

Research Article

Current Trends in Mass Communication

Mainstreaming Social and Behaviour Change Communication into The Curricular of Tertiary Institutions: Experiences of The University for Development Studies

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Abstract

Social and Behaviour Change Communication (SBCC) has over the years proved a useful approach in the adoption of positive behaviours in health, education, environment, agriculture and other areas of development. Therefore, tertiary institutions and professional organisations have taken interest in incorporating SBCC into health and social science courses of study. However, universities in Ghana are slow in mounting courses on SBCC. This study adopted an ethnographic methodological approach, desk reviews and interviews in gathering data. The paper examines the extent to which one Ghanaian university which championed the study of SBCC, applied the appropriate techniques in delivering the concepts. The study found that in teaching SBCC, lecturers used lecture format, oral presentations, student projects and case studies as modes of instruction, as against recommended modes of delivery such as mentorship and feedback systems, reflective discussion/writing and problem based scenarios. In spite of this, students scored lecturers very high on their mode of delivering lectures, timely coverage of course content, demonstration of knowledge of SBCC and participatory techniques used at lectures. However, the students scored lecturers low on availability of reading materials and tools for practicals. The study recommends emphasis on practical training of students and provision of required tools and equipment for SBCC training

Keywords: Social and Behaviour Change Communication, Tertiary Institutions, Curricular, Programmes of Study, Training

1. Introduction

Over the years, Development Communication has evolved from a top-down communication model which was informed by theories such as Diffusion of Innovations to more participatory approaches [1]. The earlier models emphasized information dissemination aimed at ensuring the adoption of innovations and identified key elements of information dissemination as the source, message, channel and receiver, with messages being passed from the source to the receiver, [2]. In keeping with this model, came up with the information processing model which described the characteristics of source, message, channel and receiver that ensured effective message delivery [3].

Since the top-down model of communication proved ineffective in attaining the social change required for development to take place, development agencies began experimenting more participatory models. Therefore, in contrast to the top-down approach or monologic mode of communication which was regarded as the dominant paradigm, the dialogic or two-way paradigm emerged in development communication research. One

dialogic communication concept that emerged in 1972 and was widely applied in the 1980s is the concept of health education (HE) which was used for sharing messages related to disease prevention (WHO, 1988). HE argues that one's knowledge influences one's attitude and a person's attitude also determines his/her behaviour. Consequently, education is not a sufficient step towards effecting changes in behaviour. Instead, access to preventive measures is crucial to the attainment of health outcomes [4]. Overtime, development communicators identified some gaps in HE which led to the emergence of Information, Education and Communication (IEC) in the early 1990s [5]. As National Health Mission observes, IEC used varied communication channels and tools including posters, brochures, radio and TV to reach different audiences [6]. It was widely used in agricultural extension, health and environmental education and other areas of development. Its main focus was information dissemination, telling people how to behave or the things that they must not do. However, IEC had limited audience engagement in the communication process. The concept wrongly assumed that awareness creation would automatically bring about behaviour change and action

[5]. Development practitioners realized that awareness creation and information dissemination were hardly sufficient in effecting the required positive behaviour changes required for accelerated development. In their search for more effective alternatives to IEC, Behaviour Change Communication (BCC) evolved.

1.1 Conceptual Underpinnings

As a concept, BCC goes beyond the awareness creation that IEC focuses on. It concentrates on the creation of a conducive environment to change people's negative behaviours to more positive ones. Aside developing communication strategies aimed at ensuring positive behaviour change, BCC provides the needed supportive environment required to sustain the changes in behaviours. Evidently, BCC is an improvement on the IEC approach since it is more participatory and strategic. However, it focuses on promoting individual behaviour change, oblivious of the equally significant social and cultural factors which influence human interaction and determine lasting behaviour change. Therefore, development practitioners felt the need to formulate an approach that captures the socio-cultural dimensions of the communication process. This resulted in what was termed Social and Behavior Change Communication (SBCC), a process whereby practitioners attempt changing people's knowledge, attitudes and social norms using varied techniques of communication [7]. SBCC emerged in the 1980s and was grounded in behaviour change theories such as the Theory of Reasoned Action, Theory of Planned Behaviour, Diffusion of Innovations and the Health Action Process Approach [7]. But it was not until the late 1990s that SBCC gained the attention of many health communicators. This model of communication moved away from the top-down approach which had the individual at the centre of the process, to a participatory, society-centred approach which recognized individual behaviour in the context of one's environment and the complex socio-economic systems that control the individual's behaviour [8].

