

## Evaluating the Effectiveness of UNICEF's Anti-Open Defecation Communication Campaign Strategies in Makurdi Metropolis, Benue State, Nigeria

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### Abstract

Open defecation is a practice that is common in developing and under-developed nations. World Health Organisation observed that 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. Therefore, this study sets out to assess the effectiveness of UNICEF's anti-open defecation communication campaign strategies in Makurdi metropolis, Benue State, Nigeria. The study is also concerned about finding out the communication strategies used by UNICEF in addressing open defecation in Makurdi Metropolis. Diffusion of innovation theory was adopted. Survey design was adopted by the study with data being collected from a sample size of 384 through the instrument of questionnaire. Findings revealed among others that the communication strategies have not been extensive and effective. The study concluded that although UNICEF has a number of communication techniques to address open defecation practice in Makurdi Metropolis, the communication strategies are not yielding the desired impact. The study recommended among others that UNICEF should intensify its communication strategies against open defecation practice in Makurdi metropolis by extensively using the online media, community and religious leaders, heads of women and men's associations, market places and other stakeholders.

**Keywords:** Communication, Strategies, Open Defecation, UNICEF, Evaluation.

### Introduction

According to the World Health Organization (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.

A report jointly published by WHO and UNICEF in 2021 indicates that in India, about 15 per cent of the total population defecates in the open. The report further reveals that one per cent of the open defecation practice occurs in the urban areas, while 22 per cent of the rural dwellers practice open defecation in the country (UNICEF & WHO, 2021).

The Joint monitoring report further states that:

*Within India, open defecation is highly variable since at least 2006...The third round of the National Family Health Survey (NFHS) found open defecation to be practiced by less than 10 per cent of the population in four states and the Union Territory of*

*Delhi, but by more than half the population in 11 states. By 2016, when the fourth NFHS was conducted, open defecation had increased in all states, with the largest drops seen in Himachal Pradesh and Haryana.*

In the same vein, according to the Pan American Health Organisation and the World Health Organization (2019), in Latin America and the Caribbean, 74.3% and 31.3% of the population respectively have access to safe-managed water and sanitation services. This implies that 82.7 million people lack access to basic sanitation in the region and of these figure, 15.5 million (18.8%) continue to practice open defecation (Pan American Health Organization & the World Health Organization, 2019).

In addition, available statistics reveals that in Uganda, 22.9% of the population still practice open defecation. Also, among 2/3 of the District in Uganda that receive the District Sanitation and Hygiene Conditional Grant yearly from the government of the country, 63% of the villages in these districts still defecate in the open (MWE MoWaEGoU, 2019 & Rakotomanana *et al*, 2020). Another figure by Nafula (2023) indicates that despite various international and national intervention programmes, 14.6 million people, accounting for 32.4% of the total population in Uganda, still practice open defecation.

A report by the World Bank in 2017 shows that 24.1% of Senegal's rural population was practicing open defecation. In 2020, the figure stood at 11.25% (World Bank, 2020). In 2018, statistics of those practicing open defecation in the country was 12.48%, in 2016 it was 13.73%, while in 2014, the data revealed a total of 15.01% of Senegalese involved in open defecation (World Bank, 2023).

A survey by the World Health Organization (WHO) and the United Nation Children's Fund (UNICEF), named Nigeria as the country with the highest number of people practicing open defecation, exceeding India (Obiezu, 2019). This declaration places Nigeria on the world's map, attracting global attention due to the prevalent act of passing urine and excreta in open air locations instead of hygienic, covered locations. The phenomenon does not just occur in the rural areas of Nigeria but also in the cities and among the educated class in public tertiary institutions, business and residential areas (Bwakan, 2021). A report of *Blue Print* online newspaper indicates that in October 2019, an estimated 50 million Nigerians, approximately 10 million households defecate openly in bushes, gutters, sidewalks, motor parks, recreation parks, rivers and streets amongst others. This claim is corroborated by an Investigative Report carried out by the International Centre for Investigative Reporting ICIR, (2021), which reveals that Open defecation rife amongst top universities in northwest Nigeria.

