

ENGAGING COMMUNITIES AND PROMOTING HEALTH-SEEKING BEHAVIOR THROUGH STRATEGIC SOCIAL AND BEHAVIOR CHANGE

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BACKGROUND

The majority of maternal and neonatal morbidity and mortality in low- and middle-income countries is preventable and could be averted through timely provision of appropriate health care (WHO 2013). Critical factors in delays include making decisions to access care, identification of and transport to a medical facility, and receiving timely, adequate, and appropriate treatment (Calvello et al. 2015). These delays are caused not only due to a lack of economic and human resources but also socio-economic and cultural challenges that are interwoven in influencing people's health-seeking behaviors (Kaur et al. 2018).

Human behavior is complex and hugely influenced by social norms, habits, attitudes, practices, access to resources, self-efficacy, structural constraints, and lack of knowledge and opportunities. People are influenced by peers, family, health workers, religious and community leaders, and policymakers, whose actions may directly or indirectly increase or decrease uptake of health care in a given community (Davis et al. 2015). Improving the quality of health care alone will not improve health outcomes without tackling the underlying issues that affect individual health-seeking behavior (Kelly and Barker 2016). It is therefore vital to design social and behavior change (SBC) interventions that improve beneficiaries' awareness, demand for, and uptake of essential services while addressing negative barriers that inhibit care-seeking behavior. Given the diversity of influencing factors, integrated

SBC messages should be context-specific and promoted through multiple approaches, for multiple influencers, and at multiple contact points, such as family members, peers, and health workers, among others (USAID 2014).

The USAID Ingobyi Activity, a five-year cooperative agreement led by IntraHealth International to improve the availability, quality, and utilization of reproductive, maternal, newborn, and child health (RMNCH) and malaria services, builds upon the tremendous gains Rwanda has made in the health sector as well as previous USAID investments in the sector. One key evidence-based intervention employed by Ingobyi is the implementation of SBC messaging, which engages communities to play an active role in promoting their optimal health and positive health-seeking habits and practices. Ingobyi's SBC messages are aimed at increasing knowledge, awareness, and demand for RMNCH and malaria services at the 26 district hospitals and 323 health centers it supports and other facilities nationwide.

INGOBYI ACTIVITY'S SBC STRATEGY

Ingobyi Activity's SBC strategy focuses on four main areas:

- **Sexual and reproductive health (SRH)**—to reduce pregnancies among adolescent girls; prevent unplanned, untimed, and unspaced pregnancies; reduce unsafe sexual practices among men, women, and adolescents; and increase awareness and reporting of gender-based violence.



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- **Family planning (FP)**—to increase adoption and continuation of FP methods.
- **Maternal, newborn, and child health**—to increase timely uptake of antenatal care (ANC) services, as well as health-seeking behavior, by addressing myths, misinformation, and negative perceptions of health services.
- **Malaria prevention and treatment**—to improve health-seeking behavior.

At the beginning of the Ingobyi Activity, its SBC unit gathered and reviewed available internal and external data and conducted formative research, which included a review of SBC interventions currently being implemented in the country that might directly or indirectly affect RMNCH and malaria service delivery. The research was jointly conducted by Ingobyi and other partners, including Breakthrough Action, Society for Family Health Rwanda (SFH), and the Rwanda Health Communication Center (RHCC), and identified behaviors, barriers, and facilitators of health care-seeking habits. Findings included:

- Frequent, unplanned, untimed, and unspaced pregnancies among adolescent girls; poor uptake of HPV immunization among girls aged 12–15; frequent unsafe sexual practices among sexually active individuals; and abused women and girls reluctant to report the abuse.
- Very few adolescent girls and women accessing postabortion care for bleeding; pregnant women not making the recommended ANC visits; health workers not providing quality ANC, delivery, and postnatal care (PNC) services for all pregnant women; mothers not practicing exclusive breastfeeding for the first six months of a child’s life; poor personal hygiene of mothers, caregivers of children, and children under five; and families and community members stigmatizing teenage mothers.
- Community members not clearing mosquito and other insect breeding sites around the home; children under five with fever not being taken for care within 24 hours to receive appropriate treatment; and children under five and pregnant women not sleeping under long-lasting insecticide-treated bed nets (LLINs).

Further analysis revealed that knowledge gaps, negative perceptions, and economic factors hindered the adoption of RMNCH and malaria prevention and treatment services at the micro level (individual), while cultural and religious

beliefs and lack of family and peer support were among the significant barriers at the meso level (family). At the macro level (community), health facility-related barriers, including negative attitudes of health workers leading to poor service delivery, were reported.

