at; and after a few visits to what level s/he has managed to raise them. Such gauging makes the job easier and offers self-assurance to work with the community.

4. Socio-Ecological Model for Change:

Putting to use this model it is possible to examine several levels of influence to provide insight on the causes of open defecation and find tipping point for change towards toilet use. A tipping point refers to the dynamics of social change, where trends rapidly evolve into permanent changes. It can be driven by naturally occurring event or a strong determinant for change – such as political will that provides the final push to ‘tip over’ barrier to change. Tipping points describe how momentum builds up to a point where change gains strength. It has two parts:

(A) Behaviours are influenced by personal and environmental factors at multiple levels of influence:

- **Individual** (the person or ‘self’ in relation to the programme.)
- **Interpersonal** (partners, family members, peers)
- **Community** (leaders, health workers, media, policy makers)

(B) Behaviours are also influenced by a number of cross-cutting factors such as:

- **Information** (knowledge, education)
- **Motivation and attitudes**
- **Ability to act (access, efficacy)**
- **Norms**

Poverty can affect not only a person's priorities but also his/her perception and the way s/he communicates.

Cross-cutting factors influence each of the actors and structures in the rings.

5. Breaking the Resistance to Change

We noted earlier that there are several ‘negative autosuggestions’ that are recorded in his subconscious mind (*i.e. I don’t need; I have been doing it in the open for years, what’s the need to change now? etc.*). We need to ‘outweigh and overshadow these negative autosuggestions with our reasoning and positive autosuggestions’. S/he must find credibility in your reasoning; and apparentness in your rationale. Your reasons must be sound, believable, convincing, realistic, true to life, and forceful.

With your power-packed reasons you can positively influence him to a new way of life where s/he internally appreciates sanitation culture. It becomes compelling for him never to slip back, and s/he adopts sanitation as a way of life. Your earthly reasons must call off his subconscious mind from trying to discover new justifications. As a health and sanitation worker, do you have such compelling reasons? Or do you just reproduce what you read on the surface of some training manual; or you reproduce in your talk what remains on the surface of your mind from an interesting lecture you heard your senior colleague delivered six months ago.

If your reasons are locally-grounded, you must be able to be a successful communicator. For example, street theatres with locally-grounded contents may prove very useful and trigger sanitation action; but generic theatricals or non-specific theatricality as IEC tool do not work; similarly, mere facts

‘Outweigh and overshadow these negative autosuggestions with our reasoning and positive autosuggestions’.

This demands doing a lot of homework before you get down to communicating with people.

and figures presented as series of lectures or through IEC materials do not work. They fail to connect.

The message is 'who brings more justifications matters'. If you feed people's mental databank with more positive autosuggestions convincingly, you are sure to shine as a successful development practitioner. This demands doing a lot of homework before you get down to communicating with people. Adequacy of your preparation matters. Are you fully prepared to credibly answer their questions? You need to be familiar with the nitty-gritty of social marketing as well, about which we shall discuss in the next section. It matters because if you don't succeed, they shall remain unchanged with the negative autosuggestions that flow from their subconscious mind constantly; they shall punch holes at the feeble reasons you put before them. Beware, rural people never ever tell you that they are not convinced with your reasoning. They take your unconvincing answer to reinforce their mental script of whatever negative impressions they already have about government programmes in general.

Beware. Until you develop certain degree of trust - demonstrating that you are different, it's playing see-saw only. Be consistently effective. Hold your patience to impact on the subconscious mind. In rural development practice, there is no one right way of doing anything. Use your own best judgment at all occasions (Chambers, 1996).

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6. Nurturing social norms in favour of sanitation

Social norms have been recognized to influence open defecation. Social norms are the rules that govern how individuals in a group or society behave. Any behaviour outside these norms is considered abnormal. Put simply: *If everyone is doing it, then why can't I? Conversely, if no one is doing it, can I?* (Jacqueline Devine, 2009). There are several ways of giving shape to such social control mechanisms. Nurturing and building up of social norms to operate in favour of sanitation and cleanliness has broken resistance to change. There are several case studies across states in India. In a continuum, it has started with verbal incentives / appreciation and move up to taking very stringent action against the laggards. Stern action is justified because 'even if ten people are defecating in the open, everyone in the community is susceptible to infections and contamination', for no fault of theirs.

HOW DID THEY DO IT?

Some Panchayats have taken up to end open defecation, by putting to use social control mechanisms systematically. They say the end justifies the means. What they did? How they did it?

