

# Effective Theories of Behaviour Change: from individual to contextual approaches

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# Why Change Behaviour?

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- **In absence of vaccine or cure, prevention remains our only hope**
- **In current epidemiological context, greater urgency to stem number of new infections**

# Prevention Intervention Goals

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- **Increase protective behaviours:**
  - Abstinance or delaying sexual debut
  - Consistent condom use
- **Reduce risky behaviours:**
  - Decrease number of sexual partners
  - Being faithful to one partner
  - Avoid sharing needles amongst IDU's.

# Designing behaviour change interventions

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- **Effective prevention interventions need to be theoretically grounded**
- **Theories of behaviour change:**
  - **Offer frameworks for understanding risk behaviour**
  - **Identifying strategies to manage and support behaviour change**

# Theories address various levels of causality

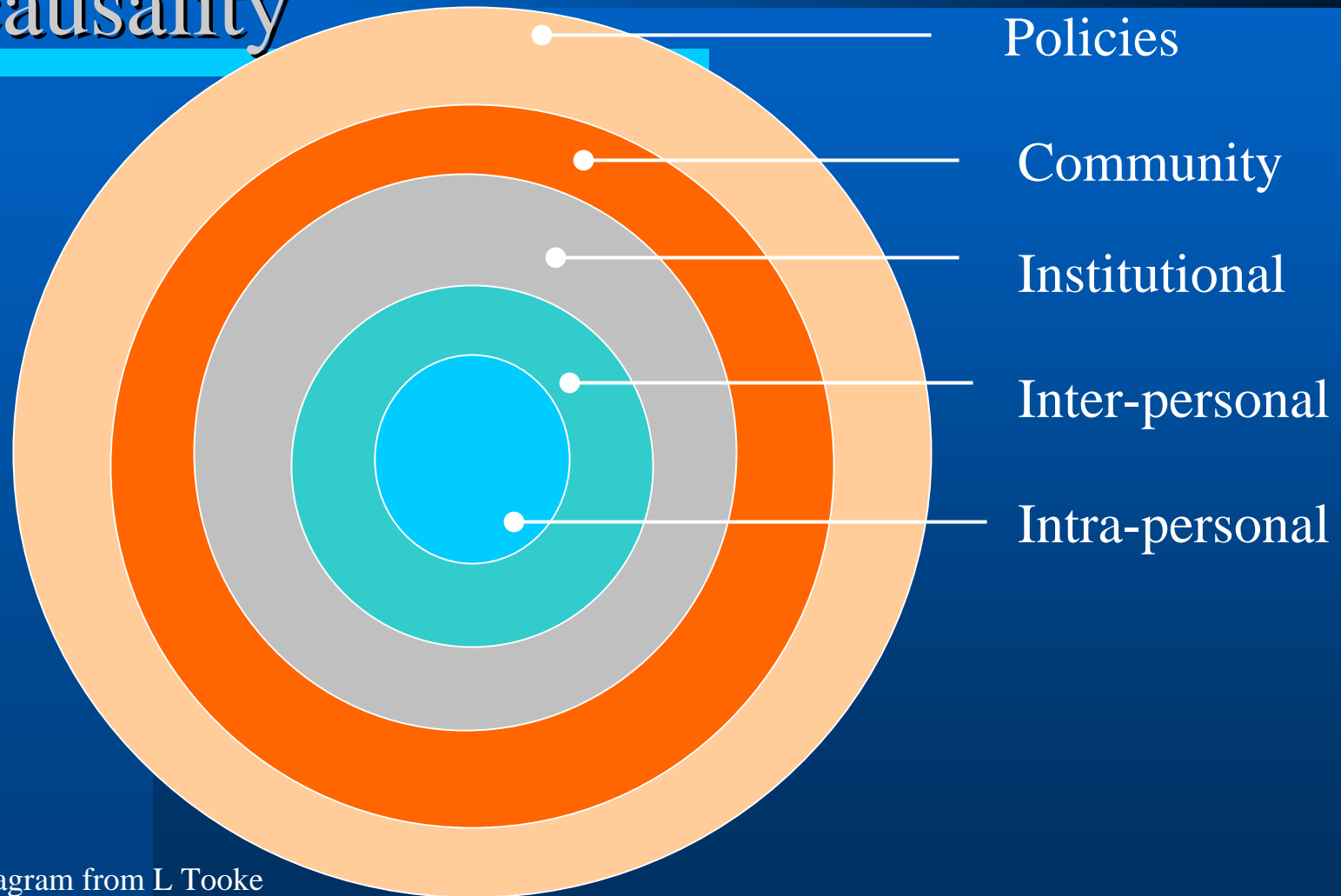


Diagram from L Tooke  
(2004)

# Models of Behaviour Change

- **Most commonly cited are HBM, TRA, Stages of Change**
- **Apart from ARRM, most are generic models**
