# PHE partnerships guide

## Behaviour change / community mobilisation approaches

*Version 1*

blue ventures
beyond conservation

PHE Madagascar
Population Health Environment Network

# About this guide

This guide consists of 15 chapters covering the core values, skills and knowledge needed to develop and implement effective cross-sector Population-Health-Environment (PHE) partnerships. You have downloaded **chapter 14 - Behaviour change / community mobilisation approaches**. If you wish to download other chapters or the entire guide please visit the Madagascar PHE Network's website here.

This guide is primarily designed for use by the staff of environmental organisations wishing to develop cross-sector PHE partnerships with health service providers in line with priority community needs and their organisational missions. Many chapters will also be relevant to the staff of health organisations wishing to develop cross-sector PHE partnerships with environmental organisations working in under-served zones. And of course livelihoods-focused organisations working at the interface of sustainable development and natural resource management are also ideally placed to develop and implement collaborative PHE initiatives with relevant partners.

This guide draws on the PHE implementation experiences of Blue Ventures and other members of the Madagascar PHE Network in order to provide practical advice structured in a conversational format with case study examples. As such it should be highly relevant to organisations working in Madagascar and much material will be applicable to organisations working in other countries as well.

This guide is accompanied by various complementary resources including an integrated PHE community outreach tool (illustrated PHE story cards) available via the Madagascar PHE Network's website here. Please note that a comprehensive online library of documents relating to PHE programming has been collated by the Population Reference Bureau and can be found here.

This guide should be considered a living document and as such it will be updated regularly. Please don't hesitate to contact Blue Ventures (pheinfo@blueventures.org) if you have any suggestions for improvement or requests for elaboration. We look forward to incorporating your feedback into future versions of this guide.

## Credits and acknowledgements

This guide was written and produced by Laura Robson, Blue Ventures' Health-Environment Partnerships Manager.

Thanks to all Madagascar PHE Network members who provided case study examples of various aspects of their PHE partnerships for this guide. Thanks also to the following members of Blue Ventures' health and conservation teams who provided valuable input and feedback on the content and structure of this guide: Caroline Savitzky, Dr Vik Mohan, Nicholas Reed-Krase, Urszula Stankiewicz, Charlie Gough, Rebecca Singleton and Kitty Brayne.

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This guide should be referenced as follows: *Robson, L. (2017) PHE partnerships guide. London, UK / Antananarivo, Madagascar: Blue Ventures Conservation.*

 

# 14. Behaviour change / community mobilisation approaches

| By the end of this chapter you should: | This chapter may be of particular relevance to: |
|---|---|
| ▪ Understand that health-related behaviours are determined by more than just knowledge and attitudes<br>▪ Understand why health education is often not enough to achieve behaviour change<br>▪ Know what kind of community mobilisation approaches can be used to support health-promoting behaviours<br>▪ Know how these principles can be applied to promote environmentally friendly behaviours | ▪ Managers and community-based staff of environmental organisations<br>▪ Managers and community-based staff of health organisations |

## How are health-related behaviours determined?

Mainstream health psychology and social cognition models basically state that:

*Knowledge + attitudes (+ perception of risks / benefits) -> behaviour*

These models have been criticised for numerous reasons. For a start, they aren't very good at predicting intentions, let alone actual behaviour! A review of studies using these models has shown that they only predict 19-38% of variance in behaviour... so what are they missing?

- Social norms and identities can play a very important role in mediating (that is to say supporting or constraining) possibilities for health-promoting behaviours
- Diverse social meanings and values may be attached to health-promoting behaviours (e.g. intimacy or trust is often associated with unprotected sexual intercourse)
- Individuals generally can't make health-related choices independently of wider structural factors like gender relations and poverty
- Individuals may require access to certain products (as outlined in chapter 13) to enact certain health-promoting behaviours

It's clear that the determinants of health-related behaviours are complex: knowledge and attitudes, yes, but also social norms and identities, social meanings and values, wider structural factors like gender relations, and access to certain products.

