

## Behavior Change: Practical education approaches, promotion strategies, and change interventions for improving the effectiveness of NTDs Programmes

Dr. Anouk Gouvras

Global Schistosomiasis Alliance, Communication and Programme Manager

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### Introduction

GSA Behavioural Change, Health Education working group established in January 2018:

- To advocate and drive the integration of science-based behaviour change interventions, health education strategies, communication and activities to support control & elimination efforts.
- To become an open convening platform for practitioners of schistosomiasis-related education and behaviour change/ interventions.
- To assemble existing behaviour change, health education, and communication strategies, frameworks, tools, materials, study protocols, and implementation processes, and identify operational gaps.
- To deliver new tools and guidance for education and behaviour change, health education, and communication practitioners.







## Objective of the Workshop



- Provide insight into the practical application of behaviour change focused education and interventions
- Discuss the role of social science and behaviour change interventions in improving the impact of NTD programs
- Active discussions in break-out sessions on challenges and opportunities in integrating behavioural change, education into existing NTD programs







## Expected output of the workshop

- Gain practical insights in implementing existing behavioural change, health education methodologies and preferred practices on the ground.
- Gain insight of existing social science-based tools and frameworks
- Identification of challenges and opportunities for a better integration of behavioural change focused education programs into existing NTD programs.







## A Practical Approach for Designing, Implementing and Evaluating NTD Behaviour Change Interventions

Bobbie Person, MPH, PhD Social and Behavioural Scientist Global Schistosomiasis Alliance September 2018









### AIMS

 Provide a brief introduction to behavioural science and health education theories

 Introduce a practical and feasible framework for using behavioral theory constructs to enhance the design, implementation, and evaluation of NTD health behavior

change interventions









### As an NGO....

 How do we Incorporate health education and behaviour change theories in a way that is practical, feasible, and enhances our typical NTD health behaviour interventions and evaluations?









### Social Ecological Model: Underlying Framework









# Sample of Health Education and Behavior Change Theories and Models

#### Individual

- Health Belief Model (HBM)
- Theory of Planned Behavior
- Stages of Change
- Theory of Human Motivation

#### Interpersonal

- Social Learning Theory
- Diffusions of Innovation
- Dialogical Theories or Approaches

### Organizational

- Social Learning Theory
- Appreciative Inquiry

### Community/ Social

- Social Network Theories
- Theories of Gender and Power







## Theories and Constructs for School-Based Schistosomiasis **Behaviour Change Intervention**

**Health Belief Model** 

**Social Cognitive Learning Theory**  **Appreciative** Inquiry

**Perceived threat Perceived severity Perceived benefits Perceived barriers** 

Role modeling Reinforcement

What's working What's possible What can grow

**Cues to action Self-efficacy** 

**Self-control Self Efficacy** 

**Observational Learning** 

**Sources of infinite** capacity and imagination







# Designing a practical, feasible, and theoretically sound school-based NTD intervention

- Who did we need to change?
- How or what do we want teachers to change?
- What do we need to do to influence teachers to change?
- What approaches would we use when working with teachers to change?
- What health education and behavior change theories or models could we use to guide the people and interventions on order to influence change?
- Who should be the change agents?
- How do we train the change agents?

How do we evaluate the associated behavioral constructs to see if what we did worked?







## **Example of Social Ecological Model for Teachers Associated with the ZEST Schistosomiasis School-based Intervention**

