

Theoretical Approaches to Entertainment Education Campaigns: A Subaltern Critique

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Entertainment education (E-E) is one of the most widely discussed areas in current scholarship on international health communication. In fact, much of the health communication scholarship has been historically dominated by E-E efforts directed at subaltern spaces. This article applies a subaltern studies perspective to interrogate the location of agency of the subaltern participant in the dominant E-E discourse. Based on a critical approach to E-E, the article offers points of departure for studying health communication in subaltern spaces. Subaltern voices point toward alternative definitions of problems beyond the narrow realm of problems defined by the core actors in E-E. Finally, alternative positions are suggested for applying participatory communication in engaging with subaltern participants for problem definition and solution development.

Entertainment education (E-E) campaigns have served as the primary form of health campaigns directed at the Third World (Singhal & Rogers, 1999, 2001, 2002; Vaughan, Rogers, Singhal, & Swalehe, 2000). Based on the strategic placement of educational content in entertainment messages, the E-E approach has been used to promote family planning, gender equity, and HIV and AIDS prevention in a large number of countries, including Nepal, India, Gambia, Philippines, Tanzania, Mexico, and Peru (Singhal & Rogers, 1999, 2001, 2002). Most E-E campaigns were primarily carried out by two key organizations, Population Communications International (PCI) and Johns Hopkins University's Center for Communication Programs, and were funded by the United States Agency for International Development (USAID). E-E strategies "contribute to directed social change" (Singhal & Rogers, 1999, p. 9) by introducing important issues via entertainment programs targeted at problem-ridden sectors of the Third World.

Drawing on the campaign milestones achieved in the Third World, current communication scholarship describes E-E as one of the central achievements of the field (Singhal & Rogers, 2002). Attesting to the popularity of E-E, two books have been recently published on the topic (Singhal, Cody, Rogers, & Sabido, 2003; Singhal & Rogers, 1999). In addition,

the approach has received a great deal of attention in premier communication journals such as *Communication Theory*, *Journal of Health Communication*, and *Communication Research*. The theoretical treatment of E-E in *Communication Theory* calls for future scholarship that provides a theoretical backdrop for the scholarship and praxis of E-E. Close examination of the E-E literature, however, demonstrates the absence of a critical approach toward E-E. Whereas most E-E scholarship emphasizes questions of effectiveness, minimal attention is paid to questions of ideologies and values that drive E-E campaigns (Salmon, 1989). Guttman (2000) articulates that the adoption of a value-centered approach is crucial to the study of health campaigns because values are intertwined with the definition of problems, selection of strategies, implementation of tactics, and evaluation of results. Drawing on the fundamental idea that underlying values and ideologies drive communication campaigns, I offer a critical lens that interrogates these values and ideologies that inform E-E campaigns (Storey, Boulay, Karchi, Heckert, & Karmacharya, 1999). E-E campaigns are particularly suitable for this critique because they are implemented by Western interventionists in Third World spaces, reflecting the power differential in access to the discursive space between the West and the Third World and circulating the voices of the West in the formulation of the problems for the Third World. Also, most E-E campaigns are justified with the claim of altruism, a claim that needs to be closely interrogated. Because much of the E-E work has been targeted at

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subaltern populations in the international arena, I look at subaltern studies as an initiating point for critical interrogation of the current trends in E-E scholarship (Dutta-Bergman, 2004a, 2004b; Escobar, 1995). The term *subaltern* means of inferior rank and has been historically used to refer to the underprivileged groups of South Asian society, characterizing the position of subordination that is expressed in the realms of “class, caste, age, gender, office or in any other way” (Guha & Spivak, 1988, p. 35). Subaltern studies offer an alternative approach to writing history—from below, documenting the narratives of peasants, factory workers, and other marginalized groups and challenging the elitist approach to constructing knowledge and praxis from the top (Guha, 1988; Spivak, 1988).

SUBALTERN STUDIES: A POINT FOR CRITICAL DEPARTURE

As articulated in the introduction, the field of subaltern studies draws on the idea of writing history from below (Guha, 1988). The emphasis here is on including the voices of marginalized people in the discursive space (Guha, 1988; Guha & Spivak, 1988). Seeking to move away from the dominant elite perspective to that of the marginalized, the subaltern studies project focuses on locating the agency of the marginalized subject within the discursive space. It studies the narratives of peasant groups in the negotiation of meanings within an often oppressive environment of structural deprivation. Much of the work in the field of subaltern studies therefore focuses on resistance and opposition to the status quo, demonstrating the consciousness underlying peasant movements (Guha & Spivak, 1988). Oppression and resistance are the two critical threads that operate within the field of subaltern studies as a dialectical tension.