### SEED Madagascar engages female elders to promote exclusive breastfeeding practices among women of reproductive age:

*A maternal and child health research study completed by SEED Madagascar / ONG Azafady in the town of Fort Dauphin found that female elders play an important role in shaping social norms around breastfeeding practices. Many women of reproductive age reported knowing about the importance of exclusive breastfeeding but continuing traditional practices (such as dumping colostrum, feeding newborns herbal liquids and early weaning) because these are encouraged by female elders. Rather than just targeting women of reproductive age, the study concluded that future maternal and child health promotion efforts in the region should also engage female elders to build an enabling environment in which women of reproductive age are supported to practice exclusive breastfeeding.*


Photo credit: SEED Madagascar

# Why is health education often insufficient for achieving behaviour change?

Efforts to promote the adoption of health-related behaviours have traditionally focused on increasing knowledge by disseminating information to targeted individuals and groups. Didactic health education is based on the assumption that sharing information will lead to behaviour change. However, as we've seen above, it's now widely accepted that **knowledge is necessary but not sufficient for behaviour change to occur**.

Even when individuals know and understand why it would be beneficial to adopt a health-promoting behaviour, there may be other barriers to behaviour change (such as unsupportive social norms or unequal gender relations) that need to be tackled. Sometimes a simple lack of access to information may be the major block faced by communities, in which case health education is certainly appropriate, but more often than not there may be other barriers to behaviour change that will need to be addressed as well.

# What kind of approaches can be used to support behaviour change?

In recent years there's been a shift in behaviour change thinking and practice towards **community mobilisation** approaches. These work to create social environments that support the development of health-enhancing social norms. In addition to equipping community members with the **knowledge, skills and products** that they need to enact health-promoting behaviours, these community mobilisations approaches create **social spaces and opportunities for dialogue and critical thinking** about health-related behaviour.

Such safe and trusting spaces can enable community members to:

- Process new health information by engaging in debate
- Air any doubts or confusions regarding how this information resonates with their own experiences and existing knowledge
- Develop actionable understandings of how to improve their health by exploring ways in which they might apply this information to their own lives
- Think critically about any social roots of their health issues (such as unequal gender relations)
- Renegotiate any social norms and identities that undermine possibilities for health-promoting behaviours
- Build a sense of ownership and responsibility for tackling their health issues

### Blue Ventures facilitates discussions about health-environment linkages and sexual health issues through interactive theatre sessions:

*Interactive theatre has been used by Blue Ventures as an entertaining way to engage diverse audiences in PHE discussions. Storylines have included a husband refusing to let his wife use family planning yet then struggling to provide for his family and reverting to destructive fishing practices, and another family member falling ill due to poor hygiene practices thereby restricting their ability to engage in livelihood and natural resource management activities. Skits are written and performed by staff and community members, and the shows draw from everyday life so that audiences can identify with the storylines: they find themselves laughing, learning and thinking critically together. Local actors spend the day facilitating small group discussions on the same topics so that the evening theatre sessions serve as a chance to summarise, reinforce and follow up on these discussions.*

*Another sexual health-focused interactive theatre initiative facilitated by Blue Ventures with middle school students has proactively involved audience members in the skits, inviting them to intervene and experiment with changing the direction of storylines as a rehearsal for real-life situations. The debates and the discussions that follow are also a great way of facilitating critical thinking and strategies around sexual health issues.*

 

Examples of community mobilisation activities include:

- Community meetings with time for individual testimonies and dialogue
- Facilitated small group discussions with women's groups, youth clubs, mixed age and gender radio listening groups, etc
- Interactive theatre sessions modelling and exploring the consequences of different behaviours
- Household visits and facilitated discussions
- Champion household schemes

### JSI and members of the Voahary Salama platform develop a "champion community" approach for advancing and celebrating PHE progress:

*The "champion community" approach includes participatory exercises to identify community needs, agree on feasible targets and activities to undertake within specified timeframes, mobilise communities, monitor progress, conduct transparent evaluations and celebrate achievements through public ceremonies. The approach was originally developed by JSI and its partner AED for community health promotion, then adapted with members of the Voahary Salama platform in the early 2000s to include some environmental components. In the late 2000s it was scaled up as a "champion commune" model ("Kaominina Mendrika" in Malagasy) by two USAID-funded health and environmental projects, in order to support communes to work towards achieving their own health and environmental objectives.*

## What about environmental behaviours?

Although developed largely by community health psychologists and practitioners, many of the above principles apply to environmental behaviours. For example, community mobilisation approaches can be used to support the appropriate use of mosquito nets (for malaria prevention rather than destructive fishing) and compliance with natural resource management rules. In general, PHE initiatives seek to simultaneously promote the adoption of both environmentally friendly *and* health-promoting behaviours through community mobilisation approaches.

 

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