1. **Cleanliness is next to Godliness:** Cleaning up the external space is possible, when the mindset is clean or made clean. The Swachh Bharat campaign is an initiative aimed at clearing all the dirt and rubbish that one sees around us in neighbourhoods, streets, markets, offices and public places. We do need to promote good sanitation. However, we also need to

Stern action is justified because 'even if ten people are defecating in the open, everyone in the community is susceptible to infections and contamination', for no fault of theirs.

look deeper at the mindset that creates rubbish and allows it to remain that way. All the dirt outside is a reflection of a stained human soul. A clean mind and heart is a dwelling space for godliness. A clean space is a kind of order, harmony and sanctity that facilitates healthy, creative and constructive activity. Cleanliness is connected to the original pure state of being of all human souls. This message is strongly communicated during gram sabha meetings.

2. **Demonstration of love & respect for your village:** Respecting the arrangement / system planned for waste disposal by the Village Panchayat is vital for general cleanliness. Not littering public places / street corners, and endeavoring to keep one's village clean are signs of responsible well-being. Goodness shall breed goodness. Goodness is contagious. Keeping the village clean is a demonstration of the love and respect one has for the village one was born in. This is the minimum payback we can offer to the village we were born in, and to the country we live in. It is an expression of care, pride and patriotism at its fundamental level. This is communicated during gram sabha meeting – loud and clear.
3. **Band Music Band Troop:** With the assistance of IEC funds, a band of music instrument players were hired, whose job was to walk around playing the instruments in common places generally used as area for open defecation by local people. They start playing at 5.00 am and go on until 7.30 am. They did it

This is the minimum payback we can offer to the village we were born in, and to the country we live in. It is an expression of pride, responsible well-being and patriotism at its fundamental level.

continuously for about a week. In the evenings, they go for Inter personal communication (IPC) at door steps to convince households to fill in application to construct a toilet, or help them rectify the problem in the toilet, if they already have. Even trained local school boys can also be used to play such instruments. They know the places where local people generally go for open defecation. This was reported in Economic and Political Weekly (May 17, 2014).

4. Click a Picture: During a *gram sabha* meeting local boys (youth) were assigned to do something to stop people from defecating in open places. They took it up, and borrowed a camera from one of the Panchayat functionaries. The boys on rotation – two, three every morning from 5.00 am to 7.00 am, went and sat there in plastic chairs chatting with a camera in hand. They had sent across a message in the Panchayat notice board that they are going to click pictures of those people ‘while they are dirtying’ and affix the picture in public places like ration shops, and bus stops.

5. Promote rural cricket and football: The Panchayat cleared up the bushes in the areas that are commonly used as open defecation area, and encouraged the local youth to use it as cricket ground or football ground. The boys found that people - to a considerable extent - stopped using that place for open defecation. They used the place for playing cricket. But, still a few unconcerned miscreants did not stop

Beware. Rural people seldom tell you that they are not convinced with your reasoning.

They quietly take your feeble reasoning to reinforce whatever impressions they already have about government programmes - which is often negative.

using the place for their 'dirty purpose'. The boys on rotation – two, three every morning from 5.00 am to 7.00 am, went and sat there in plastic chairs chatting with a camera in hand. They had sent across a message in the Panchayat notice board that they are going to click pictures of those people 'while they are dirtying' and affix the picture in public places like ration shops, and bus stops.

6. **Fencing:** The Panchayat land, temple land etc. were fenced so that no one is able to enter. This is a technique for progressively reducing the area that people use as open defecation spots.
7. **Appoint a Guard:** In villages it is not difficult to get one or two men wandering without a purpose, and often such men are habituated to requesting someone to pay for their tea in the local tea stall. Appoint such one or two men as guards in open places. Their job is to be on duty in those places where people generally use it for open defecation, and shout and shoo people away from dirtying. They shall be on duty depending on the timings people use such places. Local people know that better. This guard we appoint should get Rs.80 – 100 per day for the day's meal.
8. **Levy a fine:** There are Panchayats that declare in Gram Sabha meeting that after a given date, those who do not own a toilet, if they were found going for open defecation, they shall be levied a fine of up to Rs.100 per day per person. In the event of their not paying the fine amount, the Panchayat shall send a letter to the

The number of toilets constructed is only one part of the story, the other side of it – that is how many toilets are actually put to use is a bigger question that answers 'whether a sanitation mission is successful or not'.

