

Strengthening Healthy Behaviour Through Communication Impulse: A study of Communication Intervention in St Murumba Automobile Unit, Jos Metropolis.

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Abstract

Communication has become an indispensable construct in the 21st century and its pedagogical impact in helping us understand and make sense of our environment is estimable. Considered as catalyst for behaviour change, communication has become an integral weapon in the fight against infectious disease particularly those that are dependent on human behaviour. However, the intricate nature of human behaviour requires suitable and comprehensive communication approaches that take cognisance pertinent variables like context, individuals and location. It is against this background that Social and Behaviour Change Communication (SBCC) is deemed continuously evolving because it encourages new approaches of communicating behaviour change for positive outcome. Bearing this in mind, this study explores an aspect of SBCC called practical session to address hand washing behaviours among automobile mechanics in St Murumba automobile unit Jos metropolis. It also underscores the integral role of healthy behaviour in the pursuit for good health, SBCC in communicating healthy behaviour, handwashing and techniques for effective hand washing exercise. To this end, the study deployed quantitative method and on account of the data collected, communication intervention in the form of practical session was held on effective handwashing among target beneficiaries. The study concludes that practical session in SBCC intervention is very effective especially when strengthening healthy behaviour and optimal maximization of time is in view.

Keywords: Communication, Healthy behaviour, Hand washing, and Practical session

Introduction

The maxim 'health is wealth' is a successful attempt which mirrors the value of good health particularly when it is taken literally. Suffice to say there can be no prosperity both at societal and economic levels in the absence of good health. The correlation between health and wealth is sparsely a subject of debate and documented evidence show universal agreement on this matter. While explicating the reality of this correlation in Europe, McKee et al (2009 pp. 349) hold that,

"Recent analyses of high-income and transition countries in Europe updated for the Tallinn conference identified four pathways by which health could increase economic growth. First,

healthy people are more likely to be employed than those in poor health, with less sickness absence, and a lower probability of early retirement. Second, when at work they are likely to be productive. Third, because healthy people can expect to live for a long time, they might invest time and money in their education, itself a driver of economic growth. Finally, for the same reason, they can save much for retirement, providing money for capital investment".

Acknowledging this correlation has informed invested efforts to improve healthcare hence different insurance schemes, gigantic healthcare centers (HCC), and top-notch medical facilities have been put in place as impetus for guaranteed good health. (Peters et al 2008; Kim et al, 2013). However, arguments abound that efforts in this direction only address one side of the coin hence the view is conceptive of good health and the efforts to improve it as a multifaceted construct where healthy behaviour is an indispensable counterpart.

Healthy behaviour which is a function of health literacy, adherence, and compliance has been identified as pivotal in the overall pursuit for good health. Patrick et al (2012 pp.1) succinctly concurs that,

An impressive body of research has provided convincing evidence for the pivotal role of behaviour in well-being, morbidity, and mortality, as well as health care costs. Indeed, some estimates indicate that nearly 3/4 of all health care costs are attributable to chronic diseases resulting from health behaviours.

This argument considers the component of human behaviour from the standpoint of compliance. Conceived as the degree to which patient's behaviour favour prescribed medical recommendations, compliance is indicative of patient's willingness to not only visit healthcare centres (HCC) but adhere strictly and promptly to physician prescriptions at an individual level. The understanding that maintaining good health requires counterpart endeavour fuels the need to advocate for societies that are not absolutely dependent on HCC but are ardent adherers to well-researched medical recommendations. Though integral to positive health outcomes, adherent behaviour which is also conceived as healthy behaviour in this paper is arguably the toughest to conquer in the pursuit for good health. Stonerock et al (2017) corroborates that, some estimates in general medical populations suggest that up to 40% of patients do not adhere adequately to physician instructions, with the prevalence rate rising to 70% or more when significant lifestyle modification or complex behaviour changes are required. In reality healthy behaviour embraces more than compliance physician prescriptions; in fact, it deals more with obeying every ounce of medical recommendation, grounded in research on best practices for healthy outcome (Wentzel et al, 2021).

