INFLUENCING BEHAVIOURS AND PRACTICES TO TACKLE POVERTY AND INJUSTICE

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Effective behaviour change strategies can play a vital role in combating poverty, injustice and environmental degradation. They can help prevent violence against women or girls; enable improved health, hygiene and environmental behaviours; influence policy makers to properly implement policies; motivate and empower people to participate in campaigns or to become change makers; or influence people to make more equitable, ethical or sustainable purchasing and investment decisions. There is growing experience among civil society organizations (CSOs) about how to enable behavioural and practice change, but there are also examples of interventions that still overly rely on information provision and awareness raising, despite their modest effects on deep seated or habitual behaviours. This discussion paper draws on learning from theory and practice to provide practitioners with an understanding of the range of influences that shape different behaviours at individual, group, societal and system levels. While there is no one-size-fits-all approach it also outlines a menu of associated change interventions and key steps for planning and designing a change strategy. By implication, the paper also highlights the need for greater resources and skill building in this area. The learning is relevant for all practitioners involved in programming, humanitarian, influencing and campaigning work, as well as for government officials and donors.

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SUMMARY

Behaviour change strategies – whether to promote desirable behaviours and practices or curtail undesirable ones – can play a vital role in combating poverty, injustice and environmental degradation. They can help influence and change:

- **peoples’ deep-seated or habitual behaviours**: such as violence or discrimination against women and girls or other groups; water, sanitation, hygiene (WASH), health behaviours; or environmental practices;
- **policy makers**: to properly implement policies aimed at eliminating poverty and injustice;
- **the public**: to participate in campaigns or become change makers;
- **people’s purchasing and investment behaviours**: to enable their access to needed infrastructures, technologies, goods or services; strengthen local economies; or avoid products and investments that rely on exploitative labour or environmental practices.

LEARNING FROM THEORY AND PRACTICE

‘There’s nothing so practical as good theory’ (Lewin, 1943).

In recent years, civil society organizations (CSOs) have increasingly recognized the contribution that behavioural theory and associated change theories and interventions can make to their influencing, development and emergency humanitarian work. There are examples of good practice but also of interventions that still overly rely on information and awareness raising, despite evidence of a weak link between peoples’ attitudes and routine behaviours.

This discussion paper draws on learning from theory and practice to provide practitioners with an understanding of:

1. The range of influences that shape people’s behaviours at individual, group, societal and system levels;
2. The associated change interventions that can be used to address them;
3. Key steps for planning and designing behavioural change interventions – whether bespoke or integrated into existing influencing, programme or humanitarian strategies.

The paper focuses mainly on understanding how to change deep-seated and habitual behaviours related to gender, WASH, health and the environment, but it also contains insights about mobilizing and organizing the public and changing one-off investment and purchasing behaviours. It is relevant to all practitioners in programme, humanitarian, influencing and campaigning – as well as to government officials and donors.

Addressing individual-level influences

Individual-level economic and behavioural theories emphasise that peoples’ choices and behaviours are shaped mainly by their own internal decision making processes. Rational choice theory, which underpins much economics and traditional behaviour change interventions, assumes that individuals are rational, self-interested and autonomous beings. A core assumption is that people base their choices and behaviours on autonomous, conscious and rational decision making processes and therefore, providing people with the right information will influence their choices and behaviours.

In practice, information provision and education can help to increase people’s awareness and motivation to act on an issue. It may also influence some one-off behaviours, such as signing
digital campaign petitions, purchases or investments, or participation in meetings. However, information is only one of a range of individual, group and societal influences that shape people’s decision making processes and behaviours. It therefore tends to have modest effects, on its own, on deep-seated, habitual or routine behaviours and is unlikely to translate into sustained change over time.

In contrast to the narrow view of humans painted by rational choice theory, socio-psychological and behavioural theories emphasise that people also often act in unconscious, irrational, altruistic and cooperative ways. They highlight how our decisions and behaviours are influenced by other individual-level factors such as mental ‘shortcuts’, unconscious habits, values, emotions and personal agency. These understandings imply the need for behavioural interventions that carefully frame communication messages, strengthen agency and use prompts and environmental cues to overcome unconscious biases to ‘nudge’ people towards better habits (see Section 4).

Addressing interpersonal and group influences

Socio-psychological theories also emphasise that humans are social beings, strongly influenced by their perceptions of and interactions with other people, particularly peers or role models. This means that to be effective, behavioural interventions also need to address interpersonal and group influences on behaviours such as social norms; the influence of ‘messengers’, peers and role models; and group and institutional rules and cultures. For example, simply, communicating to people that other people are behaving in certain ways can be influential.

Social learning and communities of practice theories highlight that a key way people learn new behaviours and develop know-how is by interacting with, observing and copying others. Evidence shows that interactive, group action and learning activities are effective ways of changing behaviours across a range of issues, as they create safe informal spaces where people can pioneer, model and learn new behaviours with others. If designed appropriately they can also help strengthen individual agency and group capacity, change group standards and spread new social norms to the wider community. CSOs are often well placed to carry out such interventions due to their closeness to communities (whether of geography, interest or identity) and their use of participatory methods. Section 5 provides examples of theories and interventions that address interpersonal and group influences.

Addressing wider societal influences

But addressing individual and group influences can only achieve so much on their own. Achieving widespread and sustained behavioural changes can require additional interventions by other actors to address wider structural influences beyond the control of individuals or groups. For example, ending violence against women and girls may require additional interventions to address dominant cultural and religious beliefs, women’s economic dependence on men, or discriminatory institutional laws, practices or services. Improving public health, hygiene or environmental behaviours depends in part on the provision of safe water, adequate sanitation, health services and medicines, and environmental behaviours on low-carbon technologies. There may also be practical socio-economic constraints, such as income and education level, or cost or time, that constrain people from changing their behaviours. Section 6 provides examples of theories and change interventions, such as policy influencing, which address structural influences.

CONTRIBUTING TO WIDER SYSTEM CHANGE

System theories emphasise how social, political, and economic influences, at individual, group and societal level, interact and co-evolve with each other to reproduce or constrain behaviours. Some evidence indicates that multi-pronged and multi-level interventions are more effective at
addressing deep-seated or habitual behaviours than partial ones. As power relations are a key cross-cutting influence at all levels, it is also important that interventions identify and address visible, hidden and invisible power at each level, and manage the associated risks. Section 7 includes example of multi-pronged, multi-level, ‘behaviour change’ programmes including a protection programme supported by Oxfam in the Dominican Republic.

Few organizations can carry out such a wide range of interventions on their own, but CSOs can contribute to system change in a number of ways. They can identify or pioneer desirable behaviours or change strategies at different levels and then (a) model and disseminate them to others through social networks and shared learning processes, and/or (b) influence influential individuals and governments to endorse, adopt, fund, promote and complement them, including with legislation when appropriate. The latter may also entail influencing faith-based institutions, mass entertainment providers, advertisers, education and other service providers. Alternatively, CSOs can (c) bring change by addressing other key structural or system influences that constrain or enable behaviour change. Section 7 includes examples of theories and approaches that seek to change system elements, rather than influencing individuals’ behaviours.

PRACTICAL CONSIDERATIONS

There is no ‘right’ or single behaviour change theory or associated change intervention. Rather this paper seeks to help practitioners understand and influence behaviours from different viewpoints. From a practical perspective, the different theories and change interventions can be best understood as complementary, both in relation to each other and to existing development and humanitarian strategies. Plus, the selection and design of interventions will depend on the issue, local context and capabilities (time, skills, resources) of an organization. For example, development and humanitarian contexts vary greatly. In stable development contexts people’s behaviours may be well established, whereas in humanitarian contexts they may be more dynamic. Consequently, in development contexts interventions may seek long-term behaviour change, but in a humanitarian context they might only need to secure change for duration of the emergency.

Of course, behaviours and practices can also evolve and change without intentional change interventions. But achieving intentional change to deep-seated and routine behaviours, particularly where there is resistance from vested interests can be an intensive and long-term process. Governments, donors, NGOs and CSOs therefore need to provide resources commensurate with the scale of the task and invest in needed staff understanding and skills.

This paper is designed so that practitioners can dip in and out of the sections that interest them:

Section 1 provides an introduction.

Section 2 highlights why behaviour change is relevant to the work of INGOs.

Sections 3 to 7 review (a) the different individual, group, societal and system-level influences – including power and gender relations – that shape human behaviours and (b) associated interventions. Each section includes case studies and ends with a summary of practical considerations for the design of behaviour and practice change strategies. The practical considerations, which are informed by or inferred from the theories, are suggestions for consideration, adaptation and testing, rather than definitive recommendations.

Section 8 provides a summary checklist of the different theories, influences and associated interventions reviewed in this paper.

Section 9 outlines key steps in planning a behaviour change strategy and interventions.
1 INTRODUCTION

Behaviour and practice change strategies can play a vital role in combating poverty, injustice and environmental degradation. They can help influence and change:

- **peoples’ deep-seated or habitual behaviours**: such as violence or discrimination against women and girls or other groups; water, sanitation, hygiene (WASH), health behaviours; or environmental practices;
- **policy makers**: to properly implement policies aimed at eliminating poverty and injustice;
- **the public**: to participate in campaigns or become change makers;
- **people’s purchasing and investment behaviours**: to enable their access to needed infrastructures, technologies, goods or services; strengthen local economies; or avoid products and investments that rely on exploitative labour or environmental practices.⁴

CSOs have considerable experience of some aspects of behaviour change strategies including, for example: the framing of communications; participatory community-based methods for strengthening individuals’ agency and collective action; and influencing policy makers. However, there is still considerable scope to enhance the design of their change interventions. A classic problem is that behavioural interventions are not always based on a proper diagnosis of the causes of people’s behaviours. There are consequently still too many examples of interventions that overly rely on awareness raising and information provision (Pittman and Haylock, undated; Rubra, 2017; personal communication with Knight, L. 2017), despite evidence of a weak link between people’s attitudes and beliefs and their routine behaviours (Blake, 1999; Avineri et al, 2009).⁵ Although information and awareness raising plays a useful role, as this paper shows, changing attitudes and beliefs alone is unlikely to translate into lasting change to routine and habitual behaviours due to the range of other influences that shape them at individual, group and societal level. This paper seeks to strengthen practitioners’ change strategies by drawing on and sharing learning from behaviour change theory and practice.

**Box 1: Definitions**

This paper defines a ‘behaviour’ as the way in which individuals act or conduct themselves in relation to other people and/or the physical environment. Behaviours may include:

- one-off actions, such as attending a meeting or purchasing an item; and
- routine or habitual (often unconscious) behaviours relating to daily practices.

Conventionally, many behaviour change interventions focussed on getting individuals to voluntarily change their behaviours. In recent years, the concept of ‘social practices’ (or ‘way of doing things’) has sought to shift the unit of analysis, and by implication the focus of change interventions, to understanding better how individuals’ behaviours interact with wider cultural, social, technical and power-based influences which they simultaneously shape and are shaped by.

This paper is informed by an understanding that individuals’ behaviours are part of wider practices, but uses the term ‘behaviour’ as short hand when referring to behavioural or related theories, approaches, interventions and processes.
Research methods

The research for this paper included:

• an initial scoping review of selected behaviour change strategies used by Oxfam and three other international NGOs (INGOs);
• a literature review of behavioural and relevant theories;
• an in-depth desk review of selected case studies;
• consultations with key staff; and
• internal and external peer review.

A snowball approach was used for both the literature and case study reviews.
In recent years, CSOs have learned much about the contribution behavioural insights can make to their influencing, development and humanitarian strategies in some areas. For example, there has been a lot of attention on how to frame communications, and use narrative and ‘attractive’ messengers, to motivate and engage people (Crompton, 2010). The relevance of these techniques has recently increased due to the perceived influence of social media on voting patterns and the rise of chauvinist populism in some countries.

At the same time, there is growing recognition that information, however carefully framed, will not necessarily translate into long-term or sustained behavioural change or action on its own without complementary interventions. For example, rather than focusing on changing individuals' attitudes and beliefs, Oxfam’s ‘Enough’ campaign is now seeking to change the social norms that underpin violence against women and girls. (Thekkudan, R. et al., 2016).

**Box 2: Enough is Enough campaign – ending violence against women and girls once and for all**

Women around the world face the threat of violence every day: at work, at home and at school. This damages their development, health and opportunities. For example, in Indonesia, child marriage and domestic violence are common and tolerated. Cheper, who married a child bride, now campaigns to end child marriage and violence against women in his community. He told Oxfam: ‘Growing up, my mother was often beaten by my father. I wanted to take my father to the police because he beat my mother, but I did not do that. The local community considered it common.’ Women are usually excluded from village meetings, but Cheper’s work is changing this. His wife now plans to work outside the home.

To help end violence against women and girls, Oxfam country programmes in Morocco, Indonesia, India, Pakistan, Guatemala, South Africa and Zambia have developed a range of strategies to:

- help individuals and communities to understand the drivers of violence;
- build their capacity to push back against harmful attitudes and behaviours;
- support women’s rights organizations and movements; and
- ensure that governments introduce and implement laws and policies aimed at ending violence against women and girls.

The Enough is Enough campaign is seeking to transform the machismo norms surrounding young love in Bolivia; the legitimization of violence and racism against indigenous women in Guatemala; violence in art and films in Morocco; the acceptance of intimate partner violence in India; the restriction of women’s mobility in Pakistan; and early forced marriage in Indonesia, among other activities.

