

Featured reading (M2/U2): Linking theory and strategy in Communication for Development: The examples of Entertainment Education and Social Marketing.¹

In the field of communication for social and behavior change, practitioners are often called upon to articulate *how* they will seek change. They have to consider and explain which strategies and approaches they believe are most likely to lead to desired outcomes. Theory is a tool that can help in this regard. Theories explain – and occasionally try to predict - individual behaviors, social dynamics and social change processes. Communication strategies and interventions that are informed by theory benefit from the extensive empirical research and years of “trial and error” that are part of theory-building and refinement. When a Communication for Development (C4D) practitioner uses theory (or several theories) as a basis for the design of their intervention design, they avoid the error of working solely from *assumption*. Using theory greatly improves any SBCC intervention. Theory is like a special “lens,” a way of seeing. Theory can also be considered a set of analytical tools that can be used when considering which approaches to use in an intervention or which questions to ask in a formative research study. Despite the utility of theory, many practitioners are often wary of them, because they can appear too academic or too removed from day-to-day reality. One could argue that some theorists are partially to blame, for their tendency to use complex jargon that is not accessible to non-specialists.

This “theory supplement” is meant to demonstrate how theory can, in fact, be quite practical. Two well-known C4D strategies, entertainment education and social marketing, were informed by and developed with the help of theory. These strategies are discussed here as an effort to demonstrate the link between theory and practice.

It is our hope that by showing how theoretical concepts can and have been used in C4D we can help “demystify” theory and make it more accessible to practitioners. Each theory has its limitations, and thus it may be helpful to think of theories as “ingredients” that can be taken separately or blended together according to the social issue one is trying to address.

Different social issues require different combinations of ingredients, and ideally we adapt and improve our “recipes” as we gain experience. Silvio Waisbord, author of a widely-read report on theory prepared for the Rockefeller Foundation once said: “I wish people would be less *respectful* of theory.”² He went on to explain that being too respectful of theory was a problem because it resulted in lack of use. What was needed, he suggested, was for practitioners to break theories and models³ apart and take what was helpful to guide and improve their interventions.

In this spirit, we have “broken apart” a few well-known theories and models to show how various “pieces” (concepts) inform two common communication for development strategies, entertainment education and social marketing. These strategies are not the *only* ones informed by theory, but they provide a good example of the link between theory and practice. In the next section, we begin with a brief explanation of the entertainment education and social marketing strategies, and identify, for each strategy, the theoretical concepts informing them.

Entertainment education

In 1969 a Peruvian soap opera, *Simplemente Maria*, inspired the birth of a new kind of communication:

¹ This document was created as a supplement to the USAID-funded social and behaviour change (SBCC) learning package developed by the C-Change (communication for change) project (March, 2012)
See: <http://c-changeprogram.org/focus-areas/capacity-strengthening/sbcc-modules>

² Personal communication, July 2010. Waisbord Rockefeller Report: “Family Tree of Theories, Methodologies and Strategies in Development Communication.” Click [here](#) to read the report.

³ For practical purposes, there isn’t a great difference between “theories” and “models.” Technically speaking, models are usually made up of concepts from various theories. The Health Belief Model, for example, incorporates the concept “self-efficacy,” from Bandura’s Social Learning Theory.

entertainment education. Entertainment education is defined as “the process of purposely designing and implementing a media message both to entertain and to educate, in order to increase audience members’ knowledge about an issue, create favorable attitudes, and change overt behavior.”⁴ The main character of *Simplemente Maria* was a young woman of humble origins who decided to improve her job prospects by taking adult literacy classes and sewing lessons. Thousands of Peruvian women followed Maria’s example in real life. The television behavior was copied by real women, enrollments in literacy classes rose dramatically and sewing lessons were suddenly in great demand.⁵ The observation of this unintentional phenomenon in Peru led Mexican television producer Miguel Sabido to recreate the experiment in Mexico, intentionally embedding pro-social themes into the extremely popular telenovela format. What was at first an accident became a deliberate strategy. Sabido and other like-minded practitioners have helped spread the entertainment education strategy, which has now been used in dozens of countries to address a wide-range of social issues including domestic violence, early marriage, women’s health and sustainable development, to name just a few.⁶

