

# Module 1 Unit 1

This is a **REQUIRED READING**.

Waisbord, S. (2000). Family tree of theories, methodologies, and strategies. Rockefeller Foundation. [37 p.]

**FAMILY TREE OF THEORIES, METHODOLOGIES AND STRATEGIES  
IN DEVELOPMENT COMMUNICATION**

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## **INTRODUCTION**

This report presents a family tree of theories, concepts, methodologies and strategies for change in the field of development communication. It presents a chronological evolution and comparison of approaches and findings. The goal of this report is to clarify the understandings and the uses of the most influential theories, strategies, and techniques. Theory refers to sets of concepts and propositions that articulate relations among variables to explain and predict situations and results. Theories explain the nature and causes of a given problem and provide guidelines for practical interventions. Diagnoses of problems translate into strategies, that is, specific courses of action for programmatic interventions that use a variety of techniques.

Since the 1950s, a diversity of theoretical and empirical traditions has converged in the field of development communication. Such convergence produced a rich analytical vocabulary but also conceptual confusion. The field has not experienced a unilinear evolution in which new approaches superseded and replaced previous ones. Instead, different theories and practices that originated in different disciplines have existed and have been used simultaneously. This report identifies the main theoretical approaches and their practical applications, traces their origins, draws comparisons, and indicates strengths and weaknesses. It also analyzes the main understandings of development communication that express the outlook of the main “trunks” and “branches” of the family tree.

## **DEVELOPMENT COMMUNICATION**

Development communication has its origins in post-war international aid programs to countries in Latin America, Asia and Africa that were struggling with poverty, illiteracy, poor health and a lack of economic, political and social infrastructures. Development communication commonly refers to the application of communication strategies and principles in the developing world. It is derived from theories of development and social change that identified the main problems of the post-war world in terms of a lack of development or progress equivalent to Western countries.

Development theories have their roots in mid-century optimism about the prospects that large parts of the post-colonial world could eventually “catch-up” and resemble Western countries. After the last remains of European empires in Africa and Asia crumbled in the 1950s and 1960s, a dominant question in policy and academic quarters was how to address the abysmal disparities between the developed and underdeveloped worlds. Development originally meant the process by which Third World societies could become more like Western developed societies as measured in terms of political system, economic growth, and educational levels (Inkeles & Smith 1974). Development was synonymous with political democracy, rising levels of productivity and industrialization, high literacy rates, longer life expectancy, and the like. The implicit assumption was that there was one form of development as expressed in developed countries that underdeveloped societies needed to replicate.

Since then, numerous studies have provided diverse definitions of development communication. Definitions reflect different scientific premises of researchers as well as interests and political agendas of a myriad of foundations and organizations in the development field. Recent definitions state that the ultimate goal of “development communication” is to raise the quality of life of populations, including increase income and well-being, eradicate social injustice, promote land reform and freedom of speech, and establish community centers for leisure and entertainment (Melkote 1991, 229). The current aim of development communication is to remove constraints for a more equal and participatory society.

Although a multiplicity of theories and concepts emerged during the past fifty years, studies and interventions have fundamentally offered two different diagnoses and answers to the problem of underdevelopment. While one position has argued that the problem was largely due to lack of information among populations, the other one suggested that power inequality was the underlying problem. Because the diagnoses were different, recommendations were different, too. Running the risk of overgeneralization, it could be said that theories and intervention approaches fell in different camps on the following points:

- Cultural vs. environmental explanations for underdevelopment.
- Psychological vs. socio-political theories and interventions.
- Attitudinal and behavior models vs. structural and social models.
- Individual vs. community-centered interventions development.
- Hierarchical and sender-oriented vs. horizontal and participatory communication models.
- Active vs. passive conceptions of audiences and populations.
- Participation as means vs. participation as end approaches.

These divergences are explored in the examination of theories and approaches below.

### **THE DOMINANT PARADIGM**

Behavior change models have been the dominant paradigm in the field of development communication. Different theories and strategies shared the premise that problems of development were basically rooted in lack of knowledge and that, consequently, interventions needed to provide people with information to change behavior.

The early generation of development communication studies was dominated by modernization theory. This theory suggested that cultural and information deficits lie underneath development problems, and therefore could not be resolved only through

economic assistance (a la Marshall Plan in post-war Europe). Instead, the difficulties in Third World countries were at least partially related to the existence of a traditional culture that inhibited development. Third World countries lacked the necessary culture to move into a modern stage. Culture was viewed as the “bottleneck” that prevented the adoption of modern attitudes and behavior. McClelland (1961) and Hagen (1962), for example, understood that personalities determined social structure. Traditional personalities, characterized by authoritarianism, low self-esteem, and resistance to innovation, were diametrically different from modern personalities and, consequently, anti-development.

These studies best illustrated one of modernization’s central tenets: ideas are the independent variable that explains specific outcomes. Based on this diagnosis, development communication proposed that changes in ideas would result in transformations in behavior. The underlying premise, originated in classic sociological theories, was that there is a necessary fitness between a “modern” culture and economic and political development. The low rate of agricultural output, the high rate of fertility and mortality, or the low rates of literacy found in the underdeveloped world were explained by the persistence of traditional values and attitudes that prevented modernization. The goal was, therefore, to instill modern values and information through the transfer of media technology and the adoption of innovations and culture originated in the developed world. The Western model of development was upheld as the model to be emulated worldwide.

Because the problem of underdeveloped regions was believed to be an information problem, communication was presented as the instrument that would solve it. As theorized by Daniel Lerner (1958) and Wilbur Schramm (1964), communication basically meant the transmission of information. Exposure to mass media was one of the factors among others (e.g. urbanization, literacy) that could bring about modern attitudes. This knowledge-transfer model defined the field for years to come. Both Lerner’s and Schramm’s analyses and recommendations had a clear pro-media, pro-innovation, and pro-persuasion focus. The emphasis was put on media-centered persuasion activities that could improve literacy and, in turn, allow populations to break free from traditionalism.

This view of change originated in two communication models. One was the Shannon-Weaver model of sender-receiver, originally developed in engineering studies that set out to explain the transmission of information among machines. It became extremely influential in communication studies. The other was the propaganda model developed during World War II according to which the mass media had “magic bullet” effects in changing attitudes and behavior.

From a transmission/persuasion perspective, communication was understood as a linear, unidirectional process in which senders send information through media channels to receivers. Consequently, development communication was equated with the massive introduction of media technologies to promote modernization, and the widespread adoption of the mass media (newspapers, radio, cinemas, and later television) was seen as pivotal for the effectiveness of communication interventions. The media were both

channels and indicators of modernization: they would serve as the agents of diffusion of modern culture, and also, suggested the degree of modernization of society.

The emphasis on the diffusion of media technologies meant that modernization could be measured and quantified in terms of media penetration. The numbers of television and radio sets and newspaper consumption were accepted as indicators of modern attitudes (Lerner 1958, Inkeles & Smith 1974). Statistics produced by the United Nations Educational, Scientific and Cultural Organization (UNESCO) showing the penetration of newspapers, radio and television sets became proxy of development. Researchers found that in countries where people were more exposed to modern media, more favorable attitudes towards modernization and development. Based on these findings, national governments and specialists agreed to champion the media as instruments for the dissemination of modern ideas that would improve agriculture, health, education, and politics. So-called “small” media such as publications, posters and leaflets were also recommended as crucial to the success of what became known as Development Support Communication, that is, the creation of the human environment necessary for a development program to succeed” (Agunga 1997).

The “diffusion of innovations” theory elaborated by Everett Rogers (1962, 1983) became one of the most influential modernization theories. It has been said that Rogers’ model has ruled development communication for decades and became the blueprint for communication activities in development. Rogers’ intention was to understand the adoption of new behaviors. The premise was that innovations diffuse over time according to individuals’ stages. Having reviewed over 500 empirical studies in the early 1960s, Rogers posited five stages through which an individual passes in the adoption of innovations: awareness, knowledge and interest, decision, trial, and adoption/rejection. Populations were divided in different groups according to their propensity to incorporate innovations and timing in actually adopting them. Rogers proposed that early adopters act as models to emulate and generate a climate of acceptance and an appetite for change, and those who are slow to adopt are laggards. This latter category was assumed to describe the vast majority of the population in the Third World.

For Rogers, the subculture of the peasantry offered important psychological constraints on the incorporation of innovations, and consequently, development. His view on development reflected the transmission bias also found in Lerner and Schramm. According to Rogers, development communications entailed a "process by which an idea is transferred from a source to a receiver with the intent to change his behavior. Usually the source wants to alter the receiver's knowledge of some idea, create or change his attitude toward the idea, or persuade him to adopt the idea as part of his regular behavior" (Rogers 1962).

However, diverging from the media-centrism and “magic bullet” theory of effects that underpinned earlier analyses, Rogers and subsequent “diffusion” studies concluded that the media had a great importance in increasing awareness but that interpersonal communication and personal sources were crucial in making decisions to adopt innovations. This revision incorporated insights from the opinion leader theory (Katz and

Lazarsfeld 1955) according to which there are two steps in information flow: from the media to opinion leaders, and from leaders to the masses. Media audiences rely on the opinions of members of their social networks rather solely or mainly on the mass media. In contrast to powerful media effects models that suggested a direct relation between the mass media and the masses, Lazarsfeld and Katz found that interpersonal relations were crucial in channeling and shaping opinion. This insight was incorporated in diffusion studies, which proposed that both exposure to mass media and face-to-face interaction were necessary to induce effective change. The effectiveness of field workers in transmitting information in agricultural development projects also suggested the importance of interpersonal networks in disseminating innovations (Hornik 1988). Consequently, a triadic model of communication was recommended that included change agents, beneficiaries, and communicators.

Confirming Lerner's and Schramm's ideas, another important finding of diffusion research was that what motivates change is not economics but communication and culture. This is what studies on how farmers adopted new methods showed. Such studies were particularly influential because a substantial amount of early efforts targeted agricultural development in the Third World (Rogers 1983). Other applications targeted literacy programs and health issues, mainly family planning and nutrition.

In the mid-1970s, main representatives of modernization/diffusion theories considered it necessary to review some basic premises (Rogers 1976, 1983). In a widely quoted article, Rogers admitted "the passing of the dominant paradigm." Schramm and Rogers recognized that early views had individualistic and psychological biases. It was necessary to be sensitive to the specific sociocultural environment in which "communication" took place, an issue that was neglected in early analyses. To a large extent, these revisions resulted from the realization that the "trickle down" model that was originally championed was not proven to be effective in instrumenting change. The stages model remained but the top-down perspective according to which innovations diffuse from above needed modification.

Other positions suggested that the traditional model needed to integrate a process orientation that was not only focussed on the results of intervention but also to pay attention to content, and address the cognitive dimensions (not just behavior). Many of these observations were integrated into the diffusion approach. By the mid-1970s, Rogers' definition of communication showed important changes that partially responded to criticisms. Development was theorized as a participatory process of social change intended to bring social and material advancement. Communication was no longer focussed on persuasion (transmission of information between individuals and groups), but was understood as a "process by which participants create and share information with one another in order to reach a mutual understanding" (Rogers 1976).

## **THEORIES IN THE TRADITION OF THE DOMINANT PARADIGM**

In the early 1970s, modernization theory was the dominant paradigm of development communication. The climate of enthusiasm and "missionary zeal," as Wilbur Schramm

(1997) described it, that had existed a decade earlier had notably receded but the notion that the diffusion of information and innovations could solve problems of underdevelopment prevailed.

### **Social marketing**

Social marketing has been one of the approaches that has carried forward the premises of diffusion of innovation and behavior change models. Since the 1970s, social marketing has been one of the most influential strategies in the field of development communication.

The origins of social marketing hark back to the intention of marketing to expand its disciplinary boundaries. It was clearly a product of specific political and academic developments in the United States that were later incorporated into development projects. Among various reasons, the emergence of social marketing responded to two main developments: the political climate in the late 1960s that put pressure on various disciplines to attend to social issues, and the emergence of nonprofit organizations that found marketing to be a useful tool (Elliott 1991). Social marketing was marketing's response to the need to be "socially relevant" and "socially responsible." It was a reaction of marketing as both discipline and industry to be sensitive to social issues and to strive towards the social good. But it was also a way for marketing to provide intervention tools to organizations whose business was the promotion of social change.

