

Involving People, Evolving Behaviour: The UNICEF Experience¹

12

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Practitioners of development communication often set out to change the behaviour of people reached in the projects they undertake. The behaviour may range from getting farmers to adopt a new cropping technique, to persuading mothers to feed their babies boiled water. Their approach may be top-down or participatory, as the occasion requires. It is unlikely that farmers will respond to non-participative interventions in altering their cropping practices, just as it is unlikely that mothers with critically ill babies will respond to lengthy participatory processes when seeking treatment.

Communicators working to change or develop people's behaviour have found it a highly complex activity to engage in. Goals often remain elusive in spite of their best efforts. Many development communication campaigns succeed admirably in raising awareness about a particular issue while failing abysmally, at the same time, to bring about the sustained behaviour change such awareness is suppose to trigger. For example in anti-tobacco campaigns, smokers may quickly learn about the dangers of smoking, but continue to consume the same number of cigarettes that they did prior to their exposure to the messages of the campaign.

Why are people's behaviours so difficult to change? Why do development communication interventions often fail short of their behaviour altering goals?

While some of the answers and solutions may be found within the discipline of development communication, many others seem to lie well beyond its confines. It seems interventions in development communication must be integrated with a number of other efforts so as to nurture new behaviour in people. Once motivated with information and awareness about a new practice, people need to learn and master new skills to enable them to apply it. At the same time, their environment needs to evolve in such a way that they are encouraged to practise their new skills and knowledge. In other words, interventions in development communication must be integrated

and coordinated with other interventions in education and policy advocacy and implementation aimed at nurturing the new behaviour.

It seems, on another front, that individuals in developing communities enjoy less freedom to make strictly personal decisions when considering whether to adopt a new behaviour, than their counterparts in developed countries. In making such decisions, the individuals in developing countries will consider more deeply the interests and views of their family, peers and community alongside their own preferences. As such, campaigns must aim to reach beyond the individuals, whose behaviour we are interested in, to include the people who influence the individuals and their behaviour.

Underpinning these *personal and communal decisions* are the values that lie at the core of the community. *Shared values* define so much of daily life in developing societies that development practitioners must take time to identify and appreciate them. These values are the cardinal reference points of people as they filter new information, learn new skills, discard old practices and beliefs, evolve their environment, and decide upon action.

This integrated approach towards involving people in evolving behaviour is summarized in the model in Figure 12.1.

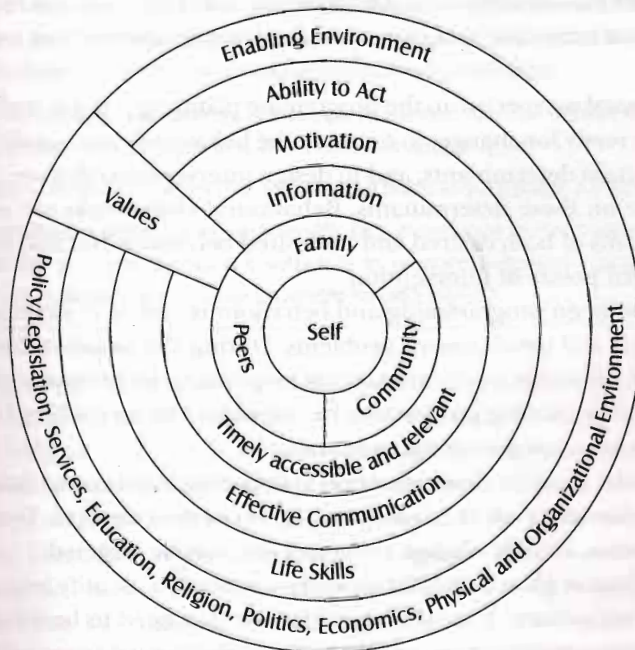


Figure 12.1 A Model Showing Integrated Approach towards Involving People in Evolving Behaviour

This contribution will focus on the two outer rings of the diagram: 'Enabling environment' and 'Ability to act'.

The inner two rings of 'Information' and 'Motivation' are the forte of development communicators and have been covered in depth in the preceding sections of this publication.

However, before we turn to these two topics, let us first review briefly the main theories for behaviour change from the interrelated perspectives offered by sociology, psychology and anthropology.

Theories and Frameworks for Behavioural Change

Understanding people and their behaviour is one of the keys to successful development programmes. The actions and practices of an intended beneficiary or a stakeholder can directly affect the evolution of many social and health-related problems. The political and social sciences, especially the disciplines of sociology, psychology and anthropology, have contributed much to our understanding of why people behave the way they do and the respective roles of their motivations, fears, social pressure, environmental factors, and others, on individual and collective behaviour. In order to increase programme impact, and develop interventions that are strategically applied, it is important that development professionals determine, and understand, the various factors that influence an individual's, or community's decision to perform or not perform specific behaviours.

Applying a behavioural perspective to the programme planning process enables one to identify the populations most ready for change; to examine the behaviours most easily influenced, along with their most important determinants; and to design interventions that are most likely to have the desired influence on these determinants. Behavioural frameworks are not only useful for identifying determinants of both desired and undesired behaviour, but also assist programmers in identifying potential points of intervention.

The relationship between programming and behaviour is critical in developing programmes that address key social and development problems. During the situational analysis phase of a programme, theories influence need assessments by pointing to the types of information that would be most helpful in guiding programme decisions and by identifying behavioural factors that are more important among target populations.

In the planning phase, theories direct attention to important explanatory factors (how different factors relate to behaviour) thus identifying intervention targets. During programme implementation, theories identify change processes that can be targeted.

