



Social Behavior Change Communication

**SBCC Training Programme for District Program Managers and
District Community Mobilizers, 8-13 October, 2012, Bodh Gaya**

Background

The State Health Society Bihar under National Rural Health Mission has been emphasizing on the need of Social Behavior Change Communication considering the fact that it is an effective tool for dealing many community and group related problems. BCC has been adapted as an effective strategy for Community Mobilization, health and environment education and various public outreach programs. Enhanced knowledge about the behavior change process has facilitated the design of communications programs to reduce the risk of HIV transmission and AIDS. A wide variety of health promotion strategies use communication as either an educational or norm-forming strategy.

Therefore, the Field Office of UNICEF in order to inculcate the nuances of Social Behavior Change communication among the district level officers of State Health Society Bihar organized a two day training workshop in Bodh Gaya. The details including the proceedings of this training workshop are enumerated in this report.

Objectives

Keeping in mind the need it was envisaged that at the end of the training, participants will be able to:

- State behavior change theories and models of BCC
- Define Situation analysis / needs assessment, social/ epidemiological assessment and identify "Key Behavior"
- Describe communication objectives and audience segmentation
- Develop communication message and plan its dissemination identifying key channels, medium, concept testing/ pre-testing and strategic approach
- Design a strategy for Effective Planning, Implementation, Monitoring and Evaluation of a SBCC plan

Participants

Homogeneous group of MBA and/or Health Management Graduates, working as Program Managers (DPMs) and District Community Mobilizers (DCMs) with State Health Society, Bihar. Each batch consisted of around 25 participants (list annexed).

Date, Duration and Venue

3 back to back trainings 2 days each were organized during 8 -13 October 2012 in the serene location at Sambodhi Retreat, Bodh Gaya, Bihar.

Introductory Session

Participants Introduction

In this session the participants were informed about the objectives of the training and were also introduced to the facilitators of the training, which was led by Geetha Valiah, supported by Amitabh Pandey and Sourav Mazumder. The participants then were engaged in ice breaking exercises in which they introduced themselves. Different exercises were used in the three trainings.

Expectations

The participants were encouraged to share their expectations from the training. The card sorting method was used for this exercise. The participants wrote their personal expectations in small cards provided by the facilitators. These cards later were categorized and prioritized by the participant through open discussions. Some of the expectations were like;



- ❖ How to change behavior?
- ❖ What is the process of behavior change?
- ❖ Have not taken any training on BCC, how to plan for success?
- ❖ As the ASHA workers and ANMs are pillars of our project, how can the identify problems?
- ❖ What is communication?
- ❖ How to communicate effectively?
- ❖ In case, the plan does not succeed how to identify the gaps?
- ❖ To implement BCC we have to know it thoroughly.
- ❖ Since BCC is important for any lasting change, we need to know how to implement it.

The outcome of this exercise helped the facilitators sharpen their strategy and content as well.

Setting of ground rules

In order to make the sessions more participatory and focused towards the set objectives some basic ground rules were formulated by the participants with the support of facilitators.

All mobile phones will be either switched off or kept in silent mode. However, if the call is urgent one should go out of the room and take the call.

All will respect each other's time and hence will reach on time after the break of sessions.

The agreed time scheduled of the training programme will be adhered by all participants.

The participants while putting their point of view will use the abbreviations at the least.

The worksheets would be completed within the stipulated time.

The session was concluded with an ice breaker game on communication. 4 volunteers were asked to stand in such a position that none of them can see each other. While selecting the volunteers it was ensured that all of them are from similar background in terms age group, qualification, culture, language etc. All of them were given a sheet of paper and asked to follow the instructions. The volunteers were not allowed to ask any clarification or repetition of the instruction and they had to use their own mind while implementing the instructions. The rest of the participants were supposed to be meek spectators and just observe the process. Later facilitators made simple instruction to work on the given paper sheet like, fold it half way, tear the upper part of it, make a hole at the lower end of the paper, again fold it leaving one fourth from the left side and so on. After the instructions from facilitators was over the respective sheets from all four volunteers were collected and displayed to all participants. To the dismay the sheets were nowhere similar to each other although the instructions were the same.

The reasons were discussed with the participants. Some of the reasons that attributes to communication came up during this discussion such as; mere words are not sufficient for communication; taking feedback is essential for an effective communication; visual demonstration enhances the quality of communication; use of right language is also an important factor. This was followed by a complete session on effective communication.



Technical Session -1

Theories of Health Communication

Communication is transfer of information, understanding and emotions from one person to another. It is interdependent process of sending, receiving and understanding. Learning communication is essential for knowing, understanding and developing skills.

Effective Communication takes a significant amount of work and energy. It stems from our understanding of ourselves and others. It involves;

Our ability to understand

Our verbal and non-verbal communication skills

Our understanding of “our relationship with others”.

