

Applying Lessons from Behavior Change Communication in the Promotion of Family and Community-based Activities that Support Early Grade Reading¹

Programs around the world are contributing to improved learning outcomes for students in the early grades of primary school. Attention has been focused on developing materials and training and supporting teachers to improve literacy instruction in the first few years of school. While early results are promising, additional gains can be made if families and communities can also be enlisted to support children reading. A greater understanding is needed of how parents, other adults and children interact during the crucial early years when children are expected to build language and literacy skills. This paper reviews the literature on behavior change communications, examines the research from the health and education sectors to identify effective behavior change strategies, and proposes a research design that draws on those effective strategies to test the impact of behavior change communications on how adults and children interact in relation to language and literacy development, and how those interactions contribute to children learning to read.

In the past few decades, health communication has evolved from Information, Education and Communication (IEC) to Behavior Change Communication (BCC) to Social and Behavior Change Communication (SBCC). IEC as it was usually practiced focused on delivering information to a target, with the assumption that given accurate information people would reduce damaging behaviors and adopt healthy behaviors. BCC acknowledged that information is necessary but not sufficient in most cases. BCC uses context-specific formative research to determine the motivators, barriers and facilitators to behavior change, and responds with a variety of techniques designed to incite the individual to change his or her behavior. SBCC expands BCC, explicitly recognizing the importance of changing social norms and increasing social support for behavior change, and acknowledging that change at the individual level occurs within the concentric circles of influence of family, community and society. Current, successful behavior change interventions are built on an understanding of the complex social, cultural and economic factors that make up the multiple levels of determinants of health and health behavior.

Two complementary (and sometimes overlapping) theories are used in designing behavior change interventions: explanatory or predictive theories, which examine *why* a particular behavior occurs; and change theories, which focus on *how* behaviors can be changed. Explanatory models are essential for guiding the formative steps of designing a BCC intervention: Without a clear understanding of why people perform or don't perform a particular behavior, interventions are not likely to succeed. Eight factors that best explain and predict behavior include:

- Intention to perform the behavior
- Environmental or external constraints and barriers
- Skills needed to perform the behavior
- Attitude or belief that the benefits of the behavior outweigh the risks or costs
- Perceived social or normative pressure
- Self-image
- Emotional reaction
- Self-efficacy (a person's confidence in her ability to take action and maintain a behavior)

One of the most well-known tools to guide the developing, implementing, and evaluating of SBCC intervention is the "P Process." The P Process has five steps: Step 1: Inquire; Step 2:

Design strategy; Step 3: Create and test; Step 4: Mobilize and monitor; Step 5: Evaluate and evolve. (Health Communication Capacity Collaborative 2013) However, the P Process is only as useful as the data and thinking that go into each step. Effective behavior change interventions need to build on three categories of data: theories of change, evidence for the success and failure of past attempts, and an in-depth understanding of the target audience. The P Process considers theory to be an essential crosscutting concept, and the evidence from past attempts and in-depth understanding of the audience are part of the first step, “Inquire.” The rest of the process builds on that foundation.

When considering how to change what families and communities do to support children learning to read, it is important to recognize some of the common constraints people face when trying to change behavior, as well as what might motivate them to change. Behaviors are generally classified as habitual, normative, and preventive. Habitual behaviors are performed without much thought; normative behaviors are based on powerful forces of traditional and social approval; and preventive behaviors may lack a salient, immediate outcome (Aboud & Singla 2012). Also, complex behaviors are more difficult to change than simple ones (Bongaarts et al 2012), and adopting new behaviors, or replacing old behaviors with new ones, is generally easier than prompting someone to stop doing (or avoid starting) an unhealthy or undesirable behavior. New habitual behaviors that require fundamental changes in routines are more difficult to change than one-off behaviors (Wood et al 2012). Some features of interventions that have successfully overcome these constraints include:

Multiple Reinforcing Communication Channels and Techniques: SBCC interventions that use a single channel or technique are generally less effective. The most successful interventions use a variety of methods and media, and they go well beyond information to cover skill building, modeling, ongoing support from peers or others, and other active interventions. The most successful interventions use three or even four categories of techniques, engaging participants at the behavioral, social, sensory, and cognitive levels.

Community Approaches: The importance of a community approach cannot be overemphasized, especially in developing countries. Social norms and pressures have a major influence on behavior, and this is key not just in initiating behavior, but also for reinforcing it through feedback that makes successes visible and supports maintenance of the behavior.

Appeals to the heart as well as the mind. The idea that SBCC should appeal to emotions would seem to flow naturally from the idea that purely informational approaches are insufficient, but it is surprisingly absent in many interventions. In general, the less willing and able the audience is to change, the more the intervention has to be creative, entertaining, and emotive.

EdData II is supporting an applied research study that will test the impact of behavior change communication interventions on how adults and children interact outside of school (in the home and community) in support of language and literacy development. The study will involve designing an SBCC intervention to be implemented, with the impact to be tested by pre- and post- intervention evaluations.

The hypothesis to be tested is that interventions to support reading by children in primary grades can be informed by BCC/SBCC approaches, particularly those that address behaviors with certain features. These may include:

- Behaviors that occur primarily at the household level
- Behaviors generally initiated by or focused on women

- Behaviors that require input of time, money and/or effort by the family, therefore requiring negotiation that will be affected by family dynamics
- Behaviors that can be performed or supported in a public or group setting.

Many education programs recognize the importance of enlisting family and community support for reading. The intent of this research is to see how those efforts can be made more effective by more systematically applying the theories, practices and lessons of the communications for behavior change field.

Resources for Further Study

Health Communication Capacity Collaborative at www.healthcommcapacity.org. Includes The Health Compass, an interactive and collaborative resource for high-quality tools and project examples to build capacity in SBCC (www.thehealthcompass.org) and Springboard for Health Communication, an online network that offers a virtual “home” for SBCC professionals (www.healthcomspringboard.org)

Johns Hopkins University Center for Communications Programs Resource Center.
https://www.jhuccp.org/resource_center

Health Communication for Managers, an online course from the Global Health Learning Center.
www.globalhealthlearning.org/course/health-communication-managers

C-Change/FHI 360. 2012. C-modules: A Learning Package for Social and Behavior Change Communication (SBCC). Washington DC: C-Change/FHI 360. <https://www.c-changeprogram.org/focus-areas/capacity-strengthening/sbcc-modules>

The Communication Initiative Network, <http://www.comminit.com>

CORE group Social and Behavior Change Working Group at <http://www.coregroup.org/our-technical-work/working-groups/social-and-behavior-change>

K4Health Toolkits. The Knowledge for Health (K4Health) Project is the flagship health knowledge management project of the U.S. Agency for International Development (USAID) Bureau for Global Health, Office of Population and Reproductive Health. <https://www.k4health.org>

¹ This short summary is based on Schmidt, Karen, 2014, “Applying Lessons from Behavior Change Communication to the Design of an Intervention Promoting Family and Community Support for Learning to Read.” Education Data for Decision Making (EdData II) Technical and Managerial Assistance, Task Order 20. Prepared by RTI international for the U.S. Agency for International Development