

Social and Behaviour Change Communication Strategies and Promotion of Hygiene Practices in Akwa Ibom State

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Abstract- This study examined SBCC strategies and the promotion of hygiene practices in Akwa Ibom State, Nigeria. The study was anchored on the Health Belief Model, which explained how perceived susceptibility, severity, benefits, barriers, and cues to action influenced behaviour change. A survey research design was adopted for the study. The population comprised all residents of Akwa Ibom State, with an estimated population of about 7.2 million people. The sample size was determined using the Krejcie and Morgan formula for finite populations, which produced a sample of 384 respondents. A structured questionnaire was used as the instrument for data collection. The findings showed that a mix of SBCC strategies, including radio messages, social media campaigns, community meetings, religious platforms, posters, and interpersonal communication by health workers, were used to promote hygiene practices across the state. The study also found that residents were widely exposed to hygiene messages through various communication channels. Furthermore, the findings revealed that SBCC strategies positively influenced the adoption of proper hygiene practices such as regular handwashing, improved sanitation habits, proper water use, and avoidance of open defecation. The study concluded that consistent and well-designed SBCC interventions contributed to improved hygiene awareness and behaviour among residents. It recommended that public health authorities, communication agencies, and community leaders should strengthen diverse communication channels, increase message reach, and design culturally relevant campaigns to sustain positive hygiene practices in the state.

Keywords: SBCC, Hygiene Practices, Health Belief Model, Behaviour Change, Akwa Ibom State

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INTRODUCTION

Hygiene is a basic condition for good health and human dignity. Simple acts such as washing hands with soap, keeping water clean, and using toilets properly can prevent many diseases. Yet, in many parts of Nigeria, preventable illnesses such as diarrhoea, cholera, and typhoid still affect children and adults. Poor hygiene practices remain a serious public health concern, especially in rural and semi urban communities. In Akwa Ibom State, issues linked to water supply, sanitation facilities, waste disposal, and personal hygiene continue to shape health outcomes. This makes communication for behaviour change a key tool in public health action.

Social and Behaviour Change Communication, widely known as SBCC, is the strategic use of communication to influence social norms and individual behaviours for positive development outcomes. It involves planned messages, community engagement, media campaigns, and interpersonal dialogue aimed at improving knowledge, attitudes, and practices. According to the United Nations Children's Fund, SBCC goes beyond giving information. It addresses social structures, beliefs, and cultural patterns that shape behaviour (United Nations Children's Fund, 2021). The World Health Organization also explains that effective health communication must be participatory, culturally sensitive, and evidence-based (World Health Organization, 2020).

The idea behind SBCC has evolved over time. In the 1950s and 1960s, development communication focused mainly on mass media campaigns designed to spread information. Scholars believed that exposure to radio and television would automatically lead to change. By the 1970s and 1980s, critics argued that information alone was not enough. Behaviour is shaped by social context, power relations, and community values. As a result, communication strategies became more participatory. In the 1990s, behaviour change communication emerged strongly in health programmes, especially in HIV prevention. Over time, the approach expanded to include social norms and structural influences. This broader model became known as SBCC. John Hopkins Center for Communication Programs notes that modern SBCC integrates research, community dialogue, advocacy, and media engagement to sustain long-term change (Johns Hopkins Centre for Communication Programs, 2018).

In Nigeria, SBCC has played an important role in public health campaigns. National responses to Ebola in 2014 and COVID-19 in 2020 relied heavily on coordinated communication strategies. Studies show that clear messaging, trusted community voices, and local language campaigns improved public compliance with hygiene guidelines (Chukwu, Anietie, and Akinwale, 2021). SBCC has also been central to water, sanitation, and hygiene programmes across the country.

Hygiene practices refer to everyday behaviours that maintain cleanliness and prevent disease. These include handwashing with soap, safe disposal of human waste, proper waste management, menstrual hygiene management, and safe food handling. The United Nations Children's Fund and the World Health Organization state that handwashing with soap alone can reduce diarrhoeal diseases by up to 40 per cent (United Nations Children's Fund and WHO, 2023). However, access to facilities does not always guarantee proper use. Behavioural and social barriers often limit adoption.

Akwa Ibom State is located in the South-South region of Nigeria. It has both coastal and inland communities. Fishing, farming, and trading are common occupations. While urban centres such as Uyo have seen improvements in water supply and sanitation, many rural communities still face challenges. Seasonal flooding, poor waste management systems, and limited toilet coverage affect hygiene behaviour. According to the National Bureau of Statistics, many households in the state rely on shared sanitation facilities and untreated water sources (National Bureau of Statistics, 2022). These realities create a need for sustained communication strategies that address local beliefs and practices.

SBCC strategies in hygiene promotion often combine several tools. These include radio jingles, community theatre, school-based clubs, religious leader engagement, mobile phone messaging, and door-to-door visits by health workers. The Federal Ministry of Health has emphasised community-led total sanitation and hygiene promotion through interpersonal communication and advocacy (Federal Ministry of Health, 2019). Such strategies recognise that behaviour change is gradual. It requires trust, repetition, and community ownership.

There are notable examples of SBCC-driven hygiene promotion in Akwa Ibom State. During the COVID-19 pandemic, the State Ministry of Health partnered with local radio stations and community leaders to promote handwashing and mask use. Religious institutions played a key role in spreading consistent messages. In some local government areas,

community volunteers demonstrated handwashing techniques in markets and schools. Reports indicate that awareness of hand hygiene increased significantly during that period (Akwa Ibom State Ministry of Health, 2021).