As part of the evaluation phase, such frameworks are used to identify important explanatory factors for observed behaviours. They also signal factors that need to be measured, in order to understand whether or not the hypothesized change or developmental process occurred as planned.

A variety of behavioural frameworks (models, theories) will be discussed in this chapter but for illustration purposes, emphasis will be placed on health programmes and consequently the use of health behaviour examples. Nonetheless, the reader is reminded that the discussion that follows has a wider application to other social and development programmes.

Although one often hears the term 'health behaviour', it has different meanings depending on one's professional training. For programming purposes, distinguishing between health-directed and health-related behaviour is useful. The former refers to observable acts that are undertaken with a specific health outcome in mind. In direct contrast, health-related behaviours are those actions that a person does that may have health implications, but are not undertaken with a specific health objective in mind.

Box 12.1 Key Definitions

Behaviour is defined as: 'an observable act, such as stepping on a weighing scale'. Technically speaking, a behaviour category is used to refer to a composite of discrete actions. For example: 'weighing a baby' is composed of several actions: 'putting the child in a harness,' 'calibrating the scale measurement,' 'calculating the kilograms on a scale', etc.

Behavioural determinants are factors that either influence or cause an action to occur, or not occur. Also referred to as mediating factors, they may be internal (anxieties, beliefs, etc.) or external (peer pressure, supportive setting, etc.). In the example of 'losing weight', the determinants could be internal (like an individual's personal attitude towards being overweight) and/or external (like having close friends who are on diets). Research has shown that these factors will vary in importance for different behaviours and across different settings; therefore a clear understanding of when, where and under what conditions the desired behaviour should occur (or undesired practices should cease) needs to be determined.

A discussion of behavioural terminology is incomplete without mention of two key internal behavioural determinants, knowledge and attitudes, that affect how human beings act.

Attitudes are feelings, opinions or values that an individual holds about a particular issue, problem or concern.

Knowledge is internalized learning based on scientific fact, experience and/or traditional beliefs. Experience shows that knowledge is necessary but not sufficient to produce behaviour change, which occurs when perceptions, motivation, skills and the social environment also interact.

When formulating interventions, it is important to clarify who is the subject of the action—by age or cultural group, gender, religion, ethnicity or some other characteristic. Decisions about which groups to target help us make choices from amongst the variety of theoretical models and conceptual frameworks that are based on empirical programme experience. Realizing that change in society occurs at many societal levels, programme staff are often faced with choices as to whom they should direct their efforts—individuals, families or households, communities or the wider society as a whole. In practice, these choices are influenced by time and resource considerations and should be informed by an understanding of behaviour as a developmental and change process. Knowledge of the available theories or models can also guide programme planning and clarify the relationships between different factors that influence individual, interpersonal and group behaviour.

Box 12.2 Key Definitions: Female Genital Mutilation (FGM)

UNICEF's Sara Communication Initiative for the adolescent girl in Eastern and Southern Africa has researched attitudes and produced materials on FGM. Through focus group discussions, communities aired their views on the issue and identified any positive elements related to the practice. Many believed that, as a rite of passage, the ceremonies as a whole gave a sense of cultural identity to young people and provided a form of family life education to young girls. People were aware of the negative impact on the girls' and women's health, yet girls highlighted the anxiety caused by resisting the practice individually, since an uncircumcised girl may be mocked and considered potentially unmarriageable within her community.

The debate in the focus groups centred on whether it was possible to reject the negative while retaining the positive elements of this rite of passage. People also considered who would be the most likely and effective initiators of change within the community as a whole. The Sara film and books reflect these research findings, and seek to stimulate debate on FGM at community level and also advocate for greater support at policy level.

Some Theoretical Frameworks that Explain Individual Behaviour***Health Belief Model (HBM)***

The Health Belief Model is the most common and well-known theory in the field of public health and has been used more widely than any other to guide behaviour interventions in development programmes. Developed in the early 1950s by Godfrey Hochbaum and other social psychologists at the US Public Health Service, it was used to explain patients' responses to tuberculosis preventive actions. The HBM model is based on the premise that one's personal thoughts and feelings control one's actions. It proposes that health behaviour is therefore determined by internal cues (perceptions or beliefs), or external cues (for example, reactions of friends, mass media campaigns, and so forth), that trigger the need to act. It specifically hypothesizes that individual behaviour is determined by several internal factors:

- Belief about one's chances or risk of getting an illness or being directly affected by a particular problem or illness (perceived susceptibility);
- Belief or one's opinions about the seriousness of a given problem or illness (perceived severity);
- Belief about the efficacy of an action to reduce risk or severity (perceived benefits) compared to one's opinion about the tangible or psychological risks or costs for proposed action (perceived barriers).

According to the HBM, the first two beliefs jointly form one's conviction and influence the degree to which an individual may be motivated to act on a given problem. The theory also suggests that the above reflections and thoughts are triggered by both internal influences (like sweating, nervousness, and so forth) and external influences (like reactions by other people and/or opinions of significant others, media, and so forth). These are labelled as 'cues to action'.

Once an individual is motivated to act, the actual behaviour undertaken will be determined by a third factor—a personal perception of 'cost-benefit'. This framework further explains that before deciding to act, individuals consider whether or not the benefits (positive aspects) outweigh the barriers (negative aspects) of a particular behaviour.

In a more recent formulation of this theory, the concept of self-efficacy has been added. This addition takes into account individual beliefs or personal perceptions of one's own ability to undertake a particular action.

