C-Modules

Communication for Change

A SHORT GUIDE TO SOCIAL AND BEHAVIOR CHANGE (SBCC) THEORY AND MODELS

C-CHANGE
COMMUNICATION FOR CHANGE

USAID
FROM THE AMERICAN PEOPLE

More Harm Than Good?

- When we set out to improve life for others without a fundamental understanding of their point of view and quality of experience, we do more harm than good. (Lauren Reichelt, Tikkun, Winter 2011)

Why use theories and models?

- Answers to key questions
  - Why a problem exists
  - Whom to select
  - What to know before taking action
  - How to reach people with impact
  - What strategies likely to cause change

Evolution of key concepts

Communication concepts a generation ago...

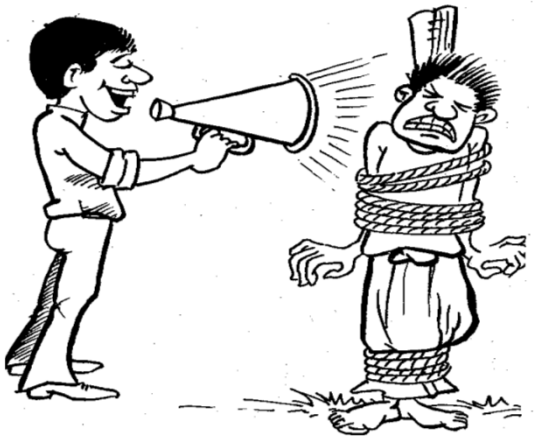
Expert (sender) sending information

to non-expert (receiver)

Transmission model: outdated

Transmission

Sender



Receiver

Influence flows in one direction only

Now: Communication as dialogue

Communicator

Communicator

Dialogue: Influence flows in both directions

Evolution of key concepts

- Older approaches tried to persuade individuals to change their health behaviors
- Newer approaches try to create an enabling environment to encourage healthy behaviors
- New approaches look for tipping points of change that need to address social change as much as individual behavior change

Core Theories

THAT HAVE FUELED THE CURRENT THINKING

Three levels of theory

Most theories can be sorted into three levels

Level of Change	Change Process	Targets of Change
Individual level	Psychological	Personal behaviors
Interpersonal level	Psycho-social	Social Networks
Community level	Cultural & Social	Community development

Source: Neill McKee, Manoncourt, Chin and Carnegie (2000)

Emphasis of some core theories

Theory	Emphasis
Individual level	
1. Health Belief Model 2. Reasoned Action – Fishbein & Ajzen 3. Stages of Change – Prochaska, DiClemente	Planned behavior, rational decision making processes (beliefs & subjective norms)
Fear Management – Witte	Interaction between cognition & emotion
Interpersonal level	
Social learning – Bandura	Social comparison, learning from role models, self efficacy
Community level	
Theory of Gender and Power Diffusion of Innovations - Rogers	Social influence, personal networks
Ecological Models	Behavior is a function of the person and its environment

More individual

More social

Individual level: Health Belief Model (1950s)

People form behaviors based on perceptions:

1. How severe is the illness?
2. How likely could I get it?
3. What do I benefit from trying to prevent it and how effective is the new behavior?
4. What keeps me from taking this action?

Application:

- Address personal risk perception and beliefs in severity of disease
- Identify key benefits and barriers to change and stimulate discussion
- Demonstrate potential positive results of change

Individual level : Reasoned Action (1960s)

People make decisions by:

