

Part 4

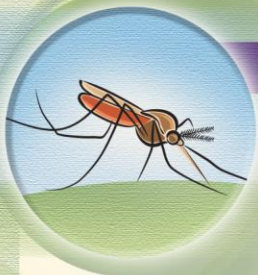
FOUR COMMON THEORIES OF COMMUNICATION & BEHAVIOR: DIFFUSION AND FEAR MANAGEMENT



Diffusion Theory

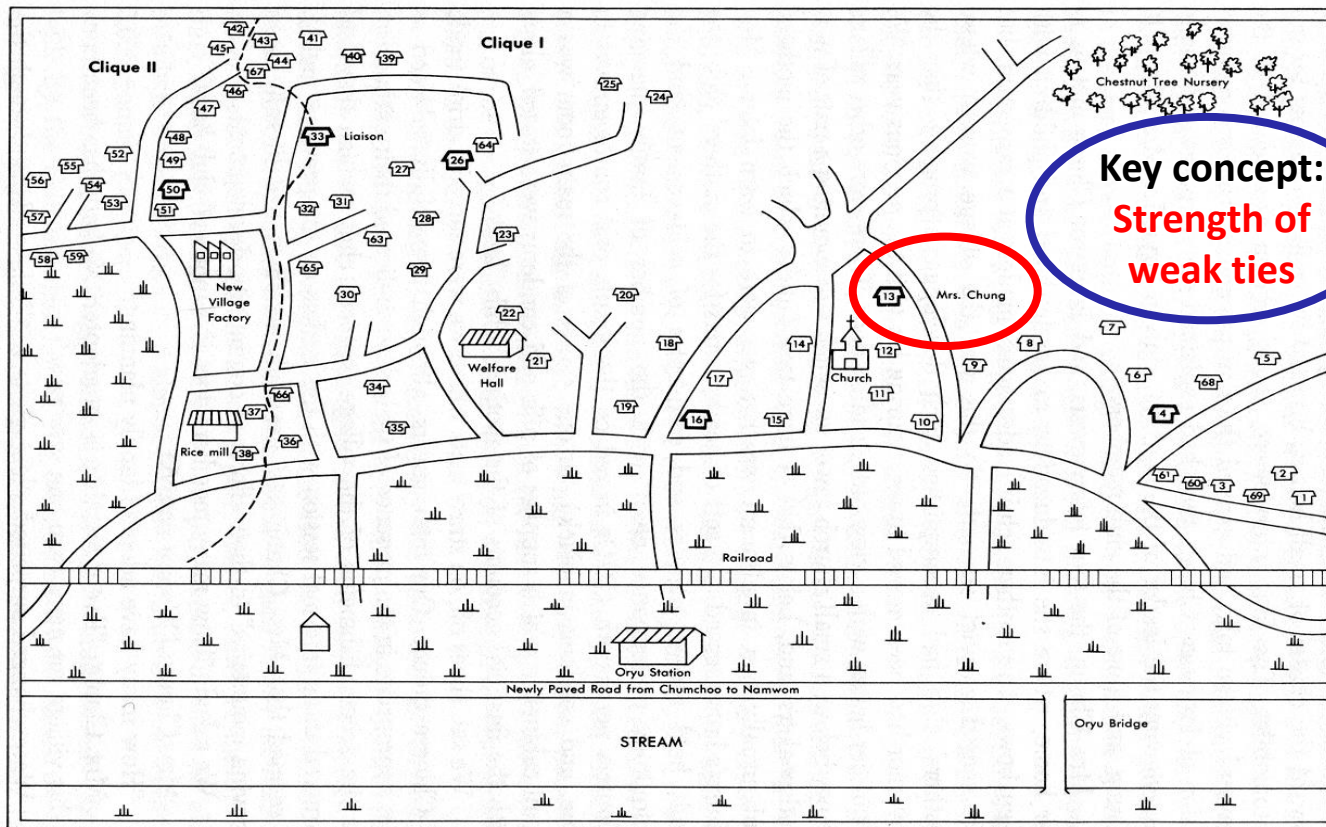
Basic assumptions

1. People choose to act based on . . .
 - How they perceive the action in the context of their daily lives
 - What they see other people doing
 - How people talk about and share information about the action
2. New ideas often come from opinion leaders or from outside the community, but they are rejected or adopted within social networks of people who share common interests and values

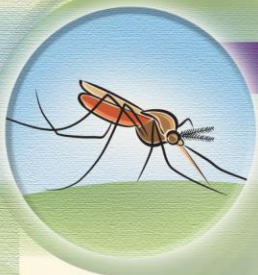


Communication in social networks

Figure 1–1. Map of the Village of Oryu Li.

