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SCHOOL OF GRADUATE STUDIES AND RESEARCH



COMMUNICATION STRATEGIES IN ADDRESSING OPEN DEFECATION

CHALLENGES: A SURVEY OF LA DADE-KOTOPON MUNICIPALITY

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THE REQUIREMENT FOR THE AWARD OF A MASTER OF ARTS DEGREE IN
DEVELOPMENT COMMUNICATION.**

NOVEMBER 2021

DECLARATION

DECLARATION

I hereby declare that this work is the result of my own original research and that no part of it has been presented for another degree in this institute or elsewhere. I bear sole responsibility for any shortcomings.


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CERTIFICATION

CERTIFICATION

I hereby declare that the preparation and presentation of the project work were supervised in accordance with the guidelines on supervision of project work laid down by the Ghana Institute of Journalism.

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My appreciation goes to my supervisor Dr. Kodwo Jonas Anson Boateng who in diverse ways guided me throughout my project work.

I also want to thank Auntie Cynthia for her support from the very first day of my studies till the very end

DEDICATION

I dedicate this work to my family who have supported me throughout my schooling.

I appreciate especially my husband for his immense support, patience and love all through.

ABSTRACT

Strategies used by the local authorities to fight open defecation in the communities are either not enough or not effective enough; as the government seems to be taking up the fight against open defecation. Studies in other jurisdictions have shown that that communication can be used to solve the problem. The main objective of the study was to assess the effectiveness of communication strategies employed by the local to fight open defecation in Ghana. The study employed a qualitative approach using data gathered through open ended questionnaires (interview guide) from 10 community members in various capacities including municipal officers, opinion leaders, beach workers, and household heads. The data was analysed by thematic analyses. The study found that communication and education has been the main means of the fight against open defecation in the La community. This has largely been done through public communication vans. The study also revealed this communication strategy has not been effective, since the practice of open defecation is still going on. The respondents revealed that this communication strategy has failed because of culture and refusal to change behavioural practices; funding to sustain communication, lack of toilets in public and households; illiteracy; and population growth. The participants recommended that for communication to be effective, there must be more and appropriate communication channels emphasising the risks associated with the practice of open defecation and funding to ensure sustainability.

Key Words: challenges; communication Strategies; La Dade-kotopon; open defecation

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LIST OF ACRONYMS

Acronym	Meaning
M-CODE	Media Coalition against Open Defecation
MMDA	Metropolitan Manila Development Authority
ODF	Open Defecation-free
QDA	Qualitative Data Analysis
SDG	Sustainable Development Goals
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

CHAPTER 1

INTRODUCTION

1.1 Background to the Study

Open defecation is a major sanitation problem in developing countries (Kevin Alom et al., 2020; Musa, 2015; Osumanu et al., 2019) like Ghana (Adzawla et al., 2020). There is a clear global commitment towards achieving an improved sanitation across the world. This is well captured by the world leaders' pledge under the Sustainable Development Goal 6 (SDG6). An important indicator under this goal is to “achieve access to adequate and equitable sanitation and hygiene for all and end open defecation” by the end of 2030 (WHO & UNICEF, 2017). Open defecation, for instance, is as high as 14% in sub-Saharan Africa (SSA) but only 2% in Latin America and the Caribbean regions (WHO & UNICEF, 2017). According to Adzawla et al. (2020), the figures are declining; but the rate of decline shows that over 5% of global population would still practice open defecation by 2030. Governments therefore need to enhance measures of communication to communities that practice open defecation to stop and promote hygienic living practices.

Ghana has been observing Toilet Day since 2009, four years before the United Nations designated 19 November as World Toilet Day. The purpose of the observance is to raise awareness about the challenges and deadly health consequences of poor sanitation in some parts of the world, particularly sub-Saharan Africa and Asia, and to encourage the formulation and implementation of policies that increase access to improved sanitation.

Ghana has been ranked second after Sudan in Africa for open defecation, with almost 5 million Ghanaians not having access to any toilet facility (Osumanu et al., 2019). It is estimated that Ghana loses 79 million dollars annually on open defecation through tourism loss, water pollution and

death among others. According to the Deputy Minister for Sanitation and Water Resources, one out of every five Ghanaians defecates outside a toilet facility every day. Public health experts attribute some illnesses including cholera, typhoid and other diarrheal diseases to the consumption of faecal matter. And since open defecation accounts for the presence of faecal matter in the environment, it may be said to be the principal cause of such illnesses. Many Water and Sanitation experts in Ghana believe that the mass media can contribute tremendously to the campaign against open defecation in the country (Addai, 2020). However, it is expected that the initiative of campaign against open defecation comes from the district assemblies (Ntow, 2014). It is also a problem when one observes that a significant gap therefore, exists between knowledge and practice judging from the fact that even people who are aware of the health risks associated with open defecation, continue with the unhealthy practice (Agba, 2019).

Over the years, local government bodies in Ghana have been encouraging households to build their own toilet facilities in their homes through the provision of counterpart funding. Improving human-waste management was made a key aspect of the Human Settlement and Infrastructure component in the Ghana 2010-2013 Shared Growth and Development Agenda. In July 2015, the Deputy Minister of Local Government and Rural Development announced a \$60 million World Bank loan intended to improve sanitation. According to the minister, the funds will be disbursed through the metropolitan, municipal, and district assemblies (MMDAs) in the Northern, Upper East, Upper West, Brong-Ahafo, and Volta regions to assist households to build their own latrines.

It is important to note that better facilities alone rarely change people's hygiene behaviour (UNESCO, 2010). People change their behaviour when they are suitably motivated (Sriram & Maheswari, 2011). The findings of an Afrobarometer survey report suggested that more extensive

policy and implementation efforts will be needed to address the challenge of open (or “free range”) defecation in Ghana (Armah-Attoh, 2015).

According to the 2010 population census report published in 2014, Four percent of households in the La Dade-Kotopon Municipal Municipality had no facility and therefore used the bush or beach as places of convenience. Besides water closet, public toilets, KVIPs and the use of bush or beaches (52.9%) are all unhygienic facilities and they were mostly used by multiple households or the public (Ghana Statistical Service, 2014). The use of unhygienic facilities coupled with poor hygiene practices could lead to the contamination of water and food with human excreta (Tanle and Kendie, 2013).

This study therefore seeks to examine the communication strategies employed by the municipality executives to combat the menace.

1.2 Statement of the Problem

In 2018, the Media Coalition against Open Defecation (M-CODE) was launched; and its objective was to bring media houses in Ghana together to educate the public on the harmful effects of open defecation in an effort to curb the menace. In 2020, another launch by the WASH Sector Efforts towards the attainment of Open Defecation Free (ODF) status in Ghana was instituted. The launch was dubbed “Social Norms Advocacy Campaign” and also aims at educating the public on changing attitudes for a clean and healthy Ghana. It was one of the major information programmes to be initiated by key industry players with the objective of ending Open Defecation in the country. The launching of a new campaign, however puts in doubt the effectiveness of the first one in 2018.

From the above, it is obvious that the strategies used by the local authorities to fight open defecation in the communities are either not enough or not effective enough (Addai, 2020); as the

government seems to be taking up the fight against open defecation. According to Alhassan (2019), who conducted a study on whether communication could be used as a strategy to fight ODF in the Northern region, most people agreed that communication can be used to solve the problem.

Moreover, extant studies related to Ghana have also not looked at the effectiveness of current communication strategies being employed by local authorities and how they can be improved. Agba (2019) for instance looked at the issue in Nigeria, and found that challenges include lack of inclusion in government policies and inadequate funding of Social and Behaviour Change Communication (SBCC) interventions that can trigger behavioural change of individuals and communities. Sriram and Maheswari (2011) also examined awareness level of sanitation strategies in rural India. In Ghana, Alhassan and Anyarayor (2018) looked at determinants of adoption of open defecation-free (ODF) innovations in the Nadowli-Kaleo district. These problems and gaps in the literature related to Ghana raise a number of questions that needs to be researched into.