The World Health Organization defines SBCC as a planned and systematic process that entails designing and implementing communication interventions aimed at promoting positive social and behaviour changes among individuals, communities and societies [9]. This approach is anchored on the realization that behaviour is not solely determined by individual factors but by social, cultural and environmental factors as well, and that in attempting to effect changes in attitudes, all these factors must be factored into the communication process. Therefore, SBCC interventions are often formulated to cater for many levels of influence which determine behaviour change and makes use of multiple channels of communication, messages and techniques [10]. As an approach which is evidence-based and grounded in theory, SBCC programmes are directed by existing data and adopt systematic processes that entail analyzing a problem, defining barriers and motivators to change and designing comprehensive interventions that are tailored towards promoting the needed behaviour change [11].

By its nature, SBCC is an interactive approach which integrates

mid-media, interpersonal communication with the mass media. It addresses the complexities associated with the planning, design, implementation, monitoring and evaluation of health communication programmes [12]. It is frequently adopted for health promotion where it proves effective in overcoming barriers to change and facilitates the adoption of preventive and promotive health practices. SBCC is hinged on Bronfenbrenner (1979) Social Ecological Model which suggests that human behaviour is complex and controlled by factors beyond the individual's control. It draws on varied disciplines including sociology, psychology, communication and behavioural economics. Therefore, it is useful in assisting development practitioners and policymakers to design more effective programmes tailored towards decreasing poverty and fighting inequities in the development process (Breakthrough Action 2016).

Evidently, SBCC has over the years proved a useful approach in the adoption of positive behaviours in health, education, environment and agriculture. In this regard, academic institutions of higher learning and professional organisations are increasingly taking interest in incorporating SBCC into health and social science courses of study [13]. Many tertiary educational institutions across the world, are adopting it either as a full-fledged programme of study, or are mainstreaming concepts of SBCC into their curricular. Undergraduate and graduate courses of study in public health, communication, and social work often benefit from SBCC mainstreaming [13].

In Africa, South African universities are leading proponents of SBCC programmes of study with the University of Witwatersrand in Johannesburg being one of the pioneers. The University offers a two-year Master of Public Health programme in SBCC [14]. South Africa aside, Ugandan and Nigerian universities are equally popular nursing beds for SBCC education and research. The Makerere University in Uganda mounts SBCC courses as part of its Bachelor of Journalism and Communication programme. With funding support from the United Nations Children's Fund (UNICEF), the American University of Nigeria (AUN) announced the commencement of a new Master of Science degree in Communication for Social and Behaviour Change in September 2022 [15]. The Malawi University of Business and Applied Sciences (MUBAS) also has a Master of Arts (MA) programme in Health and Behavioural Change Communication at the School of Education, Communication and Media Studies [16].

Universities in Ghana have largely lagged behind in mounting either courses or full-fledged programmes in SBCC. In 2012, the Department of Communication and Information Technology (DCIT) of the University for Development Studies (UDS) was accredited to offer Bachelor of Science (BSc.) and Diploma programmes in Social Change Communication. It has since then been mounting both Diploma and BSc. in the programme. Recently, the Department added an MA, Master of Philosophy (MPhil) and Doctor of Philosophy (PhD) programmes of study in Social Change Communication [17]. The University of Cape Coast (UCC) also offers a Second Semester Level 300 course titled

Social Behavioural Change Communication in Population and Health while the Department of Social and Behavoural Sciences, School of Public Health of the University of Ghana, Legon also organizes short courses in SBCC [18].

Clearly, efforts aimed at mounting SBCC courses and programmes in Ghanaian universities have been few and far between. Also, mounting one or two SBCC courses as in the case of the University of Cape Coast, or short courses as with the University of Ghana may not fully address deficiencies in SBCC skills set of Ghanaian university graduates. After all, and Rudolph and Obregon and have noted that short-term training of professionals in a particular field of study often fails to solve the institutional gaps and human retention challenges that bedevil African institutions [19-21].