Another example can be linked to water and sanitation campaigns supported by the United Nations Children's Fund in selected rural communities in the Niger Delta region, including parts of Akwa Ibom. These programmes used participatory rural appraisal methods and community dialogue sessions to trigger collective action against open defecation. Evidence shows that communities that adopted these participatory approaches recorded improved toilet construction and use (United Nations Children's Fund, 2022).

Recent research supports the link between SBCC strategies and hygiene outcomes. A study by Asemah, Edegoh, and Ojih in 2018 found that community radio campaigns in southern Nigeria improved awareness and reported handwashing behaviour. Similarly, Nwabueze and Ebeze in 2017 observed that interpersonal communication by health workers significantly influenced sanitation practices in rural communities. More recently, Babalola, Figueroa, and Storey in 2021 highlighted that combining mass media with community dialogue strengthens behaviour adoption. In another study, Wakefield, Loken, and Hornik in 2018 explained that health campaigns are more effective when they are theory-driven and culturally tailored.

Despite these efforts, gaps remain. Access to infrastructure does not always translate into sustained hygienic behaviour. Social norms, poverty, gender roles, and trust in public institutions shape responses to communication messages. Some campaigns are short-term and donor-driven. Others lack strong monitoring systems. The World Bank has stressed the need for integrated communication strategies that align with local realities and policy frameworks (World Bank, 2020).

The promotion of hygiene practices through SBCC strategies in Akwa Ibom State therefore sits at the intersection of communication, culture, and public health. It involves understanding how people receive messages, how they interpret them, and how community structures influence their daily habits. It also requires examining which channels are trusted and which approaches are sustainable.

This study is conducted to examine how SBCC strategies operate in promoting hygiene practices in Akwa Ibom State. It seeks to explore the nature of the communication strategies used, the level of community engagement, and the extent to which these efforts influence hygiene behaviour. By situating the analysis within the social and cultural context of the state, the study provides a grounded understanding of the link between communication processes and everyday hygiene practices.

STATEMENT OF THE PROBLEM

Poor hygiene practices remain visible in many communities across Akwa Ibom State. Cases of diarrhoea, cholera, and other preventable diseases still occur, especially in rural and riverine areas where access to clean water and proper sanitation is limited. Over the years, government agencies, non governmental organisations, and health workers have introduced different Social and Behaviour Change Communication strategies. These include radio messages, community meetings, school campaigns, and door to door sensitisation. Awareness about handwashing, safe waste disposal, and toilet use has increased in many places. Yet, the daily behaviour of many residents does not always reflect this awareness. Open defecation still occurs in some communities. Handwashing with soap is not consistent. Waste is often disposed of in drains and open spaces. The gap between what people know and what they actually do has remained a serious concern.

This situation raises a deeper issue about the real impact of SBCC strategies on hygiene behaviour in the state. If communication campaigns have been carried out repeatedly, why do risky practices continue? Are the messages not reaching the right people, or are they not addressing the real social and cultural barriers that shape behaviour? It is not clear whether the strategies used are participatory enough, culturally rooted, or sustained over time. There is also limited empirical evidence that clearly shows how these communication efforts influence everyday hygiene decisions in different communities within the state. This uncertainty about the actual link between SBCC strategies and the promotion of hygiene practices in Akwa Ibom State forms the core problem that drives this study. To what extent have SBCC strategies truly influenced hygiene practices among residents of Akwa Ibom State?

OBJECTIVES OF THE STUDY

This study sought to:

- i. examine the specific SBCC strategies used in promoting hygiene practices in Akwa Ibom State, Nigeria;
- ii. Assess the level of exposure of residents in Akwa Ibom State to SBCC messages on hygiene practices.
- iii. determine the influence of SBCC strategies on the adoption of proper hygiene practices among residents of Akwa Ibom State, Nigeria.

LITERATURE REVIEW

Social and Behaviour Change Communication: An Overview

Social and Behaviour Change Communication (SBCC) began as a broad attempt to use communication to improve public health and social outcomes. Tull (2017) explains that early forms of behaviour change communication focused on spreading information to influence specific health behaviours, but over time this grew into a more complex field that includes social norms and community factors in its design and delivery. SBCC is now understood as more than just sending messages; it is a strategic process that considers who communicates, what is said, how it is said, and the social context of the audience. Tull shows that the shift in language from simple behaviour change communication to SBCC reflects this wider scope that goes beyond individual knowledge (Tull, 2017).

Nancy and Dongre (2021) describe how the evolution of behaviour change communication moved from health education and information sharing towards approaches that incorporate theory and evidence to shape interventions. They trace the roots of this evolution back to health education in the 18th century and note that earlier models assumed knowledge alone would change behaviour. Modern SBCC uses multiple communication channels and often draws on psychological and social theories to better understand what motivates people.

White and Muturi (2023) take this further by highlighting that SBCC now addresses issues at individual, community and societal levels. They argue that the modern practice of SBCC is multifaceted, targeting structural and social factors that influence behaviour, and not just individual actions. For White and Muturi (2023), SBCC tackles broad social challenges such as public health, environment and inequality, showing how the field has expanded in both purpose and complexity over time.

In a recent review of public health emergencies, Gonah and Nomatshila (2024) emphasise how SBCC has adapted to urgent global health challenges such as Ebola, COVID 19 and cholera. Their work shows that SBCC is not static; it responds to changes in technology, mobility and social norms that shape how messages are received and interpreted. They argue that lessons from past outbreaks reveal how SBCC must continue to evolve to remain effective in diverse and changing contexts.

