

## Soul City's model of social and behaviour change

Effective social and behavior change communication interventions tend to be based on sound theory (often a range of theories or models, Jepson et al., 2006) that grounds the strategic framework whilst allowing enough flexibility to allow implementation in different contexts (Airhihenbuwe et al., 2000).

Soul City's model of social and behaviour change has evolved over time, driven by critical reflection on the intervention and the broader context in which it is implemented; international debate on effective social and behaviour change communication; and evidence of programme impact. The foundation of Soul City's model of change has always been the synergy between a health promotion model (Nutbeam, 2000) and a societal model: Soul City aims to impact positively on health and social outcomes by addressing the broader social and community environments, the social-interpersonal environment and individual determinants of health.

Soul City understands that theories and models are developed in the context of specific behaviour and that a single generic theory will not explain all behaviours in all contexts equally well. Thus in the context of broader health promotion- and societal-level frameworks (where macro-societal factors are understood to shape individual behaviour from higher levels of scale), the main components of Soul City's model of social and behaviour change comprise the dynamic integration of a number of models of behaviour and theories of change. With reference to theories of change, Soul City bases its intervention on Bandura's Theory of Social Learning, Lewin's Theory of Change and Paulo Freire's notion of Critical Consciousness. Soul City draws on the following models of behaviour: Social Identity Theory; Cialdini's Focus Theory of Normative Conduct; Information-Motivation-Behaviour-Skills model; Theory of Interpersonal Behaviour and Gibbons and Gerard's Prototype/Willingness Model. Soul City's intervention is further influenced by Complexity Theory as meta-theory as it recognizes the dynamic, emergent nature of change emanating from the interaction of a multitude of components in the broader system.

The essence of the different dimensions of Soul City's model of social and behaviour change can be summarized as follows:

Behavioural patterns and trends more often than not seem to be resistant to change and are sustained through various mechanisms, such as habits, routines, social norms and expectations, dominant cultural values, incentive structures, institutional barriers, inequalities in access, restricted choice etc..

Health and behavior are influenced at multiple, interacting levels of **macro-societal factors**: socio-economic influences (e.g. class and poverty), socio-cultural influences (e.g. gender), public policy and legislation, physical environmental factors, societal structures (e.g. health services, education, the church) etc. The synergistic interaction among all these influences - if supportive - results in sustained behavior change.

**Theories of Social Learning** tie in with this perspective insofar as they place the individual within a social or cultural context and elucidate how people influence their environment and visa versa in a process of reciprocal determinism. Empirical evidence supports the assertion that Social Learning is a powerful avenue for behaviour change (Jackson, 2005). Bandura's Social Learning Theory states that

people learn through observation, imitation and modeling. Self-efficacy influences behaviour in that people are more likely to engage in certain behaviours when they believe they are capable of successfully modeling the behaviour.

**Lewin's Theory of Change** adds the role of emotion, dialogue and debate to an understanding of how behaviour change takes place: behaviour (often resistant to change) is lifted up for scrutiny (sometimes through an "emotional stir-up") and reconfigured through a process of discursive elaboration (dialogue and debate) of new and preferable alternatives. This process is not altogether unrelated to Paulo Freire's concept of **critical consciousness** which emphasizes awareness raising and the exposure of social, economic and political contradictions, together with taking action (individually and / or collectively) against the oppressive elements of society. The notion of learning-through-action-and-reflection underlies Soul City's community based work. As in the case of individual behaviour, collective efficacy is important in that communities are more likely to take action if they believe their action will make a difference.

