

**Research Methods in Health Promotion**  
**Prof. (Dr.) Madhumita Dobe**  
**Chairperson,**  
**Foundation for Actions and Innovations Towards Health Promotion**  
**Week 09**  
**Lecture 43: BCC and SBCC (Part III)**

Music In our continuation of behavior change communication and other communication strategies, we now arrive at another very important strategy that is social and behavior change. So, this is basically about the paradigm shift which we have observed over the years from health education to IEC to BCC and finally, to SBCC now. We will also be discussing SBCC research through the socio ecological model, because we have been emphasizing on the use of models or the understanding of models for implementing these research and designing and developing interventions. We would also like to delve into the social marketing approach for SBCC research and finally, for a sustainability SBCC research through community mobilization model. We were talking of a paradigm shift. Now, over the years there has been a shift in approaches to behavior change, moving beyond approaches to increase individual awareness which was the norm earlier.

We have individual awareness about particular health problems or issues through traditional health education information interventions and using information education communication strategies and approaches to what we called behavior change communication through facilitating enabling environments as well. And then finally, we decided that well social change is as required as well, because the social context, the socio cultural context along with the economic context is very important to facilitate sustained behavior change. So, this component of social and behavior change communication, only information has not been able to change people's behavior. Even information along with changing or making or trying to make a supportive environment has not been very fruitful, because there are lots of barriers inbuilt into the society.

The ecosystem in which we live, the physical and social context in which we live. So, unless we can change those the determinants which originate from them, the social determinants has to be addressed in order to change our behaviors. So, the change has come about with the realization that individual people or individual behavior is influenced by socio cultural and gender norms. So, whenever we want to change and whatever we want to change, we have to take these into consideration. So, the need to mobilize communities in support of recommended behaviors is essential with simultaneous advocacy efforts to influence policy and structural issues.

Unless we change those, it is impossible to bring about sustained change in behaviors. So, let us give an example of BCC and SBCC and their differences. Let us take one behavior proper utilization of iron rich food including household food distribution. So, amount type of food

etcetera, combination of food eaten like vitamin C rich foods etcetera. Now, if you really want this to be emphasized, this behavior to be changed so that people use iron rich foods, have proper food distribution, have proper amount of food, proper types of food and combine it with good absorbance like vitamin C rich food.

So, we need to have separate objectives for each of the component behaviors in order to fulfill the objective that by the end of next 12 months at least 80 percent of the pregnant women in the community will consume iron rich food in their daily diet. So, this was a behavior objective which we have taken. Now, for this by the end of next 4 months say, we have taken 12 months for a practice change, we have taken 4 months for an access change. We have said that in by the end of next 4 months, 100 percent of the pregnant women will have access to locally affordable iron rich food. So, this requires advocacy with another group of stakeholders.

Then we have another objective by the end of 6 months, at least 90 percent of the pregnant women in the community will know and have the skills. So, you just cannot have food, you have to cook it appropriately. So, retaining its the food ingredients or its richness. So, they will know about the importance or will know and have the skills for preparing and cooking food using methods that prevent loss of or enhance iron absorption. So, we know there are certain cooking practices which actually reduce the iron available.

There are certain other food which can be used along with these foods to enhance iron absorption, people need to know about it. Then by the end of the next 6 months, 100 percent of household members of pregnant women because then again this is another group of stakeholders or targets because they are the decision makers. So, they will know about the importance of proper household food distribution for pregnant women, especially amount, type of food and about the combination of foods to be eaten, vitamin C rich food and meals along with meals to enhance the iron absorption. So, these are the objectives which we have fixed for behavior change communication. But as you can see there is a lot of social norms operating in each of these, what food is distributed, household food distribution very socially determined, what type of food people will have during pregnancy and not have during pregnancy.

These are again a lot of normative beliefs in the society. So, here we need to apply a socio ecological model for social and behavioral change. If social factors, social norms and environmental factors like price of iron rich food, marketing of local iron rich food etcetera in the above example are found to be the major barriers. They are the major barriers in most cases. Then the SBCC approach is and should be adopted.

