malaria consortium
disease control, better health

BRIEFING NOTE

Using promotional materials for effective social and behaviour change communication

This briefing note is intended to provide guidance to those planning or implementing social and behaviour change communication (SBCC) interventions for health, including the development and distribution of information education communication (IEC) materials or free promotional items. It discusses the merit of using these items in the context of creating and sustaining behaviour change for positive health impact at the community level.

The journey to social and behaviour change communication

Health promotion programmes have historically been premised on the assumption that providing individuals with information about the causes of, and ways to avoid, ill health will trigger favourable change in their behaviour.[1] Traditionally provided in a clinical or one-to-one setting, this information has sometimes been distributed via ‘limited reach’ print materials such as brochures, pamphlets, posters and small circulation news-sheets.[2] Although these materials and messages frequently increased knowledge and improved attitudes, they often did not result in behaviour change.[3]

As the availability and accessibility of mass media grew and our understanding of communication processes and behavioural science deepened, health campaigns shifted towards also attempting to persuade individuals to adopt recommended health behaviours.[2] IEC, as it was termed,[3] has since evolved into SBCC – an approach that recognises that merely providing education and increasing knowledge at the individual level is not sufficient to ensure sustained behaviour change.[1]

What we know

Health behaviour is shaped by multiple drivers

SBCC is an evidence and theory-based approach that promotes individual-level behaviour change alongside shifts in the social norms and supportive environments that are required to achieve, and ultimately maintain, the desired change. Health-seeking behaviour, for example, 'is part of a person's, family's or community's identity, and the result of an evolving mix of social, personal, cultural and experiential factors, not just a one-off isolated event'.[1] Take a woman's decision to visit a particular healthcare facility; this is the combined 'result of personal need, social forces, the actions of healthcare providers, the location of services, the unofficial practices of doctors, and in some contexts can have very little to do with physical facilities at a particular service point'.[1]

Effective social and behaviour change communication strategies must seek to influence multiple stages in the behaviour change process

As learning from an evaluation of a Cambodian education campaign seeking to prevent dengue aptly illustrates, behaviour change strategies need to be multifaceted and address the many determinants of behaviour if they are to be successful: 'it [the campaign] was unlikely to have any significant effect on practices, even with high knowledge levels, unless a more comprehensive strategy for behavioural change was incorporated, such as the Communication for Behavioural Impact (COMBI) method, which utilises behavioural models as well as communication and marketing theory and practice to inform strategies'.[4]

HICDARM, a concept used by COMBI, describes the process by which we accept and adopt a new behaviour.[5] In this process of change, we first **H**ear about a new behaviour, then become **I**nformed, and later **C**onvinced that it is worthwhile. In time, we make the **D**ecision to do something about our conviction, and then we take **A**ction. Next, we wait for **R**e-confirmation that our action was beneficial and, if all is well, we **M**aintain the behaviour. Sometimes, we get stuck at or repeat a stage. Indeed, most health promotion programmes help people to arrive at stage **I**, and usually **C**, but hit the wall at **D** and **A**.[5] So, if SBCC strategies are to be effective, each dimension of HICDARM should be considered. Often, such strategies incorporate social marketing elements as a means of overcoming the gaps among **C**, **D** and **A**.

Social marketing theory draws on techniques that are employed by the commercial marketing sector to influence consumer behaviour, and applies them to the social and health sectors to promote behaviours that are beneficial for populations. It emphasises the importance of positioning a product, service or behaviour in line with consumers' values so that they will choose it over competing products or behaviours. As with commercial marketing strategies, social marketing strategies are most effective when they: are developed using evidence, include relevant attitudinal and behavioural models of change, and integrate all elements of a marketing mix – product, price, place and promotion.[6]

Together, these four Ps provide value to customers beyond the value of the actual product that is being sold. However, they must all be acceptable to a consumer (or target audience) before (s)he will purchase a product, or adopt a new health practice.

Advertising alone is insufficient to effect sustainable behaviour change

It is as part of the fourth P, promotion, that advertising comes into play. 'Advertising first raises awareness, and then creates a tentative positive attitude towards the issue that predisposes the individual to other elements of the marketing campaign and to positive social pressures in order to enable change'.[2] In advertising, free samples of a product are sometimes given away with the hope that the person who tries this free item will later buy it and potentially become a lifelong customer.

However, the same is not necessarily true for health behaviours. In the context of social marketing, although incentives or branded gifts (such as pens, keyrings, food or drink) can be a nice addition, they do little to promote the requisite behaviour, and more to promote the organisation. While provision of such gifts at information sessions is often intended to encourage attendance, it should not be assumed that attendees will absorb the information being shared or, later, decide to undertake the target behaviour simply because they attended a session once. Furthermore, if the provision of the free items ceases, attendance rates may fall. This is, therefore, an unsustainable way to promote attendance or participation.