(Source: Oxfam International, 2016)

Similarly WASH practitioners are increasingly aware that providing public health and hygiene education is insufficient to achieve lasting behavioural change and that additional interventions may be needed, for example, to change social norms or societal cultural beliefs or provide accompanying physical infrastructures and services such as toilets, safe water supply or soap. Conversely, people may not use infrastructure or services without accompanying educational and behavioural interventions (Kar and Chambers, 2008).
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Box 3: Understanding treatment resistant behaviours in the Ebola crisis

During the 2013–16 Ebola crisis, Oxfam trained health volunteers to identify people with symptoms of Ebola and refer them for treatment. This was known as ‘active case finding’. The programme played an important part in bringing the outbreak under control. However, one programme evaluation in Sierra Leone and Liberia suggested that a greater initial effort to understand why people resisted going to the treatment centres in the first place might have reduced the need for active case finding.

The evaluation noted that people were terrified of Ebola, but were also scared of being tested. Many were even afraid of the ambulance and thought that the overwhelming smell of chlorine would kill them. The sound of the ambulance was enough to stir up feelings of terror and shame. People often went to the treatment centre rather than call an ambulance. They also worried about losing contact with family members, or not being able to provide the dead with socially acceptable burials.

The evaluation suggests that a better understanding of people’s behaviours and practices might have allowed agencies to allay these fears by providing information on what would happen in treatment centres. They could also have provided greater support to ensure that family members did not lose contact with each other. For example, a group called ‘More than Me’ was involved in providing an ambulance service that gave both patients and their families mobile phones so they could remain in contact.

(Source: Oxfam, 2015)

There is also recognition that advocacy and campaigning to change government policies, without accompanying behavioural interventions, may only get you so far. Even when government policies or services are in place, they may not be properly implemented if they clash with officials’ existing beliefs, norms or practices. More than 125 countries have some sort of legislation on violence against women and girls, for example, yet it remains a prevalent problem (Hughes, C. 2017). One of the aims of Oxfam’s humanitarian programmes, therefore, is to influence the behaviours and practices of local civilian and/or military authorities to fulfil their responsibilities to protect civilians from violence. This may entail influencing them to patrol a road that is particularly dangerous on market days, so that people can get there and back safely.

In some sectors, practitioners are using multi-pronged, multi-level strategies to change behaviours. For example, many of Oxfam’s country programmes involved in the ‘Enough Campaign’ use a range of complementary and mutually reinforcing interventions to address the different types and levels of influences that underpin and perpetuate violence against women and girls (Mayne, R. 2017 internal survey). In addition to changing attitudes and beliefs and social norms, such interventions may include: support for women’s rights organizations; changing government policies, laws and implementation; changing private sector practices; empowering women economically; and providing access to support services (Mayne, R. 2017 internal survey).

However, as noted above, there is still considerable scope to strengthen the design of change strategies and interventions.
3 LEARNING FROM THEORY AND PRACTICE

There are many theories and models – drawn from economics, psychology, socio-psychology, sociology and educational theory – about what and who influences people’s behaviours and practices, and how they might be changed. Far from being merely of academic interest, these understandings underpin and shape the behavioural policies and interventions of governments, NGOs and companies. For example, if obesity is understood as mainly an issue of individual responsibility – as claimed by many food companies – then behavioural interventions simply need to provide people with information about how to eat more healthily. Alternatively, if people’s diets are understood to also be influenced by wider societal influences that are largely beyond individual control, then additional interventions are needed to reduce obesity, such as legislation to reduce the salt and sugar content in food and a ban on the advertising of ‘junk food’ to children, and interventions to address retail planning or increase benefits or wages so that more people can access healthy food.

Because many theories are empirically based, and subject to continuous academic research and testing, they can provide practitioners with useful information when designing their own change strategies. They can help them identify and focus on what is important, challenge them to think about new approaches and reveal the assumptions that underpin proposed change interventions.

The various theories and models summarized in this paper vary in the emphasis they put on understanding:

• the enabling or constraining influences that shape people’s behaviours;

• how to achieve change, i.e. the effectiveness of specific change interventions – whether voluntary or legislative;

• how change happens, i.e. the nature of the system and possible change pathways.

The theories also vary in whether they focus on (a) individual, interpersonal (group), structural (societal) or system-level influences on behaviours and (b) economic, social, political, cultural or physical influences. While some focus mainly on understanding or addressing one level or type of influence, others combine them into multi-factorial or interactive models.

DETERMINANTS OF BEHAVIOURS

The possible determinants – or influences on behaviours – identified and reviewed in this paper include:

• Individual level influences: information; price signals; legislation; unconscious mental shortcuts and habits; mental models (values and frames); emotions; self-concept; agency;

• Group level influences: social norms; messengers, peers and role models; social identity, reference groups; institutional rules and incentives;

• Societal/structural influences: government policy; availability and cost of technologies, infrastructures, services and goods; cultural and religious beliefs; socio-economic status and conditions; social networks;

• System-level influences: the evolution of and interaction between different level influences and people’s behaviours;

• Cross-cutting influences: power and gender relations.
In practice, the relative strength of the various influences on behaviours is specific to the issue and context. For issues such as violence against women and girls, social norms may be a key influence. (Murphy et al, 2016). In other cases – such as some hygiene, sanitation or environmental behaviours – the availability of a physical infrastructure may be a prominent influence. An initial diagnosis of the key influences shaping behaviours is therefore important to inform the design of behavioural strategies or interventions.

<table>
<thead>
<tr>
<th>Box 4: The interaction between infrastructure and social norms in water provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sustaining safe water use and sanitation requires an understanding of investment in, and maintenance of, physical infrastructure, as well as changes to social norms. This is often linked to how water is perceived and valued, much of which is centred on social norms and gendered responsibilities.</td>
</tr>
<tr>
<td>For example, water infrastructure for productive uses such as agriculture is often seen as a commodity that is worthy of investment and maintenance, because it will yield economic benefits – and is therefore largely managed by men. In contrast, while domestic water use is vital for household survival, health and reproduction, it is not perceived as economically productive and therefore is typically managed by women, and receives less investment.</td>
</tr>
<tr>
<td>Providing investment in safe and accessible sanitation is an even lower priority. The importance of having a safe place to defecate is felt much more strongly by women, especially those of lower castes, who have little or no say in how their own household or community services are managed. Speaking up about such issues can often be a taboo subject, unless it is packaged in a way that brings out social change in a positive way. In India, the ‘No Toilet, No Bride’ campaign to end open defecation initiated by the government has resulted in enormous social and behaviour change, providing women with a bargaining tool and confidence to demand social change.</td>
</tr>
</tbody>
</table>

(Source: Miziniak, 2017, Personal interview).

The direction of influence can also vary. For example, social norms could be considered either a cause and/or an outcome, of men’s violent behaviour and unequal power relations. Different behavioural models also highlight how influences may impact directly on specific behaviours or indirectly via other influences. And system theories highlight the importance of understanding interactions between different influences and behaviours rather than just linear pathways.

**BEHAVIOURAL INTERVENTIONS**

The differing understandings of the influences that shape behaviours lead to differing change strategies. Traditional behaviour change interventions assume that rational decision making is a key influence on people’s choices and behaviours and therefore focus on awareness raising and information provision. This is still the default position of many governments and NGOs. In its simplest form, the theory of action is shown in Figure 1.

**Figure 1: A linear theory of how information provision changes behaviour**

![Diagram](https://via.placeholder.com/150)

Information → Attitudinal change → Behaviour change

Evidence shows that raising awareness and providing information can influence attitudes and behaviours, particularly one-off behaviours. However, information provision on its own has modest impacts on routine or deep-seated behaviours due to the range of other intervening influences. This has become known as the ‘value action gap’ (Blake, 1999), which helps explain why, for example, people who know about the health risks of smoking or over-eating do not change their behaviours, or people who care about climate change may still holiday by plane.
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The multiple possible influences on routine and deep-seated behaviours suggests that multi-pronged and multi-level strategies will be most effective at changing them. However, it also shows that change can also be achieved through the appropriate selection and design of partial interventions.

**Sections 4 to 8** below review the different change theories, influences, and possible behavioural interventions, as well as providing practical illustrations. The end of each section provides a summary of practical implications (informed by or inferred from theory) which should be considered as ideas for consideration rather than definitive recommendations.
4 ADDRESSING INDIVIDUAL INFLUENCES

We start by assessing individualist models of behaviour that focus on understanding and influencing individuals’ decision making processes.

4.1 ECONOMIC THEORY: RATIONAL CHOICE THEORY

Attitudes and beliefs

Rational choice theory (e.g. see Simon, 1957), which underpins traditional economic models, assumes that individuals are autonomous, rational, self-interested and utility-maximizing. People’s choices and actions are understood as the outcome of an internal rational cost-benefit decision making process. The theory emphasises the need for information provision and financial incentives/disincentives in changing behaviours.

Information provision

Governments have traditionally relied heavily on mass public information and social marketing campaigns to change citizens’ behaviours, particularly in relation to health promotion and disease prevention, and more recently carbon reduction. This is in part due to the large body of empirical evidence showing that advertising has a large and significant effect on purchasing behaviours and the wide reach and cost-effectiveness of mass information campaigns (Avineri et al., 2009). There is evidence that TV and radio, including soap operas, can influence some one-off behaviours such as people seeking medical treatment for malaria. (Conlon, 2017; Welcome Trust, 2013). Some evidence suggests that social media can help raise awareness and participation in campaigns, such as liking or sharing a Facebook page, although this does not necessarily translate into long-term sustained action (Conlon, 2017; Boulianne, 2015).

However, the effectiveness of mass information campaigns in achieving lasting behavioural change is mixed, due to the range of other intervening influences. Behaviour changes due to information campaigns may be short term and there are many cases of mass-media campaigns that have not achieved the desired change (Avineri et al., 2009). Much depends on the design of a campaign, including how the information is framed and the channels through which it is shared. Getting the information wrong and/or failing to understand and address other influences on behaviours can have adverse consequences. During the Ebola outbreak in West Africa, the predominance of extensive top-down and negative communication by some agencies – such as ‘Ebola kills’ and ‘there is no vaccine’ – resulted in increased fear and stigma, fed rumours and dissuaded people from seeking treatment in distant treatment centres (Ferron and O’Reilly, 2016).
Box 5: Effective health communication in emergencies

Information provision plays an important role in emergency and conflict situations. Learning from Oxfam’s health promotion team in the context of the 2013–16 Ebola crisis indicates that effective health information:

- promotes practical and feasible actions (e.g. how to transport a patient to a hospital without getting infected);
- spreads evidence-based information that addresses critical gaps in knowledge and warns against risk behaviours (including countering inaccurate rumours about the risks of sexual transmission of Ebola by survivors, which had led to further stigmatization);
- is realistic and matched to available services;
- tailors information to communities’ needs and priorities;
- promotes locally appropriate technology (e.g. in Sierra Leone, hand washing promotion initially focused on chlorine, leading to rumours of chlorine being a cure for Ebola. To counter its subsequent overuse and occasional misuse, in April 2015, the use of soap and water was prioritized);
- is positive, motivational, and instilled hope (e.g. stating ‘Ebola is real and you can survive it’);
- needs to be consistent, never contradictory, and always up-to-date (e.g. early information guided people with Ebola symptoms to seek care at a hospital or Treatment Centre. Later instructions said that any ill person should go to a Treatment Centre or Community Care Centre. In the latter stages, information stated that patients with early signs of Ebola should go to a Treatment Centre);
- needs to be locally appropriate (e.g. in Liberia, most messages were in Liberian English, while many people would have preferred to receive the information in different local languages); and
- needs to be open and responsive to community perspectives.

(Source: summarized from: Ferron and O'Reilly, 2016)

As social learning theory highlights (see Section 5), people are more likely to learn through interactive face-to-face communication methods than top-down, one-way messaging. Additionally, recent evidence indicates that interactive ‘deep’ door-to-door canvassing – where campaigners hold a 10-minute conversation with the public – is effective in reducing bias (Broockman and Kalla, 2016). Finally, the effectiveness of information campaigns in changing routine behaviours may depend on whether they are accompanied by complementary strategies that address other influences on behaviours.

Financial incentives and price signals

There is substantial econometric evidence that consumer behaviour is influenced by prices (Avineri et al., 2009). Governments use financial incentives and price signals to: penalize bad behaviours through taxes or fines; or encourage good behaviours via subsidies, tax rebates (e.g. for energy-efficient cars), or vouchers or cash rewards to individuals or families (e.g. for healthy behaviours). For example, following the introduction of the London congestion charge in 2003, traffic within the charging zone reduced by 15% (TFL, 2004).

Financial incentives and subsidies can also play an important role in enabling behaviour change, for example by subsidizing access by low-income groups to needed physical infrastructure such as latrines, clean water or energy. They can also influence other one-off behaviours such as participation in meetings (see Box 6).
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Box 6: Small price incentives for meeting participation in DRC

In the Democratic Republic of Congo (DRC), Oxfam and partners have set up regular spaces for dialogue between communities and local authorities to help improve protection services and local accountability. One way of enabling the dialogues initially is for Oxfam and partners to pay the transport fees of participants. However, it was noted that when Oxfam stopped paying the transport fees at a later stage in one of the projects, the participation of local authorities decreased. Oxfam and one of its local partners subsequently visited the local authorities to highlight the benefits of the dialogues, after which their participation increased again. As financial incentives appear to play an important initial role in ‘opening the door’ for participation, Oxfam is now experimenting with paying transport fees at the beginning of the programme but informing participants that they will not receive the funds throughout the whole project. The programme has not yet tested what would happen if it did not pay transport fees at all. (Kesmaecker-Wissing, 2017, personal communication).

