
HEALTHCOM: a communication methodology for health in the Third World

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Abstract

Health communication is a health education approach which attempts to change a set of behaviors in a large-scale target audience regarding a specific problem in a predefined period of time. Communication for Child Survival, or HEALTHCOM, is a world-wide research and development project grounded in the theory of health communication. The HEALTHCOM Project relies on social marketing, behavior analysis and anthropology to guide its methodological approach. This paper describes the project's methodology, using country case studies to illustrate its application.

Introduction

In 1978 the United States Agency for International Development (USAID) initiated a project to apply state-of-the-art knowledge about communication and social marketing to selected child survival practices. The Academy for Educational Development, an educational service organization based in Washington, DC, was contracted by AID to implement the project under the name Mass Media and Health Practices (MMHP).

From 1978 to 1985 MMHP developed a methodology for conducting public health education in developing countries to reach large numbers of people effectively and applied it in six project sites—Honduras, The Gambia, Ecuador, Peru, Swaziland and Indonesia. The methodology integrates

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communication channels (radio, graphic print materials and interpersonal communication), social marketing techniques and traditional approaches to health education, training and product distribution. It relies on the systematic development, testing and monitoring of communication strategies, messages and products to bring about positive changes in health-related practices. The original country programs all focused on the promotion of oral rehydration therapy (ORT) and other key objectives of national diarrheal disease control efforts.

In August 1985 AID extended the project for 5 years under a new name—Communication for Child Survival or HEALTHCOM—with a mandate to include additional countries and a wider range of child survival technologies, in addition to ORT.

HEALTHCOM's primary purpose is to increase our understanding of how best to integrate modern communication, social marketing, behavior analysis and anthropology to modify existing child-care practices. HEALTHCOM's experience to date, as well as that of health communication programs in other countries, e.g. Egypt and Bangladesh, has shown clearly that communication strategies can improve child-care practices.

This paper presents an overview of the HEALTHCOM methodology and shares selected successes to date.

Methodology

HEALTHCOM's communication methodology relies on a multidisciplinary approach to behavior change. The principles of social marketing provide a framework for action, behavior analysis focuses on current practices, and anthropology gives meaning

to observed behavior, linking ideas to values. This health communication model pushes out the boundaries of commercial marketing and assumes greater impact. Mass media are used in close co-ordination with training, face-to-face contact, and instructional materials over time. Messages are based on detailed investigation drawn from behavioral psychology. Anthropological insights provide cognitive context, and allow for continual adaptation of the process to current realities.

Social marketing: the organizing principle (adapted from Rasmuson *et al.*, 1988)

Philip Kotler defines social marketing as 'the design, implementation, and control of programs seeking to increase the acceptability of a social idea or practice in a target group' (Kotler and Andreasen, 1975). Like commercial marketing, social marketing relies on analytical techniques (market research, product development, pricing, accessibility, advertising and promotion), and 'sells' its products and practices by appealing to people's needs and preferences. However, social marketing encourages changes in behavior which will benefit society as well as the individual.

In international health programs, social marketing may involve both the selling of a commodity and the selling of an idea or practice. In fact, social marketing almost always begins with promotion of a health-related attitude or belief. It builds upon that to make recommendations for a new product or service, and to provide instructions for effective use. The fact that little or no money changes hands in such marketing efforts—that what is exchanged may seem intangible but heavily value-laden—can make these programs considerably more challenging than conventional marketing.

Although socially beneficial products (e.g. condoms and oral rehydration salts) are often subsidized, the actual selling process can be critical because it raises consumer motivation, stimulates entrepreneurial activity among wholesalers and retailers, increases the potential for long-term program self-sufficiency, and is a simple measure of program success. Marketing techniques are also essential to

the 'selling' of new practices. The consumer must make complicated trade-offs between old and new beliefs, between familiar and unfamiliar practices, and make investments of time and effort to achieve unverifiable and sometimes unpleasant short-term results.