1.3 Research Questions

- a) What are the communication strategies employed by local authorities in the fight against open defecation?
- b) How effective are these strategies in the fight against open defecation?
- c) What are the challenges local authorities are facing in the implementation of effective communication strategies against open defecation?
- d) What can be done to make the communication strategies more effective?

1.4 Objectives

Based on the questions raised, the aim of the study is to assess the effectiveness of communication strategies employed by the local authorities to fight open defecation in Ghana. Specifically, the study seeks to achieve the following objectives:

- a. To ascertain the communication strategies employed by local authorities in the fight against open defecation
- b. To find out how these strategies have been effective
- c. To determine the challenges local authorities face in the implementation of effective communication strategies against open defecation
- d. To seek suggestions on what can be done to make the communication strategies more effective

1.5 Significance of the study

The study is significant in a number of aspects.

First, it highlights the communication strategies applied by local authorities in Ghana and the challenges they face. The findings are therefore important for other stakeholders in the fight, as well as policymakers.

Secondly, the findings from this study highlighting the challenges and recommendations will encourage policy makers to come up with better policies and support programmes for local authorities and to an extent, other stakeholders in the fight against open defecation.

1.6 Overview of Methodology

The study employs a field research design and a qualitative approach. The open-ended questionnaire technique will be used to collect primary data from local authority executives and opinion leaders, and a section of the populace in the community.

Data will be analysed by the use of content analysis by QDA Miner and Microsoft Excel 2013.

1.7 Scope

This study however focused on the La Dade-Kotopon municipality, which is along the beach. Open defecation is not only a problem in coastal communities like the La- Dade-Kotopon municipality. The dynamics also differ from community to community.

1.8 Organisation of the study

The research report is organised into five chapters:

Chapter one focuses on the background of the study, the problem statement, objectives and significance of the study.

A literature review is done in chapter two. Various theories and concepts are discussed in this chapter.

In chapter three, details of methodological approach followed to achieve results is outlined. Included in the methodology are the research design, sampling, data collection method, and data analysis.

The results and discussions from the study, supported with findings from other research works are captured in the fourth chapter.

Chapter five focuses on a summary of the main findings, conclusions and recommendations of the study.

CHAPTER 2

LITERATURE REVIEW

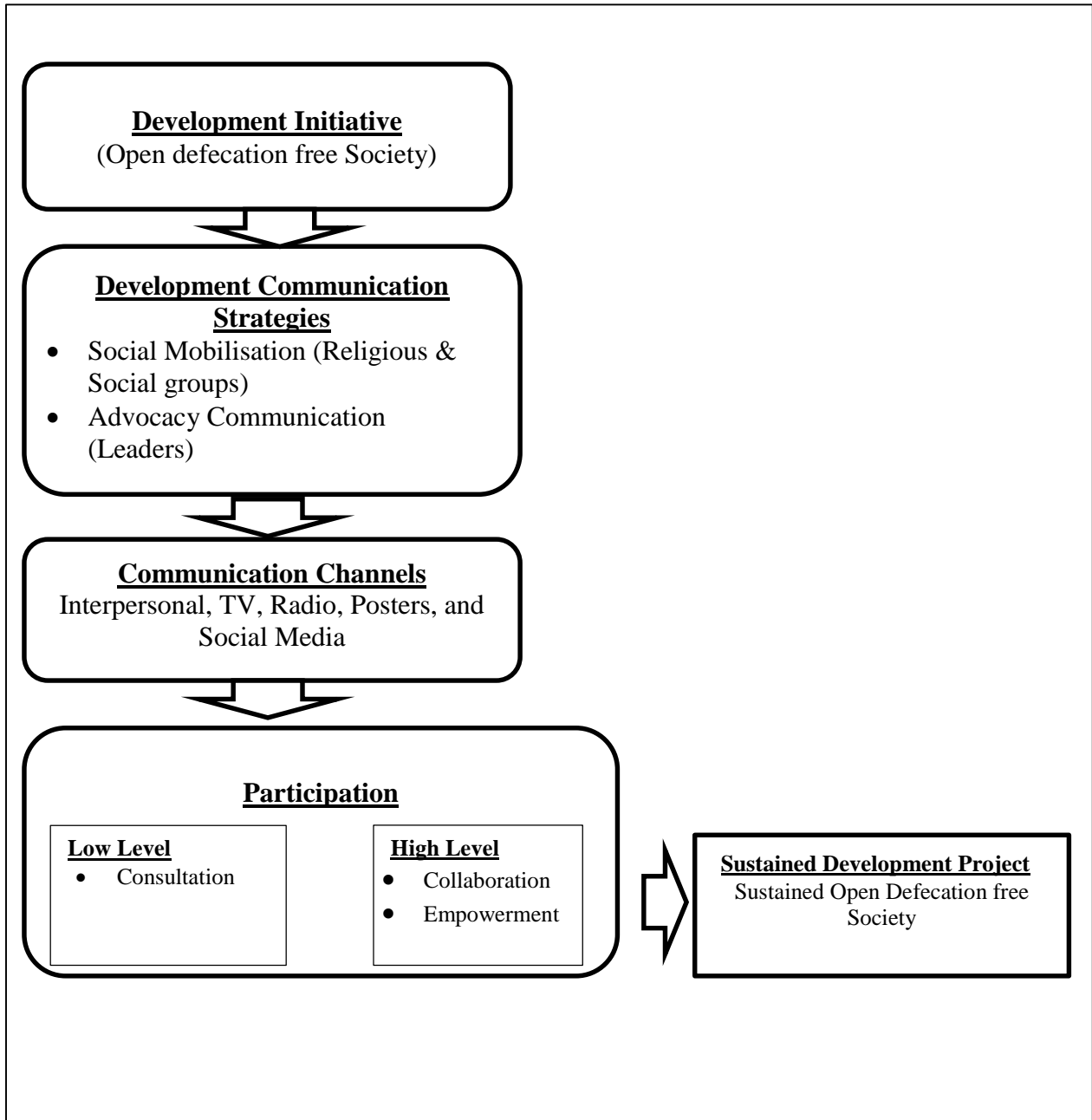
2.1 Introduction

The main purpose of the research is to explore how effective communication can be used to curb open defecation in Ghana, with focus on the coastal municipalities. The research was motivated by the assumption that effective communication of the dangers of open defecation and merits of open defecation-free environments on development. This chapter presents a review of literature on communication strategies towards eradicating open defecation. It looks at theories underlying the concept of using communication to effect behavioural changes in society; discusses communication strategies; and then looks at empirical works in relation to the objectives of the study. The theories to be discussed are modernisation theory, dependency theory, agenda setting theory, and social learning theory; and the models are linear model, transactional model, and interactive model.

2.2 Conceptual Framework

The conceptual framework of this study therefore gives an overview of the issues relating to the subject matter of the research. The conceptual framework for this study is based on the hypothesis the effectiveness of communication strategies to the community improves sustenance of development projects (in this case, open defecation-free environment or society). In the Figure 2.3, the relationship between communication, development projects and sustenance is illustrated.

Table 2.1: Conceptual Framework



Source: Author's Construct (2022)

Development projects come with an intended aim of improving the lives of people in an area. The people's involvement in these projects is important for sustaining them. The projects are therefore communicated to the people of the community. Communication is considered to be in different forms but this study focused on development communication. Development communication brings

forth three components of communication which include advocacy, social mobilization and behaviour change communication. These three components are carried out through a channel of communication. These channels include television, radio, newspapers, film show and interpersonal communication. When implementers communicate well with the community members, participation is high and sustenance is achieved.

2.3 Theoretical Framework

This section discusses the study's approach in the context of Social and Behaviour Change Communication (SBCC) theories. Theories of behaviour change can help understand why people act the way they do and why behaviours change. SBCC theories can help focus on what or who to address in a programme and drive SBCC programme design. Each theory or model uses a distinct collection of elements to explain behavioural change and area of focus—the individual, their intent to reform their behaviour, or their surroundings.