DEVELOPMENT OF SBC MESSAGES

From the formative research, Ingobyi Activity, in collaboration with Rwanda Biomedical Centre (RBC) and RHCC, designed tailored SBC messages and materials to address the identified barriers and behaviors. The materials were developed through a series of consultative meetings and workshops in 2018 and 2019 led by the Health Promotion and Social Determinants Technical Working Group, which included SBC experts from development partners such as WHO, UNICEF, USAID, Ingobyi, World Vision, Global Communities, Urunana Development Communication, SFH, Breakthrough Action, RBC, and RHCC. The SBC messages were discussed, validated, and approved for use by the Maternal, Child, and Community Health Division (MCCH) of RBC and RHCC in line with the Government of Rwanda’s health policies. The design and selection of health promotion messages and channels of communication were guided by the Rwanda National Health Promotion Strategy and the Ingobyi SBC strategy.

KEY SBC ACTIVITIES

Ingobyi Activity uses a blend of two theoretical models—health belief and socio-ecological, with more emphasis on the latter—to implement SBC messaging. This ensures that all members of the community as well as varying barriers and influencers of health-seeking behavior are addressed. The health belief model is based on the fact that the course of action an individual takes to cure or prevent illnesses often depends on the person’s perceptions of the benefits and barriers related to health behavior (Green et al. 2020). The socio-ecological model emphasizes that health promotion should focus not only on the individual’s behavioral factors but also on multiple-level factors that influence the specific behavior in question (Ma et al. 2017). These levels include the individual, interpersonal, community, and organizational levels, as well as national, political, and environmental levels.

Ingobyi utilizes a range of approaches and relevant tools that drive communication for behavior change and ensure consistency and coordination among

implementers/partners to deliver SBC messages. These approaches include:

DISSEMINATION OF HEALTH COMMUNICATION MATERIALS

Ingobyi Activity prints and disseminates national health promotion materials, including posters, charts, and flipbooks for use during service delivery and health promotion at health facilities, trainings, and community outreach events. These materials include messages encouraging uptake of RMNCH and malaria services, such as health facility deliveries, ANC, PNC, and FP, among others. They also encourage health-seeking and positive behaviors, including exclusive breastfeeding, breastfeeding with kangaroo care methods, use of LLINs for malaria prevention, and ensuring proper maternal and child nutrition, among others.

RADIO DRAMAS AND TALK SHOWS

Radio is an effective medium of transmitting information in Rwanda owing to its nationwide coverage and use by communities especially in rural hard-to-reach areas. Ingobyi Activity supports the development of a serial radio drama, the Urunana soap opera, with a focus on RMNCH and malaria prevention and treatment. The drama is aired twice weekly on Radio Rwanda and Radio 10, which reach the entire country. Urunana depicts normal life in the fictional town of Nyarurembo and reflects the way of life of typical Rwandans. It is packed with key RMNCH and malaria messages as well as other cross-cutting topics such as infection prevention and control measures and gender equality messages. Ingobyi also uses this platform to disseminate messages on COVID-19, including preventive measures, fighting misinformation, and addressing vaccination hesitancy. In addition, short radio sketches usually targeting one or two health behaviors are aired weekly or biweekly on nine community radio stations. These sketches highlight challenging behaviors and offer solutions to change them.

Another radio broadcast used by Ingobyi to disseminate RMNCH and malaria prevention and treatment messages is the Umuzoza magazine show, which is broadcast right after the Urunana drama episodes. The show allows listeners to call in and discuss various health topics touched on by the serial drama and have their issues and queries answered by Ingobyi technical staff and other health professionals. Ingobyi also utilizes

interactive radio talk shows on different radio stations to discuss community health issues. Ingobyi and various hospital staff are invited as guests to facilitate the talk shows and discuss different health topics, receive listeners' feedback, and provide responses to their questions. On average, at least 48,000 individuals actively participate in various SBC media broadcasts every month by calling in, providing feedback through text messaging, or leaving comments on social media.