Socially beneficial products, or 'social products', are different from commercial ones in important ways (Rasmuson *et al.*, 1988). For example: (i) social products are often more complex to use than commercial ones; (ii) they are often more controversial; (iii) their benefits are often less immediate; (iv) the market for social products is difficult to analyze; and (v) audiences for social products often have very limited resources.

These extra challenges mean that the research and planning stages of a social marketing effort must be particularly sound. Andreasen (undated) and others have also pointed out that social marketing programs are often subject to formal and informal public scrutiny in ways that commercial marketers are not. This scrutiny makes risk-taking more difficult and increases the importance of public acceptance and political will. Related to this scrutiny, extravagant expectations present another challenge. Commercial marketers may be considered successful when they increase sales by a small percentage; social marketers are frequently charged with nothing less than eradication of a problem or universal adoption of a behavior. Other hurdles for social marketers which Andreasen has highlighted include negative demand (i.e. marketing a 'product' for which there is a clear distaste), the highly sensitive nature of some health-related behaviors, the invisible or indirect benefits of a particular offering, and the focus on long-term change.

For many of these reasons, social marketing relies on a fundamental consumer orientation, which makes it essential to understand the target audience. Before a new offering is introduced, the environmental and psychological factors which will affect an audience's attitude toward the offering must be thoroughly researched. The audience will comprise various subgroups, each with unique views, values and needs. Research therefore begins with audience

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segmentation, which is a process of identifying subgroups and determining which media are most prevalent and appropriate to each.

Child survival efforts put great weight on considerations of parents' or caretakers' income and 'product' readiness. The primary audience generally consists of lower income populations—those most in need of health products and services. This group, however, may include individuals in various stages of awareness, ranging from ignorance of the offering to various levels of enthusiasm. Understanding the readiness stage of different audience segments is essential to positioning a product correctly.

The consumer is the center of a process involving four key variables: product, price, place and promotion. A successful program is organized around a careful analysis of each variable and a strategy which considers how they will interact.

A proposed product, whether a commodity, idea, or health practice, must be defined in terms of the users' beliefs, practices and values (Rasmuson *et al.*, 1988). 'Product position' is the term social marketing uses to describe the mental and market niche created for each promoted item to distinguish it from competing products or ideas. Extensive audience research guides the development of the product (its name, packaging, tone and rationale) and the portrayal of the benefits it offers.

Price can refer to a monetary expenditure, an opportunity cost, a status loss or a consumer's time. The fact that a rural woman pays no money for a vaccination does not mean that it costs her nothing. Indeed, the day of travel, the inconvenience to family, or the risk of a child's reaction may seem too costly relative to perceived benefits.

Place refers to the channels through which products or offerings flow to users and the points at which they are offered. Product availability and distribution may involve not only retail and wholesale supply systems, but the efforts of health providers, volunteer workers, friends and neighbors. Child survival products and services are frequently not as easily available to users as competing and less appropriate products, because of weak public sector supply systems. An important planning task in a

public health communication program is the choice of appropriate and powerful channels for bringing products to intended audiences. Every 'place' has its 'price' and the challenge is to reduce that price as much as possible.

In any social marketing activity, promotion requires extensive consumer education to assure appropriate use of products. While public health communicators use marketing tools to increase the impact of promotional efforts, they must also draw from principles of instructional design to teach complicated consumer skills. Motivational strategies are also essential in encouraging adoption of new ideas and social products. Particularly in closely knit rural areas, community activities can be effective promotional devices.

A discussion of social marketing would not be complete without reference to its ethical dimension. For understandable reasons, there is continuing concern in some quarters that social marketing represents a form of manipulation at worst, and 'Madison Avenue glitz' at best. Proponents of community participation in its truest sense worry that social marketers as change agents may be promoting their own agenda and may rely too heavily on high-tech media and advertising techniques. Social marketers counter that their specialization begins with a philosophy deeply rooted in a consumer orientation and that they are carefully applying a proven process based on a set of key concepts and tools developed by, but not limited to commercial marketing.

