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Building on shifting sands: Complex contagion and negative ties hinder malaria outdoor preventive measure adoption in a hard-to-reach population in Meghalaya, India

**NYU ABM Lab - BehaveLab Meeting,
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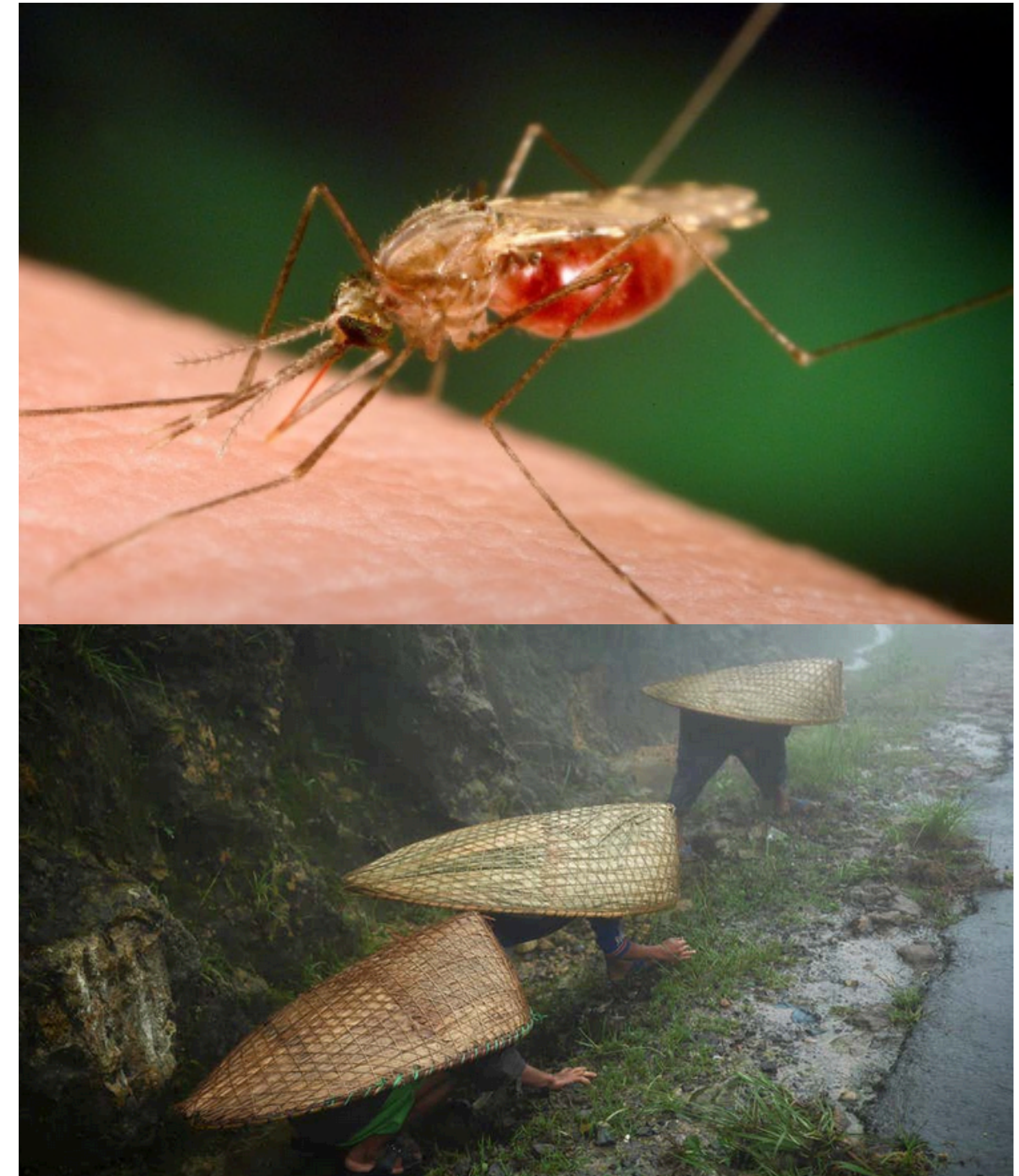
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Low adoption of malaria preventive measures in hard-to-reach populations

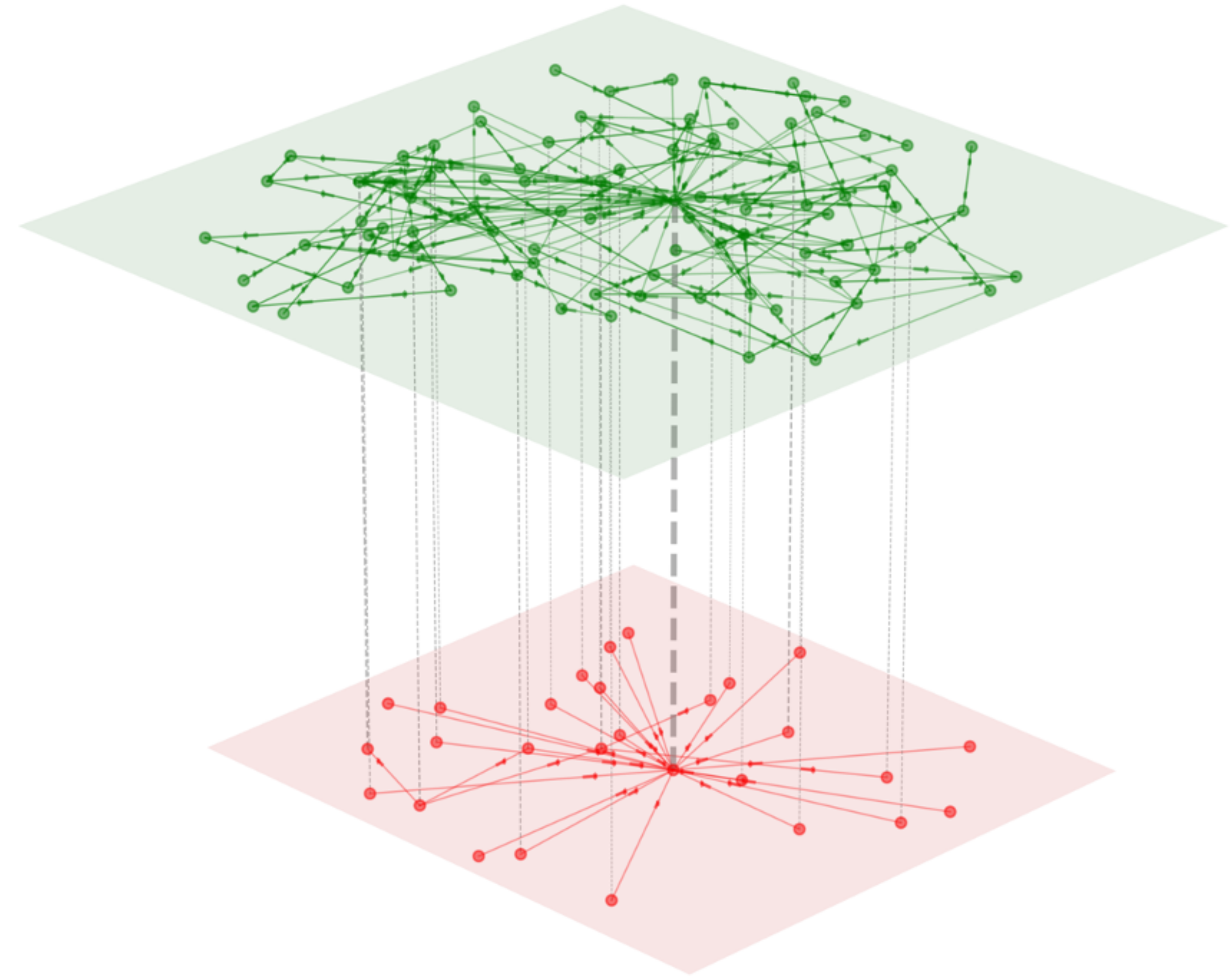
- **Malaria** is still to be fully eradicated: Epicenters are often located among **hard-to-reach populations** in the Global South
- Geographical marginalization + low socio-economic status —> poor access to health care
- resistance to institutionalized health practices (cultural/religious beliefs) despite top-down policy —> **low adoption rate of key preventive measures**
- **Meghalaya (North-Eastern India):** mountainous area with patches of tropical forest - **Tribal population** (Garo and Khasi-Jaintia) —> **lack of fine-grained data**