USE OF SOCIAL MEDIA

Social media is an increasingly important tool to target large audiences, especially younger people who spend considerable time and are increasingly getting more information on social media than other traditional platforms. Ingobyi Activity has prioritized implementing youth friendly multi-channel social media messages aimed at reaching various segments of the adolescent and young adult population. Ingobyi is partnering with Rwanda We Want, an organization aimed at skilling and harnessing the potential of Rwandan youths, which employs social media such as Facebook, Twitter, YouTube, and Instagram to create awareness of SRH information and services among youth and adolescents across the country. Educational images, photos, and messages aim at breaking the ice among youth and between youth and adults on the often undiscussed or taboo topic of sexuality among youth—raising awareness and urgency among youth on the importance of SRH and equipping them with skills and knowledge to help them lead a healthy sexual life.

COMMUNITY OUTREACH EVENTS

Using internal and external data on different performance indicators, Ingobyi Activity works with district leadership to identify hard-to-reach communities in need of health messages to improve their health care-seeking behavior through outreach events. During these events, Ingobyi provides health education messages through community meetings facilitated by staff, local leaders, health center-based providers, and community health workers (CHWs) to encourage uptake of RMNCH and malaria services. In addition, Ingobyi works with nearby health centers during the outreach events to offer different services, including FP, HIV testing, pregnancy testing, nutrition counseling, and screening of non-communicable diseases.

In fiscal year 2019, an estimated 434,118 people were reached through outreach events. However, with the onset of the COVID-19 pandemic, government regulations banned the gathering of large numbers of people, which drastically reduced the number of people reached through such events, with an estimated 40,427 and 7,294 people attending in fiscal years 2020 and 2021, respectively. However, messages on SRH have been taken to heart and adopted—for example, in the 19 three-day community outreach events conducted in 2021, there were 1,664 new users who adopted FP methods, including 567 for injectables, 336 for pills, 609 receiving implants, and 152 taking up condoms.

Ingobyi stresses that integrated community outreach should be a part of regular activities of health facilities as a way of giving back to the community and raising awareness of the services offered at the facilities. Ingobyi has conducted trainings of health workers including doctors, midwives, nurses, and CHWs on how to conduct outreach in the communities to maximize the coverage of people accessing RMNCH and malaria services within their catchment areas. During this outreach, the health facility providers, with support and supervision from Ingobyi, educate communities on how to lead healthy lives and also offer permanent FP services that require higher medical expertise that might not be available in nearby health centers. For example, outreach events in late 2021 led to clients receiving 560 tubal ligations and 105 vasectomies.

COMMUNITY MOBILIZATION

Ingobyi Activity conducts interpersonal communication sessions through *inteko z'abaturage* and *umuganda* (community gatherings) targeting local community members with a focus on couples to provide them with critical information on FP, maternal and child health, malaria, COVID-19 and Ebola Virus Disease prevention. The sessions are led by CHWs trained on interpersonal communication, in collaboration with their affiliated health centers. Parent-adolescent meetings are also organized to discuss barriers to SRH services among adolescents and encourage effective communication between parents and adolescents.

TRAINING ON DELIVERY OF YOUTH-FRIENDLY SERVICES

Ingobyi Activity trains community members, health workers, CHWs, adolescents, and young adults on various health topics. The training is tailored to

respective audiences to create more awareness on factors affecting health-seeking behavior and finding solutions to close information gaps. Ingobyi also conducts peer trainings and supports formation of youth clubs for in-school and out-of-school youth since most have insufficient knowledge on reproductive health. The adolescents and young adults in these youth clubs are grouped by age (10-14 years and 15-24 years) taking into consideration that each age group has different behaviors and barriers to access health care. Critical information about FP, safe sex practices, and malaria prevention is provided, and the youth called upon to transmit this information to their peers. The trainings also encourage youth to seek out and utilize the youth corners at health centers near their communities.

Ingobyi equips youth representatives and teachers with skills in peer education and interpersonal communication to deliver friendly SRH information and messages to adolescents. Ingobyi also regularly conducts refresher training of health center FP focal points for SRH and health center managers on youth-friendly counseling techniques and interpersonal communication skills to facilitate delivery of youth-friendly messages and services at youth corners.

ADVOCACY

Advocacy is an important part of Ingobyi Activity's SBC strategy. By highlighting behaviors and messages and bringing them to light through media like print, social media, and talk shows, key issues affecting service delivery or preventing health care access are made known to the public and other stakeholders, including policymakers who have a major influence on people's ability and willingness to adopt various healthy behaviors. Ingobyi regularly conducts coordination meetings with these stakeholders, including district management teams, district leaders, the Ministry of Health and RBC to underscore the need to address barriers to health service access and delivery.