Perhaps the boldest attempt at introducing SBCC into a Ghanaian university curricular commenced in the 2020/2021 Academic Year, when the Department of African and General Studies (DAGS) of UDS mainstreamed SBCC courses into its MPhil and PhD in Development Communication programmes. As one of the first tertiary institutions in Ghana to mount a full-fledged SBCC programme of study, it is essential to share the experiences of faculty and students in teaching and learning this novel area of knowledge. Beyond sharing the experiences of faculty and students of the programme, this study assesses the extent to which lecturers handling the courses abided by facilitation methods recommended for SBCC, challenges encountered in rolling out the programmes and lessons to be learnt from the entire process of mounting SBCC programmes and courses of study at the tertiary level.

Research into the teaching and learning of SBCC in higher educational institutions in Ghana is rather scanty. Christo fides et. al (2013), one of very few studies into the introduction of SBCC into a tertiary institution in Africa, examines a partnership between the University of the Witwatersrand (Wits) and Soul City Institute, an NGO, in offering SBCC training to health workers. The study examined the nature of the partnership that led to the training, the curriculum and funding sources for the training. However, the study fell short of assessing the quality of the teaching and learning process, to determine how beneficial it was to the health workers who subscribed to the process. Since learner-based approaches to teaching and learning recommends the involvement of learners in assessing the quality of the process, this study focuses on the experiences of learners and faculty in the rollout of the SBCC within DAGS of UDS.

1.2 The Study of Sbcc in Tertiary Institutions

Have long established that strengthening health promotion and capacity in SBCC are key initiatives towards enhancing healthcare delivery within the global south. argue that students who have training in SBCC are better equipped to engage in effective communication with patients, peers and members of the public leading to improved health outcomes [22-24]. For Fourn et al. (2020), students trained in SBCC are better positioned to communicate and influence behaviour change. SBCC broadens the students' scope in practical experience, especially where teaching

of the discipline is in partnership with external organizations and communities. showed that SBCC interventions in tertiary institutions can increase knowledge, attitudes, and behaviours related to health among students [25]. Similarly, found that SBCC interventions in tertiary institutions can promote positive health behaviours among students, such as increasing physical activity and healthy eating habits. Lundy et al. (2018) contends that courses in SBCC equips students with audience analysis, message development and communication planning skills which are essential in developing effective behaviour change interventions [26].

As a tertiary programme of study, SBCC focuses on training students to critically and logically use their knowledge and skills to explore ways of mainstreaming communication processes, strategies and approaches into development policies, programmes and projects as a means of promoting sustainable development interventions, [9]. As a result of this, there is a great demand for SBCC expertise across the private, public and voluntary sectors in roles relating to policy, practice and research.

Though civil society organisations (CSOs) and some NGOs have been building the capacity of health workers in SBCC, evidence suggest that such training is better offered by tertiary institutions. For Obregon and, collaborating with higher education institutions in rolling out SBCC training for healthcare workers is essential to attaining sustained and long-term goals of health communication [21]. In this regard, various governments and NGOs in the global south are exploring ways of partnering universities to upscale training in this important field of study [19,21,27]. In recognition of the fact that there is a gap between theoretical knowledge and practical skills training, many universities across the world are also adopting competency-based education (CBE) approaches in their curricula. This has brought in its wake an increased adoption of SBCC training in universities across the world [28,29]. suggest that once university programmes are accredited, trainees can use their certificates to enhance their professional growth compared to NGO training which comes without any accreditation. Besides, universities standardize their programmes which are also structured for longer-term training, unlike NGOs whose programmes are donor-driven and may not be sustained beyond a particular donor funding stream [21]. however, cautions that graduates of SBCC training may become frustrated and lose their skills if they do not apply such skills in work environments after the training[19]. Therefore, a better approach is a collaboration between academic institutions and industry. However, such collaboration requires the building of trust, creation of institutional cultures which are supportive of evidence-based communication and ensuring that the academic institutions, rather than industry, own the training process [19].