Conceived as the best buy in medicine, healthy behaviours remain the cheapest way to not only deal with the causes of ailments but to prevent illnesses from occurring in the first place. Worthy of note is that medical recommendations and responsive behaviour have proved effective in dealing with some dreaded diseases in developing countries like Nigeria where access to good healthcare is an issue of concern (Allan, 2016). It is true that most health-related experiments, discoveries, recommendations, and conclusions are achieved in laboratories hence without a vehicle to transport them to consumers, it remains redundant. It is against this backdrop that communication have been deemed an indispensable component in the pursuance of good health globally. Communication remains a necessity because of the integral role it

plays in disseminating medical information and ensuring favourable repose to health-related matters. This is because no breakthrough in the battle for good health would make notable impact unless it reaches the target audience. Therefore, communication has gained appellation, especially in the 21st century where diverse threats to human health abounds, endangering the world's growing population (Hinyard et al, 2007).

Indeed, the role of communication in health transcends information delivery of medical breakthroughs; studies have proven it to be a key catalyst for persuasion towards healthy and responsive behaviours. The role of communication in enforcing and maintaining healthy behaviour have made Social and Behaviour Change Communication prominent in health interventions. Conceived as a systematic, evidence-based, and consultative process, Social and Behaviour Change Communication (SBCC) has become a popular model for addressing knowledge gaps and enforcing positive attitudes through communication. The processes are embrasive of suitable communication channels which are engrained in participation, guided by good strategies, and aimed at providing useful health information and adequate persuasion for positive behaviour (Agrawal, 2014). SBCC has become the ideal when effective communication for persuasion and behaviour change is concerned. In fact, the testimony of its impact on renown health challenges in developing countries of the world is a stern prove of its efficacy (Mugisa, 2012; Amoran, 2013; Castle, 2019).

However, it is instructive to note that difference in individual, communal and societal behaviours constitute the determining factors for the kind of communication approach that is deployed during SBCC intervention. This implies that the dimension of any SBCC intervention would certainly be determined by the kind of behavioural challenge it intends to address. Consequently, to achieve positive outcomes through SBCC, the facilitator/expert must be sagacious enough to not only understand the behavioural challenge but the target beneficiaries and their communal complexities (Snyder, 2007; Dupas et al, 2011). Nigeria represents one of the countries in the world with cultural and communal complexities which has made SBCC suitable in communicating behaviour change to her populace. In fact, documented evidence proves that SBCC has made notable impact in strengthening healthy behaviours among her rural populace. Studies on the impact of SBCC in the areas of open defecation, fight against malaria and cholera are exemplary in this regard (Young, 2017). However, one area that has suffered neglect and has remained dogged despite evidence of accessibility to educative information is handwashing behaviours. The case is worse in Nigeria and the scenario in the automobile unit of St Murumba Jos affirms this fact. The irony remains that the automobile unit in question is domiciled in a metropolitan area where information on handwashing is arguably available. More so, the outbreak of the famous COVID-19, made handwashing a matter of urgency and importance globally hence it is mind-boggling why compliance to handwashing is very low in the study area (Amegah, 2020).

Handwashing is an essential etiquette for automobile mechanics especially those in Nigeria who seldom use safety equipment like hand gloves. The nature of their work requires interaction with

chemicals that are hazardous to human health hence handwashing is one of the key medical recommendations for maintaining good health. Considered as the sector in the society that render car repair and maintenance services, automobile mechanics are exposed to dangerous compounds like benzene since nitrobenzene is used in manufacturing lubricating oil deployed in servicing cars. Other chemicals like diesel and fuel constitute some chemicals that they encounter on daily basis. Ironically, some of these chemicals like fuel has been documented as one of the handwashing agent automobile mechanic use for handwashing even though its intake and use have been proved as primary sources of poisoning. These neglect and carefree behaviours are responsible for the unconscious intake of these chemicals with symptoms like irritability, rashes, to mention a few (Ajani, 2011; Abdulsalam, 2015; Ofonime, 2016).