Level	Who do we want to change	What do we want to change	Behavioral Construct to influence	Intervention Approach	Change Agents	Trainings for Change Agents
Individual	Schoolteacher Madrassa Teacher	Learn about kichocho Perceive threat/severity Decide to teach kichocho Develop self-efficacy to teach Develop skills to each Use new teaching materials Engage teachers & Students Take the lead for Kichocho Day event Urinate in toilet/bush Wash laundry with tap water or not standing in the river Swallow MDA tablets	Knowledge (HBM) Perceived threat (HBM) Perceived severity (HBM) Access to materials (HBM) Skills building(SCT) Behavioural capability (SCT) Self-efficacy (HBM/SCT) Outcome expectancies (SCT) Access structural interventions Acsess MDA	One-on-one Small groups School meetings Education lectures Demonstrations Interactive activities Role modeling Practice teaching	NTD Team	Science-based Science-based Behavior change Science-based Communication Interactive teaching methods and tools Activities and games
Interpers.	Headmaster, Other Teachers, Coaches, Volunteers, School Club Members	Learn about kichocho Perceive threat/severity Decide to teach kichocho Develop self-efficacy to teach Develop skills to each Use new teaching materials Engage teachers & Students Participate in Kichocho Day events Urinate in toilet/bush Wash laundry with tap water or not standing in the river Swallow MDA tablets	Knowledge (HBM) Perceived threat (HBM) Perceived severity (HBM) Access to materials (HBM) Skills building(SCT) Behavioural capability (SCT) Self-efficacy (HBM/SCT) Outcome expectancies (SCT) Access structural interventions	One-on-one Small groups School meetings Education lectures Demonstrations Interactive activities Role modeling Practice teaching	NTD team Teachers	Science-based Science-based Behavior change Science-based Communication Interactive teaching methods and tools
Organiz.	Headmaster, School Committees, PTA, Ministry of Education District Level	Learn about kichocho Perceive threat/severity Commit school to be Kichocho free Provide time & resources for Kichocho Day Participate in KIchocho Day Event Engage parents and community members Urinate in toilet/bush Wash laundry with tap water or not standing in the river Swallow MDA tablets	Knowledge (HBM) Perceived threat (HBM) Perceived severity (HBM) Access resources (HBM/SCT) Modeling behaviors (SCT) Self-efficacy (HBM/SCT) Outcome expectancies (SCT) Social norms (SN) Access structural interventions	One-on-one School meetings Demonstrations Interactive activities Role modeling School-wide events Peer-to-peer sessions	NTD team Teachers Club members	Science-based Science-based Behavior change Science-based Communication Interactive teaching methods and tools Peer training

### Portion of Social Ecological Model for Teachers associated with the ZEST Schistosomiasis School-based intervention

Level	Who do we want to change?	What do we want to change?	Behavioral construct to influence	Intervention approaches	Change Agents	Trainings for change agents
Individual Change	Primary teachers Madrasa teachers	Learn about schistosomiasis  Perceive threat and severity of disease  Decide to teach students about schistosomiasis  Develop skills and confidence for using interactive teaching methods about schistosomiasis  Have access to teaching materials and tools  Engage students in schistosomiasis teaching activities  Engage other teachers in schistosomiasis teaching activities	Knowledge (HBM)  Perceived Threat (HBM)  Perceived Severity (HBM)  Access to teaching tools  Behavioral capability (SCT)  Self-efficacy (SCT)  Outcome expectancies (SCT)  Skills building (SCT)	One -on-one  Small group  School meetings  Education lecture Demonstration Participatory activities Role modeling Practice teaching	NTD Team	Science -based disease sessions  Science-based behavioural sessions  *Communication Strategies  Interactive teaching tools & materials  Activities and games for children







## Linking Behavioural Constructs to Evaluation Questions







# Sample Questions to Assess Health Belief Model Constructs

- My children are at risk for kichocho (perceived susceptibility)
- My chances of getting kichocho are high. (perceived susceptibility)
- I will have side effects if I take the kichocho medicine. It is too strong. (perceived barrier to MDA)
- It's inconvenient to go to the tap for washing my clothes. (perceived barrier to using the safe water)
- I have no control over where I wash my clothes. The piped water only comes sometimes. (perceived barrier)
- I have had kichocho before. It is in all the streams where we bathe and we do not have any other water to bathe. (perceived susceptibility)
- The possibility that we will use the laundry washing platform is very high. (behavioral intention)
- Now that I have seen the blood fluke I see it needs a strong medicine to kill it. (benefits of MDA)
- I can now tell someone what causes kichocho and how they can prevent it. (benefit of intervention)
- I am confident that I can stay out of the contaminated water. (self-efficacy)
- What prompted you to change your behavior? (cue to action)







# Sample Questions to Assess Social Cognitive Theory Constructs

1. Please rate how certain you are that you can do each of the things described below by writing the

appropriate number. Rate you scale given below:  10	r degree of confidence by recording one r <b>5</b>	number from 0 to 10 using the
Cannot do	Moderately can do	Highly certain can do
Teach students about the blood	fluke	
Teach students about the life cyc	le of kichocho	
Teach students about the sympto	oms of kichocho	
Teach students about the health	consequences (such as bladder cancer) of	f kichocho
Teach students about how to tak	e the medicine that kills kichocho	
Teach students about the preven	tion of kichocho	
	re that you can do each of the things desc egree of confidence by recording one nur	
		10

Cannot	C	0
can do		

Plan and prepare for kichocho day \_\_\_\_\_Influence teachers to help with kichocho day\_\_\_\_\_ Mobilize children to participate in kichocho day\_\_\_\_\_Conduct games and activities for kichocho day\_\_\_\_ Work with Kichocho Team on kichocho day\_\_\_\_

