UNICEF/Ohio University C4D Face-to-Face Workshop

A Behavior & Social Change Theory Toolbox for C4D
Facilitated by Karen Greiner, Rafael Obregon

Athens, OH – July 28, 2011

Individual Level
Health Belief Model (HBM)

Individual

Health Belief Model

Theory of Planned Behavior

Stages of Change

Theory of Human Motivation

Interpersonal

Dialogical Approaches or Theories

Social Learning Theory

Diffusion of Innovations

Community/ Social

Social Movement Theory

Social Network Theory

Media Theories

Social Convention Theory

Theory of Gender and Power

Summary-Focus

This model addresses the individual's perceptions of the threat posed by a health problem (susceptibility, severity), the benefits of avoiding the threat, and factors that influence the decision to act. Since health motivation is its central focus, the HBM is a good fit for addressing problem behaviors that evoke health concerns (e.g., high-risk sexual behavior and the possibility of contracting HIV). Together, the six constructs (Perceived susceptibility/severity/benefits/barriers, cues to action, and self-efficacy) of the HBM provide a useful framework for designing both short-term and long-term behavior change strategies. When applying the HBM to planning health programs, practitioners should ground their efforts in an understanding of how susceptible the target population feels to the health problem, whether they believe it is serious, and whether they believe action can reduce the threat at an acceptable cost. Attempting to effect changes in these factors is rarely as simple as it may appear.

Key Concepts

- Individuals' perceptions of their vulnerability (**perceived susceptibility**) to a health condition
- The **perceived severity** of the health condition
- The **perceived benefits** of reducing or avoiding risk
- The **perceived barriers** (or costs) associated with the condition
- **Cues to action** that activate a "readiness to change"
- Confidence in ability to take action (**self-efficacy**).

Thus in the case of HIV prevention, for example: An individual must:

- Believe they are at risk for HIV/AIDS
- Believe that HIV/AIDS is serious and deadly
- Believe that avoiding HIV/AIDS is both worthwhile and possible
- Feel and be able to take preventative measures

References; National Institutes of Health, 2006; Rosenstock, 1975; Glanz, Rimer and Su, 2005 and King, 1999

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Individual Level
Theory of Planned Behavior (TPB)

Summary-Focus

The Theory of Planned Behavior[1] examines the relations between an individual's beliefs, attitudes, intentions, behavior, and perceived control over that behavior. This theory posits that **behavioral intention** is the most important determinant of behavior. Behaviors are more likely to be influenced when: individuals have a positive attitude about the behavior; the behavior is viewed positively by key people who influence the individual (**subjective norm**), and the individual has a sense that he/she can control the behavior (**perceived behavioral control**).

The TPB and the associated Theory of Reasoned Action (TRA) assume all other factors (e.g., culture, the environment) operate through the models' constructs, and do not independently explain the likelihood that a person will behave a certain way.
The TPB differs from the TRA in that it includes one additional construct, *perceived behavioral control*; this construct has to do with people's beliefs that they can control a particular behavior and was added to account for situations in which people's behavior, or behavioral intention, is influenced by factors beyond their control. This addition came with the argument that people might try harder to perform a behavior if they feel they have a high degree of control over it. In other words, people's perceptions about controllability may have an important influence on behavior.

Key Concepts

- **Behavioral intention**: Perceived likelihood of performing behavior
  (Are you likely or unlikely to perform the behavior?)
- **Attitude**; Personal evaluation of the behavior
  (Do you see the behavior as good, neutral, or bad?)
- **Subjective norms**: Beliefs about whether key people approve or disapprove of the behavior; motivation to behave in a way that gains their approval.
  (Do you agree of disagree that most people approve of/disapprove of the behavior?)
- **Perceived behavioral control (Very similar to Bandura's "Self-efficacy")**: Belief that one has, and can exercise control over performing the behavior
  (Do you believe performing the behavior is up to you, or not up to you?)

References; National Institutes of Health, 2006;
Ajzen, 1985; Fishbein & Ajzen 1975,1980.

