RBM Partnership
To End Malaria

Community Health Worker Malaria Social and Behaviour Change Toolkit

Module 1: Principles of Social and Behaviour Change

Social and Behaviour Change Working Group

Module 1: Principles of Social and Behaviour Change

Module 1 Objectives

- **Define social and behaviour change and service communication.**
- **Understand principles of social and behaviour change.**
- **Recognize reasons for adopting or resisting behaviours.**

Defining Social and Behaviour Change

How can a community health worker (CHW) support their community in malaria prevention, control, and treatment?
A CHW can tell community members that sleeping under an insecticide-treated net (ITN) will prevent malaria and is important because malaria is deadly. However, just telling them may not be enough to ensure they will consistently and correctly sleep under a net every night. Perhaps they think malaria is not common or severe enough to worry about. Maybe they do not have enough nets in their household and are prioritising others to sleep under the available nets. Perhaps they do not tie up their nets during the day, so the net is damaged and has holes.

PMI Impact Malaria

Many factors influence whether a person uses an ITN every night to protect themselves from malaria, seeks care quickly for fever, or consumes all medicine prescribed to treat malaria. To end malaria, CHWs need to help their communities find the tools, knowledge, and systems to fight malaria.

Social and behaviour change (SBC) is an interactive process that enables individuals, families, and communities to adopt and sustain healthy behaviour, such as seeking care for fever, sleeping under or caring for a mosquito net, or finishing their malaria medication. SBC interventions aim to influence key behaviours, social norms, and barriers that influence them by addressing individual, social, or structural determinants (factors) of desired changes.

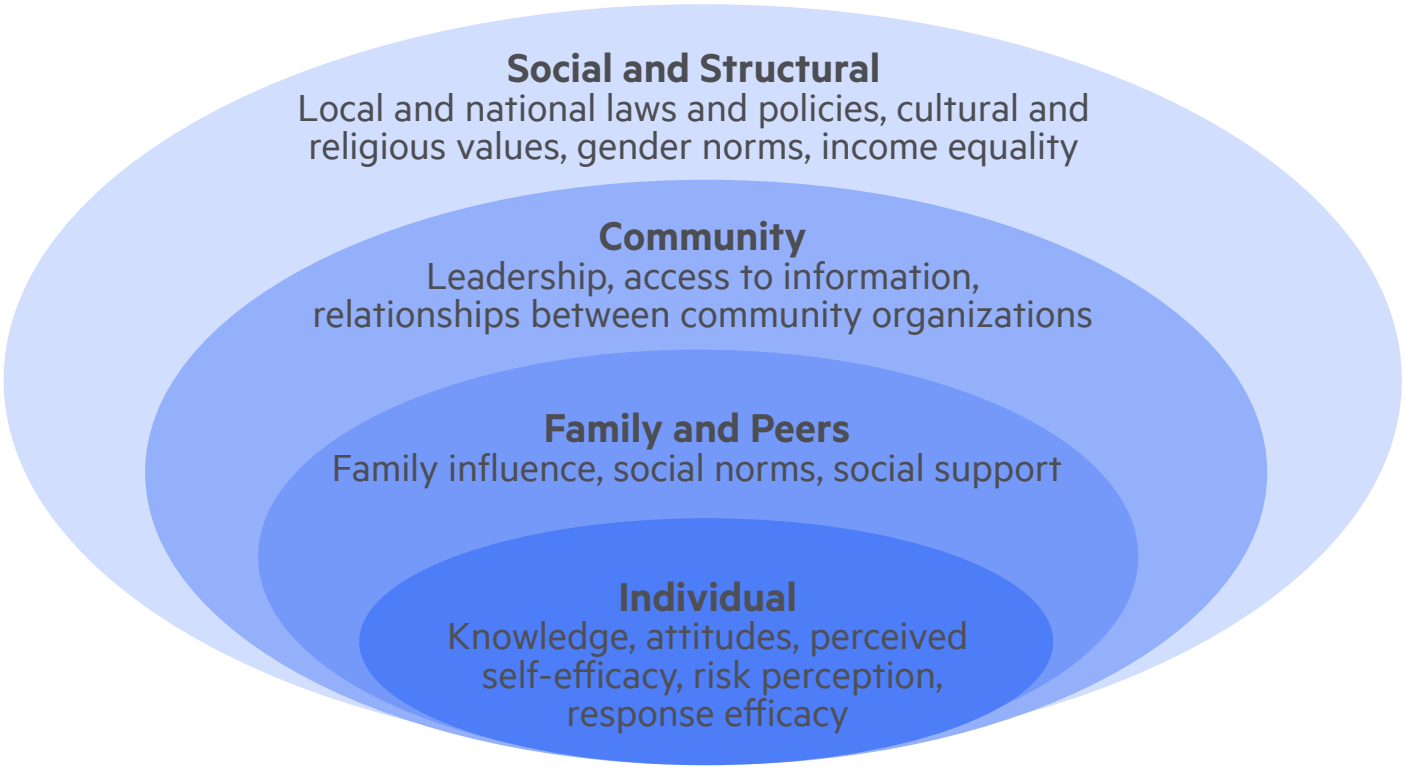
CHWs can use SBC approaches to help families and communities better understand malaria (what they know), improve attitudes toward malaria behaviours (how they feel), shift perceptions about malaria (how they understand or interpret something), and shift social norms (what they believe is acceptable). This process leads to sustainable, long-lasting change to meet the goal of ending malaria.