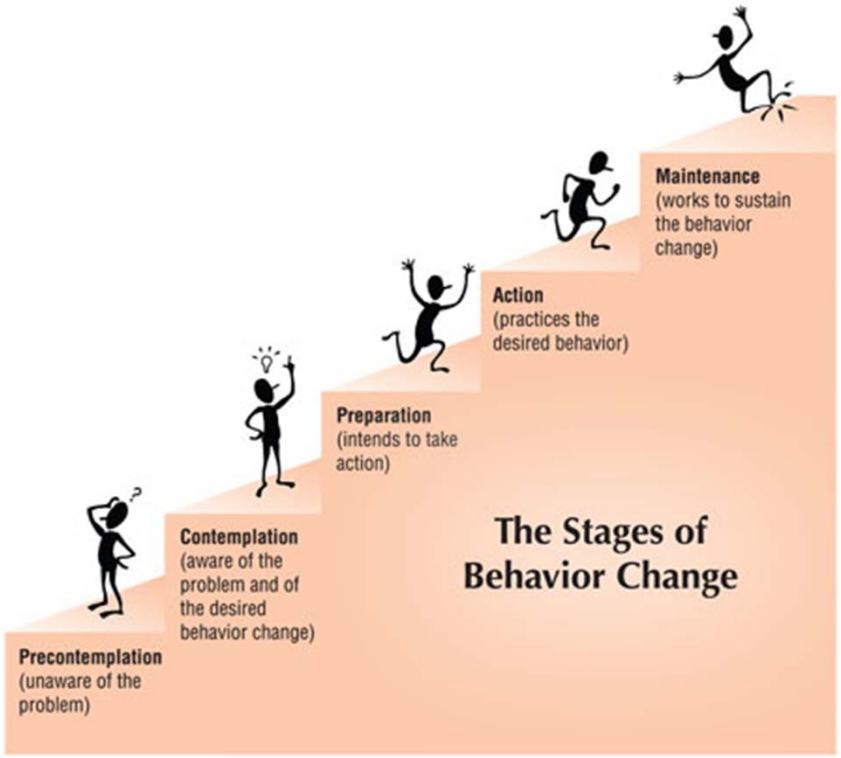
- Weighing the advantages and disadvantages of behaviors before deciding to practice it
- People base their intentions to act on two things:
  - their attitudes (whether performing the behavior is a good thing or a bad thing)
  - their subjective norms (whether other people around you are performing it and think that you should do that too)

Application:

- Identify motivators and benefits for action
- Create messages that can affect attitudes
- Identify audiences that influence the group your are trying to reach

Individual level: Stages of Change (1980s)

People making decisions by stage



Application

- Where is your audience with respect to the desired action?
- What information or messages do they need at that stage?
- Stage will dictate intervention
  - Pre-contemplative: generate interest
  - Preparation: develop skills
  - Action: form support groups
  - Maintenance: share stories with others to prevent relapse

Source: Carol Larivee (FHI 360)

Individual level: Fear Management Theory

People make decisions based on

- The Threat (fear)
  - Is the threat serious or severe?
  - Can it happen to me?
- The Efficacy (response)
  - Does the response work?
  - Can I do the response (self-efficacy)?
  - What blocks me from responding (barriers)?

Application:

- Find out about perceptions of fear and efficacy; based on that:
  - Increase perceived seriousness of the illness
  - Increase risk perception
  - Increase knowledge of solutions
  - Model response behaviors
  - Show how others have overcome barriers

Source: Kim Witte (2004) summarized by Douglas Storey—JHU-CCP

Interpersonal level: Principles of Social Learning (1970s)

People learn and decide how to act by:

- Observing the actions of others
- Observing the apparent consequences of those actions
- Checking those consequences for their own lives
- Trying out those actions themselves

Application:

- Identify key role models in the community
- Provide opportunities for them to model or talk about their behaviors
- Showcase role models and their actions through radio dramas, personal testimonials, community discussions

Key concept: Self-efficacy

- *A person's belief in their ability to achieve* a *desired* outcome
- Self-efficacy is *perceived* regardless of one's actual ability.
- If a person sees someone else performing a behavior but doubt their own ability to copy it, its not likely that the new behavior will be adopted.

Source: Adapted from A. Bandura, *Psychology Review 1977, Vol. 84, No. 2, 191-215.*

Summary of individual BCC theories

- List of eight conditions represented in all theories:
- One or more of these conditions must be true for a person to perform a given behavior: The person

1. Has formed a strong positive intention to act
2. Has no environmental constraints for the behavior to occur
3. Has needed skills to perform the behavior
4. Believes the advantages/benefits outweigh disadvantages of performing the behavior
5. Perceives more social pressure to perform than not to perform the behavior
6. Perceives that behavior is consistent with self-image and personal standards
7. Reacts emotionally more positively than negatively to performing the behavior
8. Believes that they can execute the behavior (self-efficacy)

Source: Fishbein, M et al. 1991: Factors Influencing Behaviour and Behaviour Change. Final report prepared for NIMH Theorists Workshop, Washington, DC

However,

- Psychological and psychosocial theories were very useful early in the HIV epidemic to identify individual transmission behaviors.
- But
- ....nearly all the individually based theories were developed in the West with little focus on the role of gender and culture.

Source: UNAIDS 1999: Sexual Behavioural Change for HIV: Where have theories taken us?