**Moderately can do** 







**Highly certain** 

### In Conclusion

- Answer the eight questions (shown again in next slide)
- Identify the health education and behaviour change theories/models with constructs that will best fit your NTD
- Prepare the social ecological framework
- Enter the information under the headings that match with the level of the intervention you propose
- Assure that the linked constructs are appropriate for the desired change and the interventions associated with them are feasible
- Assess your resources and availability of change agents
- Review the framework to be sure is socially and culturally appropriate
- Link your change constructs with evaluation questions







## Designing a practical, feasible, and theoretically sound NTD intervention

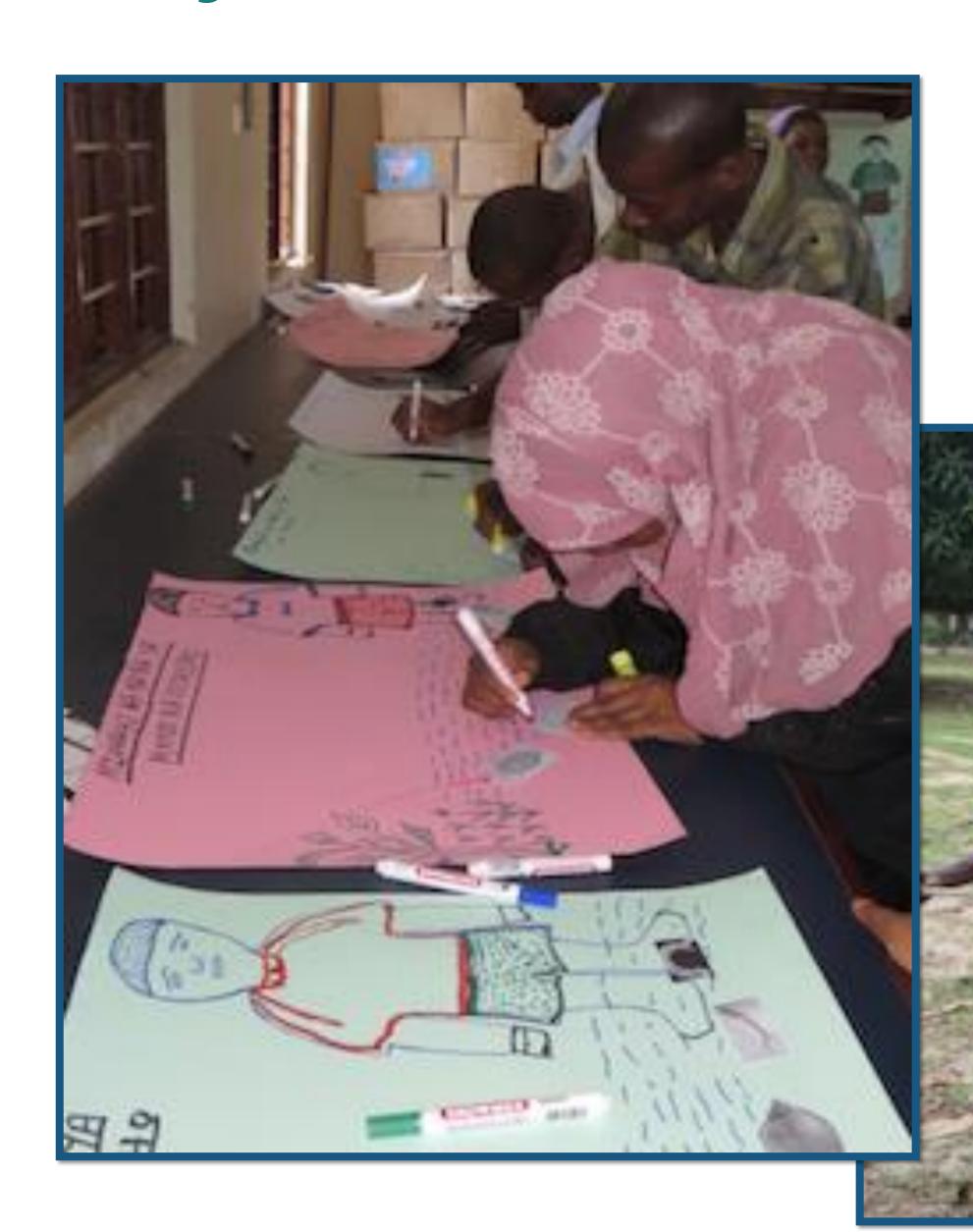
- Who needs to change?
- How or what do we want to change?
- How do we influence individuals to change?
- What approaches do we use when working individuals to change?
- What behavior change and health education theories or models could we use to guide interventions to influence change?
- Who should be the change agents?
- How do we train the change agents?
- How do we evaluate the associated behavioral constructs to see if what we did worked?







