Module 2 Unit 4

This is a **REQUIRED READING.**

Celebrating Everyday Heroes in Nepal: A Comprehensive C4D Strategy (2014).
Theoretical Framework, pp. 9-11. (Excerpt)

CELEBRATING EVERYDAY HEROES IN NEPAL

A Comprehensive Communication for Development Strategy

COMMISSIONED TO RAIN BARREL COMMUNICATIONS, LLC

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Rain Barrel Communications
Speaking the Language of Development & Social Justice

Abbreviations and Acronyms

ACORAB	-	Association of Community Radio Broadcasters
ANC	-	Antenatal care
ARI	-	Acute Respiratory Infection
BM	-	Behaviour Monitoring
C4D	-	Communication for Development
CBO	-	Community Based Organization
CF	-	Complimentary Feeding
CFLG	-	Child Friendly Local Governance
CM	-	Community Mobilizer
CSO	-	Civil society organization
DDC	-	District Development Committee
DPHO	-	District Public Health Office
DHCC	-	District Health Coordination Committee
DCWB	-	District Child Welfare Board
EBF	-	Exclusive Breast Feeding
ECD	-	Early Child Development
EE	-	Entertainment Education
EH	-	Everyday Heroes
FCHV	-	Female Community Health Volunteer
FM	-	Frequency Modulation
GBVWG	-	Gender-Based Violence Watch Group
GoN	-	Government of Nepal
HH	-	Head of Household
HW	-	Health Worker
HBM	-	Health Belief Model
HMC	-	Health Management Committee
IYCF	-	Infant and Young Child Feeding
IMR	-	Infant Mortality Rate
IPC	-	Interpersonal Communication
IPCC	-	Interpersonal Communication and Counseling
IVR	-	Interactive Voice Response
MICS	-	Multiple Indicator Cluster Survey
MIL	-	Mother in-law
MIYCN	-	Maternal, Infant and Young Child Nutrition
MNCH	-	Maternal, Newborn and Child Health
MOE	-	Ministry of Education
MOFALD	-	Ministry of Federal Affairs and Local Development
MOIC	-	Ministry of Information and Communication
MOHP	-	Ministry of Health and Population
MOWCSW	-	Ministry of Women, Children and Social Welfare
NDHS	-	Nepal Demographic and Household Survey
NGO	-	Non-Governmental Organization
NHIECC	-	National Health Information, Education and Communication Centre
ODF	-	Open Defection Free
PCG	-	Primary Caregiver
PD	-	Positive Deviant/Deviance

PNC	-	Post-natal care
PTA	-	Parent-Teachers Association
PoU	-	Point of Use
PoS	-	Point of Service
SBA	-	Skilled Birth Attendant
SMC	-	School Management Committee
SEM	-	Socio-ecological Model
SSMK	-	*Saathi Sanka Manka Kura* (Chatting with My Best Friend)
TGP	-	Theory of Gender and Power
U5	-	Under 5
U5MR	-	Under-5 Mortality Rate
UNICEF	-	United Nations Children's Fund
VAC	-	Violence Against Children
VDC	-	Village Development Committee
WASH	-	Water, Sanitation and Hygiene
WCF	-	Ward Citizen Forum

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1.4 Theoretical Framework

The comprehensive C4D strategy is built on theories of change that are integral to understanding the dynamics of behaviour and social change in Nepal. Notably, the strategy is based on the Socio-Ecological Model (SEM) as well as other theories and models of change described below: Social Learning Theory, Positive Deviance and Gain Frame Theory, Social Convention Theory, the Health Belief Model (HBM) and the Theory of Gender and Power (TGP), among others.