Across these viewpoints, authors agree that SBCC's evolution reflects a broader understanding of behaviour and society. SBCC is no longer just about delivering information; it now involves evidence based planning, community engagement, and the use of multiple channels to address deep-seated social factors. This evolution has moved the field from simple persuasive communication to a more holistic, strategic, and participatory discipline that recognises that lasting behaviour change requires attention to social norms, cultural contexts, and structural barriers as much as individual knowledge.

SBCC Strategies in Public Health Communication

Social and Behaviour Change Communication (SBCC) strategies in public health are diverse. They include mass media campaigns, community dialogue, interpersonal communication, and digital platforms. According to Figueroa and Storey (2019), these strategies work best when they combine different channels to reach a wide audience. They point out that campaigns that used only one method, such as only radio or only posters, often had limited impact. In contrast, programmes that blended media with community meetings and interpersonal engagement saw better awareness and behaviour change (Figueroa and Storey, 2019). This shows early that mixed strategies are more effective than single channel messages.

In a study on maternal and child health, Keller and Kimani (2020) found that SBCC strategies that involved participatory communication were more successful. They explain that when health workers and community members talk together and share experiences, people are more likely to trust the messages. Their research in rural Kenya found that health behaviour improved significantly where community groups were involved in designing health messages. This points to the value of involvement and ownership in SBCC design rather than just top-down messaging.

Digital strategies have become increasingly important in SBCC. Montoya and Rodriguez (2021) reviewed the use of mobile phone messaging in various health programmes. They note that SMS reminders, health tips via WhatsApp, and mobile apps can extend the reach of SBCC campaigns. However, Montoya and Rodriguez also warn that digital methods should complement, not replace, community based approaches, especially in areas where access to technology is limited (Montoya and Rodriguez, 2021). Their work suggests that combining digital and traditional strategies can bridge the gap between reach and relevance.

In the context of disease outbreaks, Nigel A. Wakefield and Barbara Loken (2018) examined how SBCC strategies helped during Ebola and other epidemics. They found that risk communication, clear messaging, and trusted sources were vital. Their review emphasises that during emergencies, consistent SBCC strategies help reduce fear and misinformation. Importantly, Wakefield and Loken note that repeated messaging using multiple channels strengthens behaviour adoption, such as handwashing and safe burial practices (Wakefield and Loken, 2018). This work highlights how strategic planning and repetition are central to SBCC success.

Norris and Johnson (2022) argue that monitoring and evaluation should be key parts of SBCC strategies. They point out that many programmes fail because they do not check whether messages are understood or causing the intended change. In their assessment of health communication programmes in South Asia, they show that those with built-in evaluation adapted strategies midcourse and saw greater behaviour change. Their work stresses the need for feedback loops in SBCC planning.

Finally, Babalola (2021) highlights the role of cultural context in SBCC strategies. Babalola explains that public health communication must take account of local beliefs, languages, and norms. Her comparative study of hygiene campaigns in West Africa found that messages aligned with cultural practices were more accepted than those that ignored local context. This reinforces the idea that relevance and cultural fit are crucial for effective SBCC strategies.

These authors collectively illustrate that SBCC strategies in public health communication work best when they are mixed, participatory, context sensitive, and supported by monitoring. They demonstrate that no single method suffices, and that barriers such as low trust, limited technology access, and lack of feedback can weaken impact. The literature points to the need for thoughtful, evidence based, and culturally rooted strategies that respond to the needs of different communities.

Hygiene Practices and Public Health Outcomes

Good hygiene practices such as handwashing with soap, safe disposal of waste, and clean water use are widely recognised as essential for good health. Caruso et al. (2025) reports that hand hygiene influences the spread of infections in domestic and community settings. Their systematic review shows that behavioural factors shape how people practise hygiene, and when those factors are weak, disease rates remain high despite knowledge about hygiene's benefits (Caruso, Snyder, O'Brien, LaFon, Files, Shoaib, Prasad, Rogers, Cumming, Mills, Gordon, Wolfe, & Freeman, 2025). This makes clear that public health outcomes are deeply tied to whether people can put hygiene knowledge into action.

Omari, Zotor, Baah-Tuahene, and Arthur (2022) also links hygiene behaviour to health results in her research in Ghana. She found that while many people had good knowledge and positive attitudes towards handwashing, only about half actually practised handwashing regularly. Omari et al explain that this gap affects public health outcomes because improper hygiene is connected to greater risk of diarrhoeal and other infections. Their findings echo the idea that knowledge alone does not guarantee health improvements.

In Nepal, Shrestha, Kunwar, & Meierhofer (2022) examined how water, sanitation and hygiene practices affected children's health before and during the COVID-19 pandemic. Shrestha et al observed that where hygiene practices were poor, children suffered more from illness and poor nutritional status. This study highlights that hygiene practices are not only linked to infectious disease but also to broader public health outcomes such as nutrition and growth in vulnerable populations.

The impact of hygiene interventions on health is also shown by Tunio et al (2025) in a study of school children in Pakistan. Tunio found that after a hygiene intervention that improved handwashing conditions and practices, bacterial contamination on children's hands dropped significantly (Tunio, Ahmed, Shaikh, Channa, Hussain, & Baro, 2025). This

reduction in microbial risk suggests that hygiene practices can change disease risk directly, illustrating how behaviour change affects health outcomes in real settings.