[1] *Fishbein and Ajzen's Theory of Reasoned Action (1980) became TPB when the concept of* "perceived behavioral control" was added. For more info, see: http://www.utwente.nl/cw/theorieenoverzicht/Theory%20clusters/Health%20Communication/theory_planned_behavior.doc/

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Individual Level
Stages of Change

Summary-Focus

The Stages of Change Model (sometimes called the "transtheoretical model") describes individuals' motivation and readiness to change a behavior. It evolved out of studies comparing the experiences of smokers who quit on their own with those of smokers receiving professional treatment. The model's basic premise is that behavior change is a process, not an event. As a person attempts to change a behavior, he or she moves through five stages: *precontemplation*, *contemplation*, *preparation*, *action*, and *maintenance (and relapse)*.

Definitions of the stages vary slightly, depending on the behavior at issue. People at different points along this continuum have different informational needs, and benefit from interventions designed for their stage. Whether individuals use self-management methods or take part in professional programs, they go through the same stages of change. Nonetheless, the manner in which they pass through these stages may vary, depending on the type of behavior change. For example, a person who is trying to give up smoking may experience the stages differently than someone who is seeking to improve their dietary habits by eating more fruits and vegetables.

This model has been applied to a variety of individual behaviors, as well as to organizational change. The Model is circular, not linear. In other words, people do not systematically progress from one stage to the next, ultimately "graduating" from the behavior change process. Instead, they may enter the change process at any stage, relapse to an earlier stage, and begin the process once more. They may cycle through this process repeatedly, and the process can end at any point.

Key Concepts

- **Pre-contemplation**: individual has no intention of taking action within the next six months
  Potential Change Strategy: Increase awareness of need for change; personalize information about risks and benefits.
- **Contemplation**: individual intends to take action in the next six months
  Potential Change Strategy: Motivate; encourage making specific plans.
- **Preparation**: individual intends to take action within the next thirty days and has taken some behavioral steps in this direction
  Potential Change Strategy: Assist with developing and implementing concrete action plans; help set gradual goals.
- **Action**: individual has changed behavior for less than six months
  Potential Change Strategy: Assist with feedback, problem solving, social support, and reinforcement.
- **Maintenance**: individual has changed behavior for more than six months
  Potential Change Strategy: Assist with coping, reminders, finding alternatives, avoiding slips/relapses (as applicable). Because individual behavior change depends on many factors and in many cases is hard to sustain, individuals may relapse (no longer perform the desired behavior).

References; National Institutes of Health, 2006; Proschaska & DiClemente, 1988; Glanz, Rimer and Su, 2005; Glanz, Rimer and Viswanath, 2008

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Interpersonal Level
Dialogical Approaches or Theories

Summary-Focus

Dialogue can be more than "conversation" – it can be conceived of as a respectful orientation towards others and as a way of raising "**consciousness**" about social realities (including inequality in power and economic relations). A "dialogic" approach of raising awareness through interpersonal contact can be contrasted with what Paulo Freire calls the "**banking model**" of education whereby an expert "fills" an empty receptacle (the learner) with information. In communication, the "banking method" equivalent is the one-way transmission of information to a presumed deficient or ignorant audience. To avoid the "banking model" approach, community members should be considered as capable allies who should be invited to contribute to change in their own communities. This dialogic approach is essential for participatory and empowerment (individual, organizational, and community) processes. Dialogic communication is characterized by mutuality (the other as peer, not a deficient being) and "horizontality" (communicating to an equal, not from above but from alongside).

Paulo Freire describes dialogue as being nourished by love, humility, hope, faith, and mutual trust. The opposite of dialogue is monologue – a one way flow of information - talking at or talking to, without *listening.*

Key Concepts

- **Consciousness-raising (*conscientização*)**
- **Horizontality**
- **Trust**
- **Anti-monologue**

References; Paulo Freire, Pedagogy of the Oppressed, 1993;
Education for Critical Consciousness, 1974/2005.

