



POSSIBLY USEFUL ACTIVITIES FOR CHANGING DETERMINANTS WITH EXAMPLES FROM NUTRITION AND HEALTH

Possibly Useful Activities	Examples
Increasing perceived self-efficacy	
<ul style="list-style-type: none"> a. Demonstration with return demonstration. Rehearse behaviours. b. Testimonials/Stories on successful adoption and maintenance of a behaviour. c. Promote the things that “make it easier” found during BA study. d. Use “Start Small and Build” technique. e. Use the Foot-in-the Door technique (tactic that aims at getting a person to agree to a large request by having them agree to a modest request first). f. Show ways to do the behaviour at lower cost or in less time. 	<ul style="list-style-type: none"> a. Show people responsible for food preparation how to preserve food safely by heating it in sealed jars. b. Write a story to use that focuses on how a mother in similar circumstances to the target audience was able to sustain exclusive breastfeeding in spite of common obstacles that may arise. c. Promote “setting aside playing time” to make it easier for caregivers to play with their child regularly. d. Ask caregivers to learn the different categories of foods for a diverse diet. Then ask them to practice discussing a few of the advantages and disadvantages of using diverse foods in meals with a friend. Then ask them to roleplay a conversation with their spouse about having more money to buy those foods at the market. Then ask them to talk at the meeting about how they plan to approach their spouse about buying more diverse foods. Then ask for commitments to talk to their spouse about buying more diverse foods and feeding them to their primary school-aged and under-five children. e. Ask each caregiver (in a home visit) if they would be willing to commit to play with their child at least every night for six months. When some say no, ask them if they would be willing to do it daily for at least a week, and commit to a second visit to discuss how it went. f. Explain to caregivers and other decision-makers at household level that it does not take that much time to cook a more diverse meal, and techniques for how to do that.
Increasing perception of positive consequences	



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<ul style="list-style-type: none"> a. Use Testimonials. b. Promote key positive consequences found in a barrier analysis study. c. Use Motivational Interviewing Change Talkⁱ questions re: Advantages of changing. 	<ul style="list-style-type: none"> a. Have mothers give testimonials on how they felt more confident about their pregnancy and childbirth by accessing 3 ante-natal checks and about avoiding possible complications. b. Focus more attention on promoting the positive consequences mentioned by more Doers than Non-doers for playing regularly to the child (e.g., child calmer after playing; caregiver and child bond more; child will be happier and will grow better). c. Incorporate change talk questions into care-giver lessons: “What would you like most about exclusively breastfeeding your child?” “If you start using family planning immediately, how might things be better for you? How might it change how you feel?”.
Decreasing perception of negative consequences	
<ul style="list-style-type: none"> a. Don’t use “Myth vs. Fact”. Promote the correct information on potential negative consequences and information on their rarity. b. Help people to avoid the negative consequences of the behaviour. 	<ul style="list-style-type: none"> a. Disseminate information on the rarity of serious complications from routine child immunisation. b. If Non-doers said paying more for food was a negative consequence of feeding their child a more diverse diet, counsel women on what foods to buy during which seasons (using a “food calendar”) to avoid paying more money.
Increasing perception of positive social norms	
<ul style="list-style-type: none"> a. Use petitions. b. Promote the behaviour – and/or how they can support behaviour change – amongst influencer groups (found during BA). c. Use guided testimonials. 	<ul style="list-style-type: none"> a. Have community members sign a petition in favour of creating a positive environment for newborns and children in health facilities through adhesion to the Baby-Friendly Hospital Initiative?ⁱⁱⁱ b. Ask influential young adults to promote family planning among teenagers. c. Brief caregivers who regularly play with their children before a meeting, and then ask them in meetings why they think that more caregivers should play regularly with their young children.



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<ul style="list-style-type: none"> d. Publicize positive results of surveys. e. Use video/radio to share positive stories of ordinary people. f. Make invisible behaviours visible. g. Encouraging copy-cat behaviour through recognition. 	<ul style="list-style-type: none"> d. Conduct a survey on how many parents think that their children should have a full course of immunisations and then publicise the results through radio (as long as the results are in favour of the behaviour!). e. Make and use videos/radio spots or stories of "people like me" providing appropriate treatment for diarrhoea at onset of symptoms in children. f. Give caregivers who regularly play with their children a way to identify their homes to other group members (and non-members). "Ask me about playing with your children!". g. Find and interview men who have supported their wives to attend three ante-natal clinics during pregnancy, then broadcast the interviews on the radio.
Increasing access / perceived access	
<ul style="list-style-type: none"> a. Increase markets or access points for key supplies or increase information on access points. b. Publicize alternative supplies. c. Shrink groups to increase geographical access. d. Train service providers on ways to better reach and get along with the priority group. 	<ul style="list-style-type: none"> a. Ensure insecticide-treated nets are continuously available at antenatal care visits and children under five visits. b. Mention possible alternative foods to ensure dietary diversity in case of scarcity (e.g. pulses as a substitute for animal protein). c. Promote supply of ORS and zinc packets through grocery stores, pharmacies, kiosks, etc. d. Conduct a short in-service training for health-care workers on ways to better gain caregivers' trust.
Increasing perceived cues for action / reminders	
<ul style="list-style-type: none"> a. Use songs to aid memory. b. Use posters, advertising to trigger the behaviour. 	<ul style="list-style-type: none"> a. Use songs to help caregivers remember lists of things (e.g., danger signs during childhood illness, food groupsⁱⁱⁱ). b. Give each caregiver a plate that is divided into six sections with an emblem for each food group as a reminder to think about diversity of foodstuffs in each meal.