The following models may not be explicit about the *process of change* per se, but they do explain what constitutes behaviour and how it is maintained; and as such they inform key aspects of Soul City's interventions:

Many behaviours are strongly influenced by perception of group membership and consequent group dynamics and -norms. **Social Identity Theory** presents an explanatory account of the importance of social norms in determining behaviour. Social identification with a reference group is a key component of identity. "Social identity" refers to the individual's knowledge that he/she belongs to certain social groups and this group membership has emotional significance and value. Positive social identity keeps groups together and at the same time regulates individual behaviour. **Cialdini's Focus Theory of Normative Conduct** elaborates on the role of norms in determining behaviour. The theory distinguishes between descriptive<sup>1</sup> and injunctive norms<sup>2</sup>. How a person responds to a descriptive or injunctive norm when they contradict each other, is determined by which kind of norm is salient (or in focus) at the time. The saliency of the norm is influenced by situational factors such as the social group around the person; the importance of the action; and the circumstances which accompany the situation. **The Information-Motivation-Behaviour Skills model** is a learning based model that acknowledges the role of social norms and peer modeling, and highlights knowledge, attitudes, generic self efficacy and instrumental behavioural skills in bringing about behaviour change.

The **Theory of Interpersonal Behaviour** is an expansion of the Theory of Reasoned Action but is less deliberative in that it includes the notion of habitual behaviour in the model. It states that the three most important factors determining the probability of behaviour are habit, intention and facilitating conditions. The theory further explains the role of beliefs, anticipated outcomes, norms, roles, self-concept, emotions, and attitudes in determining behaviour.

**Gibbons and Gerard's Prototype/Willingness Model** "specializes" in risk behaviour. It introduces the concepts of "risk images" and "social comparison" and has been used to understand the process whereby young people in particular move

---

<sup>1</sup> perceptions of how other people are actually behaving ("how people behave")

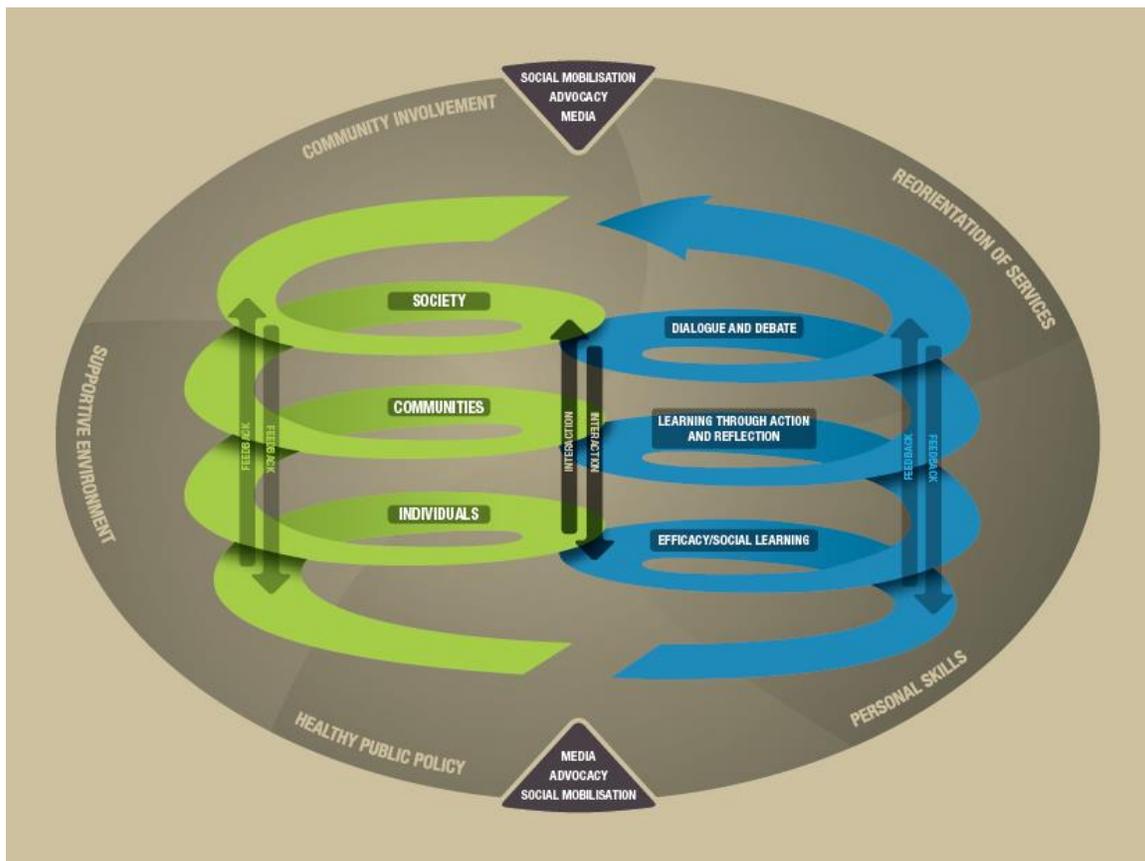
<sup>2</sup> behaviors which are perceived as being approved of by other people ("how one should behave")

