

The Radio Communication Project in Nepal: A Culture-Centered Approach to Participation

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Considerable research has been conducted on the topic of entertainment-education (EE), the method of using entertainment platforms such as popular music, radio, and television programming to diffuse information, attitudes, and behaviors via role modeling. A significant portion of the recently published EE literature has used the case of the Radio Communication Project (RCP) in Nepal to demonstrate the effectiveness of EE and to argue that EE campaigns can indeed be participatory in nature. In this project, we apply the culture-centered approach to examine the discursive space created by the RCP and its claim of being participatory. A critical examination of RCP discourse brings forth an alternative lens for approaching EE and its participatory claim.

Keywords: *participation; entertainment education; culture; critical*

Considerable research has been conducted on the topic of entertainment-education (EE), the method of using entertainment platforms such as popular music, radio, and television programming to diffuse information, attitudes, and behaviors in target communities (Singhal & Rogers, 2001; Storey, Boulay, Karki, Heckert, & Karmacharya, 1999; Storey, Karki, Heckert, & McCoskrie, 1996). A significant portion of the recently published EE literature has used the case of the Radio Communication Project (RCP) in Nepal to demonstrate the effectiveness of EE and to distinguish current forms of EE from earlier diffusion-based EE programs (Storey et al., 1996; Storey et al., 1999; Storey & Jacobson, 2004). These articles argue that current models of EE are participatory in nature and, therefore, are inherently different from the more traditional one-way models of EE (Storey et al., 1996; Storey et al., 1999; Storey & Jacobson, 2004). Because much of the scholarship on the participatory nature of EE has highlighted the case of RCP (Storey & Jacobson, 2004), we examine the discourse of RCP to examine its participatory claim.

Based on a critical perspective, we argue that the current literature on EE misses out on the key issues of ideology that are played out in the realm of EE interventions. The case study of RCP provides a discursive space for the exploration of the ways in which

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ideology is played out via EE interventions (Boulay, 2002; Storey et al., 1999). The culture-centered approach supplies the theoretical grounding for interrogating the RCP (Airhihenbuwa, 1995; Dutta-Bergman, 2004a, 2004b). We examine the published scholarship on the RCP, the annual reports regarding the RCP published by the Johns Hopkins University/Center for Communication Programs (JHU/CCP), and the tactical materials used for the RCP.

CULTURE-CENTERED APPROACH: A FRAMEWORK FOR INTERROGATION

Criticizing existing approaches to studying health communication, Airhihenbuwa (1995) argued that health communication theorizing ought to be driven by culture. Culture-centered health communication envisions culture as transformative, constantly metamorphosing, and constitutive in the realm of health meanings (Airhihenbuwa, 1995; Dutta-Bergman, 2004a, 2004b, 2005). With an emphasis on speaking from the margins, on building epistemologies from the margins, on creating alternative discursive spaces for the conceptualization of health, the culture-centered approach provides a theoretical framework for participatory communication projects, reversing the traditional one-way flow of communication from the core to the periphery. What lies at the heart of the culture-centered approach is the sustainable nature of participatory communication projects that continually put culture at the core of theory and praxis (Minkler, 2004; Minkler et al., 2002; Zimmerman, 2000). It values community members as equal contributors to the project, foregrounds the voices of cultural participants, and seeks to transcend the traditional barriers between the researcher and the researched via dialogue (see Minkler, 2004).

Central to the culture-centered approach is the foregrounding of agency of the cultural participants and the location of this agency within the dynamic and transforming cultural contexts. Participants actively construct meaningful explanations that make sense to them; therefore, problems and solutions to these problems are defined from within the culture (Green & Mercer, 2001). In doing so, the culture-centered approach promises to open up legitimate discursive spaces for marginalized cultural groups, bringing to fore the narratives that are articulated within these cultural spaces and highlighting the contexts that surround the lived experiences of the marginalized (Freire, 1970). Meanings are socially constructed via dialogue among cultural participants and researchers, and essential to these meanings is the broader context that surrounds them. The emphasis of the culture-centered approach, therefore, is on examining the discursive processes through which the culture engages in the social construction of communicative meanings. These discursive spaces inform us of the meanings as described by cultural participants. They also provide the meaning spaces for interrogating the ways in which one-way communication campaigns take for granted the agency and capability of subaltern people.

