

Theme 2 - Aids Education and Empowerment

“Prevention is better than cure.”

This has long been one of the best-known slogans in health care. Within the Aids context this truism has become even more important: In this case it should state: “prevention is the only ‘cure’.” Especially now that an HIV vaccine seems to be much further into the future than previously hoped, prevention is our only defence. This immediately introduces the following issues:

- What do the theories of behaviour change say? Can we change people’s behaviour?
- How do we educate people about HIV and Aids?
- How can HIV transmission be prevented?
- What is safe and what is unsafe behaviour?
- How should children of different ages be educated about HIV and Aids?
- The challenge of preventing HIV transmission in traditional African societies

Each one of these issues will be discussed in a separate learning unit and, in this way, we will start to suggest possible answers as to how HIV transmission can be prevented in various contexts. The learning units in Theme 2 are as follows:

- Learning Unit 7: Theories of behaviour change
- Learning Unit 8: Aids education
- Learning Unit 9: Changing unsafe practices
- Learning Unit 10: Aids education for school children (Guidance Track students only)
- Learning Unit 11: Aids education in traditional Africa

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Learning Unit 7: Theories of Behaviour Change

**BOTH
TRACKS**



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Learning Unit 7 – Theories of behaviour change

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Introduction

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“Just give people the relevant facts about HIV and they will take the necessary steps to prevent infection.”

This is the naïve view of many people. But, unfortunately, we are **not always rational beings**. Our behaviour is also determined by emotions, by relationships, the wish to be loved and be accepted, and by our ambitions and needs – both physically and emotionally. Humans are much more complex than we often appreciate. For example, how many times have you decided to stop smoking, to eat or drink less, or not to lose your temper again? You know all the rational reasons why you should change these harmful behaviours. But have you always been successful in trying to change them?

ACTIVITY 7.1 – THE DIFFICULTIES OF CHANGING BEHAVIOUR

In this activity you will reflect on some challenges preventing behaviour change. Go to [Activity 7.1](#).

Feedback: It is not easy to change behaviour, especially when it is a highly pleasurable activity and when we need to be consistent and we cannot afford to slip up. However, the fact that it is not easy to change behaviour does not mean that it is impossible!

This learning unit is about changing behaviour, because if we want to prevent the spread of HIV infection, we have to change our behaviour and motivate others to change their behaviour too. As long as there is no vaccine available for HIV (and this still seems to be decades away), the only sure way of prevention is by changing high-risk behaviour.

Key questions

Use the following questions as pointers to ensure that you retain your focus on the important issues in this learning unit:

- When will people change their behaviour?
- What are the three main groups of theories to change behaviour?
- What are the principles of individual psychosocial theories of behaviour change?
- How can these principles be implemented?
- What are the basic principles of social theories?
- What are the basic principles of environmental theories?

Are you ready to become an effective and willing agent in changing people’s lives? Let’s do it!

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Key concepts

While working your way through this learning unit, look out for the following key concepts. Make sure that, after you have completed this learning unit, you know what they refer to and how they are used (or look up their definitions in the glossary):

Reasoned action	Subjective norms
Planned behaviour	Internal and external locus of control
Health belief model	Social network theory
Social-cognitive learning theory	Diffusion of innovation theory
Self-efficacy	Empowerment model

Note that many of the above terms have to do with rational and cognitive aspects of behaviour. This is an indication that knowledge about HIV and how it is transmitted is indeed a prerequisite for any prevention programme. How can people change their behaviour if they don't know what kind of behaviour places them at risk of being infected? So, even though we started this learning unit by arguing that knowledge and rational approaches alone are not sufficient to change behaviour, this does not imply that we can get along without knowledge or without appealing to cognitive approaches.

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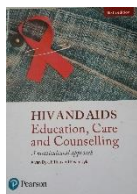
When will people change their behaviour?

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What do the social scientists and psychologists say? How can people change their behaviour and how can you, as an Aids counsellor, facilitate such a process? Let's first consider the various theories.