RESULTS

COVERAGE OF INGObYI ACTIVITY'S SBC MESSAGES

An SBC survey conducted by Ingobyi Activity in September 2021 revealed that 75% of the respondents recalled hearing a health promotion message through one or more platforms in the

six months preceding the survey. Respondents reported hearing health messages conveying information about different technical areas (Table 1) of which COVID-19 was the most heard, by 1,606

(98.6%) of the study participants. Ebola-related messages were the least heard, with only 259 (40.3%) of study participants recalling hearing them in the six months prior to the survey.

Table 1. Reach of Ingobyi RMNCH and malaria prevention and treatment messages

Technical areas	Heard or seen messages in the last six months		Did not hear or see messages	
	FREQUENCY	PERCENTAGE	FREQUENCY	PERCENTAGE
Maternal health	827	72.0	322	28.0
Neonatal/child health	760	66.1	389	33.9
Family planning	959	83.5	190	16.5
Malaria	879	76.5	270	23.5
Gender-based violence	722	62.8	427	37.2
SRH	298	62.2	181	37.8
COVID-19	1606	98.6	22	1.4
Ebola	259	40.3	384	59.7

ADOPTION OF SBC MESSAGES LEADING TO IMPROVED HEALTH SEEKING BEHAVIORS

In the same survey, participants who recalled hearing SBC messages claimed to have adopted positive health care behaviors such as delivery at the health facility, taking their children for vaccination, increase in ANC visits, practicing exclusive breastfeeding, use of FP methods, and increase in use of LLINs at night. For example, of the participants who recalled hearing maternal health messages, 98% claimed to be seeking and using more maternal health services from nearby health facilities, an increase from the 63% who had already been utilizing these services prior to exposure to SBC messages.

This increase in healthy behavior adoption was also seen in other technical areas covered by Ingobyi Activity's SBC messaging. For example, 81% of the participants started to seek out more SRH services when they heard the messages, up from 55% who had been aware of these services. FP uptake was also high after the increased awareness of its importance with 91% of participants adopting a FP method, up from 57%. Similarly, 97% of the surveyed participants claimed to have started seeking out more neonatal and child health services from different health facilities, up from 58% prior to hearing the messages.



Treatment-seeking behavior has improved because we have CHWs who give us basic health care services. Before the involvement of CHWs in the health system, one could get signs of malaria at night and then wait the next morning or the next day to go to the health facility for treatment. However, if one has signs/symptoms, there is no need to wait, you go to the CHW for an examination. If malaria is confirmed, the CHW will give you treatment.



—Older female participant in the SBC study from Gicumbi District



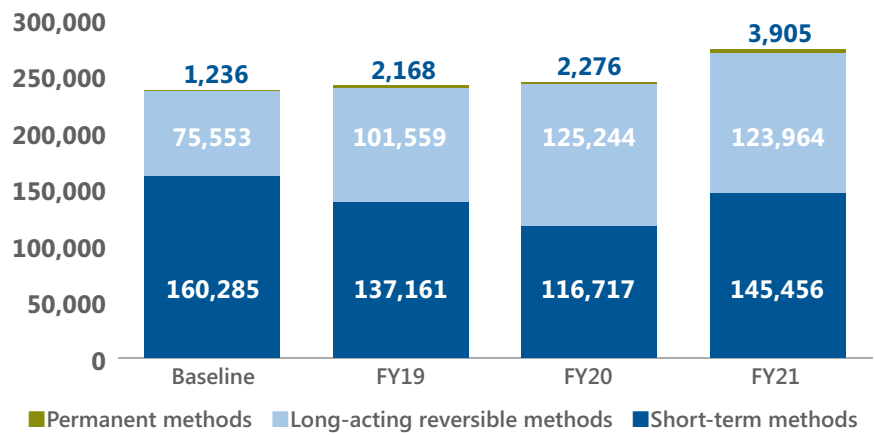
Following the messages I received, I would say that the use of MNCH services and nutrition has improved. For example, during pregnancy, I made sure to eat a balanced diet. As a consequence, my child was healthy at birth and he is still healthy. I also ensure to provide for him a balanced diet to stave off any potential effects of malnutrition.



—Young female participant in the SBC study from Gicumbi District

This adoption of messages reported in the study has been reflected in increased RMNCH and malaria utilization at health facilities supported by Ingobyi, implying that SBC messaging together with other evidence-based interventions have contributed to more people seeking health services. For example, the number of new users of FP services and the contraceptive prevalence rate (CPR) have steadily increased since 2018 (Figure 1).