However, while price signals can affect some one-off behaviours, they are rarely the only, and may not be the main, influence on behaviour. They are unlikely, for example, to contribute significantly to lasting behaviour change on issues such as violence against women, where the key underlying causes may relate to power relations, social norms and deep-rooted cultural beliefs. Similarly, evidence shows that the effects of financial incentives are either not certain or not very effective in stopping harmful health behaviours such as drug misuse, weight loss and smoking cessation trials due to the range of other individual, social and structural influences on these behaviours (Avineri et al., 2009). Even if they have an initial positive effect, price incentives may only be effective in changing behaviours for as long as the incentive lasts (Darby, 2010; Bartram, 2009).

In the case of WASH programmes, experience shows that people may not sustain long-term use or maintenance of sanitation infrastructure such as latrines on the basis of one-off price subsidies (Miziniak, 2007, personal communication). For example, people may stop using free or subsidized latrines if they break, and revert to old practices such as open defecation. Additional interventions may be needed to, for example, link people to markets that collect and pay for the waste in order to provide the financial means to maintain them (Ramos and Wildman, 2017). Evidence from six community energy projects in the UK suggests that people were less likely to value, understand or efficiently use subsidized technologies – in this case free solar panels and energy efficiency measures – compared with interventions that also included participatory social learning interventions (Gupta, R. et al., 2015).

A further limitation is that financial incentives, particularly when large, may backfire if they override or crowd out altruistic motivations or feelings of civic motivation, and actually discourage the kinds of behaviour needed to solve collective problems (Bartram 2009; Schwartz, 1992 and 1997; Crompton, 2010; Avineri et al., 2009). For example, a penalty for parents who were late picking up their children from nursery increased the frequency of late arrivals (Gneezy and Rustichini, 2000), as being on time was no longer seen as a moral issue. Studies have shown that when prices are not involved, people apply social norms to determine their choices instead (Heymen and Ariely, 2004).
Box 7: Market considerations from Oxfam’s work on water interventions

Oxfam’s experience with clean water provision suggests:

- Where free or subsidized interventions are required, such as in providing latrines or clean water, be transparent about selection criteria and manage expectations. For example, explain clearly if it is a one off one-off distribution;
- Ensure that the introduction of new infrastructure is accompanied by complementary interventions to ensure that people can use and maintain it beyond the life of the subsidy. For example, when building latrines: establish whether water and sanitation contractors work in the vicinity at an affordable rate, whether they can take on the operational work, whether people will people trust and pay them, and whether there is a market for waste from the latrines;
- Ensure that the introduction of new infrastructure and technology is accompanied by appropriate behavioural interventions – such as participatory action and learning groups – to ensure that people understand, value and know how to use them properly.

(Source: Mizniak, 2017 personal interview).

Legislation

Under the right conditions, legislation can be a faster way of achieving mass behavioural change than getting people to change their behaviours voluntarily. There has been considerable success in some countries in changing behaviours via the introduction of new laws or increased enforcement of existing ones in some cases; for example, in relation to speed cameras, seat belts, drink-driving and public smoking (see Box 8 below). However, governments tend to only use legislation as a last resort to ban undesirable public behaviours due to concerns that it may infringe individual rights or that people will illegally circumvent the ban.

Box 8: Seat belts in the UK

It became compulsory to fit front seat belts in new cars in the UK in 1967, and wearing them became compulsory in stages between 1983 and 1991. Compliance levels have risen over time, with noticeable jumps associated with particular campaigns, especially the memorable ‘Clunk-Click’ campaign. Over the past 25 years, the compulsory wearing of seat-belts has been estimated to have saved at least 60,000 lives and prevented 600,000 severe injuries in the UK. Recent research suggests that almost everyone understands the seat-belt law and large majorities accept the reasons for it. The notable success of this example of behaviour change can be attributed to:

- clear and unambiguous legislation;
- clearly evident benefits;
- high-quality media campaigns preceding and accompanying the legislation; and
- vociferous support outweighing the presence of vociferous opposition.

(Source: Avineri et al., 2009)

According to one review of evidence, to ensure that legislation is effective, the required behaviour change should:

- be unambiguous;
- feasible for individuals to implement;
- have a clear rationale understood by the public;
be reasonably easy to monitor, police and enforce with a severe and multi-faceted penalty for non-compliance, and a high probability that non-compliance will be detected. (Avineri et al., 2009)

However, even when laws are implemented an ‘implementation gap’ may persist between policy and practice if the government officials, other institutions or the public fail to comply. For example, a study of a domestic violence law introduced in Cambodia found that only limited progress had been achieved in reducing violence in part because the legal system is not able to prevent domestic violence and provide adequate protection and because broader structural inequalities remained including women’s economic dependence on men and discriminatory gender attitudes, customs and traditions. (Brickell, K et al., 2014). Consequently, legislation may need to be preceded or accompanied by complementary strategies to address other influences on behaviour.

**Box 9: Thailand's HIV/AIDS campaign**

Thailand slashed HIV infections by 80% through a decade-long multi-pronged government-driven national campaign in 1990–2000. The campaign involved a combination of legislation mandating 100% condom usage in brothels (a key success ingredient being the collaboration between the brothel owners, the police, public health officials and sex workers); widespread communications by ministries; mass media campaigns; and workplace campaigns in the private sector. (Sources: Conlon, 2017; World Health Organization, 2010).

**Considerations for practice**

**Information provision**

- Research your audiences and provide tailored information e.g. about the costs or benefits of adopting or stopping the behaviour.

**Financial incentives and price signals**

- Use price incentives to:
  - enable access to needed infrastructure, technologies, goods or services.
  - encourage/discourage one-off behaviours, for example through donations to a community group for taking part in a focus group
- Use legislation to change behaviours if, and when, the conditions are right, i.e. when the behaviour change is:
  - unambiguous;
  - within the competence of individuals;
  - has a clear and well-understood rationale;
  - is reasonably easy to monitor and enforce, with a severe penalty for non-compliance and an associated high probability that non-compliance will be detected’ (Avineri, 2009).
- Combine or precede legislation with complementary strategies, such as national information campaigns (Conlon, 2017).
4.2 SOCIO-PSYCHOLOGICAL AND BEHAVIOURAL THEORIES

Socio-psychological and behavioural theories have challenged rational choice theory’s assumptions of people being autonomous, rational, self-interested and utility-maximizing. In contrast, they highlight the fact that people often act in unconscious, irrational, altruistic and cooperative ways, and are also influenced by their social interactions with other people. These theories imply the need for behavioural interventions to carefully frame communications, strengthen personal agency and intentions, and to use environmental cues to overcome unconscious biases and ‘nudge’ people towards better habits.

Unconscious bias and mental shortcuts

Behavioural economics has shown that people often deal with complex situations and concepts by taking unconscious mental (cognitive) shortcuts, which can result in irrational choices or habits. For example, people are loss averse and are more likely to act to avert a loss than to achieve a gain (Kahneman, 2002) which can make the promotion of long-term worthy causes such as inequality or environmental degradation difficult. Messaging about public health issues that focuses on the negative consequences of not taking action is based on this idea.

Additionally, people tend to underestimate the likelihood and consequence of future events, and overestimate those of events that they can easily imagine, or have recently experienced. Direct experience of an issue can increase the salience of an issue for an individual, and hence its potential influence on attitudes and actual behaviours (Crano 1955). These findings suggest that negative or fear messaging may work for one-off behaviours where the risks are immediate, severe and probable, as shown by road safety and some early HIV/AIDS information campaigns. But using negative messages to counter behaviours with distant long-term consequences – such as unhealthy eating – is less likely to be effective (Conlon, 2017). Taken together, these findings highlight the importance of careful issue selection and framing in the design of behaviour change interventions.

Box 10: Persuasion theory

Persuasion theory posits that persuasion works through either a conscious ‘central route’ – in which case deliberate market segmentation, along with reasoned and tailored arguments are important – and/or a less conscious ‘peripheral’ route, in which case simple indirect cues become more important (Avineri et al., 2009; Petty and Cacioppo, 1981; Hovland et al., 1953). In recent years, NGOs have adapted aspects of persuasion theory and social marketing techniques, such as framing and tailoring of messages to different audiences, to engage publics or influence behaviours.

Habits

Relatedly, some theories show that unconscious habits are more predictive of behaviour than conscious beliefs and intentions (Ajzen, 1991). Habits may be maintained through inertia, procrastination and/or a lack of self-control, or via unconscious cues rather than conscious choice (Triandis, 1977). Changing habits, even if the new behaviour entails substantial benefits, may require repeated and conscious cognitive effort (Jackson, 2011) and/or regular prompts, environmental cues or interventions to make desired choices and behaviours simpler (Thaler and Sunstein, 2008). Alternatively, others suggest changing habits requires changes to the wider social practices of which they are part. (See the summary of social practice theory in Section 7).
Values

Human beliefs and hence behaviours may in part be motivated by people’s values, which are understood to be stable, long-lasting principles or standards set down early in life (Stern et al., 1999). In contrast to rational choice theory, which assumes that humans are largely motivated by self-interest, a growing body evidence shows that humans are also cooperative, altruistic and reciprocal in nature. The growth of sales of Fair Trade and organic goods could, for example, be an indication of how altruistic, pro-social and pro-environmental values shape purchasing behaviours. Schwartz identifies a comprehensive set of 10 different types of value which are recognized across cultures (Schwartz, 1992 and 1977). He groups them into ‘self-enhancing’ and ‘self-transcendent’ values, and ‘openness to change’ and ‘conservatism’. Self-enhancing values relate to financial rewards, social status, power, achievement, security, and hedonism, and are largely external to the person. In contrast, self-transcendent values, such as benevolence, tolerance, concern for welfare of people and nature and universalism, are seen as stemming largely from internal value systems that are independent of social expectations, even if they may initially have been internalized from social norms (Schwartz, 1992 and 1977). These values are present in all people, but only exert a significant effect on behaviours if activated, for example, by increasing awareness of the consequences of their actions on others and/or the likelihood of being held responsible (Schwartz, 1977).

There is some evidence that these values are oppositional in nature, and that framings that emphasise one set of values may crowd out opposing values (Schwartz, 1992; Stern, 2000). Thus, appealing to self-enhancing values such as social status, power, or envy in order to promote pro-environmental behaviours can ‘crowd out’ self-transcendent pro-environmental or social motivations and thus be counter-productive in the long run (Frey and Jegen, 2001). Other recent research has shown that people – in both disadvantaged and wealthier communities – were motivated to reduce energy use due to a combination of practical benefits (such as improved health, warmer homes and savings on fuel bills) and altruistic reasons. (Gupta et al, 2015). This theory and evidence suggests the need for careful consideration of the values that communication messages and actions convey, whether implicit or explicit. However, the relationship between values and behaviours is variable and values may not be good predictors of behaviours on their own, due to the influence of other factors.

Box 11: Winning approval for gay marriage in the United States

A big breakthrough for gay marriage in the US occurred when the campaign shifted from using messaging about equal rights to using messages about love and commitment. Research showed that messages about equality and civil rights were effective with existing supporters but were not effective in persuading conflicted voters. Conflicted voters seemed to interpret the rights-based messages as meaning that gay couples wanted to marry to gain rights and benefits rather than for love and commitment which is what motivated them to marry. Consequently, the campaign changed its message to one of love, commitment and family, with little or no mention of rights and benefits. The new messaging helped increase public support for same sex marriage by creating empathy and commonality between straight and gay people and reassure voters that gay people wanted the same things that they did. A key lesson from the campaign was therefore the importance of conducting extensive message testing and development. A related lesson was the effectiveness of value-based one-on-one doorstep conversations with undecided voters which were tested rigorously.

(Source: Freedom to Marry website http://www.freedomtomarry.org/lessons-learned)
Mental frames

People are also understood to hold deep-rooted and often unconscious conceptual metaphors – or mental frames – that simplify reality and influence how we understand and act in the world (Lakoff, 1996 and 2002). Political narratives are understood to work primarily by invoking these metaphors and urging the dominance of one set of frames over the other.\(^\text{12}\) Similar to values, this perspective emphasise the importance of careful framing and avoiding the use of opposing frames. (Lakoff, 2004).

Additionally, some communications theories suggest that our minds are wired for stories, suggesting that information might be more effectively communicated in that form – for example, with a challenge or problem, a villain and a hero, and a solution. In Liberia, storytelling and educational entertainment has been extensively used in past awareness campaigns to counter the stigma linked to HIV and AIDS. In the 2013–16 Ebola outbreak, the International Organization for Migration worked on a series of graphic stories called ‘Spread the Message, Not the Virus’. These stimulated community dialogues, and the team was able to leverage this by listening attentively and answering questions related to both the story and Ebola in general (Ferron and O’Reilly, 2016).

Emotions

Emotions shape people’s choices and actions (via beliefs, attitudes, intentions, motivations or our sense of personal agency). (Frijda et al. 2000). Moods may subconsciously affect decision making. Some research suggests that people in good moods make unrealistically optimistic judgements, while those in bad moods make unrealistically pessimistic judgements (Darnton, 2008). Perhaps not surprisingly, many advertisers rely on positive emotional associations to sell products. Some recent evidence suggests that people’s anticipation of future emotional outcomes from adopting a behaviour can influence behaviours, e.g. by asking people to focus on how they will feel after doing a behaviour such as exercise (Baumeister et al., 2007).