Contrary to evidence which suggest that there is much to be gained through the study of SBCC in tertiary institutions, some skeptics argue that SBCC is not a broad enough discipline and cannot be developed into a robust academic programme of study. They further contend that since SBCC concepts do not address the broader

social and economic challenges of development, graduates of the programme may lack the requisite knowledge and skills required to address the root causes of health and social challenges share this view, and add that SBCC could not stand alone as a programme of study since it cannot by itself be applied in achieving the desired behaviour change [31]. In view of its narrow scope, Nicola et al. (2013) believe that one does not require a long period of learning to grasp SBCC concepts. They indicate that health promotion campaigns have been rolled out successfully in many communities without requiring the beneficiaries to undertake long periods of tutelage. Therefore, their verdict is that undertaking short courses of study would sufficiently fill any knowledge gaps in SBCC, rather than mounting full-scale programmes in the discipline. Mubarik et al. (2020), on the other hand, is worried that because of the diverse of disciplines that make up SBCC, varied departments within a tertiary institution may be offering SBCC courses without proper coordination. They contend that this may lead to a lack of consistency in teaching and learning outcomes.

Another major argument against mounting of SBCC programmes of study at the university is that the approach lacks clarity on what exactly SBCC entails and the specific skills or knowledge sets it would enhance in graduates who offer it. For a lack of clarity surrounding its contribution to knowledge could lead to confusion among students and employers [32]. Similarly, some criticize the approach as lacking sufficient evidence of its effectiveness. They contend that there is limited evidence of the impact of this approach and that SBCC is used as a catch-all phrase for varied interventions that are not evidence-based. For such critics, the paucity of evidence in support of the effectiveness of SBCC interventions could manifest itself in lack of rigour in academic programmes if it is offered at the university [33,34]. Therefore, as a discipline, SBCC would not be well-grounded or rigorous enough to merit award of academic certificates (Laverack and Labonte, 2019). Cargo and Mercer (2000) were worried about duplication of already existing disciplines if SBCC is mounted as a separate area of study. They argue that a number of existing programmes and interventions such as community-based participatory research are focused on the social and behavioural change that SBCC professes to address corroborates this view indicating since SBCC is anchored on communication, psychology, sociology, behaviour economics and others which are already on offer at the universities. Therefore, mounting a separate programme of study amounts to duplication of efforts and resources [31].

Others are also of the view that SBCC is not even a profession in its own right, and, therefore, does not require formal training or certification. According to public health, social work and communication professionals hardly require SBCC degrees to enable them apply SBCC concepts in their areas of work [32]. In this regard, concluded that the SBCC graduate may have limited career opportunities since many organizations who are already staffed with SBCC-skilled personnel, may not recruit those who are certificated in it [35]. This view is contrary to the finding of Health Communication Capacity Collaborative (HC3) (2015) to the effect that demand for SBCC professionals is increasing in

response to the need for behaviour change in areas such as health, environment, and education.

It appears most critics of this communication concept failed to undertake a proper evaluation of SBCC interventions and its teaching at the universities. What the critics failed to appreciate is the fact that SBCC evaluation is a multifaceted process that departs from the single activity or clinical approach that some often adopt in evaluating its impact [36]. Indeed, Do and argue that applying randomized controlled trials in the evaluation of a multiple communication intervention such as SBCC is not only unfeasible but unethical [37].

2. Methodology

This study was partly based on a mid-term evaluation of a UNICEF-funded SBCC project implemented by DAGS of UDS. The evaluation, which was undertaken to track progress in set targets against the actuals in order to inform the implementation process, adopted an ethnographic methodological approach by analysing the activities of social actors as they played their routine roles. To evaluate how various processes in different spaces influenced how lecturers teach SBCC and students' reception of SBCC teaching, we analysed the teaching encounter between lecturers and students as well as their trajectories in time and place. We recorded real-time unrepeatable lecture sessions and analysed the lecture room experiences.

The evaluation was in two parts. The first part assessed the development of staff capacity in SBCC through a training session organized for lecturers in the Department. We purposively sampled for interviews four lecturers who taught courses in SBCC during the 2020/2021 and 2021/2022 academic years. Their selection became obvious because in an attempt to determine staff knowledge on SBCC and relevant pedagogical approaches for teaching topics in SBCC, those who handled the curricular were best placed to share their experiences. The second part evaluated the teaching of SBCC courses from the point of view of learners (MPhil and PhD students who offered the courses). All five MPhil and three PhD students were selected for interviews. The teaching of four SBCC courses which were mounted during the First and Second Trimesters of the 2020/2021 Academic year were selected for the evaluation purposes. These courses were:

- i. MDC 501/701: Introduction to Social and Behaviour Change Communication;
- ii. MDC 507/707: Applying Social and Behaviour Change Theory to Practice;
- **iii. MDC 506/706:** Social and Behaviour Change Communication Approaches; and

iv. MDC 508/708: Planning and Implementation of Social Change and Behaviour Communication Programme.