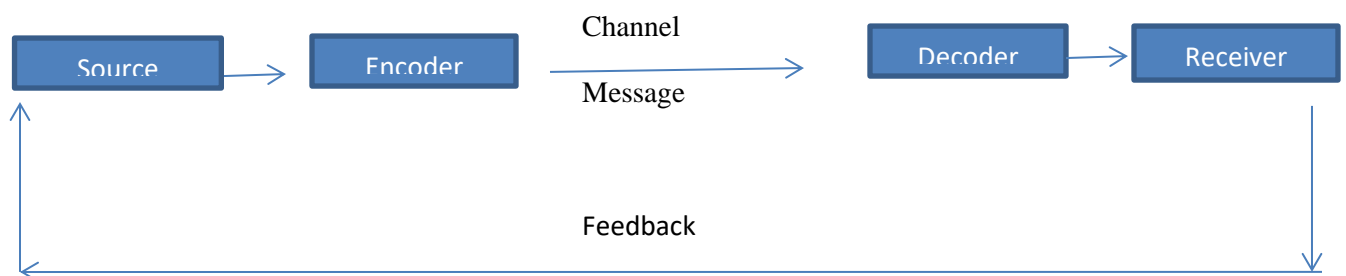
Our abilities to analyze the audience and understand the context.

Our knowledge of the way to research, prepare and deliver the speech.

Elements of communication

1. Sender
2. Message
3. Medium
4. Channel
5. Receiver
6. Noise
7. Feedback

Model of communication



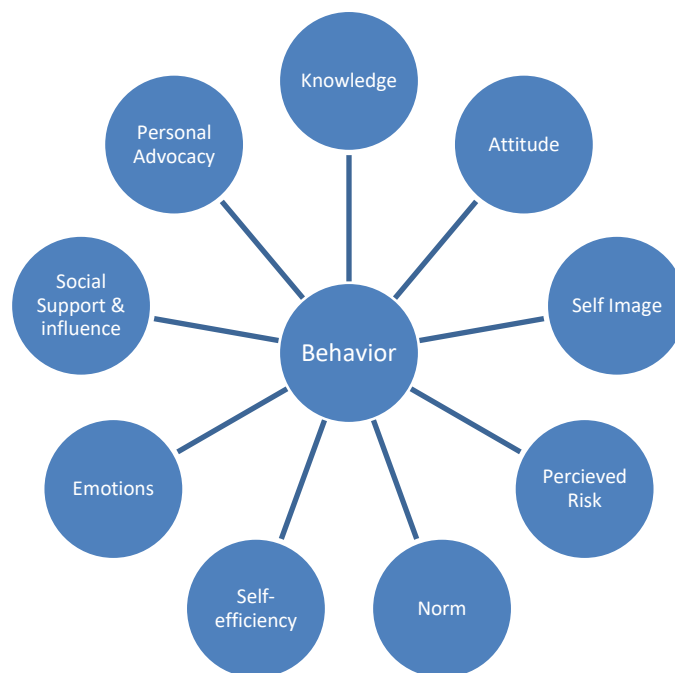
Behavior Change Communication

Behavior Change

“We do not see the problem as they are; we see the problem as we are Talmud. The we see the problem is the problem” Dr. Stephen Covey

BCC is a research based, consultative process of addressing knowledge, attitude and practices through identifying, analyzing and segmenting audiences and participants in programmes by providing them with relevant information and motivation through well-defined strategies using an appropriate mix of inter-personal, group and mass media channels including participatory methods.

Influence of ideational elements on behavior



Also, it is important to understand that the behavior is directly related to the habit, which is a mix of Knowledge, Skill and Desire. This was further defined in the Socio ecological model.

The characteristics of Social Behavior Change Communication is well represented in the model of C-Planning presented below.



SOURCE: Adapted from Health Communication Partnership, P-Process Brochure, CCP at JHU (2003); McKee, Marioncourt, Chiu, Carnegie, ACADA Model (2003); Parker, Calympis, and Durden, The Integrated Strategy Wheel (1998); AED, Tool Box for Building Health Communication Capacity (1995); National Cancer Institute, Health Communication Program Cycle (1983).

Context Analysis

In the backdrop of the Socio ecological change model the first step of C-Planning can be elaborated with the help of following questions.

Once you have named the key people affected and involved the rest of socio ecological change model helps to check what you do and do not know about each group, ask yourself.

Local community Service and products

What community asset can support change or impede it? What product and services are available at community level? What is the quality? Do people like them? Is transport available to access services? Are they subsidized so that people can take transport or buy products?

National Enabling Environment

What policies exist that support change or impede it? How does political and religious atmosphere influence these policies? Is there a social movement supporting this change? Are there any leaders who can support or impede change? How can you work with them? What is the economic, technological and natural environment like?

