

REPLACE 2

Lisbon meeting: Behaviour change workshop

October 2014

Katherine Brown



Overview

REPLACE 2

- Consider where we've got to so far across the 5 community-focussed project delivery partners
- Map that clearly against the REPLACE behaviour change approach
- Clearly explain how we move to the next stage which includes intervention design, delivery/implementation & evaluation



REPLACE Cyclic Framework

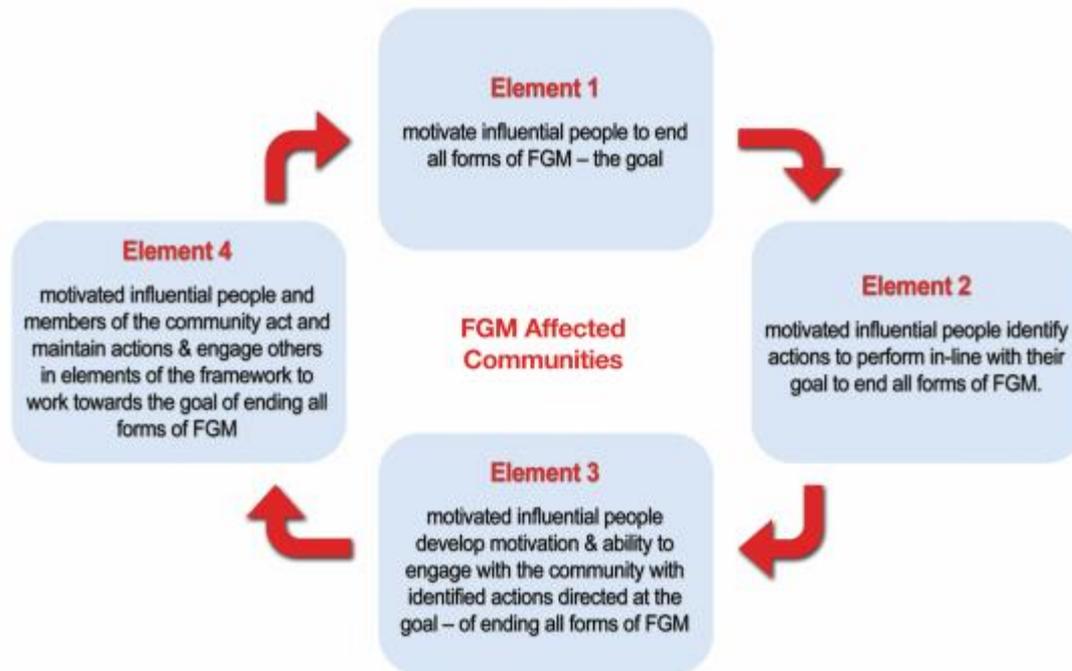


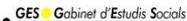
Figure 1: REPLACE Behaviour Change Cyclic Framework

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Element 1

motivate influential people to end all forms of FGM – the goal

- Not sure people have to be ‘influential’ to make a difference
- But it can certainly help
- All partners spent time on community engagement at the beginning of the project and recruited community based researchers (CBRs) to work with us (people who were in favour of the idea of FGM ending in their community)
- An outcome of that work should have been a certain level of involvement from local identified FGM affected communities
 - Focus not necessarily on FGM at that stage
 - About building a rapport and getting to know some of the people
 - Identifying those who may be willing to be part of focus groups and interviews for this project

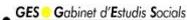


Element 2

motivated influential people identify actions to perform in-line with their goal to end all forms of FGM.

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1. Work with community members and CBRs to identify community readiness to change (Edwards et al. 2000)
 - Clear that all communities fairly early stages – ranged from Denial (2) to Vague awareness (3) with perhaps the Dutch Somali community being the closest to change as their readiness scores approached Preplanning (4)
2. Select a target behaviour
 - Draw on suggestions from Edwards et al about activities relevant to identified readiness to change
 - Consider a wide range of possible target activities based on what the community members know about their community
 - Lots of suggestions provided in the step-by-step guide.
 - Thing about the target behaviour is it looks and feels like the intervention (e.g. organising an event to discuss the issue of FGM) but it's what we do to help people achieve the target behaviour that is the real intervention.



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REPLACE 2

- FSAN settled on Qu'ranic school teachers delivering a lesson in Qu'ranic school on FGM and the reason why it is not a religious requirement;
- CESIE identified the need to support the Habesha community in becoming more organised and formally structured;
- APF identified intergenerational communication and the need to get different generations of the family communicating more effectively about cultural traditions and FGM
- Gabinet identified communication between mothers and daughters in particular (intergenerational communication) and the specifically communication re: FGM and forced marriage as needing improving
- FORWARD's Sudanese women have identified many independent activities they wanted to engage in but are now coming together to try to focus on a single event in their community.

