ORIGINAL ARTICLE

Assessment of SBCC Campaign Against Open Defecation Practice and Bogoro L.G.A. Open Defecation Free Status

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Abstract

It is worrisome that even in the 21st century that open defecation is still being practised in Nigeria in spite of its health consequences. Open defecation is a practice of defecating in open spaces, streams and rivers which serve as the source of drinking water. This practice often results in the outbreak of diseases such as cholera, diarrhoea, and dysentery among other diseases that have over the years claimed many lives. Open defecation is tied to traditional belief, which makes eradicating it extremely difficult. The United Nations had in 2010 declared access to safe drinking water and sanitation a human right but this declaration is yet to be in force in Nigeria. This paper is anchored in the Diffusion of Innovation theory which stresses the adoption of modern practice of defecating in toilets rather than bush and other open spaces. The paper highlights the roles Social and Behaviour Change Communication plays in the eradicating open defecation in Bogoro Local Government Area. Recently, the UNICEF declared Bogoro as one of the Open Defecation Free L.G.As in Nigeria. It is recommended that governments at all levels, NGOs and the media should increase and trickle down the campaign against open defecation to rural communities. It concluded that the practice of open defecation is unhealthy and has resulted in the outbreak of diseases that claimed many lives.

Keywords: SBCC, Open Defecation, Open Defecation Free, Bogoro

INTRODUCTION

Globally, Open defecation is a serious health problem, particularly in developing countries. The prevalence of Open Defecation (OD) practice is anti-social behaviour that is posing a serious threat to human lives which has attracted the attention of social workers, health personnel, health communication experts and Non-Governmental Orgainsations such as World Bank, World Health Orgainsation, and UNICEF to find solution to the menace of OD. These orgainsations have spent a huge amount of money in sponsoring Social and Behaviuor Change Communication (SBCC) campaigns against the menace of OD practice across the globe, particularly in Nigeria and other developing countries.

Open defecation simply refers to the practice of defecating in open spaces instead of designated toilets. People who indulge in the unhealthy practice do so due to non-availability of toilets or due to traditional beliefs even when the toilets are available. Eradicating OD requires serious behavioral and attitudinal change campaign towards reversing the urgent trend. In the ancient era, there were more opens spaces and less population pressure on the environment and as such OD then causes little or no harm on human health but with the increase in population and urbanization, OD is now a serious health challenge globally.

According to World Health Orgainsation (2016), 2.4 billion people globally do not have access to basic sanitation facilities such as toilets or latrines. About 946 million of them still defecate openly in street gutters, bushes, streams and rivers. This unhygienic practice has led to the upsurge in the transmission of communicable diseases such as cholera, diarrhoea, dysentery, hepatitis A, typhoid and polio. It also provides a fertile ground for several neglected tropical diseases like intestinal worms, schistosomiasis, and trachoma. This has also adversely contributed to increased cases of malnutrition in developing nations.

In an attempt to address this global health challenge, United Nations (UN) General Assembly on the 28 July 2010, through Resolution 64/292,

declared clean and safe water, and sanitation a fundamental human right that are basically essential to the realisation and attainment of all human rights. As such, the Assembly called upon the various nation states and international organisations to provide the needed financial resources, help capacity-building and technology transfer as well as support to help developing countries improve and provide safe, clean, accessible and affordable drinking water and sanitation for all and sundry (United Nations, 2014).

Despite commendable improvements in eradicating OD as a result of the UN Resolution and Millennium Development Goal 2015 designed to address sanitation challenges, WHO (2016) observes the continuous existence of inequalities between and within countries and regions. At present, approximately 13% of global population are still practising OD. It is also observed that 9 out of 10 people who do this live in rural areas. Also, this unsanitary practice has gradually penetrated and is increasing in the urban areas due to growing population in these areas without accompanied adequate provision of sanitation facilities.

