



Insights to Improve Social and Behavior Change Programming Through a Focus on the Attributes of Behaviors

Behavior change is complex and can be a challenging programmatic objective to achieve in any context, requiring a clear understanding of why people engage in behaviors in the first place. Tackling it from an unconventional perspective, however, may lead to fresh insights that can help inform the design of social and behavior change (SBC) programs and maximize their success. This brief describes the process and insights produced from Breakthrough RESEARCH's evidence review on attributes of behaviors.

KEY POINTS

In developing SBC programs, consider attributes of behaviors that are being targeted, rather than an exclusive focus on the characteristics of the target population.

Consider more universally applicable attributes of behaviors—repeatability, dependency, complexity, and time/opportunity cost—when designing SBC approaches.



Photo Credit: Population Council

SBC programs typically focus on the characteristics of the people who “do” a particular behavior, such as first time parents. What receives less attention are the attributes of behaviors—such as whether a behavior is hard to do; how often the behavior needs to be repeated to be effective; and, how the attribute influences, or if people adopt the behavior. To address this gap, Breakthrough RESEARCH conducted an extensive evidence review¹ that put the spotlight on the attributes of behaviors exploring which characteristics different behaviors might have in common, and how these insights might inform SBC program strategies to change behavior.

Through the review Breakthrough RESEARCH identified a set of nine behavioral attributes that were categorized into two groups: 1) “more universally applicable attributes” that are broadly the same regardless of the specific social, cultural, or economic context, and 2) “more contextually influenced attributes” that are more or less important and/or applicable depending on context (See Table 1).

More universally applicable behavioral attributes that can improve social and behavior change programming, research, and evaluation

This brief focuses on the set of four universally applicable attributes that are less likely to be context-specific or contextually influenced and could have broad applicability to enhance SBC programming. Further, these attributes have received less consistent attention in the literature and in SBC programming across global health areas. For instance, there is a substantial body of work around unpacking how contextually influenced attributes, influence behavioral outcomes in particular contexts (e.g., examination of social norms and how they influence family planning use). In comparison, there is relatively little attention to attributes of behaviors, such as complexity (e.g., taking a specific regimen of medications on a precise schedule), that may be influencing outcomes. For each behavioral attribute, Breakthrough RESEARCH refined the definitions and developed key criteria (framed as questions) that can help assess the degree to which each attribute may apply to any particular behavioral outcome (See Table 2).

TABLE 1. ATTRIBUTES OF BEHAVIORS

More Universally Applicable Attributes	More Contextually Influenced Attributes
Repeatability	Detectability
Dependency	Social norms, sanctions, stigma, and rewards
Complexity	Financial costs
Time cost	Expectation of benefit External interaction

TABLE 2. DEFINITIONS AND CRITERIA FOR MORE UNIVERSALLY APPLICABLE ATTRIBUTES

Attributes	Questions that Could Help Identify if an Attribute Applies to a Behavior	Illustrative Examples of Behaviors that Fit an Attribute
<p>Repeatability</p> <p>Refers to how often the actions that make up a particular behavior must be taken and at what intervals.</p> <p>Behaviors that must be repeated very often require a decision-making process at each instance, that is different than behaviors for which decisions must be made only occasionally or once.</p> <p>Note: Repeated behaviors with relatively little variation in the process require limited new learning and could become habitual or automatic over time.</p>	<ul style="list-style-type: none"> • Is the behavior repeated over short time intervals (e.g., daily)? • Is the behavior repeated over longer time intervals (e.g., weekly or monthly)? • Does the behavior require adherence to a schedule? • Does the behavior require repeated decision-making? • Is the behavior related to periodic cycles (e.g., seasonal weather patterns)? 	<p>Hand washing at critical times, use of insecticide-treated bed nets, use of contraceptives, and use of routine medications (e.g., antiretroviral therapies), among others.</p>
<p>Dependency</p> <p>Refers to the degree to which performing the behavior requires direct assistance or cooperation from others.</p> <p>Note: This definition excludes any social support that may be required to do the behavior, since this may be contextually dependent.</p>	<ul style="list-style-type: none"> • Must individuals receive assistance from others to perform the behavior? 	<p>Women’s use of male condoms (another person must put on the condom during intercourse), medical treatments (e.g., vaccines) which require medical personnel to administer the medication, and facility-based childbirth/delivery.</p>
<p>Complexity</p> <p>Refers to the extent to which the behavior requires multiple deliberate decision-points (i.e., points where individuals must consciously select between alternative behavioral options); if it requires very specific knowledge or skills to implement that may require training to acquire; or if multiple steps that must be performed in a particular order.</p>	<ul style="list-style-type: none"> • Does the behavior involve a deliberative decision process (either at one point or several)? • Does the behavior require specific skills and/or knowledge to implement? • Does the behavior involve multiple sequentially-ordered steps to achieve the outcome? • Is the behavior one that is especially likely to be subject to technological or other shifts that could change the knowledge and skills required to implement the behavior? 	<p>Administering insulin injections, tuberculosis therapy, or managing multiple medications and their potential interactions.</p>
<p>Time/Opportunity Cost</p> <p>Refers to the extent to which a behavior requires an amount of time that individuals may need to change their daily routines or forego other activities such as employment, regardless of their context.</p>	<ul style="list-style-type: none"> • Does the behavior require a large amount of time to implement? • Is the amount of time required for the behavior great enough that it would likely require deviation from one's normal routine? 	<p>Repeated antenatal care visits or use of clinic-based health services for child immunizations.</p>