Social marketing consisted of putting into practice standard techniques in commercial marketing to promote pro-social behavior. From marketing and advertising, it imported theories of consumer behavior into the development communication. The analysis of consumer behavior required to understand the complexities, conflicts and influences that create consumer needs and how needs can be met (Novelli 1990). Influences include environmental, individual, and information processing and decision making. At the core of social marketing theory is the exchange model according to which individuals, groups and organizations exchange resources for perceived benefits of purchasing products. The aim of interventions is to create voluntary exchanges.

In terms of its place on the "family tree" of development communication, social marketing did not come out of either diffusion or participatory theories, the traditions that dominated the field in the early 1970s. Social marketing was imported from a discipline that until then had little to do with modernization or dependency theories, the then-dominant approaches in development communication. Social marketing grew out of the disciplines of advertising and marketing in the United States. The central premise of these disciplines underlies social marketing strategies: the goal of an advertising/marketing campaign is to make the public aware about the existence, the price, and the benefits of specific products.

Social marketing's focus on behavior change, understanding of communication as persuasion ("transmission of information"), and top-down approach to instrument change suggested an affinity with modernization and diffusion of innovation theories. Similar to



diffusion theory, it conceptually subscribed to a sequential model of behavior change in which individuals cognitively move from acquisition of knowledge to adjustment of attitudes toward behavior change. However, it was not a natural extension of studies in development communication.

What social marketing brought was a focus on using marketing techniques such as market segmentation and formative research to maximize the effectiveness of interventions. The use of techniques from commercial advertising and marketing to promote social/political goals in international issues was not new in the 1970s. Leading advertising agencies and public relations firms had already participated in support of U.S. international policies, most notably during the two wars in drumming up domestic approval and mobilization for war efforts. Such techniques, however, had not been used before to “sell” social programs and goals worldwide.

One of the standard definitions of social marketing states that “it is the design, implementation, and control of programs calculated to influence the acceptability of social ideas and involving consideration of product planning, pricing, communication, distribution, and marketing research” (Kotler and Zaltman 1971, 5). More recently, Andreasen (1994, 110) has defined it as “the adaptation of commercial marketing technologies to programs designed to influence the voluntary behavior of target audiences to improve their personal welfare and that of the society of which they are a part.” Others have defined it as the application of management and marketing technologies to pro-social and nonprofit programs (Meyer & Dearing 1996).

Social marketing suggested that the emphasis should be put not so much on getting ideas out or transforming attitudes but influencing behavior. For some of its best-known proponents, behavior change is social marketing’s bottom line, the goal that sets it apart from education or propaganda. Unlike commercial marketing, which is not concerned with the social consequences of its actions, the social marketing model centers on communication campaigns designed to promote socially beneficial practices or products in a target group.

Social marketing’s goal is to position a product such as condoms by giving information that could help fulfill, rather than create, uncovered demand. It intends to “reduce the psychological, social, economic and practical distance between the consumer and the behavior” (Wallack et al, 1993, 21). The goal would be to make condom-use affordable, available and attractive (Steson & David 1999). If couples of reproductive age do not want more children but do not use any contraceptive, the task of social marketing is to find out why and what information needs to be provided so they can make informed choices. This requires sorting out cultural beliefs that account for such behavior or for why people are unwilling to engage in certain health practices even when they are informed about their positive results. This knowledge is the baseline that allows a successful positioning of a product. A product needs to be positioned in the context of community beliefs.

In the United States, social marketing has been extensively applied in public information campaigns that targeted a diversity of problems such as smoking, alcoholism, seat-belt use, drug abuse, eating habits, venereal diseases, littering and protection of forests. The Stanford Three-Community Study of Heart Disease is frequently mentioned as one of the most fully documented applications of the use of marketing strategies. Designed and implemented as a strictly controlled experiment, it offered evidence that it is possible to change behavior through the use of marketing methodologies. The campaign included television spots, television programming, radio spots, newspaper advertisements and stories, billboard messages and direct mail. In one town the media campaign was supplemented by interpersonal communication with a random group of individuals at risk of acquiring heart disease. Comparing results among control and experimental communities, the research concluded that media could be a powerful inducer of change, especially when aligned with the interpersonal activities of community groups (Flora, Maccoby, and Farquhar 1989).

Social marketing has been used in developing countries in many interventions such as condom use, breast-feeding, and immunization programs. According to Chapman Walsh and associates (1993, 107-108), “early health applications of social marketing emerged as part of the international development efforts and were implemented in the third world during the 1960s and 1970s. Programs promoting immunization, family planning, various agricultural reforms, and nutrition were conducted in numerous countries in Africa, Asia and South America during the 1970s... The first nationwide contraceptive program social marketing program, the Nirodh condom project in India, began in 1967 with funding from the Ford Foundation.” The substantial increase in condom sales was attributed to the distribution and promotion of condoms at a subsidized price. The success of the Indian experience informed subsequent social marketing interventions such as the distribution of infant-weaning formula in public health clinics.

According to Fox (N.D.), “problems arose with the social marketing approach, however, over the motives of their sponsors, the effectiveness of their applications, and, ultimately, the validity of their results. The social marketing of powdered milk products, replacing or supplementing breastfeeding in the third world, provides an example of these problems. In the 1960's multinational firms selling infant formulas moved into the virgin markets of Asia, Africa and Latin America. Booklets, mass media, loudspeaker vans, and distribution through the medical profession were used in successful promotion campaigns to switch traditional breastfeeding to artificial products. Poor people, however, could not afford such products, and many mothers diluted the formula to make it last longer or were unable to properly sterilize the water or bottle. The promotion of breast milk substitutes often resulted in an erosion of breastfeeding and led to increases in diarrheal diseases and malnutrition, contributing to the high levels of infant mortality in the third world.”

Critics have lambasted social marketing for manipulating populations and being solely concerned with goals without regard for means. For much of its concerns about ethics, critics argue, social marketing subscribes to a utilitarian ethical model that prioritizes ends over means. In the name of achieving certain goals, social marketing justifies any

methods. Like marketing, social marketing deceives and manipulates people into certain behaviors (Buchanan, Reddy & Hossain 1994).

Social marketers have responded by arguing that campaigns inform publics and that they use methods that are not intrinsically good or bad. Judgments should be contingent on what goals they are meant to serve, they argue. Moreover, the widely held belief that marketing has the ability to trick and make people do what otherwise they would not is misinformed and incorrect. The reluctance of people to tailor behavior to the recommendations of social marketing campaigns, and the fact that campaigns need to be adjusted to socio-cultural contexts and morals are evidence that social marketing lacks the much-attributed power of manipulating audiences. If a product goes against traditional beliefs and behavior, campaigns are likely to fail.

Social marketing needs to be consumer oriented, and knowledgeable of the belief systems and the communication channels used in a community (Maibach 1993). Products need to be marketed according to the preferences and habits of customers. Market research is necessary because it provides development specialists with tools to know consumers better and, therefore, to prevent potential problems and pitfalls in behavior change. This is precisely marketing's main contribution: systematic, research-based information about consumers that is indispensable for the success of interventions. Marketing research techniques are valuable for finding out thoughts and attitudes about a given issue that help prevent possible failures and position a product.

For its advocates, one of the main strengths of social marketing is that it allows to position products and concepts in traditional belief systems. The inclination of many programs to forgo in-depth research of targeted populations for funding or time considerations, social marketers suggest, reflects the lack of understanding about the need to have basic research to plan, execute and evaluate interventions. They argue that social marketing cannot manipulate populations by positioning a product with false appeals to local beliefs and practices. If the desired behavior is not present in the local population, social marketing cannot deceive by wrapping the product with existing beliefs. When a product is intended to have effects that are not present in the target population, social marketers cannot provide false information that may resonate with local belief systems but, instead, need to provide truthful information about its consequences. For example, if "dehydration" does not exist as a health concept in the community, it would be ethically wrong for social marketing to position a dehydration product by falsely appealing to existing health beliefs in order to sell it. That would be deceptive and manipulative and is sure to backfire. The goal should be long-term health benefits rather than the short-term goals of a given campaign (Kotler and Roberto 1989).

Theorists and practitioners identified with participatory communication have been strong critics of social marketing. For them, social marketing is a non-participatory strategy because it treats most people as consumers rather than protagonists. Because it borrows techniques from Western advertising, it shares its premises, namely, a concern with selling products rather than participation. To critics, social marketing is concerned with individuals, not with groups or organizations. They also view social marketing as an

approach that intends to persuade people to engage in certain behaviors that have already decided by agencies and planners. It does not involve communities in deciding problems and courses of action. The goal should be, instead, to assist populations in changing their actions based on critical analysis of social reality (Beltrán 1976, Diaz-Bordenave 1976). According to participatory approaches, change does not happen when communities are not actively engaged in development projects and lack a sense of ownership.

Social marketers have brushed aside these criticisms, emphasizing that social marketing is a two-way process and that it is genuinely concerned about community participation. As Novelli (1990, 349) puts it, “the marketing process is circular.” This is why input from targeted communities, gathered through qualitative methods such as focus groups and in-depth interviews, is fundamental to design campaign activities and content. Social marketing is premised on the idea of mutual exchange between agencies and communities. Marketing takes a consumer orientation by assuming that the success of any intervention results from an accurate evaluation of perceptions, needs, and wants of target markets that inform the design, communication, pricing, and delivery of appropriate offerings. The process is consumer-driven, not expert-driven.

Also, social marketing allows communities to participate by acting upon health, environmental and other problems. Without information, there is no participation and this is what social marketing offers. Such participation is voluntary: Individuals, groups, and organizations are not forced to participate but are offered the opportunity to gain certain benefits. Such explanation is not satisfactory to participatory communication advocates who respond that social marketing does not truly involve participation. More than a narrow conception of participation, they argue, social marketing offers the appearance of it to improve interventions that are centralized. Social marketing’s conception of participation basically conceives campaigns’ targets are “passive receivers,” subjects from whom information is obtained to change products and concepts.

After three decades of research and interventions, the lessons of social marketing can be summarized as follows (Chapman Walsh et al 1993):

- Persistence and a long-term perspective are essential. Only programs with sustainable support and commitment have proven to have impact on diffusion of new ideas and practices, particularly in cases of complex behavior patterns.
- Segmentation of the audience is central. Some researchers have identified different lifestyle clusters that allow a better identification of different market niches.
- Mapping target groups is necessary. Designers of interventions need to know where potential consumers live, their routines, and relations vis-à-vis multiple messages.
- Incentives foster motivation among all participants in interventions.
- The teaching of skills is crucial to support behavior change.

- Leadership support is essential for program success.
- Community participation builds local awareness and ownership. Integrating support from different stakeholders sets apart social marketing from commercial advertising as it aims to be integrated with community initiatives.
- Feedback makes it possible to improve and refine programs.

### **Health promotion and health education**

The trajectory of health promotion in development communication resembles the move of social marketing and diffusion of innovation, from originally gaining influence in the United States to being introduced in interventions in developing countries. The same approaches that were used to battle chronic diseases, high-fat diets, and smoking in the United States in the 1970s and 1980s, were adopted in development interventions such as child survival and other programs that aimed to remedy health problems in the Third World.

As it crystallized in the Lalonde report in Canada in 1974 and the U.S. Surgeon General's 1979 Healthy People report, health promotion was dominated by the view that individual behavior was largely responsible for health problems and, consequently, interventions should focus on changing behavior. It approached health in terms of disease problems (rather than health generally), namely, the existence of lifestyle behaviors (smoking, heavy drinking, poor diet) that had damaging consequences for individual, and by extension, social health (Terris 1992).

The prevalent view was that changes in personal behaviors were needed to have a healthier population. Although the idea that institutional changes were also necessary to achieve that goal made strides, health promotion remained focused on personal change at the expense of community actions and responsibility. A substantial number of studies were offered as conclusive evidence that personal choices determined changes in health behavior, and were positively related with new developments that indicated the decrease of unhealthy practices.