Study



Prescribed book: pp. 186-198

Introduction: When reading the introduction, think about your own difficulty in talking about sex and Aids. What are the secret taboos and prejudices which you may have?

Section 7.1: Individual psychosocial theories. Good theory is always linked to good practice. Therefore, when studying this section, constantly consider how you can implement the theoretical principles in an HIV and Aids programme. Note that this section combines the insights of various models of behaviour change (Fishbein, Ajzen, Catania, etc.) into nine principles of behaviour change. Make a list of these nine principles and add a brief description to each one as you read through the section. (Tip: The nine principles correspond with the nine subheadings in this section.) The following video <http://goo.gl/GHPRBo> illustrates the Theory of Planned behaviour very well.

Make sure that you understand the stages of change theories.

Watch the following video <http://goo.gl/X6KWgU> where the Transtheoretical Model is explained in relation to exercise. I bet you will never again battle to understand the Transtheoretical Model. Another nice video to watch on behaviour change communication is <http://goo.gl/1meBXz>.



Did you note that these principles include cognitive, emotional and social factors which may impact on behaviour change? Behaviour change will not take place if knowledge is not specific and if it is not clear how and why behaviour should be changed (benefits and disadvantages). The way in which knowledge is imparted to people is of the utmost importance.

ACTIVITY 7.2 – EXERCISE IN CHANGING YOUR OWN BEHAVIOUR

This activity will provide you with the opportunity to change a specific behaviour and to evaluate your progress. Go to [Activity 7.2](#).

Feedback: It is often only when we try to change our own behaviour that we really come to understand how difficult it is and how many challenges there are to overcome.

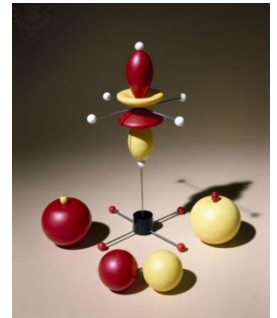
The theories that we have discussed so far have focused on the individual. Read the “critique of theories focussing on the individual” in your prescribed book (paragraph above Section 7.2). The following section discusses theories of behaviour change that take the social context in which individuals function into consideration, as well as the structural and environmental contexts.


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Behaviour change: Beyond individual theories

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Theories of change based on the individual's psychosocial and cognitive factors are very helpful, though they do not take the bigger picture, namely the social, cultural, and structural environments in which the individual functions, into account. Learn more about this in your prescribed book.



<p>Study</p> 	<p>Prescribed book: pp. 199-206</p> <p>Section 7.2: Social theories and models. This section looks at the interactive relationship of behaviour in its social and cultural contexts. Make sure that you understand the basic principles of the social network theory, the diffusion of innovation theory and the theory of gender and power. Give special attention to the theories about gender-based violence and abuse, and on intervention strategies to protect women.</p> <p>Section 7.3: Structural and environmental theories. This section looks at the wider communal, political and economic environments which often make it difficult for people to change their behaviour. Make sure that you know the basic principles of structural and environmental theories and that you can explain what the empowerment model and the socioecological model for health promotion entail. Give an example of media advocacy in South Africa.</p>
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You are now finished with this learning unit. Click on [Assessment](#) to do some self-assessment questions.

Assessment

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Study reflection

In this learning unit you had to cross some difficult terrain. The possibility of lasting behaviour change is a major and problematic issue in the Aids field. After completing Learning Unit 7 (Theories of behaviour change), you should have acquired the following knowledge and understanding and be able to:

- distinguish between (a) individual psychosocial theories, (b) social theories and (c) structural and environmental theories of behaviour change.
- discuss theories or models of behaviour change under each one of the main groups of behaviour change as mentioned above.
- give practical examples of each one of the theories or models discussed in this learning unit.

Self-Assessment 7



Now is the time to pause briefly and to assess whether you have acquired the necessary knowledge and skills. Click on the link [Self-Assessment 7](#) to do a few questions on this learning unit.

You are now finished with the assessment. Got to Learning Unit 8.