Data

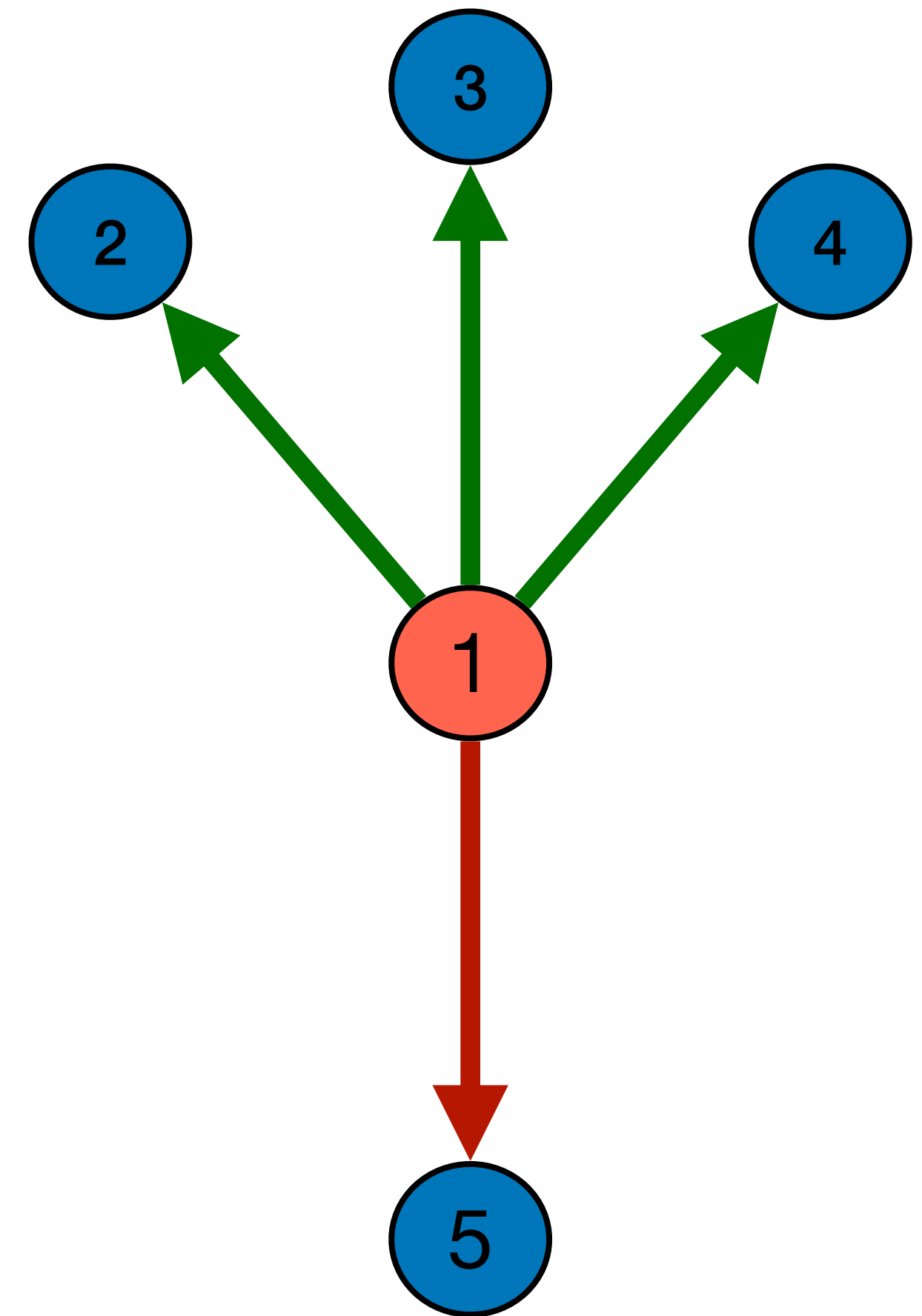
- Data collection: 2020-2021 face-to-face questionnaire administration
- Network data:
 - **Positive ties**: Who do you talk to about health?
 - **Negative ties**: Who do you avoid talking to about health?
- Individual data: **Cream use** (yes/no)
- **cream adoption rate = 14.96%**
- # individuals (nodes) = 98
- # positive ties = 272
- avg. degree (positive ties) = 2.78
- # negative ties = 27
- avg. degree (negative ties) = 0.28