SBC uses tools and approaches to understand the individual, social, and structural factors influencing the adoption and practice of malaria-related behaviours and to develop interventions to address those factors. SBC interventions ensure people find and use malaria-fighting tools correctly and consistently.

SBC is based on research, models, and scientific theories to help people understand individual and community behaviour. SBC evolved from processes such as behaviour change communication and social and behaviour change communication, as well as from information, education, and communication. Today's SBC goes beyond communication methods and individual behaviour to focus on the whole picture.

SBC focuses on the whole picture. The socio-ecological model describes individual behaviour by showing how the individual fits into the larger community context in terms of influences from family and peers (e.g., social norms and social support), the community (e.g., relationships between community organisations, access to information), and social and structural constructs (e.g., local and national laws, cultural or religious values, gender norms).

Socio-Ecological Model



Principles of Social and Behaviour Change

SBC is grounded in seven essential principles and considerations to ensure success:

SBC Principles at a Glance

1. **Based on evidence**
2. **Driven by the community and human-centred**
3. **Created from theory-informed models**
4. **Encourages small, doable actions**
5. **Creates an impact**
6. **Targeted and adapted for specific audiences**
7. **Amplifies coordination and partnerships**

1 - Based on Evidence

SBC is based on high-quality research and regularly collected and monitored data. Popular data sources include the Malaria Behavior Survey, Malaria Indicator Survey, Health Management Information System, and Demographic and Health Surveys. Learn more about monitoring and assessing behaviours in Module 5.

2 - Driven by the Community and Human-Centred

SBC uses different ways to encourage healthy habits. To do this well, SBC is driven by the community's actual needs and wants, and the community takes an active role. Sometimes, this means identifying health issues, priorities, and implementing interventions, and sometimes this means understanding local resources, knowledge, attitudes, and more to ensure a tailored SBC approach that best supports the community.

3 - Created from Theory-Informed Models

SBC is built on evidence (principle 1) from data collected and created from behavioural theories and models. There are no "correct" models. Models are like maps—they help us understand the surroundings and influences in a person's or community's everyday life. For example, the socio-ecological model mentioned above was designed using research and data to help understand various local environmental and societal factors impacting everyday life.

To learn more about the theories of social and behaviour change, visit the online course: "Evidence-based Malaria SBCC 1: Telling Stories About Behavior: Theory As Narrative."

4 - Encourages Small, Doable Actions

Healthy behaviours are more likely to be practised consistently and correctly when they are easy to do. Small, doable actions are easily accomplished anywhere, anytime. SBC uses small, doable actions by breaking down larger actions into smaller ones. For example, instead of telling someone they must prevent getting malaria, CHWs can share easy prevention steps, including sleeping under an ITN all night and every night, seeking care immediately for fever, and accepting indoor residual spraying.

Randy Arra, GHSC-PSM

5 - Creates an Impact

The goal of SBC is to affect change by creating a positive impact. SBC can increase demand for health care services and commodities, positively shift attitudes, reduce barriers to practising healthy behaviours, address bias, and more. SBC isn't just about finding problems; it's about fixing them and making a healthy life possible. SBC programs also focus on the maintenance of behaviours to ensure people continue to practise healthy habits, such as sleeping under nets.

6 - Targeted and Adapted for Specific Audiences

SBC interventions meet the unique needs of a community using a context-specific and adaptive approach. For example, an SBC approach may differ in an area with high malaria rates, compared to a community with low rates. One community might not use ITNs consistently even though all households own at least one net, and another community might use ITNs every single night. In the first community, SBC might focus on behaviours encouraging family members to properly hang and use a net every single night and on promoting the benefits of consistent net use. In the second community, where net use is already high, SBC might focus on maintaining the behaviour and promoting proper ITN care to increase

the lifespan of an ITN. SBC programs also should be appropriate to local social and cultural contexts. CHWs can adapt interventions for first-time mothers, young mothers, nomadic populations, and other contexts.

