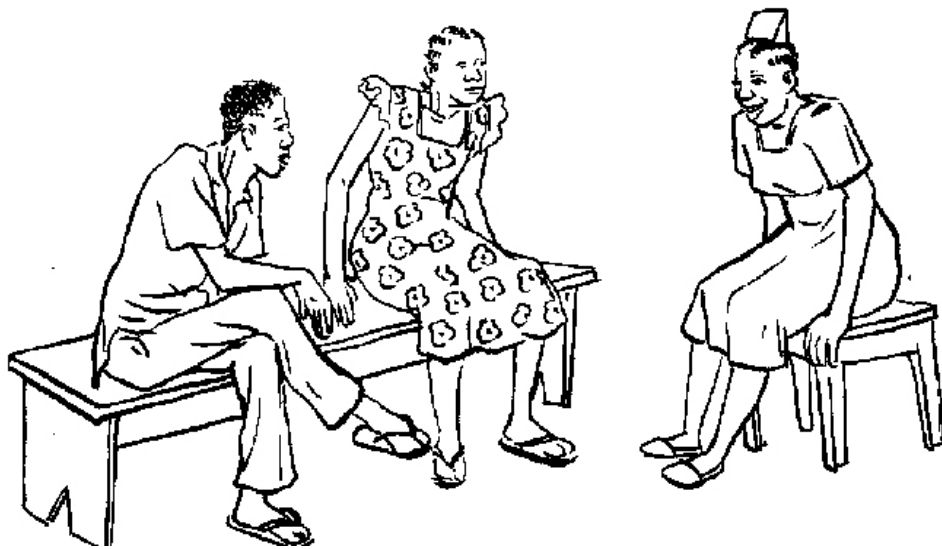


How do we change attitudes and behavior?



**And – why doesn't
the patient do
what I tell him?**

**Ane Haaland and Ayub Mpoya
Mwanamvua Boga**

Referencing and acknowledging the iCARE-Haaland model

- *Please feel free to use and adapt the material in this presentation, and the model it is built on, by referring to the model, and the authors:*
- This presentation is adapted from «***How do we change attitudes and behavior?***», which is part of the learning materials in the iCARE-Haaland model.
- **To reference this content please use the following:** Haaland A, with Boga M, 2020. Communicating with awareness and emotional competence: introducing the iCARE-Haaland model for health professionals across cultures. With contributions from training teams, Vicki Marsh and Sassy Molyneux. <https://connect.tghn.org/training/icare-haaland-model/>
- The authors' names should remain on the presentation, with a by line recognizing the person who (has adapted and) is presenting the presentation

Objectives for the session

Understand:

- How attitudes and behavior change (ABC)
- Your own role in influencing ABC
- The role of emotions in ABC

Practice:

- Using your understanding to interact with the patient appropriately.

Reflect on

- Implications of your understanding, on your work

What makes people **change**?



Examples from participants



- *“The knowledge has helped me to appreciate patients and value their belief. Personally I used to feel bad when children wear charms around their waist, hands and wrist (from traditional healer) but nowadays I value them because I understand people are doing whatever they are doing to ensure their relative/children recover. Before the learning I used to tell them to remove the charms but nowadays I leave them.”*
- *“A habit/attitude is built for a long time so it can’t go or stop in one day. It requires one’s strong desire/interest and determination to change.”*

The task: How did YOU change?

Yesterday we asked:

- Think about a behavior which has changed over the last 5 years
- Who, or what, influenced you to change?
- How long time did it take?
- ***What are your examples?***



Stages of behavior change (1)

- Awareness
 - Interest *Cognitive*
-

- Trial *Emotional*
- Evaluation
- Adoption/Rejection



Influence on behavior change?

Stages

- Awareness
 - Interest *cognitive*
-

- Trial *Emotional*

- Evaluation

- Adoption/Rejection

Who/what influences?

