Behaviour Change Activity Identification and Development

PRACTICAL HANDBOOK

(based on REPLACE Approach: see www.replacefgm2.eu)

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CONTENTS:

AIM	3
INTRODUCTION	3
IDENTIFYING AND DEVELOPING BEHAVIOUR CHANGE ACTIVITIES: ACTIVITY STAGES	4
CONCLUSION	11
REFERENCES	12
ANNEX 1: Example from REPLACE2: Dutch Somali behaviour change focussing on Koranic School Teachers.	13
ANNEX 2: Example from REPLACE2: Creating and supporting opportunities to talk about FGM with the Gambian and Senegalese communities in Spain and Guinea Bissau community in Portugal.	14
ANNEX 3: Example from REPLACE2: Supporting motivation with the British Sudanese Community in the UK.	15

AIM

The aim of this Handbook is to assist Change Agents and Change Champions to identify and develop behaviour change activities that are relevant to the social norm perpetuating FGM and the readiness to end FGM of the selected intervention community. This is to ensure that the behaviour change activity is culturally sensitive and appropriate to the current social norm supporting the continuation of FGM in the intervention community. This will ensure the most efficient use of resources to achieve the goal of ending of FGM.

INTRODUCTION

The REPLACE Community Mapping and Community Readiness to End FGM Assessment that have already been undertaken by Change Agents and Change Champions with the intervention communities will have demonstrated the diversity of FGM affected communities in the EU. Communities hold different beliefs concerning FGM, sometimes subtly different, which support the social norm to continue FGM. Also different communities are at different stages of readiness to end FGM, which can be the result of previous intervention activities as well as a reaction to the changing political environment in the country and region in which they live. In addition communities are constantly changing due to new arrivals and the exchange of messages and expectations from extended family in the country of origin. Furthermore, different communities perform different types of FGM on girls and women, at different stages in their life course.

All of this means that there is not a 'one size fits all' behaviour change activity that can be used with all FGM affected communities in the EU. Instead behaviour change activities need to be tailored to the situation of the intervention community, and will need to be reviewed and evaluated as the intervention community moves towards abandoning FGM. Behaviour change activities are 'behavioural change steps' towards the goal of ending FGM and in order to be effective must incorporate behaviour change elements and be tailored to the stage of readiness to end FGM of the community. It is possible that communities will go through a number of cycles of intervention development and implementation before a shift in social norms will begin to be detectable and gains momentum.

This Handbook gives step by step guidance on how to identify a relevant behaviour change activity that is tailored to the needs of the intervention community. As each community is different and will evolve as behaviour change activities are implemented, this Handbook helps you to work with communities to identify and implement behaviour change activities that result in real and sustained behaviour change.

Evaluation is integral to ensure behaviour change activities are relevant and progressing communities towards ending FGM. How to undertake evaluation is discussed in the accompanying 'Evaluating Behaviour Change Activities: Practical Handbook' which should be read alongside this Handbook.

IDENTIFYING AND DEVELOPING BEHAVIOUR CHANGE ACTIVITIES: ACTIVITY STAGES

Identifying and developing behaviour change activities comprises 5 steps which are described and illustrated as follows:

Step 1: Understanding the Social Norm perpetuating FGM in the Intervention Community.

By undertaking the Community Mapping Exercise (see Barrett & Alhassan, 2016, 'Community Mapping with FGM Affected African Communities in the EU: Practical Handbook'), Change Agents and Change Champions will be familiar with the belief systems supporting the social norm perpetuating FGM in the intervention community and will be aware of the community enforcement mechanisms that support the continuation of FGM. Social norms and enforcing mechanisms that support the perpetuation of FGM within the intervention community might include religious beliefs that support the continuation of FGM (e.g. 'little 'sunna' is required by Islam'), beliefs that relate to health outcomes of FGM (e.g. 'cutting is good for women's health and there are no severe consequences of FGM Type I or Type II'), the role of women in the community (e.g. 'women are viewed as subordinate to men'), controlling female sexuality, the role of community elders (e.g. 'community elders are respected and listened to') and the acceptability of communicating about the issue of FGM by community members (e.g. 'it's difficult to talk openly about FGM').

