Theories of behaviour change

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Behaviour change is much harder to achieve than we often want to think

- South Africa:
  - 1996 gender equality enshrined in Constitution
  - 1998 Domestic Violence Act
  - 1957 rape illegal (except in marriage)
  - 1993 rape in marriage illegal
  - 2007 radical new sexual offences law
  - From 2000 Gender Focus Point in all Ministries
  - Office of the Status of Women in Presidency
  - From 2006-2009 Woman Deputy President
  - 2009 Minister of Women, Children & Persons with Disability
Gender attitudes 1998-2010

- Wife should obey her husband
- Wife who works should give money to husband
- Man should have final say in family matters
- Wife needs husband's permission to work
Attitudes towards violence

- if paid Lobola, wife must have sex when he wants it
- Wife cannot refuse sex with husband
- Husband has the right to punish wife
- Beating is a sign of love

Gauteng Women 2010
3 Provinces 1998
Rape reports to the police: women and girls per annum

female rapes


female rapes
Prevalence of GBV reported 1998 & 2010

- Any physical violence
- Physical IPV in last 12 months
Conclusion in South Africa

• We are not doing enough

• We are not doing enough of the right things
Why use theory?

• Intervention research shows that interventions that are theory based are more effective.

• Theory is a tool to use in developing and planning interventions.

• Theories are based on evidence and should be tested and refined using evidence, they are dynamic (not “a truth”).

• Theories have different paradigms – as does research (which may inform or blinker the theories).

• Normally multiple theories are used as they have multiple functions.
Principle of using theory at different levels:

- Theory 1: of drivers of the problem
- Theory 2: of what we seek to change
- Theory 3: of behaviour change
  - What drives the behaviour
  - What enables change
- Theory 4: of how to secure change (methods or approaches)
## Theory 1: Risk Factors for both Intimate Partner and Sexual Violence

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<thead>
<tr>
<th></th>
<th>Perpetration by men</th>
<th>Victimization of women</th>
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<tbody>
<tr>
<td><strong>INDIVIDUAL LEVEL</strong></td>
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<tr>
<td>DEMOGRAPHICS</td>
<td>Low income</td>
<td>Young age</td>
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<td></td>
<td>Low education</td>
<td>Low education</td>
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<td>Separated/divorced marital status</td>
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<td>EXPOSURE TO CHILD MALTREATMENT</td>
<td>Sexual abuse</td>
<td>Intra-parental violence</td>
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<td>Intra-parental violence</td>
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<td>MENTAL DISORDER</td>
<td>Antisocial personality</td>
<td>Depression</td>
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<td>SUBSTANCE USE</td>
<td>Harmful use of alcohol</td>
<td>Harmful use of alcohol</td>
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<td>Illicit drug use</td>
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<td>Acceptance of violence</td>
<td>Acceptance of violence</td>
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<td><strong>RELATIONSHIP LEVEL</strong></td>
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<td>Multiple partners/infidelity</td>
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<td>Low resistance to peer pressure</td>
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<td><strong>COMMUNITY LEVEL</strong></td>
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<td></td>
<td>Weak community sanctions</td>
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<td></td>
<td>Poverty</td>
<td>Poverty</td>
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<tr>
<td><strong>SOCIETAL LEVEL</strong></td>
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<td>Traditional gender norms and social norms supportive of violence</td>
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How do we use the knowledge of risk factors/drivers of a problem:

• At a national action plan level it is critical that you include all the drivers of the problem and plan to take sufficient interventions to scale to address them.

• At the level of an individual programme you will mostly not be able to address all and so will focus on one/some
  – e.g. developing an intervention to build gender equity and reduce partner violence by men in a community/school etc.
Developing an intervention to build gender equity and reduce partner violence

• Theory 2: theory of what we seek to change

• In this case: theory of gender and power (RW Connell 1986 & subsequent iterations)
Gender & Power

• Multiple masculinities: fluid positions, in competition with either other (→ subordination of some, incl. by violence)

• Hegemonic masculinity (HM) – cultural model (ideal) of masculinity which dominates other masculinities as well as having power to dominate and control women

• HM is given power by the subordinated (has a social legitimacy), it does not gain and keep its status by the use of violence (but may use violence)

• HM may actually be performed by few men but it is a reference point for others
What does hegemonic masculinity look like?

