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Behavior Change Communication in an Oppositional World

Beyond the wheel, beyond the nudge

A Links Global thought leadership article by M. Sanchez, founder of Links Global, a communications firm working at the intersection of trust science, narrative design, and civic engagement. Part of the Links Global article series: High-Stakes Communications Practice. Drawn from 25 years of field practice and evidence-based research in strategic communication, public engagement, and institutional trust.

In Brief

The field has decades of good behavior change theory and a persistent problem: the behaviors that matter most are embedded in identity, politics, and institutional history, and the standard models were not built for that. This article defines oppositional context, names three failure modes, and describes what actually works when the environment is pushing back.

The aspiration at the center of behavior change communication is one of the most ambitious in professional practice: to design communications interventions that reliably move people from one set of behaviors to another. From sedentary to active. From unvaccinated to vaccinated. From emergency room to primary care clinic. From unsafe to safer. From disengaged to participatory.

This aspiration has produced an extraordinary intellectual infrastructure. Social cognitive theory, the health belief model, the transtheoretical model of behavior change, the theory of planned behavior, social norms theory, motivational interviewing, implementation intentions, nudge architecture, the Behaviour Change Wheel that organizes much of it: a century of behavioral science, progressively refined, applied to an expanding range of behaviors across an expanding range of populations, has given the field a remarkably sophisticated understanding of the psychological mechanisms through which behavior changes.

And yet the field's most honest researchers will acknowledge, in careful language, what the meta-analyses consistently show: that the behavioral effects of even the best-designed, most theoretically grounded campaigns are typically small. That effects measured in controlled trial conditions frequently diminish or disappear when campaigns scale to real-world populations. That the behaviors most urgently in need of change (the ones connected to the most serious public health, civic, and social challenges) are often the hardest to move, in ways that cannot be fully explained by implementation failures or insufficient resources.

The gap between the sophistication of the theory and the modesty of the real-world effects points to something the field has been reluctant to say clearly: that behavior change communication, as currently practiced, is missing a variable that is doing enormous explanatory work.

That variable is oppositional context.

What Oppositional Context Means

Oppositional context refers to the conditions in which behavior change communication operates: specifically, the degree to which the target behavior is embedded in a set of social, political, cultural, or identity commitments that make change threatening rather than simply difficult.

Traditional behavior change models were designed for behaviors that are primarily individually determined: a person does not exercise enough because they lack information about its benefits, or confidence in their ability to sustain an exercise routine, or effective cues to trigger the behavior in their environment. These are information, self-efficacy, and environmental problems, and the behavioral science built to address them is well-suited to the task.

But many of the behaviors most urgently targeted in contemporary public health, civic engagement, and social change practice are not primarily individually determined. They are socially and politically embedded: connected to identity, to group membership, to political affiliation, to cultural tradition, and to the accumulated experience of institutional relationships that have shaped how people relate to the institutions trying to change their behavior.

Vaccine uptake in communities with historical grounds for medical distrust is not primarily an information problem. Civic participation in communities where institutional promises have been repeatedly broken is not primarily a motivational problem. Sustainable behavior change in communities where the institutions advocating for change have a history of prioritizing their own interests over community ones is not primarily a self-efficacy problem. These are oppositional context problems: cases where the social, political, and relational conditions surrounding the behavior are actively working against the communication intervention rather than being neutral to it.

Applying information-based, individually-focused behavior change models to oppositional context problems is not just inefficient. It can be counterproductive: reinforcing the perception that the intervening institution does not understand the actual conditions of people's lives, which deepens the institutional distrust that is already limiting behavior change effectiveness.

The Three Failure Modes of Behavior Change Communication in Oppositional Contexts

The knowledge-deficit assumption. The most persistent failure mode is the treatment of oppositional behavior as a product of insufficient knowledge: the assumption that people who smoke, who do not vaccinate, who do not use preventive health services, who do not participate in civic processes, are doing so because they have not yet received the right information about the benefits of the target behavior and the risks of the current one.