from initial risky behaviours (based on “behavioural willingness” to established risky behaviours (based on “behavioural intention”). However, the theory is applicable to diverse behaviours which are “less appropriate” for people of all ages and compliments intention-based models that do not explain why people engage in “less appropriate” behaviour.

From a meta perspective, Soul City’s interventions are influenced by a **Complexity Thinking Approach** in that behaviour is seen as the product of interactions between components of a whole system and that these interactions create effects (often unforeseen) which the components could not have generated singly (i.e. the whole is more than the sum of its parts). Informed by an understanding of Complexity Theory, Soul City’s interventions aim to facilitate a process whereby options and solutions peculiar to a particular context can emerge. Thus through advocacy, social mobilization and media, Soul City facilitates the capacity to learn and models the direction of change whilst addressing many of the barriers to change.

Whereas the psycho-social- and ecological models and theories described above provide a lot of texture, the overarching framework within which Soul City operates remains **the five pillars of health promotion**: supportive environments; healthy public policy; reorientation of services; community involvement; and lastly – personal skills and healthy choices as outlined by the Ottawa Charter.

**Fig 1: Soul City’s model of Social and Behaviour Change**



## References:

Airhihenbuwe, C. O. and Obregon, R. (2000) A critical assessment of theories / models used in health communication for HIV/AIDS, *Journal of Health Communication*, Volume 5 (Supplement: Communications for HIV/AIDS Prevention, Care, and Support: context for individual and Social Change), 5-15.

Darnton, A. (2008) Reference Report: an overview of behaviour change models and their uses. Government Social Research (GSR);  
[http://www.gsr.gov.uk/resources/behaviour\\_change\\_review.asp](http://www.gsr.gov.uk/resources/behaviour_change_review.asp)

Jackson, T. (2005) Motivating Sustainable Consumption, a review of evidence on consumer behaviour and behavioural change. Sustainable Development Research Network. Available on URL:  
[http://hiveideas.com/attachments/044\\_motivatingfinal\\_000.pdf](http://hiveideas.com/attachments/044_motivatingfinal_000.pdf).

Jepson, R., et al. (2006) A review of the effectiveness of interventions, approaches and models at individual, community and population level that are aimed at changing health outcomes through changing knowledge, attitudes and behaviour. Cancer Care Research Centre, University of Stirling; Alliance for Self Care Research, University of Abertay. Available on URL:  
<http://www.nice.org.uk/nicemedia/pdf/BehaviourChangeReview1EffectivenessReview.pdf>.

National Institute for Health and Clinical Excellence (NICE). (2007) Behaviour Change at population, community and individual levels, in NICE Public Health Guidance 6. NHS. <http://www.nice.org.uk/PH6>: London.

Nutbeam, Don. (2000) Health Literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century. *Health Promotion International*, Vol 15:3, 259-267.

Ottawa Charter for Health Promotion. (1986) Available on URL:  
[http://www.who.int/hpr/NPH/docs/ottawa\\_charter\\_hp.pdf](http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf)