Participatory Approaches and Health Behavior Change – Part 1

Rhonda Johnsen
Department of Health Sciences
University of Alaska Anchorage (UAA)
rmjohnson2@alaska.edu

seecon

Overview:

- ▲ "Nothing new under the Sun"

- ▲ Health Behavior Change and Social Marketing

- ▲ Community-Based Participatory Research (and Practice)

- ▲ Behavior Change Myths and Examples

Overview:

▲ "Nothing new under the Sun"

▲ Health Behavior Change and Social Marketing

▲ Community-Based Participatory Research (and Practice)

▲ Behavior Change Myths and Examples

HEALTH EDUCATION ASPECTS
OF SANITATION PROGRAMMES IN RURAL AREAS
AND SMALL COMMUNITIES

MAYHEW DERRYBERRY, Ph.D.

Chief, Division of Public Health Education,
US Public Health Service

SYNOPSIS

In large population centres, the sanitarian can effect the environmental changes needed without necessarily gaining the widespread participation or understanding of the people who are to benefit. In villages and rural areas, however, this is not so, since the people themselves will have to perform many of the actions needed to break the chain of transmission of disease. The sanitarian, to be successful, must therefore apply the sciences of human behaviour in any attempt to carry out environmental improvements.

Before any educational programme for environmental sanitation can be planned, it is necessary to obtain the essential facts about the people of the community. It is, for instance, necessary to find out what health problems they recognize and are interested in, how much they already know, what the usual channels of communication are, what social, cultural, and other influences are operating, and what are the existing resources that could contribute to the programme. In the actual planning, the sanitarian must consider how to get the participation of the people, what decisions can be left to the people themselves, what informational materials are likely to be needed and how they are to be used, and what the criteria of progress are to be.

If all these questions are satisfactorily answered, the sanitarian can assist the people to accept responsibility for their own improvement.

Over the years, sanitarians [1] have made great strides in reducing disease through their efforts at controlling or eliminating those factors of the environment that favour transmission. They have built central facilities for water supply in which the water is made safe through filtration and

---

[1] Throughout this paper the word " sanitarian " is used as a generic term embracing sanitary engineers and other public-health workers engaged in the practical application of sanitary science.

Improvement of the environment for better health is not just a matter of technology. It may impinge on various beliefs and customs of people and lead them to reject such action. This basic principle is emphasized in this article.

THE ROLE OF BELIEFS AND CUSTOMS
IN SANITATION PROGRAMS

Benjamin D. Paul, Ph.D.

MAN IS A BIOLOGICAL and social animal; he is also a cultural animal. He is cultural in that he runs his life and regulates his society not by blind instincts or detached reason alone, but rather by a set of ideas and skills transmitted socially from one generation to the next and held in common by the members of his particular social group. Culture is a blueprint for social living. Man resides in a double environment— an outer layer of climate, terrain and resources, and an inner layer of culture that mediates between man and the world around him. By applying knowledge which comes to him as part of his cultural heritage, man transforms his physical environment to enhance his comfort and improve his health. He also interprets his environment, assigning significance and value to its various features in accordance with the dictates of his particular culture. Among other things, culture acts as a selective device for perceiving and understanding the outer world. Since cultures vary from group to group, interpretations of the physical environment vary correspondingly.

Ordinarily people are unaware that culture influences their thoughts and acts. They assume their way is *the* way or the "natural" way. Interacting with others in their own society who share their cultural assumptions, they can ignore culture as a determinant of behavior; as a common denominator, it seems to cancel out. An engineer can construct health facilities in his home area without worrying too much about the cultural characteristics of the people who will use the facilities. Sharing their habits and beliefs, he has in effect taken them into account. But in another country with another culture, his assumptions and those of the residents may not match so well. In parts of Latin America maternity patients of moderate means expect a private hospital room with an adjoining alcove to accommodate a servant or kinswoman who comes along to attend the patient around the clock. In parts of rural India the hospital should be built with a series of separate cooking stalls where the patient's family can prepare the meals, in view of cultural prohibitions against the handling of food by members of other castes. And of course the effect of cultural differences looms even larger where sanitation has to be built directly into the habit systems of people, rather than into structures and plants that serve the people.

Anyone familiar with the operation of technical assistance programs knows about the kind of behavioral differences I have mentioned. Unfortunately, how-

Overview:

▲ "Nothing new under the Sun"

▲ Health Behavior Change and Social Marketing

▲ Community-Based Participatory Research (and Practice)

▲ Behavior Change Myths and Examples

Changing behavior is not just a matter of...

▲ Education

▲ Willpower

▲ Technology

Because we are complex beings, with

▲ Free will

▲ Competing interests

▲ Social context

▲ Psychological makeups

Social Change Marketing

INFORMALLY:

"Influencing Behaviors for Good."

"Social [Change] Marketing is a **process** that uses **marketing principles** and techniques to influence target audience **behaviors** that will **benefit society** as well as the individual."