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<ul style="list-style-type: none"> c. Distribute graphical posters to remind people of steps in the behaviour. d. Put supplies needed for behaviour near where behaviour needs to be done. 	<ul style="list-style-type: none"> c. Put up posters in villages on steps to administering ORS. d. Promote putting handwashing devices near family latrines.
Increasing perception of susceptibility / risk	
<ul style="list-style-type: none"> a. Do screening for the problem that you hope to prevent. b. Message about “universal risk” where there’s universal risk. c. Make screening more accessible. d. When perceived susceptibility is higher among Non-doers promote how adopting the behaviour can lower worry. 	<ul style="list-style-type: none"> a. Conduct screening for acute malnutrition during medical consultations. No need to screen all children, just enough that all caregivers feel that their children may be at risk. b. Disseminate message that any woman can have a complication during pregnancy and you can’t know for sure ahead of time. Use stories/ testimonies. c. Work with the Ministry of Health to create more opportunities to screen children for undernutrition. d. Promote Savings & Loan Group membership as a way to lower stress about not having cash to buy diverse foods, and to reduce the negative consequences of that if it happens.
Increasing perceived severity	
<ul style="list-style-type: none"> a. Show pictures of diseases or problems people can have if they don’t do the behaviour. Show some worst-case scenarios. b. Calculate the cost of the outcome that you are trying to prevent and publicize the cost information. 	<ul style="list-style-type: none"> a. Show pictures of diseases children can get if they don’t eat a varied diet: Rickets, Vit A deficiency, goitre, iodine deficiency, vitamin C deficiency, iron deficiency. b. Calculate the costs of preventable disease – medical costs, time off work and the costs of caring for a sick person in the home.



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Increasing perceived action efficacy	
<ul style="list-style-type: none"> a. Demonstrate the effectiveness of the behaviour using evidence that people recognize. b. Compare new behaviour to old behaviour in terms of outcomes. c. Disseminate before/after stories. 	<ul style="list-style-type: none"> a. Create a play that tells how a young woman who delayed marriage and pregnancy got a better education and knew better how to care for her children or how a mother who gave birth in a health facility was assisted during difficult labour. b. Show side-by-side growth charts of children who eat a diverse diet and those who do not. Graph it on a large growth chart that can be seen in a public place (make sure the charts are anonymous). c. Disseminate stories of how young children's lives improved after men started helping with household chores.
Increasing perceived divine will	
<ul style="list-style-type: none"> a. Create sermon guides for religious leaders. b. Have religious leaders promote behaviours in community meetings. Have them create radio spots. 	<ul style="list-style-type: none"> a. Encourage religious leaders to communicate that continued breastfeeding during at least 2 year is in line with recommendations in their holy scriptures. b. Have religious leaders promote husbands caring for mothers during pregnancy, including helping them do at least 3 antenatal consultations and supporting the mother to breastfeed once the baby is born.
Increasing influence of policy that supports behaviour	
<ul style="list-style-type: none"> a. Encourage government or local leaders to create behaviour-supportive policies. b. Disseminate info on policies that support behaviours. 	<ul style="list-style-type: none"> a. Work with community leaders to pass a by-law about keeping animals (chickens, goats etc.) away from public spaces and living areas. b. Use media to publicise health facilities that have adhered to the Baby-Friendly Hospital initiative to support and protect breastfeeding.



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Increasing perception that culture supports behaviour	
<ul style="list-style-type: none"> a. Have elders promote the behaviour. b. Show how older cultural practices /beliefs support the behaviour (where that's true). 	<ul style="list-style-type: none"> a. Work with grandmothers and other elders so that they understand and help promote key messages of positive infant and young child feeding practices. b. Look for traditional songs and stories that promote practices such as exclusive breastfeeding and organise performances of them.

Note: The individuals targeted by behaviour-change activities (the 'priority group') may be men, women boys and girls generally, depending on the project and the behaviour in question. The priority group often includes caregivers, i.e. the people who take a major responsibility for day-to-day care of infants and young children. Caregivers are commonly mothers, but can also be fathers, elder siblings etc. Behaviour-change activities may also involve 'influencing groups' (those people who influence the priority group), such as spouses and partners, older relatives and neighbours.

ⁱ <https://miforquitting.wordpress.com/change-talk/>

ⁱⁱ <https://www.who.int/nutrition/topics/bfhi/en/>

ⁱⁱⁱ <https://www.qwant.com/?q=song%20food%20groups&t=videos&o=0:53ff5b6f0d10a594ceac1b2241422ae6>