Regrettably, Nigeria is rated as one of the countries in the world with the highest rate of OD practice. The situation is worst in both urban and rural communities due to the OD practice being tied to the culture, values and tradition of the people. In some settlements in Nigeria, people find delight in defecating openly in rivers and lakes which they have as the source of drinking water, hence denying themselves of safe and clean water as well as sanitary environment. ID21 (2008) reveals that most rural communities use woods and bamboos to construct open toilets for both men and women. These locally constructed toilets are often done without proper drainage system, as such, at the slightest rainfall, these faeces flow to the rivers and the living surroundings thus exposing the inhabitants of those communities to grave dangers. This practice continues unabated without recourse to the environmental and health hazards that will likely ensue as a result of this practice.

Babalola (2019) hints that Nigeria is among the nations in the world with the highest number of people practising OD, estimated at over 47 million people. The practice has had a negative effect on the populace, especially children, in the areas of health and education and had contributed to the country's failure to meet the Millennium Development Goal target. The OD practice has attracted the attention of the United Nations' Water, Sanitation & Hygiene (WASH) which carried out a survey in 2018 and ranks Nigeria second among countries practising OD across the world as 24 per cent of the population representing 47 million people still practice OD which means that one in four Nigerians defecates outside.

The Federal Government is said to be seriously committed to attaining the status of Open Defecation Free (ODF) in the year 2025 which means that it will end OD nationwide and already 38 out of 774 local government areas in the country have been certified Open Defecation Free (ODF), one of which is Bogoro Local Government Area. Bogoro L.G.A attainment of ODF status was made possible due to the aggressive SBCC campaign embarked upon by the council boss, Iliya Habila. The campaign was targeted at stakeholders such as community, religious, women, and youth leaders who in turn trickle the campaign down to their various communities.

As part of efforts to sustain the ODF status, the Bogoro local authority has constructed public toilets in strategic locations such as markets, residential areas, schools, community health centres, workship centres among other places. Also, the youths who were trained as SBCC agents against open defecation were placed on monthly stipends and are to serve as Water, Sanitation and Hygiene (WASH) enforcement agents in their respective communities.

CONCEPTUAL CLARIFICATIONS

Social

The world "social" is derived from the Latin word "socii" which means allies. It is the act of relating the society and its orgainsation. It also describes man's interaction with other people or with the ecology in the society. Iyorza (2015) describes a

social person as one who is cordial, folksy, forthcoming, friendly or hospitable. Such a person is affable, genial, gracious, amiable and congenial. Social refers to attitudes, orientations or characteristics which are determined by interests,, intentions or needs of other people in the society.

According to sociological point of view, the human action is "social" which by virtue of subjective meanings attached to the action by individuals, takes account of the behaviour of others. Looking at the human interactions, the individuals are integrated into the society through a process of socialization. Socialisation is a process of learning from childhood to adulthood in which members of the society learn the culture into which they were born. Nwagbara (2006) sees socialisation as a process of social interaction through which the child learns the intellectual, physical and social skills such a child needs to function as a member of the society.

Behaviour

Behaviour simply refers to the way and manner an individual conducts or reacts to other people's conducts or issues within the society. It is also an individual's conduct, deportment, actions, performance or reaction. Iyorza (2015) asserts that behaviour is the range of actions or conduct of individuals, orgainisms or systems in conjunction with other individuals, organisms or systems or their environment. Behaviour is best described as a reaction to some actions; a response of the system or organisms to various stimuli or inputs. Biologoically, behaviour is the internally coordinated responses of whole living organisms (individuals or groups) to internal and external stimuli.

According to Larson (1992), psychologists and sociologists believe that human behaviour whether positive or negative is influenced by social agents. These social agents are the family, peer group, school, media, religion and environment. These are social constructs that dictate human behaviour in the society which have affected individuals either positively or negatively. The negative behaviour of certain individuals in a society has constituted anti-social behaviours such banditry, kidnapping, indiscriminate dumping of refuse, open defecation, prostitution, and gay practice among other ill behaviours. Human behaviour is a product of human attitudes which are as a result of individual's beliefs which are sets of attitudes that are based on two dimensions; firstly, individuals' attitudes towards objects or issues and secondly, individual's attitudes towards situations. The need to change some of the ill behaviours in the society necessitated the emergence of social and behaviour change communication championed by social and health workers, theatre and media practitioners and other professionals.

