PMAC PRINCE MAHIDOL AWARD CONFERENCE 2019

PARALLEL SESSION 1.1

ADDRESSING THE BEHAVIOURAL DETERMINANTS OF NCDS: EMPOWERING OR VICTIM-BLAMING?

| BACKGROUND

It is emphasized from the outset that the multiplicity of inter-dependent determinants of NCDs need to be considered and addressed together as part of a comprehensive framework. This session, however, will focus on the behavioural determinants of NCDs, which encompass individual lifestyle factors, and the promotion of health and nutrition literacy and behavior change communication to address them. Four major NCD risk factors have significant behavioural dimensions at the level of the individual: tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets. NCDs impose a disproportionate burden that on poorer populations in upper income countries and across all populations in low and middle income countries. Given the evidence of greater impact of the behavioural determinants on populations with low socio-economic status, these groups require greater focus and appropriately tailored approaches. Despite the proliferation of health information on the Internet, there is often a lack of evidence-based and tailored information that is easily available to the general public, while on the other hand the public is receiving a huge amount of marketing information on unhealthy products from the various industries.

Health literacy refers, broadly, to the ability of individuals to "gain access to, understand and use information in ways which promote and maintain good health" for themselves, their families and their communities. Health literacy is particularly important in order to prevent and control NCDs and their shared risk factors. For example, people with higher levels of health literacy are better able to understand available nutrition information and to be empowered to make healthier choices, thus contributing to preventing both undernutrition and overweight and associated NCDs. At the same time, the availability and affordability of healthier choices and the socio-cultural contexts need to be considered and addressed – aspects covered in other parallel sessions.

A strand of narrative that has dominated the (industry promoted) discourse is that NCDs are primarily caused by poor individual choices on lifestyles, and that the strategy to prevent them is focused primarily on promoting healthy lifestyles, placing the onus (or blame) on the individual. This narrative still holds sway in certain contexts and among certain stakeholders – for example, in case of Governments which choose or are influenced to avoid addressing the wider socio-cultural, commercial and policy determinants, or among private sector stakeholders and the researchers they fund, which have vested interests in preventing those wider determinants from being addressed. The session will aim to explore this aspect of the narrative and reiterate that behavior change interventions support and complement strategies that address wider determinants of health.

Social and behavior change communication – often in the form of "health education" - is one of the health promotion strategies to modify the behavioural risk factors through the life course and improve health and nutrition literacy. "Health education" is often the dominant form of behavior modification strategy in many countries. It should be considered one strategy among a comprehensive package which includes the legislative and policy measures addressed in other parallel sessions of the conference. It should be based on a thorough analysis of the epidemiological situation in each country by identifying the distribution of risk factors among different population groups and developing a national risk profile. Analysis of the social norms, socio-economic factors and motivators that influence individual behaviours should also be assessed, as well as the channels and communication approaches that are most likely to be accessed and successful among different groups. It should also assess the relative importance to different groups – including children and adolescents – of prevailing marketing of unhealthy foods and beverages, tobacco and alcohol. Another tactic to change individual behaviour is "nudging" to encourage people to make healthy choices, be more active, and eat better, among others, drawing on behavioural insight theory.

The session will emphasize the critical importance of starting early with health education interventions - during pregnancy, in early childhood and in adolescence - to create positive health related behaviours. It will discuss the evidence of the impact of early interventions on later NCDs.

This session will summarize the evidence on behavioural determinants in terms of data on prevalence of smoking, alcohol consumption, physical inactivity, unhealthy diets in different contexts – e.g. lower, middle and upper income countries, by income, age, sex etc - and evidence on various education/communication approaches to modify them. It will consider the question raised by the title of the session, whether behavior change interventions are empowering or victim-blaming. It will showcase examples of best practices, innovations and documented success from a range of countries in modifying NCD-related behaviours across the life course as well as potentially addressing failed strategies, and will identify knowledge gaps for further research and suggest recommendations going forward.

| OBJECTIVES

- To examine the current state of evidence on various behavioural determinants of NCDs
- To explore the evidence on strategies to address various behavioural determinants: what works, what does not work, and why; plus suggestions for national strategies
- To discuss examples of national strategies to address behavioural determinants, particularly from LMICs
- To analyze the political economy of “promoting healthy lifestyles” and explore whether strategies are empowering or victim-blaming
- To identify knowledge gaps and research priorities

Panelist

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Dr. Roy William Mayega MB.ChB, MPH, PHD Dr. Roy William Mayega is a Lecturer in the Department of Epidemiology and Biostatistics, at the School of Public Health in Africa's premier university, Makerere University, Uganda. He is also the Instructional Materials Designer and Editor for the School of Public Health's MPH Distance Education program. He underwent basic training as a Medical Doctor at Makerere's Medical School. Later, he received a Master's Degree in Public Health at the School of Public Health, Makerere (2006). He holds a PhD in Medical Science from Karolinska Institutet Sweden through an institutional collaboration with Makerere University. Since starting his medical career as an intern doctor in 1998, Dr. Mayega has accumulated atleast 19 years of experience in public health related work, 6 of which were spent at primary care level. He worked as a Medical Officer, Assistant Director District Health Services and acting District Health Officer, Kiboga District Local Government in rural mid-western Uganda. Dr. Mayega teaches Epidemiology, Biostatistics, Research Methods, Disease Control, Leadership and Disaster Management to graduate and undergraduate students. Dr. Mayega's current research interests include non-communicable disease control, disaster risk reduction, resilience and innovation. The focus of his PhD studies was type 2 diabetes, resulting into a thesis entitled: Type 2 Diabetes in Rural Uganda: Prevalence, risk factors, perceptions and implications for the health system (published May 2014). His formative work has informed subsequent efforts to design possible interventions for improving type 2 diabetes prevention and care in resource constrained settings like Uganda. Dr. Mayega is currently a co-investigator of a multi-country research group that is testing an innovative package of facility and community interventions for improvement of prevention and care for type 2 diabetes at primary care levels in different socioeconomic settings. This cluster randomized trial is now in its third year of implementation. The Uganda part of this study is being implemented in a rural low income district. Dr. Mayega has also been part of several initiatives to improve policy and programs for NCDs in Uganda, and is part of a team exploring the feasibility of establishing a long-term NCD risk factor surveillance and intervention cohort in Uganda.