- **Predominantly western models, with limited application across gender and cultures:**
  - **view health behaviour as a-cultural**
  - **marginalise African ways of knowing e.g role of collective in informing health and behaviour**

# Health Belief Model

<b>Focus</b>	<b>Key Concepts</b>
<p data-bbox="159 611 910 853"><b>People's perceptions of threat of health problem</b></p> <p data-bbox="159 896 845 1319"><b>Appraisal of behaviour recommended to prevent or manage problem</b></p>	<ul data-bbox="974 611 1732 1276" style="list-style-type: none"><li data-bbox="974 611 1732 676">● <b>Perceived susceptibility</b></li><li data-bbox="974 696 1732 762">● <b>Perceived severity</b></li><li data-bbox="974 782 1732 919">● <b>Perceived benefits of actions</b></li><li data-bbox="974 939 1732 1076">● <b>Perceived barriers to action</b></li><li data-bbox="974 1096 1732 1162">● <b>Cues to action</b></li><li data-bbox="974 1182 1732 1276">● <b>Self efficacy</b></li></ul>

# Process goes as follows:



- I realise I could get infected with HIV
- That would be terrible, I could sick and die
- But...I really don't like wearing condoms
- If I do though, I won't get HIV because condoms will protect me
- So when I weigh it up, I think I'll use condoms...



# Theory of Reasoned Action

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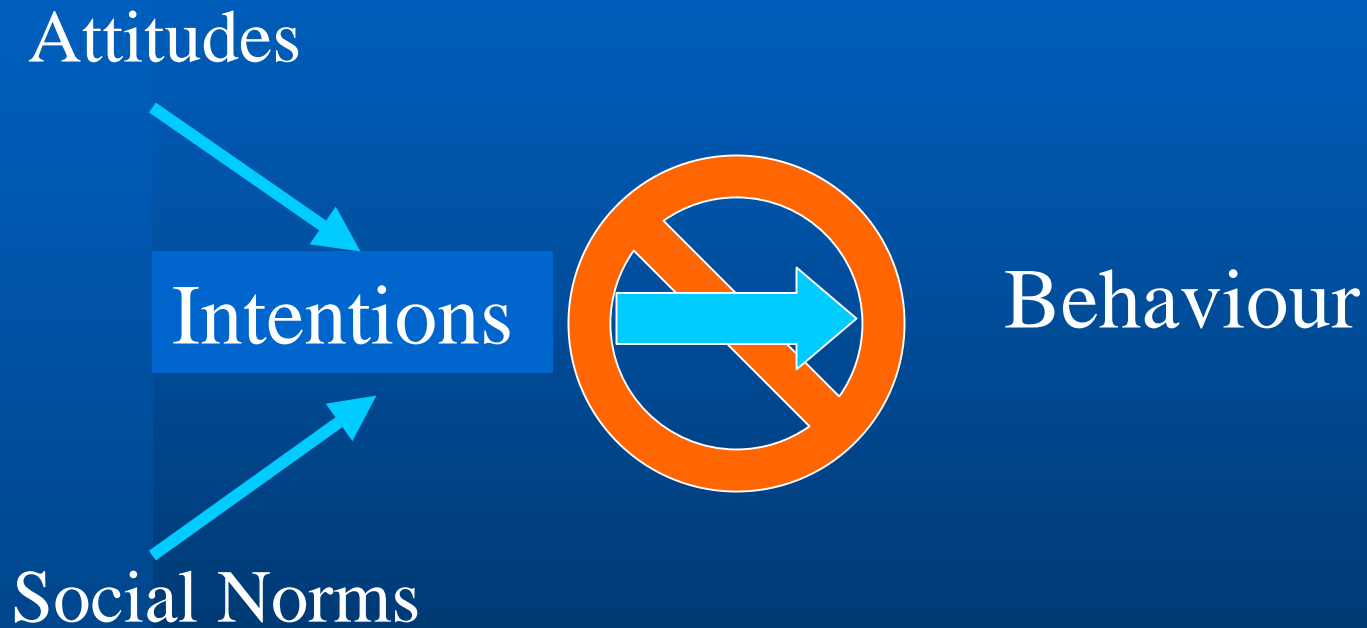