So, SBCC uses a model again that is the socio ecological model for change. This is the socio ecological model for change. What do we see here? At the very core is the self or the individual. Surrounding him or her is the interpersonal milieu which consists of their partners, their family, their peers. Again out of this or just outside this circle lies community, the

organization of the community, the services available, the products available etcetera and the leaders and providers who are operating in this circle.

Finally, the outermost environment is the enabling environment. Proper policies, proper legislations, politics and conflict issues, economics, religion, technology, natural environments all these operate along with of course, leaders might be informal, might be formal from the governments, from the NGOs, from the private sectors. But these concepts apply these there are certain cross cutting factors which are operating at all these levels. At all these levels people need information or knowledge. They require to be motivated both from the self to the outermost individual.

Their attitudes and beliefs need to change, their ability to act needs to change, their skills, their self efficacy, their confidence that yes I am able to do this, this is easily done. Their access issues and the norms, the perceived norms, the socio cultural norms, the gender norms these same cross cutting factors are operative across all levels. So, this is the socio ecological model. So, in order to change we need to change these factors at all these levels. So, SBCC is usually done through socio ecological model.

This model is based on the fact that behavior is influenced by factors operating at four major levels. What are they? The individual level, the interpersonal level, the community level and the environment level. We have shown you certain rings. These rings are the domains of influence and we have also given you an idea of who are the people involved in each of these domains. So, SBCC or social and behavior change can be brought about by four major cross cutting factors.

We call it the triangle of influence. So, when you want to do SBCC it is just not sufficient to just provide information. No. Along with information there must be interventions for motivation, there must be interventions to improve their ability to act and there must be interventions to change norms. So, people need of course, they need timely, accessible and relevant information.

Suppose the very modern concept contraceptives which are there now. People do not use them as much. So, they need information and also about their side effects most often they are also frightened of something new. And so we can use the diffusion of innovation model to find out what are the factors operating and then use it to address the gaps, provide information to address the gaps. People also require motivation.

Now, how will you assess motivation? See what are their attitudes, see what are their beliefs, see what are their perception of the benefits, risks or seriousness of the issues of the program that is being attempted to change. For example, attitudes towards use of modern hormonal

contraceptives or beliefs about the benefits of family planning. You know these might be defective or there might be gaps in this area. So, then again motivational messages or to change these attitudes, these beliefs or perceptions have to be undertaken. However, even motivation may not be enough.

For instance, few women and girls have the power to negotiate the conditions for contraceptive use. So, they need to develop the ability, the program or the intervention needs to support them to develop the ability to act in a particular circumstance. So, they need to have the exertion or negotiating powers. So, to lead to self-efficacy or collective efficacy and access to services. So, they must know how they can negotiate, how they can decide, how they can improve their own efficacy or control over it and they must know where these services are available and be able to access it.

Finally, the norms. There are norms, perceived norms which people have. There are socio-cultural norms which the society presents and there are gender norms. They have considerable influence. Norms reflect the values of the group or the society which are very much there along with social expectations and behavior. Perceived norms are basically things which the individual believes are expected of him.

I am a woman, I am supposed to eat last. I am a woman, I am not supposed to decide on how many children I should have. So, socio-cultural norms are those that are followed in the community for different social strata or cultural groups. There are many such norms which are followed in every society and which have an impact on health related behavior as well. Gender norms are the social constructs.

A woman just not by birth develops such discrimination, but this is a social construct. What the social does, society does for the woman. So, these are gender norms which are social constructs of the expected behavior of males, females, etcetera. So, we need to understand all these constructs, all these factors before we can bring about change. Sustained change through social behavioral change.

So, there are three key strategies of social behavior change communication. The basic thing which we have already been discussed is behavior change communication for individual and community. It is better done through multimedia, not only one method, not only one strategy, but multiple strategies and participatory approaches. More the stakeholders are involved, more the people for whom it is meant, they are involved in the whole process right from the beginning to the end and we have given examples of CBPAR that leads to sustainable changes in behavior.