The nature of communication, for some generations ago, was mainly transmission of message(s) from sender to receiver. This transmission model did not considering the understanding of the receiver. Today, effective communication is more of a dialogue, where influence flows both ways—from sender to receiver; and from receiver to sender.

Older approaches of communication tried to persuade individuals to change their health behaviours; newer approaches try to create an enabling environment to encourage healthy behaviours; and later approaches look for tipping points of change that need to address social change as much as individual behaviour change.

The theories have generally evolved in three stages. These stages come with their targets and change process. The three levels are the individual, inter-personal, community.

2.3.1 Individual Level

The change process is psychological, and the targets are personal behaviours. Theories at this level emphasise planned behaviour, rational decision making processes (beliefs & subjective norms); and include the Health Belief Model, Reasoned Action (Fishbein & Ajzen); and Stages of Change (Prochaska, DiClemente). There is also the Fear Management theory (Witte), which emphasises interaction between cognition & emotion.

2.3.2 Interpersonal Level

Here, the change process is psycho-social, and the targets are social networks. The theories at this level emphasise social comparison, learning from role models, and self-efficacy. Example of such theory is Social Learning Theory (Bandura).

2.3.3 Community Level

With the community level, the change process is cultural and social, with the target of community development. Theories at this level include Theory of Gender and Power, and Diffusion of Innovations theory (Rogers) which emphasise social influence, personal networks; and Ecological models, which emphasise behaviour is a function of the person and its environment.

Psychological and psychosocial theories were very useful early in the HIV epidemic to identify individual transmission behaviours (UNAIDS, 1999). However, nearly all the individually based theories were developed in the West with little focus on the role of gender and culture.

Figure 2.1 summarises these theories according to the socio-ecological approach.

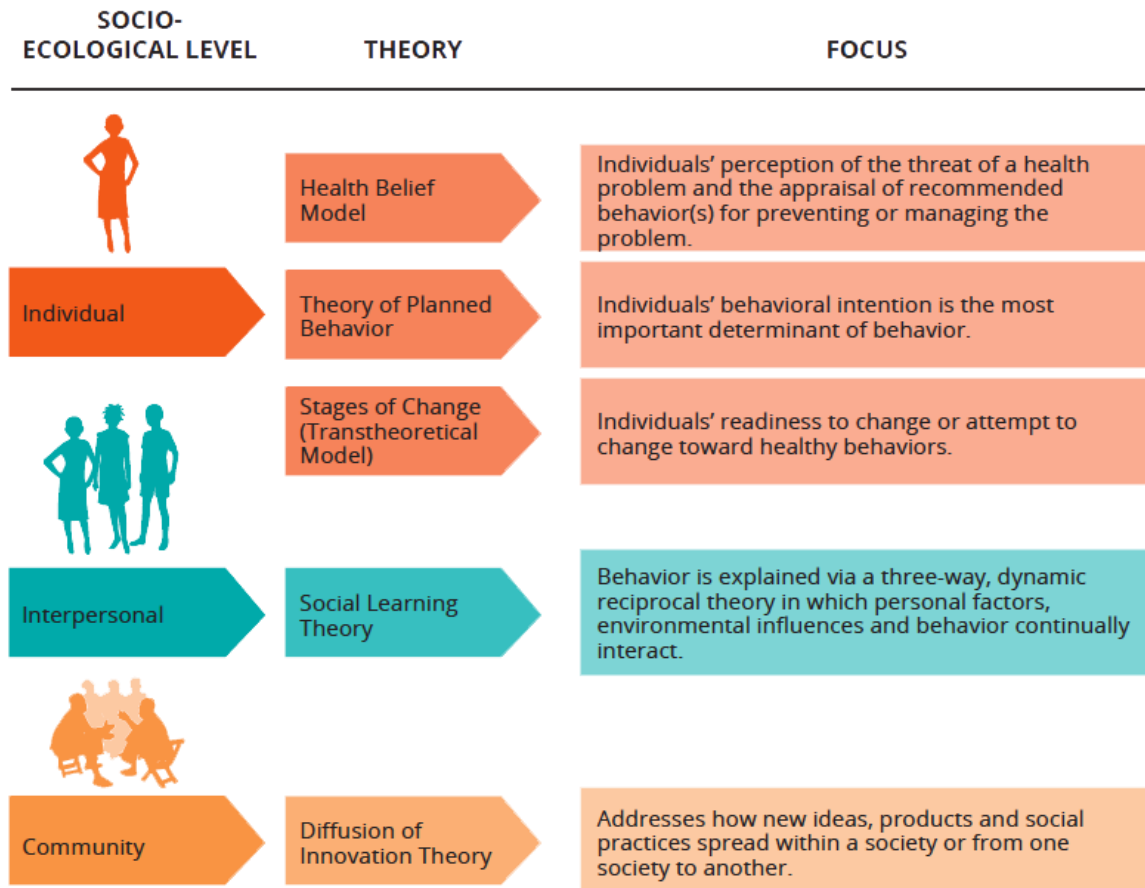


Figure 2.1: Most commonly used behaviour change theories in SBCC programs (SBCC Implementation Kit, 2021)

The Health Belief Model emphasises the need of programmes taking into account individual beliefs about the problem at hand, as well as the costs and hurdles associated with altering a behaviour. When encouraging individual preventive behaviours, open defecation, the Health Belief Model works well. Because it focuses on the individual's thoughts and perceptions, it is acceptable to modify behaviours that are not substantially impacted by society and social standards. It emphasises the significance of emphasising both the negative effects of present conduct and the positive outcomes of recommended alternative behaviour.

The Theory of Planned Behaviour can be used to modify behaviours that are heavily influenced by peers and the immediate social network. According to this idea, the individual's close social network should be addressed to support the intended behaviour change, and it is critical to stress the short-term benefits of the behaviour change to encourage action.

Social Learning Theory acknowledges the interaction that occurs between an individual and his/her environment. The outside world is where a person might watch an activity, comprehend its implications, and get motivated to repeat and adopt it. Structure elements such as service availability and policies, as well as social variables such as social norms and peer influence, impact behaviour. The Social Learning Theory can be used to address behaviours that are significantly impacted by the individual's physical and social surroundings. The approach emphasises the necessity of establishing an enabling environment that facilitates the desired behaviour change. It further contends that witnessing the behaviour in action might encourage others to adopt it. This can be done in person or through the media by actual or fictitious persons showing the desired behaviour and the rewards that arise.

The Stages of Change (also known as the Transtheoretical Model) states that while altering a behaviour, individuals go through many stages. This idea posits that varied levels of desire and willingness to change influence an individual's present stage of transformation. According to this idea, distinct stages of change necessitate different information requirements and tactics in order to advance the audience to the next level. Although humans go through these stages in a predictable manner, they can also regress or skip ahead.

2.3.4 Social and Behaviour Change Theory

Over the years, there has been a shift in thinking about behaviour change communication: Simply giving correct information – while important – does not change behaviour by itself. Only addressing individual behaviours is often not enough either.

People make meaning of information in their context. Culture and networks influence people's behaviour; people cannot always control the issues that determine their behaviour; and people's decisions about health and well-being compete with other priorities.

Human behaviour is remarkably complex and influenced by a multitude of factors, ranging from knowledge, attitudes, self-efficacy and habits to social and gender norms, support networks, access to resources, and environmental supports and constraints. SBCC is an evidence-based, theory-driven process that uses communication to identify and address such factors, and positively influence individual and collective behaviours to improve health outcomes.

Social and behaviour change communication (SBCC) has to do with the application of a variety of communication strategies to influence individual and collective behaviours that affect public health. SBCC systematically applies interactive, theory-based and research-driven communication processes and strategies to address change at the individual, community, and society levels (USAID, 2013).

Iorza (2015) asserted that Social and Behaviour Change Communication is an interactive, consultative, research based, multi-pronged communication approach aimed at behaviour change at the individual, community, systems and social levels. SBCC deals with the role communication can play in bringing about social change, including individual behaviour and norms.