Diagram from L.Tooke (2004)

# Theory of Reasoned Action

Focus	Key Concepts
<p>People are <u>rational beings</u> whose <u>intention</u> to perform a behaviour strongly relates to its <u>actual performance</u> through beliefs, attitudes, subjective norms, and perceived behavioural control.</p>	<ul style="list-style-type: none"><li>● behavioural intention</li><li>● Subjective norms</li><li>● Attitudes</li><li>● Perceived behavioural control</li></ul>

# Stages of change model

- Readiness to change or attempt to change a health behaviour varies among individuals and within an individual over time.
- Relapse is a common occurrence and part of the normal process of change.



# AIDS Risk Reduction Model (ARRM)

- Identify 4 stages; each stages involves both social and psychological processes:
  - Labelling - involves conscious recognition and labelling of one's behaviours as risky in terms of HIV infection. ("I know that going to the club is dangerous.")
  - Commitment—person makes a commitment to specific behavioural goals that will reduce her/his risk of HIV infection. ("I'm going to start using condoms.")

# ARRM

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- Enactment—the behaviour change is accomplished, which involves removing personal and/or social barriers to successful change. ("My partner and I talked about it and we started using condoms.")
- Maintenance—sustaining risk-reduction behaviours. ("I'm so used to using a condom that it seems like I've always used them")

# Limitations of individual theories

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- Rational, logical, cognitive being, able to balance risks and benefits
- While some introduction of relational and normative influences, high premium placed on self-agency

# Attributes associated with SUCCESS....

- 1. Strongly wants and intends to change for clear, personal reasons**
- 2. Faces a minimum of obstacles (information processing, physical, logistical, or environmental barriers) to change**
- 3. Has the requisite skills and self-confidence to make a change**
- 4. Feels positively about the change and believes it will result in meaningful benefit(s)**

# Attributes (ctd).

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5. **Perceives the change as congruent with his/her self-image and social group(s) norms.**
6. **Receives reminders, encouragement, and support to change at appropriate times and places from valued persons and community sources, and is in a largely supportive community/environment for the change.**