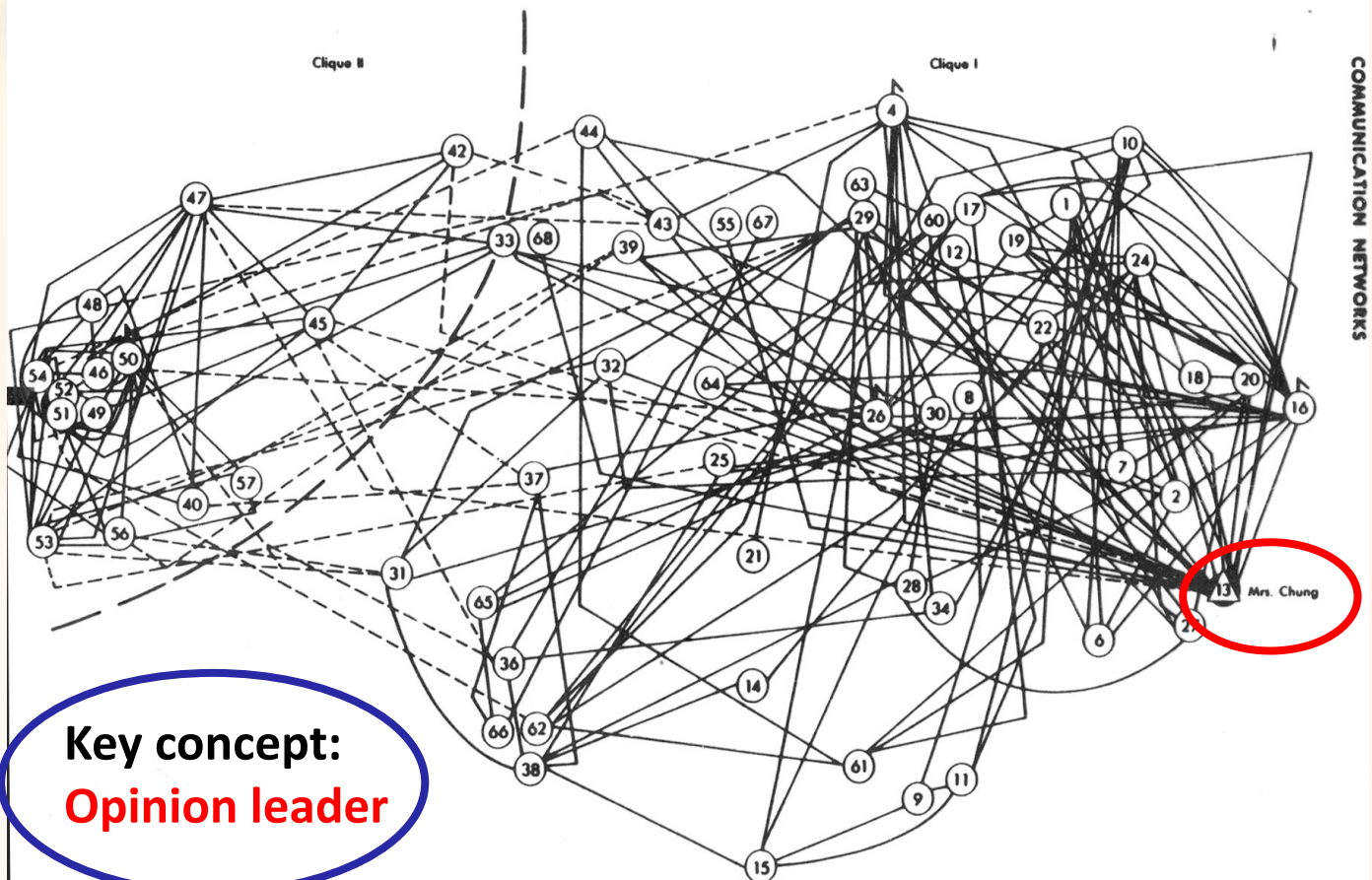


Note: The heavy dotted line shows the boundary between cliques I and II, identified by network analysis techniques.