Communication is said to be the livewire of a society. In other words, communication is at the centre of every community. It is through communication that members of a community come together to achieve a developmental objective. This implies that, communication binds and creates understanding among people who share common values and beliefs (Briscoe & Aboud, 2012). In achieving this, behavioural change communication becomes strategic. Behavioural change communication campaign plays a significant role in influencing certain behaviours that are detrimental to human health. Many practices that are harmful to human health are entrenched in human culture, and beliefs. Sood, Corinne & Sengupta (2006) opine that behavioural change promotion campaigns in developing nations, influence knowledge and encourage interpersonal communication that promotes pro-social behaviour. Behavioural change communication

campaign does not only create awareness and social change but serves as a springboard for interpersonal communication among members of a given community concerning a behavioural issue.

Through its Hygiene Promoters programme, UNICEF has initiated persuasive communication strategies to ensure that communities across Nigeria are educated and enlightened on the dangers of open defecation. The Hygiene Promoters programme was launched in 2018. Makurdi, Benue State capital is one of cities that UNICEF's Hygiene Promoters programme targets. According to a report in 2020, more than six million people in Benue State still practice open defecation (Adelana, 2020). Therefore, the concern of this study is to evaluate the effectiveness of the UNICEF's anti-open defecation communication campaign strategies in Makurdi metropolis, Benue State, Nigeria.

### **Statement of the Problem**

Open defecation is a practice that is common in developing and under-developed nations. Despite its numerous disadvantages and negative impacts, it has remained a prevalent practice in these nations, particularly Nigeria. Open defecation is a practice that has remained persistent over the years despite constant campaigns and health promotions. It is believed that the major cause of open defecation is lack of toilet facilities and cultural values. Open defecation causes environmental pollution and various diseases such as cholera, typhoid, dysentery, etc. Ugwu (2017) explains that experts have warned that when large numbers of people defecate in the open, it is almost impossible not to ingest human waste. Open defecation leads to contamination of not just the environment but also food and water. No wonder, the Nigeria Centre for Disease Control (NCDC, 2018) warns against open defecation, especially during the rainy season, which it says can lead to deadly infections such as cholera, dysentery, and diarrhoea.

The goal of persuasive communication is to alter the normal practice of people to a refined and globally accepted practice. This explains why UNICEF has designed its communication strategies to educate and enlighten people on the need to avoid defecating in the open. UNICEF believes that through persuasive communication ending open defecation in Nigeria is possible.

Scholars have conducted studies in line with the issues of open defecation both in Nigeria and outside the country (Adewuji & Adefemi, 2016; Briscoe & Aboud, 2012). For instance, Adewuji et al established that social media was an important communication tool for behavioural change, Briscoe & Aboud (2012) concluded in their study that behavioural change communication was useful in developing countries. However, the communication strategies adopted by UNICEF in ending open defecation in Makurdi metropolis, Benue State, Nigeria from 2020 to 2023 have not been subjected to empirical test by any of the reviewed literature. This study therefore investigates the effectiveness of the anti-open defecation communication campaign strategies by UNICEF in Makurdi metropolis, Benue State Nigeria.

### **Objectives of the Study**

The broad objective of the study is to determine the effectiveness of UNICEF's anti-open defecation communication campaign strategies in Makurdi metropolis, Benue State, Nigeria. The specific objectives are to:

- i. Find out the communication campaign strategies used by UNICEF in addressing open defecation in Makurdi metropolis.
- ii. Assess the extent of the use of these communication campaign strategies by UNICEF in addressing open defecation in Makurdi metropolis.

## **Literature Review**

### **Communication Strategies**

Strategy can be defined as a plan of action, intended to accomplish a specific goal. In its definition of development communication, the World Bank states that it is, “the integration of strategic communication in development realities.” While to Bessette (2018) development communication is a planned and systematic use of communication resources, channels, approaches and strategies aimed at supporting the goals of socio-economic, political and cultural development.

