

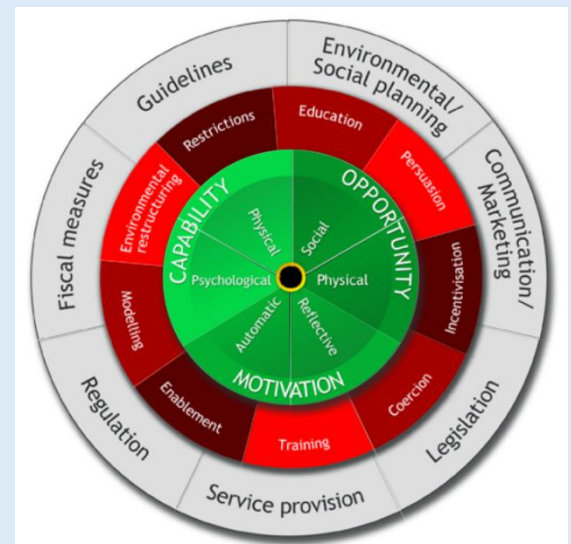
When Framework Meets Reality:

Caregiving, Metastatic Lung Cancer, and Rethinking Behaviour Change in Southeast Asia

Experiencing a disease journey as a caregiver has highlighted the key challenges faced, and the lens we should use to explore how to change behaviour. This article explores our Insights Director for APAC, Poh-E's viewpoint based on her experiences.

Frameworks exist to simplify complexity. In my professional life, the Behaviour Change Wheel has long been one of the most useful tools for understanding behaviour—reducing it to capability, opportunity, and motivation.

Source: <https://www.behaviourchangewheel.com/>



Caregiving, however—specifically caring for my dad through metastatic lung cancer—introduced a level of lived complexity that stretched this framework in ways I had not fully appreciated.

When layered onto the realities of healthcare systems across Southeast Asia, the gap between theory and practice becomes even clearer.

In this context, the Behaviour Change Wheel becomes more than a model. It becomes a lens—one that must be grounded in empathy, mindfulness, and regional reality.

When Diagnosis Brings Systems and Emotions Together

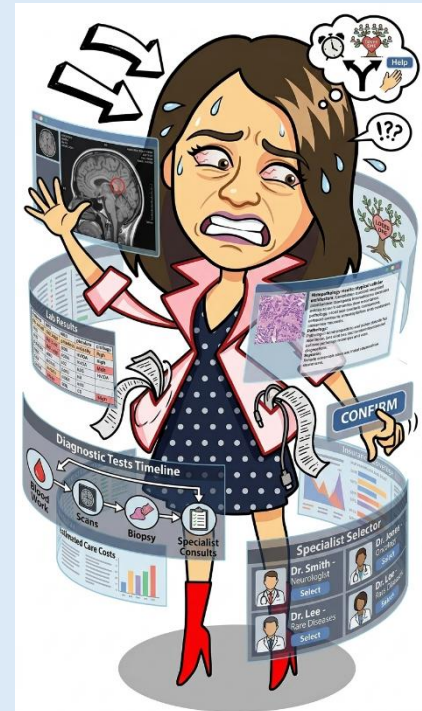
When my dad was diagnosed with metastatic lung cancer, everything shifted at once.

Decisions became urgent. Information became dense. Emotions intensified.

Beyond the personal impact, another layer quickly surfaced: the healthcare system itself.

Across Southeast Asia, healthcare infrastructure varies significantly—not just between countries, but within them. Even in relatively developed systems, patients and caregivers often navigate:

- Fragmented care pathways
- Uneven access to specialists
- Significant out-of-pocket expenses
- Administrative complexity
- Variable access to advanced diagnostics and treatments



In moments like this, **behaviour is shaped not only by individual capability, opportunity, and motivation, but also by the strengths—and limitations—of the system around them.**

1. Capability: Health Literacy Is Not Enough

Within the Behaviour Change Wheel, capability refers to knowledge and skills. Caregiving revealed another essential layer: **system literacy**.

Understanding metastatic lung cancer was one challenge.

Understanding how to navigate the healthcare system was another.

We constantly faced questions such as:

- Which specialist or facility should we go to next?
- What tests were necessary, and where were they available?
- How should differing medical opinions be interpreted?
- What were the financial implications of each path?

Even with a background in healthcare and research, this was cognitively and emotionally demanding.

In many Southeast Asian contexts, the burden is heavier due to limited centralized information, variability in care standards, and reliance on informal networks for guidance.

This expands how capability should be interpreted.

It is not just about knowing *what* action to take—but knowing *how* to navigate the system in order to take it.



2. Opportunity: Infrastructure as a Determinant of Behaviour

If one component of COM-B is most strongly shaped by Southeast Asian realities, it is opportunity.

Opportunity refers to external conditions that enable or constrain behaviour. In cancer care, infrastructure is decisive.