The use of negative emotions to influence behaviours have been used with some effect; for example, in the use of disgust in hand washing campaigns or guilt in fundraising campaigns for starving people. An important element of the Community Led Total Sanitation programme (Kar and Chambers, 2008) was to trigger a collective sense of disgust and shame among community members via a participatory appraisal process that reveals the consequences of mass open defecation on the entire community.

However, a downside of risk- or fear-based messages is if it leads to defensive denial, stereotyping, stigmatization or fatigue. For this reason, the use of shame and guilt in campaigns with the public either needs to be avoided (Braithwaite and Drahos, 2002) or carefully managed. (Conlon, 2017).

<table>
<thead>
<tr>
<th>Box 12: Emotional and health motivators to promote hand washing with soap among mothers</th>
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<tbody>
<tr>
<td>Hand washing with soap has a greater impact on morbidity from diarrhoeal disease than any other single intervention. Hygiene promotion programmes in emergencies traditionally focus on the health benefits of hand washing as a key motivator, but the long-term efficacy of this approach beyond awareness is not certain. In development contexts, hand washing programmes that focus on emotional motivators have been shown to have more impact on behaviour than those which focus primarily on health. <strong>However, there is limited documented evidence related to the use of emotional motivators to promote hand washing in emergency contexts.</strong></td>
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</tbody>
</table>
Oxfam worked in partnership with the Unilever Foundation and Lifebuoy Social Mission to develop a pilot programme using emotional motivators to increase hand washing with soap in emergency contexts. The partnership drew on Oxfam’s experience in complex emergencies and Lifebuoy’s social marketing know-how to better understand the barriers and key motivators among mothers affected by crises. They developed a methodology and materials to promote behavioural change. The programme was piloted in five wards of Kathmandu in Nepal over a six-week period, one year after the April 2015 earthquake, to determine their effect in a post-emergency context, pending a trial in an ongoing emergency.

**Mothers were the programme’s main audience, because of their role as caregivers of children under five and key influencers in households.** During the formative research phase, nurture of children was found to be one of the most powerful motivators driving hand washing with soap behaviour among mothers, even at times of crisis. Affiliation was also seen as a driver in emergency contexts, as mothers tend to share resources and support each other. Materials were developed based on the creative concept of ‘Mum’s Magic Hands’, with the messages placed strategically around the intervention area. They included storyboards, stickers, posters, ‘silent nudges’ at public latrines including (footsteps and mirrors), and group activities. The programme also included sessions for groups of 10–20 mothers.

The programme’s evaluation suggests that the Mum’s Magic Hands intervention had a significant effect on hand washing knowledge and practice at key times before eating and preparing food. Nurture as a key theme was well understood by participants, and was a significant motivating factor among mothers. Affiliation was less apparent to participants, but the programme itself was effective in establishing social norms around hand washing with soap over the six-week intervention. However, the programme did not have a significant effect on secondary objectives, including hand washing before feeding children and after cleaning children’s faeces.

(Source: Adapted from Sagan and Tolani, 2016)

**Self-concept**

Research suggests that people’s perceived personal identities – or self-concept – may influence their choices and actions in unexpected ways. People strive for mental consistency between beliefs, attitudes and behaviours: if they are not in alignment, they experience ‘cognitive dissonance’, experienced as a sense of incompleteness and discomfort that they are motivated to reduce (Festinger, 1957). For example, a person who is addicted to cigarettes, and receives information that they are detrimental to health may change their behaviour by quitting smoking – but alternatively they may simply deny the information; change their beliefs about smoking; seek new information (such that it can help lose weight); or decide that the reward of smoking outweigh the cost of giving up. Similarly, people may avoid or deny uncomfortable realities such as poverty, suffering and injustice (Cohen, 2001). This suggests that information provision on its own may produce unintended effects, so practitioners may need to be aware of cognitive dissonances, and create safe spaces for people to explore and address them.

**Personal agency**

A person’s agency (or ‘self-efficacy’), defined as an individual’s belief that they can take meaningful action, has been shown to have an important influence on people’s behaviours (Ajzen, 1991). It influences whether people attempt a given action, how much effort they will expend, and how long they will persist in dealing with stressful situations. It is understood to be shaped by:

- personal experience and past accomplishments;
- seeing or sharing experiences with others who have been successful in applying the behaviour and the effects of action on them – also known as ‘modelling’;
• verbal persuasion; and
• stress and physiological states – stressed people tend to believe they have less agency (Bandura, 1977).

Some theories of power suggest that a person’s sense of agency is also influenced by their internalization of dominant cultural ideas, values, social norms and power relations. This shapes how people think about themselves, their social identity and their place in the world, and can prevent them from envisioning possibilities for change, or seeing themselves as agents of change (Lukes, 2005). Likewise, socioeconomic circumstances can also affect a person’s sense of agency.

There is also some evidence that acting collectively can increase individuals’ sense of personal agency (Cox et al, 2010). CSOs have considerable experience of participate methods to strengthen individual agency and collective civil society capacity (for example, see Box 13). However, when capacity building draws on participants’ knowledge, it can be empowering but when it seeks to explain things in a top down way that that downplays participants’ own knowledge, it can be disempowering.

Box 13: Community protection committees in DRC

In DRC, Oxfam and partners help to set up and support elected Community Protection Structures made up of a community protection committee (six women and six men), a Women’s Forum (15 women) and Change Agents (10 women and 10 men). They analyse the protection situation in their own community, prioritize issues and identify self-protection measures and other actions that could make change happen – including through dialogue with local civil, police and military authorities. The protection committees help to strengthen individuals’ agency and the groups’ capacity, and contribute to reduced human rights abuses by:

Facilitating spaces for:
• community members to come together to discuss, develop solutions and take joint action;
• women to engage and take on responsibilities in their committees, and fulfil their new roles; and
• community members to communicate with local authorities to find shared solutions and make the latter more responsive to the community’s needs.

Providing training on:
• laws covering human rights, conduct during conflict, humanitarianism, internally displaced people and refugees – which increases the confidence of community members to approach authorities;
• analysing structures of power and risk;
• negotiating and advocacy skills; and
• facilitating meetings and formulating public messages.

Facilitating network building with CSOs or local associations, or protection committees in other areas to share learning and approaches.

Providing practical support such as:
• pens and notebooks for committee and forum members to write down decisions;
• megaphones for awareness-raising activities;
• phone credit for protection alert systems; and
• visibility T-shirts.

Sources: Oxfam DRC protection strategy 2015–2020, internal; Green, 2015; Oxfam International; various project documents 2015–17
**Intentions and commitments**

Some behaviour change models (e.g. Ajzen and Fishbein, 1980) suggest that people’s intentions to act influence their behaviours. Intentions are in turn understood to be influenced by attitudes, social norms and perceived behavioural control (or agency) over the issue i.e. perceptions of the ease or difficulty of undertaking the behaviour. Encouraging people to make a commitment can strengthen peoples’ intentions to act and evidence suggests that they are more effective when made by an individual rather than a group, written rather than verbal, public rather than private and involving a specific rather than a general goal. Some evidence indicates that combining commitments with feedback appears to be an effective way of changing behaviours (Bartram, 2009).

**Time**

Time can influence people’s behaviours in various ways. For example, people are more likely to process information unconsciously, rather than consciously, if they are rushed. Habits may be easier to break during periods of disruption. Behaviour change messages may need to be continuously reinforced over time to achieve lasting changes; longer-lasting behavioural initiatives may be more likely to work for routine behaviours than short ones (Avineri et al. 2009; Conlon, 2017; Darnton, 2008). One time-based model, originally developed to help people stop smoking, claims that a person or group typically progresses through five stages to change their behaviours: pre-contemplation, contemplation, preparation, action and maintenance (DiClemente and Prochaska, 1988). However, in practice, people do not necessarily pass through these stages in a linear fashion, or even go backwards, so it may not make sense to design interventions in this way. What is clear is that behaviour change can be a long process.

**Choice architecture and practical constraints**

Nudge theory (Thaler and Sunstein, 2008) suggests that the unconscious biases and habits can be overcome by making small changes to the options – or ‘choice architecture’ – that people are presented. Such changes – or ‘nudges’ – act to make desirable behaviours cheaper and easier (or undesirable behaviours harder and costlier) and may include rewards, prompts, opt-outs or default options.

Evidence suggests that nudges can affect behaviours (see Table 1). Enrolling people automatically into savings plans is an example of a successful nudge that has increased saving rates (Avineri, et al. 2009). However, because nudges are designed to influence individuals’ behaviour through unconscious mental processes, they may not challenge or lead to a lasting change to individuals’ knowledge, attitudes, values or motivations (Bartram, 2009; Avineri, et al). Additionally, they may not address adequately related practical or structural influences such as lack of income, time or child care. As a recent UK House of Lords Science and Technology Committee report on behaviour change concluded, while nudges have the benefit of respecting individual freedom and costing little to implement, non-regulatory or regulatory measures used in isolation are unlikely to be effective. Usually the most effective means of changing behaviour at a population level is to use a range of policy tools, both regulatory and non-regulatory. (House of Lords, 2011). In addition, while legislation may restrict freedom of choice for some (e.g. flying or smoking in public) it protects it for other people (e.g. freedom from air pollution or climate change).
Table 1: Examples of cost-effective nudges

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Description</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Reminders</td>
<td>Weekly text messages to remind patients to take their HIV drugs in Kenya.</td>
<td>Adherence to a medical regimen</td>
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<td></td>
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<td>Weekly reminders improved the rate of drug</td>
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<td>adherence to 53% from a baseline of 40%.</td>
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<tr>
<td>Non-monetary gifts</td>
<td>Small non-financial incentives and prizes – like lentils and metal dinner plates – were combined with a reliable immunization provider within the community in India.</td>
<td>Immunization rate</td>
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<tr>
<td></td>
<td></td>
<td>Among children aged between one and three, rates of full immunization were 39% with the lentils incentives, compared with 18% in the group with only the reliable immunization provision. In areas with no intervention, the rate of full immunization was just 6%.</td>
</tr>
<tr>
<td>Public notices</td>
<td>Small stickers were placed in randomly selected buses encouraging passengers to ‘heckle and chide’ reckless drivers in Kenya.</td>
<td>Traffic accidents</td>
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<td></td>
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<td>Annual insurance claims rates for accidents</td>
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<td></td>
<td></td>
<td>declined from 10% to 5%.</td>
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<tr>
<td>Making products convenient</td>
<td>Chlorine dispensers were provided free of charge at local water sources, and promoters of chlorination to treat water were hired to visit houses in Kenya.</td>
<td>Take-up of chlorination</td>
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<tr>
<td></td>
<td></td>
<td>The take-up rate was 60% in households with dispensers, compared with 7% for the comparison group.</td>
</tr>
<tr>
<td>Inspirational messages</td>
<td>Poor households were shown videos about how people like them had escaped from poverty or improved their socioeconomic status in Ethiopia.</td>
<td>Aspirations and investment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aspirations for children increased. Total</td>
</tr>
<tr>
<td></td>
<td></td>
<td>savings and investments in schooling were</td>
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<tr>
<td></td>
<td></td>
<td>higher after six months.</td>
</tr>
<tr>
<td>Timing of cash transfers</td>
<td>Part of a conditional cash transfer was automatically saved and given as a lump sum at the time when decisions about school enrolment were made in Colombia.</td>
<td>Enrolment in higher education</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enrolment increased in the next school year, without a decline in current attendance.</td>
</tr>
</tbody>
</table>

Sources: World Bank (2015). (Original sources include: Pop-Eleches et al., 2011; Banerjee et al 2010; Habyarimana and Jack, 2011; Kremer et al., 2009; Bernard et al., 2014; Barrera-Osorio et al., 2011).

Considerations for practice

Mental shortcuts, frames and values

• Choose issues that are immediately salient e.g. about which there is deeply and widely felt public concern, compelling reasons for change and that can be simply and powerfully communicated.

• Use careful framing and tailored communications that promote ‘your’ values. For instance:
  - To deepen engagement of existing supporters, use messages that activate the frames and values you want to emphasise. For example, consider appealing to intrinsic values such as caring for others or the planet, and avoid appealing to extrinsic values such as status, wealth and power.
  - To widen engagement beyond existing supporters, try appealing to cross-cutting values, but avoid using opposing frames or appealing to values that may crowd out your own.
• Tell a good (culturally appropriate) story e.g. with a challenge, a problem (or villain) and solution.

Emotions
• Provide a positive vision for change.
• Use ordinary and local human voices and stories.
• Design messages to highlight positive emotions associated with the behaviour that also resonate with the values you wish to promote, e.g. improved well-being, safety, health, solidarity, strength, hope or empowerment.
• Give examples of positive role models: avoid perpetuating negative social expectations or stereotypes.
• If using naming or shaming or guilt be careful to avoid ‘othering’, stigmatizing, or stereotyping.
• Provide safe spaces to allow people to process emotions associated with their own or others’ negative behaviours.

Self-concept
• Provide safe spaces and opportunities for people to explore dissonances and inconsistencies between their beliefs and behaviours.
• Help people access, understand and act on new information consciously.

Personal agency and intentions
• Help strengthen people’s agency and intentions to act, including by providing safe, interactive and informal group settings where people can:
  - critically assess dominant cultural beliefs, social norms and behaviours;
  - learn from peers, experts and role models;
  - learn from action e.g. via co-creation of and reflection on change strategies.
• Support people to set goals and make informed public commitments in group settings.