The main theoretical concepts informing the entertainment education strategy come from Albert Bandura’s Social Learning Theory (SLT).⁷ SLT, over years of empirical testing, offered several valuable concepts, including the following 3 which related directly to entertainment education:

1. **Observational learning.** People learn through observation. The behavior of others is often copied, even when that behavior is not real, but rather seen on television (or heard on the radio, or seen on a stage). *Dialogue* about behavior can also be modeled. If people do not emulate the dialogue they see – talking about a taboo topic like sex, for example – they can at least learn from the content of modeled dialogue.
2. **Behavioral reinforcement.** People learn from how others *react* to a given behavior. Behaviors can be modeled through television, and the consequences (positive or negative) can also be modeled. Paired with “observational learning,” the concept of behavioral reinforcement has great potential for playing out complex scenarios that can teach people through television (or radio, or theater), without people having to actually live through that scenario.
3. **Self-efficacy.** The concept of self-efficacy has been defined as “confidence in one’s ability to take action and overcome barriers.”⁸ As with the previous 2 concepts, self-efficacy can be modeled through performance, and if actions modeled are successful and viewed positively others, audience members can be inspired to try out new behaviors for themselves. A television viewer in Peru, for example, might ask themselves: if Maria can enroll in classes and learn skills that get her a better job, why can’t I?

These three concepts are obviously related to one another: people learn by observing others (observational

⁴ Singhal & Rogers, (1999), *Entertainment-education: A communication strategy for social change*, Mahwah, NJ: SAGE, p. 9

⁵ For a good summary of the early years of entertainment education, click [here](#). And for a short video (in Spanish) on *Simplemente Maria*, click [here](#).

⁶ The Nicaraguan non-profit organization *Puntos de Encuentro* has led the way for many years on EE productions, and has addressed the issue of domestic violence through EE. Learn more by clicking [here](#). Click [here](#) to read about the EE soap opera “Taru” in India (child marriage and gender equity); Click [here](#) to see a clip and read about Media Impact’s new telenovela “Mucho Corazon.” Population Media Center published a helpful [training guide](#) on “Soap Operas for Social Change.”

⁷ SLT, after some years of testing and revision was later renamed “Social Cognitive Theory” (SCT).

⁸ Glanz, (2005) *Theory at a Glance: A Guide for Health Promotion Practice*, National Cancer Institute, p. 20. <http://www.cancer.gov/cancertopics/cancerlibrary/theory.pdf>

learning), and they learn from how actions and behaviors are received (behavioral reinforcement), as any child who has tried to eat a cookie before dinner and gets caught by their parents will tell you. The success of others can give us confidence (self-efficacy) – and often it’s only confidence standing between us and a new behavior that can have positive impact on our life. Of course, confidence may *not* be enough I may newly want to give birth to my first child in a clinic and believe I can do so but if no clinic is accessible to me my confidence will not be enough.

What entertainment education is very good at is modeling behavior and situations in a dramatic but unthreatening way. It is much easier for individuals to learn from the mistakes of a fictional television character than to have to make real life mistakes to gain comparable insights.

Social marketing

Can we “market” behaviors like we market commercial products? Social marketing strategists say: yes! Products sell when they are desired, affordable and available. Behaviors, like products, can be made to appear more desirable. They can be made more affordable, through subsidies, for example, and they can be made accessible, through policy and infrastructure. Do you want fewer cars on the road and more people commuting to work through the healthy and ecologically-friendly act of bicycle riding? Make bikes available! The increasingly popular bike-share programs in cities around the world are doing just that.⁹

The main “recipe” for social marketing involves 4 Ps:

- **Product** (which can be an actual thing, like a mosquito net, or a behavior, like recycling);
- **Price** (This can include non-financial “costs,” like time and energy).
- **Place** (distribution, accessibility)
- **Promotion** (This can involve the use of communication to increase knowledge of a product or behavior and its perceived desirability. Another “P” that could be used here is “persuasion.”)