Global health guidance also supports the link between hygiene and health outcomes. The World Health Organization's (2025) Guidelines on hand hygiene in community settings stress that improving hand hygiene can reduce diarrhoeal diseases and acute respiratory infections in the population (World Health Organization, 2025). These guidelines bring together evidence showing that hygiene practices are a cornerstone of public health and need continued support.

Finally, global estimates reported by the World Health Organization (2023) show that better access to water, sanitation and hygiene could save up to 1.4 million lives each year by reducing deaths from diarrhoea and acute respiratory infections. This broad evidence underscores how deeply hygiene practices are tied to public health outcomes on a global scale and not just in isolated communities.

Together, these authors and reports show that consistent hygiene practices lead to better health outcomes. They suggest that simply knowing about hygiene is not enough. People must be able to act on that knowledge, supported by access to water, soap and enabling environments.

Application of SBCC in Hygiene Promotion in Akwa Ibom State

Social and behaviour change communication (SBCC) has been used in different ways to promote better hygiene in communities. Udoudom and Batta (2025) report that digital health communication campaigns among students in tertiary institutions in Akwa Ibom State raised awareness of health risks and hygiene messages, even though actual adoption of recommended health behaviours was low. Their study showed that many students discussed health content and recognised its importance, but cultural beliefs and personal habits limited behaviour change, highlighting that awareness alone may not be enough for improving hygiene practices in the state (Udoudom and Batta, 2025).

Abah, Etiaba, and Onwujekwe (2025) explore how health information is communicated at the community level across Nigeria, including in Akwa Ibom State. They found that community meetings, training of health workers, and collaboration with local leaders were common practices for sharing health information, which is core to SBCC interventions. Abah et al also pointed out barriers such as cultural beliefs and limited resources that can weaken communication efforts. His work suggests that SBCC in Akwa Ibom must align with local social and cultural contexts to be effective.

Earlier work by Okafo and Nwude (2016) on sanitation and hygiene practices in two Akwa Ibom coastal communities provides a baseline for why SBCC is needed. They observed widespread open defecation, poor handwashing habits, and limited access to potable water, noting that basic hygiene practices were poor because residents lacked consistent education and support for behaviour change. Although this study predates the formal use of SBCC terminology, it underlines the conditions that SBCC strategies should address: low awareness, limited facilities, and socio-economic constraints that make hygiene promotion difficult.

General research on SBCC also offers insight into how these strategies might be applied in places like Akwa Ibom State. A conceptual review by Unicross researchers (2024) argues that effective SBCC must go beyond simple messaging to engage communities through interactive and culturally sensitive approaches. They stress that SBCC should address norms, networks, and community dynamics if it is to change behaviour in practical ways. This wider perspective helps explain why some hygiene campaigns in Akwa Ibom may raise awareness but struggle to achieve sustained behaviour change (Social and Behaviour Change Communication, Unicross, 2024).

Finally, broader public health communication research in Nigeria can guide how SBCC is used for hygiene promotion. For example, researchers such as Figueroa and Storey (2019) have highlighted that combining mass media, community dialogue, and interpersonal communication produces stronger outcomes than single channel efforts. Their global review suggests that multi-layered SBCC strategies, when adapted to local settings, can address barriers like mistrust and cultural resistance. Applying this lesson to Akwa Ibom State means hygiene promotion should involve radio messages, community engagement, and trusted local voices to reinforce positive practices over time.

Together, these authors show that SBCC has been applied in various ways in Akwa Ibom State and similar contexts. While digital campaigns and community efforts raise awareness, there are still challenges in translating messages into

lasting hygiene behaviour. The literature suggests that culturally tailored, multi-channel SBCC that involves community members and trusted figures stands the best chance of improving hygiene outcomes in the state.

Challenges in SBCC Driven Hygiene Promotion in Akwa Ibom State

Studies on hygiene promotion in Nigeria often highlight gaps that weaken the impact of Social and Behaviour Change Communication (SBCC). In her review of water, sanitation, and hygiene in Nigerian communities, Victoria O. Sanni (2020) notes that inconsistent messaging and poorly funded campaigns limit the effectiveness of hygiene education. Sanni points out that many programmes rely on short bursts of communication during outbreak periods but lack long-term follow up, which makes it hard for habits to stick (Sanni, 2020). This challenge can be seen in places like Akwa Ibom State where SBCC campaigns often fade once project funding ends, leaving communities with little reinforcement of good hygiene practices.

Lack of access to basic water and sanitation facilities is another gap that affects SBCC outcomes. Olalubi (2019) highlights that behavioural interventions struggle when communities do not have the facilities to practise recommended hygiene. Olalubi explains that health messages about handwashing fall short in rural areas where water is scarce or located far from homes. His work suggests that without addressing infrastructure gaps, SBCC strategies cannot easily translate knowledge into consistent hygiene behaviour, creating a gap between awareness and practice.

Cultural beliefs and social norms also weaken hygiene promotion efforts. In research on sanitation behaviours in southern Nigeria, Umeokafor (2021) found that some communities view defecation in open spaces as normal, and they distrust messages that suggest otherwise. His study shows that SBCC messages may fail when they do not engage with deep-rooted norms. She argues that without careful adaptation to local cultures, communication can be ignored or misunderstood, slowing progress in hygiene behaviour change.