Behavior analysis: selecting messages and improving instruction (adapted from Rasmuson *et al.*, 1988)

Behavior analysis provides public health communication programs with a rigorous focus on the consumer. It acts as a microscope to reveal what people are actually doing with regard to a particular health problem, and why. Behavior analysis is the study of environmental events, or determinants, that maintain or change behavior patterns. It offers systematic methods for observing and defining behaviors, for identifying behaviors, which are conducive to change, and for bringing about and maintaining

behavior change. Its principles have been successfully applied to a wide range of health issues, including prevention of heart disease, dietary management, smoking cessation and, recently, diarrheal disease control.

Within the context of child survival, an individual caretaker—usually the mother—is faced with difficult choices between existing practices and new behavior. Recommended practices may require her to take a well child to a health center to be stuck with a needle and possibly become fitful all night; to remember the correct preparation of home oral rehydration solution; to remember when to introduce weaning foods and to determine which ones are best. She may have to determine whether her child is malnourished or just small. She may also discuss having fewer children with her husband who wants another male child. Each decision or response to a given situation is determined by a complex set of behavioral influences. Whether a new pattern of practice is easy or difficult to adopt, it may not be easy to accept. Behavior analysis can help probe for the reasons that a given practice persists and determine how alternate behavior might be best introduced—how the behavior can be introduced and encouraged, to ensure it is adopted and maintained over time.

Not all health practices which sound promising in theory are practical in real life. In the first place, behavior is often more complex than it initially appears. What may at first seem to be a simple practice often turns out to be a complex cluster of behaviors made up of many separate steps, some of which require new skills or engender costs to the individual. One of the most significant contributions of behavior analysis has been to focus attention on the complexity and sequential nature of the behavior required of a target audience. It has also provided tools to break down practices into their component and observable parts, so that they can be more readily addressed in an instructional program.

A change in behavior may require the target audience either to modify an existing pattern or to learn a new one. In either case, program designers need to understand the full context in which a new practice or set of practices will occur.

What are the environmental events which precede

or stimulate the behavior—its antecedents? Are there any natural antecedents (e.g. a child's thirst when dehydrated) which could stimulate a new behavior (e.g. giving ORT)?

What are the characteristics of the behavior itself?

How simple or complex is it? How frequently must it be performed?

What is the nature of the events which follow a behavior—its consequences? Are they readily apparent, rewarding or punishing, immediate or delayed? How will they affect the repetition of the behavior?

By breaking down health practices into these component parts, planners can gain a clearer idea of where along the chain of events to focus program messages most effectively.

The behavioral approach tries to identify existing practices that are compatible with new ones, to look for approximations to the new practices already existing in current behavior, and to evaluate the actual costs and benefits—both social and economic—of adopting new practices. Behavior analysis helps identify positive consequences which follow adoption of a new behavior and suggests ways to avoid or eliminate negative outcomes. It emphasizes that, while there are many means of shaping a new behavior pattern, positive consequences, or at least the avoidance of negative ones, are essential to its maintenance.

Anthropology: behavior in context (adapted from Rasmuson *et al.*, 1988)

Anthropology is the study of human beings, their cultures and their relationships in society. While behavior analysis provides a kind of microscope for human actions, anthropology can explain the cultural context in which these actions thrive.

Every successful public health program must consider the cultural context in which it operates—the prevailing perceptions, beliefs and values, as well as practices. Through the observational techniques, key-informant interviews and other approaches of ethnographic research, health communicators can look clearly at the traditions of their audiences and develop programs compatible with them.

Anthropology can help us to understand cultures

different from our own. We often fail to recognize the importance of being sensitive to beliefs and value systems when dealing with close neighbors, however. Anthropology, like social marketing and behavior analysis, reminds us that every audience is made up of subgroups having different characteristics, all of which determine how a promotional effort will be received.