By locating the agency in the subaltern classes, the subaltern studies approach examines the active negotiation of meanings and participation by the subaltern classes in attempts to change the oppressive environment (Guha, 1988; Guha & Spivak, 1988). An important point to note is that subaltern studies scholarship begins with documenting the oppressive environment surrounding the subaltern to create a space for constructing the narratives of subaltern resistance. The critical framework drawn in this essay builds on subaltern studies because international E-E programs have primarily been targeted at subaltern locales. The criticism, therefore, focuses on the ways in which the dominant discourse of E-E excludes the subaltern voice. The subaltern studies project then offers us an entry point for alternative conceptualizations of international health communication, particularly in subaltern spaces, directing us toward novel approaches in health communication that focus on listening to the subaltern voices. The presence of subaltern voices documents alternative problem definitions, alternative framing of issues, and new possibilities for international health communication.

The driving force underlying this criticism is one of voice (Spivak, 1988). More specifically, I examine how the voice of the subaltern participant gets placed outside the realm of universal knowledge production and application development in the domain of E-E. The criticism begins with the articulation that E-E projects are located within the realm of modernization, with a focus on bringing about development in the underdeveloped world. This discourse of development is a Western construction, one that imposes criteria rooted in Western hegemony without involving subaltern participants in problem identification and solution development (Airhihenbuwa, 1995; Escobar, 1995). That the West defines much of what is considered healthy in the realm of E-E campaigns is driven by power differentials between the core and periphery nations of the world (Dutta-Bergman, 2004c). The next section interrogates the values and ideologies that drive the universalization and essentialization of E-E in the realm of international health (Dutta-Bergman, 2004a).

Values and Ideologies

Typically taken for granted in the realm of international E-E campaigns are the values inherent in the source of the message and his or her practices of message construction (Guttman, 2000; Salmon, 1989, 1992). E-E scholarship needs to acknowledge the existence of these values and excavate them from the hidden hegemonic spaces of campaign design and development (Guttman, 2000; Kline, 2003). The values become embedded in the strategic choices, channel selections, and content materials that are sent out to the different parts of the Third World (Dutta-Bergman, 2004a, 2004b; Escobar, 1995; Guttman, 2000). More fundamentally, these values remain at the core of problem definition and solution development, thus offering the foundation for the praxis of campaigns. Guttman (2000) argues that instead of being limited to the investigation of the values of the target communities, campaign scholarship needs to examine the taken-for-granted values of the campaign planners. Similar arguments are made by Wallack (1990) and Kline (2003), who suggest the importance of interrogating the use of entertainment programming for diffusing prohealth messages because such entertainment programming might actually contribute to the deflection of attention from the broader social, political, and economic roots of health problems. Kline argues that “attempts to utilize entertainment media to forward public health agendas should be tempered by the realization that such activities might exacerbate existing problems” (p. 575).

The examination of values and ideologies underlying E-E campaigns is also important because E-E campaigns operate in an uneven field with information and communication flowing from the core nations to the periphery nations, often imposing the worldview of the core nations on the actors in the periphery (Escobar, 1995; Mody, 2001). E-E is a field with central locales of power and marginal discursive spaces in the peripheries that surround these central locales and act

as targets of campaigns manufactured in the center (Dutta-Bergman, in press). Whereas the theoretical and practical arguments of the field are played out at these central locations (e.g., USAID, PCI, U.S. academy), the peripheral actors (the Third-World recipients) continue to be constructed as docile bodies without agency (Escobar, 1995). Therefore, the presence of subaltern voices in interrogating the values and ideologies underlying campaigns plays an important role in writing the history of international campaigns from alternative positions. Such presence also draws our attention to alternative problem configurations and solution sets in the realm of international health, perhaps drawing our attention to different conceptualizations of problems to inform health communication praxis.

Scholars of campaigns have pointed out that the values and ideologies driving a campaign are perhaps most evident in the objectives of the campaign (Guttman, 2000; Salmon, 1989, 1992). These objectives offer starting points for strategic campaign construction. E-E campaigns demonstrate two different levels of objectives. The overt objectives of E-E campaigns are widely discussed in the literature and offer the axes for strategy development, implementation, and evaluation. The campaigns cover issues such as attitudes toward women, HIV and AIDS prevention, and so forth, although most are constructed around the issue of population control. The implicit or covert objectives of E-E campaigns are almost always left out of the discursive space of E-E campaigns and refer to the broader objectives of funding agencies that dictate the allocation of resources to the overt objectives (this is demonstrated in the next section).

Objectives of Funding Agencies

Although much of the published scholarship on E-E does acknowledge the source of funding of the E-E programs, the objectives of the funding agencies (primarily USAID) are typically taken for granted. A review of the literature on E-E reveals the absence of articulation of the broader USAID interests that dictate E-E campaigns. These objectives become evident when E-E campaigns are interrogated with a critical lens and the lens is particularly directed toward the funding agencies that sponsor E-E programs. The examination of funding agencies, E-E campaign structures, and the published literature is important because such examination directs us toward the nexus between E-E campaigns and the agenda of the transnational hegemony achieved through the large-scale access to subaltern spaces via E-E programs. Many of the E-E programs that have historically been conducted and that are currently being implemented are sponsored by the USAID. An examination of the objectives of USAID would therefore provide a conceptual framework for locating the covert purpose served by these E-E campaigns. A white paper published by USAID (2004) locates its foreign assistance program in the context of U.S. security:

Given many threats to national security in the post-Cold War, post-9/11 world, U.S. foreign assistance must address more than humanitarian and developmental goals. Conditions of instability and insecurity that arise from terrorism, transnational crime, failing states and global disease must be mitigated for sustained economic growth and social development to take root and flourish. (p. 7)

However, beyond the creation of a strategically secure environment for the United States, one of the core goals of the USAID is to support the project of transnational capitalism by opening up Third World spaces to foreign investment and the transnational capitalist economy (Dutta-Bergman, 2004a, 2004b; USAID, 2002). Drawing the connection between foreign assistance and the economic payoff, USAID (2002) writes

On the economic side, successful developing countries—both advanced countries and poor countries making steady progress—have provided the most dynamic markets for US exports. And rapidly expanding exports have played a significant and increasing role in United States growth. (p. 7)

Describing its goals of creating a free market economy that facilitates the penetration of global corporations into Third World spaces, a USAID (2000) document states

Successful development abroad generates diffuse benefits. It opens new, more dynamic markets for U.S. goods and services. It generates more secure, promising environments for U.S. investment. It creates zones of order and peace where Americans can travel, study, exchange, and do business safely. And it produces allies—countries that share U.S. commitments to economic openness, political freedom, and the rule of law. (pp. iv@150>2)

The goals of E-E programs then are located within the broader goals of USAID to create strategically secure environments and to exploit subaltern spaces to secure profits for the transnational hegemony. As tools of USAID, E-E programs, therefore, serve as the channels for introducing the commercial logic into subaltern spaces. This connection is well articulated in the following excerpt from E-E scholars Singhal and Rogers (1999):

Hum Log launched the era of commercially sponsored programs on Doordarshan. A sponsored television program is one for which an advertiser pays the production costs of a program, in return for several minutes of spot advertisements, before, during, or immediately following the broadcast ... Commercial interests can be served without sacrificing social interests ... The product advertised was Maggi 2-minute noodles, a radical consumer innovation in India ... *Hum Log* represented a turning point in the commercialization of Doordarshan. (p. 101)

Critical to note in the previous excerpt from Singhal and Rogers (1999) is the articulation of commercial interests that can presumably be served by E-E programs without sacrificing social interests. This is a problematic assumption because much of the social interests of the subaltern classes get subsumed by the commercial interests of the transnational elite that are served by such E-E programs. The excerpt makes explicit the linkage between E-E programs sponsored by the USAID and the influence on the economic landscape of Third World countries achieved by USAID through such programs. In essence, the goal of E-E programs to commercialize the mediated space in subaltern sectors creates new markets for transnational corporations and serves the agenda of the core actors (Dutta-Bergman, in press). The case of *Humlog* and Maggi as discussed by Singhal and Rogers (1999) brings to the surface the most important problem of E-E from a subaltern standpoint: that E-E programs serve as the tools of globalization and transnational capitalism that impose a monolithic set of core values on other parts of the world and that open up the doors of countries suffering from starvation and poverty to commercial products of the free market economy. E-E programs become the tools for colonialism of a different kind that focuses on creating markets for multinationals. Meant to create prosocial change and eradicate poverty, E-E becomes the machinery for oppression of the poor in the Third World by pushing transnational capitalism and, thus, obliterating domestic forms of production that support the subaltern classes (Dutta-Bergman, in press; Kim, Millen, Irwin, & Gershman, 2000).

Population Control

Since the early years of its operation, USAID linked the problems of creating a strategically secure environment for the United States and fostering transnational capitalism with the problem of population control. Population growth in the Third World was seen as a barrier to fostering transnational capitalist ideology and thus the interventions sponsored by USAID focused on controlling the population growth. It was argued that nations that controlled their population problem will be better able to manage their resources and citizens and would provide the recipe for a stable global climate. For instance, Madeleine Albright claimed that “international family planning also serves important U.S. foreign policy interests; elevating the status of women, reducing the flow of refugees, protecting the global environment, and promoting sustainable development which leads to economic growth and trade opportunities for businesses” (quoted in USAID, 2002, p. v).

Population control serves transnational hegemony by fostering conditions for sustainable development, which in turn, promotes economic growth and new opportunities for businesses. Important to note here is the linkage between the covert and overt objectives of E-E campaigns played out via the articulation of the problem of population control. Covert ob-

jectives such as serving U.S. foreign policy interests and facilitating the growth of transnational economy are achieved through the overt objective of population control in the Third World. It is worthwhile to point out that the direct link between population control and economic growth has not been substantiated; in fact, a significant body of scholarship has pointed otherwise (see Demerath, 1976, for a review).