The strategy of social marketing is directly supported by concepts found in the Health Belief Model (HBM), which we learned about in Unit 1 of this Module. As you may know, the Health Belief Model is one of the most widely used theories in the design of behavior change interventions targeting individuals. Three key concepts have been proven useful to social marketers:

1. **Perceived benefits.** When promoting a behavior it is important to stress **benefits** of said behavior. This may sound rather obvious, but with some behaviors, benefits may be many, both direct and indirect. The bicycle sharing program, for example, offers several benefits: health, cutting pollution, cutting traffic, avoiding high gas prices, the joy of being outside, etc.
2. **Perceived barriers.** Using the same bicycle sharing example, one would need to reduce the perception of barriers, like safety fears, or bad weather, by anticipating what these may be and attempting to minimize them. One could minimize actual (not just perceived) barriers by building protected bicycle lanes and offering city-funded rain jackets, for example. In the case of fighting malaria, for example, a perceived barrier may be the cost or availability of insecticide-treated bed nets. The actual cost barrier could be addressed through subsidies, or the perceived cost could be minimized by using the counter-argument of the value of a family’s health. Potential campaign tagline: “How much would *you* pay to keep your family healthy?” What the concept of “perceived barriers” helps us recognize is the importance of researching and anticipating what barriers, actual or perceived, people are facing so that they can be countered, through policy, financial support or persuasion.
3. **Cues to action.** Years of social scientific studies and experiments have tested Health Belief Model concepts. The idea that “cues to action” can influence behavior is one important finding. A “cue to

⁹ An article about bike sharing in [Spain](#) (in Spanish), and [this article](#) (in English) describes a U.S. based bike sharing program and mentions many others around the world.

action” can be a phone number, included in a public service announcement, accompanied by the message: “Call this number to learn 5 tips for quitting smoking.” A striking number of health promotion messages fail to urge and facilitate concrete action. “Stop smoking!” is not a cue to action. “Call now to talk to a smoking cessation counselor” is a concrete cue to action. (And making the number toll-free would decrease the cost barrier to making the call!)

Social marketers use concepts from the Health Belief Model to design, discuss and improve behavior change interventions. Imagine two health workers sitting at a conference table, strategizing and discussing how to promote polio vaccinations in a rural community that is skeptical of “Western medicine.” Let’s call these health workers Marta and Ricardo.

- **Marta:** Can we use the principles of social marketing to promote acceptance of this vaccine?
- **Ricardo:** Yes, why not. The product is important – it can prevent paralysis and death! What we need to consider is what concerns parents might have. What might they perceive as barriers?
- **Marta:** Well, let’s think about placement and price. Where will people get the vaccine and will they be able to afford it? As we know from Maslow’s Theory of Human Motivation, people will not act upon a perceived “higher order need” like a vaccine if they are struggling to feed their families and they perceive the cost of the vaccine is too high.
- **Ricardo:** If people are worried about cost we can remove that barrier immediately by making the vaccine free. Otherwise, perhaps we can either lower the price, or we can compare the cost to something associated with the health of their children, like a doctor’s visit. Stressing the health of the children may also help the parents see the vaccine as vital – a “basic need.” As for placement, we need to make it easy for people to get, geographically speaking. We’ll need to go to them, to provide the benefit of *convenience*. And we’ll need a communication intervention that not only warns of the dangers of Polio but also urges them to act and gives them concrete details about how, when and where to get the vaccine.
- **Marta:** Right – A cue to action! And speaking of action, why don’t we take what we know from Social Marketing, and from the Health Belief Model, and design a community survey to test what we *think* we know before we design the actual intervention.
- **Ricardo:** Great. Formative research – always an excellent idea!

This imagined dialogue is meant to show the place theory can take in the everyday lives of health and community development professionals. It shows how theory can provide a precise, evidence-based *shared vocabulary* and useful concepts for discussing and designing C4D interventions. Theory helps us learn from the past, from what has worked for others, and prevents us from “starting from zero” each time we want to develop an intervention. Theories can be combined, or layered, and can be adapted to local context.

The best way to learn about the potential uses and usefulness of theory is through action.

Three cues to action and an invitation: 1) Review the links provided in the notes of this essay; 2) Discuss the theoretical concepts you learned about here with your colleagues and assess their potential; 3) Ask for advice from practitioners who use theory regularly.

Invitation: If you are interested in theory and want additional information and tools – or have ideas/resources to share, please get in touch!

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