Next comes social mobilization. Behavior is more of individuals and small groups. When we talk of the society at large, there are huge numbers of people involved right from the national

level to the community level. What should be the approach? The approach should be of building partnerships and alliances. Again we cannot go with a prescriptive attitude, it does not work. So, rather we need to bring the key stakeholders on board with us and our research also should be such as to find out how many of these factors are operating, how are they operating, where are they operating and in our recommendations these are what we should be looking for.

Partnerships and alliances for social mobilization and finally, advocacy. So, these three are the key efforts. Advocacy is fighting for this cause basically. So, it requires a lot of political and social commitment, but social behavior change communication has actually a planning continuum which needs to look at all these levels through all these strategies and perhaps even more and needs to have a lot of access and availability for services and products because if you really want people to change their behaviors, adopt new behaviors, it is also important they have these available, accessible and of course, affordable for their own needs. So, using advocacy, social mobilization and behavior change communication for SBCC means that there would be an appropriate mix of strategies to address change at every level and we have shown you the triangle of cross cutting factors.

We have to use these. These are advocacy to raise resources and political or social leadership commitments for actions and goals. We also need social mobilization for wider participation, community mobilization and social engagement. And most important BCC for changes in knowledge, attitude and practices of specific audiences and their access to available services, supportive environments. So, just to reiterate we had spoken of health education and then IEC and we said IEC is built into BCC.

And now we say BCC is built into SBCC. Each of these strategies have their own separate, but objectives, but there should be always mutually reinforcing. We cannot have them working in different directions. Social mobilization is used by individuals and communities. First to raise awareness of a health care problem and then to engage and motivate the stakeholders. The community leaders, the public and private partners, the community leaders and the public and private partners.

Social mobilization basically uses the community organization model to empower communities through their active participation for identifying key health issues. So, when you use the community to find its own problems, to work on them, to take action, to develop their own communities, to make changes, to create change, to create change and to create change. It is based on the information collected and the objectives formulated and the plans for interventions are developed accordingly. When we are focusing on community mobilization it is important to just dwell on a few words to have a common understanding. To mobilize is to move something or someone and we are talking of community mobilization ultimately in SBCC.

Community mobilization is not a word which is to be used lightly. Actually community mobilization is a capacity building process through which the community, individuals, groups or organizations, they plan, they carry out and they evaluate activities on a participatory and sustained basis to improve their health and other needs. That can be on their own initiative or as is more common stimulated by others. So, that is what we are trying to do. Community mobilization addresses the selected problem through community engagement and grassroots led actions.

The first and essential component of community mobilization is community participation. First of all community must participate. Mobilization is the end level, but before that the community must participate. Active involvement in planning, implementing and monitoring a program. Community participation does not mean passive utilization of services.

It individuals and communities need to participate right from the definition of the problem to the generation of adequate solutions. The level of engagement of course, depends upon the interest and capabilities of each individual in the community. Now, having ensured participation mobilization needs to follow the process of community organization. Now, communities are not organized to perform these activities. So, organizing the community in such a way that they can identify and prioritize the needs, the objectives, the develop confidence that they will be able to take action and change and the will to achieve.

This can be done by finding resources through again cooperative and collaborative attitude practices and participation. So, successful community organization. So, moving from participation to organization and ultimately mobilization. There are many participatory tools and techniques for collecting information from the community.

We have dealt with it in detail in the CBPR classes. So, these are some of them direct observation, group interviews, community maps, role plays, stories, workshops. They are visual methods which can be easily used collected and used by the community. And we must remember that there are degrees of community participation. The ultimate is the end of the arrow which is co-learning and collective action along with community ownership and sustainability. But there are lesser just marginal levels like co-option.

We just choose local representatives, but they we do not give them any power or might be just compliance. We tell them this is what you have to do and they just do it. Or perhaps even consultation where local options are asked for and, but the analysis is done by outsiders, the plan is developed by the outsiders etcetera. That too is not community mobilization. Cooperation local people work together with outsiders to determine realities, but still the responsibilities with the outsiders for directing the process.