The application of the culture-centered approach in health communication (particularly in the context of health interventions) provides a framework for participatory communication by emphasizing the dialogue between the researcher and the communities (Airhihenbuwa, 1995; Dutta-Bergman, 2004c). In the early period of the campaign, the voices of the cultural participants are critical to the definition of the problem (Green & Mercer, 2001; Minkler, 2004; Minkler & Wallerstein, 2003). Once the problem has been articulated by the cultural participants, the possible solutions and the subsequent

objectives are also defined through the process of dialogue and mutual meaning making. These objectives subsequently inform the strategies and tactics of the campaign (Airhihenbuwa & Obregon, 2000). Once again, the strategies and tactics are culture-centered to the extent that they take into account the voices of cultural participants in putting forth the key solutions to the problem. Finally, according to the culture-centered approach, the evaluation stage is informed by the nature of the culture. Context-sensitive evaluation materials are developed that are meaningful to cultural participants rather than imposing translated scales manufactured by external actors elsewhere in the world. Context becomes central to the articulation of, development of, and evaluation of communication strategies. With participation serving as the core element of the culture-centered approach, it offers a theoretic lens for interrogating the participatory claims of the RCP: To what extent was the RCP culture-centered?

THE CONTEXT

Backdrop of Nepal

The kingdom of Nepal is landlocked between India and China and is home to approximately 60 ethnic groups, who speak more than 20 different languages, according to the 1991 Census. Also, 80% of the country is inaccessible. This inaccessibility has dampened the endeavor to educate all, such that the literacy rate for women is 27% and 57% for men. Nepal, despite its rich culture and tradition, is among one of the poorest countries, with a per capita income of US\$210, and an estimated 42% of the population live in poverty. In addition, inaccessibility to many parts of Nepal has hindered proper health care to be provided or accessed by all Nepalese. For example, a 1999 Asian Development Bank (ADB) report indicates that diarrhea, acute respiratory infection (ARI), measles, and vitamin-A and other micronutrient deficiencies are the major causes of death among children younger than 5. Nepal also has the highest maternal mortality rate in Asia, with 539 deaths per 100,000 live births.

Background of RCP

The RCP was started in Nepal through the JHU/CCP or what is now referred to as Center for Communication Programs. The RCP was designed to achieve three objectives: (a) to satisfy the large unmet need for contraception in Nepal; (b) to improve the quality of services and service delivery, especially the interpersonal communication and counseling (IPC/C) skills of clinic-based health workers; and (c) to increase service utilization and contraceptive use by enhancing the image and expectations of health workers and service of clients (Storey et al., 1999).

In 1995, a radio drama called "Cut Your Coat According to Your Cloth" was aired weekly for a year on Radio Nepal, aimed "at improving public perceptions of health service providers and repositioning contraception away from its historical focus on sterilization toward a broader notion of 'the well-planned family'" (Storey & Boulay, 2000). The program aired under the Nepali name of "*Ghaanti Heri Haad Nilau*"—a more literal translation of "bite only what you can swallow." During this phase, another radio drama called "Service Brings Reward," geared toward health workers, was also being pilot tested. This 6-month drama was aired twice a week in the midwestern region of Nepal. This drama serial had Phases 1 to 5, each 52 episodes long, with the story

continuing. However, each phase has its own design document. JHU/CCP, in partnership with His Majesty's Government of Nepal's Ministry of Health (HMG/MH) and the United States Agency for International Development (USAID) aired RCP Phase 1 from December 1995 to December 1996.

As articulated earlier in this article, the program has been used as an example of participatory EE in much of the recently published scholarship on the topic. For instance, Storey and Jacobson (2004) discussed the aspects of participation involved in the IPC/C component, the mass media campaign, and the community-based, grassroots-level health activities of the population control program. According to the authors, the program not only employed mass media, interpersonal communication, and community channels as tactical tools but also with the goal of broadening the communication opportunities for community members. In doing so, the program used participatory communication "both as a means to behavior change and a cherished end-state of its own" (p. 420). The next section offers a critical interrogation of these claims about the participatory nature of RCP, drawing from the underpinnings of the culture-centered approach.