Population control was chosen over other alternatives (i.e., resource redistribution, capacity building, etc.) because the economic interests of the United States were better served through population control programs. However, population control programs embody other ideological biases that underlie their conceptualization. For instance, the agenda of USAID in supporting population control programs in solving the problems of development obliterates issues of resource acquisition for subaltern classes and redistribution of wealth (Farmer & Bertrand, 2000); instead the attention is shifted onto serving the status quo by focusing on individual-level behavior change among subaltern classes, those undesirable groups whose vastly growing masses need to be managed and controlled. By framing subaltern groups as receivers of the E-E messages, the onus of the problem is shifted onto the subaltern position. At the heart of targeted population control programs lies the basic assumption that the growth of this “least developed” subaltern class is undesirable. The problem is located in the inability of the subaltern group to practice responsible and rational behaviors (e.g., planned reproduction). By focusing on population as the solution to problems of global peace and stability, the funding agencies and interventionists privilege national and international elite positions, minimizing and shifting attention from the possibilities of real change in the condition of subalternity produced by practices of marginalization and supporting the positions of elite privilege (see Demerath, 1976; Dutta-Bergman, 2004c). The link between population control and marginalization is evident in the program of population control implemented in South Africa under apartheid that primarily targeted the Black population while encouraging increases in the White population by providing tax incentives for larger families and promoting immigration. Under apartheid, Black women factory workers were denied jobs and Black schoolgirls were denied the right to sit for matriculation examinations unless they submitted to contraceptive injections; sterilization and fitting of intrauterine devices were often carried out without the knowledge of the women (Correa, 1994). This targeted approach toward population control ensures the political agenda of maintaining the wealth and access to resources in the hands of a small minority while marginalizing the subaltern classes (Klugman, 1990, 1991).

In addition, programs of population control often operate as oppressive hegemonic devices by not taking into account the goals and desires of the subaltern classes that typically serve as the targets for population control programs. For instance, certain subaltern groups value family, and children are desired because they carry on cultural traditions.

Panandiker and Umashankar (1994) argued that “the 35% or so of Indians who constitute the poor do not share the perception that population growth is an important issue” (p. 99). The authors pointed out that those living at submarginal existence levels are likely to regard large families as advantageous because the children serve as resources that can participate in the economy of the household, in which survival is the main concern. In other situations, larger families are desirable because they provide physical security (Mamdani, 1972).

The emphasis on individual-level responsibility (via family planning) abdicates the national government’s responsibility in solving the critical resource needs faced by the subaltern classes or in addressing issues of redistributive justice; in presenting population control as a solution to global resource problems, it also ignores the vastly disproportionate amount of resources consumed by the developed world (see Kim et al., 2000). In working with the national bourgeoisie in opening up the Third World market to the global economy, E-E programs paradoxically propagate basic inequalities in the Third World instead of mitigating them by securing profits for transnational capitalism at the cost of the subaltern modes of production. The incoming foreign investment benefits the national elite; at the same time, the free market economy destroys indigenous forms of production, generating exponentially growing unemployment in the poor sectors of the Third World (Dutta-Bergman, 2004c; Kim et al., 2000). This in turn further creates situations of marginalization, poverty, and ill health rather than solving these problems of subaltern spaces. For instance, the emphasis placed on family planning programs in subaltern spaces often occurs at the cost of shifting focus and valuable resources away from other basic and more fundamental aspects of health care (Qadeer, 1998). The placement of women’s health needs within the rubric of family planning and population control often overshadows other more critical health risks faced by women, such as starvation and communicable diseases (Kabeer, 2003). Qadeer lays out the following criticism of the reproductive health programs that were launched in India as a part of its development planning efforts:

It shifts emphasis from maternity to reproduction when MMR is still high and preventable infectious diseases continue to be the most critical threat to life. The term reproductive health, instead of focusing on maternal mortality and its causes, diffuses the focus. It highlights contraceptive technologies (irrespective of their dangers), abortions, sterility, and reproductive tract infections without locating them in the overall social, economic, and epidemiological context of Indian women. (p. 283)

As articulated in this section, in focusing on individual-level solutions, the discursive space removes alternative articulations that focus on redistributive justice and capability building (Dutta-Bergman, *in press*; Qadeer, 1998). With

its focus on individual prevention, the E-E approach undermines the importance of solving basic infrastructural problems in subaltern spaces and providing access to fundamental health care needs. Resource and capability-related issues are systematically absent from the questions of poverty and resource starvation that are characteristic of subaltern spaces; instead, population control is put forth as the solution to poverty and underdevelopment. In most cases, by emphasizing a singular solution to global health problems—population control—E-E campaigns background a plethora of other health-based issues such as malnutrition, lack of clean water supply, hunger, and lack of medical facilities that are related to marginalizing practices of the national elite (Dutta-Bergman, 2004a, 2004b; Narayan & Petesch, 2002). In summary, the E-E approach fundamentally backgrounds alternative theoretical and pragmatic articulations of solutions to global health problems that challenge the status quo by pushing population control programs. As a result, the definitions of health problems under the umbrella of E-E maintain the status quo and ensure bourgeoisie stability in the national and global landscape.