Change

Change is a process of transformation of an individual, community, orgainsation and institution from one stage to another. Change is a necessary phenomenon that occurs with the aid of persuasion. In some instances, change occurs naturally but in most cases change is propelled by instituted forces. Change is synonyms with transformation for change includes transformation, adjustment, metamorphosis, modification, and revolution among others.

Iyorza (2015) reveals that the concept of change is dynamic and unpredictable but certain. To a reasonable extent, change is the final product of individual's decision in the behavioural disciplines. Change is propelled by social forces or influences on behaviour. There are six stages of change. Health Promotion Unit (2007) highlights the five stages of change to include pre-contemplative, contemplative, preparation, action and maintenance stages. In the contemplative stage, people in this stage are not contemplating change; in the contemplative stage, the people are ready to change their behaviour for their good and society while in the preparation stage, people realised how serious their situation was and made a decision or a commitment to change. Action is the next stage of change, the people at this stage take necessary steps towards realising the change. Maintenance is the last stage; in this stage, the people are determined no matter what to maintain and sustain the new attitude.

Communication

The success of an individual, organization, institution and community depends largely on communication. The term communication is a basic necessity for human existence because human beings cannot do without communicating with friends and relations. The common definition of the term is that communication is a process of sharing information, feelings, and ideas between two or more people through previously agreed language, code, sign or symbol.

Asemah (2011) says communication process includes all acts of transmitting messages to channels which link people to the languages and symbolic codes which are used to transmit messages; it includes the means by which messages are received and stored as the rules, customs, beliefs and conventions, which define and regulate human relationship and event. While collaborating Asemah's assertion, Lar and Yakubu (2003), say communication is a process by which human beings relate to one another. When people communicate they are automatically unlocking the gate for sharing of information, imparting of knowledge, etc.

THEORETICAL FRAMEWORK

This paper is anchored in the Diffusion of Innovation theory. It was propounded by Everett Rogers in 1962. Rogers (2003) says the theory is concerned with how an innovation - new idea, practice, or object which is new to an individual or members of the society - is being communicated through certain communication channels to achieve the desired change over time among members of a social system.

According to Communication theory (2017), the Diffusion of Innovation Theory proposes a Mechanism for the adoption of an innovation through the following five stages:

i. **Knowledge**: Here an individual or members of the society are being exposed to a new innovation (like good toilet) but they may refuse to use them or adopt the innovation due to inadequate information or knowledge about the innovation.

ii. P**ersuasion**: In this stage the media and other interpersonal communication strategies have come in to make an individual to begin to show more interest in the new innovation with the quest to get details or information about the innovation.

iii. Decision: At this stage adequate communication is needed to help an individual evaluate the positive and negative aspect of the innovation so as to decide whether to accept or reject the innovation.

iv. Implementation: Here communication helps an individual to identify the gains of the innovation with more information about the usefulness of the innovation and the future could be with the new innovation.

v. Confirmation: This is the final stage of the process where an individual or members of the community finalise their decision to adopt the innovation and continue to use the innovation with full potential.

Causes of Open Defecation

Open defecation is the practice of defecating in open spaces instead of toilets. This practice is not only limited to the inhabitants of rural communities but is a common health problem exhibited in some urban centres. In the Nigeria parlance, OD is popularly known as 'shot put'. The existence of this practice is a manifestation of the failure of government at all levels to provide public conveniences for people to defecate in conducive atmosphere.