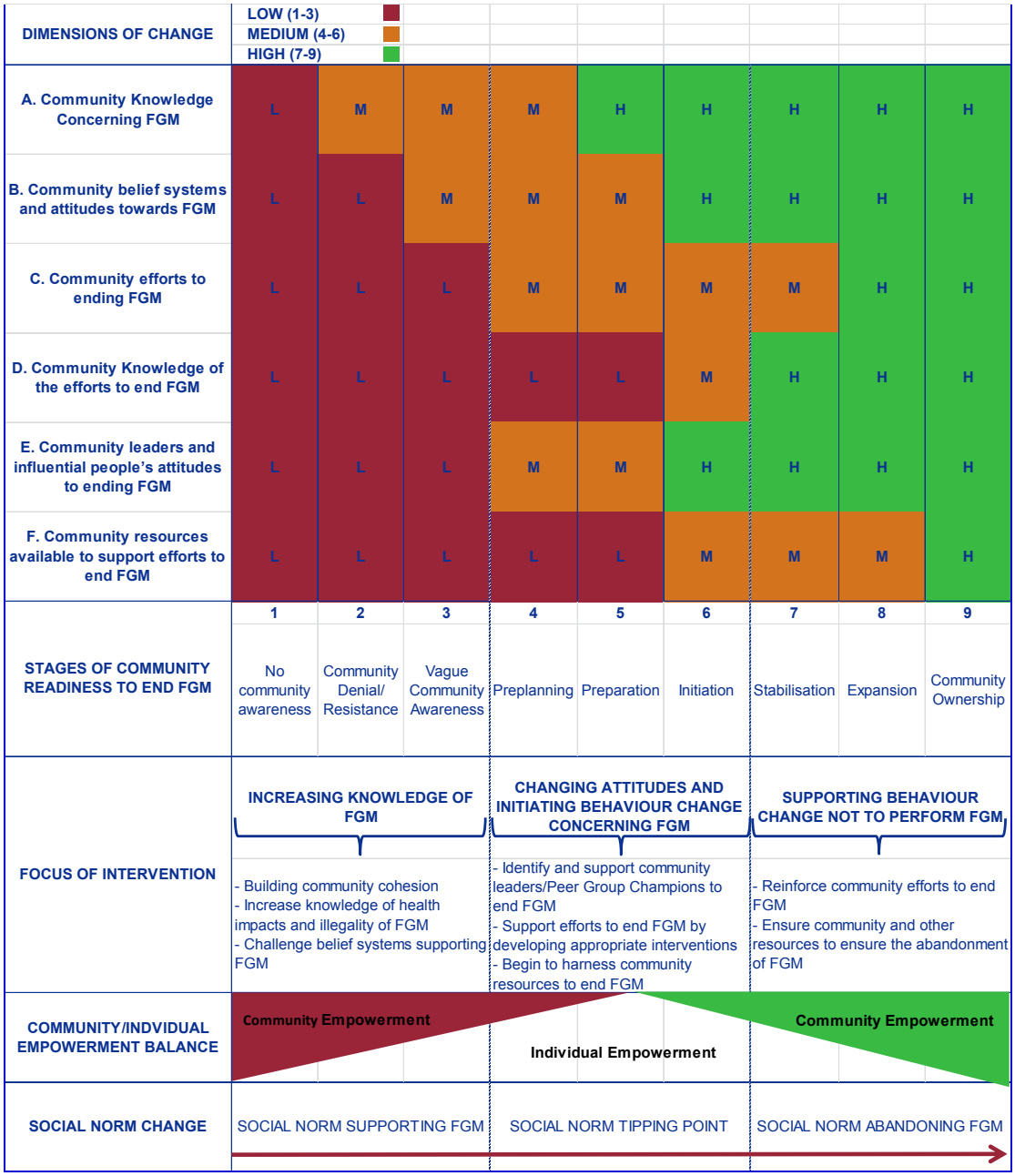
Understanding the social norms and enforcing mechanisms supporting the continuation of FGM in the intervention community is important and should inform any behaviour change activity that is identified and developed.

Step 2: Undertaking a Community Readiness to End FGM Assessment

A Community Readiness to End FGM Assessment will have been undertaken with each intervention community (see Barrett & Alhassan, 2016, 'The REPLACE Community Readiness to End FGM Assessment: Practical Handbook.'). This assessment gives a readiness score for six dimensions of change which are then averaged to give an overall community readiness score (see Figure 1). By using both the dimension and community scores, Change Agents and Change Champions can identify behaviour change activities that are appropriate to the readiness to end FGM status of the intervention community. In very simple terms a community readiness score of 1-3 will translate into a behaviour change activity related to increasing *knowledge* and awareness of FGM in the community. A score of 4-6 will imply that

behaviour change activities that challenge *attitudes* towards FGM would be beneficial. Whilst a score of 7-9 suggests that behaviour change activities that introduce and embed *practical* changes aimed at ending FGM are appropriate (see below).