All societies are in constant transition. In developing countries, the shifts are often more pronounced and the contrasts more poignant. Societies may hold firmly to some aspects of the past, while at the same time rushing to adopt new technologies and new behavior. Cultural differences result in different beliefs and practices regarding a particular health issue. Moreover, individuals change at different rates. Studies of early adopters often mislead planners into believing that change is easy, while analysis of late adopters can lead to skepticism about the possibility of change.

Techniques of ethnographic research, including observations, interviews and methods of evaluation, can provide valuable information about a culture's perceptions, beliefs and practices—and the meaning it attaches to them. Ethnography is the recording, reporting and evaluation of culturally significant beliefs and behavior in particular social settings. Such research generally requires long periods of study and active participation in the day-to-day life of a group, community or organization under investigation. Ethnographers work in the spoken language of those they study and generally tend to place a greater emphasis on intensive observation and verbal interactions with knowledgeable members of the community than on documentaries or surveys.

Ethnographic data can provide a wealth of marketing information, but credible ethnographic research requires flexibility, patience, a certain amount of trial and error and long, hard effort. Some programs may not be able to afford intensive, long-term ethnographic research. However, program planners can benefit from tapping the professional expertise of anthropologists in conducting interviews with consumers and in designing research instruments. Moreover, the cultural and linguistic sensitivity that an anthropologist brings to the design

of a survey or an intervention is invaluable.

A discussion of this methodology would not be complete without emphasizing that the approach relies on the use of integrated media, and underscores the importance of qualitative research.

The use of integrated media is critical to message delivery, and to behavior change. The mass media, usually radio, can reach large numbers of people in a short period of time and serves therefore to increase awareness. But it is important to put the role of mass media into context. Communication is not a quick fix, and mass media alone will not change behavior. Interpersonal communication—usually interaction between mother and health workers—is important for decision-making. It is usually this interaction which serves as the persuasion point. Print materials add to the mix, providing reminders and instruction when a new practice is to be carried out.

Qualitative research ensures that public health communication programs are based on an understanding of target audiences. Research methods include sample surveys, intercept surveys, focus group discussions, in-depth interviews, ethnographic studies and behavior observations. The results of this developmental research aid program planners in establishing measurable objectives and realistic strategies for the communication program. Qualitative techniques probe opinions, practices, and beliefs, while quantitative research measures and counts.

Figure 1 is a graphic representation of the multidisciplinary, dynamic and ever-evolving methodological approach described above.

Applications (adapted from Seidel, 1989)

HEALTHCOM now has 10 years of collective experience in communication for child survival. While the theoretical aspects continue to evolve, and longitudinal research findings begin to be analyzed, a record of achievement in a variety of settings and cultural contexts can be demonstrated. The following examples are illustrative but by no means exhaustive.

In Ecuador, the HEALTHCOM Project assisted the National Child Survival Program, PREMI, in the