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Individual Level
Theory of Human Motivation

Summary-Focus

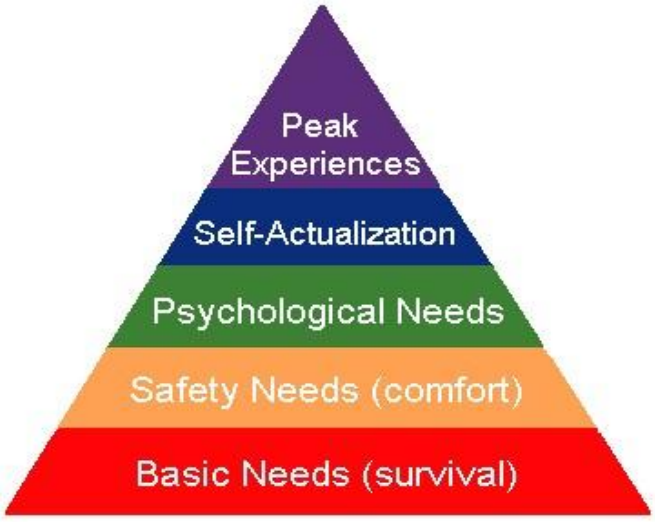
Humans must first meet basic **physiological and safety needs** (Food, water, shelter, etc.) before addressing "higher" needs such as **social relations**, **esteem, or "self-actualization**" (e.g., a fulfilling career). In relation to behavior change, Maslow's **hierarchy of needs** provides some reference to understand the barriers to change for any behavior.

The theory suggests that when planning and designing an intervention, success may be limited in circumstances/contexts where people are focused on meeting basic needs or have other priorities. For example, if someone is worrying about feeding their family they may not be thinking about "open defecation" (even though they should be, for obvious health reasons).

Key Concepts

Hierarchy of Needs:

- **Physiological**
- **Safety**
- **Social**
- **Esteem**
- **Self-actualization**



References; Maslow, 1943

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Interpersonal Level
Social Learning Theory/Social Cognitive Theory

Summary-Focus

Social Cognitive Theory (SCT) describes a dynamic, ongoing process in which personal factors, environmental factors, and human behavior exert influence upon each other. According to SCT, three main factors affect the likelihood that a person will change a health behavior: (1) self-efficacy, (2) goals, and (3) outcome expectations (self and social). If individuals have a sense of personal agency or self- efficacy, they can change behaviors even when faced with obstacles. If they do not feel that they can exercise control over their health behavior, they are not motivated to act, or to persist through challenges. As a person adopts new behaviors, this causes changes in both the environment and in the person. Behavior is not simply a product of the environment and the person, and environment is not simply a product of the person and behavior. Self-efficacy has been applied to groups as well and is referred to as collective efficacy.

SCT evolved from research on Social Learning Theory (SLT), which asserts that people learn not only from their own experiences, but by observing the actions of others and the benefits of those actions. Bandura updated SLT, adding the construct of self-efficacy and renaming it SCT. (Though SCT is the dominant version in current practice, it is still sometimes called SLT.) SCT integrates concepts and processes from cognitive, behaviorist, and emotional models of behavior change, so it includes many constructs. It has been used to design successful behavior change interventions in areas ranging from dietary change to pain control.

Key Concepts

Table 5. Social Cognitive Theory

Concept	*Definition*
Reciprocal determinism	The dynamic interaction of the person, behavior, and the environment in which the behavior is performed
Behavioral capability	Knowledge and skill to perform a given behavior
Expectations	Anticipated outcomes of a behavior
Self-efficacy	Confidence in one's ability to take action and overcome barriers
Observational learning (modeling)	Behavioral acquisition that occurs by watching the actions and outcomes of others' behavior
Reinforcements	Responses to a person's behavior that increase or decrease the likelihood of reoccurrence

References; Glanz, 2005

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*Interpersonal Level (*also used at community level)*
Diffusion of Innovations Theory

Summary-Focus

The Diffusion of Innovations Theory addresses how new ideas, products, and social practices spread within an organization, community, or society, or from one society to another. The theory addresses how ideas, products, and social practices that are perceived as "new" spread throughout a society or from one society to another.

According to Everett Rogers, diffusion of innovations is:

> "the process by which an *innovation* is communicated through certain *channels* over *time* among the members of a *social system*."

Diffusion Theory has been used to study the adoption of a wide range of health behaviors and programs, including condom use, smoking cessation, and use of new tests and technologies by health practitioners. Diffusion of innovations that prevent disease and promote health requires a multilevel change process that usually takes place in diverse settings, through different strategies. At the individual level, adopting a health behavior innovation usually involves lifestyle change. At the organizational level, it may entail starting programs, changing regulations, or altering personnel roles. At a community level, diffusion can include using the media, advancing policies, or starting initiatives. According to Rogers, a number of factors determine how quickly, and to what extent an innovation will be adopted and diffused. By considering the benefits of an innovation, practitioners can position it effectively, thereby maximizing its appeal.