CRITICAL INTERROGATION OF THE RCP

Central to the culture-centered approach is the idea that cultural members are active participants in meaning communities and, therefore, have a key role to play in the definition of problems and the development and application of solutions. Voice and context are the two key components of the culture-centered approach. It is in the backdrop of these two concepts of voice and context that we provide an analysis of the RCP.

The Missing Link: Voice

With its goal of meeting the unmet family planning needs of Nepal, the RCP set out to improve the interpersonal communication between husbands and wives and between service providers and patients as conduits for achieving large-scale behavior change in the population (JHU/CCP, 1998). The central point worth noting here is that the RCP is established within the rubric of family planning, and, therefore, the objectives, strategies, and tactics of the program are laid out within the framework of attempting to curb the sizes of families in Nepal. In this section, we will point out how this articulation of the problem and the key solutions take for granted the voices of the subaltern Nepalese people who serve as the members of the target audience of the RCP.

An examination of the ideology of the program demonstrates an inherent assumption that controlling the population of Nepal holds the key to solving the critical resource needs in the underserved areas. The discursive space in the scripts and reports of the RCP circulate around this notion that controlling the population is the solution to the problems of poverty and resource in access. For instance, the design document presents a health worker who states that population is one of the most important problems facing Nepal: "It's the problem of family size. As you know, traditionally people in Nepal have had many children" (p. 135). A woman responds "Too many." The health worker goes on to state, "Yes...well, certainly nowadays we cannot go on having such large families. The country cannot support them for one thing. For another thing, modern medical science has proved to us that it is extremely unhealthy and dangerous for a woman to have a lot of children." This description uses the expert position of the health worker to frame population as the key problem facing Nepal.

Also, the expert position allows for the differentiation between tradition and modernization, and this distinction is invoked to further support the articulation of the problem. Whereas tradition is undesirable, modernization (as conceptualized by the key stakeholders at the center) ought to define the aspirations of the subaltern classes in Nepal. The discourse of “modern” medical science is played out to push the ideological agenda of the campaign planners (that population control would serve the resource-related problems of Nepal).

The location of population control and family size as the core problems facing Nepal contradicts the established body of literature in underserved contexts that highlight the importance of addressing basic structural issues of health care and poverty as fundamental to the needs of those who are underserved (Dutta-Bergman, 2005). Culture-centered studies of underserved populations that have engaged in dialogue with members of underserved communities continue to highlight the importance of addressing these structural issues and the marginalizing practices of the status quo as a first step toward improving the health of the underserved (see Dutta-Bergman, 2004a).

Therefore, the very articulation of the problem as one of population control reflects the ideological biases of the donor agencies, the implementing bodies, and the national elite and fails to take into account the voices of the people in articulating the fundamental nature of the problem. Those very groups that are members of the target audience of the campaign are absent from the discursive space in the voicing of the essential nature of the problem that ought to be addressed in the target communities. Critical to emphasize here is the difference between the voices of the Nepalese national elite and the voices of the members of subaltern groups within Nepal. Although the Nepalese elite are indeed crucial in carrying out the campaign, the presence of the elite is distinctly different from the presence of the members of the underserved populations in Nepal who typically serve as the target audience of the RCP.

The absence of the voice of the Nepalese people is not only evident in the identification of the problem and the subsequent solution development but also in the development of strategic links as ways to solve the problem. For instance, as discussed earlier, the RCP seeks to meet the family-planning needs of the subaltern Nepalese groups by improving the interpersonal communication between husbands and wives. Once again, the fundamental assumption embedded in the program is the assumption of expertise of the messenger in improving the interpersonal communication between husbands and wives among subaltern groups in Nepal. Inherent in the program is the assumption of expertise on behalf of the planners and implementers of the campaign, at the same time assuming the lack of interpersonal communication competence among the Nepalese people who are the subjects of this intervention. Also implied is the assumption that this lack of interpersonal communication skills between husbands and wives leads to poor contraceptive practices and, hence, to poor conditions.