## Thank you!





Our Teachers







### Case Studies for discussion

- NALA Case Study Sustainability of WASH in schools
- Schistosomiasis Case Study: Perceived Threat Rebranding the worm
- Trachoma Elimination in Australia Behaviour Change and environmental improvement
- NALA Case Study Integration of disease prevention for different diseases







## Questions - Case Studies

- 1. Are the intervention, challenges & solutions presented in this case study relevant to your programme?
- 2. In your experience what is the biggest challenge you have faced or you perceive in implementing BC interventions?
- 3. Are there other solutions that you have employed that others could use?
- 4. I will add one more question on **Sustainability**, how do you sustain the outcomes of your BC projects?

We will review these towards the end of the session







## WASH-NTD roundtable – Behaviour Change focus:

- Synthesise information and evidence-based approaches
- Key guiding principles
- WASH-NTD Tool Kit WHO
- Specific taks team focused on Behaviour in WASH Working group
- Wednesday half day



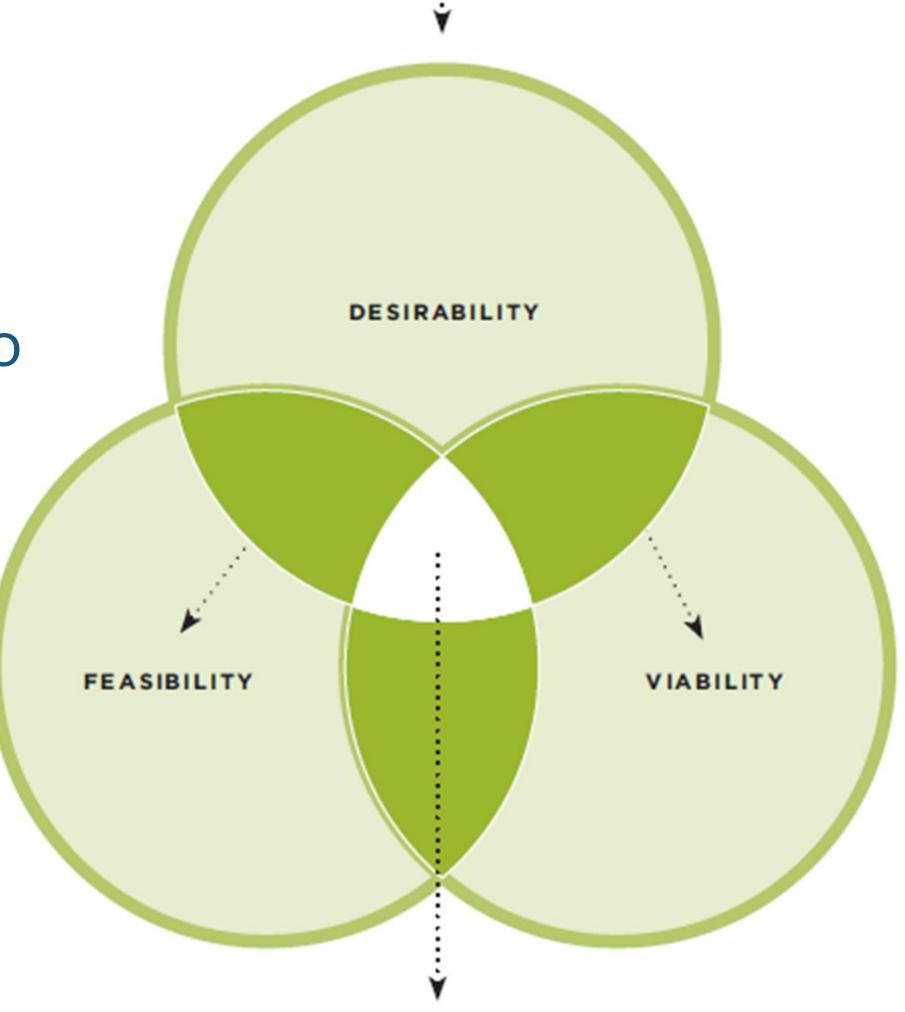




### **Human-Centered Design**

 Is a process and set of techniques used to create solutions to problems that starts with the people for whom we are designing the intervention.

 The process examines the needs, ideas, and behaviors of the people we want to affect with our solutions. We hear what they have to say, create a solution together and deliver what is feasible and viable to the people.









### Human Centered Design Methods for NTDs

- Conduct qualitative interviews and discussions to <u>hear</u> what community members have to say about schistosomiasis
- Partner with the community by giving back the findings and <u>creating</u> the health behavior change interventions together
- Partner with the community to <u>deliver</u> the health behavior change interventions we developed together