Complex contagion + negative influence

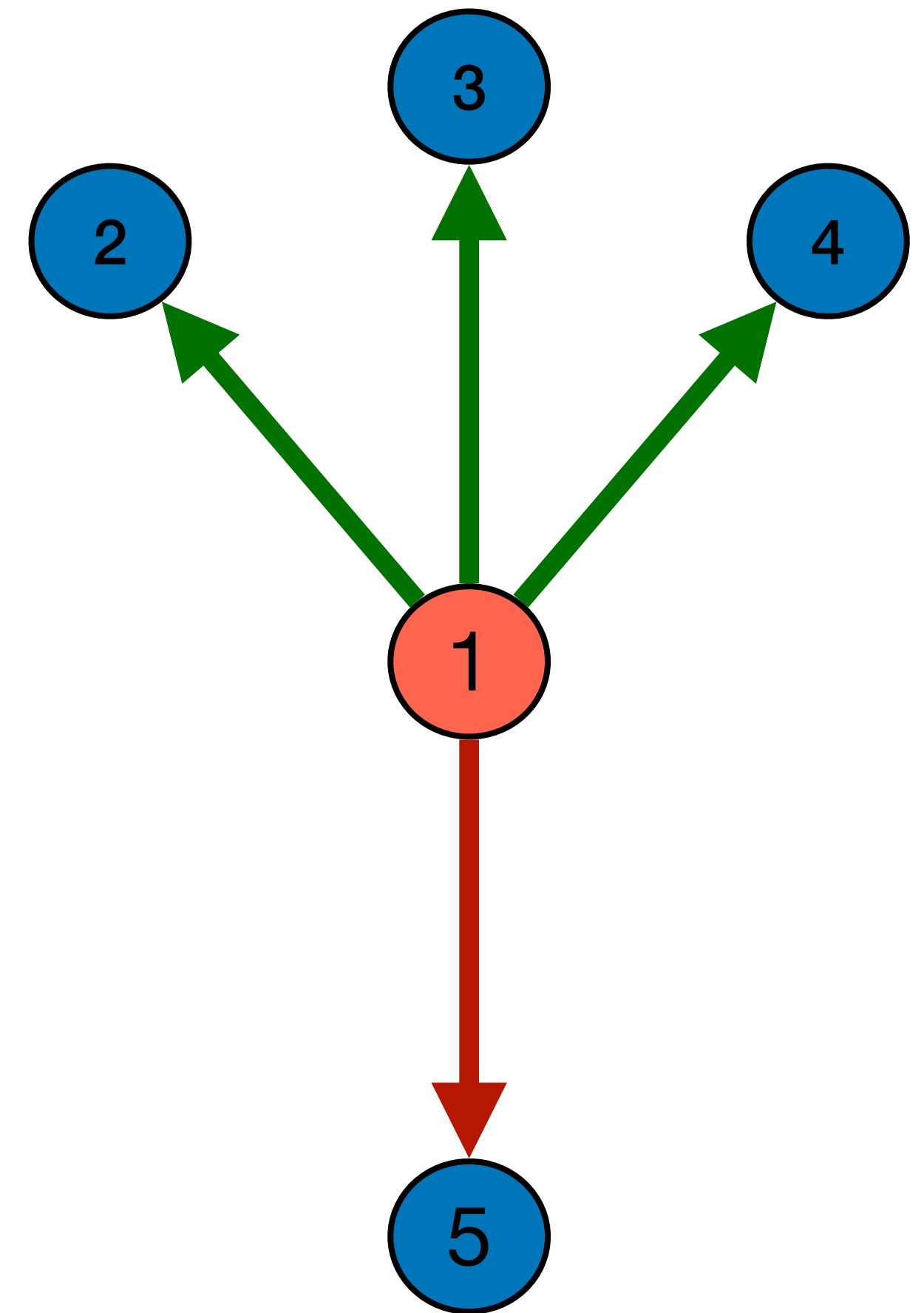
- Obstacles to preventive measure (**insecticidal cream**) **adoption**:
 - stigmatized (misalignment with traditional health culture)
 - easily observable behaviour
 - small, tight community (tribal villages)
- **Dual-side diffusion mechanism**:
 - **Complex (threshold-based) contagion**: strong reinforcement from **adoption** by **positive ties** (Centola & Macy, 2007)
 - **Negative influence**: **adoption** by **negative contacts**
- Assuming **idiosyncratic** case characteristics:
 - positive impact of within-household adoption (fixed effect)
 - Positive tie with ASHA (Accredited Social Health Activist) increases propensity to use
 - Positive tie with traditional healer decreases propensity to use



ABM of complex contagion + negative influence

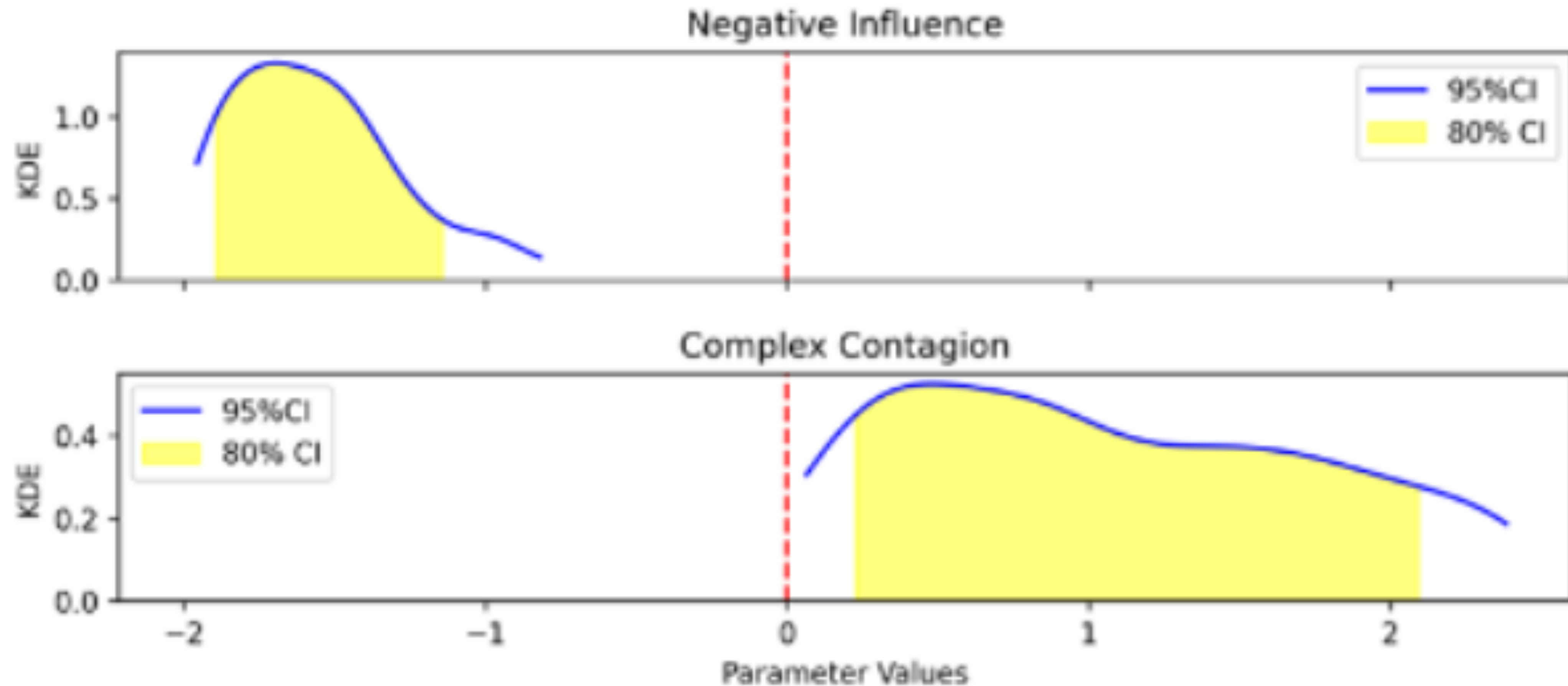


- **ABM of the diffusion** process in the empirically-observed networks (Bianchi & Renzini, *forthcoming*)
- Model of villagers' **cream use** as a binary-choice model (Mc Fadden, 1978): **logistic objective function** of personal networks' composition
- **Estimating:**
 - **threshold levels** for cream use contagion
 - impact of threshold-based **positive influence**
 - impact of **negative influence** (= adoption by one negative contact)
- **Assuming:**
 - positive impact of within-household adoption (fixed effect)
 - ASHA and traditional healers as stubborn agents



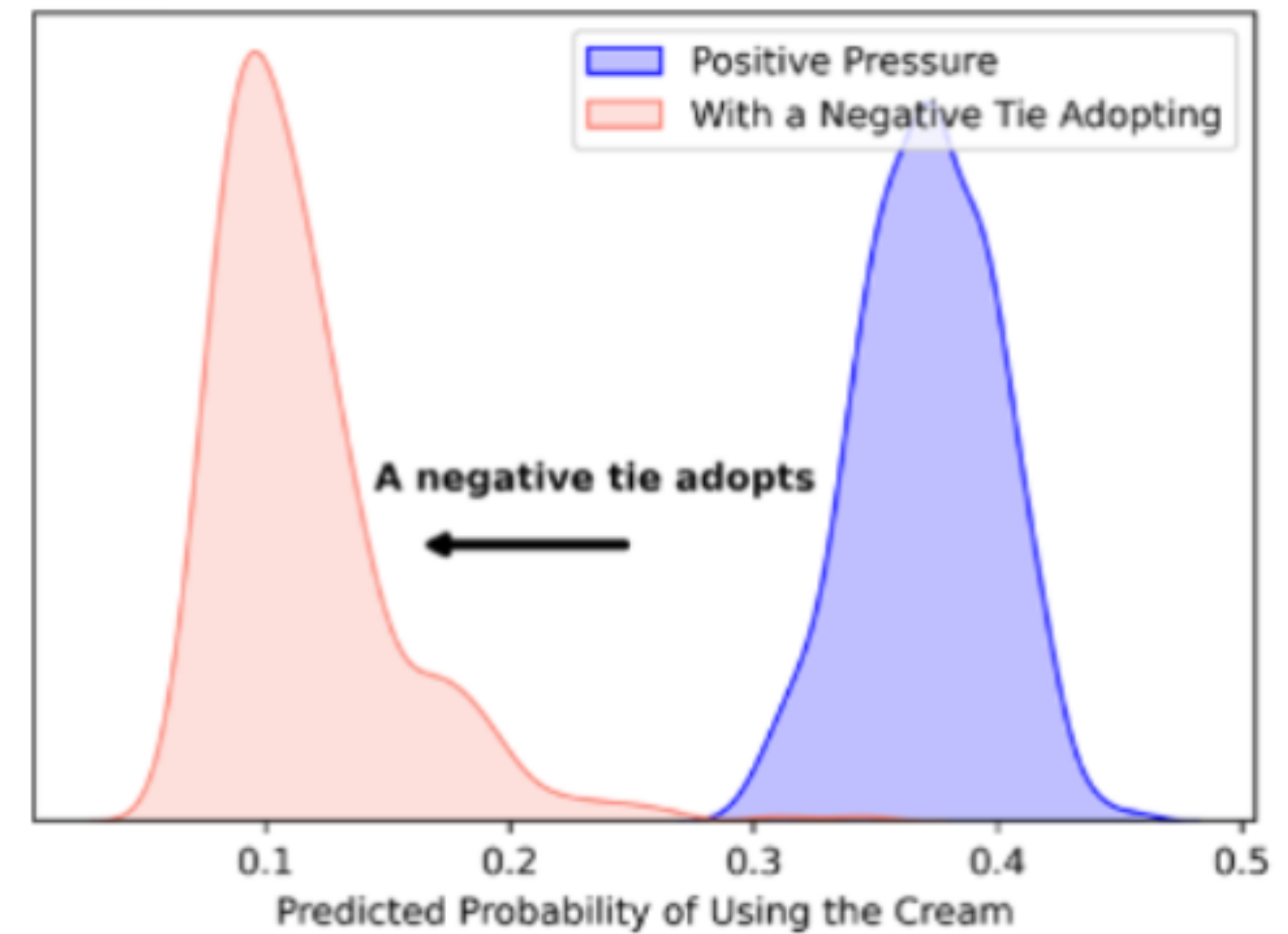
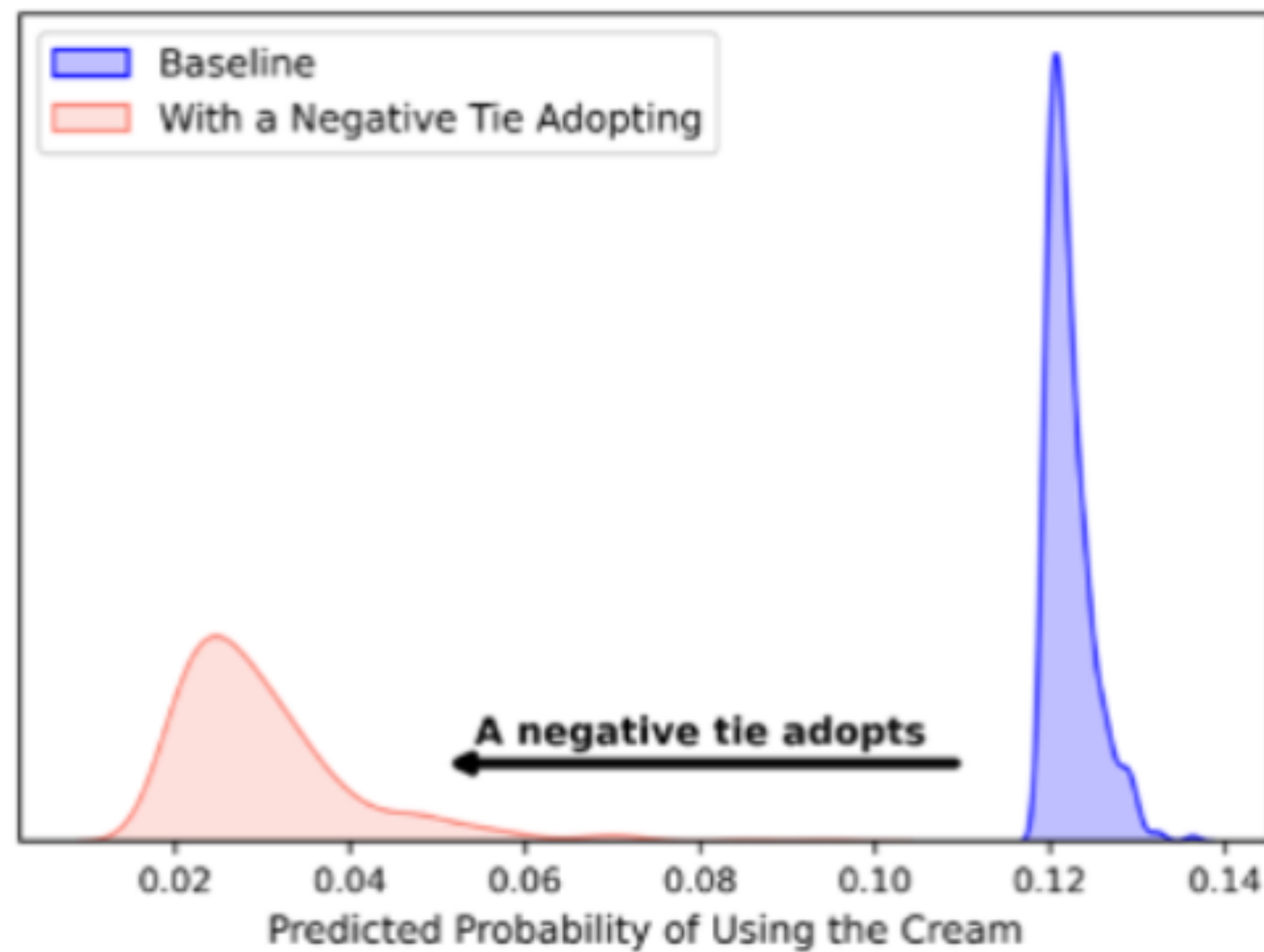