- Media, books, people:
Anybody, anything
-

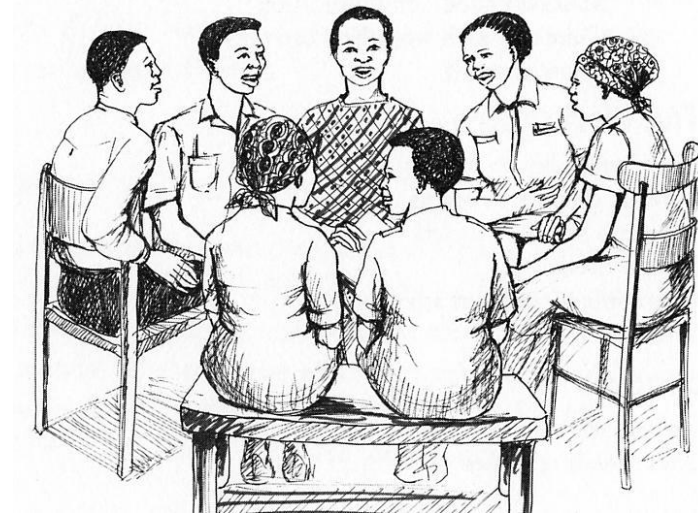
- Emotional event;
People you respect



Whom do you **listen to and respect?**

Who can influence you? Someone -

- With authority and experience
- You respect
- You can identify with
- Who follows same rules and norms as you



Barriers:

- Age, gender, profession, nationality, ethnicity

Changing cough behavior

Discuss:

- How will you get him to cover his mouth when coughing
- Whom will he listen to?
- Why?
- How should you behave to make him want to follow your advice?



✓ *Show how you would do it*

Behavior change: **Key factors 1**


- **Being aware** of a problem does not make people change
- **Having knowledge** about a problem does not make people change
- People must **WANT** to change
- Must **be influenced by**
 - someone they **respect and trust**, and/or
 - an **emotional event**



Examples



- *"I realized that it's necessary to give people time to change after talking to them because change is not instant"*
- *"Nobody likes that somebody points out one's faults, hints one's bad habits or condemns one's lifestyle. We can't change someone's behavior only with words, sooner we can make him angry and have bad cooperation".*



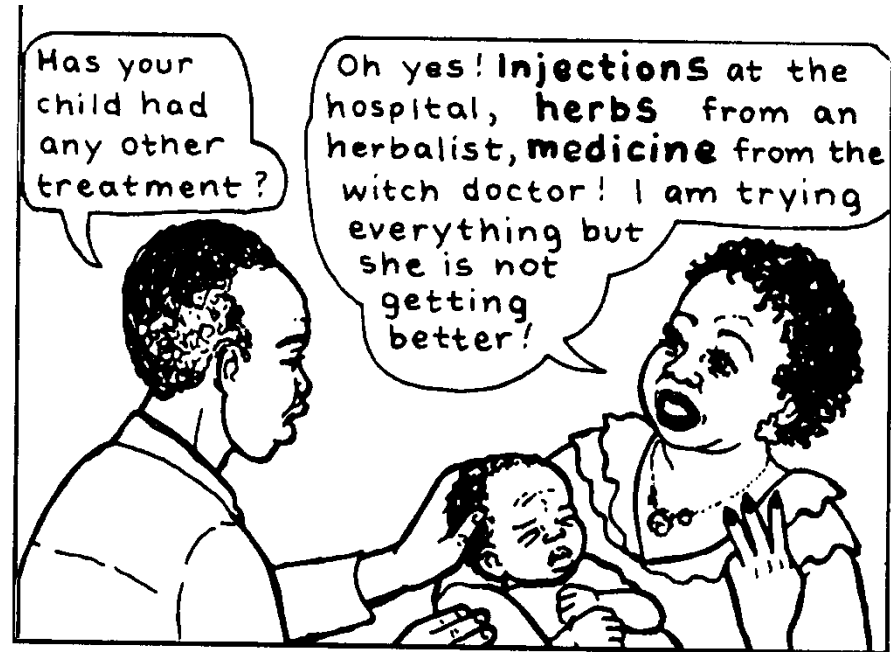
Has your child had any other treatment?

Oh yes! **Injections** at the hospital, **herbs** from an herbalist, **medicine** from the witch doctor! I am trying everything but she is not getting better!

Will she follow your advice?