Theory of Reasoned Action (TRA) and Personal Behaviour (TPB)

Similar to the HBM model, the Theory of Reasoned Personal Behaviour also supports the notion that one's thoughts and perceptions are important determinants of behaviour. Developed by Fishbein and Ajzen (1980), this theory added a new dimension to our understanding of behaviour by introducing the concept of behavioural intent. According to their behaviour research, the most critical factor in determining whether individuals will actually perform a desired behaviour is their behavioural intent. Behavioural intent reflects the level of commitment that an individual has to undertake a desired behaviour and likelihood that an individual will perform the desired behaviour. It is influenced by personal attitudes and perceived social pressure/norms.

In later formulations of TRA, the concept of perceived behavioural control was added to the framework. This concept identifies beliefs that individuals have about available resources and obstacles to performing a desired behaviour and their impact (or power) in either facilitating or inhibiting the behaviour. This was an attempt to reflect that factors outside an individual's control could also affect actual performances of a particular behaviour.

Clearly, this theory acknowledges the joint influence of attitudes, norms and perceived control in affecting behavioural intention as a motivating force in the behaviour process. It also clarifies that perceptions of control, similar to behavioural intention, have a direct influence on one's taking action. However, the relevant importance of each of these dimensions is dependent on the behaviour goal, itself. TPB posits that individuals who have positive attitudes towards performing a particular behaviour, and who believe that 'significant others' are in favour of or support the desired action, will more likely attempt a particular behaviour. For some people, their own personal attitudes will have a greater influence on their behaviour than perceived social pressure, and vice versa for others.

Stages of Change Theory

The Stages of Change Theory is based on the premise that behaviour change is a process and explains the psychological processes that people undergo are iterative in nature. Assuming that individuals experience different levels of motivation to change, Prochaska et al. (1992) suggest that interventions should be matched to individuals at their respective stages in the change process. It also suggests that behaviour change can be characterized by five stages: pre-contemplation (no thoughts about change), contemplation, decision/determination, action and maintenance.

The theory, conceived as a circular model, allows for individuals to enter at any stage and takes into account that the stages, themselves, may appear different, given different situations. While

these stages can be used to explain why people behave as they do, they can also inform intervention design and communication messages that can be tailored accordingly.

Some Theoretical Frameworks which Explain Interpersonal Behaviour

Social Cognitive Theory (SCT)

Originally developed as Social Learning Theory in 1986, Albert Bandura later expanded his work to evolve the Social Cognitive Theory (SCT) (1995). As such, the SCT assumes that individuals interact constantly with their social environment and that they influence, and are influenced by their social milieu—friends, family, co-workers, and so forth. Central to this theory is the premise that behaviour is a result of a three-way, reciprocal interaction between personal factors (that is, one's own feelings and reactions) and environmental influences (like thoughts, advice and feelings of 'significant others'). In contrast to the previously discussed conceptual models, this theory emphasizes the role of one's own experiences and observations of others and the results of their actions on personal behaviour. SCT explains human behaviour as a multi-dimensional and reciprocal process. It uses four concepts that can be used to guide programme development and behavioural interventions at an interpersonal level: reciprocal determinism, behavioural capability, outcome expectations and self-efficacy.

SCT is centred on the premise that people learn their behaviours from their own experiences (trial and error) and the results of their actions, and by observing, others.

Observations, and consequently effective role models, are important in learning new behaviours. Empirical study shows that the more similar a role model is to a particular target group, the more the group will identify with the model and try to emulate his or her behaviour.

Practice, trial and error, is the most powerful source of learning. It takes into account that the individual's mastery of tasks is important and that the more they practice and are able to accomplish a particular task, the more motivated they will be to attempt a desired action.

According to Bandura, one's sense of self-efficacy is also learnt through emotional reactions or feelings about a situation or from persuasive arguments and encouragement by credible people within an appropriate social context.

Social Experience Model

Using a human development perspective, Bloomberg et al. (1994:455) developed a framework for understanding the critical interaction between elements of the social environment and health. They concentrated on the concept of social experience, and the ways in which the immediate and wider environment of an individual can affect his/her behaviour. This theoretical model emphasizes that human behaviour is the result of interactions with 'significant others' and the ways that one is treated due to his/her status or membership in a particular group. It also explains that social context and relationships in which one is involved influences his/her self-perceptions

of personal competencies and expectations and can ultimately affect various social or health outcomes.

According to Bloomberg and his colleagues, an individual's socio-demographic background plus his/her own personal traits determine the social context of interactions with others. They noted that factors such as environment resources, parental education, family income, and occupational status are key socio-demographic characteristics that play a role. More importantly, this theory suggests that the opinions and behaviours of one's friends, family, or social network influence one's own personal perceptions and actions. This social experience has a direct impact on one's actions and ultimately, social, health and other development outcomes.

Social Network and Social Support Theory

The theory explains the mechanisms by which social interactions can promote or inhibit individual and collective behaviour. As defined by Israel (1985) and Israel and Schurman (1990) and other researchers, a social network is person-centred and refers to the set of linkages and social relationships between people. An understanding of network theory enables programmers to better analyse how friends, families and other significant people might impact on the same individuals and groups that they are trying to influence. In developing appropriate interventions, the following network characteristics should be considered: size and number of members, frequency of contact and strength of the bond between members; extent to which everyone knows each other and extent to which resources and support are exchanged between members.

Social support, on the other hand, refers to the content of these relationships, that is, what is actually being shared or transmitted during different interactions. As such, assistance provided or exchanged through interpersonal and other social relationships can be characterized into four types of supportive action: emotional support, instrumental support such as tangible aid or services, appraisal support such as feedback and constructive criticism, and informational support in the form of advice or suggestions, so on and so forth.