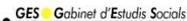


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- As the project has developed and I've been planning intervention content to target a particular behaviour, it's clear that we can categorise 'types' of or contexts for target behaviour and some behaviour change techniques are better suited to certain types of target behaviours:
 - **A) Communication based actions/target behaviours – whenever we are thinking about what messages/information to provide to a certain audience**
 - **B) Training and supporting people to take action**
 - C) Identify that someone is at risk of FGM and taking action to prevent it
 - D) Community behaviours such as declarations of abandonment
- May be more or maybe broken down more than this but these seem to be the types of behaviour that are engaged in targeted at the goal of ending FGM



Element 2

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B) Training and supporting people to take action



A) Communication based actions/target behaviours



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3. Specify the target behaviour

- Who
 - What do they need to do differently
 - When
 - Where
 - How often
 - With whom
 - What context
- Need to be clear about these factors but they can evolve somewhat as work moves forward and new people may become involved or an opportunity to do something in a new context presents itself....



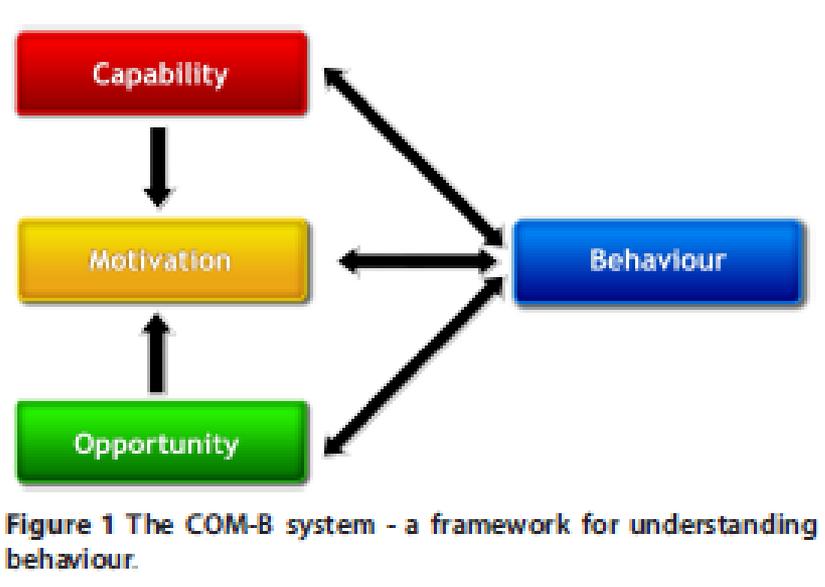
Element 3

motivated influential people develop motivation & ability to engage with the community with identified actions directed at the goal – of ending all forms of FGM

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4. Understand what needs to change to achieve the target behaviour.

- Helpful to change the text in element 3 to say, ‘motivated (and influential) people develop **motivation, capability** and **opportunity** to engage with the community and carry out identified target behaviour/actions’



Element 3

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Physical capability = Would the target behaviour be more likely to occur if there were an improvement in physical development or psychomotor skills?

Psychological capability = Would the target behaviour be more likely to occur if there were greater knowledge or understanding, improved cognitive skills or capacity, more mental energy, or greater capacity for self-regulation?

Reflective motivation = Would the target behaviour be more likely to occur if the individuals involved held more positive evaluations of the desired behaviour or stronger or more definite conscious intentions to engage in the behaviour; or they held these beliefs or intentions more consistently at appropriate times?

Automatic motivation = Would the target behaviour be more likely to occur if the individuals experienced stronger feelings of wanting or needing to engage in the desired behaviour, or experience stronger impulses to engage in that behaviour or inhibitions relating to competing behaviours; or that the wants, needs, impulses and inhibitions were experienced more consistently at appropriate times?

Physical opportunity = Would the target behaviour be more likely to occur if there was greater access to objects, services and locations that enable or facilitate the behaviour, or cues and reminders that prompt the behaviour?

Social opportunity = Would the target behaviour be more likely to occur if the culture, subculture, family or peer network included interactions and use of language that afforded the behaviour and helped to foster ways of thinking that promoted the behaviour?



GES Gabinet d'Estudis Socials



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FSAN's example: Qu'ranic school teachers to deliver a lesson in Qu'ranic school addressing the issue of FGM and why it is not a requirement of Islam. (Type B behaviour) – what they are communicating is a type A behaviour.

Motivation: school teachers need to be motivated to deliver the lesson (element 3) and for FGM to end (element 1). Somali women advocates recruited teachers, 8 motivated enough to attend sessions with FSAN and together you identified 4 who became motivated enough to commit to this with you. There are still 4 who are not motivated to do this...

Opportunity: FSAN and the teachers have identified together the opportunity to act through the Qu'ranic school (useful to have people who are influential!)