Desk reviews were also conducted on documents and reports on the project titled: "Strengthened institutional capacity of Government and NGO partners in C4D to plan, implement, and advocate evidence-based SBCC". Two main analytical concepts which guided the study were circumferencing and recontextualisation.

The course descriptions/outlines for the four courses were also relied upon as secondary data. The evaluation on this aspect was done along the following thematic areas:

- i. Concepts/principles and approaches in SBCC covered in the course:
- ii. The relevance of Concepts/principles and approaches in SBCC to the course objectives;
- iii. Relevant teaching methods/techniques adopted;
- iv. Sources and ease of access to relevant course materials;
- v. Mode of assessing students' progress in the course;
- vi. Students' assessment of course delivery; and
- vii. The challenges encountered in teaching and learning SBCC.

2.1 The Project

In September 2019, DAGS of UDS sought the assistance of UNICEF for a curricular review of the Department's graduate programmes in Development Communication, with a view to making the programmes more responsive to current global development trends. Subsequently, UNICEF approved a project for DAGS titled "Strengthened institutional capacity of Government and NGO partners in C4D to plan, implement, and advocate evidence-based SBCC". The Project was aimed at equipping DAGS faculty with Communication for Development (C4D) strategies and empowering them with the necessary knowledge and skills to train students who would proactively engage communities to tackle

their developmental challenges. It was also aimed at building skills of students in SBCC by equipping DAGS lecturers with requisite skills and knowledge in the discipline. Under the partnership, UNICEF was expected to provide relevant financial and technical support to DAGS for training staff and mounting SBCC courses and programmes (DAGS/UNICEF Project Report, 2021).

A needs assessment revealed that the Department's graduate programmes were skewed towards development practice and not Communication for Development (C4D). The assessment also showed that the curricular lacked SBCC tools that would make students excel in C4D practice, and that the content of courses had no communication mobilization tools and techniques, neither did they have specific SBCC concepts, principles, theories, and practical modules on behaviour change, community engagement, social mobilization and community mobilization. Besides, DAGS programmes lacked training in Monitoring and Evaluation of SBCC activities to improve sustained behaviour on health, environmental and agricultural practices (DAGS/UNICEF Project Report, 2021).

Based on the gaps identified in the curricular of the Department, a UNICEF Consultant developed 11 SBCC courses for consideration of the Department. As indicated in Table 1 below, four of the courses were certificate courses with seven being diploma, eight each as undergraduate and graduate courses.

	Level of Education				
SBCC Courses	Certificate	Diploma	Undergraduate	Graduate	
Introduction to Social and Behaviour Change	✓	✓	✓	✓	
Communication					
Interpersonal Communication	✓	✓	✓		
Development of SBCC Action Plan	✓	✓			
Introduction to Social and Behaviour Change		✓	✓		
Theory					
Social and Behaviour Change Theory and				✓	
Practice					
Planning and Implementation of Social and			✓	✓	
Behaviour Change Communication Programmes					
Social and Behaviour Change Communication			✓	✓	
Approaches					
Communication, Media and Society				✓	
Research Methods for Social and Behaviour		✓	✓	✓	
Change Communication					
Monitoring and Evaluation of Social and		✓	✓	✓	
Behaviour Change Communication					
Practical Assessment with Feedback systems on	√	✓	✓	✓	
SBCC					

Source: DAGS/UNICEF Project Report (2021)

Table 1: SBCC Courses of Study at the Tertiary Level

Following finalization of the SBCC course content, an orientation for DAGS faculty was organized to improve their knowledge and skills in handling the new programmes. The orientation programme exposed lecturers of the Department to SBCC concepts, theories and principles. It also took the lecturers through practical techniques of handling various SBCC courses of study. Subsequently, the Department mainstreamed SBCC concepts into four of its MPhil and PhD Development Communications programmes during the 2020/2021 Academic Year. It also commenced in the 2021/2022 Academic Year, a Certificate Programme in SBCC.