Some Theoretical Frameworks which Explain Community or Societal Behaviour

Diffusion of Innovations (DOI)

Based on his study of collective human behaviour and responsiveness to novelty and the introduction of change, Everett Rogers (1986, 1995) developed a theoretical model entitled the Diffusion of Innovations Theory. Based on agricultural extension work in USA and East Africa, this theory explains the progression over time by which members of a community or society adopt new, or different, ideas and practices. It is based on the premise that social change or changes in human behaviour can be understood by the way that individuals and groups respond to new or different ideas and behaviours that are introduced. The theory also provides insight into the impact of social influence on individual and household behaviour.

Commonly referred to as 'innovations', these new ideas can in fact be technologies, attitudes, behaviours, policies, practices or even programmes. Experience has taught us that these innovations are not always recognized initially as being necessary, useful, or important, by the target population. Their acceptance, and adoption, on a wide-scale basis begins slowly, as a few people or groups try the idea out first before it gradually spreads to others, as a social momentum may be created or the social climate becomes more accommodating. The theory also posits that the adoption is a process. All eventual adopters pass through five stages: (a) awareness of the innovation; (b) interest in it; (c) trying it out; (d) making a decision to accept or reject, and (e) adopting or adapting the innovation into one's daily life.

Conceptual Model of Community Empowerment

Many theorists are not satisfied with individual behaviour change alone. They maintain that we should be more concerned with empowerment of people for long-term change (Freire, 1970; Wallerstein, 1992; Steckler et al., 1993). A review of literature (mainly health education articles) reveals that there are a variety of definitions for the concept of 'empowerment'. For some it is:

- Largely a personal process in which individuals develop and employ necessary knowledge, competence and confidence for making their own decisions/voices heard, or,
- Participatory competence: the ability to be heard by those in power, or,
- A social process of recognizing, promoting and enhancing people's abilities to meet their own needs, solve their own problems and mobilize the necessary resources in order to feel in control.

Central to an understanding of the community empowerment process is the recognition that communities are composed of individuals and organizations that interact in a variety of social networks. This interdependence supports the notion that changes in one part of the social system has rippling effects in other parts. As a result, development programmes that aim to facilitate community ownership, competence and commitment to change must explore the concept of empowerment at three levels of practice: individual, organizational and community. They are distinguished as follows:

- Individual empowerment has a focus on personal efficacy and competence. It also takes into account one's sense of mastery and/or control over a situation.
- Organizational empowerment emphasizes processes that enable individuals to increase control within a formalized structure, and the organization itself to influence policies and decisions in the larger community. In practice, it also provides opportunities for individual growth and access to decision-making processes.
- Community empowerment centres on collective action and control that is based on participation of both individuals and organizations within a specific social context. Some of its benefits, on a group level, are greater economic independence and social recognition.

In summary, there are a variety of theoretical models from which development workers can choose. None of these have proven completely satisfactory in the field of international development. Many practitioners find that they can achieve the greatest understanding by combining more than one theory or developing their own conceptual framework. What follows in this book is such an attempt. It is not a theory, but it does offer insight in the form of a model which can be easily understood by professionals in many fields and it does answer some of the criticism sometimes made, that theories of behaviour are too Western and geared to the individual.

Strengthening People's Life Skills

The term 'life skills' is applied in a variety of ways in the context of different programmes. In some cases it is taken to refer to practical, technical skills, such as mixing oral re-hydration solution or putting on a condom. In other cases, it refers to entrepreneurial or livelihood skills, necessary for economic survival. In the school context, it is sometimes taken to mean the essential skills of basic education, including literacy, numeracy, and technical skills in health education. In this section, however, the discussion of life skills focusses on what are often termed psychosocial competencies. These are the skills which enable individuals to think and behave in a pro-active and constructive way in dealing with themselves, relating to others and succeeding in the wider society. Life skills are required both in everyday circumstances and, particularly, in specific risk situations.

The most accessible way to explain life skills is perhaps to provide a list of life skills which have been identified by different programmes around the world. *The Mental Health Promotion Unit of the World Health Organization in Geneva has analysed the* content of numerous life skills programmes in schools around the globe, and has found that there are five basic life skills areas which frequently appear (WHO/MNH, 1994). These life skills areas provide a starting point. Later in this chapter we will examine whether life skills have a cross-cultural relevance and the ways in which they can be adapted.

Each basic life skill area leads to a multitude of other skills to be developed and practised. For example, developing critical thinking skills can strengthen people's ability to clarify their values and assess risks more effectively. After developing basic communication skills, young people can go on to learn about negotiation skills, assertiveness and resisting peer pressure. Learning decision-making skills can be further refined with additional activities to practise setting realistic goals for the future.

Clearly, different dimensions of life skills are appropriate for different age groups. For example, in the case of communication skills, while young children might aim for clear expression and the ability to speak and listen in turn, older children need more advanced skills in negotiation. Adolescents, and indeed adults, could refine this still further and should be able to combine communication skills and problem-solving skills for conflict resolution.

Life skills are required by people for their healthy development by enabling them to:

- Acquire a sense of self-worth and self-efficacy;
- Build supportive relationships with family and friends;
- Promote healthy living;
- Cope with the stresses and pressures of daily life;
- Deal with conflicting values and norms for behaviour.