Timing/stages of change
• Ensure sufficient time and resources for behavioural interventions and processes to work.
• Start where people are, and engage them in a journey through a staged process which begins where they currently are (but be prepared that some people will not pass through the journey in a linear way and may reverse).

Choice architecture (nudge) and practical constraints
Change unconscious routine and habitual behaviours by make desirable behaviours cheaper and easier and undesirable behaviours harder and costlier by e.g.:
• Providing frequent prompts and environmental cues;
• Timing efforts to change behaviour to take place during periods of disruption;
• Providing practical advice and support, for example, by providing the means to achieve a new behaviour;
• Changing default options from opt-in to opt-out, so that people have to make an effort to maintain the old behaviour (if ethical);
• Address related practical constraints on behaviour and related technical change such as time, child care, cost, hassle factor.
5 ADDRESSING GROUP INFLUENCES

Socio-psychological and related theories highlight that individuals are social beings, and therefore highly influenced by their social interactions with other people and groups of people. They emphasise the need for behavioural interventions that: enrol and use ‘attractive’ messengers and champions to the cause; appeal to positive social norms; use peers/role models to influence others; and shift the rules and cultures of groups and institutions.

SOCIAL NORMS

Social norms are people’s individual or collective perceptions or beliefs about how others will view their actions, and have been found to have a stronger effect on behaviours than individual attitudes and beliefs. They may be either descriptive (beliefs about what people in their reference group actually do) or injunctive (beliefs about what people in their reference group think ought to be done). Evidence suggests that people are more likely to adopt behaviours if they think others like them are doing the same or think positively about it. Conversely, they may choose not to act if they think others like them are not doing it or will disapprove. Linked to this, people may conform to a perceived norm independently of their own moral beliefs. Evidence also indicates that people may be particularly influenced by authority figures and experts (Milgram, 1974) or people they like or with whom they share commitments (Kahan, 2010). Such findings suggest that the choice of ‘messenger’ may be as important as the message itself (See Box 14).

Box 14: Using local radio broadcasts to help change hygiene behaviours

Among residents of Lodwar in Turkana County, Kenya, open defecation is common. Awareness is low of the importance of hygiene behaviours such as hand washing with soap, treating drinking water and using latrines. However, things have changed since Radio Maata, the local station, began producing and broadcasting informative, interactive and locally relevant programmes and public service announcements promoting good sanitation and hygiene practices.

‘Since starting the WASH programme, our listeners are really beginning to understand the importance of using soap for hand washing, especially when handling food and after visiting the latrine,’ says Elim Baasha, a presenter on Radio Maata, who says he knows this because of the feedback he receives from listeners.

The programmes also play a key role in facilitating discussions between communities, CSOs and the government, as county government staff are among the listeners, Elim says. ‘Public health officers are also hearing where the problems are and can go and rectify them,’ he explains. Additionally, to help ensure that changes in hygiene and sanitation behaviour are sustainable, the station promotes the accountability for WASH issues among local authorities, and empowers its listeners to demand better services.

‘We want the county government to be active about water,’ explains Elim. ‘We’ve had the County Health Commissioner and County Public Health Officer appear on the programme twice. They have been very cooperative. When people ring in with questions, they are there to give a quick response. They also get to hear the audience’s concerns, and that is a good thing.’

Source: Reproduced from Beesley and Feeney, 2016.
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The role of social norms mean that simply communicating that other people are behaving in certain ways can be persuasive, even without supporting arguments or evidence. So-called ‘norm appeals’ have been shown to influence attitudes and behaviours when incorporated into messages or when promoted by community leaders (Cialdini, 1993, 1990, 2005; Allcott, 2009; Bartram, 2009). For example, one longitudinal survey suggested that an important part of the effect on increasing people’s intentions to quit smoking was the reinforcement of an atmosphere of social disapproval, beyond simply concern (Brown et al., 2009). However, as well as being an influence on behaviours, social norms can also be seen as an outcome, i.e. social norms that legitimize violence against women and girls may be as much a justification for, as a cause of, these behaviours.

Box 15: Influencing environmental norms

‘In recycling, when a hotel room contained a sign that asked people to recycle their towels to save the environment, 35.1% did so. When the sign used social norms and said that most guests at the hotel recycled their towels at least once during their stay, 44.1% complied. And when the sign said that most previous occupants of the room had reused towels at some point during their stay, 49.3% of guests also recycled’. (Cialdini, 2003. Cited in Dolan et al, undated).

‘In energy conservation, a large-scale programme (80,000 homes) sent letters that provided social comparisons between a household’s energy use and that of its neighbours (as well as simple energy consumption information). The scheme was seen to reduce energy consumption by 2% relative to the baseline. Interestingly, the effects of the intervention decayed over the months between letters and increased again upon receipt of the next letter. In other words, if the norm is not immediately apparent to people, repeated efforts may be required for its effects to become self-sustaining’. (Allcott, 2009. Cited in Dolan et al, undated).

‘Sometimes campaigns can increase perceptions of undesirable behaviour. When households were given information about average energy usage, those who consumed more than the average reduced their consumption – but those who were consuming less than the average increased their consumption. This ‘boomerang’ effect was eliminated if a happy or sad face was added to the bill, thus conveying social approval or disapproval’ (Schultz et al, 2007. Cited in Dolan et al, undated).

‘Similarly, messages aimed at reducing negative behaviours can be undermined by the social norms they implicitly signal. For example, two signs were placed in different areas of a national park. One sign urged visitors not to take wood and depicted a scene showing three thieves stealing wood, while the second sign depicted a single thief—indicating that stealing is not a collective norm. The first message, subtly conveying a norm for theft, increased the amount of wood stolen by 7.92%, while the other sign increased it by 1.67%. Therefore, policymakers may actually validate and encourage bad behaviours’. (Cialdini, 2003. Cited in Dolan et al, undated).

(Source: Reproduced from Dolan et al, undated)
SOCIAL LEARNING

Social learning theory highlights that individuals learn new behaviours through:

- interactions with others in informal settings;
- observation of role models; and
- feedback about their behaviours.  

Group or community-based, face-to-face interactive social learning processes (see Box 16) have been found to be effective in addressing individual and group-level influences across a range of issues and as such can be considered a leading complement or alternative to mass information campaigns (Avineri et al. 2009). They do so by creating safe informal spaces for people to learn, copy and test out new behaviours from peers and role models. They can also simultaneously help to strengthen individual agency and collective capacity (Cox et al, 2010).

By creating new reference groups, social learning groups can also help spread new social norms (Pezzullo et al., 2013). For example, the activities of one low-carbon community in the UK (including among other things a behaviour change programme that engaged around 6% of local households) contributed to a significant positive change in some low carbon social norms and behaviours in the wider community (GfK NOP Social Research, 2010). NGOs, CSOs and community organizations are often well suited to developing group- and community-based social learning processes, as Box 16 illustrates.

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**Box 16: Group- and community-based social learning interventions**

**Hygiene intervention to improve food behaviours in Nepal**

A trial intervention in Nepal substantially improved five food behaviours, including cleanliness of serving utensils, hand washing with soap before feeding, proper storage of cooked food and thorough reheating and water treatment. The intervention used:

- emotional motivators such as nurture, disgust, affiliation and status;
- kitchen make-overs to disrupt food preparation settings and cooking habits; and
- public commitments to change.

It was delivered through a series of group events and home visits. The five targeted food hygiene behaviours were rare before the intervention (around 1%). Six weeks after the intervention, the target behaviours were more common in the intervention than in the control group (4%, against 2%) during follow-up. The intervention appeared to be equally effective in improving all five behaviours. (Source: Gautam et al., 2017)

**Preventing violence against women in Kampala, Uganda**

SASA! is a community-based intervention to reduce intimate partner violence in low-income settings. It demonstrates the importance of addressing social norms and power imbalances between men and women at the relationship and community levels. Strategies include training local activists to use posters, stands and street theatre in local areas in which people normally congregate in order to encourage reflection and debate. This was complemented by media and advocacy. An evaluation found that SASA! influenced the dynamics of relationships and broader community norms. At the relationship level, it helped partners explore the benefits of mutually supportive gender roles; improve communication on a variety of issues; increase levels of joint decision making and highlight non-violent ways to deal with anger or disagreement. At the community level it has helped foster a climate of non-tolerance of violence by reducing the acceptability of violence against women, as well as increasing individuals’ skills, willingness and sense of responsibility to prevent it. It has also developed and strengthened community-based structures to catalyse and supporting on-going work to prevent intimate partner violence. (Source: Kyegombe, N. et al., 2014)
Householder energy-use groups
The EcoTeams programme, a methodology initiated by the charitable network Global Action Plan, involves groups of householders coming together to discuss their resource use and make changes to their behaviour, which they monitor together. In total, 3,602 UK households participated in EcoTeams in 2000–08. The EcoTeams method has been evaluated in a number of countries and shown to produce significant reductions in resource use (water, energy and waste) that are sustained over time. (Avineri, 2009; GAP, 2008) A key to its success has been the focus on:
  • practical information and tacit know-how, not just conceptual information;
  • providing personal feedback though ongoing measuring and monitoring;
  • the act of measuring resource flows, which makes invisible consumption visible, and allows participants to expose it to conscious scrutiny;
  • a supportive social element, allowing people to learn from experts and peers, and making plans in front of others including a pledge component.
This approach has been adopted and adapted successfully by various initiatives including Transitions Towns movement, Carbon Conversations training programme and a Low Carbon Living Programme developed by a community charity, Low Carbon West Oxford. Monitoring and evaluation indicates that these programmes can result in average reductions of 10% in the personal carbon footprints of participants, and with some evidence that these reductions are sustained over time. (Gupta, R. et al., 2015)

Motivating behaviour change through interactive community events in the UK
Research at diverse low-carbon community events in the UK aimed at helping local people reduce their energy use and carbon emissions showed that, in line with social learning theory, the most common way participants learned was through participative activities and discussions followed by visual demonstrations. Other forms of communication – such as exhibitions, posters and leaflets – provided useful information but were not as frequently cited by participants. As well as learning about their energy use, a relatively high proportion of people also said they had learned about the process of change (e.g. that they were part of a wider movement; that change is possible; that their actions matter), which was not an issue explicitly built into the design of many events. Community events also generated other important but incidental learning, such as ‘X area is a good community’ or ‘how kind people are’ (Source: Mayne and Hamilton, 2015).

COMMUNITIES OF PRACTICE
Related to social learning, communities of practice theory highlight how know-how is built through regular interaction between groups of people with shared interests, known as ‘communities of practice’ (Franklin et al., 2009). This suggests that participative learning experiences can build skills and agency, and encourage innovative and collaborative ways of thinking to address complex problems.
Box 17: Role of community initiatives

Oxfam’s Ebola response in Liberia and Sierra Leone

Working in partnership with communities was critical to responding to the Ebola epidemic. Oxfam’s community-led interactive approach contrasted with some of the more biomedical and militarized responses. In Sierra Leone, Oxfam supported Community Health Committees, whose members were seen as ‘confidence builders’. They encouraged people to seek treatment and/or use ambulances, accompanied contact-tracing teams, and facilitated interactions between households and outbreak control teams. The Active Case Finding Initiative team, launched by Oxfam in Liberia in December 2014, convinced people in the urban townships of Monrovia – including gang members, drug users and sex workers – of the importance of revealing their contacts. The community health volunteers were known and trusted, and their regular presence helped to deepen communities’ confidence in the services provided. (Sources: Niederberger et al, 2016; Ferron and Beesley, 2015a; Ferron and Beesley, 2015b).

Low-carbon community groups

The evaluation of the Big Green Challenge low-carbon community groups in the UK suggested that community approaches supported behaviour change in the following ways: ‘opening up channels to audiences that would not otherwise be reached; face to face contact, enabled by the availability of volunteer labour resources; being seen as a trusted messenger thus increasing receptivity to new ideas; an ability to disrupt habits, through direct and/or repeat contact with individuals in the community; practical advice and hand-holding, at a depth and intensity and with a degree of personalization unusual in mainstream services; groups acting as a community resource and pool of know-how; and benefits from a sense of collective endeavour, most notably a greater sense of agency, personal capability, and accountability to others.’ (Cox, J. et al., 2010)

SOCIAL IDENTITY, GROUPS AND INSTITUTIONS

Social identity theory highlights how people’s self-concepts arise from the groups to which they belong, and that they tend to categorize themselves into ‘in groups’ and enforce boundaries with ‘out groups’ (Tajfel, 1979; Turner and Tajfel, 1986). The theory helps to explain how people’s behaviours or consumption choices can be as much driven by the desire for social identity or status as fulfilling their individual preferences.

Linked to this, people are highly influenced by the groups to which they belong or use to evaluate their own behaviour (reference groups). Social groups have roles, norms, values, communication patterns and status differentials. People may be rewarded if they comply with these standards or face sanctions if they do not. Therefore, it can be difficult to change individual behaviours without also simultaneously changing interpersonal and group standards. Social psychologist Kurt Lewin’s (1951) Change Theory sets out a three-step group process to change habitual behaviours that underpins many organizational change processes. It involves group scrutiny of habitual behaviours and assumptions (called ‘unfreezing’), reconfiguring them (‘change’), and then establishing new mindsets and behaviours (‘freeze’). The process can involve discomfort before settling down again.