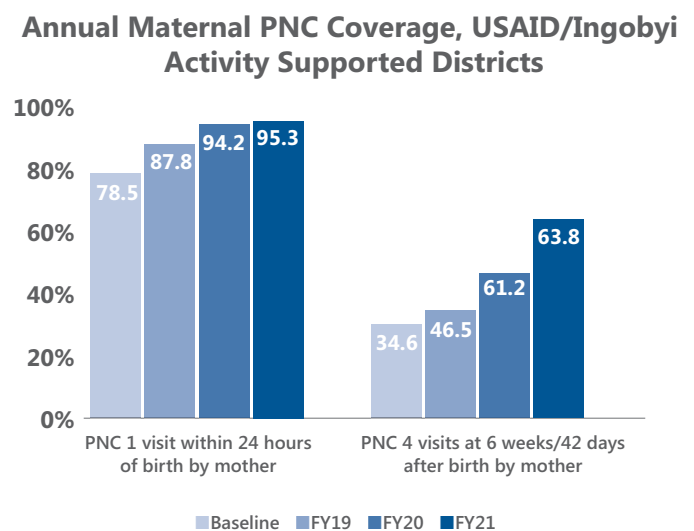
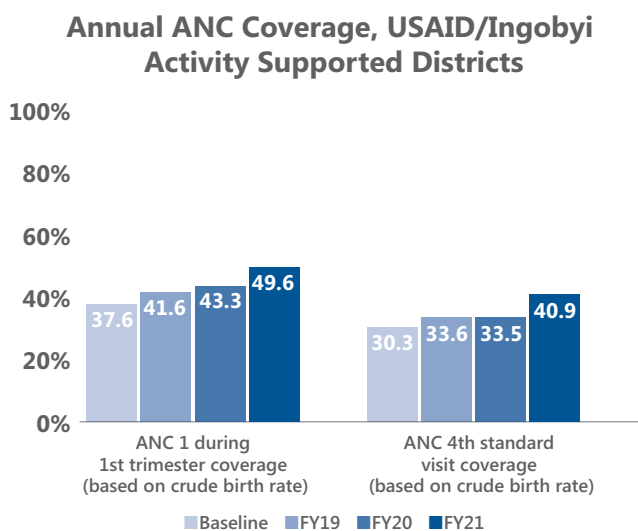
Figure 1. Number of new users of family planning by method in Ingobyi Activity-supported health facilities



SBC messages covering the importance of attending ANC and PNC at health facilities have contributed to increased demand for, access to, and coverage of these services in supported health facilities. The percentage of women attending

both the first and fourth ANC visits (based on the crude birth rates within the given catchment area) and PNC visits has increased in supported districts (Figure 2).

Figure 2. Number of women attending ANC and PNC in Ingobyi-supported districts



IMPLEMENTATION CHALLENGES

- COVID-19 hindered the implementation of community outreach activities due to the regulations limiting movement of people and mass gatherings. To address this, Ingobyi used other channels like community radio stations, CHWs, and conducting smaller meetings at health facilities to deliver the needed messages.
- Audience surveillance reports and surveys have raised the issue of marginalized people in

hard-to-reach communities who cannot afford a radio, television, or mobile device to access SBC messages. Such individuals can be reached through community outreach events. However, these events are costly and take time to organize. To respond to this challenge, Ingobyi uses data to prioritize the neediest communities for outreach events and engages CHWs to deliver health messages during home visits and community meetings.

LESSONS LEARNED

- Regular audience surveillance is key in determining behavioral changes to gauge whether messages are reaching target audiences and are being accepted and adopted.
- CHWs are an important means of relaying messages, especially in the hardest to reach communities. These workers need more training on community health topics to strengthen their capacity to deliver messages effectively.

CONCLUSIONS

Knowledge contributes to one's ability and willingness to change a given behavior, such as health-seeking behavior. For change to be sustainable, factors that directly or indirectly affect people's ability to change their behavior need to be addressed. Developing messages that target individuals, families, and communities as well as utilization of innovative approaches to design and deliver the messages is very important in bringing about behavior change. This calls for use of evidence and thinking about the audience in all aspects of design and dissemination of health promotion messages. Ingobyi Activity will continue to document its current SBC approaches and their impact on behavior change and health outcomes to facilitate further refinement of demand creation efforts for improved utilization of RMNCH and malaria services.

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