The acquisition of life skills is clearly linked to the development of values. Of most significance are the attitudes relating to the individual's perception of self and others. The enhancement of life skills goes hand-in-hand with the promotion of self-esteem, self-control and personal responsibility. It also involves, crucially, both a respect for others, regardless of race, sex, religion or life style, and a sense of the individual's responsibility for the group, be it family, friends or community.

These general attitudes need to be combined with efforts to clarify one's own set of values. In many regions, vast population growth, urban migration and exposure to alternative values through new information channels, have challenged traditional family and community structures which formerly raised young people within their own particular cultural system. In many cases, the social and sexual mores of the modern world are in direct conflict with traditional values. Within societies there is often moral ambivalence, when what is practised contradicts what is preached. All these factors lead to feelings of confusion and alienation for young people attempting to make sense of their world, feelings which may manifest themselves in risky behaviours.

Life Skills Learning Process

What most clearly defines a 'life skills approach' from other health promotion initiatives is the teaching and learning approach. In life skills programmes the emphasis is more on process rather than on content; on how something is learned, rather than what is learned; on how to think, not what to think. Life skills are not a set of technical skills that can be taught on the basis of information transferred from the teacher to the pupil. Nor should life skills be taught in isolation. They need to be dealt with holistically, taking into account the social, cultural and economic context of the learners' lives, with application to real life concerns.

Considering the health and social issues addressed within life skills programmes, the information content is, of course, significant. However, effective learning is likely to depend more on the methods employed than on the information component of the programme. 'The methods used are what most clearly distinguishes life skills programmes from information dissemination initiatives, such as teaching "facts for life"' (WHO/MNH, 1994:3). This educational approach involves participatory and active learning methods. The objective is to create an environment conducive to experiential learning of life skills.

Defining knowledge as a 'process of inquiry' (Freire, 1973:46), in which the learner is the active agent in creating knowledge, is the key issue which demarcates active learning in life skills education from conventional, didactic approaches. 'The central, and indispensable, component of active learning is the "inner" activity in which the learner constructs and reconstructs his system of knowledge, skills and values. It is this structure which enables him to order new experiences, and thus to attach meaning both to the outside world and to his role in it' (Somerset, 1988:151).

It must be acknowledged that, for learners of all ages, their experiences will not always be easy or positive. Applying life skills to their real life involves taking risks. If young people refuse to smoke, take drugs or alcohol, they might risk ostracism from their social group. If a person, concerned about his or her partner's sexual history, insists on condom use, he or she might risk rejection. This is why life skills education should always include time to practise skills in a safe learning environment. This is an opportunity to test out other people's reactions to new behaviours.

Obviously all efforts should be made to create as supportive an environment as possible, through parallel work with parents and the community. However, it must be acknowledged that use of life skills is, in itself, a risk-taking venture, since it potentially alters the individual's relationship with others, challenging their values, roles and power relations. This underlines the importance of life skills education as a long-term, sequential and developmentally appropriate intervention. To support the learning and practice of life skills, they should always be taught first in the context of low risk, non-threatening situations, to provide opportunities for positive feedback from the application of life skills. The skills should then be explored and practised in progressively more challenging or threatening situations over time. It is the confidence gained in the practise of skills in low risk situations which helps people to persevere with their intended action when people do not respond favourably to their behaviour.

Box 12.3 Zimbabwe School AIDS Action Programme

The School AIDS Action Programme in Zimbabwe provides an interesting example of an attempt to take a life skills approach from small-scale intervention into a national programme, introduced through the formal education system. With HIV/AIDS prevention as its primary objective, the programme has a broad foundation in the development of life skills.

The Curriculum Development Unit of the Ministry of Education developed the programme in partnership with UNICEF. Its main impetus has been on the research, development and dissemination of student textbooks, teachers' manuals and supplementary materials, combined with teacher training.

The programme targets all students from primary Grade 4 to the highest secondary class. It is compulsory in the school curriculum and has one weekly period timetabled. The textbooks are graded and incremental. As the students mature, so the topics move from 'bad touches' to actual rape, from making friends to physical relationships.

The textbooks used are issue-oriented and pose a series of scenarios requiring students to explore feelings, examine alternatives, think through situations, take decisions and make judgements. The books

(Box 12.3 continued)

avoid talking down to students and do not prescribe answers to problems. The material provides situations that help students confront issues that enable them to make decisions about their own sexual values and interpersonal relationships. (UNICEF Harare, 1994)

This approach demonstrates how HIV/AIDS education can be planned around life-skills development, rather than pure information transfer.

The greatest challenge lies in teacher education, in being able to transform didactic teachers into facilitators. In-service teacher training is provided through a 'cascade' model, each level training a lower level, from national down to school level, although this inevitably tends to get weaker as it moves downwards. To provide further stimulus and support to teachers and to promote school interaction, 'demonstration' schools receive targeted training and serve a local cluster of schools. However, established teachers have found it difficult to transform their conventional approaches, fearing that greater student participation could lead to a loss of control.

Pre-service training is conducted in all teachers' colleges. This incorporates factual information on HIV/AIDS as well as training in the participatory, life-skills approach used by this programme. It also targets the college students themselves as a group at risk.

In a preliminary evaluation study on the text books and implementation in Grade 7, students 'were unanimous in viewing the book as useful, enjoyable, appropriate and, in the main, relevant to their experience,' although many expressed embarrassment at having to discuss these issues with adult teachers, who were themselves also uneasy with the material (Chisuo, 1995:30-31). However, the study highlights the difficulties which participatory methods present to teachers. Rather than introducing the books as a separate lesson, many teachers have tended to integrate the lessons into other core subjects, returning to their conventional, didactic approaches. This necessarily inhibits the development of life skills. Future development of the programme will focus on teacher training and monitoring mechanisms.