This highly individualistic perspective was initially criticized in the context of developed countries for "blaming the victim" and ignoring social conditions that facilitated and encouraged unhealthy behaviors. It gave a free ride to larger social and political processes that were responsible for disease and essentially depoliticized the question of health behavior. To its critics, individual-centered health promotion ignores the surrounding social context (poverty, racism) in which individual health behaviors take place as well as the fact that certain unhealthy behaviors are more likely to be found among certain groups (Minkler 1999, Wallack and Montgomery 1992). They pointed out that the overall context needed to be considered both as responsible and as the possible target of change.

Recent understandings of health promotion such as the one promoted by the World Health Organization have moved away from individualistic views by stressing the idea

that individual and social actions need to be integrated. The goal of health promotion is to provide and maintain conditions that make it possible for people to make healthy choices.

Health education is an important component of health promotion. It refers to learning experiences to facilitate individual adoption of healthy behaviors (Glanz, Lewis & Rimer 1990). The evolution of health education somewhat mirrored the evolution of the field of development communication. Health education was initially dominated by conventional educational approaches that, like modernization/diffusion models, were influenced by individual behaviorist models that emphasized knowledge transmission and acquisition as well as changes in knowledge, attitudes and beliefs. Later, theories and strategies that stressed the importance of social and environmental changes gained relevance. This meant that both health education and health promotion became more broadly understood. Health education includes different kinds of interventions such as conventional education, social marketing, health communication, and empowerment actions (Steston & Davis 1999). Consequently, a vast range of activities such as peer education, training of health workers, community mobilization, and social marketing are considered examples of health education interventions.

Health promotion became no longer understood as limited to educational efforts and individual changes. It also includes the promotion of public policies that are responsible for shaping a healthy environment. The goal of health promotion is to facilitate the environmental conditions to support healthy behaviors. Individual knowledge, as conceived in traditional approaches, is insufficient if groups lack basic systems that facilitate the adoption of healthy practices. The mobilization of a diversity of social forces including families and communities is necessary to shape a healthy environment (Bracht 1990, Rutten 1995)

The emphasis on social mobilization to improve general conditions does not mean that behavior change models are absent in health promotion but, rather, that they need to be integrated among other strategies. Still, the behavior change model has incorporated the idea that interventions need to be sensitive to the education and the choices of receivers (Valente, Paredes & Poppe 1998), understanding the interests at stake, using social marketing technique to know individuals better, and the role of the community in interventions.

### **Entertainment-education**

Entertainment-education is another strategy that shares behavior-change premises with the forementioned theories and strategies. Entertainment-education is a communication strategy to disseminate information through the media. As applied in development communication, it was originally developed in Mexico in the mid-1970s and has been used in 75 countries, including India, Nigeria, the Philippines, Turkey, Gambia, and Pakistan. Paradigmatic examples of this approach have been soap operas in Latin America (telenovelas) and in India that were intended to provide information about family planning, sexual behavior, and health issues. Literacy and agricultural development have also been central themes of several entertainment education efforts.

Entertainment-education is not a theory but a strategy to maximize the reach and effectiveness of health messages through the combination of entertainment and education. The fact that its premises are derived from socio-psychology and human communication theories place entertainment-education in the modernization/diffusion theory trunk. It subscribes to the Shannon-Weaver model of communication of sender-channel-message-receiver. Like diffusion theory, it is concerned with behavior change through the dissemination of information. It is based on Stanford Professor Albert Bandura's (1977) social learning theory, a framework currently dominant in health promotion. Entertainment-education is premised on the idea that individuals learn behavior by observing role models, particularly in the mass media. Imitation and influence are the expected outcomes of interventions. Entertainment-education telenovelas were based on Bandura's model of cognitive sub-processes: attention, retention, production and motivational processes that help understand why individuals imitate socially desirable behavior. This process depends on the existence of role models in the messages: good models, bad models, and those who transition from bad to good. Besides social learning, entertain-education strategies are based on the idea that expected changes result from self-efficacy, the belief of individuals that they can complete specific tasks (Bandura 1994, Maibach and Murphy 1995).

Entertainment-education refers to "the process of purposely designing and implementing a media message to both entertain and educate, in order to increase audience knowledge about an educational issue, create favorable attitudes, and change overt behavior" (Singhal and Rogers 1999, xii). Like social marketing and health promotion, it is concerned with social change at individual and community levels. Its focus is on how entertainment media such as soap operas, songs, cartoons, comics and theater can be used to transmit information that can result in pro-social behavior. Certainly, the use of entertainment for social purposes is not new as they have been used for centuries. What is novel is the systematic research and implementation of educational, pro-social messages in entertainment media in the developed world.

One of the starting points of entertainment-education is that populations around the world are widely exposed to entertainment media content. The heavy consumption of media messages suggests that the media have an unmatched capacity to tell people how to dress, talk and think. The problem is, as numerous studies document, that entertainment messages are rarely positive. In the attempt to maximize audiences by appealing to the lowest common denominator, the media are filled with anti-social messages such as violence, racism, stereotyping, and sexual promiscuity. However, the pervasiveness of the media provides numerous opportunities to communicate messages that can help people in solving a myriad of problems that they confront.

Another central premise is that education does not necessarily need to be dull but it can incorporate entertainment formats to generate pro-social attitudes and behavior. This could solve the problem that audiences find social messages uninteresting and boring, and prefer to consume entertainment media. What characterizes the latter is the intention of the messages (to divert rather than to educate) and to capture audiences' interest.

These characteristics should not be dismissed as superficial and mindless but need to be closely examined to analyze the potential of entertainment to educate the public in an engaging manner. Moreover, because they are entertaining and widely popular, entertainment-education messages can also be profitable for television networks and other commercial ventures.

*Simplemente María*, a 1969 Peruvian telenovela, has been often mentioned as having pioneered entertainment-education even though it was not intended to have pro-social effects. The protagonist was a maid who attended night sewing classes. The program has been credited with having turned sewing into a craze among poor, migrant women as well as increasing the purchase of sewing machines and contributing to higher enrollment numbers in literacy classes. This example and subsequent ones were deemed to be important in two regards. The programs contribute to self-efficacy (an individual's belief that he or she is able to take action and control specific outcomes) and social learning (individuals not only learn through their own experiences but also by observing and imitating the behavior of other individuals as role models).

Besides television entertainment, entertainment-education interventions were also implemented in music and music videos promoting sexual control, and radio soap operas that promoted women's issues, AIDS and sex education, and family planning. In the mid-1980s, a campaign was implemented to promote sexual restraint among Mexican teenagers. It consisted of songs and music videos featuring a male and female singer as well as public service announcements. Evaluation analysis concluded that the campaign had a number of positive consequences: teenagers felt freer to talk about sex, became more sensitized about the relevance of sex, messages reinforced teenagers who already practiced abstinence, and demand for family planning services modestly increased (Singhal and Rogers 1999).

Comparable findings were documented in a similar intervention in the Philippines. The campaign also featured songs, video, live presentations of the performers, and PSAs. It resulted in positive changes in knowledge, attitude and behavior. Other less effective campaigns suggested that appeals that may work in some cultural contexts could fail in others. Performers need to be credible, that is, audiences need to believe that they truly represent the values promoted.

Some studies have concluded that entertainment-education strategies are successful in attracting large audiences, triggering interpersonal communication about issues and lessons from interventions, and in engaging and motivating individuals to change behavior and support changes among their peers. Rogers et al. (1999) concluded that a soap-opera radio broadcast in Tanzania played an important role in fertility changes. The broadcast increased listeners' sense of self-efficacy, ideal age at marriage of women, approval contraceptive use, interspousal communication about family planning, and current practice of family planning. Similarly, Piotrow et al. (1992) report that the "Male Motivation Project" in Zimbabwe, which involved a radio drama intended to influence men's decisions in opting for different reproductive choices, resulted in changes in beliefs and attitudes. Also, Valente et al (1994) found that individuals who listened to a



radio drama in the Gambia have better knowledge, attitudes and practices than the control group. The study also concluded that substantial changes in use of contraceptive methods existed after the broadcast. Both studies concluded that audiences incorporate language presented in the programming, talk to others, and introduce behavior changes. A hierarchy of effects was observed in interventions in Mexico, Nigeria and the Philippines. In decreasing order, campaigns contributed to audience recall, comprehension, agreement, and talking with others about the messages promoted in the campaigns.

In contrast, other studies have found little evidence that entertainment education strategies have resulted in such effects (Yoder, Hornik and Chirwa 1996). Yoder and co-authors have argued that the changes in behavior reported in the Zimbabwe and Gambia studies were not statistically significant. An analysis of the impact of a radio drama in Zambia suggested that improvement in knowledge and awareness about AIDS could not be directly attributed to the intervention. Significant changes in condom use were not associated with exposure to the radio drama as there was a substantial amount of information and public debate about HIV/AIDS during the time the drama was broadcast. Exposure to discrete radio programs per se did not account for changes between target and control groups. Moreover, a return to previous behavior after the broadcast suggested the lack of evidence of long-term impact and attributed the findings to the timing when the data were collected. Exposure to entertainment-education messages was positively associated with use of modern contraceptive methods but the data did not allow a direct causal inference. It was not clear whether the campaign had influenced knowledge and practices. Studies did not reject the possible counter-explanation that people more predisposed to family planning were more likely to be exposed and recall media content (Westoff and Rodriguez 1995).

Rather than discounting the possibility of any media effects, Yoder and associates concluded that it is problematic to reach comprehensive conclusions about the effectiveness of entertainment education. In contrast to more optimistic evaluations that suggest that the task ahead is to measure what works better, they recommended a more cautionary approach. Entertainment-education projects are effective in stimulating people predisposed to change behavior to engage in a new behavior (e.g. use contraceptive methods). They provide the push for those already inclined to act to behave differently. Media interventions catalyze latent demand into contraceptive use among ready-to-act populations (see Freedman 1997, Zimicki et al 1994).

## **CRITIQUES OF THE DOMINANT PARADIGM**

Beginning in the late 1960s, the field of development communication split in two broad approaches: one that revised but largely continued the premises and goals of modernization and diffusion theories, and another that has championed a participatory view of communication in contrast to information- and behavior-centered theories. Both approaches have dominated the field. Although in recent years there have been attempts to incorporate insights from both traditions, no comprehensive view has evolved (Servaes 1996). Integrative attempts are analyzed in the last section of this report.

## **Dependency Theory**

One of the most powerful critiques of modernization/diffusion theories came from the dependency paradigm. Originally developed in Latin America, dependency analysis was informed by Marxist and critical theories according to which the problems of the Third World reflected the general dynamics of capitalist development. Development problems responded to the unequal distribution of resources created by the global expansion of Western capitalism.

Against modernization theories, dependency theorists argued that the problems of underdevelopment were not internal to Third World countries but were determined by external factors and the way former colonies were integrated into the world economy. It forcefully stated that the problems of the underdeveloped world were political rather than the result of the lack of information (Hornik 1988). What kept Third World countries underdeveloped were social and economic factors, namely the dominated position that those countries had in the global order. Underdevelopment, they argued, was the flip side and the consequence of the development of the Western world. The latter concentrated economic power and political decisions that maintained underdevelopment and dependency. Third world countries were politically and culturally dependent on the West, particularly on the United States.

Asides from external problems, internal structures were also responsible for the problems of underdevelopment. Dependency positions charged development programs for failing to address structures of inequality and targeting individual rather than social factors. Unequal land distribution, lack of credit for peasants, and poor health care services strongly limited the possibilities for an overall improvement in social conditions. Interventions were doomed when basic conditions that could make it possible for people to adopt new attitudes and behaviors were missing.

Also, innovations promoted by development programs were adopted by individuals from higher socioeconomic strata living in cities rather than by rural and poor populations. In singling out the mass media as having a central role in introducing innovations, modernization theories ignored the issue of media ownership and control. Urban and powerful interests controlled the media that was supposed to promote development. The media were not interested in championing social goals or helping underprivileged populations but in transmitting entertainment and trivial information. The relation between media structure and content was virtually ignored in modernization theories. Only a small percentage of programming was devoted to development issues and in regions such as Latin America, the media were commercially run and their the central goal was profit-making not social change.