Nigeria's transport system thrives on importation of fairly used cars which often require repairs and servicing hence automobile mechanics especially those in the metropolitan centers are encumbered. Despite exposure to daily health risk and the potentials of handwashing in addressing these risks, handwashing is still one of the issues suffering neglect among automobile mechanics in St Murumba unit and by extension Nigeria (Nduka et al, 2019). These begs the question, is handwashing communicated regularly to the automobile mechanics in St Murumba, Jos metropolis? How is handwashing communicated and the awareness of the automobile mechanics in the unit? What is their understanding of effective hand washing and do they have access to hand washing facilities in their unit? These arguments and questions form the premise for this paper which is concerned primarily with communication impulse in strengthening handwashing behaviour among automobile mechanics in St Murumba, Jos metropolis.

Healthy Behaviour and Handwashing

The imposing challenge of infectious diseases in the world have made prevention and disease control topical among health enthusiasts. Studies have identified the enormous burden of responsibility which these realities place on the global population. Behavioural alteration may appear simple but bears the lion share of prevention and disease control responsibility in the 21st century. In fact, Teyhen et al (2014) while addressing the fundamentals of health behaviour explicate that, around 45% of daily life consists of habits, and many of the key lifestyle behaviours that drive health outcomes have a large habitual component. Habits are defined as behaviours that are learned gradually as people frequently and consistently repeat a behaviour in the presence of stable context cues. A cogent difference between behaviour and habit is frequency, behaviour denotes human response to daily activities and happenings which vary depending on the context, time, group, and place to mention a few (Reddy 2017). In fact, Zastrow et al (2019) elaborates that, human behaviour involves people's actions, conducts, and responses as they go through life. While habits do not necessarily respond to context because it is engrained in an individual, behaviour depends on the variables of context, time, group, and place to function.

These contexts can also take the form of social norm/environment which constitutes people's beliefs and expected behaviours. Consequently, in the right context, one can expect that the response of an individual would be favourable particularly when that context is persuasive about an expected behaviour. Healthy behaviour represents one of the expected behaviours which our societies depend on to maintain good health and well-being (Ball et al, 2010; Fischer, 2012). Healthy Behaviour is considered as many things but one common thread that binds the understanding of the concept is 'positive action'. According to Brown et al (2010), healthy Behaviour refers to the actions that individuals and groups undertake (or avoid) to maintain a healthy body and mind. Therefore, it is pertinent to underscore that the concept healthy behaviour is an endeavour geared towards maintenance of good health. Good health remains an undeniable desire of everyone but the greater responsibility that underpins that desire are positive actions. Therefore, it is this enormous responsibility of maintaining good health that has made healthy behaviour topical in health discourse.

A fundamental aspect of maintaining good health is what Kemp et al (2013) consider as primary prevention, they hold that actions geared towards entirely averting a disease through prevention efforts is called primary prevention. Handwashing among automobile mechanic falls in this category because of its potentials in reducing the intake of hazardous chemicals by automobile mechanics. Affirming the potency of handwashing among automobile mechanic, the study of Booth-Jones (2002) demonstrates that automotive mechanic trainees did have dermal exposures to Polycyclic Aromatic Hydrocarbons (PAHs) in Used Gasoline Engine Oils (UGEO), and that through a hand washing intervention and education, these exposures may be reduced. Hand washing is defined as any sanitary method that removes or destroys microorganisms, pathogens, or chemicals on the hand. It is well documented that the most important measure for preventing the spread and intake of pathogen is effective hand washing. According to Allwood et al (2004) hand washing is defined as wetting the hands, applying soap, rubbing the hands together vigorously for at least 20 seconds, and rinsing with clean water.