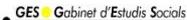
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Capability: is where we can provide the most important and critical intervention – this is about greater knowledge or understanding, improved cognitive skills or capacity

COM-B target	Intervention functions	Behaviour Change Techniques (BCTs)	How delivered
Psychological Capability	Education	Information about social and environmental consequences (legal) Info about health consequences Info about emotional consequences Information about others' approval	Already delivered by FSAN when engaging with the Somali women and Qu'ranic teachers
	Training	Instruction on how to perform the behaviour Behavioural practice/rehearsal	In the form of the written lesson plan By being given the opportunity to deliver the lesson
	Environmental restructuring	Adding objects to the environment	In the form of the written lesson plan By providing DVD
	Enablement	Adding objects to the environment	In the form of the written lesson plan By providing DVD
	Modelling	Demonstration of the behaviour	Watching FSAN colleague or another school teacher deliver the lesson



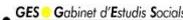
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A range of **Persuasive** and **enabling** techniques used in lesson plan – these are all ideal for communication type (A) behaviours we talked about earlier:

- 9.1 Credible source (Present verbal or visual communication from a credible source in favour of or against the behaviour)
- 5.1 Information about health consequences
- 4.3 Re-attribution (Elicit perceived causes of behaviour and suggest alternative explanations)
- 6.2 Social comparison
- 6.3 Information about others' approval
- 13.3 Incompatible beliefs (Draw attention to discrepancies between current or past behaviour and self-image, in order to create discomfort)
- 5.6 Information about emotional consequences
- 5.2 Salience of consequences (Use methods specifically designed to emphasise the consequences of performing the behaviour with the aim of making them more memorable (beyond info about consequences)
- 13.2 Framing/Re-framing (Suggest the deliberate adoption of a perspective or new perspective on behaviour (e.g. its purpose) in order to change cognitions or emotions about performing the behaviour)
- 13.5 Identity associated with changed behaviour (Advise the person to construct a new self-identity)
- 13.1 Identification of self as role model (Inform that one's own behaviour may be an example to others)



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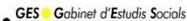
One **coercive** technique:

10.11 Future punishment (inform that future punishment or removal of reward will be consequence of performance of an unwanted behaviour) – this relates to needing to provide information about the legal consequences of performing FGM

Two techniques that are purely **enablers**:

1.2 Problem solving (Analyse, or prompt the person to analyse, factors influencing the behaviour and generate or select strategies that include overcoming barriers and/or increasing facilitators)

3.1 Social support (unspecified) (Advise on, arrange or provide social support (e.g. from friends, relatives, colleagues, buddies or staff)).



Element 4

motivated influential people and members of the community act and maintain actions & engage others in elements of the framework to work towards the goal of ending all forms of FGM



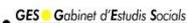
FGM Affected Communities

Element 3

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By delivering the lesson, it is anticipated that there will be some impact on others in the community, representing movement from element 3 to 4.



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Break time!



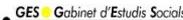
Activity – in teams

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- FSAN settled on Qu’ranic school teachers delivering a lesson in Qu’ranic school on FGM and the reason why it is not a religious requirement; suggest you work with other groups to help them
- CESIE identified the need to support the Habesha community in becoming more organised and formally structured; need to break this down into steps and focus on first step/steps e.g. Is first step to try to get the Ethiopian and Eritean communities to work more effectively together? We can discuss.
- APF identified intergenerational communication and the need to get different generations of the family communicating more effectively about cultural traditions and FGM; what’s happening already, any organised events within community?
- Gabinet identified communication between mothers and daughters in particular (intergenerational communication) and specifically communication re: FGM and forced marriage as needing improving; what’s happening already, women already taking action by themselves?
- FORWARD’s Sudanese women have identified many independent activities they wanted to engage in but are now coming together to try to focus on a single event in their community.

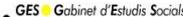
Think about behaviours identified and spend some time

- a) specifying them further – very important
- b) thinking about them from a COM-B perspective. What will we need to do to support people to start to enact the behaviour.



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- Present back to wider group the specified behaviour and your analysis of whether it is capability, opportunity and/or motivation that needs supporting
- Are there any straightforward solutions to any of these?
- We can then consider which intervention functions and which BCTs may be appropriate.....
- Start to generate ideas about possible intervention content
- Remember though that for CESIE, Gabinet and APF we need to draw on evidence from TDF focus groups to support decisions about COM-B factors
- For FSAN and FORWARD important to draw on what is known from REPLACE1 and working with the communities over time



REPLACE 2

Psychological capability = Education, Training, Environmental restructuring, Modelling, and Enablement

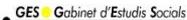
Physical capability = Training

Reflective motivation = Education, persuasion, incentivisation, coercion, modelling, and enablement

Automatic motivation = incentivisation, coercion, environmental restructuring, modelling, and enablement

Physical opportunity = restriction (no BCTs), environmental restructuring, enablement

Social opportunity = restriction (no BCTs), environmental restructuring, modelling, enablement



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<http://bcts.23.co.uk/>