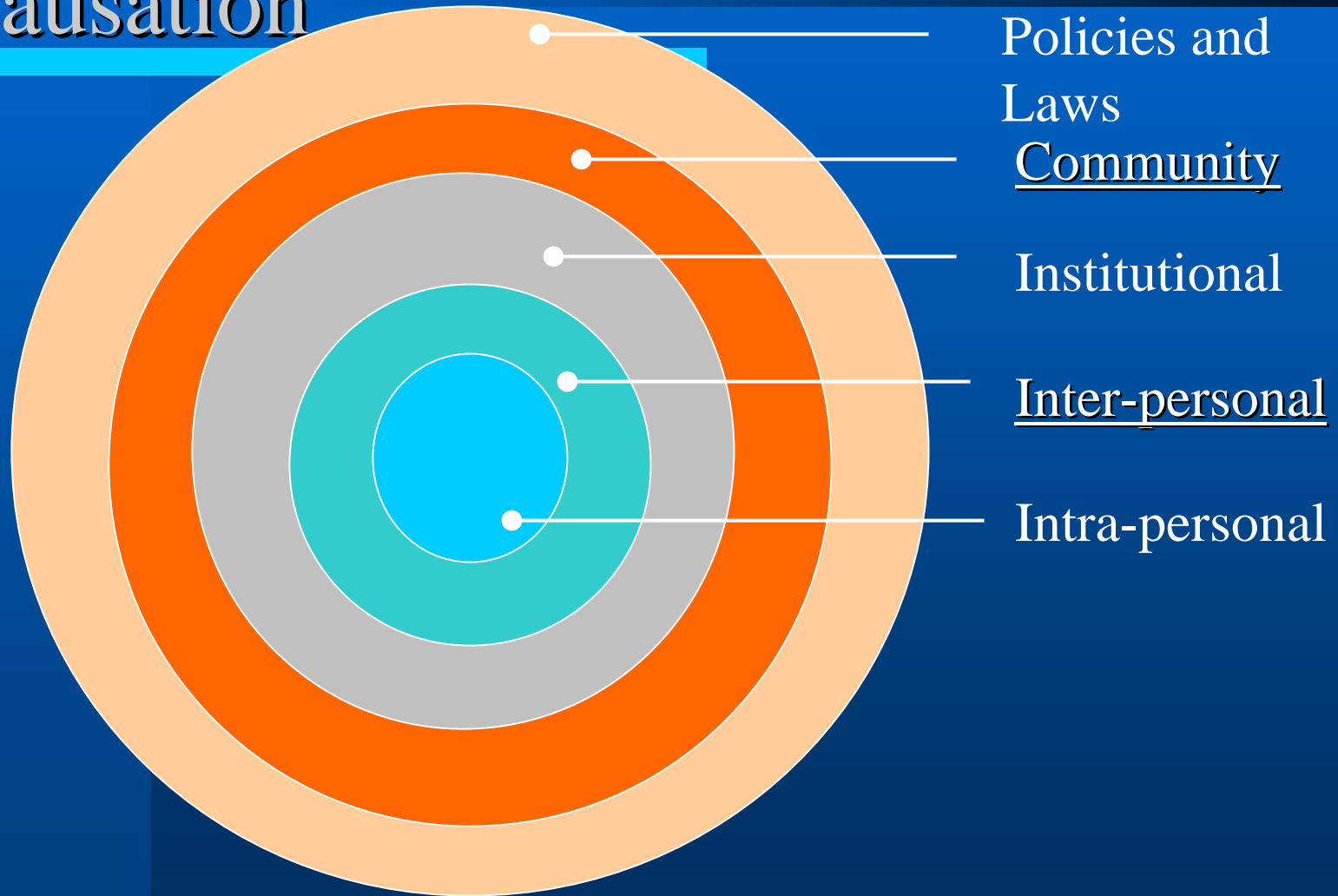


# Individual theories fail to acknowledge

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- **Societal norms, culture, gender and religion infuse meaning into behaviour**
- **Motivations for sex are unclear, complicated and may not be rationally thought through in advance**
- **A range of other important psychological factors: denial and invulnerability to harm**