Appendices

- Activities
- Self-Assessment
- Glossary

ACTIVITY 7.1 – THE DIFFICULTIES OF CHANGING BEHAVIOUR

Read or reread the chapter “On the outer edge” in Steinberg’s book *Three-letter plague*, pages 104–118. Pay special attention to the following dialogue on pages 111–112:

Her new batch of pills in her bag, she makes her way to the door.
“Was your boyfriend here for Christmas?” Hermann calls after her.
“Yes.”
“Condoms?”
“Sometimes.”
He turns to the counsellor. “Have you explained to her the risks of reinfec ...”
“She knows,” the counsellor snaps.

1. List a few possible reasons why you think the girl referred to in this episode did not always use condoms, even though she was fully aware of the risks she was taking?
2. How easy do you think it would have been for a girl to always insist on condom usage?
3. Why do you think the counsellor “snapped” when Hermann asked her if she had explained the risks of reinfection to the client?
4. What did you learn from this incident?

[\[FEEDBACK\]](#)

FEEDBACK 7.1

Each student will have his or her own opinion of why it is so difficult for the girl to not always insist on condom use. What is important is that you understand that it is not easy to change behaviour. The counsellor was probably irritated or disheartened because she had said the same thing over and over and that her clients just “don’t listen”.

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ACTIVITY 7.2 – EXERCISE IN CHANGING YOUR OWN BEHAVIOUR

Think about your own situation and a possible behaviour that you would like to change about your health (e.g. stop smoking, eat more healthily, reduce your stress, or start using condoms). Choose one specific behaviour that is important to you, but not too difficult or unrealistic to change, and commit yourself to changing it.

Make a copy of the following questionnaire and complete it by marking the most appropriate choice which describes your view. Try to be as honest with yourself as possible. (Note: The nine questions below coincide with the nine principles of behaviour change discussed in your prescribed book.)

QUESTIONNAIRE

The behaviour I want to change is _____

1. I really need to change this behaviour.

1. Strongly disagree	2. Disagree	3. Don't know	4. Agree	5. Strongly agree
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Why do you need to change this behaviour?

2. I know exactly how to change this behaviour.

1. Strongly disagree	2. Disagree	3. Don't know	4. Agree	5. Strongly agree
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Exactly how are you going to change your behaviour? Give specifics, such as what, how and when.

3. I have a very strong intention of changing this behaviour.

1. Strongly disagree	2. Disagree	3. Don't know	4. Agree	5. Strongly agree
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4. I have a very positive attitude towards changing this behaviour. (Think about all the positive and negative things which may influence your attitude toward changing this behaviour.)

1. Strongly disagree	2. Disagree	3. Don't know	4. Agree	5. Strongly agree
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5. My family and friends will be positive and strongly support me in changing this behaviour (subjective norm).

1. Strongly disagree	2. Disagree	3. Don't know	4. Agree	5. Strongly agree
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How much do you care if you get their support?

6. I am convinced about my ability to change.

1. Strongly disagree	2. Disagree	3. Don't know	4. Agree	5. Strongly agree
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7. There will be many positive rewards for me if I change my behaviour.

1. Strongly disagree	2. Disagree	3. Don't know	4. Agree	5. Strongly agree
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Possible rewards are: _____

Possible stumbling blocks are _____

8. I am convinced that I have control over my own health to a large extent.

1. Strongly disagree	2. Disagree	3. Don't know	4. Agree	5. Strongly agree
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9. I am convinced that I have the ability and skills to convert my intentions to change into real and lasting change.

1. Strongly disagree	2. Disagree	3. Don't know	4. Agree	5. Strongly agree
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Calculate your mark out of a possible 45 by adding up the number of the options you chose for each question. For example, if you marked “4. Agree” your score for that question is 4. The higher your total score, the higher your chances of effecting behaviour change.

Please note: This questionnaire is not a scientific prediction of your success. Its purpose is merely to make you aware of the different factors influencing behaviour change in a fun and personal way.