TAKING THE LESS CONVENTIONAL PERSPECTIVE OF FOCUSING ON BEHAVIORAL ATTRIBUTES MAY LEAD TO FRESH INSIGHTS THAT CAN HELP INFORM THE DESIGN OF SBC PROGRAMS AND MAXIMIZE THEIR SUCCESS.

Applying more universally applicable attributes to select USAID accelerator behaviors

In order to better understand how the universally applicable attributes might apply to health outcomes and behaviors across a range of different health areas and how this might inform SBC programmatic decisions, we applied the criteria above to each of the selected USAID accelerator behaviors. For example, in Table 3, caregivers seeking a full course of timely vaccinations for infants and children

under two years of age is considered to be a repeatable behavior (highlighted by the dark blue tint) because vaccinations must be repeated (in some cases over relatively long-time intervals), requires an adherence to a schedule, and requires that caregivers repeatedly make the decision to have the infant or child vaccinated. This table lays out some examples applying behavioral attributes to select health outcomes. It also shows how some behaviors share attributes (e.g., both vaccination and modern contraceptive use have elements of complexity requiring deliberative decision making), suggesting that perhaps they could be influenced by similar programmatic approaches.

Programmatic strategies that have addressed select behavioral attributes

Once we understand how certain attributes apply to particular behaviors, the next questions are typically “so what?” and “what does this mean for programs?”. To address these questions, the evidence review aimed to explore whether certain types of SBC intervention approaches have been documented as successful in addressing behaviors that share particular attributes. For example, are mass media campaigns, which often focus on reminders to enact particular behaviors, effective for behaviors that are classified as having high repeatability? Are behaviors with high levels of complexity particularly

Photo Credit: Population Council



TABLE 3. APPLYING BEHAVIORAL ATTRIBUTES CRITERIA TO SELECT HEALTH OUTCOMES

Select Accelerator Behavior	Attribute			
	Repeatability	Dependency	Complexity	Time/Opportunity Cost
Caregivers seek full course of timely vaccinations for infants and children under 2 years	Caregivers need to take each child to a health facility/ immunization camp repeatedly over long-time intervals (e.g., weekly or monthly), and according to a specific schedule	Caregivers need direct assistance from health care providers to achieve this behavioral outcome (e.g., someone has to administer the vaccine)	Caregivers have to make a deliberate decision (either at one or several points) to get a vaccination for each child; they may need additional knowledge about the value of each vaccine, and it may require planning on the part of caregiver to successfully implement the behavior	Caregivers have to go out of their way—go to a provider or an immunization camp—to enact this behavior
After live birth, women or their partners use a modern contraceptive method to avoid pregnancy for at least 24 months	This behavior has to be repeated over short or long time intervals, and requires women to stick to a schedule and repeatedly decide to effectively use contraceptives	Depending on the contraceptive method, individuals may or may not need direct assistance from health providers to use Alternatively, if a couple is using condoms, the woman is dependent on her partner’s ability and willingness to use a condom	The behavior involves a deliberative decision process, may require knowledge or skills to implement the behavior over time (e.g., understanding normal vs. adverse side effects), and often involves a number of ordered steps to achieve (e.g., taking the pill at the same time every day)	Depending on the contraceptive method, the behavior may or may not require a large amount of time nor a deviation from the woman’s normal routine
Pregnant women and children sleep under an insecticide treated net	The behavior needs to be repeated daily and over long intervals by pregnant women and children, it is also associated to periodic cycles (e.g., weather, seasons)	Usually, adults do not require assistance to use bed nets, though children need assistance from their caregivers	While the behavior does involve a deliberative decision-making process, the knowledge or skills required to use bed nets don’t change substantially over time	The behavior does not require a large amount of time deviation from the normal routine once the bed net has been acquired and installed