The Socio-Ecological Model [18] posits that in order to achieve individual behaviour change/development and social transformation, the entire ecological system -- the interconnected influences of an individual's family, peers, friends, community and society and culture -- needs to be understood and taken into account. Individual behaviour, values, attitudes and other predispositions are shaped by influences from a supportive -- or unsupportive -- environment encompassing families, social networks, communities and institutions. Individuals, families, communities and institutions operate, in turn, within the framework of a country's national policies, laws, legislation and structures that provide the enabling -- or disenabling -- environment for social transformation. Individual behaviour change and collective social change are both more likely to be successful and sustained when these multiple levels of influence are addressed in a synergistic manner (Figure 5). In using SEM, the Everyday Heroes C4D strategy recognizes, for example, that public health challenges, harmful social conventions and discriminatory practices like chhaupadi, child marriage, corporal punishment, child labour and sexual abuse are too complex to be addressed through a single level of analysis. Rather, they require a more comprehensive socio-ecological approach that factors in the influences from the psychological, sociological, cultural, community, organizational, policy and regulatory perspectives.[19]
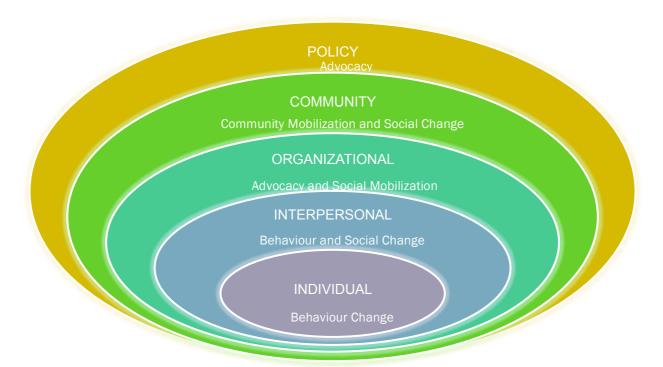

POLICY
Advocacy

COMMUNITY
Community Mobilization and Social Change

ORGANIZATIONAL
Advocacy and Social Mobilization

INTERPERSONAL
Behaviour and Social Change

INDIVIDUAL
Behaviour Change

Figure 5: The Socio-ecological model (SEM) and C4D approaches

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[18] See: McLeroy, K.R. Bebeau, D. Steckler, A. and K. Glanz (1988). An ecological perspective on health promotion programs. Health Education Quarterly, (15), 351-377.
[19] Stokols, D (1996). Translating Socio-ecological theory into guidelines for community health promotion. American Journal of Health Promotion, 10 (4) 282-98.

Social Learning Theory[20] states that people learn new information and behaviours by observing others or by modelling both beneficial and harmful behaviours and social practices. Reinforcement (or punishment), experienced either in the short- or long-term, serves as an incentive (or deterrent as the case may be). Extrinsic reward (e.g., physical, material, financial) and/or intrinsic (e.g., satisfaction, pride, sense of accomplishment) influence learning and motivate behaviour change. This explains why knowledge does not necessarily translate into action. The theory proposes four factors in the modelling process: attention (the model is interesting and offers something new or innovative); retention (information on the "how" can be easily recalled); reproduction (the observed behaviour can actually be imitated/applied); and motivation (performance or non-performance of the behaviour leads to a rewarding or unpleasant situation, as the case may be). It is when these four factors are present in positive role modelling that a ripple effect leads to collective action that in turn can fuel social change. The principles from social learning theory provide the basis for the positive deviance and gain frame theories that underpin the Everyday Heroes strategy.

Positive Deviance (PD) is an approach to social change that identifies community members who follow uncommon but beneficial practices that lead to better solutions to their problems than those practiced by others.[21] Used initially and successfully to improve child nutrition, in particular, recent experiences with the approach have shown it has the potential to help communities gain better health and other social benefits.[22] The Everyday Heroes strategy uses the PD approach to identify role models who can encourage and inspire the rest of the community and country to adopt the beneficial behaviours and contribute to positive shifts in social norms. Also referred to as "innovation from the inside out"[23], PD has been effectively applied in nutrition[24], health (newborn survival, polio eradication), education (school retention) and child protection, among others. The process takes advantage of the community's existing assets or strengths, which contrasts with most initiatives that tend to be prescriptive, top down, or donor driven and difficult to sustain without on-going external resources.

Gain Frame Theory states that individuals are influenced by the manner in which the message is designed or framed.[25] Messages can be framed to highlight the short and long-term benefits of engaging in a particular behaviour (gain frame, e.g., the benefits of ante-natal and post-natal care; exclusive breastfeeding) or benefits from avoiding a particular harmful social practice (e.g., corporal punishment; chhaupadi). The flip side of the message spectrum uses fear appeal or highlights risks/negative outcomes associated with failure to engage in desired behaviours (loss frame, e.g., the dramatic consequences of smoking). Recent neuroscientific and behavioural research suggests that gain framed messages may be more effective than those cast in loss frames in motivating adoption of healthy behaviours. The Everyday Heroes strategy designs approaches and frames that emphasize potential gains to motivate people to adopt healthy behaviours and modify harmful social practices.

