



## Bridges of Hope Training

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# THE 'LOGICAL LEVELS' BEHAVIOURAL MODEL APPLIED TO CONDOM USE

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## 1. Summary

Dilts' Logical Levels of Change<sup>i</sup> offers a simple, broad behavioural model which can be used as a framework for designing, reviewing and enhancing health promotion interventions.

Dilts proposes that the change or maintenance of a particular behaviour must be supported at various 'neurological levels', which he labels "Environment", "Skills and Capabilities", "Beliefs and Values" and "Identity". All levels must be appropriately and effectively addressed and failure to address any one of the levels can undermine the impact of a health promotion intervention.

This article presents an adapted version of the Logical Levels model and how to apply it to health promotion interventions, illustrated with the example of condom use and the development using the Logical Levels framework of "The Complete Condom Training Kit."<sup>vi</sup>

## 2. 'Logical Levels' related to condom use

The table below shows the four 'levels' and, as an illustrative example, how each level relates to condom use.

Level	How this level relates to condom use
<b>Identity (Who am I?)</b>	<ul style="list-style-type: none"> <li>• What is your sense of yourself, your identity, your self-image, your mission in life?</li> <li>• If a young man thinks of himself as "I am a responsible, caring man", this will support his use of condoms.</li> <li>• However if he thinks of himself as "I am a trendy, cool, macho stud" or "I am worthless", this self-image will not support condom use. Even if he can get condoms easily (Environment), can use them properly and negotiate their use with a sexual partner (Skills and Capabilities) and believes they are effective (Beliefs and Values), this sense of identity may prevent him from actually using them.</li> </ul>
<b>Beliefs and Values (Why?)</b>	<ul style="list-style-type: none"> <li>• Do you believe that unprotected sex puts you personally at risk of HIV/STI infection and unintended pregnancy?</li> <li>• How effective do you think condoms are at reducing this risk?</li> <li>• How do you perceive the consequences of HIV/STI infection and/or unintended pregnancy, for yourself and your sexual partner(s)?</li> <li>• Do you believe that sex can be enjoyable with a condom?</li> <li>• Do you value your own life and health, and that of others?</li> <li>• Do you believe that a woman or girl has the right to insist on condom use, or to refuse sex if a man does not agree to use a condom?</li> <li>• Do you believe that using or promoting condoms is immoral?</li> <li>• What do you believe other people will say and think if you use or carry condoms? Does this concern you? How much do you value their opinion? (Subjective norm)</li> </ul>

Level	How this level relates to condom use
<b>Skills and Capabilities (How?)</b>	<ul style="list-style-type: none"> <li>• Do you have the practical skills to use both male and female condoms properly?</li> <li>• Can you confidently negotiate condom use with your sexual partner(s)?</li> </ul>
<b>Environment (Where?)</b>	<ul style="list-style-type: none"> <li>• Are good quality condoms that suit you readily available at an affordable price in your area?</li> <li>• Can you get them easily?</li> <li>• If a 13 year old school student wants condoms, but the shopkeeper refuses to sell to them, or a clinic nurse reacts disapprovingly to the request, this is an issue of Environment for the boy or girl, but of Values for the shopkeeper and nurse.</li> </ul>

### 3. Some ways to address each level

This section shares some practical ideas and outlines some participatory training activities which can be used to address each level, using the prime example of condom use and how this model has informed the design of “The Complete Condom Training Kit”<sup>vi</sup>.

#### 3.1. Addressing Environment

The level of Environment is concerned with making available and accessible the necessary products, services and infrastructure to support the desired behaviour.

To address the environment level issues around condom use in South Africa, the National Department of Health has developed and continues to refine a set of Standard Operating Procedures (SOPs) for the purchase, distribution and quality control of both male and female condoms, so that they are freely available at clinics, hospitals and other outlets throughout the country. Following extensive research and pre-testing, the Department of Health has also progressed from the ‘one size fits all’ Choice condoms to supplying the Max range of coloured and scented male condoms. These have proven to have a much wider appeal and acceptability.

At the local level, there are various further challenges in ensuring that condoms are made accessible to everyone who might require them, in a way that is client friendly and non-judgemental. If a young adolescent’s request for condoms is refused or met by a hostile or challenging response, this is an Environment level issue for the young person. However, to resolve this issue, we must address the Values and Beliefs of those providing condoms and education about how to use them, including nurses and teachers of high school Life Orientation curricula. This is discussed further in Section 3.3: Addressing Beliefs and Values.

Here is an example of Environment level intervention to address a different issue: The incidence of rape in Khayelitsha – an issue which one might assume needs addressing primarily at the levels of Values and Identity – has been substantially reduced by doubling the density of toilets and hence reducing the average distance woman had to walk to them (on their own at night).<sup>ii</sup>

### 3.2. Addressing Skills and Capabilities

Developing any skill requires practice, ideally involving multi-sensory, experiential learning which simulates reality (as far as is practical). Flight simulators for pilot training have achieved this to a very high degree. Condom training materials and training sessions can progress towards achieving this by:

1. Combining male and compatible female / receptive models to demonstrate and practice all aspects of both male and female condom use. For example, the E-Shaft and O-Cube models can be used together to clarify the importance of holding the base of the male condom when withdrawing after ejaculation, as shown here:



2. Combining male and female/receptive models to show the importance of guiding the penis into the female condom, as shown here:



Inserting a female condom



Guiding the penis in correctly...



...and showing what to avoid

- 3 Using an ejaculating male model such as the E-Shaft, to clarify the importance of expelling air from the teat of a male condom to leave space for the semen, as shown here:



"Ejaculation" without condom



"Ejaculation" into the teat of a male condom

4. Using an ejaculating model to realistically demonstrate and practice condom removal without contamination from the semen.
5. Using interactive, participatory role-play activities to build skills and strategies for negotiating condom use. An adapted version of the Forum Theatre interactive drama technique pioneered by Boal<sup>iii</sup> proves effective for this.



At St Mary's High School, Maseru, PSI Lesotho facilitators use *Forum Theatre* to build skills and strategies for responding assertively and negotiating condom use.

### 3.3. Addressing Beliefs and Values

#### 3.3.1. Categories of Belief

There are a range of beliefs about condoms, some of which support and others deter their use. These can be categorised as follows:

##### Risk / Benefit Beliefs

- What do you think is your personal level of risk of HIV / STI transmission or unintended pregnancy if you do not use a condom?
- How severe are the consequences of HIV / STI transmission or unintended pregnancy?
- What else might you gain or lose if you do or do not use condoms (e.g. more pleasure or more money for transactional sex)?

##### Efficacy Beliefs

- How effective are condoms at preventing HIV / STI transmission or unintended pregnancy?
- Do you believe you are able to negotiate and make effective use of them? (self-efficacy)

##### Normative Beliefs

- What do you believe other people will say and think if you use or carry condoms? Does this concern you? How much do you value their opinion?

##### Limiting Beliefs and how to challenge them

Limiting beliefs are expressed as 'I cannot...', 'I have to...' or 'It is impossible (for me) to...', for example "I cannot discuss condom use with my husband... I have to have unprotected sex when my husband wants it" or "I cannot talk to my teenage children about sex." Limiting beliefs assume that there is no choice and prohibit even considering the options. They can be [challenged and often changed](#)<sup>iv</sup> with a brief verbal interchange using questions such as:

- What would happen if you didn't?
- What would happen if you did?
- Who says?
- Has it ever been different? e.g. Has a woman (like you) ever managed to negotiate condom use with her husband?

These types of questions can challenge and shift someone's perception that they have no choice to recognising that they do in fact have choices and possibilities for change, however challenging these might be. It is then possible to engage them on how to develop skills and strategies to implement such change, for example by using the Forum Theatre interactive drama technique outlined in Section 3.2.

The question "Why...?" should be avoided when challenging limiting beliefs, as this triggers a response which tends to justify and entrench the limiting belief.

### 3.3.2. Participatory Activities for addressing Beliefs and Values around condom use

#### Condom Wall Activity

The Condom Wall activity addresses a wide range of objections and perceptions held by participants which may deter condom use, by brainstorming and writing each objection on a card 'brick' in the wall of objections. The facilitator then adopts the stance of each objection in turn, challenging participants in teams to 'dismantle the wall' by developing persuasive arguments to overcome each objection.



#### Chewing Gum Challenge Activity

The quick Chewing Gum Challenge activity also provokes participants to reflect on and re-evaluate their own sexual risk behaviours. The facilitator gives pieces of gum to a few participants, collects the half chewed pieces and later offers them back to participants, who invariably refuse, saying they will not risk contact with another person's saliva. The facilitator then points out that there are much higher health risks involved with sharing other body fluids during sex.

#### Bushfire Activity

Beliefs about one's personal risk of HIV-infection can be shifted to favour condom use with the Bushfire participatory activity. This activity simulates how HIV can spread in a community, particularly through multiple concurrent partnerships, using an unusual hand greeting to represent having unprotected sex. It introduces discussion about HIV transmission and personal risk, and motivates both condom use and HIV testing.



### 3.3.3. Alternative models and humour for use where religious or cultural beliefs and values deter open discussion on condom use

To facilitate their wider use, genital models for condom training should be designed with sensitivity to religious and cultural beliefs and values. The O-Cube (see page 3) is abstract in appearance (to represent either vagina or anus), though fairly realistic in its flexible feel. As an alternative to the brown E-shaft model, a less realistic looking, ethnically neutral blue version is now offered for such audiences, as well as for ethnically diverse groups.



Humour, used appropriately, can also be effective in loosening discussion on sensitive issues. The blue E-Shaft model lends itself to a humorous introduction: "Guys, if yours is this colour, see a doctor!" The picture on the next page is used in the Complete Condom Training Kit<sup>vi</sup> as a provocative, entertaining discussion starter on commitment to condom use and responsibility for ensuring one is available.



Image courtesy © Brazil Ministry of Health / Artist: Ronaldo

### 3.3.4. Addressing Values and Beliefs which can restrict access to and education about condoms

As mentioned in Section 3.1., to make condoms universally accessible (at the Environment level), it is necessary to address the values and beliefs of the gatekeepers of condom distribution and education.

Training may be required for nurses and other clinic staff around reacting positively and suspending expression of their personal values when responding to a request for condoms from, for example, a school student, an old person, or a man asking for female condoms for anal sex.

Male and female condom use training has recently been formally added to the Life Orientation curricula for all South African high schools. However, many teachers tasked with delivering the Life Orientation classes have no effective materials and little training for confidently addressing such sensitive topics. For some teachers, providing condom education for their students may conflict with their personal values and faith-based beliefs. Compounded by the negative reaction from some parents, students and sometimes colleagues, such topics are often avoided or addressed only superficially.

#### The “Umbrellas” story

To explore and reconcile religious and moral principles, values and teachings around sex, sin, condom use, and sexual and reproductive health, a metaphorical story-telling activity called “Umbrellas” was developed, with facilitated discussion questions about the issues raised at different points in the story. It tells of a chief with three children and their issues around going out in the rain (a metaphor for having sex) with or without umbrellas (a metaphor for condom use.) The chief initially condemns umbrellas as unnatural and immoral: “People should just stay at home if it is raining, so umbrellas should not be necessary, and no-one should use them.” However, following the death of his eldest son after getting wet in the rain, and contracting a slow fever (HIV), the chief eventually become an advocate and educator on the appropriate use of umbrellas.

### 3.4. Addressing Identity

Our identity – our sense of the sort of person we are, who we tell ourselves we are – fundamentally drives behaviour.

Many condom training and education programmes focus on and are effective at the levels of Environment, Skills and Capabilities, and Beliefs and Values. However, their impact is limited because condom use is not supported at the critical level of identity. Even if someone can get condoms easily (Environment), knows how to use them properly and negotiate their use with a sexual partner (Skills and Capabilities) and believes they are highly effective (Beliefs and Values), Identities such as “I am useless and worthless” or “I am a macho stud” may prevent them from actually using condoms. In such cases, a shift in identity is needed to support condom use as well as many other health seeking behaviours. The following short activity can help achieve this.

#### Identity statements activity

The “Be the person you want to be” activity explains and illustrates how to create an empowering identity statement, and then guides each participant through the process of creating their own identity statement. Part of this process involves identifying somebody they admire (living, deceased or even fictional), selecting words they would use to describe that person and then using those words in a statement: “I am...”