How then do subaltern participants make sense of these structural barriers that impede their lives? How do they draw meanings from these barriers and interact with them? Missing from the discursive space of E-E campaigns are the voices of subaltern participants in finding meaningful solutions to the problems they articulate. Noting this absence in campaigns research in the 1970s and 1980s, Latin American scholars put forth criticisms about the dominant one-way models of health campaigns by pointing out that these campaigns lacked the participation of members of those target communities that were the receivers of the campaign messages (see e.g., Beltran, 1975, 1980). Addressing this criticism of the traditional one-way flow models, current scholars of E-E suggest that E-E campaigns are more participatory in nature (Storey & Jacobson, 2004). A question that gets backgrounded in the currently growing literature on participatory E-E, however, relates to the nature of participation evoked by E-E. Based on the argument that the participation of the Third World subject is co-opted into the dominant worldview of E-E programs, I provide a comparative framework for positioning participatory E-E programs in the backdrop of subaltern participation.

Participation

Responding to the criticism of one-way flow of communication and the inherently manipulative nature of E-E, one of the recent trends in E-E scholarship is the incorporation of the participatory approach within E-E programs (Singhal & Rogers, 1999; Storey & Jacobson, 2004). The participatory approach emphasizes dialogue and community involvement, and according to E-E scholars, can provide a platform for engaging the community in the E-E project. For instance, Storey and Jacobson present the application of a participa-

tory approach to a population program in Nepal coordinated by Johns Hopkins University's Population Communication Services (JHU/PCS) and funded by USAID. Drawing on Habermas's theory of communicative action, the participatory approach of the E-E program included (a) training in interpersonal communication counseling, (b) mass media programs, and (c) mobilizing networks. Commending the empowerment of community members achieved through the participatory model of E-E, Storey and Jacobson noted

Participatory communication is both a means to behavior change as well as a desired end-state of its own. The Nepal population program employs mass media, interpersonal communication, and community networks as tools, with the goal of expanding communication opportunities for individuals and social systems so that people are better able to make decisions that affect their lives. (p. 430)

The important point in this excerpt is the enlisting of participation as a means to behavior change.

The training in interpersonal communication and counseling component included district-level workshops and two radio dramas, *Service Brings Reward*, for health workers; and *Cut Your Coat According to Your Cloth*, targeted at the general public. Seeking to foster participatory communication between providers (health care workers); and clients, the training programs emphasized communication skills for both providers and clients. Examples of provider skills included greeting clients, asking questions about available choices, sharing the available options, assisting the client in listing the advantages and disadvantages of the options, explaining the process for carrying out the decision, and encouraging clinic returns. Client skills included exercising the right to know, asking for appropriate methods for the delivery of services and information, understanding the positives and negatives of each option, and discussing the lessons with others.

The participatory nature of the program is highlighted in the effort to make the provider–client relationship more egalitarian and symmetrical such that clients are taught to “raise any proposal they wish” (Storey & Jacobson, 2004, p. 427). Although the E-E program claims to foster a participatory approach, it is critical to note the location of participation within the population control agenda of the JHU/PCS. The empowerment of the client is located within the already decided objective of population control. The sense of “choice” is limited within the different options of population control, the primary agenda of the campaign planners. The role of participation here is to be able to better carry out the combined objectives of JHU/PCS and USAID by achieving individual-level behavior change, not those of the clients and community members. Drawing on the conceptualization of participation as an instrument of control in programs such as the participatory E-E campaigns, Cooke (2001) compares participatory communication to Schein's (1961) articulation

of coercive control, in which participation acts as a consciousness changing tool rather than raising consciousness.

According to Storey and Jacobson (2004), the mass media component of the Nepal population program incorporated participation in the soap opera serials by encouraging women to ask questions (about contraceptive choices) and express their opinions about reproduction and family planning, encouraging listeners to comment on the radio programs based on questions asked at the end of the program, and reading listener letters. The important point to note once again is that the radio serials were designed around the concept of family planning, therefore, once again pushing the agenda of JHU/PCS and USAID (Storey & Jacobson, 2004). Any form of listener participation and empowerment of women, therefore, happened in the context of the population control program. Client participation served as a tool for the achievement of the family planning objectives of the Nepal population campaign.

In addition to fostering interpersonal communication and using mass media, the Nepal population program collaborated with the Center for Development and Population Activities in Nepal to create community-level activities and events. Such community-based events were typically related to reproductive health and were tied in with National AIDS Day, National Condom Day, and International Women's Day. The activities included marches, display exhibitions, games, street theaters, and song competitions. The issues focused on women's health, sexually transmitted diseases, and family planning. Once again, the critical element in the participatory strategy in the community-based programs is the use of participation to reach the broader goals of family planning as conceptualized by JHU/PCS and USAID. The limits of dialogue in these community-mobilizing activities and events, therefore, are established by the objectives of the campaign designers and funding agencies.