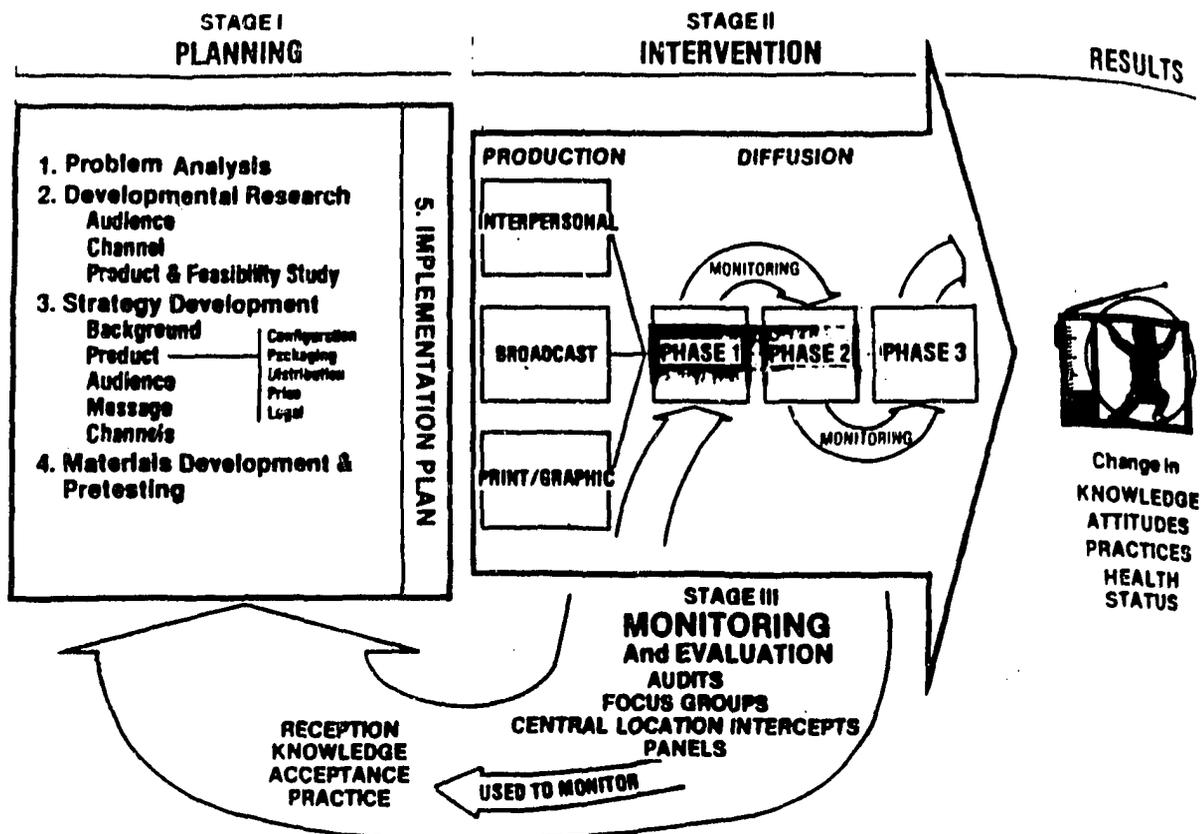


Fig. 1. The health communication process (AFD).

implementation of a 7-week radio course for mothers. The course employed several different types of incentives for both mothers and auxiliary nurses. It was designed for caretakers of children who live in rural and poor urban areas. The 20-min programs were broadcast daily and began with a 10-min episode of a soap opera based on child-survival themes. Preliminary results show that the program was extremely successful. A total of 5755 mothers, or 80% of those originally enrolled in the program, completed the four tests. After the completion of the radio course, the popular Saturday television show 'Sábados para todos' interviewed mothers who had participated in and graduated from the radio course. These mothers invited other mothers to go to vaccination posts and explained the reasons why this was so important. In addition, eight mothers who

attended a health center in Quito were brought to the program to take part in a question-and-answer program. These mothers were awarded educational scholarships for their participation.

In Guatemala, as in many other countries, HEALTHCOM provided the Ministry of Health (MOH) with short-term technical assistance to incorporate audience research into its long-term child-survival activities. National knowledge, attitude and practice (KAP) studies of mothers with children under 5 were undertaken with the aid of the Annenberg School of Communications in Pennsylvania and INCAP in Guatemala. Results were used to update MOH decision-makers' knowledge and hence influence policy, as well as to design messages.

