A LECTURE DELIVERED

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BEHAVIOUR CHANGE COMMUNICATION (BCC) AS A KEY TO EFFECTIVE HEALTH MANAGEMENT

INTRODUCTION

1. Behaviour change communication focuses on the application of behaviour change to specific health problems, communication processes in the health context, and planning, strategies and management of behaviour change communication (BCC) programs. If only so and so would just change then everything would be so much easier. That is a wish. But this is still one of the biggest problems health managers come across when working with people. Being able to change another's viewpoint, or your own for that matter, can be no small thing. However changing someone's behaviour is another thing altogether. If you want to change the other persons' behaviour, a good beginning might be to start seeing things from their perspective.

2. The reason why it can be difficult is because many of us are not comfortable with the suggestion that we might have to change in order to move things forward. Generally speaking we like ourselves the way we are and it might feel like we're somehow giving away more than we will potentially get back in return. Behaviour change communication is integrated into health

promotion in order to improve the health of individuals and communities around the world. Identify the needs and nuances of a particular population, and craft in evidence-based, health-promoting messages that resonate culturally with its members.

3. Targeted educational materials and multi-pronged campaigns that may combine advocacy, social marketing, mass media, and community outreach are then designed. There are many health problems that may just be successfully managed through behaviour change rather than resulting into medication only.

AIM

4. THE AIM OF THIS LECTURE IS TO EXAMINE THE IMPORTANCE OF BEHAVIOUR CHANGE COMMUNICATION IN THE MANAGEMENT OF PATIENTS

SCOPE

5. The following areas will be discussed

a. NHIS BENEFITS TO ENROLLEES
b. BEHAVIOUR CHANGE COMMUNICATION METHODOLOGY
c. BEHAVIOUR CHANGE COMMUNICATION PROGRAMS
d. IMPORTANCE OF BEHAVIOUR CHANGE COMMUNICATION
e. CONCLUSION
f. RECOMMENDATION S

NHIS BENEFITS

DHML MANDATE

6. To ensure that personnel and family get free, comprehensive, high quality health care through regular disbursement of funds and materials to the Health Care providers and monitoring the standards of health care delivery regularly.

WHAT IS HEALTH?

7. HEALTH IS DEFINED AS A STATE OF COMPLETE PHYSICAL, MENTAL AND SOCIAL WELLBEING AND NOT MERELY THE ABSENCE OF DISEASE OR INFIRMITY

8. THE NHIS ENROLLEES ARE ENTITLED TO THE FOLLOWING BENEFITS:

a. OUT PATIENTS CARE, INCLUDING NECESSARY CONSUMABLES
b. PRESCRIBED DRUGS, PHARMACEUTICAL CARE AND DIAGNOSTIC TESTS AS CONTAINED IN THE NATIONAL ESSENTIAL DRUG LIST AND DIAGNOSTIC TESTS LIST
c. MATERNITY CARE FOR UP TO FOUR (4) LIVE BIRTHS FOR EVERY INSURED CONTRIBUTOR/COUPLE
d. PREVENTIVE CARE, INCLUDING IMMUNIZATION, HEALTH EDUCATION, FAMILY PLANNING, ANTENATAL AND POST-NATAL CARE
e. CONSULTATION WITH SPECIALIST SUCH AS PHYSICIANS, PAEDIATRICIANS, OBSTETRICIANS, GYNAECOLOGISTS, GENERAL SURGEONS, ENT SURGEONS, DENTAL SURGEONS, RADIOLOGISTS, PSYCHIATRISTS, OPHTHAMOLOGISTS
f. HOSPITAL CARE IN A STANDARD WARD FOR A STAY LIMITED TO A CUMULATIVE 15 DAYS PER YEAR IN NON MILITARY HOSPITALS (NO LIMIT IN MILITARY HOSPITALS)
g. EYE EXAMINATION AND CARE EXCLUDING PROVISION OF SPECTACLES AND CONTACT LENSES
h. PREVENTIVE DENTAL CARE AND PAIN RELIEF INCLUDING CONSULTATION, DENTAL HEALTH EDUCATION, AMALGAM FILLING AND SIMPLE EXTRACTION
i. ALL PROVIDERS ARE EXPECTED TO PROVIDE COUNSELING AS AN INTEGRAL PART OF QUALITY CARE

KEY ISSUES BUT LITTLE ATTENTION

9. The key issues among the benefits but little attention paid to them include:

a. PREVENTIVE CARE, INCLUDING IMMUNIZATION, HEALTH EDUCATION, FAMILY PLANNING, ANTENATAL AND POST-NATAL CARE
b. PREVENTIVE DENTAL CARE AND PAIN RELIEF INCLUDING CONSULTATION, DENTAL HEALTH EDUCATION, AMALGAM FILLING AND SIMPLE EXTRACTION
c. ALL PROVIDERS ARE EXPECTED TO PROVIDE COUNSELING AS AN INTEGRAL PART OF QUALITY CARE

BEHAVIOUR CHANGE COMMUNICATION METHODOLOGY

10. The terms Behaviour Change Communication (BCC) and Information Education Communication (IEC) are commonly used. What exactly do they mean and what is the difference between BCC and IEC? Information, Education and Communication IEC is a process of working with individuals, communities and societies to develop communication strategies to promote positive behaviours which are appropriate to their settings.

