

DEFINING SOCIAL AND BEHAVIOR CHANGE COMMUNICATION (SBCC) AND OTHER ESSENTIAL HEALTH COMMUNICATION TERMS

Changes in terms have made it appear that health communication is comprised of many different disciplines and created confusion (because) many of the terms have changed without a clear, widely shared definition or understanding among health practitioners.

—Elizabeth Fox (“Rethinking Health Communication in Aid and Development” in the Handbook of Global Health Communication, 2012)

The shift in terminology from Behavior Change Communication (BCC) to Social and Behavior Change Communication (SBCC) is a recent milestone in health communication that reflects renewed emphasis on improving health outcomes through more healthful individual and group behaviors as well as strengthening the social context, systems and processes that underpin health. Yet, practitioners now use BCC and SBCC interchangeably contributing to the confusion common amongst the many terms used in health communication.

Based on a review of current literature, this brief aims to clearly define SBCC, and clarify key health communication terms. It is meant to help practitioners more precisely select and define their approaches, programs and activities.

Health communication is a broad term that describes a number of strategies to share information that can lead to better health outcomes. Health communication activities can vary widely, depending on the objectives, audience, and communication channels. For example, a health communication activity may be designed to advocate essential changes in health regulations to policymakers; or use interpersonal communication to promote actions that prevent childhood illness and malnutrition to mothers.

Building on a foundation: from Health Education to IEC

Health education can be defined as any combination of learning experiences designed to help individuals and communities improve their health by increasing their knowledge or influencing their attitudes.¹

Specifically focused on the communication aspect, **Information, Education and Communication (IEC)** was developed in the early 1970s, when the use of mass media proved to be a useful tool in disseminating health information. IEC can range from didactic one-way communication to entertaining methods. It can utilize a wide range of media channels and materials. Regardless of the approach, IEC is usually implemented by a public health or medical expert who gives recommendations to an audience. Fundamentally, the IEC approach assumes that people will follow health advice when they are provided with the “right” information.

Introducing the health consumer’s point of view: Social Marketing

Although IEC improved many aspects of communication, and evidence showed that it could increase knowledge and improve attitudes, it often did not result in behavior change because topics were largely limited to what health experts considered to be important and were conveyed from their perspective. Therefore, in many cases health outcomes did not change.

In the mid-1970s, health communication practitioners began to consider lessons from the commercial marketing sector, where consumer analysis proved to be the most critical aspect of successfully promoting products to target audiences. From this, **Social Marketing** was created to apply commercial marketing approaches to promoting products, services or behaviors that would improve health. Social marketing uses research to bring the consumer perspective to the forefront, and uses the client’s (consumer’s) point of view to define a social problem and consequently the marketing and media mix that can be used to respond to it. Social marketing also recognizes that communication (i.e., promotion) is only one element of the marketing mix; and that products and behaviors, placement, and pricing could be equally important to achieving objectives.

¹ The World Health Organization http://www.who.int/topics/health_education/en/ Accessed December 23, 2012.

Promoting pro–health behaviors: BCC and SBCC

Although often applied to the marketing of pro–health behaviors, social marketing has become closely associated with the procurement, distribution, promotion, and sale of health products at subsidized prices. At the same time, practitioners realized the need to explicitly focus on behavior change, including the purchasing and correct use of products (e.g., contraceptives and bed nets) as well as the promotion of key actions that do not involve products at all (e.g., exclusive breastfeeding and responding to the signs of childhood illness). With this in mind, **Behavior Change Communication (BCC)** was proposed.

BCC is an evidence– and research–based process of using communication to promote behaviors that lead to improvements in health outcomes. BCC intends to foster necessary actions in the home, community, health facility or society that improve health outcomes by promoting healthy lifestyles or preventing and limiting the impact of health problems using an appropriate mix of interpersonal, group and mass–media channels. Maintaining social marketing focus, effective communication strategies rely on formative research with beneficiaries to understand the context, the issue from their perspective, and factors that influence improved practices.

The explicit emphasis on behavior change as an outcome helped to highlight the need for a thorough understanding of the full range of determinants, both internal and external factors, to understand why people do what they do and how to facilitate healthy options, decisions and support. These determinants could include knowledge and attitudes as well as many other factors elucidated in theories such as access to services, emotions, real and perceived consequences, social support.²

BCC efforts have focused on individual behavior change because the most widely used theories emphasize the individual level.³ However, a growing understanding that behaviors are grounded in a particular socio–ecological context and change usually requires support from multiple levels of influence resulted in an expansion of the approach to become **Social and Behavior Change Communication (SBCC)**.

²Karen Glanz, et al. *Health Behavior and Health Education: Theory, Research, and Practice* Edition 4 Wiley, John & Sons, Inc. 2008.

³Douglas Story and Maria Elena Figueroa. “Toward a Global Theory of Health Behavior and Social Change.” *The Handbook of Global Health Communication*, First Edition. Edited by Rafael Obregon and Silvio Waisbord. John Wiley & Sons, Inc. 2012.

SBCC for health is a research-based, consultative process that uses communication to promote and facilitate behavior change and support the requisite social change for the purpose of improving health outcomes. To achieve social and behavior change, SBCC is driven by epidemiological evidence and client perspectives and needs. SBCC is guided by a comprehensive ecological theory that incorporates both individual level change and change at broader environmental and structural levels. Thus, it works at one or more levels: the behavior or action of an individual, collective actions taken by groups, social and cultural structures, and the enabling environment.

Putting SBCC into perspective

The addition of an 'S' to BCC aims to bring the field closer to the recognition of the need for systematic, socio-ecological thinking within communication initiatives.”⁴ Individuals and their immediate social relationships are dependent on the larger structural and environmental systems: gender, power, culture, community, organization, political and economic environments.

Social change approaches tend to focus on the community as the unit of change.⁵ Thus, unlike other terms, SBCC explicitly encompasses social change perspectives that foster processes of community dialogue and action.

SBCC encompasses three core elements:

- *Communication* using channels and themes that fit a target audience's needs and preferences.
- *Behavior Change* through efforts to make specific health actions easier, feasible, and closer to an ideal that will protect or improve health outcomes.
- *Social Change* to achieve shifts in the definition of an issue, people's participation and engagement, policies, and gender norms and relations.

Depending upon the health issues and the context, SBCC can achieve change as a separate intervention, but usually it is part of a comprehensive change strategy that includes multiple interventions, including communication.

⁴ Suzanne M Leclerc-Madlala. Relating social change to HIV epidemiology. *Future Virol.* (2011)6(7)

⁵ UNICEF C4D www.unicef.org/cbsc/index_42352.html