Pathogens are infectious agents or simply germ which are contact through an unclean environment of any nature. One of such environments is the human body, especially the hand; when these pathogens get onto hands and are not washed off, they can be passed from person to person and cause colossal mishaps. People frequently touch their eyes, nose, and mouth without even realizing that microbes from unwashed hands can get into foods and drinks while people prepare or consume them. Removing microbes through handwashing therefore helps prevent diarrhea and respiratory infections and may even help prevent skin and eye infections (Doyon et al, 2007). The amount of time spent washing hands is as important as the exercise itself because it reduces transmission of pathogens to foods, water, other people, and inanimate objects like door knobs, hand railings, and other frequently touched surfaces. The rigour in hand hygiene constitutes one of the reasons why it is not well-practiced and the case is worse for auto mobile mechanics who are compelled by the nature

of their jobs to engaged in hand washing. However, most auto-mobile mechanics in rural, suburban and urban areas are not well informed on the importance of hand washing and might not take it seriously without effective communication. It is against this premise that this paper finds importance because it establishes the paucity of communication on hand washing for good health and well-being among auto-mobile mechanics in Jos metropolis. Providing knowledge on how communication intervention can make an impact in this area.

Hand Washing Techniques

Hand washing techniques has become an integral aspect of hand washing because of the immense consequence that has followed inefficient hand washing world over. The need to meet human daily demands results in daily interactions between the need providers and the consumers hence the uncertainties that abound when one is not conscious about hand washing. Handwashing is therefore considered improper when it does not follow certain laid down techniques. The essence of hand washing techniques is primarily aimed at providing guidance which ensures that the escape of pathogens which is very possible during hand washing does not occur. The escape of such pathogen is often related to lack of thoroughness in hand washing process which ends up becoming one of the key pathways through which infectious diseases spread within a given period of time. Lal (2015 pp.13449) identifies some of these techniques;

“While washing hands with soap and water standard operative technique should be followed. If hand washing is not done properly then we can miss few areas. But no area should be missed during hand washing. Hands should be washed for a minimum of 15 seconds - longer if the hands are visibly soiled. To help people (especially children) wash long enough, one option may be to sing a short song such as "Happy Birthday" or "A, B, C" twice”.

Prominent among of the techniques for hand washing that have become famous in recent time is the application of alcohol substance. This technique has been proven by research to be very effective in disinfecting the hands and destroying existing pathogens that pose threat to human health. Even though soap remains one of the key recommendations for hand washing, the techniques deployed in scrubbing the hand and the areas that are

rubbed during the process is equally important (Loyfinejad et al 2020). Recent studies have shown that rubbing the fingers by interlacing them consciously during hand washing is an important hand washing technique. Also rubbing the arm which is mostly recommended for medical practitioners but not limited to them is another technique for hand washing that have become prominent, particularly in the face of COVID19 (Rundle et al, 2020; WHO, 2009).

Study Area

Jos is the capital city of Plateau state and is domiciled within the North-Central Zone of Nigeria. It is divided into three broad Local Government Areas namely Jos North, Jos East, and Jos South. However, for the purpose of this paper, Jos North was considered. Jos is chosen for this research because auto-mobile activities are highly prevalent within her environment. This is because the area houses a foremost tertiary institution (University of Jos) in the state and other government parastatals, hence some of the busiest and most active automobile units are domiciled in the city and St Murumba automobile unit is one of them. Therefore, the case study of this paper is restricted to St Murumba automobile unit

Methodology

This study is an interventionist one hence it deployed SBCC approach in addressing the problem of hand washing among automobile mechanics in the study location. Sensitization and practical sessions were deemed suitable for this communication intervention but this decision was not arrived at in isolation. In order to identify the suitable SBCC approach for this study, the researcher collected data from the beneficiaries and the decision to deploy practical session was made based on the data. Therefore, this study adopted quantitative research method to collect data hence a well-structured questionnaire was administered which provided adequate information that guided the choice of the SBCC approach. Using purposive technique, questionnaire were administered to the automobile mechanics of St Murumba unit and this was done randomly. Considering the total population of 220 automobile mechanics in the unit, the study used Roasoft sample size calculator to generate the sample size of the study. Therefore, the sample size according to the calculator was pegged at 140 sample hence questionnaire were administered and data collected. Consequently, at the confidence level of 95%, the return rate was favourable as 135 copies of the questionnaire were returned hence results, discussions, and conclusions were made based on this data.