For dependency theorists, modernization theories was driven by behaviorist, positivist and empiricist approaches in the mold of the “scientific model” that prevailed in U.S. universities and research centers. These particular biases accounted for why structural factors were ignored and for why interventions were focused on behavior changes at the

individual level rather than on social causes of poverty and marginalization. Modernization theories as applied in the Third World featured, to quote Bolivian communication researcher Luis Ramiro Beltrán (1976), “alien premises, objects and methods.” The solution to underdevelopment problems was essentially political, rather than merely informational. What was required was social change in order to transform the general distribution of power and resources. Information and media policies were necessary to deal with communication problems. Solutions to underdevelopment required major changes in media structures that were dominated by commercial principles and foreign interests. Policies needed to promote national and public goals that could put the media in the service of the people rather than as pipelines for capitalist ideologies. Such positions were expressed in a number of international fora, particularly during the UNESCO-sponsored debates about the New World Information and Communication Order in the 1970s and 1980s. Representatives from Third World countries proposed “national communication policies” that emphasized the need for governments to control media structures and oppose domestic and foreign elites and business interests.

### **Participatory theories and approaches**

Participatory theories also criticized the modernization paradigm on the grounds that it promoted a top-down, ethnocentric and paternalistic view of development. They argued that the diffusion model proposed a conception of development associated with a Western vision of progress. Development communication was informed by a theory that “became a science of producing effective messages” (Hein in Quarmyne 1991). After decades of interventions, the failure to address poverty and other structural problems in the Third World needed to be explained on the faulty theoretical premises of the programs. Any intervention that was focused on improving messages to better reach individuals or only change behavior was, by definition, unable to implement social change.

Development theories also criticized traditional approaches for having been designed and executed in the capital cities by local elites with guidance and direction from foreign specialists. Local people were not involved in preparing and instrumenting development interventions. Interventions basically conceived of local residents as passive receivers of decisions made outside of their communities, and in many cases, instrumented ill-conceived plans to achieve development. Governments decided what was best for agricultural populations, for example, without giving them a sense of ownership in the systems that were introduced (see Mody 1991, Servaes 1989, White 1994).

The top-down approach of persuasion models implicitly assumed that the knowledge of governments and agencies was correct, and that indigenous populations either did not know or had incorrect beliefs. Because programs came from outside villages, communities felt that innovations did not belong to them but to the government and thus expected the latter to fix things when they went wrong. The sense of disempowerment was also rooted in the fact that “targeted” populations did not have the choice to reject recommendations or introduce modifications to interventions.

For participatory theorists and practitioners, development communication required sensitivity to cultural diversity and specific context that were ignored by modernization theories. The lack of such sensitivity accounted for the problems and failures of many projects. Experts learnt that development was not restricted to just building roads, piping water, and distributing electricity. Nor was it limited to efforts to increase farm yields nor switching farmers over to cash crops. Many of the agricultural projects failed because farmers were reluctant to abandon their traditional ways for foreign and unknown methods. As McKee (1992) writes, “they were also nervous about planting exotic crops that they could not eat but had to sell for money with which to buy food from the market.” Modernization projects undermined the importance of local knowledge and the consequences of the interaction between local cultures and foreign ideas. When piped water arrived, it was frequently used for washing rather than drinking and cooking because the people disliked its flavor. Persuading people of the benefits of healthy practices on the basis of scientific reasons was a tough sell. People were asked to change time-old practices on the basis of a foreign form of knowledge that dismissed their local traditions in the name of “true” knowledge (McKee 1992).

The lack of local participation was viewed as responsible for the failure of different programs. In the case of agricultural programs, it was concluded that the issue at stake was not the transmission of information to increase output but rather the low prices of agricultural goods in the market or the absence of a more equal distribution of land ownership. In explaining the failures of family planning programs, it was suggested that mothers were disinclined to follow instructions because fathers believed that having more children meant having more hands to work in the fields and carry out other tasks.

Participatory theories considered necessary a redefinition of development communication. One set of definitions stated that it meant the systematic utilization of communication channels and techniques to increase people’s participation in development and to inform, motivate, and train rural populations mainly at the grassroots. For others, development communication needed to be human- rather than media-centered. This implied the abandonment of the persuasion bias that development communication had inherited from propaganda theories, and the adoption of a different understanding of communication.

Communication means a process of creating and stimulating understanding as the basis for development rather than information transmission (Agunga1997). Communication is the articulation of social relations among people. People should not be forced to adopt new practices no matter how beneficial they seem in the eyes of agencies and governments. Instead, people needed to be encouraged to participate rather than adopt new practices based on information.

This understanding of communication was central to the ideas developed by Brazilian educator Paulo Freire (1970), whose writings and experiences became an influential strand in participatory communication. Freire’s work in northeastern Brazil in the 1960s and early 1970s challenged dominant conceptions of development communication, particularly as applied to literacy training. He argued that development programs had

failed to educate small farmers because they were interested in persuading them about the benefits of adopting certain innovations. Development programs tried to domesticate foreign concepts, to feed information, to force local populations to accept Western ideas and practices without asking how such practices fit existing cultures. The underlying premise of such programs was an authoritarian conception of communication that stood against the essence of communication understood as community interaction and education.

Freire offered the concept of liberating education that conceived communication as dialogue and participation. The goal of communication should be conscientization, which Freire defined as free dialogue that prioritized cultural identity, trust and commitment. His approach has been called “dialogical pedagogy” which defined equity in distribution and active grassroots participation as central principles. Communication should provide a sense of ownership to participants through sharing and reconstructing experiences. Education is not transmission of information from those “who have it” to those “who lack it,” from the powerful to the powerless, but the creative discovery of the world.

Freire’s ideas ran against fundamental principles in the diffusion model, namely the sender-focus and behavioral bias that it inherited from persuasion models in the United States. He diagnosed the problems in the Third World as problems of communication, not information as persuasion theories proposed. Solutions, then, needed to have an understanding of communication that was not limited to the application of Western ideas. Freire also challenged the value judgment in early development theories that viewed agricultural and health practices in the Third World as backwards and obstacles to modernization.

Freire’s model and participatory models in general proposed a human-centered approach that valued the importance of interpersonal channels of communication in decision-making processes at the community level. Studies in a variety of Third World rural settings found that marginal and illiterate groups preferred to communicate face-to-face rather than through mass media or other one-way sources of communication (Okunna 1995). The recommendation was that development workers should rely more on interpersonal methods of communication rather than national media and technologies, and that they should act as facilitators of dialogue.

Because media and technologies were perceived as foreign to local communities, they should be used to supplement instead of dominate interpersonal methods. The notion of “group media” drew from Freire to call the media that are means for small groups to develop a critical attitude towards the reality of self, the group, community and society through participation in group interaction. Group media has helped marginal groups to speak to one another, to articulate their thoughts and feelings in the process of community organizing (Hamelink 1990). Community-based forms of communication such as songs, theater, radio, video, and other activities that required group intervention needed to be promoted. More than mechanisms to disseminate information, they could provide opportunities to identify common problems and solution, to reflect upon community issues, and mobilize resources. Community members, rather than

“professionals”, should be in charge of the decision and production processes. This is precisely what “small” media offer: an opportunity for media access in countries where the mass media are usually controlled by governments and urban elites.

The value of participatory media is not in being instruments of transmission but of communication, that is, for exchanging views and involving members. Community media dealt with various subjects: literacy, health, safety, agricultural productivity, land ownership, gender, and religion.

There have been a number of paradigmatic examples. In Latin America, miners’ and peasants’ radio in Bolivia, grassroots video in peasant and indigenous movements in Brazil, tape recorders in Guatemala, small-scale multimedia in Peru and other cases of low-powered media based in unions and churches were offered as concrete examples of participatory communication development (Beltrán 1993). Canada’s “Fogo process” was another experience informed by similar principles in which populations living in remote areas actively produced videos to discuss community issues of people living in remote areas and to communicate with outsiders about their concerns and expectations (Williamson 1991). In Africa, popular theater has been successfully used to increase women's participation and ability to deal with primary care problems. Through songs and storytelling, women were able to raise awareness and attention to issues and address problems, something that had not been achieved through “modern” media such as television and newspapers (Mlama 1991). Community participation through popular theater motivated rural communities to become involved in health care. Participation was credited for the reduction of preventable diseases such as cholera and severe diarrhea after communities constructed infrastructure that helped to improve sanitary conditions situation (Kalipeni and Kamlongera 1996).

In stressing the relevance of “other” media and forms of communication, participatory theories lifted development communication out of the “large media” and “stimulus-response” straitjacket and opened new ways of understanding interventions. They expanded the concept of participation that in modernization theories was limited to voting in party and electoral politics and championed a view of democracy that implied different forms of participation at different levels.

They also removed professionals and practitioners from having a central role as transmitters of information who would enlighten populations in development projects. People, not change agents, were central to community participation. It downplayed the role of expert and external knowledge while stressing the centrality of indigenous knowledge and aspirations in development. Communication was a horizontal process, diametrically different from the vertical model that placed knowledge in the domain of modern experts.

Participatory communication identified encouraging participation, stimulating critical thinking, and stressing process, rather than specific outcomes associated with modernization and progress, as the main tasks of development communication (Altafin 1991). Participation needed to be present in all stages of development projects.

Communities should be encouraged to participate in decision-making, implementation, and evaluation of projects. This would give a sense of involvement in their lives and communities, and provide them with a sense of ownership and skills that they can use beyond the timetable of development projects (Kavinya, Alam & Decock 1994). Community empowerment has become one of the main contributions of participatory theories to development communication. Empowerment is possible only if community members critically reflect on their experiences and understand the reasons for failure and success of interventions (Bradford & Gwynne 1995, Purdey, Adhikari, Robinson & Cox 1994).

Certainly, participatory communication has not lacked critics. Even though vindicating some tenets of participatory theories, other positions argued that they were elaborated at a theoretical level and did not provide specific guidelines for interventions.

One problem in participatory models was that it was not clear that communities needed to be involved for certain results to be achieved. In some cases such as epidemics and other public health crises, quick and top-down solutions could achieve positive results. Participation communication ignores that expediency may also positively contribute to development. Belaboring through grassroots decision-making process is slower than centralized decisions, and thus not advisable in cases that require prompt resolutions. Participation might be a good long-term strategy but has shortcomings when applied to short-term and urgent issues.

Another problem was that participation in all stages does not have similar relevance. It was not clear what participation entailed. If decisions were made outside of the community and the latter was assigned the role of implementing and evaluating results, some positions argued, participation was limited to instances that depended on decisions previously made (McKee 1992). It was not true participation and, therefore, maintained power inequalities.

Another problem was that the focus on interpersonal relations underplayed the potential of the mass media in promoting development as participation and process. Little attention was paid to the uses of mass media in participatory settings, an issue that is particularly relevant considering that populations, even in remote areas, are constantly exposed to commercial media messages that stand in opposition to the goals set by programs. This lack was particularly evident in Freire's theory of dialogical communication that is based on group interactions and underplays the role of the mass media.

Participatory approaches usually avoided the issue that people who lived in non-democratic societies might be wary to participate out of fear of retaliation. Moreover, people can be manipulated into participating. This would violate local autonomy and the possibility that members might not be interested in taking an active role. Critics argued that participatory communication, like social marketing, could also be seen as foreign, pushing for certain goals and actions that have not resulted from inside communities. Participatory communication did not offer the chance not to participate, and implicitly coerced people to adopt a certain attitude.

Social marketers charged that participatory approaches were too idealistic, falling short from offering specific practical guidelines, and offering recommendations with limited impact. These shortcomings are particularly pronounced when funds for development communication are short and funding agencies are interested in obtaining cost-effective results not just at the local but also the national level.