Source: UNICEF Harare, 1994:1-19.

Summary of Lessons Learned

Experience of life skills programmes around the world has provided a number of key lessons learned which are summarized here:

- Life skills need to be learnt in an integrated, holistic manner, since real-life problems require a range of psychosocial skills. Life skills programmes should be developed to address the 'whole person' within his or her environment.
- Life skills education is a long-term process and requires follow-up activities to ensure that learners continue, over time, to apply their life skills in different contexts and have a chance to reflect on their experiences.
- Learners, their families and communities, need to be involved in identifying risky behaviours and the related life skills which are significant to them, to ensure the relevance of the programme and its cultural appropriateness.
- In programme planning, implementation, monitoring and managing, all efforts should be made to promote community ownership of the programme for long-term sustainability.

- Learners require opportunities for practice of skills and positive reinforcement. Consultation and parallel life skills training with other family members, parents, peers and the community can aim to make the environment more supportive.
- Early interventions with children of primary school age enable them to acquire life skills before they may become involved in risk-taking behaviours.
- Both qualitative and quantitative research are an essential part of the whole process of life skills programme development, implementation and maintenance.
- The participatory, active learning approach required for life skills education makes new demands on the abilities of educators. Teacher/facilitator training and follow-up support need to be given priority.
- When designing risk-reduction programmes, on AIDS, substance abuse, and so forth, the life skills required to address the issue should form the central focus. These life skills will then define the learning objectives, the content, materials and educational methods, as well as the behavioural outcomes to be evaluated.
- Work with the media, to promote positive life skills modelling, helps to provide other sources of motivation and examples for the acquisition and practice of life skills, especially for young people.
- Life skills programmes should be underpinned by a human rights stance, giving special consideration to the promotion of the Rights of the Child, and the prevention of gender, racial and other forms of discrimination.
- While strengthening the capabilities of individuals, life skills programme developers should also recognize the importance of wider environmental factors which can constrain people's behaviour and limit their choices. Agencies need to collaborate, working simultaneously at a structural level to promote a more positive environment.

Creating an Enabling Environment

All too often, people wanting to make changes in their lives face the resistance of their family, peers and community. Health services are often inadequate for their needs or insensitive to their situation. The education system often fails them. They may also face religious, cultural, economic, or social pressures—or a lack of structural and legislative support—that constrain their freedom to choose healthy and safe options.

All too often, programmes designed to improve people's lives have focussed on the 'vulnerable individual', exhorting them to change their lifestyles. Such programmes not infrequently ignore the wider environment and the forces which push people into doing things that undermine their health, such as having unwanted or unsafe sex, using drugs, being subjected to female genital mutilation (FGM) or using breast-milk substitutes.

At the same time, health promotion programmes can gain far greater impact by building on existing cultural, social and other factors which support safe and healthy choices, for example, in discouraging the use of tobacco or alcohol.

When programming for behaviour development and change we therefore need to think in much broader terms, beyond the individual whose behaviour we are concerned about. Programmes that aim to decrease the number of people who smoke, the number of people injured in car accidents, the number of children who remain without immunization, the number of teenage girls becoming pregnant, have to do much more than develop individuals' knowledge, motivation and skills to be effective. They have to focus on creating a supportive and enabling environment for these individuals. Such programmes need to build on those aspects of the environment which are supportive to positive behaviours and minimize or change those which are negative or resistant.

Analysing the Environment

There are two major dimensions of the environment to consider, that overlap and are interrelated. The first refers to the 'immediate environment' of parents and family, friends and community members, where interpersonal communication is the major influence on behaviour. Then there are those factors in the 'wider environment', such as culture and religion, health and education systems, news and entertainment media, which both influence and are influenced by pervading social values.

The first part of the chapter gives an overview of the need for an enabling environment. The second part examines how different factors in the environment affect or determine people's behaviour and reviews various interventions which have sought to make the environment more supportive. These environmental factors include:

- Policy and legislation,
- Service provision,
- Education system,
- Cultural factors,
- Socio-political factors,
- Socio-economic factors, and
- Physical environment.

While each factor is discussed separately, in programming terms they need to be addressed in an integrated way, reflecting the manner in which they relate to a specific issue.

In many countries the plethora of parallel projects by governments, NGOs and other agencies may fail to achieve their potential impact at the macro level if they are not delivered within a consistent policy environment, which achieves synergy through coordinated action. The efforts of individual programmes can ultimately only be sustained and expanded when underpinned by supportive policy and legislation. Such legislation must also be held by the political will to enforce its provisions. Development organizations have a crucial role to play through advocacy in strengthening this political commitment.

There are many examples of effective development of policy and legislation in the creation of an enabling environment for change. In fact, in many instances, getting new policies passed has been relatively easy. More difficult has been effectively implementing their provisions. As such, policy and the development of national laws can usually only provide a framework for change, except in relatively clear examples, easily enforced by the authorities, such as the enactment and enforcement of car seat belt legislation.

Box 12.4 Using VIPP: The Case of Zambia

Since its introduction through UNICEF in early 1994, Visualisation in Participatory Programmes (VIPP) has made great strides in Zambia, building upon the foundations of participatory training that already existed in the country. VIPP methodologies have been used for strengthening teams, project planning, strategy development, managing meetings, generating information, and training trainers. Over 300 facilitators at various levels in government, NGOs, and international development agencies have been trained in the use of VIPP, and several partner organisations have espoused the methods for their own programmes.

