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DIFFUSION AND DEVELOPMENT: WOMEN, MEDIA AND PRIMARY HEALTH CARE IN THE THIRD WORLD

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On her way to work one day, an American woman hears a familiar jingle on the car radio reminding her which soap to use for beautiful skin. Halfway around the world, in a remote part of Africa, another woman hears a message on the village radio which teaches her about oral rehydration therapy for her child's diarrhea. Each of these women is part of a target audience for a well-planned marketing campaign. But while the American woman is listening to traditional Madison Avenue marketing, the woman in Africa is a "consumer" to whom a relatively new kind of message, grounded in social marketing, is being delivered.

Commercial marketing employs powerful techniques for selecting, producing, distributing, promoting, and selling an enormous array of goods and services to a wide variety of people in every possible political, social, and economic context. Even those who resent "Madison Avenue hype" must accept that marketing works. It creates products, positions them in the marketplace to meet consumer demand, makes the products available and affordable to particular segments, and motivates consumers to buy and use products by illuminating their benefits.

In the late 1960s, marketing scholars began to think about new applications for marketing strategies, perhaps stimulated by G.D. Wiebe's now famous question, "Why can't you sell brotherhood like you sell soap?" Kotler and Zaltman are credited with articulating a definition of social marketing, or the marketing of socially relevant programs, ideas, or behaviors, concerned with "the design, implementation, and control of programs calculated to include the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution and marketing research." Kotler also articulated another major principle of social marketing: "Marketing relies on designing the organization's offering in terms of the target market's needs and desires rather than in terms of the seller's personal tastes. Marketing is a democratic rather than elitist technology. It holds that efforts are likely to fail that try to impose on a market a product, service or idea that is not matched to the market's tastes or desires." Kotler and his followers subscribe to the philosophy that marketing is an exchange process based not only on need, but also on consumer perception, preference, and

satisfaction. This makes the four "Ps" of marketing critical to the success of social campaigns, particularly in the Third World. Product, price, promotion, and place must all be carefully considered in designing a social marketing strategy. The product, or offering, must be carefully defined on the basis of market research. Pricing considerations include not only monetary costs, but psychological and social costs as well. Place of distribution must take into account a variety of practical considerations. Promotion includes not only all the components of a persuasive communication strategy, but cultural sensitivity and a sound knowledge of technical limitations.

The social marketing process begins, then, with sound research which helps to define the problem and to set realistic goals. It adheres to the principle of segmentation and consumer analysis. And it pays particular attention to influence channels, including mass media. But social marketing goes beyond advertising and communication. It seeks to bring about change in behavior as well as in attitude and knowledge on the part of the target audience. By adding a number of elements, including market research, product development, incentives, and facilitation, it expands the advertising and social communication approach.

The social marketing model described above, particularly as it relates to health behaviors in the Third World, is clearly a complex phenomenon. As a communications model, it is grounded in the larger theory of diffusion of innovations. Leading diffusion theorist, Everett M. Rogers, defines an innovation as "an idea, practice, or object that is perceived as new by an individual or other unit of adoption". Diffusion is defined as "the process by which an innovation is communicated through certain channels over time among the members of a social system. It is a special type of communication, in that messages are concerned with new ideas." Simply stated, Rogers and other diffusion scientists are concerned with how people create and share new information. In this sense, social marketing becomes a sort of functional blueprint.

In addition to an innovation, communication channels, time, and the social system, significant aspects of diffusion include such features as characteristics of innovations, process and rate of adoption, and consequences of innovations. Also, key to the diffusion process are opinion leaders and change agents, roles often played by women at the local level.

These raw elements of diffusion theory begin to take practical shape in a social marketing campaign which systematically applies the components of the theory to bring about behavior change. An innovation is introduced through a variety of complementary channels following in-depth audience research. The question: what are consumer practices, perceptions and preferences in terms of specific innovation, must be answered in order to "position" the "product"--in this case, a new idea or behavior. Communication channels play an enormously important role in delivering and reinforcing messages about the innovation. While an integrated approach between mass media, print and interpersonal channels should be reflected in the final stages of a sophisticated campaign, before reaching this stage, opinion leaders and change agents will play a critical part as influence channels in both research and dissemination efforts. During these phases, timing and a full understanding of the social system and existing infrastructure are also important. Because of the inevitable changes, perceived or real, in the characteristics of an innovation, research and evaluation become an ongoing process aimed at ever improved "products" and outcomes.

