

# BEHAVIOUR CHANGE COMMUNICATION

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## Rationale

Promoting positive change in adolescent behaviour is a complex process requiring an understanding of culture, as well as behaviour. BCC approaches recognise that presenting facts alone does not ensure behaviour change. BCC strategies are designed to accommodate the stage of behaviour adoption of an individual or group<sup>1</sup> and to cultivate skills integrally needed to enable and sustain change. Pre-award assessments of AYA countries have shown that past communication efforts have focused on knowledge and attitudes, but have had mixed impact on behaviour. Under AYA, PATH's BCC approach focuses on promoting behaviours that appear most promising in reducing unwanted pregnancy, exposure to sexually transmitted infections (STIs) and HIV, and coercive sex.

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## Definition

BCC is the process of using communication approaches and tools to:

- Develop the skills and capabilities of adolescents to promote and manage their own health and development.
- Foster positive change in adolescent behaviour, as well as in their knowledge and attitudes.
- Work in partnership with families, schools, health services and communities to influence the social norms and policy environment within which adolescents function.

## Key Programme Elements

Within the African Youth Alliance (AYA) project, PATH's behaviour change communication (BCC) efforts aim to reach youth and their communities via a range of communication channels and approaches to facilitate, rather than dictate, change.

BCC interventions and messages are tailored to the age and sex of adolescents

BCC approaches recognise that the source of the message and the social legitimacy of the change are important to youth. Adolescents are often affected greatly by social pressures exerted not only by their adolescent peers, but also by their larger communities. Therefore, BCC activities address the larger context that affects individual behaviour - culture, societal norms, and laws and policies.

AYA's BCC efforts will also focus on community change. BCC strategies at the community level use participatory community and social change techniques to involve communities at the local level. Participatory learning and action approaches (PLA) foster community decision-making, which helps ensure that change is facilitated and grown from within, rather than dictated by outside sources. AYA will use PLA methods to gain community acceptance at project entry and as formative research to obtain qualitative data. AYA will also coordinate BCC activities with the system-wide changes required to structurally facilitate desired behaviors. For example, unmarried teens should be welcomed and served in reproductive health clinics, and male and female condoms should be accessible and affordable.

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## Strategic Approaches/Guiding Principles

PATH's approach to BCC under AYA incorporates principles and strategies that build on what we have learned from successful STI programs for adolescents.<sup>2</sup>

<sup>1</sup> Rogers E. Diffusion of Innovations. New York: Free Press, 1962; and Prochaska JO, DiClemente CC, Norcross JC. In search of how people change: applications to addictive behaviors. AMERICAN PSYCHOLOGIST 47(9):1102-14 (1992).

## Stages of Individual Behaviour Adoption and BCC Approaches

Stage	BCC Approach
Pre-contemplation	Encourage awareness and value change
Early contemplation	Promote benefits of the new behaviour
Late contemplation	Reduce the costs involved in adopting new behaviour (including financial costs and barriers to access), foster social support, and teach relevant skills necessary for the behaviour change
Preparation for Action	Personalise risks and benefits, deliberate decision-making, increase self-efficacy and self-esteem and perception of positive change among peer group
Action	Reward and support change
Maintenance	Continue support of the behaviour change

### Principles

- Tailor approaches to age and sex.
- Tailor approaches to stage of behaviour adoption over time
- Promote gender equity and human rights.
- Encourage youth participation.
- Expand effective interventions with scope for institutionalisation and scaling-up.

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### Strategies

- Apply interactive approaches and life planning skills to enable behaviour change.
- Ensure repetition of key messages by using multiple channels, including:
  - Face-to-face communication, such as counseling and peer education, to address deeply rooted behaviours.
  - Mass media to reach a broad audience and introduce new behaviours.
  - Combine education with entertainment to engage youth.
  - Connect youth with parents or other role models, schools, communities and spiritual groups.
- Link closely with policy and advocacy activities at the local, community and national levels.