Civil Supplies Thalisdhar requesting to suspend provision of essential commodities to such Ration Card holders until the time they get a No Objection Certificate from the Panchayat President. This is done gradually, i.e. important dates have to be clearly and strictly announced, such as date before which construction of toilets must be completed; date on which list of deviants shall be declared in the Panchayat notice board; and the last date that Panchayat shall send letter to Civil Supplies Department requesting to suspend supply of essential items. At every step, it must be clear that the purpose is not suspending the Ration Cards, but construction and use of toilet.

9. Refuse Service Delivery: The Panchayat shall refuse issuing any certificate required by such families that do not own / use a toilet. They may also be denied other services such as drinking water supply, and solid waste collection at door steps.

10. A nod for a wise man: It is true no one is free until everyone is free. Even if ten families do not use toilets, everyone else in the village is in danger of susceptibility to contamination / disease, and shame. They say: a nod for a wise man, and a rod for a fool. It is easy to work with *early-adopters* of any change process; it is slightly demanding to work with *slow-adopters*; and it is very difficult to work with *non-adopters*. We may try to put to use social control mechanisms to persuade those who do not pay heed or listen to patient explanations; and those who choose to

Toilets
constructed,
remaining
unused due
to trivial
reasons like
that of the
proverbial
rhyme 'want
of a horse
shoe nail' is
widespread.

ignore even the changing social norms in their own village must be brought to fall in line only through coercive action such as refusing service delivery by Panchayat or recommending suspension of Ration Cards etc. as last resort.

A good health communicator:

- Targets specific behaviours that lead to better health outcomes (e.g.: hand washing)
- Links behaviour in specific ways to poor health (shows how poor hygiene leads to infection)
- Foregrounds behaviour, but also targets attitudes and beliefs (message: wash your hands; belief/attitude: infection is not a matter of fate but you have the power to prevent it)
- Focuses on IPC (Interpersonal Communication) as a central strategy (posters and handouts can help, but personal talks and discussions are highly effective)
- Knows that the great secret is: 'talk less, say more'.

How do we construct messages?

- Can we target beliefs or behaviours?
- Clearly define behaviour to target
- Identify the belief that leads to this behaviour
- Construct a simple, strong message that:
 - Addresses the belief if possible
 - Highlights benefits of changing behaviour
 - Emphasizes self efficacy (power to change)
 - Shows how risks can be dealt with

The mere relief of suffering does not lead to well-being; it only removes one of the barriers to well-being.

Looking beyond “big” media to local media

- Use means and messages that are familiar to the stakeholder group
- Draw from their context—the language and the form of delivery must be “local”
- Think of “entertainment-education”

Using Theatre in Education

- Collecting stories—draw from everyday lives of people (can use participatory methods)
- Use clearly identifiable roles (not individuals)
- Include:
 - Humour (if possible)
 - Conflict
 - Multiple ways of resolving the issue
 - Find ways to involve the audience: as actors, or in follow up discussion

Elements of Communication

- Audience/stakeholder – who is involved here? Who are we talking to?
- Message -- what do we need to say? How do we say it? What outcome do we want/expect?
- Channel/Medium – how do we reach it to the audience? What is the means of transmission of the message?
- Context—of creation, of reception – how do we prepare the message? Who will help? How will the receiver get it? Where will it be received?

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.

- Feedback—what did they think of it? How did they respond? Did it achieve the purpose?

Finer details of elements

➤ Audience!

- Size
- Age
- Gender
- Culture
- Religion
- Education
- Social and economic status
- Relational location—position vis-à-vis the health issue

➤ Stakeholder analysis looks at sociological/demographic, psychological and cultural dimensions of individuals and communities. What should be the ‘content (& method of delivery)’ when you communicate to different stakeholders matter. Time specific capsules & audience specific capsules must be prepared; or the communicator must have the skills to design one on the spot. ‘One size fits all’ do not work. IEC materials must be designed for specific target groups, with complete understanding of the context. It must be contextual to make an impact.

➤ We need to understand personal stories, cultural narratives, and peoples’ perceptions; how the brain, mind and language work. We need to apply that knowledge effectively to make truths meaningful and to give truths the power to change the way people understand and perceive matters related to sanitation.

The most effective change processes are incremental; they break down big problems into small doable steps and get a person to say ‘yes’ numerous times, not just once.