Discuss in groups: *Looking at the mother – and what she has done for her child:*

- What should you **focus** on first? Why?
- How do you need to **behave** for her to
 - **follow your advice, and**
 - **change her behavior?**
- How long time do you think it will take for her to change?



Stages of crisis

- **Shock** – fear, pain, bodily reaction, intellectual
 - *Take in information/advice?*
- **Reaction** – strong, turbulence, confusion
 - *Take in information/advice?*
- **Processing** – dealing with the crisis, coming to terms, emotional
 - *Take in information/advice?*
- **New orientation** – life goes on
 - *Take in information/advice?*

Implications for your work

Buzz in pairs:

- Are there situations where patients perceive they are in crisis, and you as HP do not see it as a crisis, but as a «normal» medical situation that can be dealt with? Share experiences about this, and about how you handle it.

Points to reflect on:

- How do you recognize a patient feels she is in crisis?
- Is there a difference between «rejecting their crisis»/telling them they are wrong, and settling them/allaying their fears? What is the difference?
- Where is the HP focus when rejecting, and when allaying fear?
- What is the effect on the patient?
- How do you communicate in such situations? Do you give a lot of info when patients feel they are in crisis? What is the effect?

Will they change?

YOUR CHILDREN GET SICK BECAUSE OF YOUR OWN DIRTY HABITS. OF COURSE YOU DON'T MEAN ANY HARM, YOU JUST DON'T KNOW ANY BETTER. BUT I WILL TELL YOU WHAT TO DO, SO LISTEN CAREFULLY!



True or False

1. You have to see something as a problem yourself before you can consider change.
2. You can only change yourself.
3. Changing behaviour can be a quick process.
4. We often judge people as being stubborn or ignorant when they don't want to change.
5. If you tell people to change behavior, they will be happy to oblige you.
6. If someone refuses to change, you can push them to change their behaviour if you know it is harmful to their health.
7. To change, you require time and energy to think and reflect.

True or False

8. People we trust and respect can influence us to change.
9. If someone else gives you a reason to change - a reason which is good from THEIR perspective - you will change
10. Even if you don't see the behavior as a problem, you can change it, if someone else says you should.
11. You need to be ready to let go of an old idea to be able to change.
11. Being stressed is not a problem, you will be willing to change anyhow.
12. You can help people see the need to change by expanding their view.

True or False

13. If a person is very busy and overworked (like a mother with 5 children, a sick husband and little money), she will be open to change behavior when you tell her to do so.
14. You have to feel safe to consider change
15. Never try to push someone to change.
16. By just giving someone information you can make them change.
17. No one has a “wrong idea”.
18. When people don't want to change, even though you give them a good reason, they are stubborn+ ignorant
19. You need a good reason to change behavior.

True or False

- 20. You can change behavior regardless of how you feel - even if you are very tired or hungry or feel burnt out, you will be open to change
- 21. When people are stressed (scared, overworked, undernourished, tired), they will not consider change.
- 22. If you tell someone else to change, they will do as you say
- 23. Changing behavior is easy, for others
- 24. Changing behavior is difficult, for you

Summary:

Changing ideas and practice

- Create **awareness** of new ideas and practices through mass media and information activities (posters, pamphlets)
- Encourage **trial of new practice** through trusted source, or emotional event.
- Encourage to **keep new behavior** through trusted source, positive reinforcement, and peer pressure



Robert Chambers: importance of attitudes

- Personal behaviour and attitudes are fundamental for true participation. It is **our** attitudes - the professionals - which have to change.
- This critical finding, and its implications, are still only recognised, let alone acted on, by a minority of development professionals. Most donor agencies, Governments, universities, training institutes, and NGOs continue to promote and practice business-as-usual with top-down blueprints, packages, targets and teaching. Only the language has changed.
- Many adopt the new rhetoric of participation; few change what they do.
- At the same time, on a vast and increasing scale, donors and Governments demand and require participation and that PRA be used, more and more universities and training institutes seek to teach PRA in the classroom; many NGOs assume that NGO status alone enables them to be good PRA practitioners; and consultants coopt the label without the substance or the spirit.
- The result is abuse and malpractice on a massive scale.

Role-play