It is as well, the systematic application of interactive, theory-based, and research-driven communication processes and strategies to address tipping points for change at the individual, community, and social or societal levels. SBCC is equally a research-based, consultative process that uses communication to promote and facilitate behaviour change and support the requisite social change for the purpose of improving developmental programs and health outcomes. (C-Change Project, 2012).

As defined by Health Communication Capacity and Communication (2015), Social and behaviour change communication (SBCC) is the use of communication to change behaviours, including service utilization, by positively influencing knowledge, attitudes and social norms. The effectiveness of SBCC strategies to the management of open defecation in Ghana has been in doubt. This is because of the number of new campaigns being launched every now and then. It is the researcher's strong conviction that if Social and behaviour change communication which uses three key strategies otherwise known as SBCC Tripod Strategies can be used in addressing the problem of open defecation, positive change at individual and community levels can be attained. This is because SBCC is potent in addressing social and health issues in the following ways; Advocacy, Social mobilization, and Behaviour Change Communication. (C-Change 2011).

SBCC strategies have been found effective in several climes in addressing perceived social norms and undesirable human behaviours that affect public health and safety as well as sustainable societal development. This is why this paper argues that SBCC strategies if appropriately put to use could help address and eradicate the practice of open defecation in Ghana. These strategies are discussed below:

- a. Advocacy

Advocacy is one of the three major SBCC strategies used to raise resources as well as political and social leadership commitment to development actions and goals. It involves the deployment of the mass media and other communication channels to influence policy and structural issues (USAID, 2013).

Advocacy 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 also used to attract sponsorship and donation from well-to- do individuals and government to the programme.

Advocacy here, describes a strategy by which groups or individuals attempt to bring about social or organizational change on behalf of a particular health goal, programme, interest, or population (Green, O’Conner, French, Grimshaw, Spike, King, 2010). Media advocacy adopts a participatory approach that emphasizes on the need of communities to gain control and power to transform their environments (Agba, 2019).

Communication is an important part of community development (Nwosu, 1987). A successful advocacy begins with the identification of groups that need to be influenced and working out the best way to communicate (Simpson- Hebert & Wood, 1998). According to Green and Tones (2010) advocacy can influence government to develop healthy policies and legislation, commercials and other organizations to impact on development and the individuals, groups and communities in making healthy choices and support developmental initiatives that will promote the well-being of the populace. Using advocacy to inform and motivates leaders to create a supportive environment to achieve programme objectives and development goals is one easy step

towards eradicating the menace of open defecation in the society. There are basically three types of advocacy-media, community and policy advocacies. (C-Change 2012).

Advocacy is a continuous and adaptive process of gathering, organizing and formulating information into argument, to be communicated to decision-makers through various interpersonal and media channels, with a view to influencing their decision towards raising resources or political and social leadership acceptance and commitment for a development programme, thereby preparing a society for its acceptance (C-Change, 2012). In the context of managing open defecation, media advocacy may be carried out by key people in international agencies, as well as special ambassadors, but is gradually taken over by people in national and local leadership positions and the print and electronic media. Designing a well-developed media messages and applying it to open defecation through the drivers of SBCC education Strategies will go a long way in bringing the much desired change and encourage toilet use in Ghana.

Scandlen (2004) posited that, Social advocacy does not minimize the importance of individual changes but, instead, he strongly argued that the latter require changes in social conditions, because external conditions are responsible for health, the strategy should target those conditions instead of centring on lifestyle behaviours.

Social mobilization is closely interlinked with media advocacy; according to Scandlen (2004), social mobilization “is the glue that binds advocacy activities to more planned and researched program communication activities.” It strengthens advocacy efforts and relates them to social marketing activities. According to Anaeto and Solo-Anaeto (2010), social marketing is the systematic application of marketing principles and techniques to achieve behavioural goals for societal good. It is concerned with inducing positive change in the attitude and behaviour of the

target audience. It makes it possible to add efforts from different groups to reach all levels of society by engaging in different activities: service delivery, mobilizing resources, providing new channels for communication; providing training and logistical support for field workers, and managing field workers.

One of the types of advocacy use in bringing about change in behaviour against open defecation is Community/Programme Advocacy. Green et al, (2010) stated that programme advocacy consists of a large number of information activities, such as lobbying with decision makers through personal contacts and direct mail; holding seminars, rallies and news making events; ensuring regular newspaper, magazine, television and radio coverage and obtaining endorsements from known people. The goal of advocacy is to make the innovation a political or national priority that cannot be swept aside with a change in government.

Another type of advocacy useful in addressing the problem of open defecation is policy advocacy. Policy Advocacy uses data and approaches to advocate to senior politicians and administrators about the impact of the issue at the national level, and the need for actions towards solving it. For example, the Safety Injection Global Network (SIGNS) advocacy campaign began with a survey of 198 decision makers in 33 countries on their perceptions of the status of safe injections in their countries. Based on the data, it was possible to frame arguments which addressed their knowledge of the situation and their concerns. The results fed into the framing of future advocacy strategies.

Advocacy strategy can be used in the campaign against open defecation in Ghana through available mass media channels (indigenous or modern mass media) to canvass support from the government, policy makers, international and local non-governmental organisations (NGOs) as well as other philanthropists for the procurement of needed modern toilet facilities and creating enabling laws

–proscribing open defecation in Ghana. This can be done through media advocacy, courtesy calls, public enlightenment programmes, sponsorship and lobby for the enactment of laws that can help ensure compliance of members of the public to adapt to the modern way of disposing their faeces.

Advocacy 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 also used to attract sponsorship and donation from well-to- do individuals and government to the programme (Agba, 2019).

b. Social Mobilisation

Social mobilization according to UNICEF is a process that engages and motivates a wide range of partners and allies at national and local levels to raise awareness of and demand for a particular development objective through dialogue. Members of institutions, community networks, civic and religious groups and others work in a coordinated way to reach specific groups of people for dialogue with planned messages (UNICEF, 2014). In other words, social mobilization seeks to facilitate change through a range of players engaged in interrelated and complementary efforts. The goal of health promotion is to facilitate the environmental conditions to support healthy behaviours. Individual knowledge, as conceived in traditional approaches, is insufficient if groups lack basic systems that facilitate the adoption of healthy practices. The mobilization of a diversity of social forces including families and communities is necessary to shape a healthy environment (Bracht (1990), Rutten (1995) as cited in Shefner -Rogers, (2013). The Social mobilization recognizes that sustainable social and behaviour change requires collaboration at multiple levels, from individual to community to policy and legislative action, and that partnerships and coordination yield stronger impact than isolated efforts. Key strategies of social mobilization

include using advocacy to mobilize resources and change inhibiting policies, media and special events to raise public awareness and create public spheres for debate, building and strengthening partnership networks, and motivating community participation.

c. Behaviour Change Communication (BCC) Strategy

Behaviour Change Communication (BCC) is a strategy used to move the people from awareness to action. It is the process of working with individuals, families and communities through different communication channels to promote positive health behaviours and support an environment that enables the community to maintain positive behaviours taken on (USAID, 2010). It uses mass and social media, community-based media, and interpersonal communication channel to increase individual knowledge, encourage changes in attitudes, and practices among specific audiences (USAID, 2013). BCC strategy will help to address the negative behaviour and attitude associated with the practice of open defecation in Ghana, particularly along the coastal towns. Particularly, BCC is necessary at the individual level of the change process through the application of relevant change theories (like stages of change theory, diffusion of innovation, etc.) to motivate the individual to change from defecating openly and encourage the use of modern alternatives.

The shift in terminology from Behaviour Change Communication (BCC) to Social and Behaviour Change Communication (SBCC) is a recent landmark in health communication that reflects renewed emphasis on improving health outcomes and development through more healthful individual and group behaviours as well as strengthening the social context, systems and processes that underpin development and health communication (Agba, 2019). Through SBCC, a very useful prevention process and programming of intervention, change agents can arrive at tipping points in change communication.