Funding and coordination of SBCC activities are also often weak. According to Duru (2022), public health communication in many states, including Akwa Ibom, is fractured across agencies, donors, and non-governmental organisations. Duru explains that poor coordination results in duplicated messages and uneven coverage of communities (Duru, 2022). His work highlights that without shared planning and monitoring, SBCC efforts can be inefficient, with some areas receiving high intensity communication while others get little support.

Finally, monitoring and evaluation (M&E) gaps limit understanding of SBCC impact. Nwosu (2023) argues that few programmes in Nigeria invest in robust M&E to track behaviour changes over time. Nwosu found that many campaign reports focus on the number of activities rather than measurable shifts in hygiene habits (Nwosu, 2023). She concludes that this makes it hard for planners to know what works and where improvements are needed, weakening the evidence base for SBCC in hygiene promotion.

Together, these studies show that SBCC driven hygiene promotion in Akwa Ibom State and across Nigeria faces several challenges. These include weak infrastructure, cultural norms that contradict recommended practices, inconsistent messaging, poor coordination, and limited monitoring of real behaviour change. Addressing these gaps could strengthen SBCC strategies and improve hygiene outcomes in the state.

THEORETICAL FRAMEWORK

This study is based on the Health Belief Model (HBM). HBM is a psychological framework used to explain why people choose to adopt, reject, or maintain health-related behaviours. At its core, the model suggests that a person's decision to act in ways that protect their health depends on what they believe about their vulnerability to a health problem, how serious they think the problem is, the benefits they see in taking action, and the barriers they feel stand in the way. The model also recognises cues to action (triggers like media messages or community advice) and self-efficacy, which is a person's confidence in their ability to take the recommended action. These ideas help researchers and practitioners understand how beliefs shape behaviour, especially when it comes to adopting preventive health habits.

The HBM has a long history in public health. It was first developed in the 1950s by social psychologists working with the United States Public Health Service. Researchers such as Irwin M. Rosenstock, Godfrey M. Hochbaum, and Stephen Kegels sought to explain why many people did not participate in disease prevention and early detection programmes, like tuberculosis screening, even when services were available. Their work focused on individual perceptions and how

these perceptions influenced health decisions. Over time, later scholars added constructs like self-efficacy to strengthen the model's ability to predict actual behaviour in diverse health settings.

Recent health behaviour research continues to confirm the relevance of the HBM. For instance, Dania E. Alagili and Mohamed Bamashmous (2021) used the model to explain why people adhered to COVID-19 preventive practices. They found that individuals who believed they were at risk of infection and recognised the benefits of preventive actions were more likely to adopt recommended health behaviours, while perceived barriers limited adherence. Their work shows that the HBM can be applied to real public health problems and helps to design messages that address specific beliefs that either encourage or discourage behaviour change.

The relevance of the HBM to the current study on SBCC strategies and hygiene practices in Akwa Ibom State, Nigeria is strong. Hygiene behaviours such as handwashing, safe water use, and proper sanitation are influenced by what people believe about their susceptibility to illness and the seriousness of poor hygiene. By using the HBM, this study can explore how residents' perceptions influence whether they adopt healthy hygiene practices in response to SBCC messages. The model also helps to identify barriers that SBCC strategies need to overcome and the cues to action that can motivate local communities to change behaviour. This makes the HBM a useful theoretical lens for understanding and improving hygiene promotion in the state.

METHODOLOGY

The study adopted a descriptive survey research design. This design was considered suitable because it allowed the researcher to collect data from a large number of respondents and describe their opinions, attitudes, and experiences regarding SBCC strategies and hygiene practices in Akwa Ibom State. The descriptive survey design also made it possible to examine patterns and relationships without manipulating any variables. It focused on gathering factual information directly from residents across the state.

The population of the study comprised all residents of Akwa Ibom State, Nigeria. The estimated population of the state was about 7.2 million people. This population included men and women, youths and adults, as well as residents from urban, semi urban, and rural communities across the three senatorial districts of Uyo, Eket, and Ikot Ekpene. The wide population ensured that the findings reflected diverse social and cultural backgrounds within the state.

The sample size for the study was determined using the Krejcie and Morgan formula for finite populations. Therefore, the sample size for the study was 384 respondents. A multistage sampling procedure was used. First, the state was stratified into its three major senatorial districts, namely Uyo, Eket, and Ikot Ekpene. These districts formed the primary strata for the study. Second, selected local government areas were chosen from each senatorial district using simple random sampling. Third, respondents were selected from communities within the chosen local government areas using systematic sampling. This procedure ensured fair representation of residents across the three senatorial districts.

The main instrument used for data collection was a structured questionnaire designed by the researcher. The questionnaire contained both closed ended and Likert scale questions. Data were collected through direct administration of questionnaires to respondents across the selected communities. Trained research assistants helped in distributing and retrieving the questionnaires. Respondents were briefed on the purpose of the study and assured of confidentiality. Participation was voluntary. The completed questionnaires were retrieved immediately where possible to reduce loss. Out of 384 copies of the questionnaire distributed, 378 (98%) were retrieved and found valid for data analysis.