Changing terminologies & shifts in meaning

| Audiences | Stakeholders |
|---|---|
| <ul style="list-style-type: none"> • Receivers • External to issue - distant • May not have a clear relationship with the issue—assumed relationship • Short-term association • Have no input into the message or its assessment | <ul style="list-style-type: none"> • Participants • Internal to the issue - participate / support • Have a specific relationship to the issue • Long-term association • Have input into message and its assessment • Immediate, clearly characterized |

The use of the word ‘audience’ must be avoided in development communication, for it clearly brings in the ideas of *someone lending ears, and passivity*. Instead, try using ‘participants’ or ‘participant groups’ or ‘stakeholders’. The word stakeholder comes from the word ‘stake’, which means ‘participating and offering support or active holding of something’. Consider this example: *you can put up a tent, only if the stakes are properly grounded and strong enough*. Your message must be grounded, and locally supported with evidence to be able make an impact.

Behaviour Breeds Behaviour

We wish to recall here, Prof. Muhammad Yunus’s (founder of Grameen Bank, Bangladesh) popular saying: *The poor are honest, provided they are treated honestly*. Think of a time recently when a villager aggressively argued against paying for drinking water. How did you behave? Did you automatically become aggressive or defensive? If you did, then that means you just allowed someone else’s behaviour to control your behaviour. Your behaviour (response to a situation) can help or hinder your dealings with other people.

When listening to another person speaking, try to listen beyond the words - the feelings behind the words. If you can you can pick up on those feelings you could well make the other person feel as if they have really been listen to.

How to deal with difficult people? : When you have to deal with difficult behaviour it is too easy to react to that person by saying and doing the first thing that comes into your head. But, the wise thing to do, or the key to dealing with difficult people and not allowing their behaviour to control you, is to avoid the emotional traps their behaviour often puts you in. You will know you have been trapped or 'hooked' by:

- Saying things in anger and later regretting it.
- Seething silently inside and saying nothing
- Reacting in ways that are uncharacteristic and disliking yourself for it.

A good way to stop yourself being hooked is to recognize what is happening and then follow the 'green cross code':

STOP: Suppress your emotions for a moment, take a deep breath and say to yourself: 'my behaviour can affect the outcome'; I can choose how to behave; I have the power to control what I say and how I feel.

LOOK: at the other person's behaviour, their body language. (Their words may be saying one thing and their body something else).

LISTEN: to exactly what they are saying - the meaning and the feelings behind words.

Respond. Do not react. You now have a choice: you can either be in charge of how you behave towards them or you can get hooked into their behaviour. In all such situations, it is wise to separate the person from the issue. Tackle the issue, not the person. The trick (Astrid French, 1996) is expand your range of behaviour so you can direct the situation to what **you** want and not let **their** behaviour control you.

Change becomes
a dynamic
process defined
by an increasing
motivational
readiness to
progress through
and between the
stages of change.

Maximize favourable response by:

- Moving towards the other person at a distance where you can talk and interact comfortably.
- Lean forward. When you lean away from people they feel you are not interested in them
- Step off your pedestal and smile. Everyone understands a smile.
- Acknowledge the other person's feelings and point of view.
- Remember people by name, and address them adding a prefix or suffix to their name as accepted by local culture.

Mobile Phone is on the priority of the people, but toilet is not. Why?

It was Census-2011 that brought to light that Indians do not have a toilet at home, but well over half of the population owns a telephone. As of March 2014 India had 933 million telephone subscribers (wireless and landline). Annual cell phone addition (between March 2010 – 2011) was 227.27 million. Annual toilet addition is about 4 million. This paradox (or absurdity, as some may call it!) invites comparison, although basically telephone-density is also an important indicator of development; and it makes little sense drawing a comparison between mobile phone ownership and toilet ownership. It's like comparing apples and oranges. Yet, what invites comparison is our inquisitiveness to figure out the logic behind the priorities and preferences of the Indian mindset.

Basically tele-density is also an important indicator of development; and it makes little sense drawing a comparison between mobile phone ownership and toilet ownership.

Owning a mobile phone has become a social norm. Almost everyone has one, and everyone uses it, maintains it as functional – the least to be able to give a missed call. It has become very ‘normal’ to ask someone: ‘Let me have your number’. The point is we don’t ask in the first place, if s/he owns a mobile phone. We expect or assume him/her to have one, and ask for the number so as to be in touch. Norms are informal understandings that govern individual’s behaviour in society. So, the spread or the ownership of mobile phone has almost become a widespread social norm that everybody has one. It sounds strange, if someone responded today: *I am sorry. I don’t have a phone.* It is a cultural or societal expectation you have one. It is an exhibited behaviour, the society approves of. This is what we call informal understanding that governs societal behaviour.