2.3.4.1 Social Practice Theory

Social practice theory (SPT) is increasingly being applied to the analysis of human behaviour, particularly in the context of energy use and consumption. Rather than a single theory or ‘model’, SPT is something of an umbrella approach under which various aspects of theory are pursued. The central insight of SPT is the recognition that human ‘practices’ (ways of doing, ‘routinized behaviour’, habits) are themselves arrangements of various inter-connected ‘elements’, such as physical and mental activities, norms, meanings, technology use, knowledge, which form peoples actions or ‘behaviour’ as part of their everyday lives (Reckwitz 2002). The approach particularly emphasises the material contexts (also ‘socio-technical infrastructures’) within which practices occur, drawing attention to their impact upon behaviour (the production and reproduction of practices). The notion that non-human ‘actors’ have a role to play in causing certain outcomes or ‘behaviour’ draws on the actor-network theory of Bruno Latour. Shove (2010a) notes:

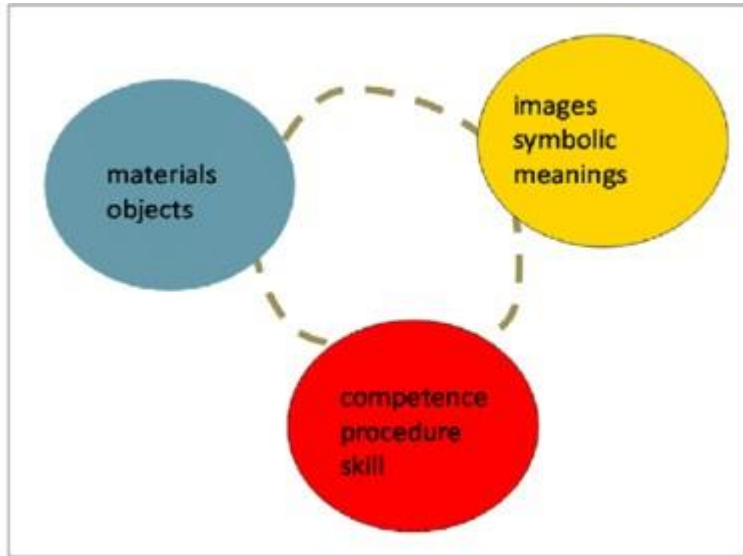
‘Put simply, roads, railways, freezers, heating systems, etc. are not innocent features of the background. Rather, they have an active part to play in defining, reproducing and transforming what people take to be normal ways of life. The key insight here is that the material world and related systems of production and provision are important in organising, structuring and sometimes preventing certain practices.’

The three elements model (Figure 3) has been developed from Shove’s work and incorporates:

- Materials: The physical objects that permit or facilitate certain activities to be performed in specific ways
- Meanings: Images, interpretations or concepts associated with activities that determine how and when they might be performed

- Procedures: Skills, know-how or competencies that permit, or lead to activities being undertaken in certain ways

Figure 2.2: Three Elements Model



Source: Chatterton (2011)

The literature on ‘socio-technical’ systems and regimes (e.g. Geels 2004; Smith et al 2005) shares this focus on material context and technologies, and their interaction with social practices. It particularly identifies the resilience of existing practices which underpin ‘trajectories’ of development in technological transition, away from which it is difficult to break (Smith 2007: 428). Practices and material contexts are often self-perpetuating. Randles and Mander (2009) describe this resilience as ‘stickiness’, noting that we do not often or easily reflect on social practices, and their internal arrangements make them structurally rigid. For social practice theorists then, the choices and attitudes of individuals are, more often than not, secondary to these contextual factors, with people becoming ‘carriers’ (Reckwitz 2002) of practices or routines rather than

autonomous agents. Shove and Southerton (2000) provide a useful insight into the application of SPT via an analysis of the adoption of the freezer (a particularly large consumer of household energy) in British households. Upham et al (2009: 17) refer to this study, noting:

'This account is framed not in terms of attitudes or the functions performed by the object, but in terms of the way in which freezers have fitted into the changing organisation of domestic life, particularly the increasing participation of women in the workforce and associated sales narratives. ... the freezer partly creates the conditions that it alleviates - by helping to solve the problem of limited domestic time under conditions of increased working hours, it in part perpetuates that condition by enabling it to continue' (Upham et al, 2009: 17)

SPT has been applied to understanding various sets of sustainable behaviours, in particular in the fields of energy use, transport and waste. It is beginning to be acknowledged within some policy-focused analyses of behaviour (e.g. Chatterton 2011) although in seemingly somewhat redacted form and explicitly 'to enrich and supplement conventional understandings of behaviour' (Chatterton 2011: 22). Shove (2010b: 1279) suggests that attempts to integrate individual behaviour models with social practice theory are 'doomed to failure', stating that 'It is useful to be clear about the incommensurability of these contrasting paradigms, and hence about the impossibility of merger and incorporation'.

SPT suggests a plethora of new routes to understand and explain behaviour, and a similarly broad range of potential responses. The primary insight is, of course, a need to focus not on individual behaviour but on social practice - and on the interaction of people's practices and their material contexts in particular. This leads away from 'intervening' in 'choices' or decisions and towards

reflecting upon why certain practices are done ('produced' and 're-produced'), how and why others are prevented, and considering the role of technology in how they are done and evolve. Sustained critical reflection is then an important response which the state could (should) promote through various outreach activities. In some ways, despite their focus on the individual, this reflection might be considered akin to 'elaboration' which some cognitive models (particularly the Elaboration Likelihood Model (Petty and Cacioppo 1986)) identify as an important element of behaviour change. The ELM posits that sustained behaviour change is most likely subsequent to careful scrutiny of the issues and problems by the individual concerned. Jackson draws parallels between 'elaboration' and 'deliberation':

'evidence suggests that discursive, elaborative processes are a vital element in behaviour change – in particular in negotiating new social norms and 'unfreezing' habitual behaviours. This shift from 'deliberation' to 'elaboration' as a working model of behavioural change can be seen as a key message...' (Jackson 2005: 133)

It is now widely acknowledged that face-to-face advice is an important influence on behavioural outcomes and it is likely that, in addition to constituting knowledge exchange, this social interaction promotes critical reflection upon (elaboration, deliberation) why and how certain activities occur.

2.3.4.2 Diffusion of Innovation Theory

Instead of focusing entirely on individual decision-makers or social structures, the Diffusion of Innovation (DoI) theory places its emphasis on innovation as an agent of behaviour change, with innovation defined as 'an idea, practice, or object perceived as new' (Rogers 2003: 12). Consequently, it is perceived attributes of an innovation that determine its rate of adoption to a

greater extent than the characteristics of the adopters. Originally published in 1962, building particularly on rural sociology research into the uptake of agricultural technology in the US (e.g. Ryan and Gross 1943; Bohlen et al. 1958), the theory has subsequently been very widely applied to issues including marketing, development and health (Greenhalgh et al. 2004). DoI theory posits four ‘main elements’ of behaviour change: innovation, communication channels, time and social systems (Rogers 2003: 11-38). As Rogers (2003: 15) notes:

‘Diffusion is a process in which an innovation is communicated through certain channels over time among the members of a social system. It is a special type of communication in that the message are concerned with new ideas’ (Rogers, 2003: 15)

According to DoI theory, behaviour will change more rapidly if innovations are 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 in terms of innovation diffusion. This theory particularly highlights the different roles of ‘mass media’ and ‘interpersonal’ channels, with the former especially useful for creating awareness amongst potential adopters and the latter being more effective in terms of persuading actual adoption. It is argued that innovations are evaluated “through the subjective valuations of near peers” rather than via experts or scientific analyses (Rogers 2003: 36), thus close interpersonal communications play a key role.