Information

What information do they receive about health issue? How timely, accessible or relevant is it? Through what channels? How do they react to it? What information do they need?

Motivation

What motivates people to act? What are their attitudes and beliefs? What appeals to them? What do they want? How do gender norms more or less motivated? Has key information been motivational to them?

Ability to act

What life skills do people have? What strengths, resources or access to services or products do they have? How confident do they feel to be able create change? How do gender norms contribute to or constraint their ability to act? Why?

Norms

What are the deep underlying values of each group, as reflected in gender norms and other social and cultural norms? How do these norms affect people's knowledge, beliefs and ability to act and ultimately their behaviors? How do these norms influence their health and other development problems? Do all the affected and influential groups have the same norms?

Answer to these questions and other questions can, again be supplied through existing research. Look to these sources first. Then consider the best ways to get your own answers to these questions.

Strategies of Social Behavior Change Communication

SBCC: Three Key Strategies



1. Advocacy

To raise resources and political and social leadership commitment for development actions and goal.

2. Social mobilization

Social and community mobilization for wider participation, coalition building and ownership

3. Behavior Change Communication

Behavior change communication for changes in knowledge attitude and practices of specific audience/ participants of the programme

Remember that key strategies are mutually reinforcing

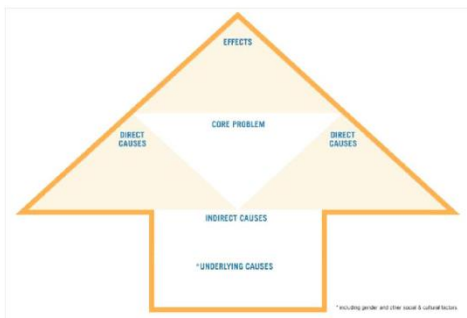
Principles of Social Behavior Change Communication

Ten crosscutting principles of SBCC

- Principle #1 Follow a systematic Approach
- Principle #2 Use research (not assumption) to drive your programme
- Principle #3 Consider the social context
- Principle #4 Keep the focus on your audience(s)
- Principle #5 Use theories and models to guide decisions
- Principle #6 Involve partners and community throughout

- Principle #7 Set realistic objectives and consider cost effectiveness
- Principle #8 Use mutually-reinforcing materials and activities at many levels
- Principle #9 Choose activities that are motivational and action oriented
- Principle #10 Assure quality at every step

Understanding the situation

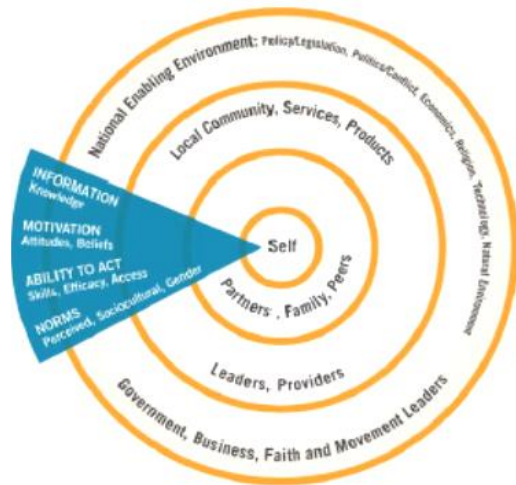


Root Cause Analysis was explained to the participants through the diagram given below. Later they were asked work in small groups consisting 5 members each and do the analysis for some of the existing problems such as; Diarrhea, Village Health and Sanitation Day (VHSND), Routine Immunization, Early and Exclusive Breast feeding, Poor ANC etc. the groups worked on this assignment separately and displayed the situation on chart papers with colored marker pens. These were again presented to the whole group for their comments. In order to bring clarity about the methods

the facilitators commented on each of the presentations and provided tips for future.

Audience Segment

Socio ecological model: A lens to understand change and barriers of change



SOURCE: Adapted from McKee, Mahoncourt, Chie and Carnegie (2000)

The audiences that have similar communication needs, preferences and characteristics are termed as Audience Segments. It can be classified into;

Primary Audience: Partners, Families, Peers

Secondary Audience: Leaders, Providers, Local Community, Services, products

Tertiary Audience: Government, Business, Faith and movement leaders, National Enabling Environment-policy legislation, politics/ conflicts, economics, religion, technology natural environment

In order to understand the change and barriers of change one need to put oneself in the mindset of each audience segments and contemplate the various rings influencing them. What is a most critical here- motivation, skills, values, norms, policies or product services? How do you know?

To create the communication objectives following matrix was suggested.

Audience Segment	Desired Change: Information, Motivation, Ability to Act, Norms, Policy, Services, community structure or other change	Barriers: contextual or behavioral reason(s) why the audience is not doing it	Communication objectives: addressing Key barriers