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
Communication concepts a generation ago...

Expert (sender) sending information to non-expert (receiver)
Transmission model: outdated

Influence flows in one direction only

Source: Douglas Storey—JHU, Center for Communication Programs
Now: Communication as dialogue

Influence flows in both directions

Source: Douglas Storey—JHU, Center for Communication Programs
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
- Newer approaches consider more than just individual behaviors

Source: Douglas Storey—JHU, Center for Communication Programs
Core Theories

THAT HAVE FUELED THE CURRENT THINKING
Three levels of theory

Most theories can be sorted into three levels

<table>
<thead>
<tr>
<th>Level of Change</th>
<th>Change Process</th>
<th>Targets of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual level</strong></td>
<td>Psychological</td>
<td>Personal behaviors</td>
</tr>
<tr>
<td><strong>Interpersonal level</strong></td>
<td>Psycho-social</td>
<td>Social Networks</td>
</tr>
<tr>
<td><strong>Community level</strong></td>
<td>Cultural &amp; Social</td>
<td>Community development</td>
</tr>
</tbody>
</table>

# Emphasis of some core theories

## Theory

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

Adapted from Douglas Storey—JHU, Center for Communication Programs
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 you are trying to reach
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

Source: Carol Larivee (AED)
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, Center for Communication Programs
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, it's not likely that the new behavior will be adopted.

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)

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...”

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

Key concept: Opinion leader

A 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

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:

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
Characteristic 1. SBCC is a Process
C- Planning

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
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?
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
Effect of communication on behavior

- 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

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

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