In another case, the Federal Ministry of Health in

RESULTS



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Nigeria, managing a HEALTHCOM-related project addressed the vicious cycle of malnutrition and diarrhea/dehydration. This was the Dietary Management of Diarrhea Project (1985-1988), which is a project of the Johns Hopkins University and sub-contractors, including the Academy for Educational Development, Charles R. Drew Postgraduate Medical School (Los Angeles) and the American Public Health Association. It conducted extensive community-based research in Kwara State, Ilorin, to identify a common food which could be fortified with nutritious ingredients and promoted for use during and after diarrhea. Research revealed that mothers in both urban and rural areas use a traditional weaning food made of fermented corn or sorghum pap. They purchase the food, called EKO, from local women called *ogi* makers. A second stage of market research, using focus groups and recipe trials, helped formulate a new recipe. The focus group is an especially useful social marketing technique which brings together eight to 10 respondents typical of an intended target audience. A trained interviewer uses a prepared list of questions to elicit as much diversity as possible about a group's vocabulary, attitudes or practices related to a health problem. Focus groups with both mothers and EKO sellers helped screen a list of possible new ingredients and gauge the credibility of fortifying the pap. Recipe demonstrations were then conducted among mothers to test possible ingredients and cooking procedures. Finally, an in-home product test narrowed the likely ingredients down to cowpea flour and palm oil. The new recipe proved inexpensive and acceptable to mothers, babies and EKO sellers.

Diarrhea case management training has been a HEALTHCOM priority in Indonesia. In the four districts in West Java where oral rehydration therapy (ORT) intensification activities have taken place, ~660 health-center workers and over 15 000 volunteers have received formal classroom training based on a revised training model developed in response to a HEALTHCOM-assisted evaluation of the previous training design. HEALTHCOM also assisted the Ministry of Health in the design of training materials and the planning of another round of training for 20 000 health personnel.

A health-practice study was carried out in Malawi, in the area of malaria treatment and control. The objective of the study was to determine whether traditional birth attendants (TBAs) could be trained to treat fever/malaria in children under 5, and to provide chemoprophylaxis to pregnant women to prevent malaria. In addition, the first set of primary health care materials on malaria and diarrheal disease control ever to be designed in the country were developed, pretested, produced and distributed. These materials included malaria and diarrhea booklets for community health volunteers, 1-1 ORS containers, training manuals for health workers, ORS mixing posters, a flipchart for health workers on malaria and diarrhea and a manual on priority disease technical and communication skills for health workers and supervisors. Audiocassette tapes were developed as teaching aids, combining technical instruction with improved communication techniques for health workers.

Much of HEALTHCOM's energy in Lesotho is devoted to institutionalization, or the sustainability of the HEALTHCOM methodology. Particular emphasis has focused on strengthening the Health Education Unit itself by encouraging new positions and training for the Unit staff. In its third year, HEALTHCOM is helping the Unit adopt a management system appropriate to the expanded size and scope of the Unit.

Summary and conclusions

Communication for Child Survival, or the HEALTHCOM Project, represents a pioneering research and development effort aimed at applying the principles of communication to global health-promoting strategies. It recognizes that communication, planned or not, is often the key to whether a development project succeeds or fails. And it knows that if a message isn't appropriate in terms of content, medium or target audience, it isn't really communication. HEALTHCOM understands that one of the critical considerations in designing effective communication for primary health care is understanding audience preference and perception. In-

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depth qualitative research in relation to a particular health issue serves as the baseline for monitoring project effects and as a planning device for communication programs.

The HEALTHCOM methodology provides for an effective combination of social marketing, behavior analysis and anthropological investigation. Social marketing provides the framework upon which to build a solid health communication program. Behavior analysis focuses on actual health-related practices and helps identify areas of greatest opportunity for change. Anthropological investigation uncovers meaning in the observed practices and suggests mechanisms for linking new ideas to traditional values. Each discipline provides a significant contribution to program design and delivery. To be sure, there are still lessons to learn. At the same time, HEALTHCOM's collective experience world-wide over 10 years amply demonstrates the vital contribution of communication to primary health-care efforts in the developing world. Clearly, communication and health is a partnership that works.

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