# Theories address various levels of causation



# Culture and HIV/AIDS

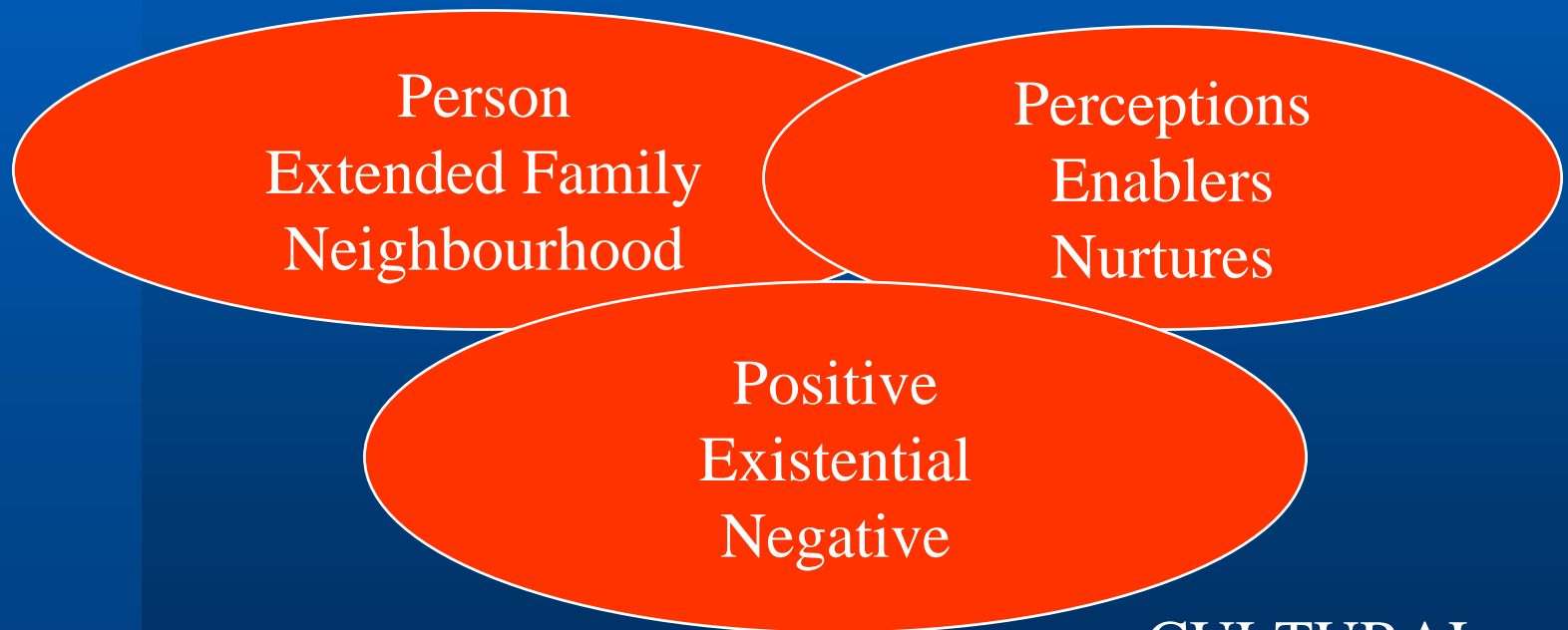
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- Culture refers to the shared values, patterns and norms of people
- Human sexuality is contextual – strongly informed by culture and norms around sexual choice, behaviour and practice
- PEN-3 is cultural model that addresses the health behaviour of African collectives rather than their individuality