Figure 1: REPLACE: Community Readiness to End FGM Assessment



Source: Barrett et al, 2015a, 2015b

Step 3: Identifying a Behavioural Change Activity.

Identifying a behaviour change activity begins by drawing on the REPLACE Community Readiness to End FGM Assessment of the intervention community.

Aligning the behaviour change activity type with stage of readiness assessment score maximises the likelihood that engaging in that action will move the community forward to the next stage of behaviour change and towards social norm rejection and replacement. In general, behaviour change activities should follow the guidance below which uses the community readiness to end FGM to inform the type of activity that should be developed:

Stages 1-3: behaviour change activities should focus on building community cohesion, increase awareness and knowledge of the health implications of FGM and that fact that FGM is an illegal practice in the EU and begin to challenge the belief systems supporting the continuation of FGM.

Stages 4-6: behaviour change activities need to initiate behaviour change through identifying and supporting community leaders, developing appropriate interventions and harnessing community resources to end FGM. These are crucial stages in social norm change, as during these stages the tipping point in Social Norm change will occur and individual self-efficacy and empowerment will begin to challenge the Social Norm supporting FGM.

Stages 7-9: behaviour change activities will support behavioural change as well as embed and strengthen social norm change in abandoning FGM.

Table 1 provides suggested behaviour change activities aligned to each community readiness to end FGM assessment score.

Table 1: The REPLACE Community Readiness to End FGM Assessment with exemplar behaviour change activities.

Community Readiness Score	Stage name	Suggested behaviour change activities
1	**No Community Awareness** Community members not conscious of FGM as a problem and accepts it as the way things are. FGM is the social norm	▪ Initiate community engagement. ▪ Discussions with community leaders and members about FGM. ▪ Visit existing and established small groups to inform them of the issue. ▪ Raising the issue with friends and potential supporters.
2	**Community**	▪ Continue visits and discussions and encourage those you've talked with to assist.

	Denial/Resistance Some awareness of FGM; FGM viewed as problematic but no motivation to act or belief anything can be done to change things	▪ Gain understanding of the belief systems and enforcement mechanisms supporting the continuation of FGM ▪ Discuss local anecdotal evidence of harms of FGM ▪ Approach and engage local safeguarding/education/health outreach programmes and interested NGOs to assist efforts ▪ Present information to community groups.
3	**Vague Community Awareness** Some community members communicate in general terms about FGM; poor understanding of the issues and no community motivation to change things	▪ Present information at local community events and to unrelated community groups, with community leaders if possible. ▪ Begin to initiate events (e.g. community women's health events etc.) to present information on the issue. ▪ Provide 'safe' opportunities to allow people to talk openly about FGM e.g. at specially organised events
4	**Preplanning** Clear recognition of the problem of FGM; community leaders are willing to take action; no clear understanding of what action to take	▪ Introduce more formal information about FGM through presentations at community events and through social media. ▪ Develop support from community leaders and members. ▪ Review existing efforts in the community to determine next steps. ▪ Begin to change attitudes towards FGM
5	**Preparation** Planning begins to take on focus and detail; data may be collected to aid planning and decisions are made about what to do;	▪ Conduct surveys with FGM prevalence and type questions. ▪ Conduct community surveys. ▪ Present in-depth local information concerning belief systems. ▪ Determine and publicise the costs of the problem to the community. ▪ Conduct public forums to develop strategies. ▪ Utilise key leaders and influential people to speak to groups and to participate in o local radio and television shows in order to introduce behavioural change concerning FGM.

	resources are gathered and put to use and there is some community support	
6	**Initiation** Activity or action to end FGM may have started but is perceived as novel; leaders enthusiastic; community support	▪ Plan publicity efforts associated with start-up of intervention or activity. ▪ Attend meetings to provide updates on progress of the intervention. ▪ Conduct community information gathering to identify service gaps and improve existing services. ▪ Begin library or internet search for resources and/or funding. ▪ Support community members wishing to end FGM
7	**Stabilisation** General support remains; Community leaders support ending FGM; some prevalence tracking going on supported by an organised and experienced administration; on-going evaluation likely and building motivation for change/progression	▪ Plan community events to maintain support for ending FGM. ▪ Conduct training for influential people and community leaders. ▪ Conduct training for community members. ▪ Introduce programme evaluation through training and newspaper articles. ▪ Conduct quarterly meetings to review progress and modify strategies. ▪ Hold special recognition events for local supporters or volunteers. ▪ Prepare and submit newspaper articles detailing progress and future plans. ▪ Strengthen networking between service providers and the community.
8	**Expansion** Support has grown to end FGM and most community members are comfortable with ending FGM; some evaluation has happened and new efforts being made to access more of the more resistant	▪ Publish a localised Programme Services Directory concerning FGM services and help. ▪ Develop a local speaker network. ▪ Begin to initiate policy change through cooperation with local city officials. ▪ Conduct media outreach on specific data and trends related to FGM. ▪ Embed behaviour change in the community