Community level: Theory of Gender and Power (1995)

People make decisions based on:

- Wider social and environmental issues surrounding women such as
  - Distribution of power and authority
  - Gender specific norms outside of and within relationships

Application:

- Assess impact of structural gender differences and social norms on interpersonal sexual relationships
- Investigate how a woman's commitment to a relationship and lack of power can influence her risk reduction choices

Community level: Diffusion of Innovations (1960s)

Innovations are spread through:

- Social networks over time
- The speed at which an innovation spreads depends on
  - What people think about the innovations and the people using it
  - How well the social network works

Application:

- Identify how audience thinks of the innovation
- Identify opinion leader in the network
- Identify messages that address concerns about the innovation
- Demonstrate what happens to others when they try the innovation

A shift in thinking

SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

Shift in thinking

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

Key facts about human behavior

- **People make meaning of information in their context**
- **Culture and networks influence people's behavior**
- **People can't always control the issues that determine their behavior**
- **People's decisions about health and well-being compete with other priorities**

SBCC has 3 characteristics:

1. SBCC is an interactive, researched and planned process
2. SBCC requires a socio-ecological model for analysis to find the tipping point for change
3. SBCC operates through three main strategies, namely
   a) advocacy,
   b) social mobilization, and
   c) behavior change communication

Steps:

1. Understanding the Context through Situation & Communication Analysis
2. Focusing & Designing the Communication Strategy
3. Creating Interventions & Materials for Change
4. Implementing & Monitoring Change Processes
5. Evaluation & Replanning for Outcome and Sustainability

Characteristic 1. SBCC is a Process

C- Planning

SOURCE: Adapted from Health Communication Partnership, P-Process Brochure, CCP at JHU (2003); McKee, Manoncourt, Chin, Carnegie, ACADA Model (2000); Parker, Dalrymple, and Durden, The Integrated Strategy Wheel (1998); AED, Tool Box for Building Health Communication Capacity (1995); National Cancer Institute: Health Communication Program Cycle (1989).

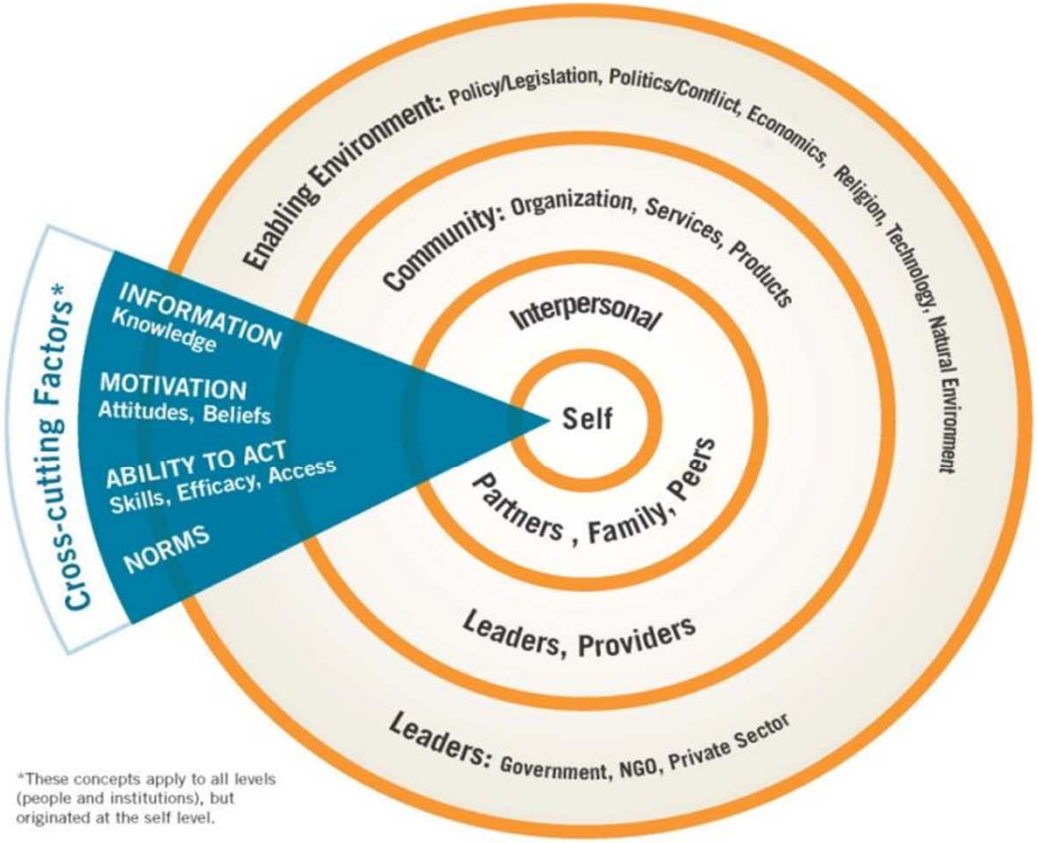
Characteristic 2: SBCC Requires a Socio-Ecological Model

Levels of Analysis: Where is the tipping point for change?

