

Communication for Change



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

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

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Communication concepts a generation ago...

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Expert (sender)
sending information

to non-expert (receiver)



Transmission model: outdated

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Source

Receiver

Transmission



Influence flows in one direction only

Now: Communication as dialogue

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Communicator

Communicator

Dialogue

Influence flows in both directions

Evolution of key concepts

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- Older approaches tried to persuade individuals to change their health behaviors
- Newer approaches try to create an enabling environment to encourage healthy behaviors
- Newer approaches consider more than just individual behaviors

Core Theories

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**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

Emphasis of some core theories

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Theory	Emphasis	More individual
Individual level		
<ol style="list-style-type: none"> 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 social

Individual level: Health Belief Model (1950s)

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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)

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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:

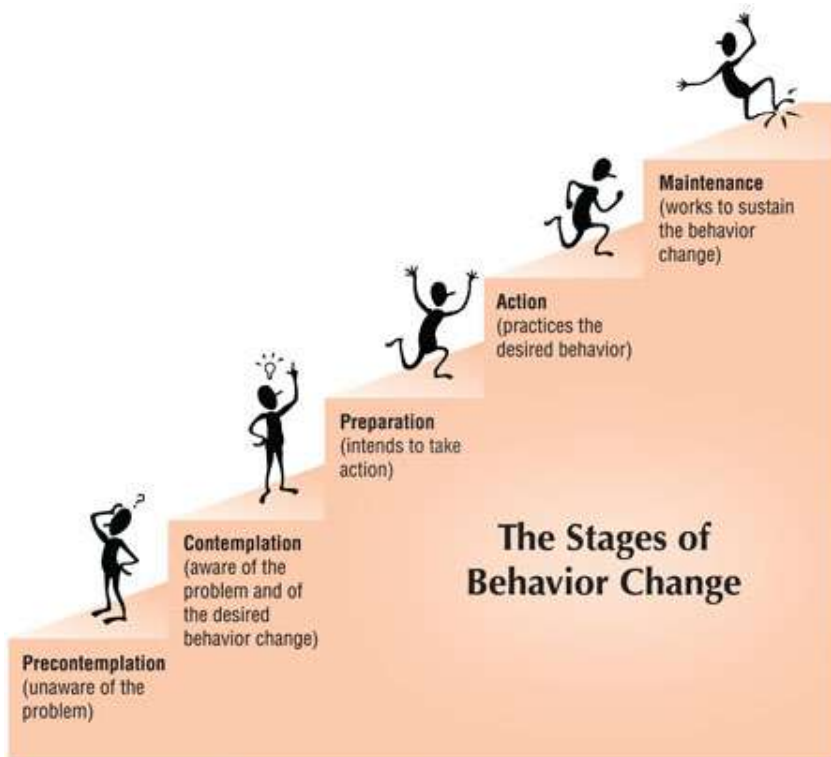
- Identify motivators and benefits for action
- Create messages that can affect attitudes
- Identify audiences that influence the group your are trying to reach

Individual level: Stages of Change (1980s)

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People making decisions by stage

Application



Sources: Grimley 1997 (75) and Prochaska 1992 (148)

- 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

Individual level: Fear Management Theory

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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

Interpersonal level: Principles of Social Learning (1970s)

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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

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- *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: http://www.apla.org/accionmutua/pdf/Self_Efficacy_092109.pdf . Adapted from Albert Bandura, *Psychology Review* 1977, Vol. 84, No. 2, 191-215. See also his *Self-Efficacy: The Exercise of Control* (New York: W.H. Freeman and Company, 997).

Summary of individual BCC theories

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- 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)

However,

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- 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...”