Fill in the questionnaire every week for the next four to six weeks and notice how your score may change with time. Each time you complete the questionnaire, also answer the following additional question:

10. How do you rate your success in changing your behaviour during the past week?

20% or lower	40%	60%	80%	100%
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[\[FEEDBACK\]](#)

FEEDBACK 7.2

Which tendencies became clear during your experiment? How easy is it to change behaviour? Did your motivation and success rate change with time? Did you lose interest and commitment as time progressed? How easy is it to change, if you really (deep down) don't want to change, because you really enjoy the activity, or it fulfils some kind of important need in your life?

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SELF-ASSESSMENT 7

Question 1

Name the 3 main groups of theories of behaviour change.

Question 2

Complete the following paragraph:

Theories of behaviour change that focus on the are mainly based on cognitive, and constructs. Social theories work with the principle that can be broken into and that it is the have the most significant influence on the individual's behaviour.

Structural and environmental theories and models see human behaviour as a function of the and his/her, as well as on the wider ,, and environment.

Question 3

Link each of the basic principles of individual psychosocial theories with a description:

- a. Because Jack does not understand HIV he finds it difficult to change his behaviour.
- b. Jeff doubts that he will be able to change his behaviour.
- c. Action, target, context and time are important components related to this principle.
- d. Joe views the use of condoms as a waste of his money.
- e. Julia realises that HIV can affect her whole life.
- f. Jill decides to practice safe sex as her movie hero practices safe sex.
- g. This is an indication of how hard Jackie will try to change her behaviour.

[\[FEEDBACK\]](#)

FEEDBACK 7

Feedback Question 1

The three groups of behaviour change are:

1. Individual, psychosocial and cognitive approaches
2. Social theories and models
3. Structural and environmental theories

Feedback Question 2

The paragraph should read as follows:

Theories of behaviour change that focus on the individual are mainly based on cognitive, attitudinal and affective constructs. Social theories work with the principle that society can be divided into smaller subcultures and that it is the peer group that have the most significant influence on the individual's behaviour.

Structural and environmental theories and models see human behaviour as a function of the individual and his/her immediate social networks, as well as on the wider communal, political and economic environment.

Feedback Question 3

- a. Jack: Knowledge
- b. Jeff: Self-efficacy or perceived behaviour control
- c. Principle: Know what behaviour to change
- d. Joe: Attitude
- e. Julia: Recognition of the need to change
- f. Jill: Subjective norms
- g. Jackie: Intention to change

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GLOSSARY

Reasoned action

Behaviour determined by intention. Intentions are reflected by the motivational factors (attitudes, subjective norms, perceived behaviour control, beliefs about advantages and disadvantages) influencing specific behaviours.

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Planned behaviour

Behaviour that is under the direct management of the person. It is therefore not reactive or reflexive in nature.

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Health belief model

An explanation of health-related behaviour of individuals based on a specific model. This usually includes the person's evaluation of an outcome and his/her expectation that specific behaviour will lead to that outcome. It can also be described as a behaviour change model explaining and predicting health-related behaviours.

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Social-cognitive learning theory

A theoretical explanation of how people learn through observation.

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Self-efficacy

The belief in one's ability to do something, for example, to insist on condom use.

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Subjective norms

The influence of important others on our decision-making processes. Subjective norms are influenced by the beliefs of important reference groups or individuals in a person's life; and the desire to please these reference groups or individuals.

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Internal and external locus of control

Your locus of control reflects how much you believe you can direct your own behaviour. If you have an internal locus of control you feel in charge of your own behaviour. If you have an external locus of control you believe that other people and outside forces control or direct your behaviour.

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Social network theory

Theory that asserts that the attributes of individuals are less important than their relationships and ties with other people or groups within the social network, when trying to facilitate change.

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Diffusion of innovation theory (DOI)

Theory that explains how a new practice can diffuse through a given social system to the point that it becomes a social norm. For a new practice to spread it must be adopted by an influential person in the community.

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Empowerment model

A model in which the individual takes responsibility for creating solutions for his/her problems.

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