To Coldevin (2021) “strategies range from multi-media campaigns to support for groups conducted by extension agents, and materials to strengthen interpersonal communication” (p. 45). While Servaes (2017) observes that “in decision making and strategy development, needs are prioritised, the most important development or project objectives are selected to be addressed” (p. 10). A communication strategy therefore identifies the key stakeholders for whom the communication is meant, the key messages to be sent to them and specific channels which are considered appropriate to reach the target communities. The communication strategy also states ways and means through which its success or failure will be measured, and the desired behavioural change expected from members of the communities it is targeted at. For a communication strategy to succeed, it should have accomplished the intended goals and objectives determined for it. Anjuwon and Okiyi (2018) identify communication strategies to include town hall meetings, market square meetings, community engagements, radio jingles and talk shows, use of branded TT-shirts and caps, posters, handbills, traditional rulers, churches, schools, age groups, women groups, parents, field visits, drama, face-to-face meetings, among others. Haruna (2023) corroborates that communication development strategists use radio and other public communication means to sensitize people on various environmental issues.

Therefore, in this study, communication strategies refer to the plan of delivering messages concerning open defecation by UNICEF to people in Makurdi metropolis, Benue State, Nigeria. Also used in this research is the definition that communication strategies are techniques designed by UNICEF to educate, inform, persuade and engage people of Makurdi metropolis, Benue State, Nigeria about the health implication of open defecation.

### **Open Defecation**

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. Open defecation is a practice that is common among rural dwellers in Nigeria. Gupta, et al (2014) describe the practice as defecating in an open environment rather than using toilet facility. Open defecation can be done in bushes, forests, canals, ditches, streets, etc. Statistics reveals that rural dwellers constitute the highest population of open defecators. When individuals urinate in public places like fields, parks, rivers,

and open ditches next to other people's homes, it poses a public health risk (Clasen et al, 2014 cited in Oluwalanu *et al*, 2022).

Open defecation can also be defined as the practice of defecating in the open spaces, waterways; it is improper disposal of human excreta (Jones, Fisher & Reed, 2012; Boschi-Pinto, Lanata & Black, 2009). Open defecation can also be seen as human practice of defecating in the open rather than into the toilet. This is where human faeces are disposed of in the fields, forests, bushes, and open bodies of water, beaches, and other open spaces (WHO & UNICEF, 2013).

In this study, open defecation is defined as the human practice of defecating outside (in the open) such as in the streets, bushes, forests, water, fields, ditches, canals and other open spaces rather than in the toilets. It is equally conceptualized as the practice of defecating in fields, waterways, trenches, improper disposal of human excreta, thereby causing harm to the environment and human health.

### **Social Behaviour Change Communication (SBCC) Intervention in Curbing Open Defecation**

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. Currently, development communication experts are engaging communities, individuals and organizations in attitudinal change campaign on the need to embrace the appropriate and acceptable behaviours in society so that everybody will be happy with the environment. One of the behaviours that require SBCC intervention is OD due to its prevalence and risk to 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 communicatively inclined.

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 utilization of these infrastructures in order to ensure that there is demand for public health services. This emphasizes the important roles social and behaviour change communications play to address these demand-side barriers to public health (Tarraf, 2016).

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 (C-Change, 2012).

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) noted 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 mobilizing members to build their own toilets and stop OD.

### **Review of Empirical Studies**

Contextual and psychological factors influencing open defecation free status: an exploratory qualitative study in rural South Western Uganda, was the thrust of Ntaro *et al's* (2022) study. Focus Group Discussion and Key Informant Interview were employed to gather data from the respondents. Findings showed that the contextual factors influencing the Open Defecation Free status behaviour included farming activities far from home, financial constraints, rainy seasons, collapsible soft soils, and alcohol use.

Data further revealed that the psychological factors influencing ODF status included perceived health risk for typhoid disease, low perceived severity for lack of ODF components, negative attitude of less value attached to ODF components, and a feeling of time wastage practicing ODF status behaviour. The study concluded that Open Defecation Free status is influenced by contextual and psychological factors. It was recommended that sanitation promoters should be aware of open defecation practice which is due to farming activities and focus on helping the farming communities move up on the sanitation ladder.