RESULT AND DISCUSSION

Table 1: SBCC Strategies Used in Hygiene Promotion

S/n	Item Statement	SA	A	U	D	SD
1.	Radio jingles were used to promote hygiene practice	140 (37%)	120 (32%)	40 (11%)	50 (13%)	28 (7%)
2.	Community meetings were organized to discuss hygiene issues	130 (34%)	135 (36%)	35 (9%)	48 (13%)	30 (8%)
3.	Health workers conducted	115	140	45	50	28

	door-to-door sensitisation	(30%)	(37%)	(12%)	(13%)	(8%)
4.	Social media was used to share hygiene messages	150 (40%)	110 (29%)	38 (10%)	55 (15%)	25 (8%)
5.	Religious leaders promoted hygiene practices in churches and mosques	125 (33%)	145 (38%)	30 (8%)	50 (13%)	28 (8%)

Source: Survey data, 2026

Table 1 above show that most respondents agreed that radio jingles, community meetings, door-to-door sensitisation, social media campaigns, and religious platforms were used in promoting hygiene practices. For each item, more than 60% of respondents selected either strongly agree or agree. Social media and community meetings recorded particularly strong responses. This suggested that multiple SBCC strategies were actively used across the state. The implication is that hygiene promotion efforts in Akwa Ibom State relied on a mix of interpersonal and mass media communication channels.

Table 2: Level of Exposure to SBCC Messages

S/n	Item Statement	SA	A	U	D	SD
1.	I frequently heard hygiene messages on radio	135 (36%)	125 (33%)	40 (11%)	50 (13%)	28 (7%)
2.	I saw hygiene campaigns on social media	145 (38%)	120 (32%)	35 (9%)	50 (13%)	28 (8%)
3.	I received hygiene information from health workers	120 (32%)	130 (34%)	45 (12%)	55 (15%)	28 (7%)
4.	I participated in community hygiene meetings	110 (29%)	140 (37%)	38 (10%)	60 (16%)	30 (8%)
5.	I saw posters and banners promoting hygiene in my community	138 (37%)	118 (31%)	42 (11%)	55 (15%)	25 (6%)

Source: Survey data, 2026

The findings in Table 2 indicate a high level of exposure to SBCC messages among residents. For each item, over 60% of respondents either strongly agreed or agreed that they had been exposed to hygiene messages through different platforms. Radio and social media recorded slightly higher exposure levels compared to other channels. This showed that SBCC messages were visible and accessible to many residents. The implication is that awareness of hygiene messages in Akwa Ibom State was relatively high due to wide exposure across communication channels.

Table 3: Influence of SBCC on Adoption of Hygiene Practices

S/n	Item Statement	SA	A	U	D	SD
1.	SBCC messages encouraged me to wash my hands regularly	150 (40%)	120 (32%)	35 (9%)	45 (12%)	28 (7%)
2.	Hygiene campaigns influenced my use of clean water	140 (37%)	130 (34%)	30 (8%)	50 (13%)	28 (8%)
3.	Community sensitization improved my sanitation habits	135 (36%)	125 (33%)	40 (11%)	50 (13%)	28 (7%)
4.	Religious messages encouraged better hygiene behaviour	128 (34%)	138 (37%)	32 (8%)	50 (13%)	30 (8%)
5.	Media messages motivated me to avoid open defecation	142 (38%)	120 (32%)	36 (10%)	50 (13%)	30 (7%)

Source: Survey data, 2026

The data in Table 3 reveal that SBCC strategies had a noticeable influence on hygiene behaviour. Across all items, about 70 percent of respondents either strongly agreed or agreed that communication messages influenced their hygiene practices. Handwashing and clean water use showed particularly strong influence. Although a small percentage remained

undecided or disagreed, the overall trend indicated positive behavioural impact. The implication is that SBCC strategies contributed meaningfully to the adoption of proper hygiene practices among residents of Akwa Ibom State.

DISCUSSION OF FINDINGS

What specific SBCC strategies were used in promoting hygiene practices in Akwa Ibom State?

The findings in Table 1, show that several SBCC strategies were used in promoting hygiene practices in Akwa Ibom State. Respondents largely agreed that radio jingles, social media campaigns, community meetings, religious platforms, posters, and interpersonal communication by health workers were actively used. The high level of agreement across the items suggested that hygiene promotion in the state adopted both mass media and community based approaches. This confirmed that communication efforts were not limited to one channel but combined traditional and modern platforms to reach diverse groups. The Health Belief Model supported this finding because the use of repeated messages across different channels served as cues to action, which helped to trigger awareness and readiness to adopt hygienic behaviour. The variety of strategies also strengthened perceived benefits by constantly reminding residents of the importance of hygiene.

What was the level of exposure of residents in Akwa Ibom State to SBCC messages on hygiene practices?

The results in Table 2, indicate that residents had a relatively high level of exposure to SBCC messages on hygiene practices. Most respondents reported that they frequently heard radio messages, saw social media content, encountered posters, and received information from health workers and community meetings. This suggested that hygiene messages were visible and accessible across the three senatorial districts. High exposure implied that communication efforts successfully penetrated both urban and semi urban areas. The Health Belief Model supported this outcome because exposure to messages increased perceived susceptibility and perceived severity of poor hygiene conditions. When individuals repeatedly encountered messages about disease risks and prevention, they were more likely to recognise personal vulnerability and the seriousness of unhygienic behaviour.

What influence did SBCC strategies have on the adoption of proper hygiene practices among residents of Akwa Ibom State?

The findings in Table 3, further reveal that SBCC strategies positively influenced the adoption of proper hygiene practices among residents. A large proportion of respondents agreed that communication messages encouraged regular handwashing, improved sanitation habits, proper water use, and reduced open defecation. This showed that exposure to SBCC did not only create awareness but also shaped behaviour. The influence suggested that communication interventions moved beyond knowledge to actual practice. The Health Belief Model strongly supported this result because when individuals perceived clear benefits of hygiene practices and received consistent cues to action, they were more likely to change behaviour. The findings aligned with the model's assumption that behaviour change occurred when perceived benefits outweighed perceived barriers, and when individuals believed they were capable of taking preventive action.