• HM may vary between national and local levels

• Key aspects of HM commonly include:
  – toughness/strength
    • performed through use of violence, denial of vulnerability, demonstrations of control
  – heterosexual performance and dominance over women in family
    • man as head of the family, biological father of children, provider, in control of women in home
  – dominance over (or exclusion of) women in public arena
    • in labour force, politics etc

• HM often understood through what it is not: homosexual, female etc
Using gender theory to build interventions

Theory
• Multiple masculinities
• Competition between masculinities
• Denial of vulnerability
• Othering of women
• Use of violence
• Othering of gay men
• ‘Taken for granted’ power of men
• Male privilege and power over women

Implications
• Avoid gender stereotyping, emphasise difference
• Engage with men’s vulnerability from other men
• Engage with men’s other vulnerabilities (health, poverty etc)
• Engage with similarities between men and women
• Address multiplicity of men’s violence
• Address homophobia
• Challenge ‘taken for granted’ power – empower & raise consciousness women
• Challenge men’s privilege
Changing men

• What are we trying to change men to?

• Evolution or revolution?
Theory 3: Theories of behaviour change – which drives behaviour? what enables change?

• There are multiple theories of behaviour and behaviour change
• Three main families of approaches developed in behavioural science
• There is also a body of sociological evidence-based research that has led to theoretical perspectives that don’t fit so easily into these three families – they are otherwise defined
Main families of theoretical approaches

• Individual level: e.g. Theory of Reasoned Action (K→A→B)
  – Individual is the key decision-maker
  – Assume outcome (health) is valued and person will change to attain outcome
  – Behaviour is volitional & influenced by cognition (beliefs, attitudes, perceptions)

• Community-based approaches
  – Attitudes & practices are shaped by community norms
  – Change is more effective if coalitions are built – using local leaders or changes in community norms

• Ecological approaches
  – Emphasise the environment (and structural change)
    e.g. laws banning corporal punishment in schools

• These are not alternatives, increasingly there is recognition of need to work using all of these
Theory of change in gender regime in schools (Unterhalter, Morrell, Epstein et al)

- **Players in school:** authorities (Board/Governors, Education department etc), teachers, students, parents

- **Interventions:** curriculum & necessary and appropriate services

- **Institutions:** policies e.g. on corporal punishment, sexual harassment etc

- **Interactions:** gender climate and interpersonal aspects of the institution
Theory: prevention and responses, an either / or?

• Responses contribute to primary prevention
  – Show that society (or at least others) care → influences community/social attitudes
  – Enable women to speak out and get help → breaks the silence and stigma
  – When backed by law → remove impunity

• They need to be seen as part of prevention but they are not sufficient for prevention
Essentially this is pushing us towards a multi-level model, however you define the circles of influence for your setting.
Theory 4: how to secure change - methods

• Theoretical understanding of what can be achieved through which methods

• Mass approaches provoke conversation, raise awareness and may change knowledge (if they aim to), they often do not have a sustained impact on attitudes and do not change behaviour
  – Social marketing - need to think about audience, messages, media, materials/images, etc.. – principle is to go to where the market is – theoretical antithesis of revolution
  – Edutainment – usually radio or TV drama, street theatre – engages to promote conversation, raise awareness and attitude change
Participatory approaches

• Methods that engage individuals in participatory ways and include skills building can change behaviour
• Critical reflection has been shown to be a key technique – it is a cognitive skill
• Community action – can make an immediate difference for some individuals
• Social norm change should result in long term behaviour change, but over what time frame?
• NB behaviour change can precede attitude change
Thinking through interventions

• Segmenting the population: who are we trying to reach?
  – Low hanging fruit?
  – Men of violence / strong men in the community?
• Dosage?
• Very short interventions generally have very short impact
• Can interventions be a catalyst or do they need to be sustained
• How much impact do we need to have now?