Importance of opinion leaders

Figure 1-2. Sociogram of the Communication Network for the Diffusion of Family Planning for 69 Women in Oryu Li.



Key concept:
Opinion leader

See bottom of page 29 for descriptive note and source for this figure.



Perceptions of the action

Relative advantage

- Does it offer any advantage over the current behavior?

Compatibility

- Is the new behavior compatible with current behaviors, beliefs, and values?

Complexity

- How difficult is the new behavior to perform?

Trialability

- Can it be tried without too much risk before making a decision?

Observability

- Are there opportunities to see what happens to others who adopt this behavior?



Using Diffusion Theory

Identify how audience thinks of the innovation

- Relative advantage, complexity, etc.?

Identify people who are key network members

- Who is nodal?
- Who is an opinion leader?

Identify messages that address concerns about the innovation

- Show the benefits
- Show how to do it in simple terms
- Show what happens if you do it
- Show how new behavior fits with or grows out of current practices
- Motivate or provide opportunities to try
- Encourage discussion



Extended Parallel Processing Model (Risk Perception Attitude Framework)

Basic assumptions

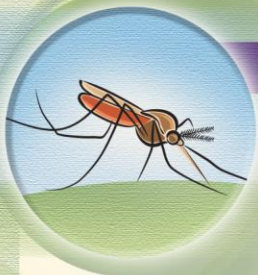
1. Fear can be motivating or incapacitating
2. Two components in the model

THREAT (emotional reaction determines motivation)

- Severity (how serious is the threat?)
- Susceptibility (can it happen to me?)

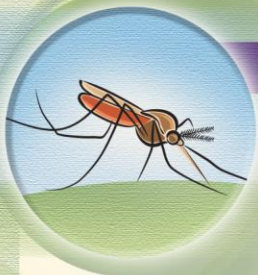
EFFICACY (cognitive reaction determines response)

- Response efficacy (does solution work?)
- Self-efficacy (can I do it?)
- Barriers (what stands in my way?)



Communication strategy?

		EFFICACY	
		High	Low
THREAT	High	Engaged <i>Malaria might happen but I can protect myself</i>	Concerned <i>Malaria might happen and I don't think I can protect myself</i>
	Low	Confident <i>I can protect myself from malaria, but I don't think it will happen</i>	Disengaged <i>I don't think malaria will happen, and I don't think I could do anything about it anyway</i>



Communication strategy?

		EFFICACY	
		High	Low
THREAT	High	Engaged <i>Provide cues to action</i>	Concerned <i>Educate about what to do</i>
	Low	Confident <i>Educate about realistic risk perception</i>	Disengaged <i>Educate about realistic risk perception AND what to do</i>



Using Risk Perception Attitude Framework

Identify how audience thinks of the health issue

- Is it considered serious?
- Do they feel threatened? Fearful or unconcerned?

Identify what people consider solutions to be

- How can the danger be avoided?
- Can the solutions be achieved?

Identify messages that address threat and efficacy

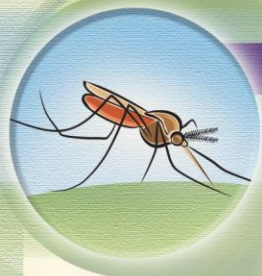
- Increase perceived seriousness of threat
- Increase perceived susceptibility to threat
- Increase knowledge of solutions
- Model response behaviors
- Show how others have overcome barriers to response



Theoretical narratives in messaging

If theoretical narratives are evidence-based, then messaging should reflect the narrative trajectory that research tells us leads to desired health behaviors.

The better your message is matched to theory, the more likely that desired outcomes will result.



Theory summary

“There is nothing as practical as a good theory.”

Kurt Lewin (1954)

Theories are tools for thinking causally

- Why do people act the way they do?
- What factors are most likely to encourage or facilitate desired health behaviors?
- Anything we have forgotten to consider?
- How can a program use communication to overcome barriers to protective action or response?