VIPP has been used with numerous different types of groups and organisations to develop strategies on a range of issues, including: promoting girls' retention in school, improving youth access to media about HIV/AIDS, problem-solving with street children in urban areas, community-based planning, and capacity building for health reforms in Zambia. VIPP has also been used within UNICEF's Zambia country office to strengthen its own internal management and planning, and for staff team building.

VIPP methods are particularly appropriate to raise difficult issues. For example, an adolescent involved with HIV/AIDS education for youth in Zambia uses a VIPP card to anonymously ask: 'How can I be sure that my partner is wearing a condom?' Police officers and Lusaka street children have frankly exchanged their perceptions of each other, and at the same time defined common ground. Youths have collaborated with senior health providers to better define their needs in reproductive health service provision. Staff members have been able to raise their fear about speaking up in front of their manager in a manner that allows for constructive exploration of this issue in the workplace.

A preliminary evaluation of VIPP's application in Zambia conducted in 1996 indicated that VIPP is most effective for mid-level decision-makers who are often better at talking about the need for participation than at practising it in their own working environments.

Source: Whitney and Wyss, 1998.

Service Provision

No matter what we do to give people clear and accurate information, to motivate them to change existing practices or to adopt an innovation, and to assist them in developing the skills needed for positive change, our efforts will be largely in vain unless there is a commensurate improvement in the quality of services made available to support such behaviours. Such services include health and education provision, safe water supply, sanitation facilities and waste disposal, and agricultural extension services. These services need to be affordable and accessible, and of a standard to meet the needs of the client community. As the illustration of the 'Education for All' policy showed, service delivery factors must be tackled in conjunction with policy and legislative change.

Box 12.5 Interpersonal Communication and Service Delivery

In Bangladesh, the Expanded Programme on Immunisation (EPI) had achieved 62 per cent coverage by 1991. However, statistics indicated that dropout levels were still very high. A large-scale, qualitative study revealed that much of this was due to the poor quality of communication between service-providers and clientele. Vaccinators allowed relatives and people with higher status to jump places in lines. They seldom counselled on possible side effects and treated poorer people rudely. It was found that, on average, they spent 21 seconds with each child and caretaker. Very little use was made of the thousands of flip charts and flash cards produced to support interpersonal communication. A more in-depth analysis of the same data indicated that there was little difference in performance between those field workers who had undergone training programmes and those who had learned on the job. This led to the formulation of an interpersonal communication (IPC) training strategy for field workers and their supervisors.

Sources: EPI (1991); Griffey-Brechin (1993); MOHFW (May 1994).

Education Systems

Although education is part of service provision, it merits a separate discussion, given its formative role in determining people's behavioural patterns. For those who have been to school, their educational experience is probably the most significant determinant of the way in which they receive, process and use information. Many examples exist of educational initiatives which promote the development of life skills, including the capacity for critical thinking, decision-making and problem-solving. In this light, such education systems can be seen to develop the capacity of people to work proactively within and upon their environment for constructive change. The key to this transformation lies in the quality of the educational process. The way in which the learner experiences the learning process can either encourage or inhibit positive behavioural development and change. However, while globally many education systems are working actively to improve the quality of teaching, it remains a fact that the majority of educational environments serve only to promote passivity in learners.

A bleak but influential view of this educational approach was taken by Paulo Freire who characterized it as a 'pedagogy of oppression' (Freire, 1973). He sensed that such forms of education can keep people locked in a closed world in a 'culture of silence'. In this context, education becomes a series of facts passed on from the 'knowledgeable' teacher to the 'ignorant' student through rote learning. This follows what Freire called the 'banking concept' of education, whereby teachers believe their role is to 'fill' their students with knowledge. Education suffers from 'narration sickness'. 'Narration leads the students to memorize mechanically the narrated content. Worse still, it turns them into containers, into receptacles to be filled by the teacher' (ibid.:45).

Where the education system itself is rigid and autocratic, from the style of management at the top, down to delivery in the classroom, it may appear resistant to change. The way society is organized can be reflected and reinforced by the way people are educated: either enforcing

acquiescence within a hierarchy or, conversely, encouraging a democratic openness and questioning. However, education systems can be mobilized to challenge social norms and become a catalyst in changing the way people think and behave. For instance, educational initiatives in the North promoting citizenship education aim to help young people gain a sense of community responsibility, challenging pervasive individualism. Educational reform is possible, albeit slow and incremental.

Many sectoral programmes, particularly in health, water and sanitation, and agriculture, seek to use school systems as a key channel for disseminating their messages. However, such information will likely remain unused unless the learning process encourages enquiry and innovation. Outreach will also be limited unless more students are retained in the school system. Two key issues therefore govern the potential of the education system to contribute to creating an enabling environment. The first relates to the continuing quest for improving quality in teaching; the second to increasing access to and retention in schools.

The education system provides the most crucial point of interface between individuals and their environment. A positive educational experience can prepare people to participate in creating a more supportive environment, in redefining the terms on which they live. For example, disadvantaged groups, who have learnt about the rights to equality before the law, can work individually or collectively to challenge social practice and to lobby for changes in policy and legislation. In terms of programming for an 'enabling environment', investment in education becomes the central priority, for education opens the way for people themselves to influence their environment and widen their options for action.