BCC interventions and messages are tailored to the age and sex of adolescents. Youth at different developmental stages have different health service needs. For example, young adolescents 10-14 years of age may be confused by the physical changes they are experiencing and need sexuality education to build self-esteem and provide reassurance that these changes are normal. At the same time, married teens need information about STIs and HIV, confidential services for safe motherhood, family planning and treatment of STIs, training in negotiating skills, and safe options for victims of domestic violence. All messages developed and shared under the AYA programme will uphold the principles outlined above. AYA's programmes will not be limited to materials and message development; in order to expand project reach, programs will also involve behaviour change training.

While AYA recognizes the wide diversity among youth, BCC strategies are adapted to the characteristics associated with adolescence. For example, young people are generally concerned with body and self-image as well as success; therefore, AYA uses role models to capture their interest. Early adolescents are concrete thinkers who often do not perceive the consequences of their actions, so AYA uses learning-by-doing approaches and the Life Planning Skills

<sup>2</sup> Adolescent Reproductive Health. Network 20 (3) (2000); Blum, RW. Draft. Positive Youth Development: Reducing Risk, Improving Health. Prepared for Child and Adolescent Health and Development, Health Systems & Community Health. Geneva: World Health Organization, 1999; Senderowitz J. "State of the Art in Adolescent and Reproductive Health," presentation. AYA Annual Review Meeting, Akasombo, Ghana, October, 2001; and Kirby D. Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy. Washington, DC: National Campaign to Prevent Teen Pregnancy, 2001.

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(LPS) methodology. Experimentation and testing boundaries are normal aspects of adolescent development; BCC efforts aim to create excitement and introduce new opportunities for youth involvement while creating and sustaining a safe environment. AYA's communication strategies are also adapted for different groups of adolescents, such as in-and out-of-school youth. Sex/HIV education and youth development/life skills approaches help to reach youth in schools, while peer education programmes and mass media reach out-of-school youth.

Wherever possible, BCC strategies use existing resources and institutionalise programme efforts to strengthen sustainability. For example, the content for the LPS methodology comes from a combination of PATH materials and existing curricula being used by our partners. AYA's LPS programme will complement and reinforce existing curricula. AYA will work with government education agencies to institutionalise the LPS curricula in schools.

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## Linkage to Other Programme Areas

All BCC strategies and activities are linked to key AYA outcomes, which include increasing condom use and reducing pregnancy, HIV/AIDS, and STIs.<sup>3</sup> To ensure the greatest programme impact, activities are prioritized according to their potential effect on these outcomes. Despite their relevance to adolescents, other areas of concern<sup>4</sup> are not a focus of AYA's BCC activities. BCC efforts seek to promote healthy reproductive and sexual behaviour among youth and are coordinated with and

supportive of youth-friendly services and other AYA programme areas: policy and advocacy; institutional capacity building; livelihoods; and coordination and dissemination.

## Evaluation Methods

Monitoring and evaluation assesses the impact of programme efforts on key AYA indicators and coordination across the programme. BCC evaluation activities will focus on maximizing impact and reach, scaling-up promising models, and integration of BCC with other AYA programme components. Quantitative methods of monitoring and evaluation will provide numerical information about the impact and coverage of BCC interventions for key groups of youth, while qualitative methods will examine the pathways of change and why specific interventions were successful or not. In addition, participatory methodologies will be used to collect information about the process and effectiveness of interventions from the audiences we are trying to reach, and, simultaneously, to reinforce behavior change messages.

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<sup>3</sup> The complete list of key AYA outcomes is: reduced prevalence of HIV/AIDS; reduced incidence of STIs; reduced pregnancy rate; reduced rate of unsafe abortion; delayed age at first sex; increased contraceptive prevalence rate; increased use of condoms among sexually active youth (first time, last time, consistency); reduced proportion of forced/coerced sex (some countries only); and reduced rate of harmful traditional practices (to be specifically identified and in some countries only).

<sup>4</sup> Other concerns include pregnant and parenting teens; coping mechanisms for AIDS orphans; care and treatment of AIDS patients; and harmful practices not specifically identified as key AYA outcomes.