Demographic Data for St Murumba Automobile Unit Jos

Gender	Frequency	Percentages
Male	132	97.8
Female	3	2.2
Total	135	100
Age		
15-25	31	22.5
26-35	45	33.3

36-45	38	28.1
46-60	21	15.6

Educational Qualification

<i>First school leaving certificate</i>	55	35.1
<i>GCE/SSCE/NECO</i>	16	11.9
<i>NCE/Diploma</i>	11	8.1
<i>Degree</i>	26	19.3
<i>Others</i>	16	11.9
	11	8.1

Marital Status

<i>Single</i>	56	41.5
<i>Married</i>	75	53.6
<i>Widowed</i>	3	2.2
<i>Divorced</i>	1	0.7

Religion

<i>Christians</i>	82	60.7
<i>Muslims</i>	50	37.0
<i>Traditional worshippers</i>	2	1.5
<i>Other</i>	1	0.7

How was handwashing communicated and the awareness of the automobile mechanics?	YES	NO
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Is hand washing communicated to you regularly?	19(14.1%)	116(85.7%)
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How often is hand washing communicated to you?

<i>Everyday</i>	17	12.6
<i>Once a week</i>	13	8.4
<i>Once a month</i>	27	17.8
<i>Once a year</i>	78	54.1

What communication channel was used to communicate hand washing to you?

<i>Radio</i>	33	24.4
<i>Television</i>	23	14
<i>Pamphlet/fliers</i>	45	39.1
<i>Seminars/Workshop/Practical sessions</i>	2	1.5
<i>Automobile Association/group</i>	32	23.7

What cleaning agents do you use to wash your hand?

<i>Fuel</i>	28	21.5
<i>Hydraulic</i>	7	4.6
<i>Water and soap/detergent</i>	35	25.9

<i>Water only</i>	65	48.1
How often do you wash your hands before intake of water or food?		
<i>Very Often</i>	7	5.2
<i>Often</i>	46	34.1
<i>Once a day</i>	77	57.2
<i>Not at all</i>	5	5
Is hand washing your lifestyle based on this awareness	24(17.8)	111(81.5)

do they have access to hand washing facilities in their unit

How do you access hand washing agents?		
<i>By borrowing from colleagues</i>	88	65.2
<i>My personal washing agents</i>	42	32.6
<i>Through automobile association/group</i>	3	7
<i>Through NGOs and agencies</i>	2	1.5
Do you have a hand washing stand at your workplace?	38(28.1)	97(71.1)
Have measures been taken to enforce hand-washing hygiene among members of this association?	37(27.0)	98(72.0)
Do you have regular water supply for hand washing?	55(40.9)	80(60.5)
Effective hand washing is difficult task to perform	79(50.3)	56(43.7)
The agents for effective hand washing are very expensive	89(65.9)	46(34.1)

Source: Researcher’s field survey, 2021

Result and Discussion

Socio-demographic characteristics of the sample

Respondents ranged in age from 15 to 60 years with the average respondents within the bracket of 26 to 35 years. The sample contained more men (97.8%) and the largest group of respondents fell within the ages of 25 to 35 (33.3%). Most of them were married (55.6%) and are first school leavers (primary education) (31.1%) who are mainly Christians and Muslims (60.7%) and (37%) respectively. Judging from the data, it is easy to understand one of the reasons why hand washing suffers neglect. The cumulative impact of unhealthy behaviour rarely manifest in people within the age bracket that dominates this study. Therefore, without efforts to communicate the reality of poor hand washing, it would be difficult to elicit healthy behaviours because evidence of its risk behavioural impact would rarely show among people within 26 to 35 years of age. This implies that there will be little or no sense of urgency with regards to expected behaviour change unless persuasive communication is introduced. This is in line with the thoughts of Cardi et al (2009) who aver that, in general, prevalence for higher cumulative risky health behaviours tended to occur in young and middle-aged adults. More so, the demography of the study was found not to favour education as most of the respondents (31.1%) are seen to only have primary school leaving certificate which means that they might not be able to read adequately.

Therefore, communication intervention, in this case, would have to take the form of spoken words and prompting actions if it will be effective.