Community level: Theory of Gender and Power (1995)

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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)

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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

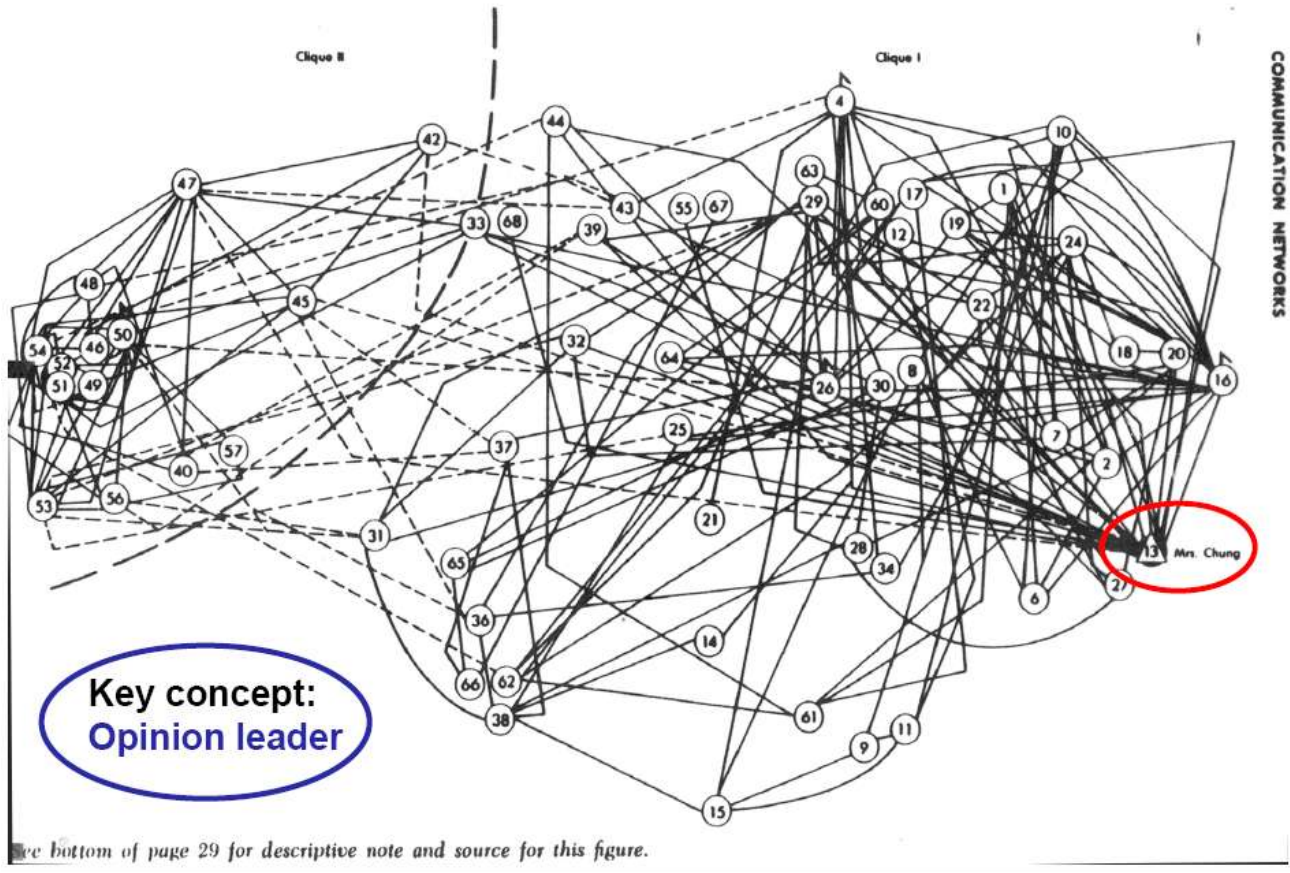
Application:

- 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

Social Network

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Figure 1-2. Sociogram of the Communication Network for the Diffusion of Family Planning for 69 Women in Oryu Li.



A shift in thinking

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**SOCIAL AND BEHAVIOR CHANGE
COMMUNICATION**

Shift in thinking

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- 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

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1. People interpret and make meaning of information based on their own context
2. Culture, norms, and networks influence people's behavior;
3. People can't always control the issues that create their behavior; and,
4. People are not always rational in deciding what is best for their health and well-being.



SBCC has 3 characteristics:

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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).