Individual behaviours are also shaped by the institutions where they work or pray and it may be necessary to change individuals’ behaviours, to change institutional rules, financial incentives, cultures, buildings and technologies (Schmidt, 2006).
Considerations for practice

Social norms

- Use ‘attractive’ messengers – such as people ‘like’ those you wish to influence, role models and opinion formers – to champion and enrol others to the cause. (But be conscious of gender and power relations, e.g. ensure that not all of your champions are men.)
- In your communications provide ‘social proof’ that ‘relevant’ others (authority figures, people like them) are doing the desired behaviour or supporting the campaign.
- When highlighting the impacts of an undesirable behaviour, be careful not to inadvertently signal a norm.
- Provide people with information comparing their behaviours with those of their (anonymised) neighbours, but ensure that it is accompanied by normative information about what is ‘desirable’ and ‘undesirable’ behaviour.
- Spread new social norms by changing the behaviours of existing reference groups and/or creating new ones (see ‘Groups and institutions’ below).

Social learning, groups and institutions

- Create safe informal group-based interactive activities for people to share know-how, learn, copy and test out new behaviours from peers, experts and role models.
- Combine interactive group learning activities with:
  - public goal setting (also see ‘Agency and intentions’ above);
  - positive personalized feedback about how people are progressing against their goals (and, possibly, compared to the average) calculators;
  - practical support and advice to address practical constraints such as cost, time, hassle factor.
- Use group or organizational change processes to encourage groups to scrutinize their habitual behaviours and assumptions, reconfigure them and establish new mindsets, behaviours and group rules.
- Change the policies, incentive structures, conventions that shape individual behaviours within an institution.
6 ADDRESSING SOCIETAL OR STRUCTURAL INFLUENCES

Another set of theories emphasises the role of structural influences – rather than individual choice or agency – in shaping individual agency and choice. Structural influences are influences that are largely beyond the control of an individual or group to change on their own. Where relevant, interventions should identify and address ‘barriers’ to participation e.g. related to government policy, socio-economic status, or societal cultural beliefs and power relations.

GOVERNMENT POLICY

Government policy can have a significant direct influence on behaviours via targeted market signals, legislation and provision of related physical infrastructure or services. It also indirectly affects behaviours via its wider political, economic, social policies, communications and underpinning cultural values (Jackson, 2005). Influencing governments to provide a supportive policy environment for desirable behaviours, ban undesirable behaviours and/or change wider policies that drive certain behaviours can be an important element of behaviour change strategies. One theory states that policy change comes about when there is a confluence of (a) recognized problems (b) the presentation of mature policy solutions that conform to policy makers’ values, as well as (c) conducive politics e.g. a receptive ‘national mood’ and campaign groups (Kingdon, 1984). CSOs can contribute to all three strands. As government policy is influenced by complex interactions of interests, ideas, institutions and socioeconomic forces (Sabatier and Jenkins, 1993) policy change strategies may require a mix of persuasion and pressure.

TECHNOLOGICAL AND ECONOMIC INFLUENCES

Physical, technical and economic theories see people’s choices as strongly influenced by the availability, cost and nature of technologies, infrastructure, services and goods (Begg et al., 2003). Such influences are important. For example, as outlined above, sanitation behaviours are influenced by the availability and cost of latrines and sewage systems and environmental behaviours are affected by the availability and cost of transport systems, waste collection systems and low-carbon technologies for heat and power. More recent theories highlight how technology is itself embedded in and influenced by social and cultural influences (Rip and Kemp 1998).

Box 18: Providing long-term access to low-cost toilets and affordable WASH in the Philippines

In 2013, Typhoon Haiyan wreaked havoc on the Philippines’ Eastern Samar and Bantayan Island, triggering a huge humanitarian response. Oxfam provided life-saving support through the provision of water, chlorination tablets and sanitation kits. Hygiene campaigns also played a significant role, explaining the importance of safe water, clean toilets and proper waste disposal to reduce the incidence of diseases like cholera, typhoid and helminthiasis, all of which are linked to contaminated water and dirty toilets.

As people rebuilt their homes after the disaster, a new challenge emerged: if people did not think having a clean toilet at home was important before the disaster, why would it become so when resources were particularly tight?

Oxfam helped develop a long-term demand for and supply of low-cost toilets by:
• Training local builders, including women, to design and make cheaper toilets;
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• Working with a local cooperative to develop both a loan and saving product for local people to buy toilets;
• Helping builders to market toilets effectively. Oxfam worked with local health workers to serve as sales agents: they discussed the importance of having a good toilet with the families and explained how they could purchase one, linking them to a local builder. The health workers were paid a commission for each toilet sold and for referring clients to the microfinance cooperative for either a toilet loan or savings product;
• Reducing delivery costs by getting sustainable livelihood Programme Associations linked to the government to distribute the materials needed for toilet construction, having identified the lowest-cost suppliers and opportunities for bulk purchase discounts;
• Developing the builder’s business practices in partnership with a local academy to provide relevant business and marketing training;
• Redirecting government health subsidies to be paid into family toilet saving funds.
(Source: Ramos and Wildman, 2017)

SOCIETAL CULTURAL BELIEFS

Deep-rooted and semi-conscious cultural beliefs shape how people think about themselves and others, and can also influence how they behave. For example, a national study in India showed that 54% of women and 51% of men (aged 15–49) agreed with wife beating for one or more reasons, such as failing to be a respectful daughter-in-law, not arguing with their husband or not seeking permission to go out. (India National Family Health Survey, 2005–06). Cultural beliefs are influenced by an array of external actors and factors, including governments, peers, parents, teachers, opinion formers, marketing and the media (Crompton, 2008). Theories of power relations, such as that by Lukes (2005), show how cultural influences over time come to be seen as common sense or ‘social facts’. Social practice theories show how people can be ‘locked into’ certain consumption patterns, such as frequent showering and clothes-washing, by prevailing cultural ideas of comfort, cleanliness and convenience – as well as by the available systems of provision such as power showers and automatic washing machines (Shove, 2003 and 2009).

Box 19: Cultural beliefs and Ebola

Cultural beliefs and practices can affect both the spread and prevention of disease. For example, in Sierra Leone a ‘good’ mother or wife is seen as one who cares for the sick. In addition, home burial practices are seen as helping to ensure the deceased’s passage into the next world. During the 2013–16 Ebola crisis, people were told not to provide care for the sick and not to practice home burials because this would spread the disease. In Sierra Leone, bylaws were passed that made it illegal to provide care at home or burials of anyone suspected of having Ebola. This put women put in the difficult position of either not fulfilling their duties as caregivers – causing significant distress to them and family members – or risk spreading the disease and flouting the law. In either case they were exposed to stigma. A better solution would have been to involve women more in diagnosing the behaviours that contributed to the spread of disease, as well as devising messages and strategies to address them and provide alternatives. Additionally, health communications could have better explained why it is important to modify traditional burial practices (which often involved the touching of dead bodies), and what happens to the deceased following their removal by a burial team. In fact, some organizations developed short videos that clearly demonstrated the entire burial process and shared them among different communities. (Sources: Ferron and Beesley, 2015b; Carter et al, 2017)

Cultural beliefs are notoriously difficult to change, and rarely change rapidly except in extreme circumstances, such as revolutions and disasters (Jackson, 2005; et al., 2008; Compton 2010). It is likely that a range of mutually reinforcing strategies are needed to transform cultural values.
at different levels, including combining bottom-up critical awareness raising and social learning, processes with mass public information and social marketing campaigns and policy change (Conlon, 2017), as well as working with and influencing government, faith leaders, community leaders and other opinion formers.

**Box 20: Ebola and the influence of faith**

Faith-based leaders can help people to link religious and spiritual practices with preventative measures to protect themselves against Ebola. In Sierra Leone, CAFOD supported imams to positively influence cultural beliefs and practices around burials using the adoption of the World Vision’ Channels of Hope’ methodology which is designed to help faith leaders understand the root causes of, and respond to, issues that affect vulnerable people in their communities. The methodology, which is grounded in principles from holy scriptures, provides an interactive, facilitated process to create a safe space for faith leaders and faith communities to share, learn and debate. In Liberia, UNICEF worked with faith leaders to adapt messages from the Koran and the Bible to promote behaviour change at community level: Friday prayers and Sunday churches were used as important platforms to engage with different community groups.

(Sources: ACAPS, 2015a; ACAPS, 2015b)

**SOCIO-ECONOMIC CONDITIONS**

Socio-economic conditions such as income, education level, gender and ethnicity can shape individual preferences, behaviours and agency, and hence a person’s ability to participate in or benefit from behaviour change interventions (Bourdieu, 1984; Kabeer, 2005; Grant, 2001). It is therefore important to ensure that policy and programme design is inclusive and addresses practical barriers to participation, such as language, education level, time, cost and transport infrastructure as well as gender segregated spaces etc.

**Box 21: The LoveLife HIV campaign in South Africa**

LoveLife is an umbrella health campaign, set up in 1999, which aims to reduce HIV infection and pregnancy among young people, while promoting youth employment opportunities and incentivizing young girls to stay in school. Its core insight was that youth HIV rates are not driven by a lack of understanding of health risks, but by disenfranchisement due to high unemployment, gender inequality and low self-esteem. LoveLife helps to combat this problem by training peer motivators who work through 900 hubs to promote youth involvement in health, education and employment programmes, along with festivals, sports and other recreational activities. In 2009, they had reached more than two million young people through the ‘Loving Life, Making My Move’ campaign, which builds social and employment skills while increasing access to HIV prevention services. The campaign also works with the South African department of health to develop ‘Youth Friendly Services’. A 2001 report discovered that 78% of ‘sexually experienced’ South African youth familiar with LoveLife had used condoms as a result, while 69% said it has caused them to reduce their number of sexual partners. A 2006 WHO report found ‘strong evidence for improvements in participation in HIV testing, interpersonal communication about HIV and decreases in HIV infection rates associated with LoveLife.

(Sources cited in Conlon, 2017: NGO Pulse, 2012; Africa Strategic Research Corporation and the Kaiser Family Foundation, 2001; WHO, 2006.)
SOCIAL NETWORKS

Social network theory shows how the quantity and quality of social ties in a community affects the spread of information, innovations or behaviours. Weak ‘bridging’ links can increase reach of information flows, whereas strong ‘bonding’ links strengthen adoption of new behaviours. For example, understanding networks of past and current relationships within communities was important in the 2013–16 Ebola crisis response: the epidemic in West Africa began rural areas but spread rapidly through family and trading relationships across countries, for example (Oxfam, 2005). The concept of a tipping point, popularized by Gladwell (2000), highlights how after a certain point, the rate of change of behaviours through societies may suddenly accelerate. However, there is little evidence that social network theory is appropriate for understanding how behaviours will spread spontaneously through society where there is resistance to change (Darnton, 2008), such as ending violence against women or attempts or encouraging people to eat less meat, or where supportive policy, incentives, infrastructures or services are needed to enable the new behaviour. Spreading ‘difficult’ change through social networks is therefore likely to require complementary strategies including an understanding of the nature of actors and power relationships that shape networks, as well as the number and strength of ties.

Considerations for practice

Technical economic and social technical influences
• Conduct advocacy and campaigning to influence local and national governments to support the desired behaviour change by:
  - enacting and implementing supportive legislation;
  - providing financial incentives;
  - providing and or reforming relevant infrastructure and services.

Socio-economic structures
• Ensure your programmes are relevant and accessible to different demographic groups by addressing practical barriers to participation – e.g. lack of time, income, hassle – including by providing subsidies where appropriate.

Cultural beliefs
• Use participatory awareness raising, group-based action and learning groups, and action research to enable people to critically assess cultural and social beliefs.
• Influence government and other influential organizations to undertake complementary national public information and social marketing campaigns.
• Influence the educational content of faith institutions, schools and universities.
• Advocate with governments for consistency between their wider economic and social policies and the desired change (e.g. economic growth vs. environmental protection).

Social Networks
• Use social bridging links (between groups) to spread information about new behaviours, and use strong bonding ties (within groups) to encourage the adoption of new behaviours.
7 CONTRIBUTING TO WIDER SYSTEM CHANGE

Some theorists – building on the work of Giddens (1984) and Bourdieu (1990) – have sought to move beyond the dichotomy between individual agency and structure, and instead seek to understand how individuals and different systems elements interact and co-evolve to reproduce behaviours and practices. These theorists point to the need for multi-level, multi-pronged interventions by multiple actors to achieve systemic change. Such approaches are variously known as ‘systems’, ‘ecological’ or ‘holistic’ approaches.

**Box 22: Uncovering the system influences leading to widespread obesity in the UK**

In 2005, the UK government found that obesity – conceived as a ‘social epidemic’ – could not be prevented by addressing individual behaviours alone, but demanded a social understanding of its determinants and a social approach to its mitigation. A highly complex system map was devised in which individuals interacted with social, cultural and economic influences – such as food production technology, new ingredients, supply chain infrastructure and working habits – which have together resulted in increased calorific content for often lower prices. The map identified a range of influences on behaviours including changes in work-life patterns (e.g. longer journeys to work, cheaper private motoring, less physically demanding patterns of work) and changes in gender roles (increased working by women). This approach led to initiatives such as the 2008 ‘Healthy Weight: Healthy Lives’ programme. One component of this was the promotion of so-called healthy towns, which consider the consequences of retail planning; open spaces; active travel and leisure; and community engagement on health.