2.2 Capacity Building of Staff

As part of the project implementation, UNICEF organized a virtual

training session for the teaching staff of DAGS. The training session aimed at introducing them to the components, concepts, principles and practical modules of SBCC. This was informed by findings from a baseline survey that was conducted by the UNICEF Consultant to ascertain gaps in curriculum and staff knowledge on SBCC. From the interviews with the lecturers who taught courses on SBCC, it emerged that the training provided useful insights on SBCC. It emerged that even though the Department had been running communication courses, the focus of these courses was on mass media and development issues. According to lecturers who were interviewed, the training was impactful as it offered them a broad overview of SBCC, helped them to identify key areas of SBCC to integrate into the courses they were already teaching,

and triggered interest among lecturers to research into SBCC. The training also offered lecturers an opportunity for self-examination of their teaching methodologies. As one of the lecturers interviewed noted: Prior to the training, some of us were handling courses in Communication for Development. But with SBCC, we had next to no knowledge at all on it. It [the training] more or less opened our eyes; it excited us into researching more (In depth Interview, June 2021).

However, the study also showed that the training failed to delve deep into the theories of SBCC, and hardly provided participants with hands-on skills on the concept because there was no demonstration of the practical components of the approach. One of the lecturers said: We are grappling with some of the theories and practical demonstrations. A handicap we have is that we do not also have the necessary practical tools. If you [only] read about them, it is not very helpful. If we had the training where the equipment were available and they took us through, it would have been more helpful (In depth Interview, June 2021).

The lecturers noted that SBCC is a technical area and as such the training ought not to have been a one-off event but a continuous process, focusing on practical sessions where case studies are presented. In terms of teaching techniques, the lecturers noted that the training provided useful guidelines. However, adopting these techniques would require experience and expertise in specific fields which staff of the Department lacked.

2.3 Assessment of Course Delivery

On the whole, all the students reported that the topics treated under each of the courses were relevant to the course objectives. A student remarked, "the topics provided insights into SBCC and provided a systematic guide to implementing SBCC programmes and the necessary approaches to adopt to ensure programme effectiveness" (In depth Interview, June 2021). Three main teaching methods, namely lectures, student projects and case studies, were used in delivering the courses in class. The lectures were mostly delivered online, with very few instances of face-to-face encounters. The virtual lectures were adopted as a result of the COVID-19 pandemic which proscribed face-to-face lecture sessions. Though innovative, online sessions had its own challenges especially poor internet connectivity. In addition, lecturers could not monitor the attention levels and participation of students during these virtual lectures

The case study method was also used to deliver lessons on some topics. They took the form of hypothetical scenarios where the lecturers engaged students in discussions on the issues presented and applied SBCC concepts to the scenarios enacted. Student projects were adopted as a mode of encouraging students' participation in the course delivery. Under this method, students were given topics to research on and make presentations in class as a form of peer instruction. Both lecturers and students interviewed were unanimous on the fact that the teaching and learning process would have been greatly enhanced with the inclusion of more practical techniques such as field trips and demonstrations.

Generally, students gave positive assessment of lecturers' handling of all four courses of study. The students were required to indicate, on a score of 1 to 5, their assessment of various aspects of the course delivery in each of the four SBCC courses. The value 1 represented "Very Good" assessment, 2 stood for "Good", 3 for "Average", 4 meant "Poor" while 5 was interpreted as "Very Poor" course delivery. Majority of the students interviewed graded their lecturers in 14 key areas of assessment as follows:

	Rating					
Area of assessment	Very	Good	Average	Poor	Very	
	Good				Poor	
Lecturer gave assignments which facilitated	✓					
understanding of SBCC						
Presentation of course overview and relevant	✓	✓				
references						
Course content has increased knowledge about	✓	✓				
SBCC						
Course content covered on schedule	✓	✓				
Thorough knowledge of SBCC demonstrated by	✓	✓				
lecturer						
Lecturer followed the course outline	✓	✓				

Table 2: Students' assessment of lectures

Source: In depth Interview (May, 2021)

As Table 2 shows, all the students felt that assignments given them in all courses facilitated their understanding of the SBCC areas of study. In the light of complaint by the lecturers that equipment for practical demonstration were unavailable, it was not surprising that students rated availability of equipment and tools for practical work as either average or poor. Students also rated as either "Good"

or "Average" the availability of reading materials. However, they highly commended lecturers for appropriateness of course contents, promptness of finishing course contents, adherence to course outlines in teaching, lecturers' knowledge of course content and teaching methodology.