Handwashing communication and the awareness of the automobile mechanics in St Murumba Jos Metropolis.

Paucity of communication on handwashing was found as an obstacle affecting healthy behaviour among the automobile mechanics in the study area. The largest group of respondents (85.7) indicated that hand washing has not been communicated regularly while a majority of (54.1) affirmed the frequency of this communication by indicating that they only access persuasive information on hand washing once every year. In fact, to make matter worse, majority of the respondents (39.1%) hold that pamphlets/fliers constitute the major channels used in communicating handwashing to them. This finding supports the arguments of Dupas et al (2009) who argue that the first possible explanation for why households in developing countries often underinvest in preventative health care is that there is a lack of information on illness prevention or on the effectiveness and cost-effectiveness of preventative behaviours. Judging from the demographic data, one can agree on the unsuitability of the communication channel that is often deployed in communicating with the respondents. This reiterates the need for reconnaissance survey to enable the deployment of appropriate communication channels when deploying SBCC.

Access to handwashing facilities in the automobile unit of St Murumba

The lack of handwashing facilities in the study area came as a huge shock to the researchers especially when one considers that this was a post-COVID-19 study. This implies that the necessary enabling environment for healthy behaviour around handwashing in the case study does not exist. A majority of the respondents (71%) affirmed that lack of handwashing facilities is a major factor that has made handwashing a very difficult behaviour to imbibe. This result affirms the argument of Musoke et al (2014) who hold that the lack of public facilities in some communities, which are predominantly used by the poor, is likely to affect the health-seeking practices of the population. This finding explains why it would be difficult to put enforcing strategies that encourage handwashing among the automobile mechanics as the majority of respondents (72%) affirmed. This is why a larger group of the respondents (50.3%) in the study area considers handwashing as a herculean task and their perception is valid because the lack of handwashing facilities certainly obscures the reality of the importance of handwashing and how easy it can be in the right context. The preliminary investigation carried out by this study and the data gathered, provided the premise for the choice of practical session as the suitable approach for this communication intervention. worthy of note is that this approach was not deployed in isolation rather a sensitization aimed at creating awareness on the importance of hand washing was conducted along the practical session but the focus of this paper is on the practical session.

Practical Session

Practical session as a construct is famously akin to the academic or educational setting hence it is a method of learning that informs 'teaching by doing. Here the idea is conceived from the vantage point of learning through observation and guidance. Speaking on the importance of practical sessions, Akinwumi et al (2020) corroborate that practical work stimulates learners' interest in the science subjects they are studying. When they are made to personally engage in useful activities, knowledge obtained through practical work and experience promote long-term memory that theory alone cannot do. Since majority of the respondents have been exposed to academic education to some degree, practical session was easy to deploy in the study area. Therefore, the data gathered through questionnaire was instrumental in providing a guide on matters to be considered both in the practical session and the sensitization on handwashing. However, for the purpose of this paper, the focus shall be on the practical session which is primarily concerned with hand washing. It is instructive to note that organizing this session presented a herculean task, particularly in terms of funding the intervention.

Practical sessions cannot be possible without apparatuses for experiment and training; the same was the case in this study. Therefore, in creating an enabling environment for the practical session every major handwashing facility was purchased with the sole aim of teaching the automobile mechanics and also furnishing them with it to maintain the behaviour. The materials comprise, handwash, hand towel, hand sanitizer, handwashing basin, brush, and buckets with tap. In order to conduct the practical session, the

study adopted the handwashing technique guide of World Health Organization (WHO, 2009) to carry out the exercise. This hand washing technique prescribes that for effectual result during hand washing, one must wet hands with water, apply enough soap to cover all hand surface, rub hands palm to palm, right palm over left dorsum with interlaced fingers and vice versa, palm to palm with finger interlaced, backs of finger to opposing palm with finger interlocked, rational rubbing of left thumb clasped with right and vice versa, rotational rubbing backward and forward with clasped fingers of right hand in left palm and vice versa and rinse hand with water, dry hand thoroughly with a single used towel and Use towel to turn off faucet (WHO, 2009; WHO, 2013).