An example of a health-related innovation diffused in a developing country, in which women played a key role, will serve to illustrate. Fifteen years ago, Dr. Maybelle Arole created what has become a model primary health care program in Jamkhed, Maharashtra, a poor, drought-ridden village 200 miles east of Bombay. The project adheres to three basic principles of primary health care: community involvement and participation; a non-hospital, non-physician orientation; and a prevention and promotion emphasis. When the program began, trained nurses were sent into villages to work. These nurses were indigenous Indians, but not from the local villages. While they gave good nursing care, the villagers would not accept them. The nurses were perceived as too far removed from village society, and they intimidated villagers by their level of education. This spontaneous qualitative "research" finding led Dr. Arole to determine that rather than utilizing outside change agents, the villagers should choose a woman from among them--an opinion leader--to be trained as a primary health care worker within each neighboring village. Formal education was not essential; in fact, the women who participated

were all illiterate. But the key components--high motivation and interest--were there. Coming once a week for instruction, the women eagerly learned about family planning, maternal and child health, nutrition, and sanitation. They carried this new knowledge back to the other women at home. Through these interpersonal channels, diffusion of a new innovation, i.e., a cadre of locally trained women village workers delivering primary health care, has built up to a current ratio of 1:1000 people. The program now extends to over 200 villages, accounting for a population of more than 300,000.

In a social marketing context, through this example, we can begin to understand the relevance of researching the target audience's, or consumer's, perceived needs. The product--improved health practices--must be positioned in a non-threatening way. Appropriate channels of communication must be employed to improve rate of adoption, and the non-monetary price must not be too high.

This example also helps us to understand the role women play in primary health care and the potential impact of a well designed strategy on their lives. It also illustrates that information is an essential component in all primary health care activities. The woman-to-woman transfer of knowledge and information in Dr. Arole's program was a key component to success. The example provides insight, too, into the primary health care (PHC) philosophy. Primary health care is a health delivery system approach intended to emphasize affordable, accessible, low cost health care interventions. The concept of PHC stresses the provision of essential health care at the local level with input from the community. Here, the role of opinion leaders is critical. Respecting and utilizing the inherent social system is also an important asset.

Many developing countries are now committed to this new PHC approach in an attempt to extend care to large segments of the population traditionally underserved because they live too far from urban facilities. This has focused attention on creating innovative means of extending health care to rural areas in less developed countries (LDCs). Complementing this priority is a growing interest in and respect for social marketing and communications.

Traditionally, health has been a somewhat reluctant partner of communications because of medicine's adherence to an acute care model. But there is increasing recognition that much health care activity is, in a basic sense, a form of communication. Clearly, it involves the interaction of health providers and health receivers and the provision of information. Improving the communications components of the primary health care system can help to make it serve the poor majority more efficiently and effectively.

This increased appreciation for the role of communications in health delivery, both here and abroad, has led to a growing genre of health education activities referred to generally as the public health education or public health communications approach. This approach attempts, in a predefined period of time, to change a particular set of behaviors in a large-scale target audience with regard to a specific problem.

Health communication strategies which adhere to this public education approach in developing countries are part of a larger context of development communication--a field that studies, analyzes, promotes, and evaluates the application of communication technology to all sectors of development. While the earliest application of development communication was in the field of education, applications have now extended to other sectors, including health. In each case, the objective is the extension of the educational impact of specific development programs by adding a communication component to an existing program or by addressing a development problem directly through a communication strategy.

At the present time, a wide variety of technologies are involved in development communication spanning all levels of sophistication. Of all modern technologies, however, none has so successfully penetrated the poverty barrier as radio. The benefits of using radio are many. It is one of the only media which can reach rural illiterates, and is the only medium which can be localized. Radio also makes it technically possible for poor, illiterate people to communicate with each other. As a mass medium, radio is probably suited to messages of interest to relatively large groups of people. Radio can reach people frequently, can create and maintain motivation, inform, teach, and induce behavior change. In short, it provides a viable communication channel to support the social marketing approach to knowledge transfer.