- **Self:** Who is directly affected? **Partners, Family, Peers:** Who is directly influencing "self"?
- **Local Community, Services, Products & Leaders and Providers:** Who or what is directly influencing "self" at the local level?
- **National Enabling Environment & Leaders:** Who or what is indirectly affecting "self" at the national level?

Crosscutting Factors:

- **Information, Motivation, Ability to Act, and Norms**: How are these factors addressed across all levels?



SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)

Analysis determines the mix of strategies:

Advocacy to raise resources & political/ social leadership commitment for change goals

Social Mobilization for wider participation, collective action and ownership, including community mobilization

Behavior Change Communication for changes in knowledge, attitudes and practices of specific audiences

Characteristic 3: SBCC Operates Through Three Key Strategies

SOURCE: Adapted from McKee, N. Social Mobilization and Social Marketing in Developing Communities (1992)

An ecological SBCC approach needs a broader theory base

For Advocacy and Mobilization, e.g.

- Agenda Setting and Framing Theories
- Rights based approaches
- Social Movement Theories
- Social Network Theories
- Community Organization Theories
- Culture Theories
- Social Norm Theories,
- Gender Theories
- Theories of Organizational Change

For BCC, e.g.

- Theories involving KAP/B, perceptions, beliefs, values
- Motivation Theories
- Social Learning Theories
- Theories of Provider-Client Communication
- Dialogue Theories
- Diffusion Theories
- Social Marketing Approaches

To find out how to apply these theories and approaches, go to C-Modules: Introductory Module and Module 2

Effectiveness of communication

Effect of communication on behavior

Stover & Bollinger (2004)

- Analyzed types of HIV/AIDS interventions to estimate number of infections averted (USAID target: 7 million averted)
- Cost per person reached in 14 Emergency Fund countries

Mass media interventions

- 3rd highest impact
- 2nd highest cost-effectiveness

INTERVENTION CATEGORY	ESTIMATED INFECTIONS AVERTED	MEDIAN COST PER PERSON REACHED ($)
Condom distribution	261,798	0.15
VCT	102,572	50.00
Mass Media	66,770	0.42
Blood Safety	35,147	5.20
PMTCT	27,877	414
Low Risk Populations	24,800	4.26
Medium Risk Populations	23,137	3.00
Youth Outreach	21,546	4.00
High Risk Populations: CSWs	11,351	101.00
STI Services	6,046	25
Youth In-School	1,908	6.00
Safe Injections	95	0.93

Source: Summarized by Douglas Storey—JHU-CCP from Stover, J. & Bollinger L, 2004. Infections averted by year one activities as described in the country operational plans of the PEPFAR (manuscript)

Evidence for SBCC as high impact practice[1] for FP: a review of 49 articles, 1980-2009

- Strong association of use of contraceptives to communication program exposure
- Both direct and indirect exposure contributes to increased use of modern contraceptives
- Exposure to multi-media has a greater impact: increase in odds ratio from1.6 to 10.2 by dose of exposure
- Mass media programs are found to be cost effective: cost per new adopter ranges from USD 1.57 to USD 17.72.

[1] Johns Hopkins Center for Communication Programs. SUMMARY REPORT: reviewing existing evidence on the contribution of communication interventions to increasing family planning use, January 2010.

Source: Arzum Ciologlu, JHU-CCP, ppt with C-Change, URC on SBCC as High Impact Practice for USAID

Factors contributing to effectiveness

- Design based on locally defined needs
- Collaborate with local partners
- Involve local outreach workers
- Local funding
- Leadership of local decision makers
- Multiple channels of communication
- Entertainment-education formats
- Messages emphasized positive benefits vs. negative consequences of behavior

Source: Snyder L., Diop-Sidibé N., Badiane L. A Meta-Analysis of the Effectiveness of Family Planning Campaigns in Developing Countries. Presented at the International Communication Association Meeting, May 2003

Conclusion

1. Theories are tools for creative thinking, not absolute truth or formulas for success
2. Use theories to check your **assumptions**
3. No one theory will explain every behavioral setting
4. The ecological SBCC model combines various theories
5. Creative and tailored use of models and theories increases the success of interventions

For more: www.C-Changeproject.org