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[20]. Bandura, A. (1977). *Social Learning Theory*. Englewood Cliffs, NJ: Prentice Hall, as cited in Macleod, S. A. (2011). Bandura - Social Learning Theory. Retrieved from http://www.simplypsychology.org/bandura.html

[21] Singhal, A and Dura, L (2009). Protecting children from exploitation and trafficking: Using the positive deviance approach in Uganda and Indonesia. Washington, Dc: Save the Children USA.

[22] Marsh, D, Schroeder, D, Dearden, K, Sternin, J and Sternin, M (2004). The power of positive deviance. BMJ Vol. 329.

[23] Swartz, R and R Wilkinson (2014) Positive Deviance: Innovation from the inside out (2014). Webinar Power Point presentation, Health Resources in Action: Positive Deviance Initiative. January 15, 2014
http://www.positivedeviance.org/resources/FINAL_HRiA_PPT_Webinar_PDI_JAN15_2014.pdf

[24] Singhal, A, J Sternin and L Dura (2009). Combatting Malnutrition in the Land of a Thousand Rice Fields: Positive Deviance Grows Roots in Vietnam. Positive Deviance Wisdom Series No. 1, 2009. www.positivedeviance.org

[25] Gallagher, K and Upderaff. (2012). Health message framing effects on attitudes, intentions, and behavior: a meta-analytic review. Ann. of Behavioural Medicine. 10.1007/s12160-011-9308-7

Social Convention Theory explains the dynamics of how certain harmful social practices are self-enforcing social conventions in a given social system.[26] It explains that when a social convention or a social norm is in place, decision-making is an interdependent process in which a choice made by one family is affected by and affects the choices made by other families; it is a result of reciprocal expectations, motivated by social recognition, rewards and sanctions. When such social conventions or social norms harm health and violate human rights – for example child marriage and chhaupadi -- the challenge for C4D is to seek culturally appropriate and safe entry points for families and communities to abandon the social norm. This approach is reinforced by recent epidemiological evidence suggesting that healthy behaviours are transmittable across social networks – which has been referred to as "contagious health."

The Health Belief Model (HBM)[27] describes four constructs representing a person's perceptions of threat and benefits that help communication planners identify leverage points for stimulating change toward healthy behaviours. These leverage or entry points could be credible sources and groups, message appeals and persuasive interpersonal communication, combined with mediated channels and materials. The four constructs are: perceived susceptibility, perceived severity, perceived benefits and perceived barriers. Recent additional concepts were introduced to enhance the outcomes of communication efforts, such as cues to action and self-efficacy. [28] For example, tapping WASH champions as role models for practicing good hygiene and ODF provides leverage points to persuade others in the community to also wash hands at critical times in order to avoid the risk of negative consequences, e.g., contracting diarrhoea and other infections.

The Theory of Gender and Power (TGP)[29] explains three interdependent constructs: sexual division of labour, sexual division of power, and the structure of social norms and emotional attachment. Sexual inequity and imbalances in gender and power can be experienced at three SEM levels: family, community/institutional and societal level. TGP has been applied in designing this C4D strategy to address gender-based inequalities in nutrition, health, education, protection and sanitation. For example, the strategy promotes universal toilet use and specifically seeks to ensure that women can access these facilities. Similarly, for maternal nutrition the strategy seeks to empower women to demand better nutrition during pregnancy and encourages men and children to recognize and question unequal access to family food resources between girls and boys.

[26] Mackie, G and J. Lejuene, Social dynamics of abandonment of harmful practices: a new look at the theory. UNICEF Innocenti Research Center, 2009.
[27] Rosentock, I., Strecher, V. & Beeker, M. (1988). Social learning theory and the health belief model. Health Education Quarterly 15:175-183.
[28] See also Glanz, K et al, loc sit.
[29] Connell, R. (1987). Gender and power: society, the person, and sexual politics. Stanford University Press: Stanford, Ca.