Impact of diffusion mechanism



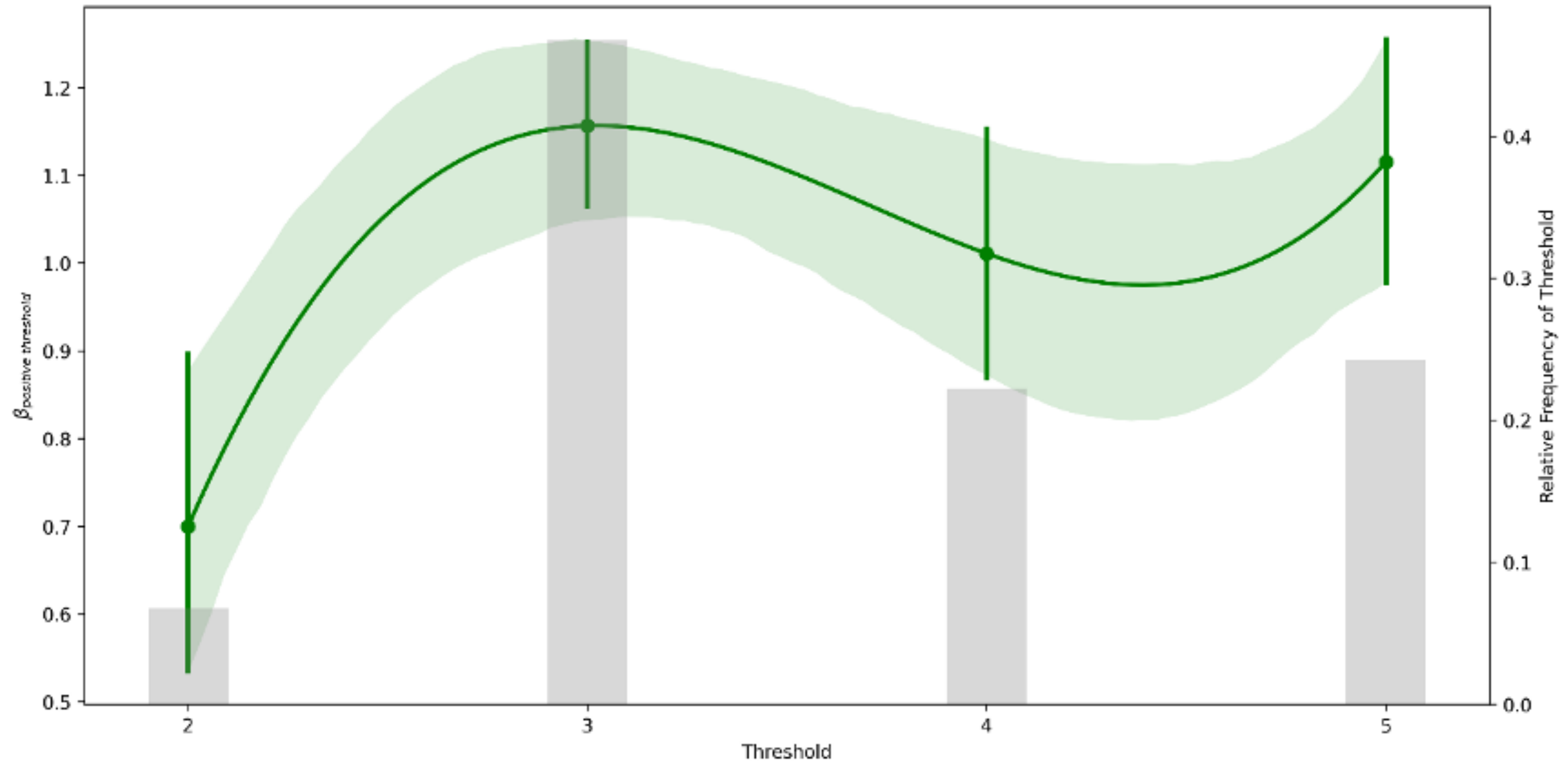


Impact of diffusion mechanism





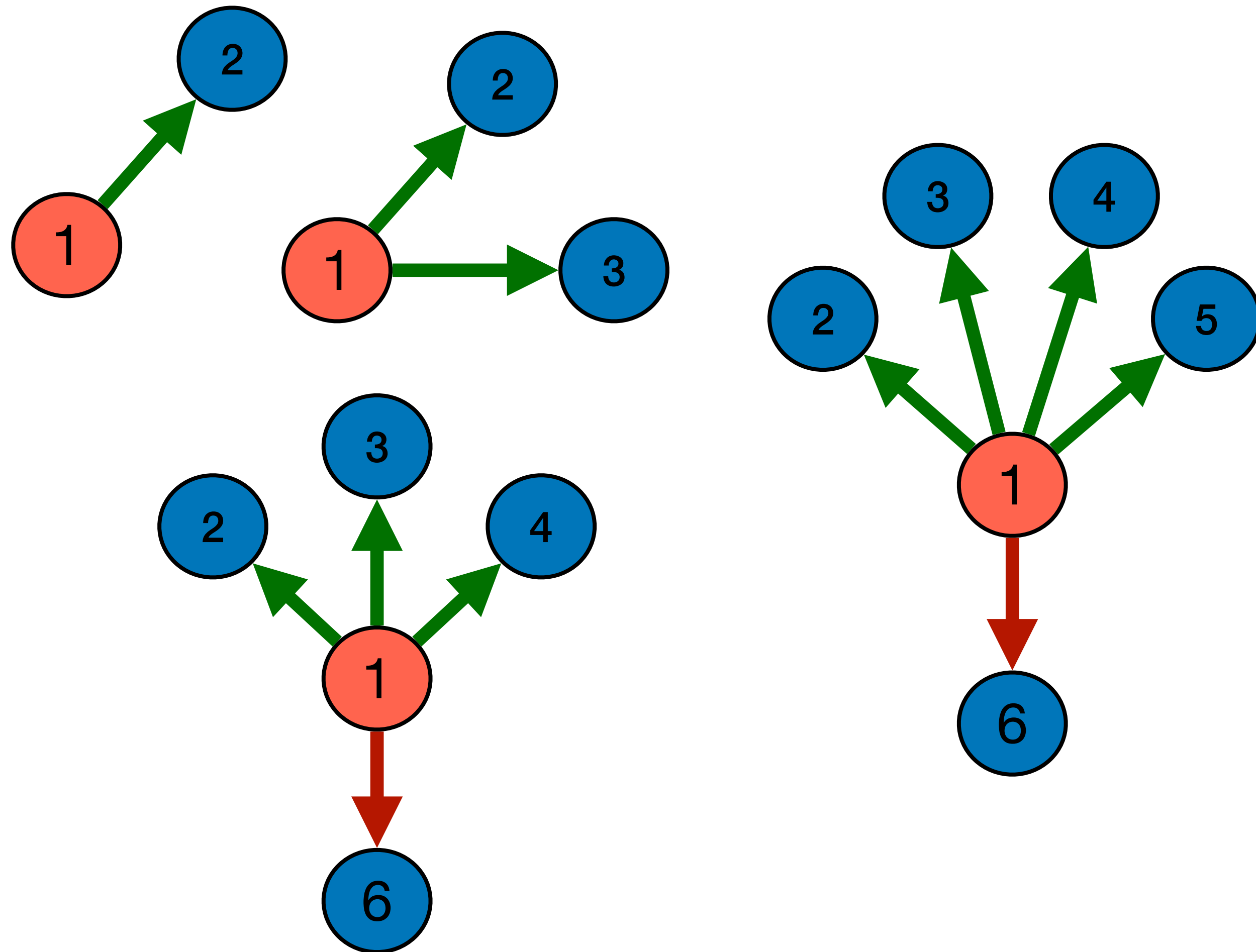
Estimated threshold



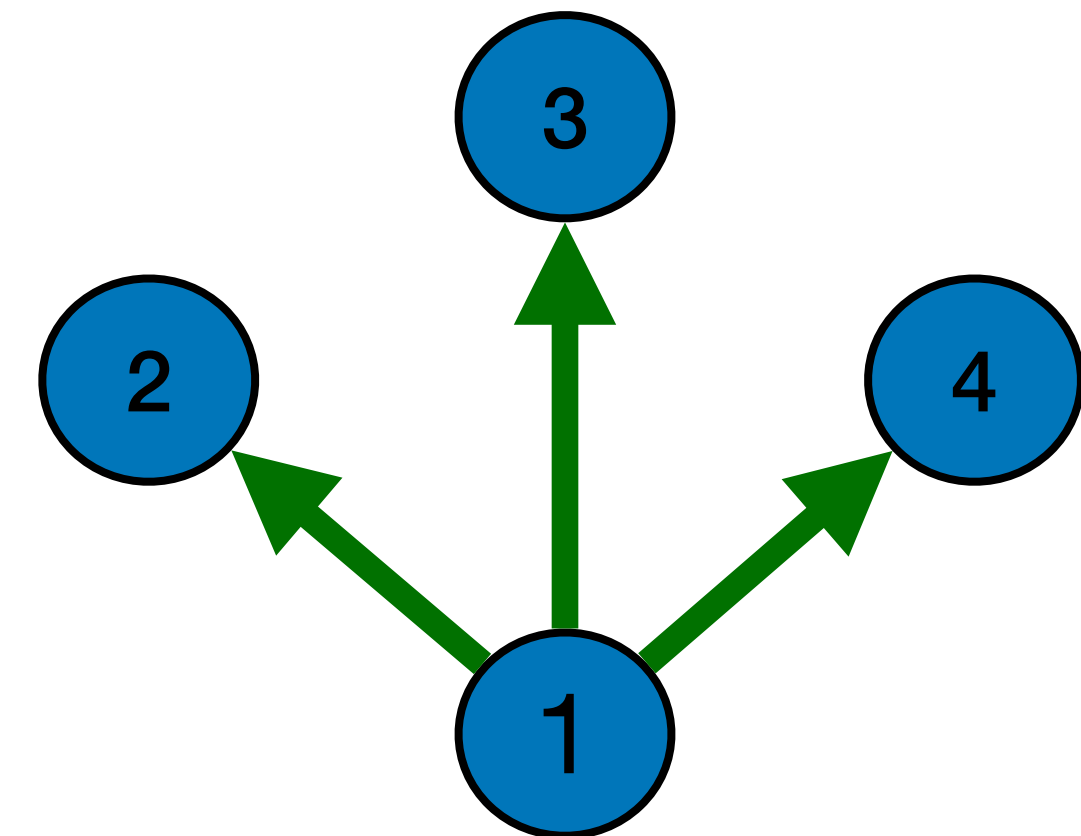


Building on shifting sands

No adoption



Adoption

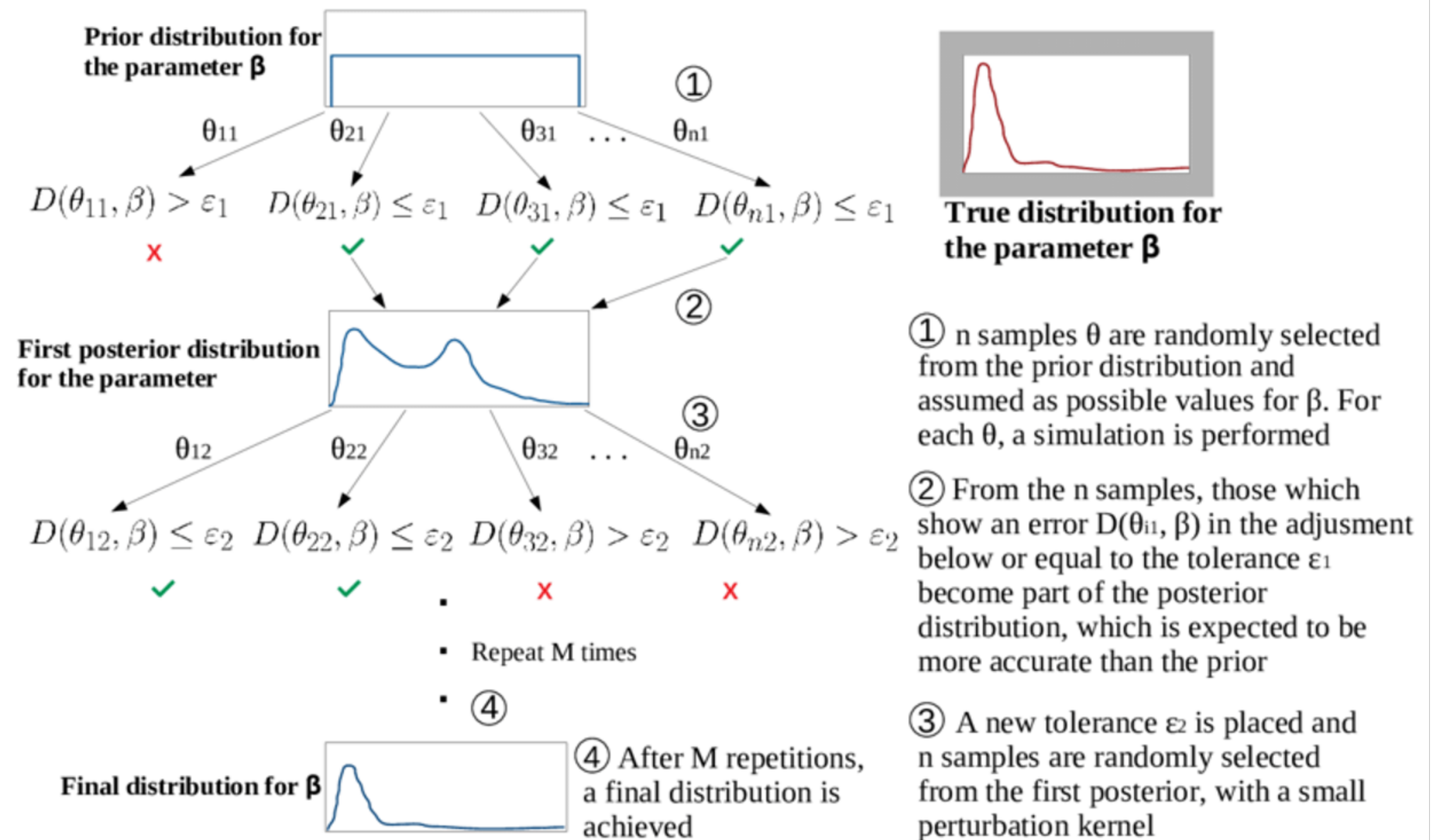


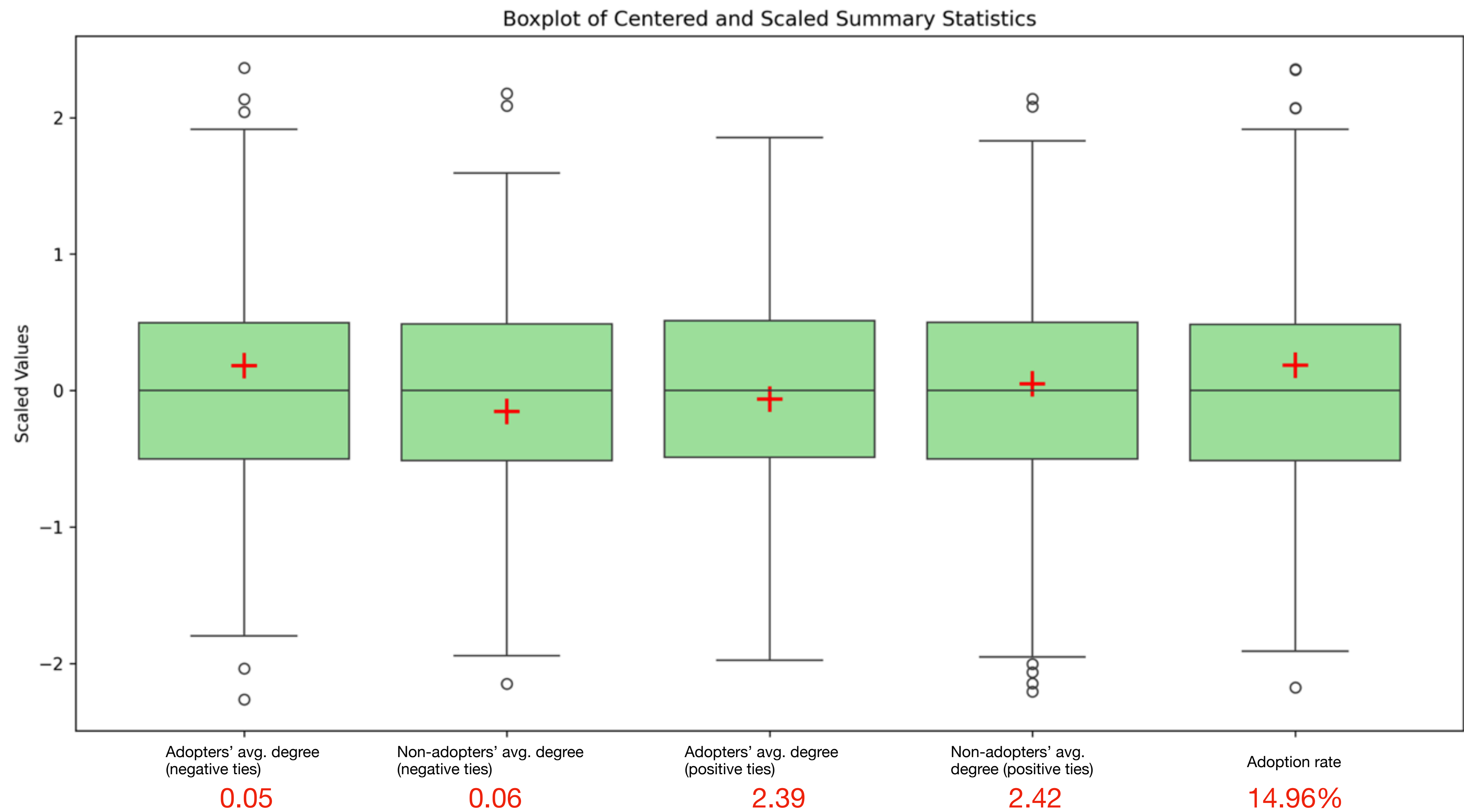
Estimation method

Approximate Bayesian Computation
(Hartig et al., 2011)