According to Babalola (2019), more often than not, people engage in OD either because they do not have a toilet readily accessible or due to traditional cultural practices. The United Nations has noted that the countries where OD is most widely practised have the highest numbers of deaths of children under the age of five, as well as high levels of undernutrition, high levels of poverty and large disparities between the rich and poor. Furthermore, there are also strong gender impacts as lack of safe, private toilets makes women and girls vulnerable to violence and other forms of infectious diseases, which in turn could cause an impediment to girls'

education. OD is an affront to the dignity, health and well-being especially of girls and women. For example, hundreds of millions of girls and women around the world lack privacy when they are menstruating. It exposes them to the risk of increased sexual exploitation and personal safety.

Nigeria is among the nations of the world with the highest number of people practising OD, estimated at over 47 million people. The practice has had a negative effect on the populace, especially children, in the areas of health and education and had contributed to the country's failure to meet the Millennium Development Goal target and may equally affect the attainment of Sustainable Development Goals. The UN-WASH (2018) survey ranks Nigeria second among countries practising OD across the world with 24 per cent of the population representing 47 million people still practising OD which means that one in four Nigerians still defecates outside.

Babalola (2015) further narrated the sorry state of Nigeria's OD practice thus:

> Furthermore, the UNICEF Deputy Representative in Nigeria, Ms Pernille Ironside was reported to have stated that these statistics are alarming, so it seems to be the right moment to come together in an effort to co-create solutions to tackle the challenges affecting the health and well-being of Nigerians and impeding economic growth. According to a December 2019 report, Ekiti State leads Nigeria in residents who practice open defecation, with a reported figure of over 1.4 million residents. Reportedly, two out of three residents in Ekiti State engage in this noxious practice.

Lately, the Nigerian government at the federal is making serious efforts towards ending the menace of OD in the country. The drive to end the menace of DD has trickled down to state government and further to the 774 local government areas in the country in order to effectively win the war against OD using the Social and Behaviour Change Communication strategy to attain an OD free society.

Health Consequences of Open Defecation Practice

The practice of OD is a public menace capable of resulting in the outbreak of serious health complications and communicable diseases like cholera, typhoid, diarrhoea, intestinal infections, respiratory diseases and tuberculosis in both rural and urban centres. Ngwu (2017) affirms that OD is responsible for the increased air and water pollution. Especially during the raining seasons, human faeces are washed away to lakes and rivers, hence posing a very serious threat to clean as well as safe drinking water. This is because bacteria and germs from the human faeces consequently contaminate water people use for drinking.

Akinson (2016) asserts that:

> Countries that open defecation is practiced are mostly uninhabitable for children. As a result, 204 they often record the highest number of deaths of little children under the age of five due to outbreak of some communicable and water borne diseases like hepatitis, polio, cholera, typhoid, diarrhea among other diseases in urban and rural communities. There are also high levels of undernourishment in these countries that leads to stunted growth in children.

While Tarraf (2016) notes that the practice of OD can also have some dangerous implications. Women are mostly at risk as this practice affects their dignity and places their safety at risk. Most women as a result of going to the bush, dark or hidden places to defecate are often vulnerable to rape and sexual assault. The practice of OD can also affect women's genito-urinary tract which can cause miscarriage and stillbirth. Also, OD can mar economic and social development of the society. The number of deaths of children and the contamination of agricultural produce caused by the practice of OD can cause severe economic loses to a people as these affects both human and material resources needed for a viable economy.

SBCC Intervention in Curbing OD

The main thrust of Social Behavioural Change Communication is to change human behaviours, particularly bad behaviours with the view of bringing about transformation in the ecological system through human nature. Recently, development communication experts are engaging communities, individuals and orgainsations in attitudinal change campaign on the need to embrace the appropriate and acceptable behaviours in the society so that everybody will be happy with the environment. One of the behaviours that require SBCC intervention is OD due to the prevalence of the menace despite the consequences of OD on human health.

SBCC requires adequate deployment of communication in creating awareness, promoting and proffering solutions to developmental and health issues confronting the world today. This goes beyond the traditional function of transmitting relevant information to engaging the people in order to address the behavioural and attitudinal issues that interact in-between. As observed by Rimal and Lapinski (2009), most intervention efforts to achieve effective change in behaviours are usually communicative acts.