This assumption is comforting for communicators because it defines the problem in terms that communication can address. And it is frequently wrong. The populations most resistant to behavior change communications are often not the ones that know least about the targeted behavior. They are the ones whose relationship with the institutions delivering the communication makes the institutional message, whatever its content, a signal to be defended against rather than information to be evaluated.

Research suggests that vaccine-hesitant populations are not primarily characterized by factual deficit: many are highly informed about vaccine science. The World Health Organization's own SAGE working group names complacency, convenience, and confidence as influences on hesitancy, and convenience is a structural access problem, not a belief at all. For many, the stronger predictor is institutional distrust: specifically, distrust of the pharmaceutical industry, the public health system, and the regulatory bodies that certify vaccine safety. More information about vaccine efficacy, delivered through more accessible channels, does not address this. It can deepen the perception that the institution is trying to manage beliefs rather than engage concerns.

The individual behavior framing. Behavior change communication typically frames the target behavior as an individual decision with individual health or social consequences. This framing is psychologically appropriate for behaviors that are primarily individually determined. It is poorly matched to behaviors that are embedded in social and political contexts, because the individual framing systematically excludes the social and political factors that are actually driving the behavior.

When a community does not use preventive health services because those services are geographically inaccessible, culturally inappropriate, or historically associated with discrimination and harm, individual-level behavior change communication, designed to increase the motivation of individual community members to seek those services, is treating a structural problem as a personal one. The intervention is aimed at the symptom, not the condition. And the communities targeted by such interventions are often quite aware of this, experiencing individual-framed behavior change campaigns as a further instance of institutions placing the burden of institutional failure on the individuals who have experienced it.

The behavior-as-target framing. The third failure mode is treating the target behavior as the primary variable of interest rather than as the outcome of a set of conditions that the communication program either addresses or doesn't. This framing (we want people to do X, so we design a campaign to persuade people to do X) is intuitive and organizationally convenient. It is also, in oppositional contexts, frequently backwards.

In oppositional contexts, the behavior change that is needed is downstream of a set of relationship and trust conditions that the communication program has not addressed. People will use preventive health services when they trust that those services will treat them with dignity and respect their cultural identity. Civic participation will increase when institutional actors demonstrate that participation actually changes outcomes. Safe behaviors will spread when the communities in which they are embedded can see that the institutions advocating for them are genuinely accountable to community interests rather than institutional ones.

Addressing the downstream behavior without addressing the upstream conditions produces the characteristic meta-analytic result: small effects, inconsistent replication, rapid decay of any gains when the campaign ends.

What Actually Works in Oppositional Contexts

Community-controlled narrative. The behavior change communications with the strongest evidence for effectiveness in oppositional contexts share a common feature: the target community has genuine agency over the narrative, the messenger, and the framing of the behavior change ask. Not token agency: a community advisory board that reviews materials before they're finalized. Genuine agency: communities helping to define what the problem is, why it matters in terms that are meaningful within their own value systems, and what forms of change are achievable and desirable given the actual conditions of community life.

This is harder to operationalize than it sounds. It requires institutions to relinquish control over the narrative in ways that can produce communications very different from what institutional funders or leadership would have designed. It requires accepting that communities may frame the behavior change in terms that do not map neatly onto the institutional framework, that vaccine uptake may be framed as community self-protection rather than individual health optimization, that civic participation may be framed as a form of collective resistance rather than civic duty, that sustainable behaviors may be framed in cultural and spiritual terms that the institutional framework does not recognize as legitimate motivating factors.

But the evidence from community-controlled health communication and community-based participatory research is promising: behavior change interventions that communities own, shape, and carry in their own terms appear to build trust and sustain engagement in high-distrust populations, though head-to-head comparative evidence remains limited.