(Cited in Avineri, 2009)

Evidence from health, transport and energy behavioural interventions show that multi-pronged strategies that make simultaneous use of mutually reinforcing activities at different levels (e.g., individual, family, neighbourhood, society as a whole) are more effective than partial or one-dimensional approaches (Bartram, 2009; Avineri, 2009). As noted above, some Oxfam country programmes use a range of complementary, mutually reinforcing interventions to address the different types and levels of influences that underpin and perpetuate violence against women and girls (See Figure 1).
Influencing Behaviours and Practices to Tackle Poverty and Injustice

Figure 1: Types and levels of influencing interventions

Source: Rao and Kelleher, ‘Gender at Work Analytical Framework’

Oxfam’s protection programme in the DRC also uses a multi-level and multi-pronged strategy to empower local community members to identify, respond to and mitigate protection risks and change behaviours. (See Box 23)

Box 23: Case study of Oxfam’s protection programme in DRC

Oxfam’s protection programme in DRC seeks to empower local community members to identify, respond to and mitigate protection risks and threats. It uses mutually reinforcing interventions to change behaviours and practices at three levels:

1. **Local people’s behaviours**
   - Self-protection behaviours: e.g. helping individuals or groups of people to identify ways to travel safely through dangerous areas to get to market or work in their fields;
   - Gender behaviours: e.g. ending sexual violence against women and girls, and empowering women to take on new roles and responsibilities, such as speaking in public.
   - Other discriminatory behaviours: e.g. the treatment of internally displaced people (IDPs).
   - Cultural behaviours: e.g. corporal punishment in schools, restricted girl child education.

2. **Local authority personnel’s behaviours and practices relating to e.g:**
   - illegal taxation;
   - arbitrary arrest;
   - discrimination against women, ethnic groups and IDPs.

3. **Societal influences on protection behaviours**
Table 3: Oxfam’s protection programme in the Democratic Republic of the Congo

<table>
<thead>
<tr>
<th>Type of change interventions</th>
<th>Influences addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual, personal and group level</strong></td>
<td></td>
</tr>
<tr>
<td>Community protection structures (CPS), which provide:</td>
<td>Individual – attitudes, agency, intentions</td>
</tr>
<tr>
<td>Structured action and learning spaces for:</td>
<td>Group – peer role models, norms, group capacity</td>
</tr>
<tr>
<td>• a) community members to come together to discuss, develop solutions and take action.</td>
<td></td>
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<tr>
<td>• b) women to discuss gender issues and support each other to take on new roles.</td>
<td></td>
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<tr>
<td><strong>Information, awareness raising and capacity building related to:</strong></td>
<td></td>
</tr>
<tr>
<td>• a) rights, laws, self-protection measures and services;</td>
<td></td>
</tr>
<tr>
<td>• b) power analysis, risk analysis, advocacy techniques, awareness raising techniques, facilitating meetings and formulating messages.</td>
<td></td>
</tr>
<tr>
<td><strong>Goal-setting and public commitments</strong>, including the development of protection action plans with designated activities and responsibilities (e.g. awareness raising activities, public announcements, decisions to act i.e. stop doing this or start doing that; or advocacy actions).</td>
<td></td>
</tr>
<tr>
<td><strong>Practical support</strong>, such as basic materials needed to record meetings, report on activities, start-up awareness-raising and advocacy work, e.g. pens, paper, T-Shirts, megaphones and rubber boots.</td>
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<tr>
<td><strong>Feedback</strong> to CPS members about changes achieved, taken from evaluations and from community assemblies.</td>
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<tr>
<td><strong>Spaces for CPS members to talk</strong> with other communities and the local authorities.</td>
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<tr>
<td><strong>Wider community</strong></td>
<td></td>
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<tr>
<td><strong>Messengers and information</strong>: awareness raising is carried out by CPS members, peers (women, men and youth), and where possible, local religious leaders or members of customary authorities. Messages cover rights, non-discrimination (against, for instance, internally displaced people or ethnic groups), laws, self-protection and local services.</td>
<td>Individual – attitudes, agency</td>
</tr>
<tr>
<td><strong>Careful framing and delivery of information via</strong>:</td>
<td>Group – messengers, role models, norms, group capacity</td>
</tr>
<tr>
<td>• clear and positive messaging (constructive not confrontational);</td>
<td></td>
</tr>
<tr>
<td>• combination of images and text;</td>
<td></td>
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<tr>
<td>• appropriate tools/channels for audience: public or bilateral, community dialogues; individual face-to-face; radio shows (more effective in low-literacy contexts); entertaining approaches such as theatre, interactive radio shows and song contests (favoured by youth).</td>
<td></td>
</tr>
<tr>
<td><strong>Social norms</strong>: CPS members and partner staff from local villages question and challenge publicly established social norms and demonstrate the desired behaviours, e.g. by women CPS members speaking in public.</td>
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</table>
### Spreading/diffusing desirable behaviours

Partner organizations help the CPS identify positive behaviours (as demonstrated by positive deviants) and spread them.

### Institutional level (local authorities)

**Provision of minimal financial incentives:** e.g. paying transport money for local authority staff and community members to attend initial meetings between CPS and local authorities.

**Mixed meetings of CPS and local authorities:**
- **Information, and critical awareness raising:** discussion of protection problems identified by CPS, and development of local solutions.
- **Goal-setting and public commitments:** for instance, representatives of local authorities promise to take a specific action (e.g. publicly announce something, change a practice or speak to another authority to deal with an issue).
- **Modelling new behaviours:** e.g. local military or police commanders make and implement policy commitments which are then copied by other officials.
- **Feedback:** CPS follows up with authorities to check whether they have kept to their commitment.
- **Advocacy by CPS, partners and Oxfam with local and provincial authorities:** for example, to introduce rules that forbid selling alcohol in the morning, mandate men to help women in their fields or stop violence.

### Societal level (infrastructure, services, policy)

**Advocacy by CPS, partners, other CSOs and Oxfam at provincial or territorial level:**
- To improve the quality and availability of referral services, such as post-exposure prophylaxis (HIV prevention), prevention of sexually transmitted diseases and unwanted pregnancy and kits for survivors of sexual violence.
- To persuade power holders to spread and scale-up the protection ‘solutions’ developed at the community level.
- To use programme learning and experience to inform Oxfam’s Rights in Crisis Campaign that advocates for better protection at provincial, national and international levels.

Taken together these interventions address many of the influences on people’s protection behaviours. Despite the difficulty in assessing impact, an internal evaluation (unpublished) in 2012 found, for instance, a reduction in sexual violence in six of the 11 surveyed communities. The same communities also reported a reduction in the drunkenness that contributes to sexual violence. One committee persuaded the customary chief to ban drinking in the morning – as a result, men now help women in the fields (Fanning and Hastie, 2012).

(Sources: Canavera, 2011; Fanning and Hastie, 2012; Green, 2015; Hughes, 2012; Lindley Jones, 2016; Lindley Jones, 2017; Kemp, 2012; Nunn; 2016; Oxfam, undated, internal).
POSITIVE DEVIANCE

Positive deviance is a behaviour and social change approach that highlights how, for any given problem or context, there are people - or ‘positive deviants’ - who have found solutions despite facing similar challenges to their peers and having no extra resources or knowledge. (e.g. Sternin and Choo, 2000; Marsh et al., 2004). Such behaviours are likely to be appropriate, affordable, acceptable and sustainable because they are already practised by affected people, take advantage of existing resources and are culturally appropriate. Successful behaviours can then be studied, spread and scaled up e.g. by using social/action learning or other processes. A core principle of this approach, which has been successfully applied to a wide range of settings, is that communities have the collective know-how and resources to find solutions to shared problems. Sensitivity to gender and power relations is important, however, to ensure that the identified behaviours are not inherently discriminatory, and to provide needed support to those who may need it. Additionally, as discussed in this paper some behaviours may require complementary interventions to address wider structural influences that constrain behaviour change such as infrastructure or deep rooted cultural values.

Box 24: Positive deviance examples

Positive deviance in Vietnam
The first example of positive deviance emerged from a small nutrition project in Vietnam 25 years ago. An enquiry found some well-nourished families in an otherwise malnourished village. Those ‘positive deviant’ families collected and ate foods that were not normally fed to children (sweet potato greens, shrimp, and crabs), washed their children's hands before meals, and actively fed them three to four times a day instead of the typical two meals a day provided to children. Without knowing it, the families were eating nutritional foods already available in their community. A nutrition programme was created around these findings which, rather than relying on advice and information, invited parents to come to attend a group feeding session with their children and while sharing nutritious meals learn to cook the new foods. At the end of the two-year pilot, malnutrition had fallen by 85%. Results were sustained, and transferred to the younger siblings of participants. (Source: Sternin and Choo, 2000).

Positive deviance and girls’ education in DRC
In DRC, many girls’ parents see money spent on education as a waste, because when their daughters marry, they become part of their husband’s family. As a result, any benefit she gains from their education would not accrue to them. One protection committee supported by Oxfam used the example of a girl from another community who had been able to go to school to advocate for the importance of girls’ education. The girl in their example (the positive deviant in this case) went to school, was therefore more ‘valuable’ as a bride, married into a better family and was able to take on a job. This meant that she was able to provide some support to her own parents later on. (Source: Kesmaecker-Wissing, 2017, Personal interview).

SOCIAL PRACTICE THEORY

Social practice theories highlight how everyday behaviours – such as washing, cooking, showering, eating and transiting – are part of wider social ‘practices’, rather than the outcome of conscious individual choices. Social practices are understood to consist of different system elements – including values and norms, skills and competences, products and technologies, and institutionalised rules – that interact and co-evolve within their wider surroundings (Shove and Pantzar, 2005; Gram-Hanssen, 2010). Individuals are understood to be ‘carriers’ of these
practices in their everyday activities, but also have the capacity to change the practices by the way they ‘perform’ them.

A social practices approach can help reveal, for example, why a person may refuse to use an energy-saving appliance: because it doesn’t fit with their lifestyle, social identity, accustomed standard of comfort or their routines. Changes to individual behaviours are therefore likely to depend upon the existence of appropriate local facilities and infrastructure or changes to cultural values. Consequently, changes in individuals’ behaviours are more likely to be brought about by changing elements of wider systems, rather than influencing individuals’ decision making or behaviours.

**Box 25: Reducing carbon emissions by changing clothing customs in Japan**

The ‘Cool Biz’ campaign – introduced in Japan in the summer of 2005 – managed to reduce the use of office air conditioning, and hence carbon emissions, by changing clothing customs rather than environmental awareness raising. The campaign got government staff, including the prime minister, to model a new casual dress code at work. The dress code didn’t involve a suit or tie so offices were able to turn down the air conditioning, hence lowering carbon emissions. The campaign subsequently also spread to the private sector. (See: [https://en.wikipedia.org/wiki/Cool_Biz_campaign](https://en.wikipedia.org/wiki/Cool_Biz_campaign))

**TRANSITIONS THEORY**

Transitions theory (Multi Level Perspective) shows how system transitions come about through interactions between different system levels that have differing degrees of resistance to change (Geels and Schot, 2007):

- Micro-level ‘niche’ innovations outside the mainstream – whether technical, behavioural and or socio-technical, including grass roots innovations (Seyfang and Haxeltine, 2012);
- Socio-technical ‘regimes’ – including meso-level norms, practices and rules;
- Landscape – including economics, cultural values, demography and natural environments.

System change is generally seen as very hard to achieve, but may occur when ‘niche innovations’ build up momentum, e.g. through the demonstration effect (see Box 24), reduced prices, or support from powerful groups. Changes in the ‘landscape’, such as long-term changes in cultural values or climate change, can put pressures on a socio-technical regime, and the destabilization of the regime then creates windows of opportunity for niche innovations to spread (Geels, 2004, 2005; Geels and Schot, 2007). The theory suggests the need to identify, pioneer, nurture and scale-up niche innovations.

**Box 26: Scaling up change from niche innovations in the UK**

Community-based carbon reduction innovations in the UK county of Oxfordshire from early 2000 are helping contribute to the needed transition to a low-carbon economy. To date, this has happened in three stages:

- An uncoordinated development of low-carbon niche innovations by local authorities and community groups, covering waste reduction, renewable energy production and energy conservation;
- A ‘take off’ stage characterized by an increase in the number of low-carbon community groups led to more coordinated innovations. These were facilitated by local organizations which shared learning between communities, which led to more low-carbon communities and niche innovations being established. This activity was given added impetus by increased ‘landscape’ pressures from climate change, including unprecedented flooding in summer 2007;
• An intensification of the take off stage (from 2009), facilitated by the creation of two new local organizations which, in liaison with local councils, acted as ‘transition arenas’ that convened a much wider range of actors (including large businesses, local universities and the National Health Service), created a shared vision, facilitated collaborative action and ‘nurtured’ promising innovations. During this stage, further local flooding (landscape pressures) and changes in government policy (regime changes), particularly the introduction in 2010 of ‘feed-in tariffs’ that paid people to produce green energy, also motivated and incentivized action.

If a favourable national policy environment had been sustained or strengthened, Oxfordshire might have moved into an ‘acceleration phase’ of the transition. However, a reduction in feed-in tariffs, regressive changes to home energy policy and an ambitious local economic growth drive that is likely to increase carbon emissions, have slowed the development of low-carbon innovations in Oxfordshire.

(Source: Hamilton et al., 2015)

Considerations for practice

• Identify or pioneer desirable behaviours or behaviour change strategies and nurture and promote them by:
  - Sharing and disseminating them through social networks and shared learning processes e.g. via skills workshops, exchange visits, and peer-to-peer mentoring;
  - Influencing governments and other organizations to adopt, fund, support and promote them;
  - Identifying and working with others to change key structural or system influences that constrain change, rather than focussing on just changing individuals’ behaviours.