According to Tarraf (2016), public health intervention in developing countries often requires both demand and supply. Apart from building public health infrastructures and providing services, there is need to involve communication efforts in changing individual and social behaviour that may prevent the effective utilisation of these infrastructures in order to ensure that there is demand for public health services. This emphasises the important roles social and behaviour change communications play to address these demand-side barriers to public health.

According to C-Change's report, Social Behaviour Change Communication is the art and practice of informing, influencing and motivating individuals, communities, institutions and the public about important health and development issues. It uses measurable and evaluation methods using multiple disciplines which seek to consciously address social factors that influence behaviour and development within a socio-ecological framework.

Social and behaviour change communication (SBCC) is a modern communication initiative used to proffer solutions to the myriads of development and health issues facing the world, especially issues with behavioural and attitudinal underpinnings. Ngwu (2017) notes that some rural communities in some developing countries have declared an open defecation free environment through government efforts and Community-Led Total Sanitation (CLTS) - a community based innovative approach for mobilising members to build their own toilets and stop OD.

This was pioneered in Bangladesh in the year 2000 and later spread across Asia, Africa, Latin America and the Middle East (C-Change, 2012; Community-Led Total Sanitation, 2011). This is what the communities do by engaging in appraisal and analysis of OD issue and taking necessary action to address it. Communication can support the global efforts to eradicate OD practice by changing the social norms practice in communities and also advocating for modern toilet facilities. The major social norms around OD are the erroneous belief that this practice is acceptable and sometimes even healthier than using modern toilet facilities.

Open Defecation Free

Surprisingly, in spite of the concerted efforts by the government at various levels and NGOs aimed at curbing the menace rate of open defecation across Nigeria, the practice of open defecation still continues unabatedly in the country. However, some considerable level of progress has been achieved in some states while some other states still fall far short of eradicating OD practice. The Federal Government had promised to move Nigeria from the list of countries with high indices of OD to ODF status latest in the year 2025.

While emphasising the government's efforts towards attaining ODF status, Babalola (2020) drops the hint that the Nigerian Minister of Water Resources disclosed that the federal government was making efforts to involve the private sector in tackling the problem of inadequate WASH services in the country and had launched the Organised

Private Sector in Water Sanitation and Hygiene (OPSWASH) group as part of the effort to end open defecation in the country. A national roadmap towards ODF by 2025 was developed and launched in 2016, but only minimal progress had been made in its implementation.

He further adds that:

> As part of the government's concerted efforts to remove Nigeria from its unenviable world ranking in open defecation, President Muhammadu Buhari, in November 2019, signed Executive Order 009 captioned 'The Open Defecation-Free Nigeria by 2025 and Other Related Matters Order', by which a national secretariat known as "Clean Nigeria Campaign Secretariat" was established in the Federal Ministry of Water Resources to implement the Executive Order 009 by ensuring that all public places including schools, hotels, fuel stations, places of worship, marketplaces, hospitals and offices have accessible toilets and latrines within their premises.

The Executive Order 009 declares that by this Order, Nigeria is committed to being open defecation free by 2025. The National ODF Roadmap developed by the Federal Ministry of Water Resources with support from other key sector players across Nigeria be put into effect. There is established in the Federal Ministry of Water Resources a National Secretariat called "Clean Nigeria Campaign Secretariat". The Secretariat is authorized on behalf of the President to implement this Order by ensuring that all public places including schools, hotels, fuel stations, places of worship, marketplaces, hospitals and offices have accessible toilets and latrines within their premises.

Bogoro L.G.A Combination of Advocacy and Social Mobilisation in Eradication OD

Bogoro Local Government Area adopted advocacy and social mobilisation which are some of SBCC strategies that are used to mobilise resources, social leadership commitment to development goals and to mobilise community members on the need for them to embrace the acceptable way of defecating in toilets rather than in open spaces which is detrimental to their health and well-being.