# The PEN-3 model

CULTURAL IDENTITY

RELATIONSHIPS AND  
EXPECTATIONS



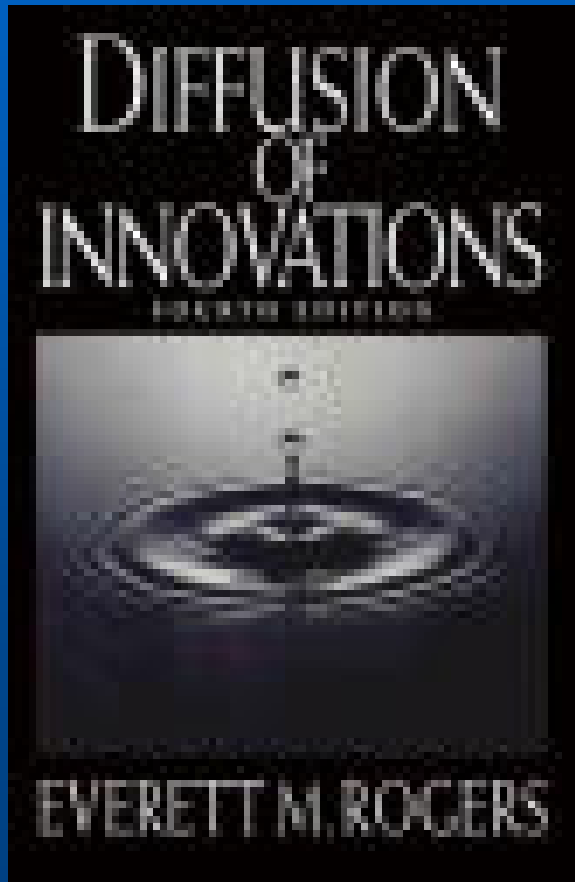
CULTURAL  
EMPOWERMENT

# PEN-3 (ctd.)

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- **Culture is central to HIV/AIDS prevention, care and support in Africa**
- **Behavioural analysis and intervention points focus on culture rather than individual behaviours**
- **Focuses on positive and existential aspects of culture**
- **Decisions could be made on where to intervene**

# Diffusion of Innovation Theory



- Influential members of community involved in disseminating culturally relevant messages
- Opinion leaders (highly visible, respected people) can play an important role in the diffusion of the innovation
- If process gains a critical mass, norms change and with them behavioural patterns

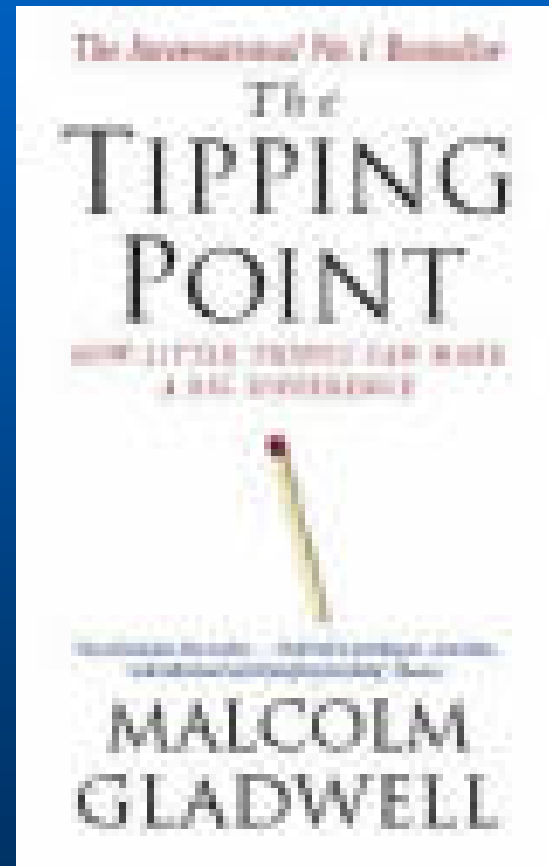
# Diffusion

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- **Stepping Stones programme in Gambia to address issues of infertility prevention, and communicating safe sex benefits**
- **Stimulated dialogue between partners, and among family and friends-→ norms modified**
- **Targetted men as diffusers of the innovation**
- **Showed positive health protective outcomes in control and intervention**

# Lets create the unexpected ...

- Refers to one dramatic moment
- Moment of critical mass, the boiling point, where radical change is a possibility
- Ideas, products and messages are spread just like viruses do