7 - Amplifies Coordination and Partnerships

SBC focuses on combining resources and contributions of partners to create impact. SBC works because it brings out the strengths of everyone, uniting groups toward a common goal: promoting healthy behaviours. Coordination with health facilities, non-governmental organisations, those responsible for providing medications to health centres, faith leaders, community groups, and local government is crucial to influence the uptake and maintenance of healthy behaviours.

Malaria Social and Behaviour Change

To promote the uptake and maintenance of positive malaria prevention, testing, and treatment, **malaria SBC focuses on individual and community behaviours.** Examples include increasing nightly use of ITNs, promoting prompt care-seeking at health facilities and at the community level, encouraging and assisting pregnant women in accessing antenatal care and preventive malaria treatment, and helping community members request and accept the results of malaria diagnostic tests and adhere to treatment.

Good malaria SBC is based on audience needs and conducted in scientifically proven ways to influence the uptake and maintenance of desired malaria behaviours.

Samy Rakotoniaina, USAID MSH

Remember, malaria testing, treatment, and prevention methods are effective only when people seek and use them correctly and consistently.

In Module 4, you will learn about specific behaviours CHWs can impact using malaria SBC, including sleeping under an ITN, seeking prompt care for fever, accepting IRS, and more.

CHW Role in Malaria SBC: SBC programs must be tailored to each community and to groups within those communities, based on their unique needs. CHWs can identify those needs. As members themselves, CHWs have a clear and detailed understanding of the communities they serve, such as understanding the language, having cultural competency, holding trust, having local knowledge, and other unique insights.

CHW ROLE

Malaria Social and Behaviour Change in Action: An Example from the Malaria Consortium in Mozambique

In Mozambique, the Malaria Consortium developed strategies and tools to build the capacity of community-based volunteers to engage in malaria SBC activities at the community level.

The Malaria Consortium's program brief on lessons learned is summarised below.

Lessons learned:

- Community volunteers are the primary and preferred sources of information on malaria. They help improve knowledge and increase demand for malaria diagnosis and treatment services.
- SBC techniques, such as drama performances during malaria prevention sessions, are appealing to intended audiences, offering learning through entertainment.
- Partnering with volunteers can effectively reach broad audiences in rural communities with key messages on malaria prevention and control in Mozambique.

"The work that the community does, or rather what we volunteers do, has very good results. Nowadays, people sleep inside the mosquito net even when they sleep outside the house. People go to the hospital as soon as they suspect it may be malaria. Also in this community, mosquito nets are no longer used for fishing."

- Community structure volunteer, 2017

Learn more: Mobilising communities for malaria prevention and control in Mozambique

Barriers and Facilitators of Behaviour Change

Barriers to behaviour change *are emotional, societal, structural, educational, and familial reasons preventing an individual or community from adopting and practising a behaviour.* Examples of barriers to malaria behaviour change include inaccessibility of health care facilities, lack of commodities or supplies, behaviour of health care providers, cost of services, gender dynamics influencing decision-making and access to resources, and lack of immediate consequences if the behaviour isn't practised. Other barriers include being comfortable doing things the way they have always been done, fearing negative consequences of change, or having a bad experience with a health centre or malaria medication.

How can CHWs address barriers? CHWs can identify and break down barriers to malaria prevention and treatment behaviours. For example, a CHW can speak with community members to understand why they are not seeking early antenatal care and then provide tailored information and support in response to these reasons. CHWs also can tailor SBC messages to the specific barriers faced by community members. For example, they may use principles of human-centred design to engage with community members to solve problems and co-create solutions to overcome barriers to behaviours.

CHW ROLE

Facilitators of behaviour change *are emotional, societal, structural, educational, and familial factors making it easier for an individual or community to adopt a new behaviour.* Facilitators of behaviour change can include strong community leadership, a local entertainment group sharing important messages, a community commitment to preventing disease, and other elements promoting an enabling environment for behaviour change.

How can CHWs utilise facilitators? CHWs know what already works and what makes it easy for someone to adopt a behaviour in their community. CHWs can use this knowledge to help facilitate behaviour change. For example, a well-respected community dance troupe could perform dances and sketches on different relevant topics. A strong desire in the community to prevent malaria is another potential facilitator of behaviour change.

CHW ROLE

Review Module 4 to learn more about the barriers and facilitators to social and behaviour change.

Adopting or Resisting Social and Behaviour Change

Behavioural determinants are the personal factors and reasons people have for adopting or resisting behaviour change. They include knowledge, attitudes, social norms, self-efficacy, response efficacy, and perceived risk.

