Understanding Social and Behaviour Change Communication

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Social Behaviour Change Communication (SBCC) is an amalgam of independent but related terms that should be understood first, as different words and second as an entity. SBCC is primarily a brand of communication that has long existed in the social and behavioural disciplines; in the social sciences and humanities. It is also a field of study that is strongly anchored on theories of human behaviour and the philosophies of human existence with the aim of bringing about a transformation of the negative human behaviour through the ecological system. Behaviour change specifically has attracted the concerns of economists and advertisers. Economists are concerned about human needs and wants as determined by human behavior.

One of the economic models of human behaviour explains the principle of demand and supply, demystified by the price mechanisms. The principle states that human beings would demand for more goods and services if they have more money and if the prices are low, while suppliers would prefer to supply more goods if demand is high. On the other hand, social behaviour, as sociologists have argued, is influenced by social agents including namely: **the family, the peer group, the school, the media, the church or religious group and the community**.

The social constructs that dictate human behavior in the society (the social agents) have affected individuals both negatively and positively. The negative attitudes of individuals in the society have further constituted anti-social behaviours such as armed robbery, prostitution, drug abuse, child abuse and child trafficking. The inherence of such attitudes in the society has made the social environment more uncomfortable for peace loving inhabitants. It is in the light of the foregoing that social and behavior change communication has become significant. The significance of SBCC is to social workers, health promoters and communication/media or theatre

practitioners, whose primary business is to strategize communication for change from negative to desired forms of behaviour.

SBCC, according to C-change final report is defined and explained as:

> …the art and practice of informing, influencing and motivating individuals, communities, institutions and public audiences about important health and development issues. The field uses measurable objectives and evaluation methods and is fed by multiple disciplines. It seeks to consciously address social factors that influence behaviour and development within a socio-ecological framework. Although change starts with an individual, it has to be manifested in social norms, groups, policies or structure in order to be sustainable. (C-change Final Report I).

SBCC is a communication oriented programme that utilizes the media for advocacy, social and community mobilization and behaviour change communication in the political and cultural domains to expand individuals and groups' participation in the desired behaviour and to foster collaboration through communication in relation to addressing individual risk and vulnerability.

A successful behavioural intervention would require an understanding of basic principles of behaviour. Behaviour can be classified in terms of its effect on the environment or society. Behaviour can also be classified according to the factors responsible for it. Categorically, behaviour is hereditary (genetically inherited) or socially acquired. Thus, some behaviours and attitudes are inherent in the genes of the individuals or cultivated from family values, peer pressure, media influence, scarce availability of resources in the society etc. In behavioural terms, a functional understanding of behaviour requires that one describes the response, its antecedents and consequences.

Example: Antecedent ⟶ Behaviour ⟶ Consequence.

       (Feeling Hungry)   (Cook & Eat)   (Feel Satisfied).

An antecedent is an environmental or physiological stimulus that precedes behaviour. This is also called a discriminative stimulus. For example, a red light is a stimulus for putting on the brakes while driving. Behaviour is a response to a phenomenon of interest; an action or reaction of a person. A consequence is an event that follows the behavior. A consequence could

determine the occurrence of a behavior in the same antecedent. Reinforcing consequences could increase the probability of a behavior re-occurring while a punishing consequence could decrease the reoccurrence of such behaviour e.g. a child who is spanked for stealing today, might likely not do so tomorrow. (Bach and Mccracken 4-6).

Making use of communication to catalyze social and behavioral change is not exactly simple, as it requires program designers who can channel their time, energy and resources into designing interventions that go beyond basic outreach and information campaigns. There must be a strategic approach to intervention (Thompson 4). The government has several tools at its disposal to stimulate behavior change. These range from regulation and taxation, legislation, persuasion, engagement and working in partnership to facilitate provision of information to the masses. The government continually seeks new and improved ways to communicate with citizens in order to encourage positive behaviour change. Most government communications seek to encourage or enable people to act in one or more of these ways;

- To change existing ill behavior.
- To stop doing something damaging to the environment.
- To prevent the adoption of a negative or harmful behavior.
- To adopt a new behavior (Lund 7).

This is where SBCC becomes applicable. There are certain factors that influence behavior, they include personal knowledge, media, habit and routine, social factors, communication and social norms, self-efficacy, environmental factors, religion and family.

The SBCC Acronyms

Social

The term 'social' is an adjective that describes man and his relationship with his environment. 'Social' is depictive of human interaction or individual and group relationship with the ecology in a society. The term social can never be divorced from society. Synonymously, the term 'social' is likened to terms such as 'boon', 'companionable' 'extroverted', 'gregarious' or 'outgoing'.