Other critics, particularly in Asia, thought that participatory models were premised on Western-styled ideas of democracy and participation that do not fit political cultures elsewhere. Individualism rather than community and conflict rather than consensus lie at the heart of participatory models developed in the West. Participation can also promote division, confusion, and disruption that do little to solve problems. It may privilege powerful and active members of the community at the expense of the community as a whole. Education and decision-making skills, rather than participation for its own sake, should be promoted.

To these criticisms, advocates of participatory models admitted that divisions and conflicts might result but, they argued, the answer should be teaching negotiation and mediation skills rather than opting for interventions that disempower people in the name of consensus-building. Although advocates of participatory theories viewed their critics as favoring government centralization and leaving power inequalities intact, they admitted that some original premises needed to be revised (White 1994).

Participatory approaches needed to:

- Be sensitive to the potential convenience of short-term and rapid solutions.
- Recognize that recommendations for participation could also be seen as foreign and manipulative by local communities (just like modernization theories).
- Translate participatory ideas into actual programs.
- Be aware that the communities may be uninterested in spending time in democratic processes of decision-making and, instead, might prefer to invest their time on other activities.
- Recognize that communities are not necessarily harmonious and that participation may actually deepen divisions. Servaes (1996, 23) admits that “participation does not always entail cooperation nor consensus. It can often mean conflict and usually poses a threat to existent structures...Rigid and general strategies for participation are neither possible nor desirable.”

To prevent some of these problems, it was suggested that it was preferable that projects be carried out in communities where agencies already had linkages (McKee 1992). Previous knowledge of problems and characteristics of a given community was fundamental to identify activities and define projects. Existing linkages could also



provide agents that were familiar with (or even were from) the community who could assist in creating organizations and networks to stimulate participation. No previously determined set of activities was advisable if the interests and dynamics of communities were not known. Workers would also provide important feedback information about the progress of projects through regular, face-to-face contact with participants. These practices function as a sort of transmission belt for making sure that community issues are addressed and that members have a voice in deciding future courses. The peril is to focus solely on professional technicians and leaders without consideration of involving the community at large.

Against criticisms that participatory communication leads to the existence of a myriad, disconnected projects carried out by multiple NGOs, coordination plans were deemed necessary. Providing a sense of orientation and organization was required to prevent that development efforts become too fragmented and thus weaker. Because NGOs are closer to communities than governments and funding agencies, they have the capacity to respond relatively quickly to demands and developments. But without a more encompassing vision, projects may only obtain, at best, localized results that fail to have a larger impact.

It was also recommended that relying on grassroots media was not sufficient. Populations needed media education to develop skills to be critical of commercial media and to develop alternatives that would help them gain a sense of empowerment and counter other messages. Yet, it was undeniable that local media provided a sense of ownership and participation that was key to sustainable development and could not be replaced by any other strategy.

Responding to critics who were impatient with obtaining “results,” participatory approaches suggested that development communication requires a long-term perspective that is usually missing among funding agencies and governments interested in getting quick results and knowing whether efforts pay off. Participatory theorists turned the criticisms about “timing” and “impact” onto their critics, arguing that the so-called problems of participatory approaches in “showing results” did not originate in the model but in how organizations approach development communication (Melkote 1991). Short-term projects that are prone to be terminated according to different considerations make it difficult to promote participation and examine the results of interventions in the long run. The interests of funders and politicians, who were urged to prove effectiveness of investments, ran against the timing of participatory development communication projects. For the latter to be possible, NGOs, funding agencies and other actors involved needed to be sensitive to the fact that grassroots projects cannot be expected to “produce results” in the manner of top-down interventions. Neither community development nor empowerment fit the timetables of traditional programs.

### **Media advocacy**

Media advocacy is another approach that questions central premises of the traditional paradigm. Media advocacy is the strategic use of mass media to advance social or public

policy initiatives (Wallack et al 1993). Its goals are to stimulate debate and promote responsible portrayals and coverage of health issues. Advocacy requires the mobilization of resources and groups in support of certain issues and policies to change public opinion and decisions. It consists of the organization of information for dissemination through various interpersonal and media channels towards gaining political and social acceptance of certain issues.

Like education-entertainment strategies, media advocacy rejects the idea that the media can be a source of only anti-social messages, and instead, proposes to include socially relevant themes in entertainment. Both share the perspective that because the media are the main source of information about health issues, interventions need to focus on the media. Both also believe in the capacity of the media to transmit information that can result in changes. Unlike education-entertainment, which has been mostly concerned with directly influencing audiences, media advocacy centers on shaping the public debate about public health. It is not information-centered but aims to incorporate social themes in entertainment content in order to influence public agendas. It takes a political and social approach that differs from the social-psychological premises and diagnoses found in education-entertainment. And, in contrast to education-entertainment, it is less convinced about the power of the media to be extremely effective in changing attitudes and behavior.

Because it locates problems in political and social conditions, social advocacy promotes social, rather than individual and behavioral, changes to health issues. It approaches health not as a personal issue but as a matter of social justice. It is explicitly set against the individualistic assumptions of mainstream approaches found in the dominant paradigm of development communication that fault individuals for unhealthy and antisocial behaviors and propose individual solutions based on the idea that health is primarily a question of individual responsibility. Instead, it advocates changes in the social environment that legitimize certain behaviors. For example, it sees tobacco and alcohol companies rather than individual smokers and drinkers as responsible for unhealthy behavior. Therefore, those companies should be the targets of advocacy and communication activities. Actions should target, for example, access to unhealthy products by involving communities in implementing policy changes (Holder and Treno 1997)

Here the contrast with behavior-centered health approaches is clear as media advocacy proposes that social conditions should be the target of interventions. Such interventions entail fundamentally a political process of changing conditions and redressing social inequalities rather persuading individuals about the benefits of certain lifestyles and behavior change. Health is a matter of social justice and partnering with interested parties rather than providing information to change individual behavior (Brawley and Martinez-Brawley 1999).

These premises set media advocacy apart from social marketing. Media advocacy criticizes social marketing for having an individualistic, behaviorist approach to health and social problems that narrows interventions to public information campaigns. Media

advocacy espouses a community-level model of intervention in health issues. Development, defined to be the well being of communities, can be achieved through promoting structures and policies that support healthy lifestyles. Community organization is the process by which community groups are helped to identify common problems or goals, mobilize resources, and develop and implement strategies for reaching their goals (Glanz and Rimer 1995).

According to media advocacy theory, campaigns are not the panacea not only because their effectiveness is questionable but also because they ignore the social causes of unhealthy behavior. Public service announcements have shown limited success in stimulating change and fail to address the social and economic environment that ultimately determines health risk factors. Social marketing does not face head-on the fundamental structures that sustain unhealthy behavior. Social advocacy does not minimize the importance of individual changes but, instead, it strongly argues that the latter require changes in social conditions. Because external conditions are responsible for health, the strategy should target those conditions instead of centering on lifestyle behaviors. Promoting individual health habits in developing countries without, for example, advocating for clean water supplies underplays the factors responsible for disease.

Media advocacy adopts a participatory approach that emphasizes the need of communities to gain control and power to transform their environments. It assigns the media a pivotal role in raising issues that need to be discussed and putting pressure on decision-makers. However, advocacy is not solely concerned with media actions. Because it concludes that health problems are fundamentally rooted in power inequalities, it promotes a dual strategy to build power that includes the formation of coalitions and grassroots actions coupled with media actions and lobbying.

Media advocacy theory assumes that the media largely shape public debate and, consequently, political and social interventions. To be politically effective, then, influencing news agendas is mandatory. AIDS and tobacco control coalitions and groups in the United States have been successful in their use of the mass media that has resulted in support, funding and the implementation of public policies. Media-savviness is necessary to get widespread coverage of certain health issues and to shape how stories are presented. Here again social advocacy differs from social marketing. Social advocacy is not about putting in action centralized actions to relay information to consumers but, rather, providing skills to communities so they can influence media coverage. It approaches the media not in terms of “health messages” but as agenda-setters of policy initiatives. Placing messages is not only insufficient to correct problems but it is also the wrong strategy: the target of media interventions should be news divisions rather than the advertising departments of media organizations (Wallack 1989).

Moreover, the media might be willing to feature public service announcements for a variety of reasons to further its own goals. Lobbying the media to feature PSAs does not necessarily result in an examination of structural conditions responsible for health problems, however. Media interest in participating in health promotion activities by

donating free airtime fall short from moving away from the individualistic view that dominates behavior change models. Such contributions by media organizations do not deal with external factors, unequal access and structures, and the political environment that is ultimately responsible for public health problems. This is why public health needs to incorporate a broader view that conceives actions in terms of community participation and mobilization to transform public opinion and change health policies.

In summary, advocacy consists of a large number of information activities, such as lobbying with decision makers through personal contacts and direct mail; holding seminars, rallies and newsmaking events; ensuring regular newspaper, magazine, television and radio coverage and obtaining endorsements from known people. The goal of advocacy is to make the innovation a political or national priority that cannot be swept aside with a change in government. In the context of development programs, media advocacy may be carried out by key people in international agencies, as well as special ambassadors, but is gradually taken over by people in national and local leadership positions and the print and electronic media.

### **Social mobilization**

Social mobilization is a term used by the United Nations International Children's Emergency Fund (UNICEF) to describe a comprehensive planning approach that emphasizes political coalition building and community action (UNICEF 1993, Wallack 1989). It is the process of bringing together all feasible and practical inter-sectoral social allies to raise people's awareness of and demand for a particular development program, to assist in the delivery of resources and services and to strengthen community participation for sustainability and self-reliance. A successful mobilization must be built on the basis of mutual benefits of partners and a decentralized structure. The more interested the partners are, the more likely that a project of social mobilization can be sustained over time. This approach does not require that partners abandon their own interests and perceptions on a given issue but are willing to coalesce around a certain problem.

One of the basic requisites is that groups carefully consider the best-suited groups to partner for a specific program. A child survival and development program in Ghana, for example, started with an analysis to identify individuals and organizations with the potential to serve as partners in a social mobilization project. The study included three sub-studies: interviews with members of governmental institutions, trade unions, revolutionary organizations, and traditional leaders among others; media content analysis that suggested the need for collective efforts between journalists and health workers; and the assessment of health information sources among parents. It concluded that partners included religious organizations, women's groups, and school teachers (Tweneboah-Kodua, Obeng-Quaidoo, & Abu 1991).

Mobilization is a process through which community members become aware of a problem, identify the problem as a high priority for community action, and decide steps to take action (Thompson and Pertschuk 1992). It starts with problem assessment and analysis at the community level and moves to action on chosen courses, involving many

strategic allies at all levels in a wide range of support activities. Central to social mobilization interventions is empowerment or the process through which individuals or communities take direct control over their lives and environment (Minkler 1990).

Social mobilization suggests that wide community participation is necessary for members to gain ownership so innovations would not be seen as externally imposed. Community mobilization is one of the main resources in implementing behavior change. Social mobilization differs from traditional social marketing approaches that are largely based on appeals to individuals. When there is no individual interest in adopting innovations and, particularly in the context of developing countries, reaching people only through social marketing techniques is not effective, interpersonal channels stimulated by social mobilization allow the wide diffusion of concepts and innovations and increasing demand.

Social mobilization is closely interlinked with media advocacy. To McKee, social mobilization “is the glue that binds advocacy activities to more planned and researched program communication activities.” It strengthens advocacy efforts and relates them to social marketing activities. It makes it possible to add efforts from different groups to reach all levels of society by engaging in different activities: service delivery, mobilizing resources providing new channels for communication; providing training and logistical support for field workers, and managing field workers.

Examples of social mobilization interventions include World Bank (1992) nutrition and family planning projects in Bangladesh that also used a social mobilization approach by assigned non-governmental organizations (NGOs) the role of mobilizing communities. It defined community mobilization as “the process of involving and motivating interested stakeholders (general public, health workers, policy-makers, etc.) to organize and take action for a common purpose. Mobilization of communities should focus on building confidence, trust and respect, increasing knowledge base, and enabling community members to participate, and become more proactive with regard to their own health behavior.” The implementation required to identify and utilize village communication networks, train field workers, locate and mobilize opinion leaders, activate link persons, establish rotating peer group discussions, provide information and supplies at meetings .