Also, for hand rubbing techniques one must; apply a palmful of the hand washing product in a cupped hand, cover all surface of the cupped hand, rub palm to palm, palm over left dorsum with an interlaced finger and viz-a-viz, palm to palm with finger interlaced, back of finger with opposing palm with finger interlocked, rotational rubbing of left thumb clasped with right and vice versa, rotational rubbing backward and forward with clasped fingers of right hand in left palm and vice versa and Leave to dry. Below are illustrative picture from the practical session of this study.



Figure 1. The hands of automobile mechanic after car repair or servicing and the application of handwash respectively



The researcher teaching during the practical session and the compliance of the automobile mechanics respectively.



Hand drying using a hand towel and the end result respectively

Conclusion

Healthy behaviour is a counterpart construct in the pursuit for good health and communication impulse have a huge role to play in achieving behaviour change. Therefore, the conceptual framework of communication must transcend information delivery of medical breakthroughs and recommendations for good health and well-being. It must be symptomatic of well-grounded strategies which favours persuasive actions that aims at teaching and monitoring target audience for positive behaviour outcome. Therefore, this paper establishes practical session as an integral SBCC tool particularly when the communication efforts is geared towards strengthening healthy behaviours. Also, this approach from the study findings is deemed most suitable in urban settings because of the arguable availability and easy accessibility of information. Lastly, it helps in time management as most communication intervention among metropolitan technicians would often be at the expense of work time. Therefore, depending on the behaviour change that is intended, practical session favours adequate time management.

References

1. Allwood PB, Jenkins T, Paulus C, Johnson L, Hedberg CW. Handwashing compliance among retail food establishment workers in Minnesota. *J Food Prot* 2004;67:2825-8
2. Agrawal, P.K., et al (2014). Training manual on basic monitoring and evaluation of social and behaviour change communication health programs. New Delhi: Population Council.
3. Akinwumi, I. O., et al (2020). Effects of biology practicals on academic performance of secondary school students in biology in Ikere local government area of Ekiti State, Nigeria. *International Journal of Educational Research*, 4(10), 10-23
4. Brown T, et al (2009) *A Companion to Health and Medical Geography*. Chichester: Wiley-Blackwell.
5. Abdulsalam S, et al (2015). Comparative Assessment of Blood Lead Levels of Automobile Technicians in Organised and Roadside Garages in Lagos, Nigeria. *J Environ Public Health*. 2015: 976563
6. Ajani E.O, et al. (2011). Preliminary report on hepatic and cardiovascular risk assessment of automobile mechanics in Nigeria. *Afr J Biotechnol*;10(9):1705–11.
7. Allan JL, et al (2016). A Bidirectional Relationship between Executive Function and Health Behaviour: Evidence, Implications, and Future Directions. *Front. Neurosci.* 10:386. doi: 10.3389/fnins.2016.00386
8. Amron OE., (2013) Impact of health education intervention on malaria prevention practices among nursing mothers in rural communities in Nigeria. *Niger Med J*;54:115-22.
9. Ball K, et al. (2010) Is healthy behaviour contagious: associations of social norms with physical activity and healthy eating. *Int J Behav Nutr Phys Act*; 7: 86.
10. Booth J.D (2002) Evaluating the Effectiveness of a Hand-Washing Intervention on Dermal Absorption of Polycyclic Aromatic Hydrocarbons, DNA Adducts, and 1-Hydroxypyrene Levels in Automotive Mechanic Trainees. Thesis, University of Cincinnati.
11. Castle S, et al. (2019) Family planning and youth in West Africa: mass media, digital media, and social and behaviour change communication strategies. Breakthrough. URL: <https://breakthroughactionandresearch.org/wp-content/uploads/2019/09/Mass-Media-Literature-Review>.
12. Cardi M, et al (2009). Health Behaviour Risk Factors Across Age as Predictors of Cardiovascular Disease Diagnosis. *J Aging Health*.
13. Dupas, P. (2011). Health Behaviour in Developing Countries. *Annual Review of Economics* 3: 425-449.
14. Doyon, Set al. (2007). Intoxication of a prison inmate with an ethyl alcohol-based hand sanitizer. *N. Engl. J. Med.* 356:529–530.
15. Hinyard, L. J., et al (2007). Using narrative communication as a tool for health behaviour change: A conceptual, theoretical, and empirical overview. *Health Education & Behavior*, 34, 777–792. doi:10.1177/1090198106291963
16. Kim, T. K., et al (2013). Government health expenditure and public health outcomes: A comparative study among 17 countries and implications for US health care reform. *American International Journal of Contemporary Research*, 3(9), 8–13.
17. Kemp BJ., Et al (2004). *Aging with a Disability: What the Clinician Needs to Know*. Baltimore, MD: The Johns Hopkins University Press.
18. Lal, M. (2015). Hand hygiene: an effective way to prevent infections. *International Journal of Current Research* Vol. 7, Issue, 03, pp.13448-13449; ISSN: 0975-833X <http://www.journalcra.com>.
19. Lotfinejad N.et al (2020). Hand hygiene and the novel coronavirus pandemic: the role of healthcare workers. *J Hosp Infect.* doi:10.1016/j.jhin.2020.03.017