The likelihood of someone adopting and sustaining a new behaviour increases when their behavioural determinants are considered. Keep these determinants in mind, as they will be referenced throughout each module in this toolkit.

Knowledge is the facts, information, and skills learned by a person through education or experiences.

Though important, knowledge is rarely the only reason someone adopts a desired behaviour. For example, knowing that sleeping under an ITN prevents mosquito bites is rarely enough to motivate or enable someone to make a long-term change involving sleeping under a net every night, all night long.

CHW Example: A CHW can help a community member understand how malaria is spread and how to prevent malaria. As a further step, CHWs can help that individual or family practice a malaria prevention or care-seeking behaviour. For example, the CHW can help a family hang ITNs, assist a family in creating an action plan for care-seeking if their child gets sick with a fever, and help them make a plan for how a pregnant woman will travel to antenatal care.

Attitudes are a person's beliefs, values, or way of feeling or thinking about people or things.

For example, the perception that nets are difficult to hang may contribute to a negative attitude about ITNs, whereas the privacy they provide in shared sleeping spaces may promote positive attitudes. Attitudes, especially among decision makers, play a big role in the uptake of healthy behaviours.

CHW Example: CHWs might address attitudes towards nets by demonstrating how to properly hang and tie a mosquito net or by discussing their own positive experiences using a mosquito net, outlining the health benefits. CHWs might try to understand community members' attitudes toward mosquito nets by asking if they are difficult to hang or if people like or dislike them?

Response efficacy is one's confidence in a program's or intervention's effectiveness.

For example, response efficacy means fully believing that sleeping under an ITN will prevent malaria or trusting a malaria test is accurate.

CHW Example: A CHW can build trust in the effectiveness of interventions. For example, to increase their community's trust in ITNs, CHWs may showcase community members who use nets regularly and show evidence of reduced cases of malaria during the rainy season. CHWs also can build trust in the malaria vaccine, in the medication women can take during pregnancy to prevent malaria, and in malaria treatment. Importantly, they can build trust in the local health clinic and providers.

Social norms are the unwritten rules defining acceptable and/or appropriate actions within a given group or community.

Norms can be classified into primary categories: descriptive (what people perceive others around them are doing) and injunctive (what people perceive others around them approve of). To shift norms, many SBC programs feature prominent, trusted figures in the community to help enforce positive norms promoting behaviour change and uptake of interventions. Community members are more likely to change their behaviour if they see someone they trust and respect doing the same.

CHW Example: A CHW can help a community member understand how malaria is spread and how to prevent malaria. As a further step, CHWs can help that individual or family practice a malaria prevention or care-seeking behaviour. For example, the CHW can help a family hang ITNs, assist a family in creating an action plan for care-seeking if their child gets sick with a fever, and help them make a plan for how a pregnant woman will travel to antenatal care.

Perceived self-efficacy is the measure of an individual's confidence in their ability to complete a given behaviour.

By building someone's confidence in their ability to properly and consistently perform a given behaviour, such as sleeping under an ITN correctly and consistently, a CHW increases that person's self-efficacy.

CHW Example: CHWs can support clients' self-efficacy by helping them develop strategies to negotiate health-related actions in their partnerships and other relationships, such as attending antenatal care or visiting a health worker when sick with a fever.

Risk perception is how an individual sees danger or how at risk an individual feels.

Malaria risk perception varies across groups, seasons, geographic regions, and more. People often feel more at risk during rainy seasons when they see more mosquitos. If risk perception is high, people may be more likely to engage in protective behaviours.

CHW Example: By understanding a community member's risk perception, a CHW can better understand why the individual is or is not practicing a healthy behaviour. For example, some community members may believe malaria risk increases at certain times of the year. CHWs can promote year-round use of malaria prevention and treatment behaviours. Always remind community members that malaria is a threat to everyone's health, no matter their age or gender or what time of year it is.

ACTIVITY 1

How can understanding behavioural determinants impact malaria social and behaviour change in communities?

Pick at least three behavioural determinants discussed in this module. Create real-life examples to share with CHWs during their next training. Write your examples below.

During a CHW training, ask CHWs to think about barriers to sleeping under a net every night, as observed in their communities. Next, ask them to brainstorm how they can tailor a common malaria message to address this unique barrier.

ACTIVITY 2

Make a socio-ecological model for your community.

Building on Activity 1 and using the socio-ecological model template (see below), help CHWs map the barriers identified to the categories within the model. Facilitate a discussion about which barriers may be perceived as social norms. Brainstorm ways CHWs may address them.