Social systems, so-called ‘diffusion networks’, are critical to this theory as diffusion occurs within them – they establish boundaries around the diffusion. Social networks and communication come

together around the concepts of homophily and heterophily. Homophily is defined as the degree to which interacting individuals are similar in their attributes (e.g. education, social status, values) with heterophily being the opposite, i.e. degree of difference. Generally, communication is most likely and effective within homophilous social networks where members share common understandings, language and meanings. However, homophily can be problematic in situations where difference in knowledge or views is needed. Prell et al. (2009) recognise natural resource management as one such instance, and DoI theory asserts that homophily can ‘act as a barrier to the flow of innovations in a system’ (Rogers 2003: 306) and that some heterophily is therefore essential for diffusion of innovation to occur. Rogers (2003:19) notes that:

‘One of the most distinctive problems in the diffusion of innovation is that the participants are usually quite heterophilous. ... This difference frequently leads to ineffective communication as the two individuals do not speak the same language. However, when two individuals are identical regarding their technical grasp of an innovation, diffusion cannot occur as there is no new information to exchange. The nature of diffusion demands that at least some degree of heterophily be present between the two participants in the communication process. Ideally, the individuals would be homophilous on all other variables ... even though they are heterophilous regarding the innovation’ (Rogers, 2003: 19).

The diffusion of innovation requires time. This theory describes an innovation-diffusion process which holds significant similarities to stage models of behaviour change such as the ‘stages of change’ (transtheoretical) model described above. The process begins with the recognition of a problem or need (and is thus problem-orientated) and individual adopters progress through five steps: knowledge » persuasion » decision » implementation » confirmation.

2.4 Empirical Review

Gupta and Agarwal (2017) challenges facing behaviour change communication on open defecation amongst children in India. A significant number of children in India, about 61 million, representing 48% under the age of five, continued to suffer from moderate or severe stunting which results to long-term cognitive deficits, poor school attendance and performance, fewer years of completed schooling, and lower adult productivity as well as increased risk of infections and higher mortality rates. They pointed out that this is because the faecal germs that children tend to ingest make them sick and prevent them from reaching their optimal growth potential. They added that the lack of sanitation facilitates the spread of diarrhoea diseases, a leading cause of child deaths worldwide.

Venkataramanan et al. (2018) also applied a mixed methods systematic review of evidence and quality of community-led sanitation projects. The authors summarize CLTS impacts, identify factors affecting implementation and effectiveness. Eligible studies were systematically screened and selected for analysis from searches of seven databases and 16 websites. They developed a framework to appraise literature quality. They also qualitatively analysed factors enabling or constraining CLTS, and summarized results from quantitative evaluations. They included 200 studies (14 quantitative evaluations, 29 qualitative studies, and 157 case studies). Journal-published literature was generally of higher quality than grey literature. Fourteen quantitative evaluations reported decreases in open defecation, but did not corroborate the widespread claims of open defecation-free (ODF) villages found in case studies. Over one-fourth of the literature overstated conclusions, attributing outcomes and impacts to interventions without an appropriate study design. The authors identified 43 implementation- and community-related factors reportedly affecting CLTS. This analysis revealed the importance of adaptability, structured post triggering activities, appropriate community selection, and further research on combining and sequencing

CLTS with other interventions. While the studies reviewed in this article focused either on impact, influence or determinants of open defecation on individuals, women or specific communities, the focus of this particular study was on how to use social and behaviour change communication education to manage open defecation in Accra, and Ghana as a whole.

Alhassan (2019) explored communication and stakeholder management as tools to reduce open defecation in Teshie-Nungua. Open ended questionnaires were used to collect data from respondents and the data was analysed qualitatively. Purposive and convenience sampling techniques were used to select respondents. The research revealed among others that non availability or inadequate toilet facilities, attitudes or beliefs, distance/long queue, cost and filth are the components behind people decisions to use seashore to defecate openly. Majority of the respondents also agreed that the community had some interventions but some of them are not mostly used due to the filthy and smelly, while some said the facilities are not enough and some were also far from some of the residences. The study also revealed that most people agreed that communication can be used to solve the problem; they however quicken to add that communication will be more effective if the underlined intervention challenges are fixed. Alhassan's study focused on the stakeholder management in the study. The communication aspect was not explored; but rather just limited to whether it could be an option to improve the situation. This current study explores the communication strategies in place and their effectiveness.

CHAPTER 3

METHODOLOGY

3.1 Introduction

The chapter presents the research methodology utilized in the study. The chapter covers: research design, target population, sampling size and sampling procedure, data collection tools, validity and reliability of research instruments, data analysis, and ethical considerations.

3.2 Research Design

A research design is a detailed plan or method for obtaining data scientifically (Schaefer, 2004). Research design can also be thought of as the logic or master plan of a research that throws light on how the study is to be conducted. It shows how the entire or major parts of the study – the samples, data collection methods and instruments – work together in an attempt to address the research questions (Thomas 2010). Research designs also refer to the procedures or strategies of inquiry. Significantly, the selection of an appropriate design depends on the nature of the research, the research problem and questions, personal experiences of the researcher, and the type of audience for the study (Creswell, 2014). Research designs, especially in the qualitative circles, include narrative research, phenomenology, grounded theory, ethnography and case study.

3.2.1 Narrative Research Design

For the purpose of this research, the narrative research design was adopted. Narrative study seeks to investigate and comprehend human experience as it is expressed in writing. Narrative researchers engage with small samples of participants to acquire rich and free-ranging speech in order to conduct in-depth explorations of the meanings individuals attribute to their experiences.

The emphasis is on illustrious history. In general, this entails interviewing individuals about the topic of interest, although it may also entail the examination of written records. Researchers from a wide range of fields employ narrative research as a form of inquiry, including anthropology, communication studies, cultural studies, economics, education, history, linguistics, medicine, nursing, psychology, social work, and sociology. It includes ethnography, phenomenology, grounded theory, narratology, action research, and literary analysis as research methodologies (Salkind, (2010).

3.3 Research Approach

This study employed the qualitative research approach. A qualitative approach within the case study design is adopted for this study to help in exploration of the phenomenon within some particular context through various data sources, and it undertakes the exploration through variety of lenses in order to reveal multiple facets of the phenomenon. Qualitative analysis investigates the significance that individuals or organizations assign to a social or human problem. Emerging problems and techniques are part of study framework, as are data gathered in the participant's environment, data processing that builds inductively from specifics to broad themes, and the researcher's explanations of the data (Creswell, 2009). Quantitative research explains phenomenon by examining relationship among variables (Burrell & Morgan, 1979). In other words, qualitative research approach according to Creswell (2014) helps to explore and understand the meaning individuals or groups ascribe to a social or human problem (Creswell, 2014). As such, this study also seeks to understand the significance and meaning of the communication strategies used by the community leadership in tackling the open-defecation menace in LA. Therefore, the qualitative approach helped to explore such meanings. Again, qualitative research seeks to identify, explore and explain the attitudes, actions and perceptions of people within a social setting and the meanings

they make of their actions - without subjecting it to rigorous mathematical computations (Lindlof & Taylor, 2017).

3.4 Study Area and population

The study took place at the New- La-kpanaa in the La Dadekotopon Municipal Assembly. The New La-kpanaa is one of the ten Electoral Areas that constitute the La Dadekotopon Municipality. The population of New La-Kpanaa stands at 2838 (GSS, 2014). The GSS (2014) cited in its report that ninety-four (94%) of citizens eleven years and above in the municipality are literate while six person (6%) are non- literate. The average number of persons per house is 9.6 with an average household size of 4.1 according to baseline report. The community has a high population density with large families. Although this population figure serves as a vibrant market for business, it also poses problem of sanitation and waste management especially dealing with open defecation in the area. As a result, the major health problems in the district are cholera and malaria with malaria ranked first among the top ten diseases. The community has been battling with water crisis for some years now. The biofil toilet system was introduced to the area in 2014 and as at the time of the study less than 50% of households had the system installed due to affordability. The Biofil Digester is a simple, compact on-site organic waste treatment device that combines the advantages of flush toilets and composting toilets while eliminating the limitations and downsides of both systems.

3.5 Sample Size

Choosing a study sample is an important step in any research project since it is rarely practical, efficient or ethical to study whole populations. In other words, rarely is it possible to conduct a study in which all units of interest can be brought under direct observation. In fact, not only is it

generally impracticable to use the entire group of interest, it is also unnecessary (Zakaria, 2017). Therefore, sample unit gives researchers a manageable and representative subset of population to study. The sample for this study comprises of 10 participants who are directly involved or affected by the day to day operations of the local assembly's strategies.