Multiple participatory projects have been launched within the E-E agenda in the last decade (Singhal & Rogers, 1999). In fact, the acknowledgment of the role of participatory communication as a discursive turn that makes E-E programs seem more democratic has perhaps sparked the surge in the application of participatory models in E-E campaigns. The E-E conference of 2003 was centered on the theme of participatory communication as a method of empowering local communities and involving community members in decision making. However, as my review of the participatory applications in E-E demonstrates, much of the participatory strategy sells the agenda of the campaign designer. Participatory communication becomes a tool for involving the community in achieving the vision of the donor and implementing agencies. This point is illustrated by Mosse (2001), who argues

It is often the case that the “local knowledge” and “village plans” produced through participatory planning are themselves shaped by pre-existing relationships—in the present case, by patronage-type relationships between a project orga-

nization and tribal villagers. Rather than project plans being shaped by “indigenous knowledge”, it is farmers who acquire and learn to manipulate new forms of planning knowledge. (p. 32)

The participatory turn in E-E research, therefore, backgrounds the modernist one-way flow of communication from core areas of the world to the underdeveloped nations in the periphery (Cooke, 2001). Irrespective of the participatory or nonparticipatory nature of the E-E program, the process of problem definition typically involves the key actors at the center, such as JGU/PCS; discourse and dialogue are played out within the realm of these core actors (Singhal & Rogers, 1999). Although local elites and national governments were involved in the process of developing the entertainment education programs, the agenda is typically already decided by the Western interventionist (see Singhal & Rogers, 1999). Also, in most cases, the local elite enjoy a symbiotic relationship with core agencies and carry out the E-E agenda as decided by the core actors because of the benefits brought about by programs such as E-E (discussed earlier in this article). The participation at the local level that does occur gets limited by the discursive space set up by the interventionist and serves to identify the best possible strategy for diffusing the E-E agenda in the local community.

In summary, an interrogation of the rhetoric of participation from a subaltern perspective demonstrates the co-option and further marginalization of subaltern voices achieved through such participatory E-E programs. The problem is already defined and the range of solutions is already explicated before the subaltern participant has an opportunity to voice his or her needs and concerns. Instead of being able to participate in a dialogue to identify the key problems in the community and work with agencies in solving these key problems as members of empowered communities, subaltern participants are recruited within communities to diffuse a solution that has already been decided for them by the E-E interventionist. To foster true participation in solving the basic health inequities that plague the globe, scholars of health communication need to start by looking outside the traditional E-E agenda and defining alternative models of participatory communication (see e.g., Andreason, 1995; Green & Kreuter, 1991; Wallack, 1990). Instead of defining a problem within a narrow realm and using participatory rhetoric to couch the one-way flow of information and persuasive strategies, scholars need to focus on identifying problems based on community dialogue, fostering dialogue with the elite classes to facilitate structural changes, and working with subaltern classes to identify strategies for getting their voices heard (see Wallack, 1990; Wallack, Dorfman, Jernigan, & Themba, 1993). The solutions to the key problems then would also arise via the dialogical process in the community and through dialogue fostered between the different sectors of society. Examples of alternative forms of participation are found in a plethora of subaltern studies texts (see Guha, 1988).

Participation of members in subaltern locales is evident in the extensive body of scholarship on peasant movements in South Asia (Luthra, 2003). These movements have traditionally played an important role in subaltern response to the local and global oppressive structures that have surrounded subaltern conditions. For instance, the Chipko movement in the mountainous regions of Northern India is a grassroots feminist movement that seeks to protect the environment from the modernization policies of development programs; the *Narmada Bachao Andolan* in India seeks to block the building of the Narmada dam, which threatens the life of the people living in the valley; and the protest of 600 Nigerian women at a Chevron Texaco oil terminal sought to force the company to give back to the local communities in return for the huge oil profits the company was making in the region (Luthra, 2003). Each of these movements demonstrates opportunities for participatory communication in defining problems and articulating solutions that are relevant to the needs of the community as envisioned by community members.

More specifically in the realm of health care, in discussing solutions to the problems of marginalization, Dutta-Bergman (2004a, 2004b) pointed out the agency of subaltern participants in efforts to change the social structure that produces their marginalization. The participants in Dutta-Bergman’s studies discussed their active participation in efforts of resource reallocation and redistribution: “You can’t just sit and watch it happen . . . I participate in processions and meetings” (2004c p. 258). The *Navdanya* movement started in India by farmers and environmentalists is another example of participation that seeks to resist the global colonization of food by promoting seed banks and organic farming initiatives and building a food system that is patent-free, chemical-free, and free of genetic engineering¹ (Shiva, 2000). A woman from Florencio Varela, Argentina, articulated: “If we aren’t organized and we don’t unite, we can’t ask for anything” (Narayan, Chambers, Shah, & Petesch, 2000, p. 283). Similarly, for a participant from Sacadura, Brazil, “We can only attain quality of life through our own mobilization” (p. 282). And according to a community leader from Brazil, “The life of the community improved because of the interest of the residents. The acquisition of invaded land, the construction of brick and cement houses, school, day cares, public health clinic, paved streets were gained through the initiative of the residents” (p. 282). For the subaltern participant, active participation in the political process is perhaps critical to the re-adjustment of those structural forces that exist at the core of

¹It is important to note that many grassroots movements discussed here and elsewhere use forms of entertainment such as folk art forms, street plays, and so forth to spread the message of social change. Such movements open up the possibility for alternative conceptualizations of E-E in more participatory platforms where information and entertainment-based programming are used to achieve the goals and solve the problems as defined by subaltern actors.

the marginalization of the subaltern. What, then, are the key health problems as defined through the participation of the subaltern classes, and what are the solutions as voiced by subaltern groups? The next section documents alternative articulations of problems and solutions through the voices of the subaltern participants.

