

SOCIAL AND BEHAVIORAL CHANGE COMMUNICATION: PROGRAMMING AND BARRIERS TO IMPLEMENTATION IN DEVELOPING COUNTRIES

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ABSTRACT

This study examines determinants of health and explores how these interact to help man attain or defer from the desired health outcomes. It further examines the role communication plays in an attempt to “influence” the actions of man towards attaining the desired health outcomes emphasizing man’s interaction with his natural environment. Challenges that ensue in this context were analyzed from a programmatic point of view as seen in developing countries and recommendations made based on this hindsight.

KEYWORDS

Behavior change, Barriers, Social communication, Developing countries, IEC, SBCC.

INTRODUCTION

The definition of health by the WHO (World Health Organization) as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” underscores the role of myriads of health determinants around humans and their strong interrelationship with him. This implies that people live and interact with factors that strongly influence their health and health outcomes. These factors include the individual’s lifestyle and personal indulgences; his social net worth and network within his community; and his general socioeconomic, cultural and environmental living conditions.

Consequent to these factors, the individual learns, assumes and/or develops attributes that either promote or hinder attainment to a recommended level of health outcomes. Health communication suffices therefore to redirect the course towards attaining this desired level of health outcome. Over the years, health communication has experienced change in definition and adopted changing approaches with the aim of attaining its goals. These changes in one hand reflect dynamism of a changing world and on the other hand, show the capability of this discipline to accommodate this change.

TECHNICAL AND HISTORICAL OVERVIEW

The recent change in terminology from behavioral change communication (BCC) to social behavioral change communication (SBCC) shows the emphasis for health outcomes improvement through healthful behaviors for individuals and groups without losing emphasis on the social context, systems and processes that are the true determinants of health.

Besides those between a patient and the immediate healthcare provider, health communication over the years has adopted different approaches starting with health education defined as any combination of learning experiences designed to help individuals and communities improve their health by increasing their knowledge or influencing their attitudes (WHO 2013). Immediately after that and emphasizing on the communication aspect, Information, Education and Communication (IEC) emerged following the use of mass media (ranging from one way form of communication to entertainment) as a powerful tool for disseminating information. A shortcoming with this is its dominance on expert opinion and assumptions that people will accept the health advice if they are provided with the right information. In these, the perspectives of the people were not put into cognizance, and evidence proved that results from these approaches were not as expected and in many cases, health outcome did not change.

With a closer observation on the drive and success achieved in advertising sector, where consumer analysis and perspectives were the integral components to their recorded success, health communication adopted the social marketing approach. Social marketing uses research to bring consumer's perspective to the forefront, thereby achieving successes though arguably limited to the procurement, distribution, promotion and sale of health products (at cheaper rates). With the social marketing approach, emphasis was not laid on the correct and consistent use of the products; rather successes were measured on the number of health promotion items sold/exchanged.

This gap was addressed by the introduction behavioral change communication (BCC). BCC enabled behavioral change in health promoting interventions that goes beyond exchange of products but includes service provision (example, the need for and advantages of exclusive

breastfeeding). BCC is based on evidence from research on the use of communication to promote behaviors that lead to improvements in health outcomes of individuals. It uses results from formative research to enable people to understand health issues from their own perspectives and contextualized factors to improve their health outcomes.

Success of BCC was change at the level of the individual and its efforts were directed largely on individual behavior change (Story and Figueroa 2012). Meanwhile, there is growing knowledge that behaviors are grounded within the socio-ecological context of the individual and that for effective change to occur, strong support from multiple layers of influence (as described above) is required. This gap gave rise to the expansion of the scope and approach of BCC to take into cognizance, influence and support of the social environment in which the individual lives and thus becomes social and behavioral change communication (SBCC).