To justify the selected sample; the Krejcie and Morgan (1970) Sample Frame was adapted to select an ideal sample size. Therefore, the table below provides details of how the researcher determined the sample size for the study. Table 3.1 below show the sample frame for each group of prospective participant and the ideal sample size selected for this study.

Table 3.1 Samples of Participants

Group	Population / Sample Frame	Sample Size
Assembly Office	23	3
Opinion leaders	Unknown	2
Household heads	Unknown	2
La Beach Management Personnel	4	3
Total		10

Source: Author's Construct (2022)

From table 3.1 above, the researcher therefore targeted a sample size of ten (10) of the population for the study. To break them down, 3 participants from 23 assembly office, 2 opinion leaders, 2 household heads and 3 participants from La Beach Management were included in this study.

3.6 Sampling Technique

The primary purpose of sampling is the selection of suitable population so that the focus of the study can be appropriately researched. An effective sample selection process is very important because inappropriate procedures may seriously affect findings and outcomes of a study (Lopez & Whitehead, 2012). For the purpose of this present study, the researcher employed the purposive/purposeful sampling techniques, a form of a non-probability sampling procedure in selecting participants for the study. This allows for the recruitment of only specific populations to investigate a specific topic or when the total population is unknown or unavailable (Zakariah, 2017). Purposive sampling was largely applied particularly with the household heads. The inclusion criteria were for them to have toilets in their compounds. Another inclusion criterion was that these household heads must active in the development matters of the assembly. The participants were therefore selected with the help of officials from the assembly.

3.7 Data Collection

For the purpose of this study, the qualitative survey is used as the data collection method. According to Jansen (2010), the term survey exclusively refers to quantitative studies whose primary goal is to provide numerical distributions of variables (such as prevalence rates) in the population. Nonetheless qualitative type of survey does not aim at establishing frequencies, means or other parameters but at determining the *diversity* of some topic of interest within a given population. This sort of survey defines the meaningful variation (important dimensions and values) within that group rather than counting the number of people with the same characteristic (value of variable) (Jansen, 2010). Therefore, in this study, a qualitative survey is used to investigate the range of opinions of the participants selected for this study. With the aid of open-ended

questionnaires (interview guide), primary data were gathered in line with the objectives of the study.

3.7.1 Pre-test Data Collection

Prior to data collection, a low-income neighbourhood with similar features to La-Dadekotopon, New Lakpanaa was visited. Pre-testing was carried out to determine how successful the tool is, to guarantee the clarity of questions, and to identify any faults that were discovered and make alterations or changes as needed.

3.8 Data Analysis

Data collected were analysed using qualitative methods via content analysis, in which a set of procedures were followed with the intention to reduce bulky quantities of text into smaller content in order to make inferences from the text for easy understanding (Mayring, 2014; Muhammad & Kabir, 2018). Qualitative Data Analysis (QDA) Miner and Microsoft Excel were used to capture and bring out meaning interpretations from the data collected.

The data was reviewed 3 times to get a sense of what it contains. Thoughts were noted while reviewing the data; and used to generate codes intuitively in a tree structure with comments. The codes were then combined into themes and then coding frequency analysis was conducted to ascertain the frequency of the codes to aid in explanation of the themes. These explanations are then presented in a cohesive manner in line with the purpose of the study

3.9 Validity

In contrast to quantitative studies where the goal is to design, in advance, “controls” such as formal comparisons, sampling strategies, or statistical manipulations to address anticipated and unanticipated threats to validity, qualitative researchers must attempt to rule out most threats to

validity after the research has begun by relying on evidence collected during the research process itself in order to effectively argue that any alternative explanations for a phenomenon are implausible. The following questions were tested to ensure validity:

- How might the results and conclusions be wrong?
- What are the plausible alternative interpretations and validity threats to these, and how will I deal with these?
- How can the data that I have support or challenge my ideas about what's going on?
- Why should my audience/ readers believe my results?

3.10 Consideration of Research Ethics

Ethics are a vital component of research (Bryman, 2012). If this section is not fulfilled, a graduate thesis can easily fail. The researcher ensured for this study the following ethical criteria:

- No harm will be done to research participants in any form.
- The dignity of research participants will be prioritised.
- The full consent of participants will be sought before the research.
- Privacy protection shall be ensured for researchers.
- The data from the research will be kept at an adequate level of confidentiality.
- The anonymity of the people involved is guaranteed.
- The aims and goals of the research shall be void of any deceit or exaggeration.
- Any kind of deceptive data, as well as the biased representation of primary data results, is steered clear of.

CHAPTER 4

DATA ANALYSIS AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter presents the analysis of information gathered from the ten (10) interviewees. Their profile are first discussed briefly; and then the information gathered are presented and discussed in line with the objectives of the study.

4.2 Profile of Respondents

Of the ten interviewees, 2 were ordinary community members; 3 were assembly / municipal officers, another 2 were opinion leaders in the area; and 3 were beach resort workers. The three opinion leaders were aged over 54 years; while all the others were aged from 35 to 54 years. In terms of education, 1 beach worker and 1 ordinary community member had up to secondary level education; while the remaining had tertiary education. Gender-wise, majority (7) were males; while 3 were females (1 ordinary community member, 1 assembly officer, and 1 beach worker).

4.3 Sanitation Situation in La

All the interviewees were not happy about the level of sanitation in the area. Some described the level of sanitation as poor, very bad, or bad with some adding further comments. Only one participant described the sanitation situation in terms of the dirt or filth in the gutters. All other 9 participant described the sanitation situation in relation to the extent of open defecation. R10 for instance stated it as follows:

“The La community can be tagged as one of the communities in the country that do not maintain proper hygiene. This community is noted for open defecation at the shore and in trenches”; while R2 stated that *“Sanitation in the municipality is not the best.*

Garbage disposal is not properly catered for and a lot of homes do not have toilet facilities”.

4.4 Major Sanitation Problem in La

Majority of the participants (8 of 10) made statements in relation to open defecation as the major sanitation problem in La. Some of the statements are:

“open defecation”, “lack of toilets”, “unavailability of places of convenience”, “defecation at the sea shore”, and “cultural behaviour and orientation”.

This means that open defecation was a major sanitation problem in the La community. Other sanitation problems mentioned were littering and choked gutters. All the participants however agreed that open defecation was a major sanitation problem in the La community.

4.5 Places of open defecation

Participants were asked where open defecation usually takes place. The main places cited were the gutters and at the sea shore (beach). 6 of 10 cited the sea shore; 3 cited both gutters and sea shore; and only 1 cited gutters only. This means that open defecation usually takes place at the sea shore.

4.6 Reasons for Open Defecation

Various reasons were cited for the problem of open defecation. Majority 9 of 10) were related to *lack of toilets in homes, unclean public toilet facilities, and unaffordability of public places of convenience.* R6 summarised it as follows:

- 1. Some don't have enough toilets in their homes.*
- 2. Some don't have toilets in their homes.*
- 3. Some cannot bear the stench from the public toilets and latrines in their homes.*

4. *Some don't have the money to pay for public toilet facility, so find is as an alternative.*

This means that apart from the non-availability of toilets in households or public toilets; poverty, not being able to afford payment for public toilet facilities was also a challenge causing residents to engage in open defecation.

4.7 Open Defecation as a major health risk

All the participants agreed that the practice of open defecation constituted a major health risk for the community. R7 added that *“It's a major health risk which should be addressed, could lead to cholera outbreak”*. However, 7 of the 10 participants indicated that residents in the community were not aware of the health risks open defecation poses to the community. R8 for instance said:

“No I don't cause if they do, measures will be put in place to curb this situation”.

This means that residents in the community were not aware of the possible health hazards the practice of open defecation could pose to the community.

4.8 Stance of Local Authorities on ODF and associated health risks

4 of the 10 interviewees expressed that the local authorities were apathetic to the problem.