A social person is therefore cordial, folksy, forthcoming, friendly or hospitable. Such a person is also affable, genial, gracious, amiable and congenial. Etymologically, the word 'social'

derives from the Latin word 'socii' (meaning allies). Ordinarily, 'social' refers to attitudes, orientations or characteristics which are determined by interests, intentions or needs of other people in the society. Marx Weber, the sociologist, defines human action as "social" if, by virtue of the subjective meanings attached to the action by individuals, it takes account of the behaviour of others. It is very clear at this point that the term 'social' is a combination of 'society' and the 'behaviour' of the individuals in that society.

Individuals are integrated into the society through a process known as socialization. Socialization is a life-long process of learning from childhood to adulthood in which members of the society learn the culture into which they were born. Socialization is defined as the long and complicated process of social interaction through which the child learns the intellectual, physical and social skills he or she needs to function as a member of the society (Nwagbara 113). Gender roles of masculinity and femininity are products of socialization which are reinforced by the agents of socialization.

Behaviour

'Behaviour' is commonly regarded as the way in which one acts or conducts oneself, especially towards others. Behaviour is an individual's conduct, deportment, actions, performance or reaction. Generally, behaviour is the range of actions or conduct of individuals, organisms or systems in conjunction with other individuals, organisms or systems or their environment. Behaviour is best described as a reaction to some actions; a response of the system or organisms to various stimuli or inputs. Biologically, behaviour is the internally coordinated responses (actions or inactions) of the whole living organisms (individuals or groups) to internal and/or external stimuli.

Human behaviour is influenced by internal or external factors. Internally, human behaviour is influenced by the endocrine system and the nervous systems; desired and undesired forces or urges and grudges. Externally behaviours are influenced by social agents namely: family, peer group, school religious groups, media or community. Human behaviour is a product of human attitudes which stem from individual beliefs. Beliefs range from those that are primitive and strongly held to those that are based on authority and are not as strongly held.

Beliefs are sets of attitudes which fall into two categories: attitudes towards objects or issues and attitudes towards situations (Larson 164).

Psychologists share the opinion that attitudes share *cognitive*, *affective* and *behavioral* functions. Cognitively, attitudes are learned and hence become part of the storehouse of knowledge on which we take action. Attitudes play affective functions when they affect our emotions and feelings, and play behavioral functions when they predispose us to take certain actions (Larson 165). A new aspect of behaviour is behavioural intention which relates to what one intends to do about an issue regardless of what action one finally takes.

Change

Some synonyms for change include adjustments, metamorphosis, modification, reversal, transformation, correction, alteration, reconstruction and revolution. Change is a process of transformation in any individual or organisms from an initial position to another position. Change is a necessary phenomenon that occurs with the aid of persuasion. In some cases change occurs naturally but in other instances change is propelled by instituted forces. The concept of change is therefore dynamic and unpredictable but certain.

To a reasonable extent, change is the final product of the individual's decision in the behavioural disciplines. It is propelled by social forces or influences on behaviour. The change model indicates that any individual who changes his behaviour undergoes five stages but may relapse at any stage.

The Transtheoretical Model

Stages of Change

Adapted from Prochaska, L.O. & DiClemente, C

The pro-change behaviour incorporated presents an explanation of the five stages of change (adpted from Pro-change online):

1. *Precontemplation (Not Ready)*

The individual in the Precontemplation stage does not intend to take action in the foreseeable future, usually measured as the next six months. Being uninformed or under informed about the consequences of one's behaviour may cause a person to be in the Precontemplation stage. Multiple unsuccessful attempts at change can lead to demoralization about the ability to change. Both the uninformed and under informed tend to avoid reading, talking, or thinking about their high-risk behaviours. The individual is often characterized in other theories as resistant, unmotivated, or unready for help. The fact is, traditional programs were not ready for such individuals and were not designed to meet their needs.

2. *Contemplation (Getting Ready)*

Contemplation is the stage in which people intend to change in the next six months. They are more aware of the pros of changing, but are also acutely aware of the cons. In a meta-analysis across 48 health risk behaviors, the pros and cons of changing were equal (Hall & Rossi, 2008). This weighting between the costs and benefits of changing can produce profound ambivalence that can cause people to remain in this stage for long periods of time. This phenomenon is often characterized as chronic contemplation or behavioral procrastination. Individuals in the Contemplation stage are not ready for traditional action-oriented programs that expect participants to act immediately.

3. *Preparation (Ready)*

Preparation is the stage in which people intend to take action in the immediate future, usually measured as the next month. Typically, they have already taken some significant action in the past year. These individuals have a plan of action, such as joining a health education class, consulting a counselor, talking to their physician, buying a self-help book, or relying on a self-change approach. These are the people who should be recruited for action-oriented programs.