SBCC as a health communication tool is research-based and a consultative process that uses communication to foster and facilitate change in behavior and support the requisite social change aimed at improving health outcomes at multiple levels. It's a process of promoting and sustaining healthy changes in individuals and communities and involves participatory development of appropriately tailored health messages and approaches conveyed through a variety of communication channels. To realize its set of objectives, SBCC draws on evidence from epidemiological research and takes into recognition, client perspectives and needs. SBCC is broad in scope and relies on the comprehensive ecological theory that drives change at the individual, broader environmental and structural levels. It is the communication for change in behavior or action of the individual, collective actions taken by groups, social and cultural structures, and the needed enabling environment requisite for the desired change.

Health communication using the SBCC approach is systematic and socio-ecologic in nature, realizing the dependency of individuals and their immediate social relationships to the larger structural and environmental systems which include the roles of gender; power; culture; community; organization; political and economic environments (Leclerc-Madlala 2011). In SBCC, the expected unit of change is the community (UNICEF) and it involves communication (using appropriate channels and themes fit for the target audience), behavior change and social change.

COMPONENTS OF COMMUNICATION

In depth understanding of the components of communication and factors that can affect any of these in the context it is implemented are pre-requisite to effectively communicating for behavioral change. Below are components of communication in behavioral change as well as factors that can affect them in line with URC's communication intervention cycle (Figure 1).

SENDER/ENCODER: This is the person originating or sending out the message and can be seen as the agent of change. The message passed could assume the form of words, graphics or visual aids. The background, knowledge, skills, views and occasionally, beliefs/passion of the sender are major factors of influence on the impact of the message. The verbal (word and grammar choice) and non-verbal symbols (example, body language and facial expression) chosen are essential in ascertaining interpretation of the message by the recipient to reflect what was intended by the sender.

CONTEXT: The context in which communication takes place plays very significant role in the impact of the message and thus has significant effect on communication. Every communication takes place in a context which can be physical, social, chronological or cultural. The social attributes (including traditions, beliefs and levels of education) of a target audience constitute its context. Likewise, timing and the environment of a communication intervention are contextual and for a communication intervention to achieve its intended results of behavioral change among its audience, these contextual characteristics (especially of the receiver) should be taken into consideration.

MESSAGE: Message is the object of communication or a key idea that the sender wants to communicate. It elicits the recipient's response and may be in the form of spoken, written, visual and physical signals. Communication process begins with deciding about the message to be conveyed and it must be ensured that the main objective of the message is clear which reflects in its wordings, directness and purpose.

Each message has a specific purpose:

- To convey important facts or information
- To persuade the receiver to accept or reject certain conditions or actions
- To motivate the receiver to act in a specific way
- To stimulate discussion about a particular issue, or
- To entertain the receiver

Medium: Medium can be defined as a means for exchange or to transmit the message. For a message to be effectively transmitted, a medium appropriate for both sender and receiver is required. In order for the recipient to correctly interpret the message, detailed attention should be paid to features of the medium for the message and these include: Importance of the message, practicality of a better alternative medium, the receiver's preferences and communication style and time need for feedback.

Recipient: Recipient also known as the decoder is a person for whom the message is intended or targeted at. The degree to which the decoder understands the message is dependent upon various

factors as listed above as well as the knowledge of the recipient, their responsiveness to the message, and the reliance of encoder on decoder.

Feedback: Feedback is the component that makes communication a two way process. It permits the sender to analyze the efficacy of the transmitted message and helps the sender to confirm the correct interpretation of the message transmitted by the decoder. Feedback may be verbal (through words) or non-verbal (in form of smiles, sighs, memos, reports etc.) and can manifest in the form of change in ways things were previously done.



Figure 1: URC-CHS's Communications Interventions Cycle (available at: http://www.urcchs.com/health_communication_and_behavior_change).

Types of behaviors: Behavior as defined by online reference dictionary is the aggregate of the responses or reactions or movements made by an organism in any situation. Behaviors are classified as habitual, normative and preventive (Aboud and Singla 2012).

- Habitual behaviors: These are behaviors performed automatically without a thought through. They are acquired over time and are often more difficult to change.
- Normative: These are built around traditions and accepted as normal behaviors.
- Preventive: This often lacks a salient immediate outcome.