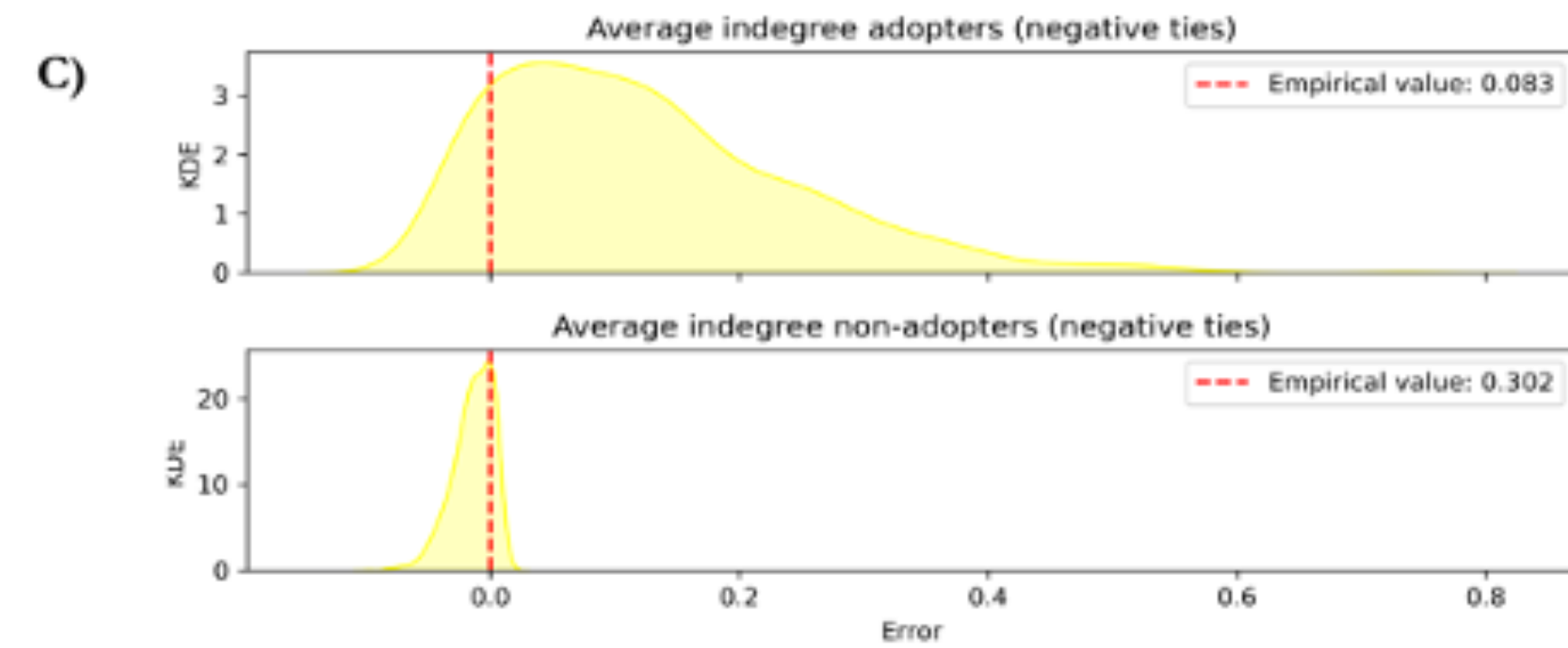
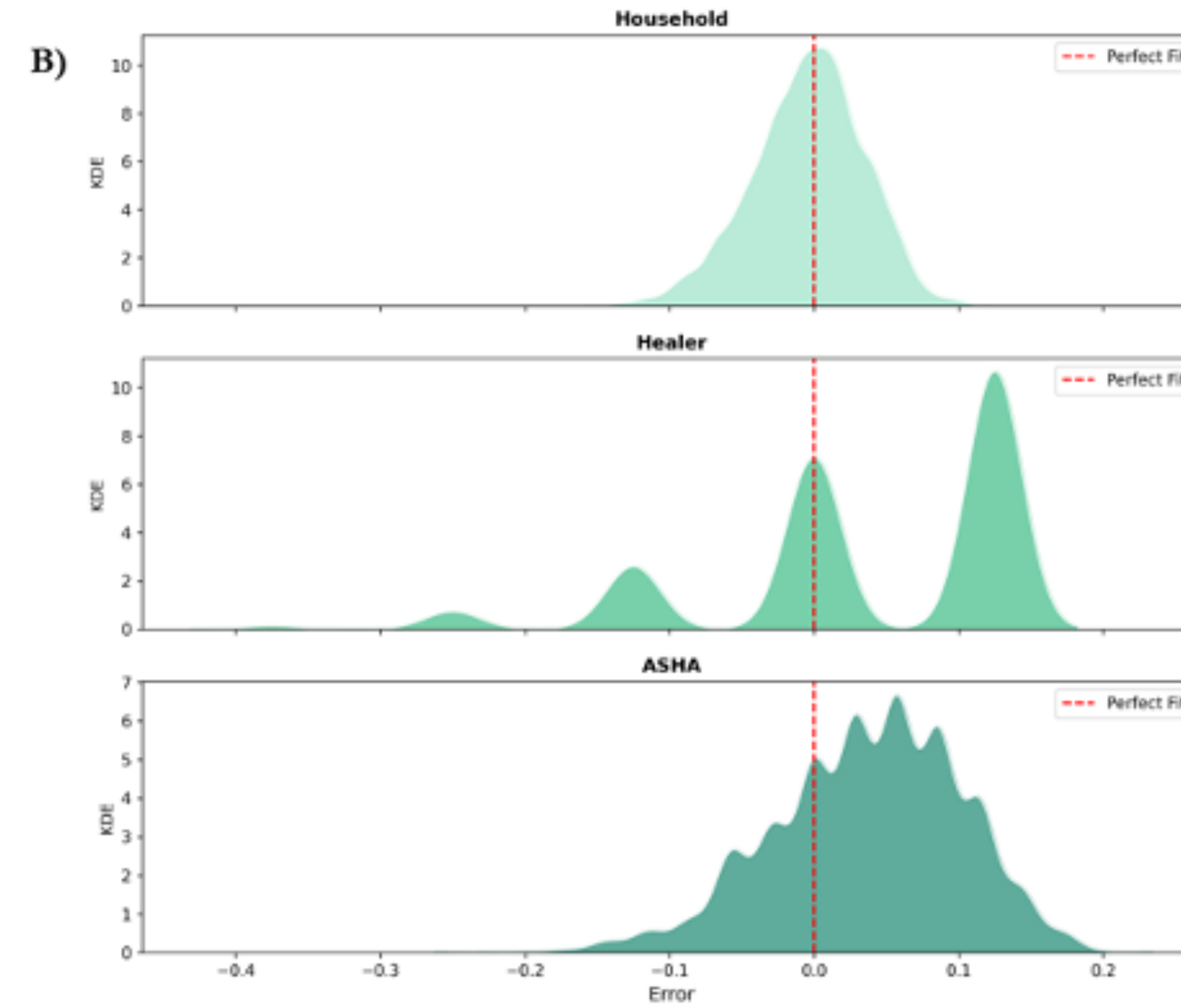
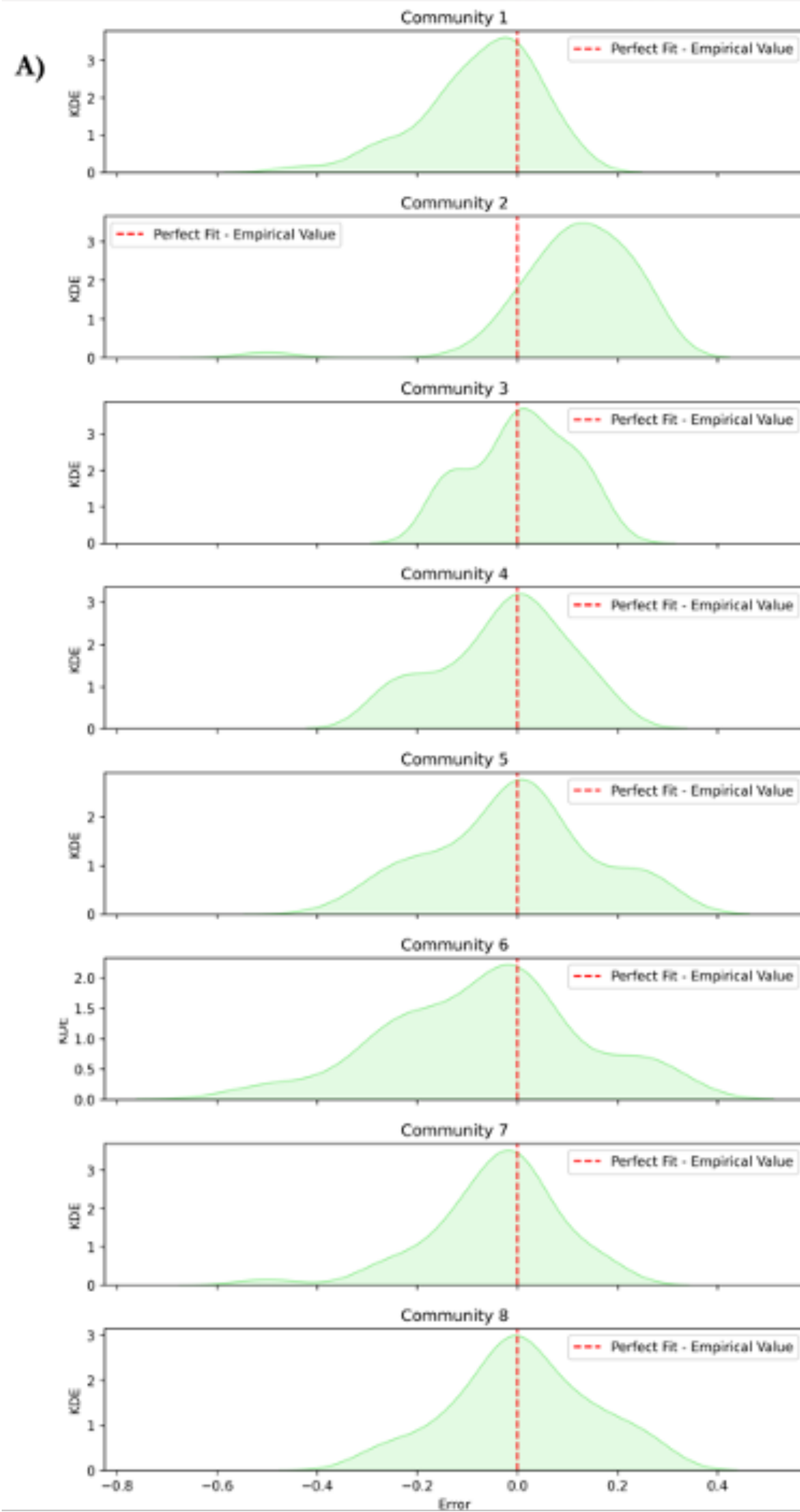
Weakly informative priors (tested
with predictive checks)

- Baseline: uniform $[-3, 0]$
- Threshold: $\{2, 3, 4, 5\}$
- Positive influence: uniform $[0, 2.5]$
- Negative influence: uniform $[-2, 0]$





Model fit





Conclusions

- Adoption of collectively beneficial, yet stigmatized behaviour might be hindered by a combination of two pulling forces in one's personal network:
 - Need for **strong reinforcement** (high threshold-based **prevalence** of the behaviour among trusted people)
 - High sensitivity to **negative influence**
- **(empirical) ABM** can reliably estimate **unobserved behaviour** on fine-grained (network) data

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Impact of diffusion mechanism