11. Behaviour Change Communication BCC is a process of working with individuals, communities and societies to:

a. Develop communication strategies to promote positive behaviours which are appropriate to their settings
b. Provide a supportive environment which will enable people to initiate and sustain positive behaviours.

12. Behaviour change communication (BCC) is the strategic use of communication to promote positive health outcomes, based on proven theories and models of behaviours change.** BCC employs a systematic process beginning with formative research and behaviour analysis, followed by communication planning, implementation, monitoring and evaluation. It is designed to help managers of health communication programs improve their unit's organization and credibility while simultaneously strengthening staff members' communication skills and confidence in their ability to apply the communication methodology in health promotion. **This includes management

ideas, models, concepts, and strategies that have been field-tested under the pressures of real-life and real-time logistical barriers, challenging cultural contexts, human resources issues, and funding problems**

13. Experience has shown that providing people with information and telling them how they should behave ("teaching" them) is not enough to bring about behaviour change. **While providing information to help people to make a personal decision is a necessary part of behaviour change, BCC recognizes that behaviour is not only a matter of having information and making a personal choice. Behaviour change also requires a supportive environment. Behaviour change communication is influenced by "development" and "health services provision" and that the individual is influenced by community and society. ** Community and society provide the supportive environment necessary for behaviour change. IEC is thus part of BCC while BCC builds on IEC. **

METHODOLOGY

Step 1
Analysis

14. Make an analytical study of the programme
    a. Understand Dynamics of the Health Issue
        I. Determine severity and causes of the health issue, noting differences by audience characteristics such as gender and ethnicity.
        II. Identify possible health-related behaviours that could be encouraged or discouraged.
        III. Identify social, economic, and peer group factors blocking or facilitating desired behaviour changes.
        IV. Develop problem statement that summarizes the above points to help identify what aspects of the health issue can be addressed through communication.**

    b. Understand Audience and Other Potential Participants in the Program (Formative Research)
        I. Identify primary audience (people who are at risk of or are suffering from the health problem) and secondary audiences (people who influence health behaviours of primary audience).
        II. Collect in-depth information about the audience. What are their knowledge, attitudes, and beliefs about health?

III. What factors affect their health behaviours? What are their media habits? What access do they have to information, services, and other resources? Where do they currently stand in the stages of behaviour change?**
IV. Are there different groups of people who have similar needs, preferences, and characteristics (audience segments)? Will the BCC program need customized messages and materials to suit audience segments?
V. Develop a profile, or description, of each audience segment to help the creative team develop effective messages and materials later).**

c. Conduct participant analysis.

What other people or groups can participate in the BCC program (partners, stakeholders, allies, and gatekeepers)? These may include nongovernmental organizations, professional associations, schools, faith-based groups, and the media. What skills or resources can they offer? What would motivate their participation?**

d. Conduct channel analysis.

I. What communication channels are available?
II. What are the strengths and weaknesses of each channel?

For example, how effective are the channels in reaching the audience? How many people can they reach?**

Step 2

Strategic Design

15. Define communication, behaviour change, and program objectives.
    a. *Communication objectives describe desired changes and indirect influences on behaviour, such as knowledge, attitudes, and social norms. Behaviour change objectives refer to intended changes in the audience's actual behaviour. Together, communication and behaviour change objectives contribute to the overall program objective, which refers to anticipated results of the overarching health program.*
    b. *Are objectives SMART: Specific, Measurable, Appropriate, realistic, and time bound?*

16. Prioritize communication channels.**
    a. *Use relevant behavioural theories and findings from formative research to guide the choice of channels.*

b. To help maximize effect, can the program use a mix of the three major types of channels—mass media, interpersonal, and/or community channels? Routine orders, churches, mosques, the RSM, the mogajias, parades and messes.

17. Develop a creative brief to share with people and organizations involved in developing messages and materials.
• Does the brief include a profile of the intended audience, behaviour change objectives, resulting benefits that the audience will appreciate, channels that will carry the messages, and the key message points?

18. Draw up an implementation plan, including activities, partners' roles and responsibilities, timeline, budget, and management plan.

19. Develop a monitoring and evaluation plan. Sanitary inspectors**

Step 3
Development and Pretesting

20. Develop messages and materials.
    a. Use findings from formative research and the strategic plan to guide development. The creative brief and audience profiles developed in Step 2 summarize this information.
    b. Tailor messages to the audience's stage of behaviour change.
    c. Choose type of appeal, such as empowering or entertaining, and tone, such as humorous or authoritative. **Many social change campaigns fail because the message is not meaningful or relevant and consequently not motivating to members of the target audience. Smokers are liable to die young. If you must drink, do not drive**

21. Pre-test messages and materials with audience members.
    a. Revise messages and materials based on pre-testers'reactions.
    b. Develop and implement a dissemination plan.
    c. Manage and monitor program progress—activities, staffing, budget, and responses of the audience and other stakeholders.
    d. Make adjustments to the program based on monitoring results.