BARRIERS TO BEHAVIORAL CHANGE:

Below are some identified challenges hindering success with behavioral change communication interventions or social marketing interventions for behavioral change.

Formative research: The time and resources needed for formative research and strategy development are significant that programmers often find reasons on the argument not to embark on such task. Among the argument include: previous programs have been judged successful without formative research, difficulty in finding needed expertise for the task in-country and that simple messages are known. However, evidence has shown that communication interventions not based on formative research may not achieve behavioral change because it may neither address the reasons for the current practices nor barriers to improved healthy behaviors. Formative research enables programmers to understand the issues from the perspective of the target audience thereby come up with messages and strategies that directly address such issues. Where funding constraints palpably limit a formative research, detailed literature review combined with expert opinion can serve as an alternative. On the perspective that previous programs have been judged successful without formative research, there is a growing body of evidence that program evaluation have emphasized more on finding successes (even where inexistent) rather than documenting findings that serve as lessons learned irrespective of the extent of recorded success.

Beginning formative research prior to the project being funded: Behavioral change communication interventions are usually and largely, driven with donor funds. Considering that these projects are implemented within a time frame, implementers might be constrained to conduct formative assessments requisite for the desired change. Also, funds for these assessments might not be accommodated in the grant on consideration that these assessments are supposedly “pre-project”. This leaves the implementers with 3 options of either basing the intervention on assumptions; relying on assessment previously conducted by line ministries (which in developing countries are often not done or evidence from such might have been

obsolete) or using the first year of implementation for formative research and baseline assessment. The choice on any of these is a function of access to fund and availability of time which usually lie outside the direct control of the implementers.

Lack of understanding in government ministries of social marketing: For any behavioral change communication intervention or project to be recorded successful, its roll out should be made to be sustainable. This includes buy-in of multi-level stakeholders including the relevant government ministries. Government ministries usually have staff well knowledgeable in health education. What may well be lacking is an understanding of formative research, behavior-change strategy formulation, state-of-the-art message design and production of materials, and monitoring, evaluation and pretesting. It becomes the role of the implementers to address these gaps by rolling out skill transfer strategies like seminars, workshops and mentoring and ensuring that key decision makers participate at these sessions rather than send in representatives. These work to create shared vision and common understanding for successful and sustainable interventions.

Political and physical environment: In most developing countries, there is strong diversity in geography and population of the people and this complicates the development of SBCC programs. This is further worsened where vast distances must be covered, multiple languages spoken and diverse traditions are included in SBCC program for single location (FHI 2002). Where political and/or commercial interests appear to constraint messages for the SBCC intervention, professional ethics provides a useful guide for the development of appropriate messages.

Linkages and coordination: There have been situations where multiple organizations and agencies program SBCC for related change objectives in the same location. In such cases, there is need for the messages and information to be coordinated and speak to the same point. Building and maintaining linkages and coordination in such situation have been shown to be an ongoing challenge. It has been recommended for a technical working group to address this gap.

Measuring impact for decision makers: As aforementioned, time and funding constraints with SBCC often create secondary challenge of accounting for the efforts invested in the intervention. This usually arises from poorly defined indicators for measuring successes recorded. In most cases, the set of indicators are limited to input or process indicators without much research into the outcome and impact indicators. This also results from not having control groups for purposes of comparing results. Though the challenges with these are plausible, they do not justify not having demonstrable body of evidence that can be used to account for resources and efforts invested in the SBCC intervention.

Other reasons why people do not change their behaviors include (Jhpiego Corporation):

People may not

- Understand the message
- See themselves as vulnerable
- Trust the bearers of the message

People may

- Think the short-term benefits of current behaviors outweigh the long-term risks.
- Some “healthy choices” are costly
- Recommended behavior may conflict with beliefs

CONCLUSION

Communication for behavioral change is critical in the process of promoting people’s health. Its successes are embedded on deeper understanding of principles critical for the required impact and needs exchange of appropriate messages targeted at a properly segmented audience based on their context. Proper documentation of activities and dissemination of findings are important not only for purposes of accountability for donors; it also adds to the body of evidence and lessons learned.

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