McKee (1992) states that social mobilization programs require that government agencies, NGOs and donor agencies need to meet and review the objectives and methodology of the research, follow its progress through periodic briefings and give feedback on the final report. These activities have proven to strengthen the sense of ownership among different stakeholders which ultimately results in a more successful intervention.

## **TOWARDS A THEORETICAL AND EMPIRICAL CONVERGENCE?**

Can the two broad approaches that dominated the field of development communication, diffusion and participatory models, converge around certain principles and strategies? Or is that unthinkable given that their underlying premises and goals are still essentially different? The last section of this report reviews attempts to bring together different

“branches of the family tree,” agreements, and disagreements among different approaches based on lessons learned in the last decades. The fact that some coincidences can be identified does not imply that old differences have been completely bridged. This is impossible because different theoretical premises and diagnoses continue to inform approaches and strategies. The fundamental issue continues to be that definitions of the problem are different, and expectedly, theories, strategies and techniques still offer essentially opposite analyses and recommendations. To identify points of convergence does not imply that a specific value judgment is made about the desirability or necessity of the process. The intention is to map out trends and directions that attest to the richness and complexity of the field rather than to pass judgment on them.

### **General remarks**

Since the 1950s, the meaning of development communication has changed. Changes should not be surprising considering that “development,” a concept that together with “modernization” and “Third World” emerged and dominated academic and policy debates in the 1950s, has lost much of its past luster. New concepts have been coined and gained popularity but have not displaced the broad notion of development communication. Despite its multiple meanings, development communication remains a sort of umbrella term to designate research and interventions concerned with improving conditions among people struggling with economic, social political problems in the non-Western world. Like “development,” “communication” has also undergone important transformations in the past five decades that reflected the ebbs and flows of intellectual and political debates as well as the changing fortunes of theoretical approaches.

The absence of a widespread consensus in defining “development” and “communication” reflect the larger absence of a common vocabulary in the field (Gibson n.d.). This conceptual ambiguity and confusion should not be surprising considering that different disciplines and theories have converged in the field of development communication. There has been a confluence of overlapping traditions from a variety of disciplines that imported vocabularies that had little in common. For example, do concepts such as “empowerment,” “advocacy engagement of communities” and “collective community action” refer to fundamentally different ideas? Not really. The presence of different terminologies does not necessarily reflect opposite understandings but, mainly, the existence of different trunks in the family tree. In a fragmented field, diverse programs and strategies are rooted in a myriad of intellectual fields that were rarely in fluid contact.

Despite the diversity of origins, however, it is remarkable that there has been a tendency towards having a more comprehensive understanding of “development communication.” The historic gap between approaches has not been bridged but, certainly, there have been visible efforts to integrate dissimilar models and strategies. Consider Jan Servaes’ (1996b) definition of development as a multidimensional process that involves change in social structures, attitudes, institution, economic growth, reduction of inequality, and the eradication of poverty. For him, development is a “whole change for a better life.” This notion comes close to the idea of “another development” that emphasizes the satisfaction of needs, endogenous self-reliance, and life in harmony with the environment (Melkote

1991). We would be hard-pressed to find approaches and interventions that essentially disagree with such encompassing idea of development.

Similarly, different approaches have gradually adopted an understanding of communication that is not reduced to the idea of information transmission, but includes the idea of process and exchange. Certainly, the persuasion model of communication maintains a towering presence in the field. Socio-psychological models of behavior and perspectives grounded in stimulus-response communication theories continue to dominate, arguably because some premises of the “dominant paradigm” remain widely accepted. The model of top-down, sender-receiver communication has been revised, however.

The idea of “communication as process” has gained centrality in approaches informed by both behavior change and participatory models. Moemeka’s (1994, 64) words illustrate a widespread sentiment in the field: “Communication should be seen both an independent and dependent variable. It can and does affect situations, attitudes, and behavior, and its content, context, direction, and flow are also affected by prevailing circumstances. More importantly, communication should be viewed as an integral part of development plans – a part whose major objective is to create systems, modes, and strategies that could provide opportunities for the people to have access to relevant channels, and to make use of these channels and the ensuing communication environment in improving the quality of their lives.”

This perspective is somewhat akin to “ritualistic” models of communication that prioritize the Latin roots of the word (as in “making common” through the exchange of meaning) that gained currency in the field of communication in the last decades (Carey 1989). Communication is understood as communities and individuals engaging in meaning-making. It is a horizontal, deinstitutionalized, multiple process in which senders and receivers have interchangeable roles, according to participatory theorist Jan Servaes (1996a). From a perspective rooted in behavior change models, Kincaid (1998) has similarly argued that all participants are senders and receivers. The difference lies in the fact that whereas approaches largely informed by the dominant paradigm continue to think of communication as a process that contributes to behavior change, participatory models are not primarily concerned with “behavior” but with transforming social conditions.

Another salient feature of recent studies in development communication is the increasing influence of theories and approaches that were originated or have been widely used in health communication. Health communication has received more attention than education or agriculture, issues that were central in early projects of development communication. Certainly, issues such as literacy, agricultural productivity, violence are included in many contemporary development plans. Behavior change, social marketing, and health promotion models have become increasingly influential in development communication, however. In a way, the growing centrality of health issues should not be surprising considering that family planning and nutrition, for example, have been dominant in the agenda of development communication since the 1960s. Additionally, attention to

HIV/AIDS since the 1980s further contributed to the ascendancy of health and health-related approaches in the field.

On the one hand, this shift could be interpreted as a reflection of the priorities of funding agencies. Although further research is needed to support this finding, it seems that the presence of health issues and, consequently, the influence of health communication approaches express the agenda of development organizations. On the other hand, it can also be interpreted as a result of the emergence of a broader approach to health issues. The definition of health as “a state of well-being,” widely cited in contemporary studies, allows a more comprehensive approach that includes issues such as illiteracy and poverty that were not integrated in early development communication projects.

### **Points of convergence**

Notwithstanding important persistent differences among theories and approaches, it is possible to identify several points of convergence that suggest possible directions in the field of international communication.

- The need of political will

One point of convergence is that political will is necessary in order to bring about change (Hornik 1988). Development communication should not only be concerned with instrumenting specific outcomes as defined in the traditional paradigm, but also with the process by which communities become empowered to intervene and transform their environment. Community empowerment should be the intended outcome of interventions. This requires coming up with a set of indicators that measure the impact of interventions in terms of empowerment.

Empowerment lacks a single definition, however. It can refer to communities making decisions for themselves and acquiring knowledge (e.g. about health issues). Whereas for participatory/advocacy approaches empowerment involves changes in power distribution, behavior models use empowerment to represent ways for communities to change behavior, for example, discontinuing unhealthy practices. Advocates of social marketing suggest that marketing empower people by providing information and having constant feedback from consumers so they can be responsible for their well-being.

Because understandings of empowerment are different, expectations about interventions are different, too. If development requires redressing power inequalities, then, it conceivably takes longer time than interventions that aim to change knowledge, attitudes and practices. The pressures for relatively quick results and short-term impact of interventions are better suited for a particular understanding of empowerment (and thus development communication) which is more aligned with behavior change than participatory approaches. The slowness of policy and political changes required for more equal distribution of resources and decision-making, as advocated by participatory models, does not fit short-term expectations.



The problems of measuring results, however, are not unique to participatory strategies. Many observers have indicated that behavior change models have not satisfactorily answered the question of long-term effects. The lack of longitudinal studies that document changes over time makes it difficult to know the extent of the influence of interventions and environmental factors that could help reach solid conclusions about the long-term impact of communication strategies.

The fact that the debate over “results indicators” has not concluded and that no easy resolution seem in sight, reflects the persistence of disagreements over measuring development. Answers to questions such as “what are the right results?” are expected to be different given that, notwithstanding a growing consensus on the issues of community empowerment and horizontal communication as central to development communication, behavior change and participatory models still define the task of interventions in different terms. In other words, there continues to be a tension between approaches that are oriented to achieving results as measured in behavior change and those that prioritize the building of sustainable resources as the goal of programs.

- A “tool-kit” conception of strategies

Another important point of convergence is the presence of a “tool-kit” conception of approaches within the behavior change tradition. Practitioners have realized that a multiplicity of strategies is needed to improve the quality of life of communities in developing countries. Rather than promoting specific theories and methodologies regardless of the problem at stake, there has been an emerging consensus that different techniques are appropriate in different contexts in order to deal with different problems and priorities. Theories and approaches are part of a “tool kit” that is used according to different diagnoses. There is the belief that the tools that are used to support behavior change depend on the context in which the program is implemented, the priorities of funders, and the needs of the communities.

For example, conventional educational interventions might be recommended in critical situations such as epidemics when large masses of people need to be reached in a short period of time. Such strategies, however, would be unlikely to solve structural, long-term health problems.

Social marketing could be useful to address certain issues (for example, increase rates of immunization) but is inadequate to address deeper problems of community participation that are ultimately responsible for permanent changes. It also can result in the problem that interventions conclude when public information campaigns are terminated. One of the problems is that such interventions create a dependency on media programs; the alternative, then, is focusing on self-maintaining resources that are responsible for the sustainability of programs. Another problem is that even when social marketing strategies are successful at raising awareness, they do not last forever and, therefore, other support systems are necessary to maintain participation and communication.

Because of the limitations of social marketing, other strategies are needed to address the problem of empowering and politically involving different groups. Social mobilization, for example, offers a way to deal with certain issues such as education, sanitation, nutrition (including breastfeeding), family planning, respiratory problems, AIDS and diarrheal diseases. Still, the mobilization of a vast array of partners is necessary but this does not exclude the uses of media advocacy and social marketing to target specific problems. A breastfeeding program in Brazil successfully integrated social mobilization and social marketing (Fox n.d.). As a result of the program, there was an increase in the median duration of breastfeeding and a reduction in infant mortality. Ministries and professional medical and nutrition groups participated in elaborating plans and stimulating actions at the national and state levels among their employees, members and associated institutions. At the community level, mothers' groups were formed and breastfeeding was promoted through extension workers, university students, the church and other voluntary groups.

Family planning programs in Egypt have been another example of successful integration of different approaches (Wisensale & Khodair 1998). After the intervention, the use of contraceptives doubled and the birthrate dropped from 39.8 to 27.5 percent in ten years. The achievements of the program have been attributed to fact that the Information, Education & Communication Center of the State Information Service used five tools, including the mass media, interpersonal communication, and entertainment-education. The participation of the government, health organizations and religious groups was also considered to be responsible for the success of the program.

The application of any prescriptive theory and methods might not work everywhere. Because of political and religious reasons, it is difficult to bring together a wide spectrum of forces to rally behind issues such as breastfeeding, family planning, and AIDS education in some countries. Under these circumstances, searching for a broad coalition is not recommended. In cases where governments strictly control the mass media or believe that they should be the only actors involved in public information campaigns, then, social marketing interventions confront many problems.

There has been a growing sensitivity to the problems of the universal application of strategies that were successful in specific contexts. In countries where political and cultural factors limit participation and maintain hierarchical relationships, participatory approaches might be difficult to implement as they require a long-term and highly political process of transformation. This does not mean that participation should be abandoned as a desirable goal but that interventions that aim to mobilize communities necessarily adopt different characteristics in different circumstances. Public service announcements may be perceived as contradicting official power and policies. When access to national media is limited or extremely conditional, grassroots strategies whether community participation and local media could offer an alternative. But if populations are afraid of participating for fear of repression or because of past frustrations, then, participatory approaches face clear obstacles and may not be advisable.

- Integration of “top-down” and “bottom-up” approaches

Faced with different scenarios and choices, the growing consensus is that a multiple approach that combines “top-down” and “bottom-up” interventions is recommended. Here it becomes evident that development communication has gone beyond transmission models focused on implementing behavior changes through communication activities.