The discursive space continues to circulate around the notion of family planning, reflecting the ideological agendas of organizations such as USAID and the national elite. According to the design document of “Cut Your Coat According to Your Cloth,” one of the important points the audience should learn and remember from the program is that a well-planned, small family is essential for a better quality of life for all. Therefore, the RCP seeks to teach the audience members the message that the opportunity to improve the condition of their lives is very much in the hands of individual couples. It sends out the message that all married couples have the opportunity to improve their lives if they take responsibility for learning how to plan their families. Inherent in the above strategic formulation of the problem is its location in the hands of

the individuals in underprivileged communities; these individuals are therefore located as the locus of the problem and the subsequent solutions. In addition, religious leaders, mother-in-laws, and father-in-laws can help their family and the community to adopt a well-planned family. Inherent in the problem definition is the individualistic assumption that problems can be solved by individual agents in resource-deprived sectors of the world (see Airhihenbuwa, 1995). Also critical to the message is the lack of acknowledgement of the structural factors that might be more important to the improvement of the lives of the Nepalese subaltern groups than the “responsible” choice of planning a family. The absence of the voices of subaltern people in the Nepalese population diffuses a message that reinforces the status quo and abrogates the national elite from the necessity of addressing issues of equity and access, which are often described as key issues by members of resource-deprived communities. The absence of the voices of the Nepalese people in the articulation of the problem contributes to the absence of the context in examining choices.

The Missing Link: Context

The points discussed in the previous section assume that the couples are not inherently responsible and the desire to have plenty of children is an indicator of this lack of responsibility in subaltern Nepal. In stigmatizing the members of the subaltern population as people without an inherent sense of responsibility, what is not considered is the cultural context of why families want to have children and the location of the desire to have children within the broader sociocultural environment that shapes attitudes, beliefs, and behaviors (Airhihenbuwa, 1995; Dutta-Bergman, 2005). Absent are questions such as: What role does structure play in defining attitudes toward family planning? Do large families offer certain intrinsic benefits in the resource-deprived sectors of the world? What role does transportation to a health post play in defining and constraining family planning? What role does access to resources play in preventing subaltern subjects from practicing family planning? Without understanding the basis of cultural values and without addressing the physical/structural barriers that are critical to the realization of behaviors, campaigns contribute to the marginalization and stigmatization of the target audience. On one hand, audience members are told that living a responsible life is intertwined with having a well-planned family and, on the other hand, the structural barriers that play a critical role in the context of the enactment of the behavior are not addressed. Instead of addressing the environment surrounding a behavior, the message simply points out that what people are engaging in is wrong and that they should change their behaviors to become better.

Although each episode is placed in a cultural environment—so one can get a visual picture of where it is all taking place—the episodes do not really tackle the underlying causes of the behavior and do not address the cultural and economic implications of a behavior. These causes are often rooted in the broader social, cultural, and economic rubric and could perhaps be articulated only through the voices of cultural participants (Dutta-Bergman, 2004a). For example, traditionally and still in many places in rural Nepal, because of the lack and high cost of electricity, people use wood-burning smoke. There is a sample script in the design document that addresses the health and the environment and one of the issues that is addressed is smoke. The health worker states that

too much smoke can cause problems...especially for children. There should be a rule in every house that cigarette smoking is done outside...not inside the house where people,

particularly children, can breathe it in and cause damage to their lungs. And it is also important for every house to have a smoke outlet, so that smoke from fire inside the house can escape quickly and safely.

Although the script suggests that cigarette smoking be done outside the house, it does not consider the women who inhale and exhale smoke every day as they blow into the wood to get a fire started in order to cook food. It does not consider the family members in these communities who are exposed to this constant smoke. Moreover, the script instructs audience members to have smoke outlets without taking into consideration the amount of financial resources it would take to set up a smoke outlet. Absent from the suggestions made by the program is the contextual articulation of risk: To what extent is a subaltern participant likely to spend valuable resources on building a smoke outlet when the basic day-to-day needs are typically unmet? Absent from the RCP is the awareness of the structural context that is often critical to the lives of the subaltern.

