Indentifying and Prioritizing Behavior Change Needs

Taking into consideration implementers' limited time and resources, the tools in Pathfinder International's *Straight to the Point* Series provide clear, concise guidance on a variety of issues related to program design, implementation, and evaluation.

Pathfinder
INTERNATIONAL
A GLOBAL LEADER IN SEXUAL AND REPRODUCTIVE HEALTH

Organizations and groups can use this tool to guide a group activity with members of the community with whom they work. The goals are:

1 Learning what the major barriers to adopting a specific healthier behavior are;

2 Prioritizing which barriers should be addressed first; and

3 Starting to plan for action.

Understanding Behavior Change

A "health behavior" is any way of acting that makes us more or less healthy. "Behavior change" is what happens when a person intentionally takes steps to change their behavior in order to prevent health problems or to stay healthy.

Sometimes we talk about doing a ''behavior change project'' or a "behavior change activity." Sometimes donors give money for "behavior change." All of this makes us think that behavior change is somehow very different or separate from what happens in everyday life, but that is not correct. We have all experienced many behavior changes in our own lives. For example, changing your diet so you eat healthier foods is a behavior change. Many things help us change—*we call these* **facilitators of change**. Other things prevent us from changing—*we call these* **barriers to change**.

There are different kinds of facilitators of and barriers to behavior change. They can be:

• **Individual** (for example, your personal beliefs, attitudes, abilities, or knowledge);

• **Social** (for example, ways that your family, friends, or neighbors help you change your behavior or stop you from changing);

• **Environmental** (for example, when the facilities, services, or laws you need in order to change do not exist).

When we work with communities, our job is to encourage people to think about healthier behaviors. Then we can give them guidance as they figure out how to remove barriers and create facilitators that help them move in a healthier direction.

Many people (including donors and public health workers) think change is only possible when new information is given. (This is why we often speak of "behavior change communication" or "BCC.") Of course, sometimes that's true. Sometimes, learning new information will lead to change. But in most cases, behavior change is not only about increasing knowledge. Do you know any doctors who smoke cigarettes? Do you know any health professionals who are overweight? **Often, people *know* what they should or shouldn't do—but that knowledge alone is not enough to make them change.** Behavior change isn't just about having knowledge or good communication— it's about removing many different barriers to change and taking advantage of personal, social, and environmental facilitators that already exist. *(See Example Case on page 2.)*

Before moving to the job of identifying and prioritizing barriers, we should remember that no one can change another person. **People have to *want* to change, know *how* to change, and have *barriers to change removed* from their path**. All of this has to come from the person him/herself and the idea that the change is a good thing must be widely accepted in the community. If the desire to change and ideas about how to change are not accepted by the community, it will be hard for people to adopt new behaviors.

EXAMPLE CASE: *Let's take the case of a health care worker who doesn't eat nutritious food. He knows that it would be better for his health to eat more vegetables and drink fewer sugary drinks (like Coke or Fanta). But he likes the taste of the sugary drinks, and he doesn't think his poor diet will affect his health because he is young and has not had any serious health problems. (These are personal barriers.) Also, his colleagues always take a break in the afternoon and share a cold sugary drink together, and at home his family has negative attitudes toward vegetables because they think they are food for poor people who can't afford meat and they have positive attitudes toward sugary drinks because they are a luxury. (These are social barriers.) Finally, even when he has tried to change his diet, he finds that there is no safe drinking water where he works and the place where he buys his lunch does not serve vegetables. (These are environmental barriers.) What would help him eat better? Would more information about nutrition help him? Why or why not?*

Identifying Key Barriers to Behavior Change

First, you must decide which behavior you are trying to change and who needs to make that change. If you are working with people living with HIV (PLHIV), there are many behaviors you may want to encourage (for example, going to the clinic regularly, taking medication, eating well, using condoms). **Choose one behavior to focus on.**

To encourage people to change a particular behavior, we must understand why people behave as they do. What makes it hard for them to change their behavior? What would make it easier for them to change? After we have some understanding of these issues, we can work with the person and others in the community to remove barriers to change.

Large organizations try to get this understanding by doing formal research, but as a member of the community, you may be able to **talk to people in a casual, informal way to learn what your friends and neighbors think the problems are.** One way to do this informal assessment is by using a game called *Pathways to Change*,* but other interview and discussion or focus group techniques can also work. For example, if you

want to know why some PLHIV don't eat well, you can gather a group of PLHIV and their family members and ask questions like: "Some PLHIV don't eat well—why is that? Some PLHIV *do* eat well—what makes that possible? What kinds of services exist in the community that might make it easier for PLHIV to eat well? Are there things about the place you live that make it harder for PLHIV to eat well?" Remember that there will be many answers to each question. *Make it clear to the group that they are not being tested—there are no wrong answers.*

Whatever technique you use, it is important not to ask "leading questions." Leading questions are questions where you let the other person know what you think their answer will be. For example, if you want to know why women don't ask their husbands to get tested for HIV, it's better to ask a question like: "Why is it hard for women to ask their husbands to get tested for HIV?" rather than: "Do you think women are afraid to ask their husbands to test for HIV because of how he might react?" If you ask in the second way, people will know what kind of response you want from them. They will answer the question in a way to please you, but their answer may not reflect their true feelings.