4. *Action*

Action is the stage in which people have made specific overt modifications in their lifestyles within the past six months. Because action is observable, the overall process of behavior change often has been equated with action. But in the TTM, Action is only one of six stages. Typically, not all modifications of behavior count as Action in this Model. In most applications, people have to attain a criterion that scientists and professionals agree is sufficient to reduce risk of disease. For example, reduction in the number of cigarettes or switching to low-tar and low-nicotine cigarettes were formerly considered acceptable actions. Now the consensus is clear—only total abstinence counts.

5. *Maintenance*

Maintenance is the stage in which people have made specific overt modifications in their lifestyles and are working to prevent relapse; however, they do not apply change processes as frequently as do people in Action. While in the Maintenance stage, people are less tempted to relapse and grow increasingly more confident that they can continue their changes. Based on self-efficacy data, researchers have estimated that Maintenance lasts from six months to about five years.

Termination

Termination, though not included in the model above, is the stage in which individuals are not tempted; they have 100% self-efficacy. Whether depressed, anxious, bored, lonely, angry, or stressed, individuals in this stage are sure they will not return to unhealthy habits as a way of coping. It is as if their new behavior has become an automatic habit. Examples include adults who have developed automatic seatbelt use or who automatically take their antihypertensive medication at the same time and place each day. In a study of former smokers and alcoholics, researchers found that less than 20% of each group had reached the criteria of zero temptation and total self-efficacy (Snow, Prochaska & Rossi, (1992). The criterion of 100% self-efficacy may be too strict or it may be that this stage is an ideal goal for population health efforts. In other areas, like exercise, consistent condom use, and weight control, the realistic goal may be a lifetime of maintenance.

Communication

Communication refers to a process by which information is exchanged between or among individuals through a common system of symbols, signs or behaviour. As a process, communication involves sending and receiving messages – sometimes through spoken or written words and sometimes through such nonverbal means as facial expression, gestures and voice qualities (Ober 5). Ordinarily, communication is the transmission of information, ideas or beliefs from the encoder to the decoder with the aim of achieving a common understanding, promoting a course or reacting to giving stimuli in the communication encounter.

Communication is broadly divided into two namely: Verbal and Non-verbal communication. Verbal communication is divided into oral and written communication. Oral communication involves the use of human speech organs in producing meaningful sounds that

represent meanings. Written communication involves the use of symbols, alphabets or some form of signs that represent peculiar meanings. Four main communication skills include speaking, listening, writing and reading. Non-verbal communication involves the use of body movement, distance or Para-language for information transmission purposes.

Communication in development brings about empowerment process; it is expressed in SBCC factor as communication for development (C4D). Here communication is intrinsically meant to re-enforce development. So C4D makes it a vital element in targeting/channeling efforts which aim at achieving an intended program of development. For development plans to be embraced they must be articulated and channeled through communication. The acceptance of new ideas can be transformed through creation of an atmosphere of participatory communication involving dialogue, cooperation, mutual respect and sharing of initiatives. Communication can be seen as a catalyst in the development process. Communication is necessary for projecting development just as development defines, modernizes and improves communication.

In conclusion, Social and Behaviour Change Communication is a planned communication that is designed to tackle specific objectives of target stake-holders or audience. It is also a communication made towards behavioural modification among the youth and/or adults of a given society. It aims at balancing life in the society and discouraging people from illegal and negative actions.

In Nigeria, C-Change is a USAID-funded project to improve the effectiveness and sustainability of social and behavior change communication (SBCC) activities and programs as integral part of development efforts in health and civil society, strengthening C-Change works with global, regional and local partners to apply communication approaches to change individual behaviours and social norms, supported by evidence based strategies (www.C-changeproject FHI360).

According to the United States Agency for International Development (USAID), SBCC which is social and Behaviour Change Communication is "the systematic application of interactive, theory based, and research driven communication process and strategies to address tipping points for change at the individual, community and social levels (USAID 2). A tipping point here means the dynamics of social change, where trends rapidly evolve into permanent changes. This can be driven by a naturally occurring event or a strong determinant for change – such as political will that provides the final push to "tip over" barriers to change (USAID, 2).

SBCC as interpreted by C-Change has three key characteristics:

1. SBCC is an interactive, researched planned and strategic process aimed at changing social conditions and individual behaviors.

2. SBCC applies a comprehensive model to find an effective tipping point for change by examining individual knowledge, motivation and other BCC concepts and social cultural and gender norms, skills, physical access and legislation that contribute to an enabling environment.

3. SBCC operates through three main strategies, namely advocacy, social mobilization and behavior change communication

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