The study further recommended integrating sectors for household income improvement when designing sanitation and hygiene promotion strategies to address challenges for attaining ODF households. The study equally put forward the solution that promoting construction of permanent latrines that are more resistant to adverse environmental challenges should be prioritized in the sanitation improvement campaign, and that ecological sanitation latrines should be promoted among households with small land sizes. Lastly, the study suggested the implementation of psychological hygiene and sanitation interventions such as community led total sanitation (CLTS) that increase the perceived risk and influence attitudes and norms for individuals practicing OD.

Owusu (2021) carried out a study on “Communication Strategies in Addressing Open Defecation Challenges: A Survey of La Dade-Kotopon Municipality”. The broad objective of the study was to assess the effectiveness of communication strategies employed by the locals to fight open defecation in Ghana. The study employed a qualitative approach using data gathered through open ended questionnaire (interview guide) from 10 community members in various capacities including municipal officers, opinion leaders, beach workers, and household heads. Social and behaviour change, social practice and diffusion of innovation theories were adopted by the study. The data were analysed thematically. The study found that communication and education have been the main means of the fight against open defecation in the La community. The study also revealed that this communication strategy was not been effective, since the practice of open defecation is still going on. The study revealed that this communication strategy failed because of culture and resistance to change; funding to sustain communication, lack of toilets in public and households; illiteracy and population growth. The study recommended that for communication to be effective, there must be more and appropriate communication approaches emphasising the risks associated with the practice of open defecation with adequate funding to ensure sustainability.

Nnindini *et al* (2023) dwelled their study on “Social Marketing: Using the Theory of Planned Behaviour to Predict Open Defecation Free Behaviour among Households’ in Ghana” The aim of their study was to examine the behavioural and psychological mechanisms that influence attitudes toward open defecation free behaviour in Ghana. Behaviour change theory was adopted. The study established that three variables of the planned behaviour theory have positive influence on the studied population as far as open defecation free is concerned. The research also found that income level, educational status and availability of toilets moderate the relationships between subjective norms, perceived behavioural control, and households’ actual open defecation behaviour. It was suggested that government should continue to apply the provision of the theory of planned behaviour and other similar ones in educating the population about the need to shun open defecation.

Furthermore, Alom, Ogah and Dogo (2020) evaluated public awareness and understanding of anti-open defecation campaign tactics in Benue State. The Situation Awareness Theory of communication served as the foundation for the study. Survey design was adopted with a sample size of 400 drawn from the three senatorial zones. Questionnaire was utilised to gather data. The most often used approach identified by the study was the use of leaflets, posters, and signboards (50 percent). Other campaign techniques revealed by the study included the use of opinion leaders, town criers, and health experts' word-of-mouth campaigns (22%), as well as radio, television, and newspaper adverts (21%). The lowest rated medium was social media/blogging (6%). According to the findings, community compliance was extremely excellent.

Okon and Ikpi (2019) studied the topic “Effectiveness of Communication Campaigns in the Sustenance of Open Defecation-Free Society: A Study of Ugep Community in Cross River State”. Survey research design was adopted, while Stages of Change model was used as the theoretical underpinning. Results revealed that most of the respondents attended sensitization programmes which led to some community members abandoning the practice of open-defecation; and that many of them have toilets and do not defecate in the open, while about a quarter of the respondents still defecate in the open because they lack information on the dangers of such practice. The study recommended that continuous communication campaign should be used to sensitize the public on the need to stop open defecation; while volunteer health communicators should sensitize children on the dangers of open defecation since the study showed that many of them still engage in this act.

## **Theoretical Framework**

Diffusion of Innovation Theory is adopted by this study. The theory was propounded by Everett Rogers in 1962. Rogers (2003) maintained that Diffusion of Innovation Theory is concerned with how an innovation - 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. Fundamentally, the Diffusion of Innovation Theory proposes a Mechanism for the adoption of an innovation through the following five stages which are also acknowledged by the communication theory (2017) as can be seen below;

- i. **Knowledge:** Here individuals 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. **Persuasion:** At 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 with the new innovation.
- v. **Confirmation:** This is the final stage of the process where individuals or members of the community finalize their decision to adopt the innovation and continue to use the innovation with full potential.