	FGM affected community	
9	**Community Ownership** Knowledge and understanding of problem sophisticated; community involvement is high and on-going evaluation and adaptation is typical. Social Norm is not to perform FGM	▪ Engage local business, community and solicit financial support from them to support interventions. ▪ Continue re-assessment of the issue and progress made. ▪ Utilise external evaluation and use feedback for programme modification. ▪ Celebrate the end of FGM within the community. ▪ Engage and support other communities on their journey to end FGM.

Source: Barrett et al, 2015a; Edwards et al, 2000; Plested et al., 2006.

Clearly the behaviour change activities identified and developed will be different for each of the community readiness to change stages. In addition whilst communities may be placed in the same stage of readiness to change, their scores may differ across the six dimensions of change (Figure 1). This provides a good guide to the dimensions of change that require attention and intervention and can ensure that an action with appropriate input is implemented and matched to the dimension needs and stages of readiness of the community.

Step 4: Developing and Implementing a Behaviour Change Activity.

Change Agents and Change Champions should work with the intervention community to identify a behaviour change activity based on the outcomes of steps 1-3 above. The types of actions and activities that Change Agents and Change Champions could engage in should be considered. It is important that community members themselves generate ideas, as they must feel that the behaviour change activity would be feasible and acceptable in their local context. A behaviour change activity can be anything that has the potential to engage more people on the issue and persuade more people that ending FGM should happen.

Table 2 shows the behaviour change activities chosen by members of the FGM affected communities who were involved in the REPLACE2 project together with the content focus of the activity; along with the stage of community readiness for that community at the outset of the project in 2013. More information of the activities is given in Annex 1-3.

Table 2: REPLACE2 behaviour change activities and content focus identified by participating communities, listed by REPLACE Community Readiness to End FGM Assessment

Intervention community	Behaviour change activity	Focus of main messages based on evidence about FGM perpetuation in each community	Stage of community readiness to change at outset of REPLACE2
Dutch Somali	Koranic school teachers delivering a Koranic school lesson focussing on challenging the belief that FGM required by Islam	'Little Sunna' or FGM is not a requirement of Islam.	3 – Vague community awareness but approaching 4 - Preplanning
British Sudanese	Organisation of a community event to present sessions on health consequences of FGM Types I and II and challenge the belief FGM is required by Islam. Break-out discussions in three languages	'Little Sunna' or FGM is not a requirement of Islam. Women with FGM Type 1 and 2 are four times more likely to have health problems than women who have not be subjected to FGM	3 – Vague community awareness
Spanish Gambian and Senegalese	Organisation of a set of community sessions focussing on attitudes towards European culture and FGM including health, religion, the law, and gender equality. Opportunity for discussion.	Link between gender inequality and economic development; and between gender inequality and FGM Development of capabilities and opportunities for intergenerational communication concerning FGM	2 – Community Denial/Resistance
Portuguese Guinea	Organisation of a set of community	Link between gender inequality and economic	3 – Vague Community

Bissauan	sessions focussing on attitudes towards European culture and FGM including health, religion, the law, and gender equality. Opportunity for discussion	development; and between gender inequality and FGM Development of capabilities and opportunities for intergenerational communication concerning FGM	Awareness
Italian Eritrean and Ethiopian (Habesha)	Organisation of a set of community sessions to bring community members together	Providing people with a greater sense of community and belonging to help them better understand Western values. A transient community not ready to address FGM	1 - No community awareness to 2 – Community Denial/Resistance

Source: Barrett et al, 2015a, 2015b

Step 5: Evaluating the Behaviour Change Activity.

Evaluation is an integral part of developing and implementing behaviour change activities and should be planned alongside all stages of behaviour change activity development. For example, evaluation is required to determine if the content of communications and messages delivered during behaviour change activities have the intended effect or impact, such as persuading people that FGM is harmful to health. Evaluation relating to this might assess the extent to which people who receive the intervention change their beliefs about the effects of FGM on health outcomes for women.