Note: Intensity of the blue shading implies degree to which the attribute applies to the behavior.

responsive to interventions that model ideal behaviors or provide training to build appropriate skills, either through interpersonal (e.g., peer-to-peer) or other educational activities? While the review did not yield definitive answers to such questions, it did provide some valuable insights.

- For a behavior that is **repeated, but is not dependent on others, is not complex, or does not have a high time/opportunity cost** (e.g., insecticide treated bed net use by pregnant women and children), behavior change communication through mass media that includes messages around appropriate/correct use and care of the bed nets have been found to result in improved attitudes and use. This may be because behaviors with this combination of characteristics are particularly susceptible to triggers that remind individuals to continue implementing the behavior, as the primary barrier may be forgetfulness or a lack of immediate or obvious payoffs.
- For a behavior that is **repeated and is complex, but is not dependent on others and does not have a time/opportunity cost** (e.g., women or their partners use a modern contraceptive method to avoid pregnancy for at least 24 months after a live birth), successful approaches have incorporated activities that help individuals improve planning skills, including preparing contraceptive plans, helping individuals understand the role contraception can play in determining positive life outcomes and explaining the implications of reproductive health decisions for the future, and included

THIS EXPLORATORY WORK CAN HELP SHIFT OUR THINKING FROM SOLELY A FOCUS ON THE CHARACTERISTICS OF WHO IS DOING A BEHAVIOR OR WHAT OUTCOME WE WANT FROM THAT BEHAVIOR, TO A FOCUS ON HOW INTERVENTIONS CAN BE STRUCTURED TO BEST ADDRESS PARTICULAR ATTRIBUTES OF THE BEHAVIOR ITSELF.

activities that provide mentoring, life goal setting, and motivation to support contraceptive use. This may be because these behaviors require that individuals take a longer-term view to the possible benefits of changing their behavior and that they have a clear understanding of how to effectively implement the behavior.

- For a behavior that needs to be **repeated, is complex, dependent on others, and requires time/opportunity**

Photo Credit: Catherine Kahabuka



cost (e.g., full course of timely vaccinations for infants and children under two years), patient reminders or recall interventions (e.g., telephone calls, letters, postcards, text messages, or combination of patient reminders and outreach) in combination with facility-based health education and training, and community outreach have been shown to improve immunizations for children. This may be because this combination of behavioral attributes presents a range of programmatic challenges that are not easily addressed through a single approach. Instead, approaches that address the multiple underlying behavioral determinants at multiple levels/touchpoints might be needed.

How can this exploratory work be used in SBC programming?

This exploratory work can help shift our thinking from a focus solely on the characteristics of who is doing a behavior or what outcome we want from that behavior, to a focus on how interventions can be structured to best address particular attributes of the behavior itself. Some SBC programming already incorporates this type

of thinking, for example, providing mobile phone reminders at key points for behaviors that need to be repeated or incentivizing early initiation of breastfeeding through training service providers (including traditional birth attendants) on the benefits this provides newborns. However, it is relatively rare for intervention designs to explicitly acknowledge and address behavioral attributes. It is also not typical to closely examine the role that behavioral attributes may play in shaping the learning processes that people use when developing behavioral patterns or to then apply that knowledge to improving the relevant behavior change mechanisms built into the behavioral change approach. While more research is required to fully understand how behavioral attributes, learning processes, and specific behavioral change mechanisms interact to shape changes in behavior, this review suggests that creating a more deliberate link between these processes may offer a potentially powerful tool to strengthen SBC programming to improve health outcomes. Lastly, expansion of the thinking around behavior attributes and health outcomes, may also want to consider how attributes are considered for non-health behaviors (e.g., civic participation, agriculture).

Full Evidence Review Report

¹Edmeades, Jeffrey and Sanyukta Mathur. 2018. "Exploration of behavioral attributes for social and behavior change programming," *Breakthrough RESEARCH Report*. Washington DC: Population Council.

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