• Gain multiple perspectives from different stakeholders to map, investigate and understand the influences and actors enabling and constraining change.

• Identify, implement, catalyse and/or coordinate a mix of mutually reinforcing change interventions by different actors at different levels and sectors to address the different influences.
8 ADDRESSING CROSS-CUTTING INFLUENCES: POWER, GENDER RELATIONS AND RISK

Power and gender relations, dynamics and struggles within and between groups and institutions are key to understanding behaviours and relevant to many, if not all, of the different theories and influences outlined in this paper, even if they themselves do not explicitly discuss power. Power relations may be ‘visible’ (e.g. observable laws, policies and decision making processes); ‘hidden’ (informal power exercised by vested interests behind the scenes) or ‘invisible’ (operating through internalized dominant cultural values and social/institutional systems) (Lukes, 2005; Rowland, 1997). For example, women may be constrained from moving or working outside the house by their husbands, who use their physical and economic ‘power over’ them; by local communities through group sanctions; and/or by invisible power from internalized cultural belief about their roles. Interventions may be needed to address these different types of power in order to enable individuals to change their behaviours.

Changing behaviours that disrupt existing power relations can carry risks, which in turn can deter people from changing behaviours. It is therefore crucial to undertake risk assessments to identify and manage risks and protect people from harm, as well as providing or linking people to complementary support and services. (See, for example, WHO, 2001.)

Considerations for practice

- Strengthen power within (personal agency) and power to (collective capacity).
- Develop strategies to counter visible, invisible and hidden power relations that constrain behaviour change.
- When dealing with violence, vulnerable people or in conflict situations:
  - undertake risk assessments and develop risk management strategies;
  - provide, or link people to signposting, counselling, legal, mediation or other support services where appropriate; and
  - map local medical, legal and psychosocial services, and provide sensitization and training to community members and others on them, including how to make confidential referrals.
9 SUMMARY CHECKLIST OF THEORIES, INFLUENCES AND INTERVENTIONS

There is no one right theory, strategy or intervention. Rather, this paper seeks to help practitioners understand how to change behaviour and practices from a range of different viewpoints. From a practical perspective, the different theories and change interventions can best be understood as complementary. In addition, the selection and design of an appropriate strategy or tactic will depend on the issue, local context and capabilities (time, skills, resources) of an organization. Nevertheless, the following insights can be drawn from this review:

• Information and awareness raising has a useful role to play in influencing behaviours, particularly when carefully framed and delivered by ‘attractive’ messengers. Even just simply communicating that other people are behaving in certain ways – social norm appeals – can be powerful.

• However, on its own information is likely to have only modest effects on deep seated or habitual behaviours as people are influenced by a range of other influences at individual, group and societal level.

• Interventions also need to address social and group influences. Interactive action and learning groups have been found to be effective ways of changing behaviours as they create safe informal spaces where people can pioneer, model, learn and test new behaviours with others. If designed appropriately they can also help strengthen individual agency and group capacity, change group standards and spread new social norms to the wider community.

• But addressing individual and group influences can only achieve so much. Interventions may also need to address structural influences such as physical infrastructures, social norms, cultural and religious beliefs and power relations. Improving public health or hygiene behaviours, for example, depends in part on the provision of safe water, adequate sanitation, health services and medicines.

The range of possible influences on routine and deep-seated behaviours suggests that multi-pronged, multi-level, strategies will be more effective at changing them than partial ones. While few CSOs are able to carry out multiple interventions on their own, they can contribute to wider system change in a number of ways. They can spread desirable behaviours by (a) modelling new behaviours and behaviour change strategies to others (b) influencing other organizations – such as governments and faith institutions – to adopt, support, fund, promote and complement them, including where appropriate with legislation and/or (c) by changing key structural constraints or elements of the wider system including government policy.

Table 2 below provides a summary of the various influences on behaviours and associated change interventions. As both are highly summarized, readers are also recommended to refer to source texts for further information. The interventions, which are informed by or inferred from the theories, should be considered suggestions for consideration, adaptation and testing, rather than definitive recommendations. They are neither exhaustive nor intended to be followed in order.
Table 2 Summary of theories, influences and practical considerations/interventions

<table>
<thead>
<tr>
<th>Theory</th>
<th>Summary</th>
<th>Influences shaping behaviours</th>
<th>Considerations for practice</th>
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<tr>
<td><strong>Individual level</strong></td>
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</table>
| Rational choice | Emphasises the role of individuals’ internal decision making processes on behaviours. Assumes that we are autonomous, rational and self-interested utility maximizing. Underpins many government behaviour change interventions. | Individuals’ preferences based on their attitudes, beliefs and expectations, etc. | • Information  
  • Price signals  
  • Legislation |
| Socio-psychological behavioural | Emphasises the role of individuals’ internal decision making processes on behaviours. Emphasises that we often act unconsciously or irrationally. | Unconscious mental short cuts and habits, mental models (values and frames), emotions, self-concept, agency and intentions, time, choice architecture. | • Careful use of framing and narratives  
  • Public goal setting and commitments  
  • Feedback  
  • Start where people are  
  • Prompts and environmental cues (nudge)  
  • Address practical barriers |
| **Interpersonal/group/institutional level** |
| Social norms  
Social learning  
Social identity and reference groups  
Organizational change  
Institutional | Emphasises that humans are social – rather than totally autonomous – beings, highly influenced by interactions with other people. | Influence of peers and role models, social identity and reference groups, institutional cultures and practices. | • Use of attractive messengers and champions  
  • Norm appeals (social proof)  
  • Safe, informal, interactive, group-based action and learning  
  • Organizational change processes.  
  • Changes to institutional cultures and practices. |
| **Structural/societal level** |
| Policy change  
Technological and economic  
Sociological and cultural  
Socioeconomic  
Social networks | Emphasises how individuals’ behaviours are shaped by external societal/structural influences that are largely beyond their control. | Government policy framework and financial incentive structure; availability and cost of technologies, infrastructure, services or goods; cultural and religious beliefs; socioeconomic | • Policy influencing (e.g. via advocacy and campaigning)  
  • Address other practical ‘barriers’ to participation  
  • Combine bottom up critical awareness and mass information and social market campaigns  
  • Use social networks to spread new behaviours |
<table>
<thead>
<tr>
<th>System level</th>
<th>status; social networks.</th>
</tr>
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<tbody>
<tr>
<td>Positive deviance Social practice Transition theory</td>
<td>Emphasises how behaviours are embedded in wider systems made up of different system elements that interact or co-evolve to constrain or enable behavioural change.</td>
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</tbody>
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**Cross-cutting**

| Power relations Gender theory | Power and gender relations cut across, and are relevant to, all levels and influences. | Power within, to, and over Visible, hidden and invisible power | • Strengthen individual agency (power within) and collective capacity (power with) • Ensure interventions address visible, hidden and invisible power • Conduct risk assessment and risk management • Ensure access to relevant services. |
10 PLANNING A BEHAVIOUR CHANGE STRATEGY

Below we outline some key steps for planning and designing a behaviour change strategy. They do not provide a detailed or definitive guide. Readers are also referred to Oxfam’s Influencing Guidelines (Oxfam undated, internal) and complementary frameworks and guides.\(^\text{18}\)

**Step 1: Clarify your aims and objectives**
- Is your aim to improve health, hygiene, the environment or empower people to take sustained action?
- Is your objective to promote desirable behaviours or curtail undesirable behaviours?

**Step 2: Assess the behaviour**
- Who is doing the behaviours and who is affected by the behaviours? Disaggregate by gender, class, ethnicity, and geography, as applicable.
- What is the nature of the behaviours? Are they e.g.:
  - one-off or deep-seated/routine/habitual?
  - largely conscious or unconscious?
  - isolated or involving interaction with other people, or part of a wider practice or system?
- What do others think about the behaviours?
- Are there existing examples of desirable behaviours or behaviour change strategies at individual, group or institutional level? If so, what do they look like and who is carrying them out, and are they replicable?

**Step 3: Contextual analysis**
- Identify the main individual, group and societal influences (actors and factors) enabling or constraining behaviour change e.g. by consulting, or holding workshops with stakeholders.
- Refer to additional theory and research to identify key influences and relevant interventions; and/or conduct additional research, if required.

**Step 4: Power analysis**
- Identify and prioritize your target audiences i.e. the key individuals and organizations that have the responsibility and capability to influence behaviours (e.g. either by addressing the key influences constraining behaviour change and/or promoting new desirable behaviours at different levels).
- Identify the key actors (or factors) that influence the priority target audiences e.g. the public, colleagues, parliament, family members, media etc.
- Categorize the target audiences and influencers according to whether they are supporters/promoters, blockers or floaters of the behaviour.

**Step 5: Identify an appropriate mix of change interventions**

Use the diagnosis above to identify the mix of interventions at each level that:
- your organization has the responsibility, distinctive competence and resources to undertake itself;
- Your organization will use to influence the priority target audiences and influencers.
Step 6: Pilot and test the identified interventions

- Pilot both your direct behaviour change interventions and your strategies to influence and catalyse other organizations to take action.
- Conduct monitoring and evaluation to test what works/doesn’t work and the underpinning change assumptions.

Step 7: Use the evidence from Step 6 to help disseminate and scale up successful interventions and strategies

- Identify and/or pioneer desirable behaviours and strategies.
- Disseminate them through social networks and shared learning processes (peer-to-peer learning workshops, mentoring).
- Influence government and other organizations to adopt, fund, support and promote them.
- Identify and change key structural influences or system elements that constrain change.
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Influencing Behaviours and Practices to Tackle Poverty and Injustice


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Influencing Behaviours and Practices to Tackle Poverty and Injustice


Influencing Behaviours and Practices to Tackle Poverty and Injustice


NOTES

1. For Oxfam, ‘influencing’ means ‘systematic efforts to change power relationships; attitudes, and beliefs; [norms and behaviours]; the formulation and implementation of official policies, laws/regulations, budgets; and company policies and practices, in ways that promote more just and sustainable societies without poverty’. (Oxfam National Influencing Guidelines, undated, internal).

2. The paper does not fully cover point 3 as this is being covered in a separate strand of research. Readers are also referred to a separate paper being prepared by Oxfam’s gender team, focusing on strategies to change gendered social norms.

3. There may be theoretical tensions between the different theories and change interventions.

4. The paper does not fully cover point 3 as this is being covered in a separate strand of research. Readers are also referred to a separate paper being prepared by Oxfam’s gender team focusing on strategies to change gendered social norms.

5. For example, a meta-review of Oxfam’s contribution to changing social norms and behaviours to prevent gender-based violence showed that the most commonly used strategies were awareness campaigns, and that the most common results were related to shifts in people’s awareness of what constitutes ‘violence’, with some other interim outcomes were also achieved (Pittman and Haylock, undated).

6. For Oxfam ‘influencing’ means ‘systematic efforts to change power relationships; attitudes, and beliefs; [norms and behaviours]; the formulation and implementation of official policies, laws/regulations, budgets; and company policies and practices, in ways that promote more just and sustainable societies without poverty’. (Oxfam National Influencing Guidelines, undated, internal).

7. For example, see Oxfam International (2012).

8. This categorization of levels is quite similar to the gender Ecological Framework which identifies four levels of risk that contribute to violence against women and girls: individual, relationship, community and societal. The Ecological Framework, [www.endvawnow.org/en/articles/print/id/1509/](http://www.endvawnow.org/en/articles/print/id/1509/)


10. Public information campaigns can be defined as one-way processes for raising awareness and contributing to behaviour change for the public good. Social marketing shares the same aims, and is also explicitly informed by marketing techniques.

11. Examples of vouchers or cash rewards include healthcare costs for treatment adherence; payments for regular negative laboratory test for sexually transmitted diseases. (Avineri et al., 2009).

12. For example, Lakoff’s research suggests that differences in opinions between liberals and conservatives in the United States are linked to two different central metaphors about the relationship of the state to its citizens based on metaphors about the family. Conservatives subscribe more strongly and more often to a ‘strict father model’ which emphasises discipline, and responsibility. In contrast, liberals place more support on a ‘nurturant parent model’ in which ‘mothers’ and ‘fathers’ (the government) work to protect the essentially good ‘children’ (the public) from corrupting influences (pollution, social injustice, poverty, etc.). Most people have a mix of both metaphors applied at different times.

13. The Theory of Planned Behaviour, for example, contains a variable called ‘perceived behavioural control’, defined as a person’s belief about how easy or difficult a particular behaviour is likely to be, which, along with social pressures, influences an intention to act (Ajzen, 1991). Both are seen as having an important influence on behaviours, although this is proportional to the amount of actual control an individual has.

14. In energy conservation programmes, energy-use feedback via displays, meters and bills have been found to have an impact ranged from 5% to a 15% reduction in energy use (Darby, 2010).


16. For example, a review of 38 household energy conservation interventions showed that successful strategies use a combination of pre-change (‘antecedent’) interventions, such as making commitments, setting goals and modelling possible outcomes, with post-change (‘consequent’) interventions, such as feedback and rewards (Abrahamse et al., 2005).

17. The table references a wide range of theories that contain learning about how to change behaviours and practices, some of which are not specifically ‘behavioural’ theories per se.
Influencing Behaviours and Practices to Tackle Poverty and Injustice

Readers are also referred to other complementary frameworks and tools, for example https://sbccimplementationkits.org/lessons/analysis-of-the-situation/ and http://www.actioncontrelafaim.org/en/content/abc-assisting-behavior-change