But after that these are the three which is actually the community involvement and mobilization where collectively local people set their own agenda and mobilize to carry it out in the absence of outside initiators and facilitators. And co-learning meaning local people and outsiders shared their knowledge to create a new understanding and work together to form the action plan with the outsider only facilitating. Please remember this. Please give community traditional wisdom its due respect and value. So, we all are now aware that ultimately community based research facilitates development and implementation of the community action cycle which is exploring the issues, setting priorities, planning, acting together, evaluating together, then preparing to scale up, mobilize and finally, organizing the community for action.

The other method which we follow is social marketing. These are actually using marketing techniques to influence voluntary behavior of targeting audiences target audiences. This is we know all the marketing techniques which are used for commercial purposes. It is not just informing or persuading people to reinforce behavior with incentives. It means it is an approach for health behavior promotion. So, using the same marketing technologies we analyze, plan, execute and evaluate programs.

Social marketing programs are basically consumer driven and targeted to serve a defined group of people. So, we just like the marketing strategies we segment the audiences into homogeneous subgroups with distinct unifying characteristics like gender, exercise habits, readiness for change. This is very evident in all the TV ads we see. And we also can use health behavior promotion through such strategies. Social marketing actually identifies patterns and distinguishes target groups and then get the strategies to approach them.

So, this is the social marketing wheel where we plan and develop strategies. We develop and pretest the concepts, messages and materials. These are the four P's the product, the behavior change is the product, the behavior that is being promoted and the benefits that go with it. Just like a piece of soap we try to promote the actually disseminate the benefits. Price the benefits and costs refers to barriers or costs involved in adopting the behavior.

The money it will need, the time it will need, the effort it will need, the place where is it accessible and whether it is convenient or not and promotion. How the practitioner will notify the target market of the product, the benefits, reasonable cost and convenience. So, you see it is the same as marketing other commercial products, but we consider the health behavior itself to be the product and promote it according to the social marketing technique. So, social marketing interventions begin again with formative research. We try to find out the consumer's current behavior, what enables it, what reinforces it or we also call it there is another type of analysis which is done which is known as competitive analysis.

So, if there are other behaviors, competing behaviors that are being promoted for example, messages encouraging people to eat convenient and expensive fast foods compared with competing with messages about eating five fruit vegetables a day. So, we also do competitive analysis to understand these issues. It also investigates how consumers decisions are shaped by factors like social and physical surroundings or their economic situation. Social marketing also does this. And we evaluate after formative research to develop and refine these concepts, messages, products, services all these distribution.

We use qualitative methods to evaluate and pretest these whatever we have developed, pilot test them and finally, do a process evaluation to track the program outputs and processes. And we have to remember that we also have to do a summative research ultimately to see the outcome. Social marketing programs are most successful when they are implemented using a research driven process. So, consumer research is very important and in our case we can just rename it as community based audience research.

So, once again we come to the final take home messages. There has been a paradigm shift towards the need to mobilize communities in support of recommended behaviors. And this is essential for simultaneous advocacy efforts also to influence the policy and structural issues. So, not only individuals, the communities, the influencers including the policy and the structural issues. Social change is necessary to facilitate sustainable behavior change. So, we use the what we call the social and behavior change communication using the socio-ecological model framework.

SBCC can be also implemented through social marketing strategies using marketing techniques to influence voluntary behavior of target audience members. It also uses community mobilization model organizing the community in such a way that they themselves identify and prioritize their needs and objectives. And addresses them through cooperative and collaborative attitudes, practices and perception. These are actually simply done, but in the initial stages it might appear very daunting. Once we start doing it, we find that it gives us much better outcomes than what we have been doing all through right now.

Till now, yes there are definite applications for each and different situations we just have to understand, know, apply theories, apply models, apply frameworks and choose the correct strategies and approaches to bring about social behavioral change to the extent possible and back it up with very good evidence from research. These are some of the references which have been used for preparing this. Thank you very much.