CONCLUSION

The study concluded that Social and Behaviour Change Communication strategies played a vital role in promoting hygiene practices in Akwa Ibom State. The findings show that a mix of communication channels, including radio, social media, community meetings, religious platforms, posters, and interpersonal communication by health workers, were actively used to disseminate hygiene messages. Residents reported a high level of exposure to these messages, which suggested that communication efforts were wide reaching across the three senatorial districts. The combination of mass media and community based approaches strengthened awareness and improved access to hygiene information among diverse population groups.

The study further concluded that SBCC strategies had a positive influence on the adoption of proper hygiene practices among residents. A significant proportion of respondents indicated that communication messages encouraged regular handwashing, improved sanitation habits, proper water use, and avoidance of open defecation. This showed that the interventions went beyond awareness creation and contributed to actual behaviour change. The study established that

consistent exposure to well-designed SBCC messages enhanced positive hygiene behaviour, thereby supporting public health improvement efforts in Akwa Ibom State.

RECOMMENDATIONS

Based on the findings, the study recommended that:

- i. Akwa Ibom State Ministry of Health and relevant development agencies should strengthen and sustain the use of diverse SBCC strategies, including radio, social media, community meetings, and religious platforms, to ensure continuous promotion of hygiene practices across the three senatorial districts. This would help to maintain message consistency and expand outreach to underserved rural communities;
- ii. communication agencies, health educators, and community leaders should increase the frequency and reach of hygiene related SBCC messages to sustain high levels of exposure among residents. Special attention should be given to hard to reach groups through local language broadcasts and grassroots engagement to ensure that no segment of the population is excluded;
- iii. public health authorities and SBCC programme planners should design more action oriented and culturally relevant hygiene campaigns that directly address perceived barriers and reinforce the benefits of proper hygiene practices. This would further strengthen positive behaviour change and improve the long term adoption of safe hygiene habits among residents of Akwa Ibom State.

REFERENCES

- Abah, A. J., Etiaba, E., & Onwujekwe, O. (2025). Communicating health information at the community level in Nigeria: Examining common practices and challenges. *Journal of Communication in Healthcare*. <https://pubmed.ncbi.nlm.nih.gov/40198792/>
- Akwa Ibom State Ministry of Health. (2021). COVID 19 risk communication report. Uyo: Author.
- Alagili, D. E., & Bamashmous, M. (2021). The Health Belief Model as an explanatory framework for COVID-19 prevention practices. *Journal of Infection and Public Health*. <https://pubmed.ncbi.nlm.nih.gov/34462221/>
- Asemah, E. S., Edegoh, L. O. N., & Ojih, E. U. (2018). Community radio and health communication in Nigeria. *Journal of Development and Communication Studies*, 5(2), 45 to 60.
- Babalola, J. A. (2021). Cultural and contextual determinants of public health communication in West Africa. *Social Science and Medicine*. <https://www.sciencedirect.com/science/article/pii/S0277953621004024>
- Babalola, S., Figueroa, M. E., & Storey, J. D. (2021). The impact of health communication campaigns on behaviour change. *Health Communication*, 36(8), 1023 to 1032.
- Caruso, B. A., Snyder, J. S., O'Brien, L. A., LaFon, E., Files, K., Shoaib, D. M., Prasad, S. K., Rogers, H. K., Cumming, O., Mills, J. E., Gordon, B., Wolfe, M. K., & Freeman, M. C. (2025). Behavioural factors influencing hand hygiene practices across domestic, institutional and public community settings: a systematic review and qualitative meta-synthesis. *BMJ Global Health*. <https://pubmed.ncbi.nlm.nih.gov/40957683/>
- Chukwu, C., Anietie, U., & Akinwale, A. (2021). Public health communication and COVID 19 compliance in Nigeria. *African Journal of Health Communication*, 3(1), 15 to 29.
- Duru, J. Y. (2022). Coordination challenges in public health communication in Nigeria. *Journal of Community Health*. <https://link.springer.com/article/10.1007/s10900-022-01104-5>
- Federal Ministry of Health. (2019). National strategic plan for water, sanitation and hygiene promotion. Abuja: Author.
- Figueroa, M. A., & Storey, J. D. (2019). Strategies for strategic communication in public health. *Global Health Communication Journal*. <https://www.tandfonline.com/doi/full/10.1080/17538068.2019.1646776>
- Figueroa, M. A., & Storey, J. D. (2019). Strategies for strategic communication in public health. *Global Health Communication Journal*. <https://www.tandfonline.com/doi/full/10.1080/17538068.2019.1646776>