---

*Email technicalcommunications@pathfinder.org for more information on *Pathways to Change.*

Setting Behavior Change Priorities

After doing an informal assessment with many people, you will begin to see that some issues keep being raised again and again. When you have a good idea of the common barriers and facilitators related to the behavior change, make a list of them. Then do the following prioritization exercise with a group of community members (6-20 people) to decide which barriers on the list should and can be addressed first. Plan on this activity taking at least 1 hour and as many as 3 hours—don't worry, it's easy and can be a lot of fun!

You will need at least 8 large sheets of paper (preferably flipchart), markers, and at least 2 people who can make notes or draw symbols on the flipchart. If participants in the group have difficulty reading, you can use pictures or symbols to show each barrier. For example, instead of writing "clinic frequently closed" you can draw a clinic with an X over it and agree that this represents a closed clinic.

- **STEP 1:** **Briefly and simply introduce the concept of behavior change, barriers, and facilitators.** Remind participants of the specific behavior being discussed, and who you want to help practice the behavior. For example: "Today we are talking about PLHIV and what makes it easier or harder for them to take their medicines as prescribed."

- **STEP 2:** **Present the list of common barriers to the behavior change you have identified through your informal assessment on a large piece of paper.** Post the sheet in the front of the room or, if you're in an open area, ask someone to hold it up as you speak.

- **STEP 3:** **Lead the participants in a discussion about all the issues on the list.** You can ask questions like: "Are there any barriers on the list that you had not thought about before? Do any of these barriers affect only some kinds of people? Which of these barriers affect everyone?" This should be an open conversation. The purpose is just to make sure everyone understands what the barriers are.

- **STEP 4:** **Using the list of issues on the flipchart, ask the group to choose the 5-6 issues they think are the biggest barriers in their community.** This can be done as a group discussion. Put a mark (✓) next to each problem identified. This is an informal process—a show of hands is all that is needed for the participants to show which barriers they think are the most important.

- **STEP 5:** **When the group has identified the key issues, on 2 new sheets of flipchart paper, write down or draw the 5-6 issues chosen by the participants.**

- **STEP 6:** **Divide the group into two smaller groups.** Give each group a sheet of paper with the 5-6 issues on it and a second piece of blank paper.

Ask the first small group to rank (on the blank paper) the 5-6 issues from those that are **Easiest to Address** (at the top of the paper) to those that are **Most Difficult to Address** (at the bottom of the paper). Encourage people to start thinking about concrete ways to address the barriers. When assessing how easy it would be to address each barrier, people should think about *what they themselves could do* as a group, or by involving other community members. They should think about *what could be done with few or no external resources/ money.* They should also think about existing facilitators of change that they could use to address the barrier.

Ask the second small group to rank (again, on the blank paper) the 5-6 issues from those that are **Most Important to Address** (at the top) to those that are **Least Important to Address** (at the bottom).

Give the groups as much time as they need. It is good if there is a lot of discussion and debate—it means that people are really thinking seriously about the issues.

- **STEP 7:** **When the two groups have completed their different rankings of the same issues, bring everyone back together again into one large group. Then help the large group to combine their 2 lists into a single list of priorities** on a new sheet of paper. People often try to do this part of the exercise in a mathematical way because they think there must be a mathematical solution. Assure them that the only way to combine the lists is to debate and come to agreement through talking with one another.

When the final list is created, the top of the list should have issues that are both relatively easy to address and most important to address. The bottom of the list should have issues that are both relatively difficult to address and less important to address.

Making this list is a very important contribution from the community. Identifying priorities is an essential part of the behavior change process!

Next Steps

The result of this exercise is a list of barriers to behavior change that the community thinks are priorities. **What your group does with these priorities depends on you.** How you use the list of priorities will be different in different communities and depends on many things (such as the enthusiasm and organization of your group, your own abilities to develop a project out of the discussion, the availability of resources to change environmental issues, etc.). Most commonly, it is useful to focus on one of the top priorities (again, these will be barriers that are relatively easy to address and are important to the community).

Then you can: 1) identify an objective and an activity to address the barrier, and 2) create a simple workplan to carry out the activity to meet the objective.

You can use Pathfinder's *Straight to the Point: Workplanning* tool to make your plan. This simple tool will help your group break projects into smaller tasks. A leader and a due date can be assigned for each task. Having a simple workplan will help show the community that behavioral problems can have solutions if people work together in an organized way.

EXAMPLE CASE: *A group discussed the behavior of keeping regular medical appointments, and what makes it harder for PLHIV to do this. They decided that one of the most important barriers was poor quality treatment by a particular doctor at the nearest clinic, and that it should be relatively easy to do something about it. The group's action plan to address this barrier might include: a group of PLHIV will request a meeting with their local health committee to bring their attention to the problem, or staff from your organization will speak directly to the health care provider about the problem.*

Pathfinder
INTERNATIONAL
A GLOBAL LEADER IN SEXUAL
AND REPRODUCTIVE HEALTH