Continued monitoring and evaluation of behaviour change activities, the people they reach, and the impact they have is critical in order to understand whether what is done (e.g. messages delivered) is effective, or needs changing or adapting in some way based on what is found. 'Evaluating Behaviour Change Activities: Practical Handbook' gives guidance on how to incorporate evaluation into planning and implementing behaviour change activities and should be read alongside this Handbook.

CONCLUSION

The approach to the identification and development of behavioural change activities as outlined in this Handbook, ensures that:

- Voices from within the FGM affected community are listened to and are included in the behaviour change activity design, implementation and evaluation, enabling change to be a bottom-up process, and thus more sustainable.

- The most appropriate behaviour change activity has been implemented, matched to the REPLACE Community Readiness to End FGM Assessment of the community and is thus likely to support moving the community as a whole forward towards social norm transformation.

- That once delivered, behaviour change activities will have an impact on those who participate in the intervention, such that they change their understanding, beliefs and motivations in relation to FGM and may become motivated to also take action in their community to end FGM, thus moving the community nearer to ending FGM.

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Annex 1: Example from REPLACE2: Dutch Somali behaviour change focussing on Koranic School Teachers.

The community identified that Dutch Somali Koranic School teachers needed support in order to be able to deliver lessons in Koranic Schools concerning the myth that 'little sunna' was a requirement in Islam.

Through training and group discussions the community women, who included Koranic School teachers and lay women who had helped recruit the Koranic School teachers to the project, were provided with training. This covered what constitutes FGM (including the fact that what is referred to as 'little sunna' is still FGM), **information about the health consequences** (including **information about psychological and emotional consequences of FGM**), and **information about the legal (environmental) consequences** of activity relating to carrying out FGM in the Netherlands. In addition, the group arranged for an Islamic scholar, Prof Dr Hidir, from the Islamic University of Rotterdam to come and talk to them and **present clear arguments based in evidence from the Koran and the Hadiths that FGM/Sunna is not a requirement and not even approved of in Islam**.

Through their coming together and engagement in the REPLACE2 project these Dutch Somali women received **social support** and **information about others' approval** of taking action to end FGM including approval from those within their own community.

Working with the REPLACE2 team the group devised a lesson plan to support delivery of the Koranic School session, so that the Koranic School teachers had a **clear guide about what content to deliver, in what order and in what ways**. The group **delivered pilot lessons** and **watched each other do this** and **provided feedback** and **praise** to one another to help maintain motivation of the group.

The delivery of the lesson in several Koranic Schools in Rotterdam was an important outcome of the REPLACE2 project. Evaluation activities to determine the impact of the lesson as well as the impact on the Dutch Somali women and the teachers were carried out. Critically however, any behaviour change activity that is successfully carried out, is intended to influence the motivation of others to become involved in the fight against FGM (or at least to come to view FGM as wrong, question the social norm perpetuating FGM and thus favour the abandonment of FGM).

Annex 2: Example from REPLACE2: Creating and supporting opportunities to talk about FGM with the Gambian and Senegalese communities in Spain and Guinea Bissau community in Portugal.

On the REPLACE2 project the Gambian/Senegalese and Guinea Bissauan communities in Spain and Portugal experienced difficulties with discussing FGM openly with family, friends and community members. This was predominantly an issue with social opportunity but one that was addressed through organising events for community members to attend (**social support (practical)**), engaging those who attended in **problem-solving to identify other barriers and solutions to getting people to come and talk about the issue of FGM** and **through exposure** to talking about FGM which led to a greater acceptance of discussing the issue. This was done during the behaviour change activities which were held over a period of around 6 weeks between February and April of 2015.

Annex 3: Example from REPLACE2: Supporting motivation with the British Sudanese Community in the UK.

Even though many community members working with REPLACE2 were already motivated to take action to bring about change in their communities in relation to FGM, maintaining motivation was still important. The British Sudanese community members used regular group meetings and communicating via a free SMS messaging service called 'Whatsapp?' to provide **social support** to one another. FORWARD UK provided **material rewards or incentives** in the form of money to recoup costs of attendance and a free lunch at group meetings. The women used group meetings to report to one another on successful behaviour change activities to end FGM that they had engaged in individually and provided each other with **congratulations and praise on such successes**. In addition, similar to the Dutch Somali community (Annex 1), the REPLACE2 team worked with community members to **provide discussion topic guidance** for a major community event they organised. The purpose of this was to provide guidance on how to structure arguments and discussion that included persuasive communication about the fact that FGM is not a requirement of Islam and the evidence that even FGM Types I and II can have severe health consequences for women.