During my dad's journey, opportunity constraints appeared in the form of:

- Delays in accessing and confirming diagnostics for respective biomarkers testing and next-generation sequencing (NGS)
- The need to travel across facilities for different services
- Limited specialist appointment slots
- Coordination gaps between providers

These are not minor inconveniences. They directly shape behaviour.

Delays in testing postpone treatment decisions. Travel requirements reduce follow-through. Fragmented systems increase confusion and cognitive load.

In lower-resource settings, these challenges are amplified by fewer oncology specialists, limited access to targeted therapies, and higher financial barriers.

The Behaviour Change Wheel makes one truth unavoidable:

Even the most motivated and capable individuals cannot act if opportunity is constrained.

For healthcare market research, this is a critical reminder not to over-attribute behaviour to individual choice when structural barriers are at play.



3. Motivation: Culture, Cost, and Collective Decisions

Motivation does not exist in isolation. It is shaped by financial, cultural, and social realities—many of which are particularly influential in Southeast Asia.

As a caregiver, I saw how motivation was influenced by:

- Family dynamics, where decision-making is often collective
- Financial sustainability, not just clinical outcomes
- Cultural beliefs and social stigma about illness, treatment, and end-of-life care
- Trust in healthcare providers and institutions

There were moments when the “clinically optimal” option had to be weighed against affordability, quality of life, and emotional readiness.

This is where reflective and automatic motivation intersect in deeply human ways.

For healthcare research, this reinforces the need to move beyond purely individual-centric models and acknowledge the role of family, culture, and cost in shaping decisions.



Reframing Behaviour in a Southeast Asian Context

Caregiving made one thing very clear:

What may be labelled as “delayed treatment,” “non-adherence,” or “low engagement” may in fact reflect access limitations, financial trade-offs, navigation challenges or cultural decision-making norms.

The Behaviour Change Wheel provides structure but without regional sensitivity, there is a real risk of misdiagnosing the problem.

What Intervention Really Means in Practice

The Behaviour Change Wheel outlines multiple intervention functions. Caregiving reshaped how I prioritise them in this region.

- **Enablement**
Helping patients and caregivers navigate complex systems—through care coordination, clearer pathways, and financial guidance.
- **Environmental Restructuring**
Reducing fragmentation via integrated care models, streamlined referrals, and clearer information flows.
- **Education (Reframed)**
Not just disease education, but support for system navigation and decision-making.
- **Persuasion (With Sensitivity)**
Communication that acknowledges emotional, cultural, and financial realities rather than assuming purely rational behaviour.

Effective interventions do not seek to “fix” individuals. They support people within constrained environments.

How Behavioural Research Can Better Support Pharma

This lived experience has also clarified how pharmaceutical companies can be better supported through behavioural change-led market research in Southeast Asia.

Traditional research often focuses on awareness, perceptions, and intent. Behavioural research, grounded in COM-B, identifies where behaviour breaks down along the care pathway—and why.

If done well, it can help pharma:

Identify true barriers to uptake

Distinguishing capability gaps from opportunity constraints or motivational drivers.

Design interventions beyond messaging

Informing service models, patient support programmes, pathway optimisation, and ecosystem partnerships—not just communications.

Align strategies with real-world infrastructure

Ensuring recommendations reflect how care is actually delivered across and within markets.

Incorporate caregivers and families

Recognising their central role in oncology decision-making.

Translate innovation into adoption

Aligning clinical advances with behavioural and system feasibility.

In this way, behavioural market research becomes intervention-enabling—helping ensure that innovation reaches patients in practice, not just in theory.

Mindfulness in Insight Generation

Working across Southeast Asia, there is always pressure to generalise. Caregiving has made me more cautious.

It reinforced the need for mindfulness in analysis: recognising diversity across markets, avoiding oversimplification, and being aware of our own biases.

Mindfulness ensures that capability is not overestimated, opportunity constraints are fully considered, and motivation is interpreted within cultural and financial context.

Closing Reflection

Caring for my dad through metastatic lung cancer—within the realities of Southeast Asian healthcare systems—has fundamentally reshaped how I understand behaviour.

It has taken a structured framework and placed it in a world that is anything but structured.

It has shown me that capability includes emotional and system readiness, opportunity is often the greatest barrier, and motivation is deeply shaped by culture and cost.

Most importantly, it has reinforced that behaviour change is not about designing perfect models.

It is about supporting people—patients, caregivers, and clinicians—through complex, constrained, and deeply human experiences.

For those of us in healthcare market research, that means going beyond frameworks and bringing empathy, mindfulness, and regional understanding into every insight we generate.

To learn how our behavioural science–driven approaches can strengthen patient support programmes and healthcare ecosystems from the outset, contact us to explore how we can help drive programme success.

Get in touch

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