Box 12.6 Mobilizing for Education for All in Bangladesh

A year after the World Conference on 'Education for All', held in Jomtien, Thailand in 1990, not a great deal had been achieved in Bangladesh. There was a great deal of rhetoric and disagreement over the strategies required to bring education to a population of 110 million which was less than 25 per cent literate. UNICEF was still giving emphasis to the provision of educational materials, curriculum development and teacher training. There had been much energy and concentration on mass education in the past, with little progress. The government, academics and NGOs were at odds as to the reasons for the lack of progress, each tending to blame the other. Compulsory primary education was declared by the President at Jomtien, but no one believed that it was enforceable or achievable. The call for 'Education for All' remained a hollow cry.

Participatory Planning

A breakthrough came in April 1991. UNICEF organised a participatory planning workshop using a method called Visualisation in Participatory Programmes (VIPP). High-level government, NGO staff and academics attended, along with participants from UNICEF and UNESCO. In three days, participants worked through the essential steps to be taken in mobilizing for Basic Education in Bangladesh and developed a multimedia and multi-partnership plan of action for advocacy, social mobilization and programme communication.

(Box 12.6 continued)

(Box 12.6 continued)

This initial planning workshop was followed by training in VIPP facilitation for key government, NGO and UNICEF staff involved in education. This training initiated a whole sequence of participatory planning processes, right down to the lowest administrative level. For the first time, people in lower level posts had a say in what was needed to mobilize the educational bureaucracy, social partners, parents and children.

Determining the Value of Education

A qualitative research study was carried out on the perception and value of education. After a great deal of discussion, it was decided that before launching a major communication initiative for accelerating the provision of educational services and quality of services, more should be known about what parents and children think and believe about schools and school personnel, revealing deep-seated perceptions, beliefs and values. The information from this research was used in the formulation of mass media, traditional media and interpersonal communication messages aimed at various stakeholders in the educational process.

Launching a Movement

In 1992, the Prime Minister launched the 'Education for All' movement in a major national conference attended by people from all relevant sectors and all parts of the country. The conference was a lively affair, with a great deal of debate, which sparked new initiatives. At the above event, a communication symbol for 'Education for All' was unveiled. The final symbol, with the girl slightly ahead of the boy because of her historic disadvantage, was adopted as the best concept to promote basic education for all in Bangladesh. Today, it is used by all major partners in the movement and can be seen throughout the country. It is easily recognisable and communicates a message, even to illiterates.

Cultural Factors

In development programmes the role of culture is often ignored, for example, in analyses of social change which take a purely economic and political perspective. In other instances, where the influence of culture is acknowledged, it is still considered to be either sacrosanct (in representing a 'unique' traditional culture) or immutable, and certainly not within the domain of the development programmer. However, cultural values form the overriding determinant of behaviour, which cuts across all other factors. People's behaviour is guided by their personal values, governed by the pervading cultural values of their social group.

A holistic approach to creating a supportive environment recognizes the complexity and interrelationship of the various factors determining behaviour, of which culture plays a very significant and influential part. As for our discussion, we can adopt a working definition of 'culture'

as a set of values and practices shared by a group. The domain of such a culture is therefore determined by the number of people of communities who identify with and subscribe to its shared set of values and practices. This results in layers of cultures and subcultures within a single society.

As with the other factors in this section, the discussion of culture and behavioural change merits a whole book in itself. However, the review of gender programmes offers some general lessons which can be applied more broadly to other aspects of culture. It emphasizes the value of a programmer's role as a listener, learning about people's culture through formative research. This insight allows initiatives to tap into the evolutionary process of culture, building on the value and behavioural shifts that communities believe are desirable and possible. Such work can be reinforced by establishing alliances with other agents in society, particularly harnessing the power of the mass media.

However, as culture exists as a set of values and practices shared by a group, change cannot be imposed from without, but will evolve within communities through a participatory process, in which people are enabled to become more objectively conscious and to consider possible transformations.

This finally brings us to the ethical issues which a programmer needs to consider when dealing with cultural issues. Community participants need to be fully conscious that efforts to reform their culture may lead to social disruption. It is they, not the programmer, who carry the risk in challenging their cultural norms. As with the example of FGM, interventions concerned with culture are more appropriate in addressing the community as a whole, on all its levels, rather than isolated, and possibly vulnerable, groups within the community.

Finally it is worth remembering that programmers too, from whatever society, may subscribe to an 'international development' culture, their own shared set of values, which could also benefit from a regular, critical scrutiny. In its worst manifestation, this could be portrayed as a sense of cultural superiority, implicit in some policy statements, 'particularly when programmes involve "educating" a "target population"' (Allen and Thomas, 1992:338). Our guard against this is to adopt a listening stance and approach our work with communities as a process of mutual learning.

Conclusion: Integrating for Change

This brief review of the many processes and factors that must converge in order to facilitate behaviour change, strongly suggests the importance of adopting integrated approaches in designing development communication programmes. It calls into question the current trend of using the words 'information' and 'knowledge' to mean the same thing. It also questions the marketing hype which suggests that knowledge can be downloaded from appliances plugged into the Internet. And that there are technological shortcuts to change and development.

This review also emphasizes to policy-makers and programme directors the importance of building effective and responsive communication elements into development programmes right from the start of all projects. While communication on its own will not bring about change and development, neither will change happen without development communication. We need to integrate all our efforts.

Note

1. This contribution is synthesized from the book: *Involving People, Evolving Behaviour* edited by Neill McKee, Erma Manoncourt, Chin Saik Yoon, Rachel Carnegie and co-published by Southbound, Penang and UNICEF, New York in 2000 (ISBN 983-9054-22-8, 14.5 × 22 cm, 272 pages). E-mail book enquiries to chin@south.pc.my.

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