The Diffusion of Innovation theory, thus, assumes a significant signpost in this study because among those who practice open defecation in Makurdi, you might find people who belong to the different stages of adoption of the new behavioural changes as result of the messages they receive from UNICEF regarding the need to avoid practicing open defecation.

## **Methodology**

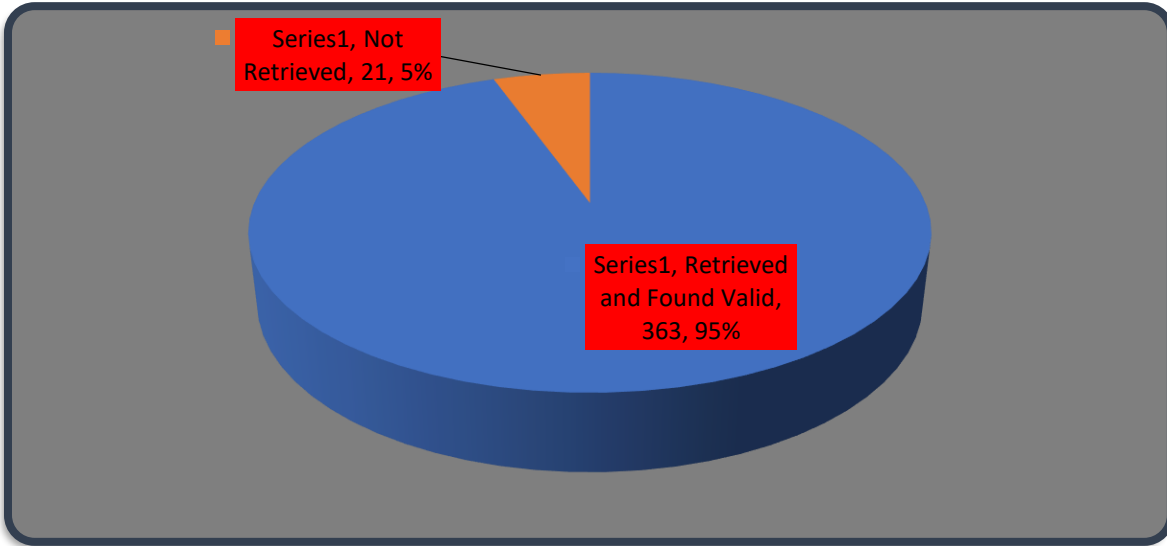
The study adopted the quantitative survey design. This type of research design is apt for this study because, according to McIntyre (2020), it can be used to obtain information or data from large samples of a given population and it is very suitable for gathering data that meet the objectives of a study. The population of this study comprised of residents of Makurdi metropolis, Benue State, Nigeria. According to information obtained from Nigeria Metro Area Population (2024), the total projected population of Makurdi is 472,000. Purposive sampling technique was employed. The adoption of purposive sampling method was because the researcher was interested in gathering information from adult population with the understanding that they possess the requisite cognitive capacity to answer the research questions. The sample size of the study is 384, determined through Krejcie and Morgan (1970) table method of getting sample size.

In addition, the availability method was used in the distribution of the questionnaire. Tables, charts, figures, frequencies, percentages and mean deviation of five-point likert scale of Strongly Agree (SA), Agree (A), Undecided (U), Disagree (D) and Strongly Disagree (SD), which the criterion mean was put at 3 is accepted result, while 2 is rejected result were used to present the data.