However, public health education and social marketing campaigns go beyond simple mass media programs by integrating them with print and interpersonal channels. Consistent messages, based on audience research, are developed for radio spots, posters, flyers, health workers and opinion leaders. Without this integrated approach, any significant changes would be unlikely to occur.

Women have played a major part in development communication efforts using radio. In The Gambia, for example, Executive Producer Ami Joof worked with the country's leading female announcer, Maimuna Bah, to produce a series of programs for Radio Gambia. In a program called "Hospital Request," Bah visited rural hospitals and conducted spot interviews with patients. Often this was the only means for patients to communicate with their families who are often many miles away. Bah also conducted "For Women Only," during which she provided practical advice about such subjects as child care and personal hygiene. Proper mixing of sugar, salt and water for oral rehydration therapy (ORT) was also taught. Maimuna Bah's credibility with rural women, and her understanding of their vocabulary and experiences, was a key element in the success of this effort.

Looked at from a social marketing perspective, the "product" (correct mixing and administration of ORT) was "positioned" with the consumer's needs, preference and perceptions in mind. Through the use of a credible source, or opinion leader, and an appropriate communication channel (radio), ORT was widely promoted to its target audience. Print messages and interpersonal communication from health workers reinforced radio messages and continual monitoring insured distribution of supplies (e.g., correct measuring unit) to meet demand.

While the role of radio in support of social marketing programs is still evolving, there is a considerable body of experience in using the medium to support health objectives. One of the more impressive examples is the Communication for Child Survival Project, HEALTHCOM, being implemented, as the Radio Gambia Project was, by the Academy for Educational Development (AED) in Washington, D.C., for the U.S. Agency for International Development (USAID).

In 1978, USAID initiated the Project to apply what is known about communications and social marketing to promote oral rehydration therapy and related child survival practices. The Project began work in Honduras and The Gambia as the Mass Media and Health Practices Project, focusing primarily on ORT and the control of diarrhea. Today known as HEALTHCOM, the Project works in 17 countries worldwide and has an expanded focus including a variety of child survival technologies.

Time does not permit a discussion of the Project in depth but there are materials and literature available for those interested in knowing more about it.

However, the working premise which makes the HEALTHCOM model relevant is the belief that lives can be saved by altering the way in which people behave. Improvement does not necessarily require new investments in health infrastructures; the Project does not rely on the transfer of high technology. The task is simply to alter the likelihood of people doing things which are well within their capabilities, based on feasible innovations consonant with consumer lifestyle and needs.

The success of this public health communications campaign depends on its ability to provide a sufficiently large number of people with practical and important new information in a timely fashion.

The success of projects employing mass media as one part of a social marketing approach to health innovations is clearly encouraging. Evaluation studies show that these projects can reach large numbers of people in a short time for relatively low cost.

But there are also limitations and concerns to be addressed, not the least of which is the additional burdens placed on women as caretakers. As women-in-development experts have pointed out, children's health depends on improvements in the health, status, education, and income-earning opportunities of women themselves. And however well motivated, women may lack the time, energy or understanding needed to provide primary health care for their children. The current "child survival revolution" will clearly need to incorporate women as participants and beneficiaries, as well as agents.

Nevertheless, the work done to date has made a significant contribution in terms of what we know about communications and social marketing in primary health care. Basic communication principles have proven true. We know that communication isn't mass media alone and that it isn't a quick fix. Effective communication is audience oriented, multi-channelled, and has a few actionable messages. It is consistent over time and adaptable to change. Communication can work, not only to promote, but to teach, remind and reinforce.

We have learned that no one strategy works best. Effective health communication adapts to local needs and maximizes local resources. Social marketing, behavior analysis, and anthropology, augmenting what we know of communications, have significantly contributed to shaping our understanding of what works best. It now seems clear that we are on a new and exciting threshold in communications programming for health. Institutional media, social marketing, diffusion theory, behavioral psychology, women's studies, and health education are all contributing to the use of communications for development. As communications theorist Robert Hornik has so aptly put it, "It is a tale of caution and of a field maturing." Surely it is also a field ripe with possibility.