The absence of the context is evident in yet another situation when the RCP instructs audience members about ways of protecting the environment. For instance, the program "Cut Your Coat According to Your Cloth" discusses the importance of having a community forest. The following is an excerpt from the script (JHU/CCP, 1998): "But we should have [a community forest]. Every community should have a community forest and should have community guidelines to protect and replace the existing trees and to plant new forests constantly to replace the trees that are being used" (p. 135). This excerpt puts forth to community members the idea of building community forests. The notion of a community forest suggests the need for community-owned space. Absent from the discussion is the issue of space, which is often critical in resource-deprived areas. In most cases, subaltern participants are marginalized through their in-access to land for growing crops and producing food (Dutta-Bergman, 2004a, 2004b, 2005). In the backdrop of limited land resources, the notion of having community forests in each community is simplistic and perhaps naïve.

Also absent is the discussion of the more profound issues of access and marginalization underlying deforestation in rural areas. The development of a community forest would also need critical resources for planting trees and for the maintenance of the forest. It is critical to compare these necessary resources in building a solution such as the forest in the backdrop of other key risk factors that are critical in the community. In another instance, the community members are instructed to build latrines (JHU/CCP, 1998, p. 132). This once again depicts the lack of understanding of the structural context that surrounds the lives of the Nepalese people who are the targets of the interventions such as RCP. In another instance, the health worker states, "Rule number 1 is building and using latrines. The use of a properly constructed latrine at the right distance from your house can do a lot to prevent diseases that are carried by flies." The chair of the meeting responds, "All of you can find out more about how and where to build your latrine if you come to the VDC and ask about it. And remember, it is most important that every family member use the latrine at all times. No one should relieve anywhere but in the latrine." Missing from the instruction to build latrines is the discussion of the basic resources necessary to build latrines. The RCP does not address the role of government or key agencies in the community in facilitating the development of infrastructure such as latrines. In situations in which community members are struggling to find the basic resources of life, such as food and health care, the building of latrines is not an immediate priority. In many other instances, in spite of wanting to

build latrines, community members might not have enough resources to invest into the building of the infrastructure. In addition, the community might not have the infrastructure to create a sewage system for the disposal of waste products from the latrines. Also important is a maintenance system that allocates resources toward the maintenance of these latrines. This is also not addressed in the RCP.

Intertwined with the lack of an understanding of the context is the stereotypical portrayal of the Nepalese people as people without agency and with an “external locus of control.” Note the following excerpt from the same script (JHU/CCP, 1998, p. 135):

Voice: What are we supposed to do about it? It’s God’s will.

Health worker: Is it God’s will that we have too many children or is it God’s will that we take advantage of modern medical science to be able to control the size and spacing of our family? The well-planned family these days has only two children.

Health worker: Happily today, modern medical science has provided us with safe and reliable contraceptives so that we can all plan our families well. We should remember that a well-planned family is the basis of the clean and safe environment.

Once again, note the comparative framework that locates the traditional Nepalese belief about God’s will in the backdrop of modern medical science and its power in providing safe and reliable solutions. The script here focuses on creating awareness about the size of the well-planned family. A context-based viewpoint, however, suggests additional questions that need to be explored: Is telling the audience to have fewer children without providing them with sufficient resources enough to curtail the population growth? How effective is it when only few minutes are spent on trying to cover high-context material deeply embedded in cultural norms? Could a context- and culture-sensitive topic such as family planning be dealt with effectively in short episodic formats that are oriented toward one-way information delivery?