2.4 Mode of Assessing Students' Progress in The Course

The focus of this aspect of the study was not students' performance in examinations. Instead, we examined the assessment techniques employed by lecturers to ascertain students' comprehension of the key issues presented in each course which was delivered. It emerged from the study that students were assessed using three main methods:

- i. Student presentations in class;
- ii. Submission of written assignments; and
- iii. Group projects.

Each student was accorded the opportunity to participate in each one of these assessment modes. On average, the lecturers ranked the students' performance in the courses to be above average.

2.5 Challenges Encountered in Teaching and Learning Sbcc

Both students and lecturers identified major challenges they encountered in teaching and learning the new SBCC courses of study. The main challenges were inadequate access to context relevant and up to date reading materials, lack of appropriate equipment/tools for practical demonstrations of SBCC, inadequate expertise in SBCC, lack of opportunities for field trips and the short interval between the time lecturers were trained on SBCC, curriculum development and commencement of actual teaching of SBCC. The challenge related to relevant reading materials was the cost involved in accessing these materials online which prevented both lecturers and students from obtaining them. One lecturer lamented: Majority of the books that I recommended, I myself didn't even have them. But I was hoping that they [the students] may be able to search for such material. Unfortunately, they complained of inability to lay hands on any of my recommended books and articles (In depth Interview, June 2021).

A further challenge in relation to access to materials was the fact that there were no context specific reading materials. A lecturer reported that many of the materials on SBCC drew examples and illustrations from contexts that are not African, making it difficult to relate the issues dealt with in such materials to the African context. It also emerged from the study that even though SBCC emphasized practical demonstrations, the Department lacked the requisite equipment/tools for the purpose. Simple tools such as recorders and cameras were unavailable. Closely related to this challenge was the fact that lecturers also had no training on how to operate such equipment. In the words of one of the lecturers: If you have to read about how to prepare a documentary, someone will [have to] take you through the various stages. You can't just read the practical steps in say radio drama, editing of leaflets, etc. and use that knowledge to teach students. We lack capacity to practically train our students on SBCC (In depth Interview, June 2021).

The responses from the students corroborate this challenge expressed by the lecturers. Students complained that applying the concepts practically was challenging and confusing, and that some of the theories sounded very abstract and could not be easily grasped. The lack of opportunity for field trips was reportedly due to two main factors. First, COVID-19 protocols demanded

social distancing protocols to be observed. Second, there were no suitable institutions for practical learning within the University's immediate community. As a lecturer stated "If you're making a field trip, you should make it to an area where you'll find SBCC in practice. There are very few of those within our area" (In depth Interview, June 2021).

Another challenge on the teaching and learning of SBCC was the fact that there was very limited time available for rolling out the various stages of the project. According to one of the lecturers, not much time was allowed between the preparatory stages which entailed capacity training and curriculum development, and the teaching of SBCC courses. This posed a challenge both to the Department and to the individual lecturers who taught courses on SBCC. The Department could not acquire the requisite equipment/ tools and relevant books to facilitate the teaching of the courses. Lecturers, on their part, were constrained by the short time available for research and learning on SBCC. This limited the extent to which they could appreciate the SBCC concepts prior to handling the students.

3. Discussions of Lessons Learnt

Taking inspiration from the WSPH-Soul City Institute SBCC training programme (Christofides et al. 2013) the DAGS-UNICEF project began with a programmes audit and a needs assessment of potential students. Indeed, beyond this, the DAGS-UNICEF project audited the capacity gaps of lecturers and addressed their capacity deficiencies before the programmes were mounted. In keeping with the findings of Christofides et al. (2013), the DAGS curriculum included aspects of C4D and Health Communication. However, DAGS did not feature Health Promotion which is an essential area of SBCC course structure. Besides, the curriculum failed to expose students' to anthropology, sociology, political science and marketing, areas of study which de-Graft et al. (2010) considered useful to the SBCC practitioner. Also, the collaboration between UNICEF and DAGS which led to a rollout of the SBCC programmes is in keeping with the advice of Waisbord (2006), Obregon and and Van den that academic institutions should partner government, NGOs and CSOs in training SBCC experts to give them the practical experience required for effective practice. DAGS did not only benefit from the financial support of UNICEF [27,32]. Guest lecturers from the Aid Agency shared experiences with students and faculty. However, UNICEF was unable to support the students with the practical component of the training. This was partly a result of COVID-19 protocols which required social distancing.