Alternative Problems and Subaltern Voices

Although the recent E-E literature claiming to adopt participatory communication techniques seems to suggest that it is listening to the subaltern voices, a closer look indicates that these projects foster Western hegemony (a) in the very nature of how they are conducted and (b) in contrast to what subaltern classes say when asked open-ended questions. What then are some of the alternatives to the current dominant configurations that overemphasize population control programs as articulated by subaltern participants? Listening to subaltern voices draws our attention to the much-needed alternative configurations of health problems that ought to be addressed in the Third World (Kabeer, 2003; Kim et al., 2000; Narayan & Petesch, 2002). For instance, the following excerpt from an interview conducted by Kabeer in Bangladesh points to the basic necessity for food, clothing, and shelter in the poverty-stricken areas of the globe. The scarcity of these fundamental health resources marks the lived experience of subaltern classes and is fundamentally intertwined with the health and well-being of the participants:

What need have the poor for self-respect and propriety. Everything is dictated by scarcity [*abhab*]: scarcity of food, scarcity of clothes, scarcity of shelter, there is no end to the scarcity ... there are mothers who cannot feed their children, can they afford propriety. (p. 139)

What this narrative suggests is the critical need for addressing basic infrastructural resources in improving the health of the subaltern. *Abhab* or the scarcity of basic resources is an integral part of the life of the subaltern participant. The problem of poverty in the previous excerpt is located in the realm of lack of access to the basic resources of life, as opposed to being located in the realm of population control. In other words, the problem of access, which is really a structural problem, is reframed within the population control framework as an individual focused problem.

Similar construction of lack of access to resources is heard in the voices of other subaltern participants:

We have a small garden because the area is densely populated by migrant fishermen. We lack clothes and food. We usually have one meal a day, and sometimes we go without food for two to three days. When there are food shortages, we normally beg maize from Mr. Jere, a rich man who owns a grocery. (Chaundumuka Chipiko, a youth from Khwalala, Malawi, quoted by Narayan & Petesch, 2002, p. 22)

Once again, in this excerpt, the fundamental need articulated by the subaltern participant is the need for food. When food is not available, the participants have to go begging for food. The lived experience of Chaundumuka Chipiko is embedded in his lack of access to basic food supplies. Dutta-Bergman (2004a) documented similar concern among the Santalis of West Bengal, who struggle on a daily basis for access to food:

Last year, it was the monsoon season. It rained every day ... I had to stay at home. I went and begged for jobs but did not find one. My children would wait at the door for me to return, their eyes were hungry. They wanted food. (p. 5)

A collective farm worker from Moldova voiced his concern, "only God knows how we shall survive over the winter. At night you wake up because of a stomachache and because of hunger" (Narayan, Patel, Schafft, Rademacher, & Koch-Schulte, 2000, p. 67). This lack of access to food, clothing, and shelter is rooted in the position of the subaltern classes in the socioeconomic structure that marginalizes them and silences their voices: "Where do we have anything? ... work hard for a job, get scolded by the babus, go to bed hungry" (Lokhon, quoted in Dutta-Bergman, 2004c, p. 256). Structure and the inequities present in it are the key problems as articulated by the subalterns.

In addition to the lack of access to food as a primary health concern of subaltern groups, participants also articulate the lack of access to medicine and treatment options (Dutta-Bergman, 2004a, 2004b; Narayan & Petesch, 2002). The discourses that emerge during the discussions of poverty point out that many of the treatment options in the medical clinics and hospitals are meant for the wealthy. Shyamda, a subaltern participant in Dutta-Bergman's (2004c) narrative explorations with Santalis pointed out

I have to get all the different tests because I have this pain in my stomach that doesn't go away. I also have blood in my stool. My wife says, go get the tests done. But I don't have the money now. (p. 251)

Similarly, Lokkhi, another participant in Dutta-Bergman's study, talked about her limited access to medical choices:

It is very expensive ... If I get that medicine, I won't have rice at home. I won't have the money to buy anything. You know, I work hard. Day to night. But I can't go to the doctor. (p. 254)

For Shyamda, Lokkhi, and other participants from subaltern spaces, the lack of access to medicine and treatment is intertwined with poverty and their location within the social structure. Delineating the link between health and poverty, a man in Ghana narrates

Take the death of this small boy this morning, for example. The boy died of measles. We all know he could have been cured at the hospital. But the parents had no money and so the boy died a slow and painful death, not of measles, but of poverty. (Narayan, Chambers, et al., 2000, p. 45)