Key Concepts

- **Relative advantage:** *This is the degree to which an innovation is perceived as better than the idea it supersedes*
- **Compatibility:** This is the degree to which an innovation is perceived as being consistent with the values, past experiences, and needs of potential adopters.
- **Complexity:** This is the degree to which an innovation is perceived as difficult to understand and use.
- **Trialability:** This is the degree to which an innovation can be experimented with on a limited basis.
- **Observability:** The easier it is for individuals to see the results of an innovation, the more likely they are to adopt it.
- **Reinvention:** The adaptation of an innovation by adopters to better meet their needs.
- **Opinion leaders** well-connected individuals to spread new ideas through their own social networks or **"peer networks"**

References; Rogers, 2003; Glanz, 2005; Robinson, 2009.

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Community/Social Level
Social Movement Theory

Summary-Focus

Social movements refers **to collective actions and behaviors** by citizens to promote social changes in policies, laws, social norms and values. Social movements promote **legislative and policy changes** to advance their causes and **build coalitions** with allied policy-makers or relevant social organizations. They try to find sympathetic legislators to discuss issues and raise awareness, seek to influence the legislative process through mobilization, financial and voting support for allies, and may resist policy decisions that enhance inequities and social injustice.

To promote change, social movements resort to a combination of different forms of action 1) **Campaigns**: long-standing activities to demand specific changes; 2) **Movement Repertoire**: combinations of political action such as coalition building, media statements, rallies, demonstrations, online mobilization, and pamphleteering; and 3) **WUNC displays**: participants' concerted public representation of **W**orthiness, **U**nity, **N**umbers, and **C**ommitment.

Newer social movements include the Treatment Action Campaign in South Africa and the "Tea Party" conservative movement in the United States (this latter proving that social movements can be conservative rather than "progressive.")

Key Concepts

- **Collective action**
- **Coalition building**
- **Policy/legislative change**
- **"WUNC" displays: (W**orthiness, **U**nity, **N**umbers, and **C**ommitment).

References; Tilly, 2004; Jenkins, 1983

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Community/Social and Interpersonal Levels
Social Network Theory & Social Support Theory)

Summary-Focus

Social Network Theory refers to a web of social relationships that surround and influence individuals. It posits that social behavior is a function of relationships and not only individual characteristics, hence social norms can be better understood by looking at social networks. Certain **network characteristics**, network **functions and types of social support** make a network effective. e.g., *Structure*: how extensive is it? *Interaction*: how strong are the bonds? *Density*: how well do people know each other? *Reciprocity*: are resources and support given and received?

The **structural characteristics** of networks refer to several aspects: the degree of homogeneity among members, resource exchange, emotional closeness, formal roles, knowledge and interaction among members, and power and influence among members. The "**functions of social networks"** refers to social trust, influence, support and criticism, emotional bonds, and aid and assistance.

Finally, the **types of social support** can be emotional, informational, instrumental, and self-assessment.

Key Concepts

- **Structural network characteristics**: Reciprocity, intensity, complexity, formality, density, geographic dispersion, directionality.
- **Functions of social networks**: Social capital, social influence, undermining, companionship, partnerships.
- **Types of social support**: Emotional, instrumental, informational, appraisal.

References; King, 1999; Manoncourt, 2000; Glanz, Rimer and Viswanath, 2008.

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Community/Social Level

Media Theories

(Agenda Setting, Framing, Reception Theory)

Summary-Focus

The mass media can focus attention on issues, helping to generate public awareness and momentum for change. Research on **agenda setting** has shown that the amount of media coverage of any given issue correlates strongly with public perception about its importance. The media tell people what to think about, not how to think about. **Framing** focuses on how issues are presented in news coverage. The same issue can be described in different ways depending on the narratives and sources used. Experimental research shows that news frames strongly influence how people perceive issues and think about possible courses of action. The media reflects opinions among political elites. Given journalism's reliance on elites for news, it tends to "index" attitudes and opinion among powerful newsmakers. **Agenda dynamics** refers to the relation among media agenda (what is covered), public agenda (what people think about), and policy agenda (regulatory or legislative actions on issues).