Sustainability of SBCC programmes is an important consideration, based on Obregon and Waisbord (2012) admonishing that NGO-initiated trainings often fizzle out when donor funding dries up. One advantage of offering SBCC programmes in universities as against the training offered by donors and NGOs is in the sustainability of the programmes. The DAGS-SBCC programmes were given accreditation by the Ghana Tertiary Education Commission (GTEC) and, subsequently, became the University's recognised programmes of study. Therefore, the programmes

outlived the UNICEF funding which ended in December 2021. Since UDS owned the programmes, it advertised them, admitted students, engaged and paid the lecturers that taught the students and was responsible for all other resources required for running of the programmes. This was in keeping with who advised that collaborative efforts to train students in SBCC would only succeed where the academic institution takes responsibility for the training process by employing those who will be responsible for the training [19].

The capacity gaps which UNICEF found in DAGS lecturers are akin to capacity gaps identified by Flett, Haruna and van Graan (2008) in SBCC practitioners. Both this study and the earlier one identified theories of SBCC, concepts and approaches of communication for behavioural and social change as areas of knowledge deficiency for those who practiced SBCC. Unlike the earlier study, however, the UNICEF staff-capacity audit did not recommend training in public health issues including the epidemiology of communicable and non-communicable diseases. While Flett, Haruna aaand van Graan (2008) recommended training in the social, cultural, political, and economic conditions of societies which are to benefit from SBCC practice, the DAGS course structure did not accommodate these disciplines. also postulated that for an academic institution's partnership with practitioners to successfully deliver SBCC training, the training institution must have evidence-informed modes of communication [19]. Contrary to this finding, DAGS did not employ any evidencebased communication systems that would facilitate the training process. Indeed, interviews with lecturers of the programmes revealed that they lacked basic communication training gadgets that would have made it possible to have the recommended evidence-informed communication. A major weakness of the DAGS-SBCC project was its lack of practical demonstrations to facilitate training of students. This is in the light of examples of similar trainings offered by other universities which emphasised the practical delivery mode of training [38-60].

4. Conclusions and Recommendations

Many useful lessons may be learnt from the DAGS-UNICEF experiment in mounting SBCC programmes of study at UDS. To begin with, both lecturers and students from the onset realised the deficiencies in their Development Communication programmes which the inclusion SBCC could address. Therefore, partnership between UNICEF and DAGS was key in advancing the process since each partner brought its resources and experiences to bear in training the students. Though students lauded the training process, it was clear that numerous challenges made the process less effective. The one-off training programme organised for lecturers did not sufficiently prepare them for classroom instruction. More especially, there were no practical demonstrations on SBCC project planning, implementation, monitoring and evaluation. Poorly trained and ill-equipped with practical training tools, the lecturers virtually abandoned the all-important practical training component of SBCC. Aside the deficiency in the practical training component of the programme, lack of reading materials on the discipline short-changed students' skills-acquisition. These initial

implementation challenges notwithstanding, both lecturers and students expressed optimism about SBCC concepts being taught in the Department, and the students gave an impressive evaluation of the lecturers' modes of instruction.

To ensure effective training for professionals in SBCC, university faculty need extensive skills-upgrading prior to mount programmes of study. Besides, institutional partnerships with universities is encouraged to ensure experience-sharing in the training process. Institutions which sponsor the mounting of SBCC programmes must resource ill-equipped universities with the requisite tools to ensure quality training. Both universities and their sponsoring institutions must also invest in research and reading materials on SBCC.

Areas for Future Research

Future research may consider assessing the performance of trained SBCC practitioners in varied fields of development, especially in the health sector. With few tertiary institutions in Ghana waking up to the call to mount programmes in this novel field of study, it is worth establishing the degree to which products of these programmes are meeting the capacity needs at institutional levels. One may also wish to undertake a study that measures the impact of academic training in SBCC, vis-à-vis short-term trainings and institutional capacity-building programmes offered by NGOs and other development agencies.

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