Other points in the “Cut Your Coat According to Your Cloth” that the audience should learn and remember are: (a) It is vitally important for couples to make the plans for their family together; (b) the health worker is the person who can help couples with their planning; (c) everybody has the right to have health care and counseling, so everybody should learn how to speak comfortably to people in authority, including health workers; and (d) it is important to have shared responsibility and equality of opportunity for both husbands and wives. These objectives for the program are based on certain assumptions that are not really grounded in the context of Nepal. For instance, in traditional households, especially in the rural areas of Nepal, the man is the head of the household. This, for many women, can mean not being able to communicate and discuss certain issues with her husband. Therefore, the possibility of couples to plan their families together does not really take into account the contextually based communication practices of the culture. Questions that need to be asked include: Is there a way to approach the subject? Is she even comfortable discussing family affairs with her husband? Along similar lines, how will the couple access a health worker, if transportation is not available and they might have to walk for hours or days to get to the nearest health post? Will someone provide that for them if both husband and wife want to discuss their options with a health worker and, therefore, take time away from work that provides the basis for securing resources (such as food) on a day-to-day basis? The campaign discusses the universal right to health care and suggests that everyone should learn to speak comfortably with people in authority, ignoring basic issues of structure and how such structural patterns shape communication practices.

Evaluation Strategies: Missing Context and Voice

The evaluation of RCP reported by Storey et al. (1999) was conducted in only two districts. The authors indicate that because of the cost and difficulty of travel in rural Nepal, clinics were chosen purposively from the list of communities sampled for the baseline survey, and these areas were not extremely isolated. Because of the diverse makeup of Nepal, including different languages spoken, such purposive evaluation strategies are fairly limited. What is needed is a more representative evaluation that takes into account the cultural makeup of Nepal and is informed by this context. A culture-centered approach would lead to the identification of culture-specific points of data gathering to document points of real change.

The evaluation itself was also measured through clinic-based monitoring, when the authors studied the associations between RCP interventions and client flow (Storey et al., 1999). They do not indicate, however, whether the skills that were being applied were effective, whether behavior had indeed changed and led to the change in the situations of poverty, and whether they were maintained through an extended period of time. Evaluation efforts such as the ones cited here do not really address the issue of sustainability and the long-term adoption of the behavior within the sociocultural contexts of the community. Furthermore, a self-report survey was used for the purpose of measurement, which is problematic, particularly in the context of the social, economic, and cultural factors surrounding the evaluation. The biases introduced into the study by self-reported measures might be particularly critical in the collectivistic context of the Nepali culture; social desirability effects might be particularly high if there is a perception of power and the respondents seek to please those conducting the surveys by providing desirable answers.

DISCUSSION

The culture-centered approach provides a theoretical lens for examining the participatory claims of the RCP.¹ To what extent was the RCP participatory? Our analysis suggests that the problem identification, message design, and evaluation strategies of the RCP lack the basic premise of culture centeredness. Without listening to the voices of the subaltern people and without working with them to secure the necessary tools, RCP cannot alone lead to behavior change. Instead, it stands the risk of stigmatizing and marginalizing members of target communities by not making available the structural means of achieving behavior change. This is evident in the dichotomy of tradition versus modernization that is presented in the RCP episodes. Moreover, the evaluation of programs such as RCP need to take into account the cultural context and engage in dialogue with members of the community and identify critical indicators that make sense to community members.

The analysis of the RCP design documents raises important theoretical questions about the participatory nature of the program; in spite of its claims of participation, RCP takes for granted the voices of the Nepalese people and stigmatizes its audience by pushing the dichotomous construction of tradition-modernization. As demonstrated throughout the analysis, the message-based strategies proposed in RCP attempted to solve the problem facing Nepal via individual-level behavior change advocated through messages in program episodes. The emphasis of RCP was on convincing the members of the subaltern sectors in Nepal to modify their behaviors at the individual level

(primarily contraceptive behavior). In doing so, RCP shifted focus away from the critical structural issues that are faced by subaltern populations, such as resource acquisition, redistributive justice, and absence from policy platforms (see www.mountainvoices.org²). As demonstrated by the analysis, in many instances, specific behaviors were recommended—such as building latrines, practicing contraception, and building community forests—without really dealing with the basic underlying issues of inequity and the lack of access to fundamental structural resources. Although smaller families, lower infant mortality rates, better public/community hygiene, and conservation/rehabilitation of forests offer potential benefits, RCP foregrounded the need for behavior change and backgrounded the importance of structural readjustment and resource reallocation that might need to be addressed first. The status quo was supported; the government and the national elite were vindicated of their responsibility to ensure structural access to resources. In addition, in the ideological realm, the emphasis on population control helped to carry out the U.S. agenda of building safe and secure spaces for the operation of transnational hegemony. The participatory claims of RCP co-opted the actual participation of the subaltern Nepalese people by enlisting participatory channels to push the agenda of the status quo. By co-opting true participation of subaltern people under the umbrella of population control, RCP maintained the hegemonic dominance of the status quo.