Nonetheless, there are situations in which providing free items with utilitarian value may help to initiate behaviours. For example, giving individuals free soap and basins can, along with hygiene promotion materials and messaging, help to promote handwashing. However, in order for a new behaviour to be sustained in the absence of free material inputs, a community and/or individual must realise the value or benefit of the behaviour and may require frequent reminders to perform it until it becomes a habit ingrained in their daily lives.

Likewise, as with collateral materials used in advertising campaigns (e.g. brochures or flyers) to support sales efforts, IEC/print materials can serve as memory aides, triggers or cues to support communication efforts (see box overleaf). However, these items alone cannot address the DARM of HICDARM in the behaviour change process; often provoking an emotional response can be more persuasive in creating demand for health products and services – a task that is difficult to achieve through print media.

Thus, the extent to which advertising can directly influence behaviour in the health and social policy fields depends on the nature of the behaviour and the amount of prior public education, as well as where the individuals are in the process of change.[2] Complex behaviours requiring substantial lifestyle changes can rarely be influenced by advertising alone.

School children benefiting from a SBCC project in Mozambique

Contributing to sustained behaviour change in Mozambique

In Mozambique, Malaria Consortium used the COMBI approach to develop what became a popular interactive radio programme (MozzzKito) and an innovative learning tool called the 'net hat'. The latter sought to teach primary school children about malaria in an entertaining way and consisted of a poster with six learning exercises and games, including brain-teasers and *malariamática* (malaria maths).

Children first solved the exercises in the classroom, then folded the poster into a hat carrying the message 'I am protected, sleeping under a net', and finally went in groups to show other community members their hats and engage them around what they had learnt about malaria. At home, they read the poster aloud to their parents.

Anecdotal evidence suggests that engaging children with innovative and fun print materials (such as the net hat) may have a greater and more lasting impact on their attitudes towards target health behaviour – in this case, malaria prevention – than traditional print materials (such as posters). It also indicates that such materials can help raise awareness at the household level and, when part of a broader strategy, assist in increasing demand for products/services – in this instance, for long-lasting insecticidal nets – and, thus, help to sustain behaviour change.

What we do not know

Since behaviour change can take time and is influenced by numerous factors, we cannot completely rule out the possibility that using promotional materials that do not directly facilitate the target behaviour (such as pens, keyrings, food or drink etc.) do not also contribute, in some way, to its undertaking. However, we must be cautious as such items could unintentionally cause resentment among community members or negative attitudes towards the donor organisation if distribution is unequal and/or not sustained in the long term. Indeed, experience from the field shows that communities habituated to receiving material goods when participating in events organised by non-governmental organisations have refused to attend those where such incentives are not on offer.

What we can do

Programme conception and design

When designing SBCC campaigns, programmers should take into account the particular socio-ecological context, recognising that behaviour change requires continuous support from multiple levels of influence. Campaigns should be guided by local evidence and behavioural models that harness the social capital available – i.e. shared knowledge and understanding, values, norms, traits, and social networks.[7] They should also use a mix of channels (such as interpersonal communication, mass media and edutainment) to reach different target audiences. Finally, before deciding to incorporate print materials and free promotional items, the cost and the sustainability of doing so should be carefully weighed against their potential contribution to the process of behaviour change.

Accountability to communities

If it is ultimately decided to distribute free promotional items, their impact and utility should be measured as part of routine programme monitoring. Recipients should be asked to recall how they felt when they received the item, what they did with the item immediately upon receiving it, what they do with the item now, as well as how their neighbours or other members of their families reacted to the items being distributed. Those who did not receive the items should also be asked how they feel about the distribution, as this would reveal whether any negative reactions unintentionally took place and identify any potential risks to the programme.

To complement routine data collection, and as part of accountable programming, post-distribution surveys should also be undertaken as they would provide valuable data on the temporal utility of promotional items (hint: immediate gratification is to be expected). Utility could also be triangulated via observation during routine supportive supervision visits.

Ideally, feedback mechanisms should always be present in SBCC programmes to enable beneficiaries to give suggestions and raise concerns, and to inform programme adaptations. These could include: telephone hotlines, suggestion boxes, Facebook pages, and/or WhatsApp groups. Any concerns or complaints should be promptly dealt with in order to maintain a positive working relationship with communities.

Key messages

- Although individuals may possess the knowledge and skills required to improve their health-related behaviours, this does not guarantee a change in behaviour.

- Similarly, while free promotional items may contribute to behaviour change, evidence implies that their provision alone is insufficient and, thus, may not be judicious nor cost-effective.

- SBCC offers programmers tools and tactics that can be tailored to local contexts and can engage multiple levels of influence in order to affect and sustain healthy behaviours amongst populations.

- As one of the key principles of SBCC is to first understand the context within which the desired change is expected to take place, it is paramount that formative research is undertaken to guide programme design and determine whether a particular activity or channel (such as the use of promotional items) is appropriate. This, in turn, will help to ensure the cost effectiveness and impact of an SBCC intervention.

SBCC tools in use in a community in Mozambique

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Cover image: Integrated community case management project in Myanmar

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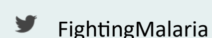
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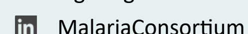
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