This 10 minute activity and adaptations of it have been used in Bridges of Hope Programmes globally for 17 years, resulting frequently in a life transforming re-construction of personal identities which support not only safer sexual behaviours but also the achievement of much broader life goals and aspirations.

For example, a Standard Bank Peer Educator introduced herself at the start of a Bridges of Hope training workshop as *“I’m just a bank teller – have been for 9 years.”* When doing the *Be the person you want to be* activity, she created the identity statement: *“I am gorgeous and successful”* and made this her cell phone screensaver. Four months later an email from her read: *“I am now Assistant Branch Manager! It happened like this. When the job was advertised I started thinking as I always did before: ‘I’m just a bank teller, so ignore it’. Then I looked at my phone. I am gorgeous and successful. Why not, I thought, I will apply. I was nervous, but before I went in to the interview, I looked at my phone again. I am gorgeous and successful. This gave me strength. I spoke well and got the job.”*

## 4. Addressing all levels in a Condom Training Toolkit

The development and structure of the expanded (September 2017) version of The Complete Condom Training Kit<sup>vi</sup> was founded on the logical levels framework. To comprehensively address all levels, it includes:

- E-shaft ‘ejaculating’ model (brown or blue)
- O-Cube female / receptive model
- Male & female condoms
- Pot of synthetic cream to represent semen
- Facilitator’s Guide with illustrated facilitation notes on :
  - How to use the E-Shaft and O-Cube models in combination for demonstrating and practicing all aspects of using both male and female condoms.

- Interactive Drama Activity for building skills and strategies to negotiate condom use
- Condom Wall activity for addressing objections and beliefs which do not support condom use.
- Chewing gum challenge activity
- Activity on Identity Statements
- A summary of the logical levels model and how to apply it and address all levels.

Initial feedback from pre-testing has included:

*“An absolutely wonderful innovation”*

Denise van Dijk, Director of Global Market Development, The Female Health Company

*“Brilliant ideas – I will make sure the counsellors use this in all the facilities”*

Jason Nagfaal, HAST Co-ordinator, Touching Nations, Cape Town

## 5. Conclusion

The Logical Levels framework is one of many models which can be applied to help analyse, guide and enhance the design and impact of SBCC interventions and training materials. An analysis of the extent to which a particular desired health behaviour (such as condom use) is being addressed at each ‘level’ can help direct (or re-direct) the focus of the intervention so that all levels are comprehensively addressed and the impact of the intervention enhanced.

The Complete Condom Training Kit<sup>vi</sup> provides one example of how the logical levels framework has been applied to address one specific issue (condom use) at all the levels.

While lacking the subtleties of other more detailed behavioural models, the logical levels framework proves simple to understand, and can be applied at different scales, from the design and management of SBCC programmes down to one-to-one consultations and counselling. For example, a nurse or counsellor can use the four levels as a mental checklist when working with a client to understand and address their reservations around adopting or maintaining a particular health-seeking behaviour, such as condom use or ART adherence.

<sup>i</sup> Dilts R. (2014) *A Brief History of Logical Levels* <http://www.nlpu.com/Articles/LevelsSummary.htm>

<sup>ii</sup> Gonslaves G. et al (2015) *Reducing Sexual Violence by Increasing the Supply of Toilets in Khayelitsha, South Africa* <https://doi.org/10.1371/journal.pone.0122244>

<sup>iii</sup> Boal A. (1980) *Theatre of the oppressed*

<sup>iv</sup> Labouchere P. (2013) *Challenging and Changing Limiting Beliefs* <http://www.comminit.com/global/content/limiting-beliefs-challenging-and-changing-limiting-beliefs>

<sup>v</sup> Labouchere P. et al. (2013) *The Umbrella Story in Guardians of our children’s health – Activities for church and community groups to involve men and women in preventing parent-to-child transmission of HIV* Tearfund

<sup>vi</sup> Labouchere P. (September 2017) *The Complete Condom Training Kit – Facilitator’s Guide* Bridges of Hope Training [www.boht.org/kits-and-models.aspx](http://www.boht.org/kits-and-models.aspx)