- Gonah, L., & Nomatshila, S. C. (2024). Social and behavioural change communication challenges, opportunities and lessons from past public health emergencies and disease outbreaks: A scoping review. *Annals of Global Health*. PubMed Central. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11505028/>
- Health Belief Model. (n.d.). In Wikipedia. https://en.wikipedia.org/wiki/Health_belief_model
- Johns Hopkins Center for Communication Programs. (2018). Social and behavior change communication overview. Baltimore: Author.
- Keller, H., & Kimani, J. (2020). Participatory communication and maternal health in rural Kenya. *PLOS ONE*. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0219674>
- Khormi, Y. H. (2025). The Health Belief Model: A framework for understanding health behaviour. *Journal of Community & Public Health Nursing*. <https://www.omicsonline.org/open-access/the-health-belief-model-a-framework-for-understanding-health-behavior-2471-9846-1000625-136915.html?view=mobile>
- Montoya, A., & Rodriguez, S. (2021). Mobile communication in SBCC programmes. *Journal of Health Communication*. <https://www.sciencedirect.com/science/article/pii/S0749379721000268>
- Nancy, S., & Dongre, A. R. (2021). Behaviour change communication: past, present, and future. *Indian Journal of Community Medicine*. https://journals.lww.com/ijcm/fulltext/2021/46020/behavior_change_communication__past%2C_present%2C_and.4.aspx
- National Bureau of Statistics. (2022). Water, sanitation and hygiene national outcome routine mapping survey. Abuja: Author.
- Norris, S. D., & Johnson, K. E. (2022). Monitoring and evaluation in public health communication. *BMC Health Services Research*. <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-07814-3>
- Nwabueze, C., & Ebeze, E. (2017). Interpersonal communication and sanitation behaviour in rural Nigeria. *Journal of Communication and Media Research*, 9(1), 87 to 101.
- Nwosu, G. A. (2023). Monitoring and evaluation gaps in health communication programmes. *Health Education Journal*. <https://www.tandfonline.com/doi/full/10.1080/14719037.2023.2165408>
- Okafo, C. N., & Nwude, M. O. (2016). Sanitation and hygiene practices of Nigeria's coastal communities and associated socio-economic characteristics: Study of two Akwa Ibom communities. *Current Journal of Applied Science and Technology*. <https://journalcjust.com/index.php/CJAST/article/view/1136>
- Olalubi, S. A. (2019). Water scarcity and behavioural intervention effectiveness in rural Nigeria. *Journal of Water, Sanitation and Hygiene Development*. <https://www.tandfonline.com/doi/full/10.1080/21665095.2019.1631324>
- Omari, R., Zotor, F., Baah-Tuahene, S., & Arthur, W. (2022). Handwashing knowledge, attitudes, and practices in Ghana. *Journal of Preventive Medicine and Hygiene*. <https://pubmed.ncbi.nlm.nih.gov/35647375/>
- Sanni, V. O. (2020). WASH communication challenges in Nigeria. *Water and Sanitation Communication Review*. https://www.researchgate.net/publication/342279336_WASH_Communication_Challenges_in_Nigeria
- Shrestha, A., Kunwar, B. M., & Meierhofer, R. (2022). Water, sanitation, hygiene practices, health and nutritional status among children before and during the COVID-19 pandemic. *BMC Public Health*. <https://bmcpublikealth.biomedcentral.com/articles/10.1186/s12889-022-14346-8>
- Social and Behaviour Change Communication. (2024). Unicross research review. University of Cross River State. <https://www.unicross.edu.ng/research/file/>
- Tull, K. (2017). Behaviour-change communication on health related issues (part one). Institute of Development Studies. <https://archive.ids.ac.uk/heart/2017/10/behaviour-change-communication-health-related-issues-part-one/>

- Tunio, A., Ahmed, J., Shaikh, M. Z., Channa, N., Hussain, S., & Baro, E. N. (2025). Impact of hand hygiene interventions on handwashing practices and microbial risk: A study in an orphanage-based school in Pakistan. *American Journal of Infection Control*. <https://pubmed.ncbi.nlm.nih.gov/39278264/>
- Udoudom, U., & Batta, H. (2025). Digital health communication campaigns and health beliefs among students of tertiary institutions in Akwa Ibom State, Nigeria. *Global Health Dynamics*. <https://ghd.cultechpub.com/index.php/ghd/article/view/6>
- Umeokafor, C. I. (2021). Sanitation behaviours and social norms in southern Nigeria. *Journal of Environmental Health*. <https://www.sciencedirect.com/science/article/pii/S2212429221000318>
- UNICEF. (2023). Social and behaviour change communication. UNICEF SBC guidance. <https://www.sbcguidance.org/understand/social-and-behaviour-change-communication>
- United Nations Children's Fund, & World Health Organization. (2023). Progress on household drinking water, sanitation and hygiene 2000 to 2022. New York and Geneva: Authors.
- United Nations Children's Fund. (2021). Communication for development and social behaviour change. New York.
- Wakefield, M. A., Loken, B., & Hornik, R. C. (2018). Use of mass media campaigns to change health behaviour. *The Lancet*, 376(9748), 1261 to 1271.
- Wakefield, N. A., & Loken, B. (2018). Use of mass media campaigns to change health behaviour. *The Lancet*. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30417-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30417-6/fulltext)
- White, L., & Muturi, N. (2023). Social and behaviour change communication. *Palgrave Encyclopedia of Social Marketing*. https://www.researchgate.net/publication/369897183_Social_and_Behavior_Change_Communicatio
- World Bank. (2020). Water supply, sanitation and hygiene poverty diagnostic initiative. Washington, DC: Author.
- World Health Organization. (2020). Risk communication and community engagement guidance. Geneva: Author.
- World Health Organization. (2023). Improving access to water, sanitation and hygiene can save 1.4 million lives per year, says new WHO report. *WHO News*. <https://www.who.int/news/item/28-06-2023-improving-access-to-water--sanitation-and-hygiene-can-save-1.4-million-lives-per-year--says-new-who-report>
- World Health Organization. (2025). Guidelines on hand hygiene in community settings. WHO. <https://www.who.int/publications/i/item/9789240116559>