R2 for instance said *“It's not a priority for them”*;

R9 said *“They don't care”*; and

R6 said *“They feel it's a government issue to deal with”*

One interviewee, R4 however indicated that:

“Local authorities would like to intervene but they risk making themselves unpopular”

The rest of the interviewees indicated that the local authorities were concerned but their efforts have not been enough.

The reactions to the problem of open defecation and its associated risks is therefore mixed. In fact, only 4 of the 10 participant were assertive that the local authorities were doing something about the menace. Comments of the remaining 6 were negative. Of the 4 who claimed the local authorities were working to curb the menace, only could state precise efforts. R3 indicated “*education*”; and R5 indicated “*the setting up of a task force*”. The participants also indicated that none of these efforts have been effective, since the practice is still going on. This means that there is no unified front and concerted effort by the local authority to curb the menace.

4.9 Reasons for failure of efforts by local authorities to stop ODF

The reasons for the failure of efforts by the local authorities were grouped into three themes- Lack of communication / education; culture (refusing to move away from old practices); and enforcement.

4.10 Assessment of Communication as a method to curb the menace

All the interviewees expressed some form of assertiveness in the fact that the local authorities have used communication as a method to educate the residents of the community to desist from the practice.

The main mediums of communication and education have been the use of information vans in the community sending out warnings of fines and other forms of punishment for offenders. One interviewee (R7) also mentioned the use of warning sign posts.

All the interviewees indicated that the efforts have not been effective.

4.11 Challenges facing the implementation of effective communication strategies

The challenges mentioned were mixed. Table 4.1 shows the themes for challenges identified ranked by the frequency it was mentioned by interviewees.

Table 4.1: Challenges to effective communication to curb open defecation

No.	Challenge (Theme Identified)	Frequency	Interviewee(s)
1	Culture	5	R1, R2, R4, R5, R9
2	Funding	3	R1, R8, R10
3	Lack of Toilets	3	R1, R3, R5
4	Illiteracy	2	R6, R7
5	Population growth	1	R1

The results in Table 4.1 shows that culture- refusing to change or shy away from old practices was the major challenges to the failure of communication as an effective means of curbing the menace. This followed by funding to sustain communication and education; lack of toilet facilities; illiteracy; and population growth. These are further discussed:

4.11.1 Culture and Open Defecation

Studies have discussed the role culture plays as a determinant of open defecation. Open defecation is related to factors specific to the culture of the ethno-linguistic group that practise it(Dittmer, 2009).Other studies also revealed that in some ethnic cultures, traditional beliefs such as a father-in-law and a daughter-in-law cannot use the same toilet, or where menstruating women are banned from toilet use with a belief that they are untouchable during those menstruating days [9] are situations that compels the practice of open defecation. A study conducted on open defecation in

rural communities to determine the cultural factors that reinforced its practice in four West African countries - Burkina Faso, Ghana, Mali, and Nigeria showed that the practice of open defecation was surrounded by cultural taboos and beliefs and linked to ethno-linguistic groups (Adjibolosoo et al., 2020).

4.11.2 Funding and Open Defecation

The issue of funding is twofold in order to ensure open defecation free community. First, funding to sustain the communication activities; and then funding to provide toilets and waste disposal facilities. Communication on the risks associated with open defecation must effectively done applying the BCC approach.

Further behavioural change communication must come with support systems; if the people are willing to act and change their attitude, there must be facilities to support (Oinas-kukkonen, 2014). Funding is required by the assembly to provide and maintain clean public toilet facilities. At the household level lack of toilet facilities have been attributed to lack of finance, because their work does not generate enough income to enable them to construct such (Osumanu et al., 2019).

4.11.3 Lack of Toilets and Open Defecation

Several studies have found the lack of toilet facilities as the major cause of the failure of the fight against open defecation, for example (Adzawla et al., 2020; A. Alhassan & Anyarayor, 2018; Sriram & Maheswari, 2011) . The lack of toilet facilities is also attributed to financing and poverty issues.

4.11.4 Illiteracy and Open Defecation

According to Abudulai et al. (2021), the unwillingness of the people to change their attitudes towards open defecation is due to illiteracy. Busienei et al. (2019), also noted that household

residents who did not own a latrine were mostly illiterate and those who had just primary levels of education. The education level of a household head is an important aspect toward human development as it exposes him or her to various opportunities as well as increased earnings.

4.11.5 Population Growth and Open Defecation

According to Osumanu et al. (2019), all sustainable development goal (SDG) regions saw a drop in the number of people practicing open defecation, except for sub-Saharan Africa, where high population growth led to an increase in open defecation from 204 million to 220 million, and in Oceania, where the practice increased from 1 million to 1.3 million. This means that high population growth is a challenge to curbing open defecation; especially in very poor areas.

4.12 Solutions to make communication against open defecation effective

The participants in the study made recommendations on how communication against open defecation can be effective and sustainable. The themes identified are as follows:

Table 4.2: Recommendations by Interviewees for effective communication to curb open defecation

No.	Recommendation (Theme Identified)	Frequency	Interviewee(s)
1	More communication channels	3	R2, R5, R6
2	Appropriate communication channels	5	R4, R5, R6, R7, R8
3	Appropriate communication topics (emphasis on risks)	1	R4
4	Funding from central Government	2	R1, R8
5	More public toilet facilities	1	R5
6	Make it obligatory for every household to have a toilet	2	R3, R5

Appropriate communication channels was the main recommendation suggested by the participants in the study. The appropriate channels include house-to-house, face-to-face, communication through religious bodies; and through chiefs, sub-chiefs, local opinion leaders and to household heads.

Apart from using the communication vans, the respondents also suggested using organised bodies like the churches; market leaders; and local opinion leaders through house-to-house campaigns.

Funding from government to ensure the provision of adequate public toilet facilities as also a recommendation. The respondents believe this will ensure that behavioural change is sustained. Communication strategy focusing on the risks associated with open defecation will help direct behavioural change among the residents.

CHAPTER 5

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the findings, conclusions, and recommendations.

5.2 Summary

The main objective of the study was to assess the effectiveness of communication strategies employed by the media to fight open defecation in Ghana. The study employed a qualitative approach using data gathered through open ended questionnaires (interview guide) from 10 community members in various capacities including municipal officers, opinion leaders, beach workers, and household heads. The data was analysed by thematic analyses. The findings are as follows:

The study found that communication and education has been the main means of the fight against open defecation in the La community. This has largely been done through public communication vans. The study also revealed this communication strategy has not been effective, since the practice of open defecation is still going on.

The respondents revealed that this communication strategy has failed because of culture and refusal to change behavioural practices; funding to sustain communication, lack of toilets in public and households; illiteracy; and population growth.

The participants recommended that for communication to be effective, there must be more and appropriate communication channels emphasising the risks associated with the practice of open defecation and funding to ensure sustainability.

5.3 Conclusions

Communication continues to be the leading technique in the fight against open defecation. It has however not been effective due to the myriad challenges it has been saddled with. These challenges include culture, funding, lack of toilet facilities, illiteracy and population growth. It is however believed that communication can be effective if these challenges are fixed through funding support

from government to support sustainable education and provision of toilet facilities; and the application of wider communication channels and focusing on risks to ignite behavioural change among residents in areas with endemic open defecation practices.

5.4 Recommendations

The collective abolition of open defecation will only be possible through a change in the social convention that governs the group's behaviour. Each group has socio-cultural elements that may be used to generate culturally appropriate answers in order to convince the group to stop using open defecation.

5.4.1 Emphasize the health risk factor in communication

Disease transmission and other risks are associated with open defecation. People need to understand the worth of investing in toilets in terms of the health benefits.

5.4.2 Attracting Government Attention

One of the ways to draw in governments is when populations demand it. Somehow this creates a vicious cycle, but one that could be made virtuous. In the shorter term, if sanitation becomes a priority for donors, development banks and NGOs, it will also influence government priorities.

5.4.3 Create a status symbol out of toilet ownership

Households with toilets need to be recognised. Household heads without toilets in the houses should not be recognised publicly in social gatherings. This would ensure that every household head would make efforts to put in place toilet facilities for household members.

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