The Iringa Nutrition Improvement Program in Tanzania has been mentioned as a successful example of integrating media advocacy, social mobilization and social marketing (FPRI 1994). The Program included the mobilization of different groups at different levels, community participation, media advocacy to popularize the goals of fighting malnutrition and child mortality, and social marketing to raise awareness among all sectors of the populations. It included “child growth monitoring, strengthening the health infrastructure, health education, and women's activities.” Government commitment, long-term sustainability of the program, and anti-poverty efforts have been mentioned as decisive in contributing to its success in reducing malnutrition despite larger economic problems. Environmental factors such as a tradition of grassroots participation and national policies that dramatically increased literacy were crucial for the success of the program.

- Integration of multimedia and interpersonal communication

Much of the current thinking is that successful interventions combine media channels and interpersonal communication. Against arguments of powerful media effects that dominated development communication in the past, recent conclusions suggest that blending media and interpersonal channels is fundamental for effective interventions (Flay & Burton 1990, Hornik 1989).

The media are extremely important in raising awareness and knowledge about a given problem (Atkin & Wallack 1990). The media are able to expose large amounts of people to messages and generate conversation among audiences and others who were not exposed (Rogers 1998). But it would be wrong to assume that development mainly or only requires media channels. Because social learning and decision-making are not limited to considering media messages but listening and exchanging opinions with a number of different sources, as Bandura (1994) suggested, interventions cannot solely resort to the mass media. Although television, radio and other media are important in disseminating messages, social networks are responsible for the diffusion of new ideas (Rogers and Kincaid 1981, Valente et al 1994). Entertainment-education programming is one way, for example to activate social networks and peer communication in the diffusion of information (Rogers et al 1999). Similarly, information given through the media is also important in raising awareness and knowledge as integrated into peer conversations and in contacts with field workers (Mita & Simmons 1995, Ogundimu 1994).

According to McKee (1992), interpersonal communication and the actions of community workers account for much of the success of several projects. Nothing can replace community involvement and education in the effective dissemination of information. Media-centered models are insufficient for behavior change. McKee argues that the most

successful strategies in family planning, HIV/AIDS, nutritional and diarrhea programs have involved multiple channels, including strong, community-based programming, networks, peer counseling and government and NGO field workers. Successful initiatives attest to the fact that redundancy and multiple channels should be used. The media has powerful effects only indirectly by stimulating peer communication and thus making possible for messages to enter social networks and become part of everyday interactions.

Without disputing the value of interpersonal communication, McDivitt, Zimick and Hornik (1997) have stressed the importance of the mass media in behavior change (also see Hornik (1988)). In an evaluation of the impact of a vaccination campaign in the Philippines, they concluded that the media, rather than interpersonal channels, was responsible for changes in vaccination knowledge. Media exposure was sufficient to generate more knowledge about the specifics of the campaign and change in vaccinations without the intervention of social networks. It would be wrong, according to the researchers, to ignore the unmatched reach of the media, particularly among certain groups, in getting the message out. Mass media messages per se, however, do not explain the success of the campaign. The campaign provided specific information that mothers needed in order to engage in expected behaviors, and other conditions (access to health centers, sufficient vaccine supplies) were also fundamental in making behavior change possible.

- Personal and environmental approaches should be integrated

The revision of traditional health promotion strategies and then integration of social marketing and social mobilization are examples of the tendency to integrate personal and environmental approaches.

Consider the “ecological approach” as an example in that direction as used in the North Karelia Project in Finland, the Minnesota Health program, and the Stanford Three Community study (Bowes 1997). It espouses organizational and environmental interventions and aims to be more comprehensive than efforts directed only at individuals or social action (McLeroy, Bibeau, Steckler & Glanz 1988; Glanz & Rimer 1995). Nonbehavioral factors such as unemployment, poverty, and lack of education are included as part of the broad view that ecological approaches encompass. Health promotion should be integrated into existing social systems such as schools, health delivery systems and community organizations. The mentioned projects required coordination among a variety of intermediate agencies that acted as liaisons between developers of health promotion innovation and potential adopters. The focus is still on behavior change but programs feature environmental supports to encourage individuals to adopt and maintain changes. Similarly, community participation approaches have recognized the need to promote a “holistic approach” that integrates the contributions of both personal behavior change and broader environmental changes in facilitating health improvement (Minkler 1999).

“Communication for social change” (CSC) is another example of recent efforts to integrate different theories and approaches in development communication (Rockefeller

Foundation 1999). Whereas traditional interventions were based on behavior-change models, CSC relies on participatory approaches in emphasizing the notion of dialogue as central to development. Development is conceived as involving work to “improve the lives of the politically and economically marginalized” (1998, 15). In contrast to the sender-receiver, information-based premises of the dominant paradigm, it stresses the importance of horizontal communication, the role of people as agents of change, and the need for negotiating skills and partnership. Another important contribution of CSC is to call attention to the larger communication environment surrounding populations.

In contrast to behavior change and participatory theories that, for different reasons, pay little if any attention to the wide organization of information and media resources, CSC calls attention to the relevance of ongoing policy and structural changes in providing new opportunities for communication interventions. Unlike neo-dependency theories that negatively view worldwide changes in media and information industries as stimulating a process of power concentration, CSC offers a mixed evaluation. It recognizes that transformations open possibilities for community-based, decentralized forms of participation, but also admits that some characteristics of contemporary media are worrisome in terms of the potential for social change. CSC views changes in health and in quality of life in general in terms of citizens’ empowerment, a notion that became more relevant in behavior change models (Hornik 1997).

But unlike participatory theories, CSC stresses the need to define precise indicators to measure the impact of interventions. It is particularly sensitive to the expectations of funding agencies to find results of interventions, and to the needs of communities to provide feedback and actively intervene in projects. Here accountability, a concept that is also fundamental in contemporary global democratic projects, is crucial to development efforts. Projects should be accountable to participants in order to improve and change interventions and involve those who are ultimately the intended protagonists and beneficiaries. Because the intended goals are somewhat different from behavior-change approaches, then, it is necessary to develop a different set of indicators that tell us whether changes are achieved (although certainly some measurements traditionally used in health interventions are useful too). The goals are not only formulated in terms that could perfectly fit health promotion/social marketing/behavior change theories (e.g. elimination of HIV/AIDS, lower child and maternal mortality) but also in broader social terms such as eradicating poverty and violence, and increasing employment and gender equality. These goals express a more comprehensive understanding of development that is not limited to “better health and well-being” but is aware of the need to place traditional approaches in larger social and environmental contexts.

Despite the cross-pollination of traditions and a multi-strategy approach to interventions, the rift between behavior change and participatory approaches and theories still characterizes the field. The divisions are less pronounced than a few decades ago given the integration of different strategies discussed in the previous section but are still important.

For participatory and advocacy approaches, behavior change models are still associated with a certain scientific paradigm that is questionable on several grounds. Behavior change models are based on premises that do not necessarily translate to developing countries (Stetson and Davis 1999). From a perspective influenced by recent theoretical developments in the social sciences, particularly post-colonial and post-modernist thinking, critics have challenged Western models of rationality and knowledge that inform behavior models. What is necessary is to change the traditional perspective according to which “traditional cultures” are backward and antithetical to development interventions. Because what populations know is considered wrong, local knowledge is viewed as obstacle and unnecessary in development interventions. Overcoming ethnocentric conceptions is crucial. It requires to recognize that understandings of information and knowledge are different. Interventions also need to be sensitive to the fact that local cultures do not necessarily fit philosophical assumptions about individual rationality that are embedded in traditional models. Sense-making practices that are found in the developing world contradict key premises of behavior change models. Behavior models assume that individuals engage in certain actions after weighing costs and benefits of the action. Whereas individual interest and achievement are the underlying premises of those models, non-rationalistic forms of knowledge as well community values are central to non-Western cultures.

Critics charge behavior change models for being focused on individual changes while underplaying (or minimizing) the need to instrument larger political transformations that affect the quality of life. They call attention to the organizational structures that inhibit the successful implementation of projects for social change (Wilkins 1999). The concentration of information resources worldwide, the growing power of advertising in media systems, and the intensification of inequalities that underlie the persistence of development problems require more than ever to examine structural-political factors. Media systems have changed dramatically in the last decades. These changes, however, have been particularly revolutionary in the non-Western world as privatization and liberalization of media systems radically transformed the production, distribution, and availability of information resources.

Behavior change models have recognized the merits of insights from participatory approaches as well as the need to be sensitive to media access and new technologies (Piotrow, Kincaid, Rimon, Rinehart 1997). They continue to be mainly concerned with refining analytical and evaluation instruments and measuring the success of different intervention strategies. One of the main tasks is to identify the impact of communication/information campaigns in the context of other factors that affect behavior (Hornik 1997). The integration of social mobilization and social marketing strategies has been found to be successful and a positive referent for future interventions (McKee 1992).

The realization that communities should be the main actors of development communication may constitute a starting point for further integration. Likewise, efforts to integrate theories and strategies that recognize that media campaigns are insufficient without community participation, that social marketing efforts are weak without

environmental changes, that community empowerment might be the ultimate goal to guarantee sustainable development, are encouraging to promote dialogue among different theories and traditions.

## **Bibliography**

Agunga, R.A. (1997) *Developing the Third world. A communication approach*. Commack, NY: Nova Science.

Altafin, I. (1991) Participatory Communication in Social Development Evaluation. *Community Development Journal*, 26 (4), 312-314.

Andreasen, A.R. (1994) Social Marketing: Its Definition and Domain, *Journal of Public Policy & Marketing*, 13 (1), 108-114.

Atkin C. & Wallack L. (Eds.) (1990) *Mass Communication and Public Health: Complexities and Conflicts*. Newbury Park: Sage Publications.

Bandura, A. (1977) *Social learning theory*. Englewood Cliffs, NJ: Prentice Hall.

Bandura, A. (1989) "Perceived self-efficacy in the exercise of control over AIDS infection. In V.M. Mays, G.W. Albee, & S.S. Schneider (Eds.), *Primary prevention of AIDS: Psychological approaches* (pp. 128-141). Newbury Park, CA: Sage.

Beltrán, L.R. (1976) Alien premises, objects, and methods in Latin American communication research. In E. M. Rogers (Ed.) *Communication and development: Critical perspectives* (pp. 15-42). Beverly Hills: Sage.

Beltrán, L.R. (1993). Communication for development in Latin America: a forty-year appraisal. In Nostbakken, D. & Morrow, C. (Eds.) *Cultural expression in the global village* (pp. 10-11). Penang, Malaysia: Southbound.

Beltrán, L.R. (1993) The Quest for Democracy in Communication: Outstanding Latin American Experiences, *Development*, 3, 45-47.

- Bowes, J.E. (1997) Communication and community development for health information: Constructs and models for evaluation, [www.nlm.nih.gov/pnr/eval/bowes/](http://www.nlm.nih.gov/pnr/eval/bowes/)
- Bracht, N. (Ed.) (1990) *Health promotion at the community level*. Newbury Park: Sage.
- Bradford, B. & Gwynee, M.A. (1995) *Down to earth: Community perspectives on health, development, and the environment*. West Hartford, CT: Kumarian press.
- Brawley, E.A. & Martinez-Brawley, E.E. (1999) Promoting Social Justice in Partnership with the Mass Media, *Journal of Sociology & Social Welfare*, 26 (2), 63-86.
- Buchanan, D.R., Reddy, S. & Hossian Z. (1994) Social marketing: A critical appraisal, *Health promotion international*, 9 (1), 49-57.
- Carey, J.W. (1989) *Communication as culture : essays on media and society*. Boston: Unwin Hyman.
- Chapman Walsh, D., Rudd, R.E., Moeykens, B.A. & Moloney, T.W. (1993) Social marketing for public health, *Health affairs*,
- Diaz-Bordenave, J. (1977) *Communication and rural development*. Paris: Unesco.
- Elliott, B.J. (1991) *A re-examination of the social marketing concept*. Sydney: Elliott & Shanahan Research.
- FPRI Report* (1994) Seminar Series Focuses on Successful Nutrition Programs, 16, 2, [www.cgiar.org/ifpri/reports/0694RPT/0694e.htm](http://www.cgiar.org/ifpri/reports/0694RPT/0694e.htm)
- Flay, B.R. & Burton, D. (1990) Effective mass communication strategies for health campaigns. In C. Atkin & Wallack, L. (Eds.) *Mass communication & public health* (129-145).
- Flora, J.A., Maccoby, N., Farquhar, J.W. (1989) *Communication campaigns to prevent cardiovascular disease: The Stanford community studies*. In C. Atkin & R. Rice (Eds.), *Public communication campaigns* (233-252). Newbury Park: Sage.
- Fox, E. (N.D.) *Conductismo y Comunicación Social Hacia Dónde Nos Llevó?*
- Freedman R. (1997) Do family planning programs affect fertility preferences? A literature review, *Studies in family planning* 28 (1), 1-13.
- Freire, P. (1970) *Pedagogy of the oppressed*. New York: Herder & herder.
- Gibson, Cynthia (N.D.) *Strategic communications for health and development*. Typescript.