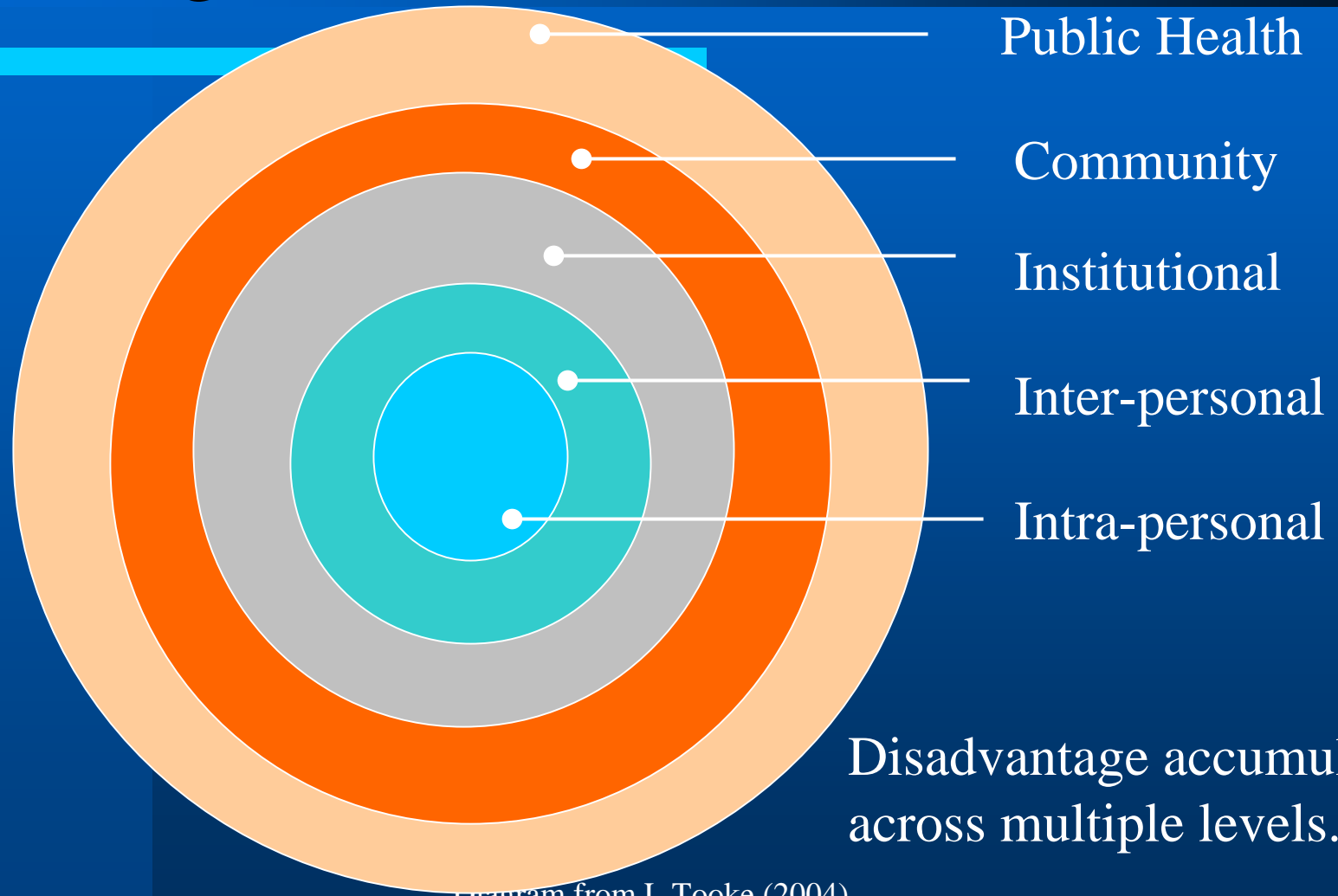




## Using VCT as vehicle to stimulate change on a social level...

- If large proportions of population know serostatus likely reduces stigma, personalizes risk perception, and changes social norms towards risk.
- Creates constituencies of HIV infected people who advocate for HIV prevention, human rights, and treatment
- These people could act as a catalyst for the implementation of care and support services
- This could reduce transmission and change the tide of the epidemic

# Ecological Health Behaviour Model



Disadvantage accumulates across multiple levels.

Diagram from L Tooke (2004)

# Ecological health paradigms

- Suggest a dynamic interaction between functional levels continues over a person's lifetime
- Acknowledge multiple determinants that impact on health (e.g age, gender, race, socio-economic status)
- Deficits in health are seen as an accumulation of disadvantages that combine and interact
- Highlight the needs for enabling environment for protective behaviours
- Behaviour change requires mobilisation at all levels

# Disadvantage accumulates across multiple levels



# Ecologically driven contextual analysis

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- **Develop context specific models or programmes**
- **Highlight disabling and enabling aspects of context for intervention and analysis**
- **By solving smaller problems an enabling environment is created**
- **Obstacles to health protective behaviours can be overcome**

# Concluding thoughts

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- **Who is at risk?**
- **Whose behaviour are we talking about?**
- **Who does the talking and how honest are you?**