## **Data Presentation**

384 copies of questionnaire were administered out of which 363 were returned and found valid for analysis. Graphical representation is as shown on the Figure below:





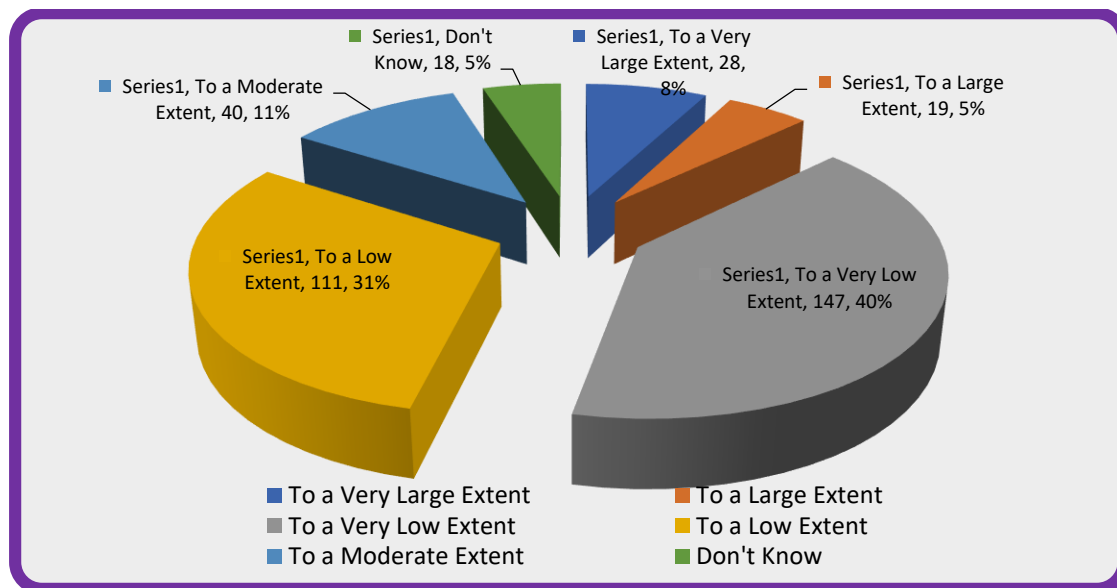
**Figure 1: Ananalysis of Response Rate**

**Table 1: Communication Strategies Used by UNICEF in Addressing Open Defecation in Makurdi Metropolis**

<b>Options</b>	<b>AS</b>	<b>A</b>	<b>U</b>	<b>SD</b>	<b>D</b>	<b>Total</b>	<b>Mean Rating</b>	<b>Decision</b>
<b>Use of conventional mass media like television, radio, newspapers, magazines</b>	86	202	8	28	39	363	3.7	Accepted
<b>Use of social media such as Facebook, WhatsApp, X, Instagram, YouTube, TikTok</b>	33	52	27	105	146	363	2.2	Rejected
<b>Distribution of leaflets, flyers, pamphlets otherwise known as information education communication (IEC) materials</b>	119	61	22	92	69	363	3.1	Accepted
<b>Town hall meetings with stakeholders in Makurdi metropolis, engagement of town criers, community theatre, use of traditional and religious worship centres</b>	15	26	11	82	229	363	1.6	Rejected
<b>Use of billboards, pasting of information on walls, and other strategic locations and use of banners</b>	49	34	19	99	162	363	2.1	Rejected

**Source: Field Survey, 2024**

The information presented in Table 1 indicates that, apart from traditional media, UNICEF has not effectively employed alternative communication strategies to educate the public in Makurdi metropolis about the risks associated with open defecation.



**Figure 2: Extent of the Use of these Communication Strategies**

The findings presented in Figure 2 suggest that UNICEF has not sufficiently utilised communication strategies to raise awareness and educate the people of Makurdi metropolis about open defecation.

**Table 3: Effects of the Communication Strategies Used by UNICEF to Address Open Defecation in Makurdi Metropolis**

Options	AS	A	U	SD	D	Total	Mean Rating	Decision
The messages effectively raised your awareness and informed you about the importance of avoiding open defecation	31	23	18	139	152	363	2.0	Rejected
The information provided by UNICEF has effectively informed you about the significance of refraining from open defecation	27	31	15	172	118	363	2.1	Rejected

Source: Field Survey, 2024

From the finding in Table 2 above, it could be concluded that majority of the participants believed that the communication strategies employed by UNICEF regarding open defecation practice in Makurdi metropolis were not effective.