20. McKee M, et al (2009). Health systems, health, and wealth: a European perspective. *Lancet*. 2009; 373:349–51. PubMed: 19167573.
21. Musoke D, et al. (2014) Health seeking behaviour and challenges in utilizing health facilities in Wakiso district, Uganda. *Afr Health Sci*;14(4):1046–55.
22. Nduka JK, et al (2019) Health risk assessment of cadmium, chromium, and nickel from car paint dust from used automobiles at auto-panel workshops in Nigeria. *Toxicol Rep* 6:449–456. <https://doi.org/10.1016/j.toxrep>
23. Peters DH, et al (2007). Poverty and access to health care in developing countries. *Ann N Y Acad Sci* 2007, 1136:161–171. Epub
24. Reddy SMW, et al (2017). Advancing conservation by understanding and influencing human behaviour. *Conserv Lett* 10: 248–56.
25. Rundle, C.W. et al (2020). Hand hygiene during COVID-19: recommendations from the American contact dermatitis society. *J. Am. Acad. Dermatol.* 83, 1730–1737
26. Stonerock, G.L. et al (2017). Role of Counselling to Promote Adherence in Healthy Lifestyle Medicine: Strategies to Improve Exercise Adherence and Enhance Physical Activity. *Prog. Cardiovasc. Dis.*, 59, 455–462.
27. Snyder LB. (2007). Health communication campaigns and their impact on behaviour. *J Nutr Educ Behav* 2007;39;: S32-S40. DOI: 10.1016/j.jneb.2006.09.004
28. Patrick H, et al (2012). Self-determination theory: its application to health behaviour and complementarity with motivational interviewing. *Int J Behav Nutr Phys Act.*;9:18
29. Teyhen DS, et al. (2014). Key enablers to facilitate healthy behaviour change: workshop summary. *J Orthop Sports Phys Ther.* 2014;44(5):378–87
30. Young S. et al (2014). Healthy behaviour change in practical settings. *Perm J.*, Fall; 18(4): 89-92. DOI: 10.7812/TPP/14-018. 45.
31. Wentzel, A. et al (2021). Exploring Factors Associated with Diabetic Retinopathy Treatment Compliance Behaviour in Cape Town, South Africa. *Int. J. Environ. Res. Public Health* 18, 12209.
32. World Health Organization. (2013). Global action plan for the prevention and control of noncommunicable diseases 2013–2020. Geneva.
33. Wu T.Y., et al (2010). An overview of the healthcare system in Taiwan. *London Journal of Primary Care* 2010;3:115-9.
34. WHO (2009) Water, Sanitation and Hygiene standards for schools in Low-cost settings. available from: <http://www.who.int/water-sanitation-health/publications/wash-standards-school>. Pdf.
35. Zastrow et al (2007). *Understanding Human Behaviour and The Social Environment* (8th ed.). United States of America: Cengage Learning.