- Glanz, K., Lewis, F.M. & Rimer, B.K. (Eds.) (1990) *Health behavior and health education: Theory, research and practice*. San Francisco: Jossey-Bass Publishers.
- Glanz K. & Rimer B.K. (1995) *Theory at a glance*. Washington: National Institute of Health.
- Hagen, E. (1962) *On the theory of social change*. Urbana, IL: University of Illinois Press.
- Hamelink, C. (1990) Integrated approaches to development communication: A study and training kit, *Journal of development communication*, 1 (1), 77-79.
- Holder, H.D. & Treno, A.J. (1997) Media advocacy in community prevention: News as a means to advance policy change, *Addiction*, 92, June, 189-199.
- Hornik, R.C. (1989) Channel effectiveness in development communication programs. In Rice, R.E. & Atkin, C. K. (Eds.) *Public information campaigns*, 2<sup>nd</sup> edition, (pp. 309-330). Newbury Park: Sage.
- Hornik, R.C. (1997) Public health education and communication as policy instruments for bringing about changes in behavior. In Goldberg, M, Fishbein, M & Middlestadt S. (Eds), *Social marketing* (pp. 45-60). Mahwah, NJ: Lawrence Erlbaum.
- Inkeles A. & Smith D.H. (1974) *Becoming modern*. Cambridge, MA: Harvard University Press.
- Kalipeni, E. & Kamlongera, C. (1996) The role of 'theatre for development' in mobilizing rural communities for primary health care: The case of Liwonde PHC Unit in Southern Malawi, *Journal of social development in Africa*, 11 (1), 53-78.
- Katz, E. & Lazarsfeld, P.F. (1955) *Personal influence: The part played by people in the flow of mass communications*. New York: Free Press.
- Kavinya A., Alam S. & Decock A. (1994) *Applying DSC methodologies to population issues: A case study in Malawi*. Rome: FAO.
- Kincaid, L. (1988) The convergence theory of communication: Its implications for intercultural communication. In Y.Y. Kim (Ed.) *Theoretical perspectives on international communication*. Beverly Hills, CA: Sage.
- Kotler, P. & Zaltman, G. (1971) Social marketing: An approach to planned social change, *Journal of marketing*, 35, 3-12.
- Kotler, P. & Roberto, E. (1989) *Social marketing: Strategies for changing public behavior*. New York: Free Press.
- Lerner D. (1958) *The passing of traditional society*. New York: Free Press.

- Maibach, E. (1993) Social marketing for the environment: Using information campaigns to promote environmental awareness and behavior change," *Health promotion international*, 3 (8), 209-224.
- Maibach, E. & Murphy, D.A. (1995) Self-efficacy in health promotion research and practice: Conceptualization and measurement," *Health education research*, 10 (1), 37-50.
- McClelland, D. (1961) *The achieving society*. New York: Van Nostrand.
- McDivitt, J.A., Zimicki, S. & Hornik, R.C. (1997) Explaining the impact of a communication campaign to change vaccination knowledge and coverage in the Philippines, *Health communication*, 9 (2), 95-118.
- McKee, Neill (1999) *Social Mobilization & Social Marketing in Developing Communities: Lessons for Communicators*. Southbound.
- McLeroy, K.R., Bibeau, D., Steckler, A & Glanz, K. (1988) An ecological perspective on health promotion programs, *Health education quarterly*, 15, 4, 351-377.
- Melkote, S.R. (1991) *Communication for development in the Third world*. Newbury Park: Sage.
- Meyer, G. & Dearing J.W. (1996) Respecifying the social marketing model for unique populations, *Social marketing quarterly*.
- Minkler, M. (1990) Improving health through community organization, in Glanz, K., Lewis, F.M. & Rimer, B.K. (Eds.) *Health behavior and health education: Theory, research, and practice*, 257-287. San Francisco: Jossey-Bass Publishers.
- Minkler, M. (1999) Personal responsibility for health? A review of the arguments and the evidence at century's end, *Health education & behavior*, 26 (1), 121-140.
- Mita, R. & Simmons, R. (1995) Diffusion of the culture of contraception: Program effects on young women in rural Bangladesh, *Studies in family planning*, 26 (1), 1-13.
- Mlama, P.M. (1991) Women's participation in "communication for development": The popular theater alternative in Africa, *Research in African Literatures*, 22 (3), 41-53.
- Mody, B (1991) *Designing messages for development communication: An audience participation-based approach*. Newbury Park, CA: Sage.
- Moemeka, A.A. (Ed.) (1994) *Communicating for development: A new pan-disciplinary perspective*. Albany, NY: State University of New York Press.
- Novelli, W. (1990) Applying social marketing to health promotion and disease prevention, in Glanz, K., Lewis, F.M. & Rimer, B.K. (Eds.) *Health behavior and health*

*education: Theory, research, and practice*, 324-69. San Francisco: Jossey-Bass Publishers.

Ogundimu, F. (1994) Communicating knowledge of immunization for development: A case study from Nigeria, in Moemeka, A.A. (Ed.) *Communicating for development* (219-243).

Okunna, C.S. (1995) Small participatory media technology as an agent of social change in Nigeria: A non-existent option? *Media, Culture & Society*, 17 (4), 615-627.

Piotrow, P.T., Kincaid, D.L., Hindin, M.J., Lettenmaier, C.L., Kuseka, I, Silberman, T., Zinanga, A. & Ikim, Y.M. (1992) Changing men's attitudes and behavior: The Zimbabwe male motivation project, *Studies in Family Planning* 23 (6), 365-375.

Piotrow, P.T., Kincaid, D.L., Rimon, J.G., Rinehart, W. (1997) *Health communication: Lessons from family planning and reproductive health*. Westport, CT: Praeger.

Purdey, A.F., Adhikari G.B., Robinson, S.A., & Cox, P.W. (1994) Participatory health development in rural Nepal: Clarifying the process of community empowerment, *Health education quarterly* 21 (3), 329-343.

Quarmyne, W. (1991) Towards a more participatory environment: Cross-linking establishment and alternative media, In K. Boafo (Ed.), *Communication processes: Alternative channels and strategies for development support*. Ottawa: IDRC.

Rockefeller Foundation (1999) Communication for social change: A position paper and conference report. New York: Rockefeller Foundation.

Rogers, E.M. (1962) *Diffusion of innovations*, 1<sup>st</sup> edition. New York: Free Press.

Rogers, E.M. (1976) Communication and development: The passing of the dominant paradigm, *Communication research* 3 (2), 213-240.

Rogers, E.M. (1983) *Diffusion of innovations*, 3<sup>rd</sup> edition. New York: Free Press.

Rogers, E.M. (1998) When the mass media have strong effects: Intermedia processes. In Judith Trent (Ed.), *Communication: Views from the helm for the twenty-first century* (pp. 276-285). Boston: Allyn and Bacon.

Rogers, E.M. & Kincaid, D.L. (1981) *Communication networks: A paradigm for new research*. New York: Free Press.

Rogers, E.M., Vaughan, P.W., Swalehe, R.M.A., Rao, N., Svenkerud, P. & Sood, S. (1999) Effects of an entertainment-education radio soap opera on family planning behavior in Tanzania, *Studies in family planning*, 30 (3), 193-211.

Rutten, A. (1995) The implementation of health promotion: A new structural perspective, *Social Science Medicine*, 41 (12), 1627-1637.

Schramm, W. (1964) *Mass media and national development*. Stanford: Stanford University Press.

Schramm, W. (1997) *The beginnings of communication study in America*. Thousand Oaks, CA: Sage.

Servaes, J. (1989) *One world, multiple cultures: a new paradigm on communication for development*. Leuven, Belgium: Acco.

Servaes, J. (1996) Introduction: Participatory communication and research in development settings. In Servaes, J., Jacobson, T. & White, S.A. (Eds.), *Participatory communication for social change*. Thousand Oaks: Sage.

Servaes, J. (1996) Communication for Development in a Global Perspective: The Role of Governmental and Non-Governmental Agencies, *Communications*, 21 (4), 407-418.

Singhal, A. & Rogers, E.M. (1999) *Entertainment-education: A communication strategy for social change*. Mahwah, NJ: Lawrence Erlbaum.

Stetson, V. & Davis, R. (1999) *Health education in primary health care projects: A critical review of various approaches*. Core group.

Terris, M. (1992) Concepts of health promotion: Dualities in public health theory, *Journal of Public Health Policy* 267-276.

Thompson, B. & Pertschuck, M. (1992) Community intervention and advocacy, In Ockene, J.K. & Ockene, J.S. (Eds.), *Prevention of coronary heart disease* (pp. 493-515). Boston: Little, Brown.

Tweneboaa-Kodua, A. Obeng-Quaidoo, I. & Abu, K. (1991) Ghana social mobilization analysis, *Health Education Quarterly*, 18 (1), 25-134.

UNICEF (1993) *We will never go back: Social mobilization in the child survival and development programme in the United Republic of Tanzania*. New York: UNICEF.

Valente, T., Kim, Y.M., Lettenmaier, C., Glass, W., & Dibba, Y. (1994) Radio Promotion of Family Planning in the Gambia, *International family planning perspectives* 20, 3, 96-104.

Valente, T., Paredes, P., & Poppe, P. (1998) Matching the message to the process: The relative ordering of knowledge, attitudes, and practices in behavior change research, *Human communication research*, 24 (3), 366-385.

Wallack, L. (1989) Mass communication and health promotion: A critical perspective. In Rice, R.E. & Atkin, C. (Eds.) *Public communication campaigns*, 2<sup>nd</sup> edition. Newbury Park: Sage.

Wallack, L. & Montgomery, K. (1992) Advertising for all by the year 2000: Public health implications for less developed countries," *Journal of public health policy*, 13 (2), 76-100.

Wallack, L., Dorfman, L., Jernigan, D. & Themba, M. (1993) *Media advocacy and public health: Power for prevention*. Newbury Park: Sage.

Westoff, C. & Rodriguez, G. (1995) The mass media and family planning in Kenya, *International family planning perspectives* 21 (1), 26-31, 36.

White, S.A. (1994) The concept of participation: transforming rhetoric to reality. In White, S.A. et al *Participatory communication: working for change and development*. New Delhi, India: Sage Publications.

Wilkins, K.G. (1999) Development discourse on gender and communication in strategies for social change, *Journal of communication*, 49(1), 46-.

Williamson, H.A. (1991) The Fogo process: Development support communications in Canada and the developing world. In Casmir, F.L. (Ed.) *Communication in development* (pp.270-287). Norwood, NJ: Ablex Publishing Corporation.

Wisensale, S.K., Khodair, A.A. (1998) The two-child family: The Egyptian model of family planning, *Journal of comparative family studies*, 29 (3), 503-516.

World Bank (1992) The determinants of reproductive change, population and health sector study. World Bank, South Asia Region, Health, Population, and Nutrition Unit, Washington, D.C.

Yoder, P.S., Robert R.C., & Chirwa, B.C. (1996) Evaluating the program effects of a radio drama about AIDS in Zambia, *Studies in family planning* 27 (4), 188-203.

Zimicki S.; Hornik R.C.; Verzosa C.C.; Hernandez J.R., de Guzman E.; Dayrit M.; Fausto A.; Lee M.B., Abad M. (1994) Improving vaccination coverage In urban areas through a health communication campaign: The 1990 Philippine experience, *Bulletin of the World Health Organization* 72 (3), 409-22.