The advocacy involves the deployment of the mass media and other communication channels to influence policy and structural issues. It is very important in the introduction of new innovation in the society. Apart from creating adequate awareness of the development or health issues through multi-media channels of communication, it is also used to attract sponsorship and donation from well-to-do individuals and government to the programme (USAID, 2013; Ngwu, 2017).

The advocacy strategy has proven to be an effective strategy in the campaign against OD over time in several communities across the world and recently in some parts of Nigeria. It uses community radio, new media and the conventional media to drum or mobilise support from NGOs, government, philanthropists for the construction of toilets in strategic locations in communities in order to address the problem of lack of access to modern toilets as reasons for the high incidence of OD in which Nigeria is said to be topping the chart in Africa.

On the other hand, Anaeto and Solo-Anaeto (2010) define social mobilisation as the planned actions and processes to reach, influence, and involve all relevant segments of the society, across all sectors from the national to the community level, in order to create an enabling environment and effect positive behaviour and social change.

Development communication experts have identified the main reasons for the rejection and failure of many development initiatives to be the non-involvement of the beneficiaries in the planning and implementation stages of the programme. Involvement of the beneficiaries is important in order to give the people the sense of belonging and ownership of the programme.

Mobilising people to see the need to embrace the acceptable practice of disposing faeces rather than defecating in open spaces where there are no toilets can only be achieved through series of sanitisation, mobilisation and advocacies using community

radio, new and conventional media to sensitise the people on the effect of OD on their health and well-being.

Bogoro local authority under the chairmanship of Mr. Iliya Habila adopted Advocacy and Social Mobilisation strategies in carrying out the campaign against OD practice in the local government area by engaging various stakeholders such as the traditional, religious, community, women and youth leaders across the L.G.A to get their buy-in and sensitise them on the health consequences of indulging in OD practice which eventually yielded the desired change and recently UNICEF after a thorough assessment of the L.G.A certified Bogoro as an ODF L.G.A in Nigeria.

Determined to ensure the sustainability of the ODF status, the local government through its WASH unit selected 100 youth Ambassadors from various communities in Bogoro L.G.A and trained them as well as placed them on monthly stipend. They are responsible for sustaining the awareness campaign against OD at the community level as well as enforcing all the measures aimed at total eradication of OD in Bogoro L.G.A.

CONCLUSION

It is surprising that even in the 21st century, the practice of OD is on the alarming rate in the world, especially in developing countries with Nigeria topping the chart of countries where OD is being practised. This is in spite of the risk associated with OD practice and its health consequences on the environment and human beings. It is more worrisome that those who defecate openly mostly defecate in open spaces, gutters and streams, a practice that often results in air and water pollutions. The OD practice results in the outbreak of diseases such as cholera, diarrhea and dysentery which have claimed many lives without them knowing the causes of the deaths and blaming it on witches and wizards. Open defecation affects the dignity of women and makes them vulnerable to rape and other forms of sexual assault. It also affects their genito-urinary tract which can cause miscarriage and stillbirth. As part of the government's concerted efforts to remove Nigeria from its unenviable world ranking in open defecation, President Muhammadu Buhari, in November 2019, signed an Executive Order 009 captioned 'The Open Defecation-Free Nigeria by 2025'.

RECOMMENDATIONS

This paper recommends as follows:

i. Other local government Chairmen should emulate the Bogoro local authority efforts in moving the L.G.A to an Open Defecation Free status in order to reduce the number of L.G.As in Nigeria with incidences of OD.
ii. Government at all levels, Non-Governmental Orgainsations, health communication experts and media practitioners should work hand-in-hand to sustain the campaign against OD in Nigeria, particularly in the rural communities.
iii. The Federal Government through the Ministry of Water and Rural Development should re-double its efforts in moving Nigeria from OD to ODF in the year 2025.
iv. The tempo of campaign against OD should be increased through stakeholders' engagement, if Nigeria must conquer the fight against OD in the year 2025.
v. Youths from various communities should be trained and empowered to levy anybody found defecating openly.
vi. Public toilets should be constructed at strategic locations to make toilets available for people without toilets in their homes.

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