As members of marginalized sectors of the world, participants discuss the problems of joblessness, corruption, and exploitation that are intrinsically connected with being poor. For the subaltern participants, health is located in the very structural inequities that produce poverty. Ram Singh, a subaltern participant in an ethnography conducted by Gupta (1995) points out: “the voice of the poor doesn’t reach people at the top. If for example the government sets aside four lakhs for a scheme, only one lakh will actually reach us—the rest will be taken out in the middle” (p. 390). Similar articulations are made by a Haitian participant in Farmer and Bertrand’s (2000) ethnography: “The rich people, the city people, bribe the bureaucrats so they can have electricity. Water makes electricity, but you need high water. So they flooded us out . . . Whenever they start talking ‘development,’ poor people have to be careful” (p. 71). For a participant from Moldova, poverty lies at the root of poor health: “We are ill because of poverty” (Narayan, Patel, et al., 2000, p. 110). The solutions to better health, therefore, are placed in the realm of basic structural readjustments. Participants point out that the lack of access to resources is inseparable from their position in the social structure, and the structure needs to be fundamentally addressed to create more equitable access to health care. According to a subaltern participant from Sarajevo, Bosnia: “A person doesn’t have the strength or power to change anything, but if the overall system changed, things would be better” (Narayan, Chambers, et al., 2000, p. 266). The participation of subaltern classes in attempts to readjust the structure and secure the reallocation of resources ought to be theorized in future health communication scholarship. The subaltern voices provide an entry point for looking at alternative problem configurations and communicative practices such as grassroots mobilizing and advocacy in the realm of health communication (see also Dutta-Bergman, 2004c; Wallack, 1990). The reconfiguration of the problem from population control to one of access and inequality opens up the discursive space to alternative participatory models with a different set of objectives, strategies, and tactics at local and global levels.

CONCLUSION

The subaltern perspective informs us that essential to the theorizing of communication practices in international health communication is the location of agency in the Third World actor (Spivak, 1988). The subaltern criticism offered in this essay provides a starting point for interrogating E-E campaigns, locating such campaigns under the broader strategic

goals of funding agencies such as USAID. A value-based analysis demonstrates that the communicative practices built into the discursive space of E-E campaigns celebrate and privilege the dominant power structure, at the same time excluding subaltern voices and propagating their marginalization. Underlying values and ideologies drive E-E campaigns, and the analysis offered here provides support for articulation that these values and ideologies need to be interrogated in addition to the questions of effectiveness that dominate the field of campaigns (Kline, 2003). The acknowledgment of the inherent biases in E-E programs provides a point of entry into alternative discourses around E-E. Also, the discussion of problems in E-E leads us to alternative discussions about possibilities in health communication scholarship in the international arena beyond the narrowly defined area of population control. Surely, the criticism of E-E draws us to the conclusion that alternative questions and processes beyond E-E need to be explored as initiation points for interrogating the possible roles that health communication scholars and practitioners might play in securing equitable health in the global landscape. This suggests an alternative role for health communicators, shifting from the focus of changing individual behavior to that of promoting activism to secure access to resources and to transform the structural barriers to good health (Wallack et al., 1993).

Applying the subaltern studies perspective to E-E, I demonstrated in this essay that E-E campaigns often push biased and problematic problem definitions and subsequent solutions that undermine the health and well-being of subaltern classes. Subaltern voices are systematically excluded in the problem definition of E-E projects, despite the participatory framework that is supposedly adopted by a large number of current E-E programs. The subaltern voices presented in the article direct us toward alternative articulations of problems beyond the realm of population control that has occupied the center stage in much of the E-E literature. Through my analysis I demonstrated that the forms of participation applied in E-E campaigns particularly refer to participation as a tactical tool that is used to diffuse the already preconfigured problem; the participation of community members in problem definition is minimal. Although E-E has been the subject of examination in this article, similar arguments may be put forth against any other campaign approach that embodies the top-down flow of communication. The problem, as embodied in the E-E campaigns, is one of imposed social change, and this needs to be further theorized in future scholarship.

Future scholarship applying the subaltern studies perspective in health communication ought to focus on locating the agency of subaltern people in resisting the dominant paradigm driving much of international health communication scholarship. With the goal of speaking from below, future health communication scholars ought to shift the focus to listening to the voices of subaltern classes in problem definition and articulation of solutions and to creating avenues for the articulation of subaltern voices in the realm of policy; partici-

patory communication processes need to focus on meaning making with subaltern participants and identifying information and entertainment-based platforms of advocacy that articulate the voices of subaltern groups in the domain of public policy (Wallack, 1990; Wallack et al., 1993). Those participatory practices need to be highlighted that involve subaltern sectors in the identification of problems and articulation of solutions (see e.g., Andreason, 1995; Green & Kreuter, 1991). Future scholarship ought to interrogate capability building and harnessing communication to equip community members with the ability to articulate their voices, determine their choices as a collective, and secure those basic resources that are critical to their livelihood (Dutta-Bergman, 2004a, 2004b, in press).

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