Nancy R. Lee, Mike Rothschild, Bill Smith (2011)

Social Marketing vs Social Media

Social marketers sometimes use social media

Hallmarks of Social Marketing

▲ A. **Behavior-change** centric

▲ B. **Theory-informed**

▲ C. Careful **segmentation** of target audiences

▲ D. Intensive target audience **research**

▲ E. Understanding the "**exchange**" from the audience perspective

▲ F. Using all of the above to creating **an integrated, tailored set** of interventions

Uses all the techniques of traditional marketing,
not just advertising or communications (aka "4Ps")

Typical Applications

▲ Public health Environment

▲ Often combined with community-based participatory methods (CBPR)

▲ CBSM – Doug McKenzie Mohr, environmental psychologist www.cbsm.com

A: It's all about Behaviors

▲ Reject: don't throw grey water out the window

▲ Modify: don't reuse grey water more than X times

▲ Accept: scrub the steam bath after every use

▲ Abandon: don't wash diapers in the kitchen sink

▲ Continue: keep up the good work on honey bucket handling

▲ Start: use the new toilet every time

B. Theory-informed

Often it helps to build your SM intervention on a behavior-change theory

▲ Stages-of-change

▲ Social norms

▲ Diffusion of innovation, etc

Common themes of these theories:

▲ Positive intention

▲ No/minimal environmental constraints

▲ Skills, capabilities

▲ Social context

▲ Self-image

▲ Experience is emotionally positive

F. Using all of the above research:
The 10 Step Planning Process
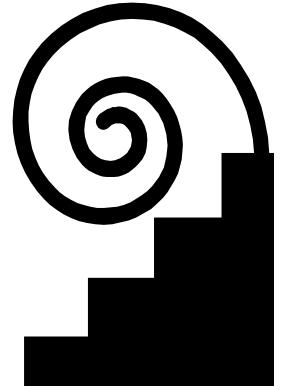
▲ 1. Establish Purpose & Focus

▲ 2. Analyze Situation

▲ 3. Select Target Audience

▲ 4. Determine Behavior Objectives & Goals

▲ 5. Understand Barriers, Benefits & Competition

▲ 6. Craft a Positioning Statement

▲ 7. Develop a 4-pronged Marketing Strategy

▲ 8. Determine Evaluation Plan

▲ 9. Set Budgets & Find Funding

▲ 10. Write Implementation Plan

Chinese SM sanitation campaign (Dickey et al., 2015)

Background:
Cysticercosis prevention

Behavior change:
Build, use, and maintain toilet

Theory:
possibly Social Norms or Social Cognitive

Segmentation:
rural Bai villages

Raise pigs, eat raw pork

Understanding of "exchange"

Distrust of outside experts

Squat-style preferred over sit-style

Some wanted simple, others wanted elaborate

Main motivations: convenience, privacy, cleanliness, progress
note: not disease-prevention!

Chinese SM sanitation campaign

▲ Elements of the intervention:

   ▲ Demo toilets (three-chambered)

   ▲ Half-day kickoff "fair" with games & prizes

   ▲ Brochures and logo'd hats

   ▲ Personal followup

   ▲ Local building coordinator.
      - Help find and train local builders
      - Construction quality-control

   ▲ Government price subsidies (dependent on Q)

▲ Outcomes

   ▲ Same # of toilets in intervention vs control villages

   ▲ Superior user satisfaction and increased use of toilet in intervention villages

Summary

▲ Social [change] marketing is an effective, often-used framework for changing behaviors for the good

▲ It is complementary to technology solutions

▲ Includes info, communication, education (ICE)

▲ Major differentiators vs standard techniques like education and health communications:

▲ In-depth knowledge of target audience

▲ Benefits of the behavior change are put in terms of their views, not "ours"

▲ Full complement of marketing techniques
Including education and health communication

Overview:

▲ "Nothing new under the Sun"

▲ Health Behavior Change and Social Marketing

▲ **Community-Based Participatory Research (and Practice)**

▲ Behavior Change Myths and Examples

A way to
have more impact and learn more...

Community

Based

Participatory

Research

CBPR:

An intersection between science and practice

"inquiry with the participation of those affected by an issue for the purpose of education and action for effecting change"

- Green et al, 2000

CBPR:

An intersection between science and practice

"inquiry with the participation of those affected by an issue
for the purpose of education and action for effecting change"

Green et al, 2000

CBPR:

"An approach that incorporates formalized structures to ensur community participation."

Agency for Healthcare Research and Quality (2004)

CBPR:

"...equitably involves all partners...
with a research topic of importance to the community
with the aim of combining knowledge and action
for social change to improve community health
and eliminate health disparities."

Kellogg Foundation Community Health Scholars, (2008)

Principles of CBPR

▲ Recognizes community as a unit of identity

▲ Builds on strengths and resources

▲ Facilitates partnership in all research phases

▲ Promotes co-learning and capacity building

▲ Seeks balance between research and action

Principles of CBPR

▲ Emphasizes local relevance and ecological perspective that recognizes multiple determinants

▲ Involves system development through cyclical and iterative process

▲ Disseminates findings and knowledge to all

▲ Involves long-term process and commitment

Israel, Schulz, Parker, Becker, Allen, Guzman, "Critical Issues in developing and following CBPR principles," Community-Based Participatory Research in Health, Minkler and Wallerstein, Jossey Bass, 2000

Participation in CBPR

Builds capacity and reduces dependency on "professional outsiders"

Ensures cultural and local competence

Facilitate sustainability

Enhances fit and productivity of programs

Addresses concerns of manipulation

Jewkes & Murcott, 1998, Rifkin, Muller & Bichmann, 1988, Cooke & Kothari, 2001