Structural change alongside communication. The most effective behavior change in oppositional contexts occurs when communication programs are paired with genuine structural changes that address the conditions producing the behavior. Vaccination rates are likely to increase more effectively in communities with histories of medical distrust when vaccine programs are paired with demonstrated accountability (independent safety monitoring, transparent adverse event reporting, and genuine engagement with community concerns rather than dismissal of them) than when they are paired with better-designed persuasion campaigns. Preventive health service utilization increases more effectively when services are moved into trusted community settings, offered by culturally competent providers, and adapted to community schedules and norms than when awareness campaigns drive people to services that remain structurally inaccessible or culturally inappropriate.

This finding is unwelcome in contexts where the communication budget is the available tool and structural change is outside the scope of work. But the evidence is consistent: communication programs designed to increase uptake of services that remain structurally inaccessible to their target populations produce structurally limited results. Naming this (making the case to funders and decision-makers that the communication program is being asked to carry a weight that requires structural support) is one of the most important contributions a behavior change communicator can make in an oppositional context.

Reinforcement over persuasion. In oppositional contexts, the frame of the communication as persuasion, we are trying to change what you do, is itself a vulnerability. It positions the institution as the authority attempting to move the individual, which in high-distrust environments reinforces the power dynamic that produced the distrust in the first place. Behavior change communication that reframes itself as reinforcement (affirming and amplifying existing community values, assets, and behaviors that align with the target outcome rather than targeting the gaps) produces meaningfully different reception dynamics.

This is not merely a messaging strategy. It is a fundamental reorientation of the communication program's relationship to its audience: from deficit-based (what you are doing wrong that we are helping you fix) to asset-based (what you are already doing that aligns with what matters to both of us). This reorientation requires institutions to invest in genuine community knowledge: understanding what communities value, how those values connect to the target behaviors, and how the institution can align its communication program with community assets rather than trying to overcome community resistance.

The Honest Assessment of Where the Field Stands

Behavior change communication in oppositional contexts is one of the most intellectually demanding challenges in the field, and one of the areas where the gap between what the field knows theoretically and what it consistently practices is widest.

The theoretical tools exist. Community-based participatory research, asset-based community development, structural determinants frameworks, trust-condition diagnostic approaches: the field has developed, or has access to, the intellectual infrastructure needed to do substantially better than the current meta-analytic average.

What the field lacks, more often than it lacks the intellectual tools, is the institutional conditions that would allow those tools to be used. Funders who require deliverable-based rather than outcome-based reporting. Contracting processes that scope behavior change work as product delivery rather than as structural engagement. Leadership cultures that treat community agency as a risk to be managed rather than an asset to be cultivated. Short campaign timelines that preclude the trust-building that effective behavior change in oppositional contexts requires.

These are not primarily communication problems. They are governance problems: problems in how behavior change work is commissioned, scoped, evaluated, and funded. And the most important contribution a behavior change communicator can make in the current environment may be the argument, made clearly and with evidence, for the institutional conditions that would allow effective work to be done.

That argument begins with naming what the evidence actually shows: that behavior change communication in oppositional contexts, as currently practiced, is systematically underperforming not because the practitioners are insufficiently skilled but because the frameworks, timelines, and scopes within which they work are not calibrated to the actual complexity of the environments they are operating in.

Naming this, with evidence and without apology, is the beginning of practice that can do more than confirm the meta-analytic average.

Where This Fits

Oppositional context is a trust condition, and the Links Global Trust Audit™ is how Links Global measures it before a program is designed. The ERA™ white paper explains the mechanism behind resistance that information cannot move, and the Case Study Library, Volume 1 shows what it looks like when a public initiative meets it.

Schedule a conversation with Links Global: www.linksglobal.org

Sources

- Michie, S., van Stralen, M. M., & West, R. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science, 6*, 42. doi.org/10.1186/1748-5908-6-42
- MacDonald, N. E., & SAGE Working Group on Vaccine Hesitancy. (2015). Vaccine hesitancy: Definition, scope and determinants. *Vaccine, 33*(34), 4161–4164. doi.org/10.1016/j.vaccine.2015.04.036
- Wallerstein, N., & Duran, B. (2010). Community-based participatory research contributions to intervention research. *American Journal of Public Health, 100*(S1), S40–S46. doi.org/10.2105/AJPH.2009.184036

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