Media advocacy, a communication strategy that draws on media theory, refers to civic actions to shape media attention on a specific issue. How groups promoting social change persuade the media through various techniques to cover their issues.

Reception Theory's premise is that audiences are not passive, actively engage with media content and messages and negotiate meanings. It challenges information-driven communication approaches. Understanding how audiences relate to media content and messages is critical in communication strategies.

Key Concepts

- **Agenda setting** (McCombs & Shaw, 1972 Glanz, Rimer and Lewis, 2008,) Research on agenda setting has shown that the amount of media coverage of any given issue correlates strongly with public perception about its importance. The media can influence what people think *about* (even if it doesn't always influence *what people think*).
- **Agenda dynamics** (Media agenda, Public agenda, Policy agenda) (Rogers & Dearing, 1996). Agenda dynamics refers to the relation among media agenda (what is covered), public agenda (what people think about), and policy agenda (regulatory or legislative actions on issues).
- **Media Advocacy** (Wallack (1993) Media advocacy refers to civic actions to shape media attention on a specific issue. How groups promoting social change persuade the media through various techniques to cover their issues.
- **Framing** (Goffman, 1974, Iyengar, 1991) Framing is how issues are presented in news coverage. The same issue can be described in different ways depending on the narratives and sources used. In health campaigns, the same issue can be presented with a "gain frame" (this is what you gain from quitting smoking) or a "loss frame" (if you smoke you will die!)
- **Reception Theory** (Hall, 1973; Morley, 1980; McQuail 2005) The interaction between audience members and media content and messages is influenced by audience's cultural background, identity, values, gender and socio-economic characteristics. Audiences may agree, oppose, or negotiate the intended/preferred meaning of messages. Reception theory can guide monitoring and evaluation components of C4D strategies.

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Community/Social Level
Social Convention Theory

Summary-Focus

Social conventions are at work when an individual follows a social rule, because of 1) expectations that many others follow the social rule, 2) preference to do the same as others, and 3) compliance being in his/her interest. Influencing social conventions requires effort at the community level because even if an individual or small family unit changes their practices, the social convention will still be in place.

For example: In the case of Female Genital Cutting (FGC), families may be reluctant to abandon the practice if they think that as a result their daughter will be less "marriageable." If the entire community abandons the practice all the daughters will be on a level playing field. For social conventions to change, a "**critical mass**" of community members need to agree to the change. The "**tipping point**" for change occurs when a critical mass of community members adopt the change and make a **public commitment**.

In Senegal (and elsewhere), the TOSTAN project has had success with basic human rights education for women that has resulted in community-organized and public declarations of the commitment of the entire community to abandon the practice of FGC.

Key Concepts

- **Interdependent decision-making**
- **Organized diffusion**
- **Critical mass**
- **Tipping point**
- **Public commitment**

References; Schelling, Mackie and LeJeune, 2008

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Community/Social Level
Theory of Gender and Power

Summary-Focus

The theory of gender and power posits that **gender inequality** is a **social construction** that results from long-term processes of socialization and education. **Distribution of work** according to gender norms as well as **unequal pay** produces economic inequalities for women. (socio-economic risk factors – work site, school, family).

The theory of gender power pays close attention to power dimensions. Social and cultural structures that determine power are present at all levels of interaction, from interpersonal (control, coercion) to macro-social levels (authority, decision-making). **Power inequalities** are reflected and perpetuated in conditions that, for example, put women at increased risk for disease (such as HIV/AIDS) due to an inability to negotiate correct and regular use of condoms, and more vulnerable to illness/death in instances where they have no access to transport to health facilities.

Gender approaches aim to meet the different needs of men and women in ways that contribute to power balance and equitable practices. They also seek to find ways to empower women through the acquisition of skills, information, services, and technologies. Depending on the level of change, programs aim for gender approaches that can be **neutral, gender sensitive, transformative and empowering** (Gupta 2000).

Key Concepts

- **Gender inequality as a social construction**.
- Poweer inequality (control; coercion; authority; decision-making)
- **Gender approaches**: neutral, sensitive, transformative, empowering

References; Connell, 1987; King, 1999; Gupta, 2000.