## **Discussion of Findings**

Respondents share their views regarding the communication strategies utilised by UNICEF to discourage open defecation practice in Makurdi metropolis. The study found that UNICEF used different communication strategies such as the employment of conventional mass media like television, radio, newspapers, magazines, social media such as Facebook, WhatsApp, X, Instagram, YouTube, TikTok; distribution of leaflets, flyers, pamphlets otherwise known as information education communication (IEC) materials; and use of billboards, pasting of information on walls, and in other strategic locations and use of banners as can be seen in Table 1. The findings here suggest that aside the deployment of mainstream media which mean result showed accepted (3.7), the other options indicated rejected. Alom, Ogah and Dogo's (2020) earlier finding concur that the use of leaflets, posters, and signboards, opinion leaders, town criers, and health experts' word-of-mouth campaigns, radio, television, newspaper adverts and social media/blogging were communication campaign strategies employed to tame open defecation in Benue State, with the traditional media being the dominant.

This finding is, however, against an earlier study by Anjuwon and Okiyi (2018) who established in their study on NEWMAP'S communication strategies in erosion management in selected states of south east Nigeria that apart from the use of traditional media, other NEWMAP's talk shows, use of branded TT-shirts and caps, posters, handbills, traditional rulers, churches, schools, age groups, women groups, parents, field visits, drama, face-to-face meetings, among others, were other communication strategies used. An earlier finding by Haruna (2023) agrees that the medium of radio was the most important source of information source for residents of the Federal Capital Territory, Abuja Nigeria concerning messages from the Abuja Environmental Protection Boards.

Furthermore, the study assesses the extent of the use of the communication strategies by UNICEF in curbing open defecation practice in Makurdi metropolis. Result indicated that UNICEF has not sufficiently utilised communication strategies to raise awareness and educate the people of Makurdi metropolis about open defecation. This suggests that the communication strategies have not been extensive (see Table 2). Haruna (2023) corroborates that information from Abuja Environmental Protection Boards regarding sanitation issues have not been frequent. The implication of this is that insufficient efforts have been made by UNICEF and its various collaboration agencies in Makurdi metropolis to raise awareness and educate the public in Makurdi metropolis about the issues surrounding open defecation, which may lead to a continued escalation of this problem.

The last objective of the study explores the effectiveness of the anti-open defecation communication campaign strategies employed by UNICEF. Results revealed minimal effects (see Table 3). Findings here are in tandem with an earlier one by Owusu (2021) on communication strategies in addressing open defecation challenges in La Dade-Kotopon Municipality. Owusu established that despite the fact that communication and education has been the main means of the fight against open defecation in the La community, the communication strategy has not been effective, since the practice of open defecation is still going on in the community. However, Okon and Ikpi's (2019) findings has gone contrary to the finding of this study here. Okon and Ikpi (2019) found that the use of communication strategies in curbing open defecation practice in Ugep community of Cross River State was yielding positive results; as many of the community members now have toilets and do not defecate in the open.

## Conclusion

The study set out to evaluate the effectiveness of UNICEF's anti-open defecation communication campaign strategies in Makurdi metropolis, Benue State, Nigeria. Upon analyzing the findings, the study concludes that apart from traditional media, UNICEF has not effectively employed alternative communication strategies to educate the public in Makurdi metropolis about the risks associated with open defecation. Further conclusion is made that UNICEF has not extensively utilised communication strategies to raise awareness and educate the people of Makurdi metropolis about open defecation because of this, the communication strategies have not been effective.

## Recommendations

1. UNICEF should intensify its communication strategies against open defecation practice in Makurdi metropolis by extensively using the online media, community and religious leaders, heads of women, men's associations, market places and other stakeholders.
2. As a policy recommendation, the government of Benue State should embark on aggressive sensitisation and enlightenment campaign against open defecation through the use of both the conventional and digital communication platforms; it should also engage with community leaders, Non-Governmental Organisations, religious leaders among other key stakeholders.
3. The representatives of Benue State at both National and State Assemblies should initiate bills aimed at poverty reduction and ensure that such bills are passed into law.

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