Step 4

Implementation and Monitoring

22. Implement and monitor activities
    a. Develop and implement a dissemination plan.

b. Manage and monitor program progress—activities, staffing, budget, and responses of the audience and other stakeholders.
c. Make adjustments to the program when necessary**

Step 5

Evaluation

23. Evaluate successes recorded so far
    a. Measure outcomes assess impact.
    b. Disseminate results to partners, key stakeholders and funding agencies.
    c. Record lessons learned and archive findings for use in future programs.
    d. Revise or redesign program based on evaluation findings**

BEHAVIOUR CHANGE COMMUNICATIONPROGRAMS

24. Before designing a BCC intervention, it is important to be clear about exactly whose behaviour is to be influenced and which aspect of their behaviour should be the focus for change. Communities are made up of different groups with different risk and vulnerability factors. Even within the same broad group, there may be subgroups with distinct characteristics. Different target groups will require different approaches. Knowing the needs of the population and the best means of reaching that audience are crucial in achieving the goal of raising awareness and, ultimately, changing attitudes and behavior. Therefore, when making decisions about which target groups and which factors to address, it is necessary to consider the following: **

a. Which target groups are most vulnerable;
b. Which risk / vulnerability factors are most important;
c. Which factors may be related to the impact of conflict and displacement;
d. Which target groups and risk / vulnerability factors the community wants to address;
e. What could be motivators for behaviour change.**
f. What could be barriers to behaviour change;
g. What type of messages will be meaningful to each target group;
h. Which communication media would best reach the target group;
i. Which services/resources are accessible to the target group;
j. Which target groups and risk / vulnerability factors are feasible in terms of expertise, resources and time? **

THE IMPORTANCE OF BEHAVIOUR CHANGE COMMUNICATION

25. Communication for Social Change is a more participatory approach to engaging communities that focuses more on the client-identified end actions in regard to the health intervention. There is wide agreement that communication programs need to combine both the delivery of messages and other behavioural interventions and opportunities for dialogue, shared learning and consensus-building to produce results.

26. Regardless of the methodology, any effective communication program aims to affect the health-seeking or care-providing behaviour of individuals and communities creating demand and sustaining use of intervention services and products. **

Behaviour Change communication is very important in the area of tobacco control and substance abuse, prevention of infectious diseases, injury prevention, cancer awareness, immunization, nutrition, and family planning, along with reproductive and environmental health. Thus, individuals are thereby empowered to take informed decision for healthy living. Therefore, it can be said that behaviour change Communication is the key to effective health promotion programme.**

27. Behaviour Change Communication can also be used to increase knowledge of:

a. The transmission and prevention of infectious diseases.
b. The recognition of signs and symptoms, risk groups, rapid treatment-seeking behaviour and full compliance with treatment.
c. The consequences of some illnesses e.g. malaria in pregnancy and the need for antenatal care which includes LLINs, HIV/AIDS and the need to avoid risky behaviours, hypertension and diabetes and the need to promote dietary change and taking exercises. Some cancer cases could also have been avoided by behaviour change e.g. smoking.
d. Motivating communities to prevent and treat illnesses through behavioural change requires sustained communication interventions

guided by well-planned and locally appropriate communication strategies. **

CONCLUSION

28. In conclusion, behaviour change communication (BCC) was defined as the strategic use of communication to promote positive health outcomes. It is designed to help managers of health communication programs improve their unit's organization and credibility while simultaneously strengthening staff members' communication skills and confidence in their ability to apply the communication methodology in health promotion. It was deduced that many health challenges would have been effectively averted and even managed by the use of behavioural change communication rather than just medication alone e.g. cancer, diabetes, hypertension etc. Therefore, it can never be an overstatement to say that Behaviour Change Communication is the key to effective health management.

RECOMMENDATION

29. It is recommended that for effective health management, health managers should be conversant with and make use of Behaviour Change Communication methodologies in their medical management. This is to include:

a. Staff training on BCC
b. Strengthening staff members' communication skills and confidence in their ability to apply the communication methodology in health promotion.
c. Well-planned and locally appropriate communication strategies.
d. Motivating communities to prevent and treat illnesses through behavioural change.
e. Re-introduction of sanitary inspectors in the barracks.
f. Regular medical inspection of barracks by medical commanders/CO/RMO.
g. Constitute a working committee

It is said "Make the smallest positive health behavioural change you can, to make the biggest and improved healthy impact in your life".
Let us join hands to make DHML number ONE HMO in Nigeria. This can only be achieved through all of you seated here this morning and not DHML alone.
Thank you