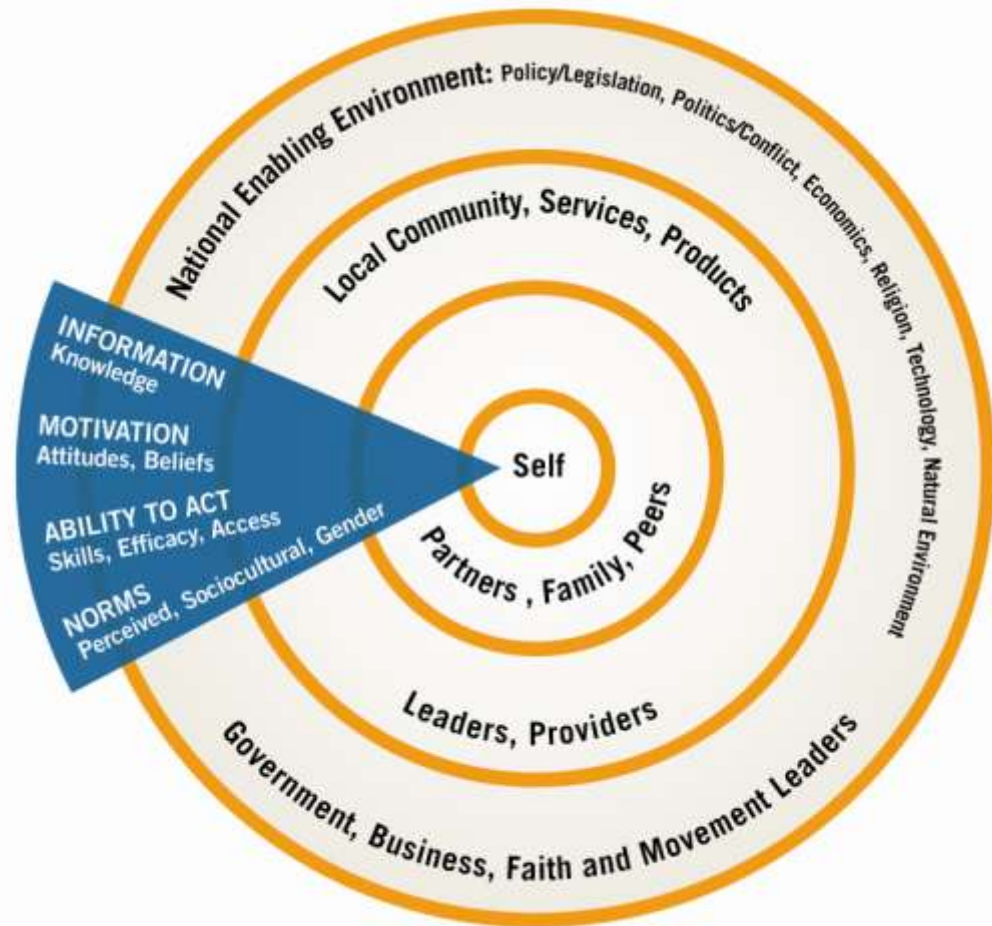
Levels of Analysis: Where is the tipping point for change?

- **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?

Characteristic 2: SBCC Requires a Socio-Ecological Model



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)

Effectiveness of Communication

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Effect of communication on behavior

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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

Factors contributing to effectiveness

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- 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

Conclusion

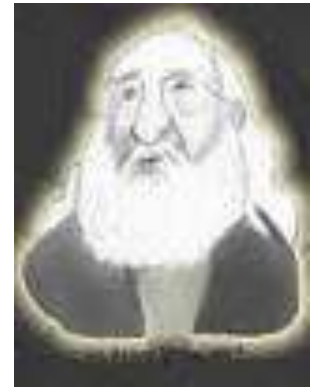
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1. Theories are tools for creative thinking, not absolute truth or formulas for success
2. Use theories to check your **assumptions**
3. No one theory will explain every behavioral setting
4. The ecological SBCC model combines various theories
5. Creative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

Famous last words

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“Those who authentically commit themselves to the people must re-examine themselves constantly.”



“...they almost always bring with them the marks of their origin: Their prejudices and their deformations, which include a lack of confidence in the people’s ability to think, to want and to know.”

Paolo Freire, *Pedagogy of the Oppressed*, 1970