The chance of one being asked to give his mobile number is more frequent than anyone asking if he ‘owns a toilet’. That I don’t own a mobile phone; that I don’t have a mobile contact makes me feel small. But, societal norm considers it strange if someone asked me if I own a toilet. It is very uncommon if someone asked me if I own or use a toilet. Owning a mobile is normal social behaviour today. Although people are increasingly shifting to toilet use, those who think defecating in the open as normal social behaviour exist as well.

Secondly, you try to own something you don’t have. You didn’t have a mobile contact, so you tried to obtain one. But, you never felt you don’t have a place to relieve yourself. People say they have vast area of pasture lands, bushy areas, or long railway tracks that people use for defecating. It has

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been the social norm for long. You don't search solution for a non-existent problem. In other words, people don't look for an alternative when the present arrangement is fine with them.

In social norms there are things that are spoken about (exhibited), and those that are not discussed explicitly. Social norms can be enforced formally (e.g. through sanctions in a Gram Sabha / Community Association), or informally (e.g. through body language and non-verbal communication cues). The non-verbal cue or body language that we have observed is talking about 'toilets and defecating' is an undesirable social norm. This can be observed clearly when menstrual hygiene is to be discussed by a health worker. He counts who are all present, to make sure there is no one from his family around; and the place it is discussed etc. Although his duty demands him to talk about it, the social norm (the way he has been socialized) makes him feel uncomfortable. The cultural expectation or social norm is either he does not mention about it in public, or he talks about it very superficially and finishes off. This is more so especially when the health educator is a male.

This goes with the social norm that expects you to have a 'contact number'. This is about what behaviour the group (or a society) approves of and deems important. Social norms are so strong that one may starve inside his house, but makes efforts to present himself as if he is very 'normal'. In the process of socialization, one gets habituated to adhering to the social norms. How to rewrite it so as to revise the undesirable social norms that expects you to be silent about, or not to mention about it in public, allowing this hazardous thing to go

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on? This is a real challenge. This is the reason behind the emphasis given for Behavioural Change Communication (BCC) and Inter-Personal Communication (IPC) under Swachh Bharat.

How effective our IEC tools are, depends on our understanding of the behavioural components. Tools per se don't do any magic. Making the IEC tools eloquent is in our understanding of the cultural context in which we work, and social norms that govern social behaviour.

A community may adopt norms through a variety of ways. That means to say that social norms can also be enforced formally through local sanctions such as Gram Sabha resolution and community approvals. A Panchayat can withhold or give out resources (deliver services) in response to members' adherence to the officially approved norms, effectively controlling member behaviour through rewards and operant conditioning. This is explicitly outlining and implementing behavioural expectations for social good. A large number of norms we follow 'naturally or normally' these days like driving on the left side of the road in India started as a social norm to provide safety to the road users.

The market has been able to cut in a mindset to make people think that everybody else in the society expects me to have a cell phone. It is almost a social norm I am expected to adhere to. People tend to internalize norms by accepting them as reasonable and proper standards for behaviour within a given society. Once firmly established, a norm becomes a part of the community's operational structure.

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With regard to phones, the market has devised ways to entice people and has also provided excellent availability and access to a whole range of it. When it comes to making toilet-use as a social norm, we need to focus on influencing behaviours while at the same time ‘facilitate the organizing’ required to accelerate the pace. Mission ‘Clean India’ is possible, if only we focus on establishing a social norm that keep buzzing in one’s ears that ‘doing it in the open’ is not desirable anymore in Indian society; and that I must also use a toilet for everyone else is shifting to toilet-use. This is triggering a social norm – making sanitation normal.

Norms are attitudes and behaviours common to members of a particular group, or what they believe is ‘normal’. Every household in Mizoram State of India own a toilet. It is extremely rare to find someone doing it in the open. It is because social norm of Mizoram considers open defecation as an abnormal or deviant behaviour. It’s a behaviour that does not fit in their social norm. The norms and values of a society define its culture. Another best example for social norms to have built up in favour of toilet-use is, Mednipore experiment in West Bengal that made rural sanitation a social norm by making every household to own and use a toilet; and thus, induced everybody else to abide by it. Norms gives a sense of shared values, but values can also create their own norms.

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