In addition, given the great deal of criticism in the participatory communication literature on top-down approaches, it may be argued that the claims of being participatory serve as public relations devices for the top-down EE campaigns (Huesca, 2002). The early scholars of participatory communication theorized about participation as a means of deconstructing the dominant paradigm of development campaigns. Responding to this deconstruction, current uses of the “participatory” tag often serve the agendas of the funding agencies and program developers by providing a seemingly different positioning category for these campaigns, arguing that they are somehow more democratic and less colonialist than the traditional one-way campaigns in early development communication scholarship. In practice, however, such campaigns continue to embody the conceptualization of the target audience as primitive receivers who need to be changed through the campaign. Therefore, the claims of participation need to be questioned and the specific strategies need to be examined.

The need for RCP in Nepal has been historically taken as an axiomatic notion, and conceivably because of this, RCP program implementation occurs under assumptions of this need, without taking into consideration from where the need arises and how best these needs might be addressed. The program is not really developed on the basis of needs as articulated by the members of the underserved communities of Nepal through dialogical engagement with community members. Inevitably then, this generates conditions under which organizations such as JHU/CCP can create and implement RCP programs to seemingly address superficial behaviors without needing to address the underlying conditions for those behaviors and social, cultural, and economic contexts that surround them. The portrayals of the subaltern Nepalese as people without agency and with an external locus of control further serves the economic agendas of the funding agencies and JHU/CCP by demonstrating a need for the RCP and similar programs (Dutta-Bergman, 2005).

The attempts to reach the maximum population of Nepal without trying to change the root causes (i.e., education, literacy, transportation, electricity, communication tools) will only succeed to dishearten and discourage people from trying to achieve real change in the context of the problems that are tangible to them on a day-to-day basis.

What this analysis demonstrates is the need for dialogue as a tool for listening to the voices of members of marginalized communities. It is only by listening to these voices that academics and practitioners can develop meaningful health interventions that respond to the needs of the community and the culture. The next generation of health communication scholarship in subaltern spaces ought to interrogate the discursive practices of campaigns and move beyond the simplistic evaluation of effectiveness within narrowly defined limits of what counts as effective.

Implications for Practitioners

Practitioners adopting the participatory framework for health education projects ought to examine the ways in which the cultural context and the voices of cultural participants are reflected in such projects. Projects that have a predetermined agenda and seek to use participatory platforms to diffuse this agenda in the community are fundamentally top-down projects in which participation is used as another communication tool for achieving predetermined change. In contrast, the culture-centered approach to participation emphasizes dialogue between the practitioner and the community. The configuration of problems and accompanying solutions emerges from this very process of engaging in dialogue. Practitioners seeking to adopt the culture-centered approach ought to attend to the role of dialogue in presenting the voices of subaltern groups.

The findings of this study suggest the relevance of identifying the inherent biases of funding agencies, program developers, implementers, and evaluators that are reflected in health education projects. The examination of the RCP demonstrates practitioner biases in the formulation of objectives, in the construction of the program, and in the development of evaluation strategies. Reflexivity regarding the inherent biases of practitioners engaging in participatory work is critical to the process of dialogue. Evaluating these biases in the position of the practitioner provides an entry point for interrogating the nature of participation, the goals it serves, the role of the practitioner, and his or her relationship with the community.

The concept of participation needs to be adequately theorized and examined in future research such that specific strategies and evaluation tools may be developed for the different types of participatory programs. Additional research is also needed in examining the participatory claims of health education campaigns, and theoretical frameworks need to be systematically developed for categorizing participatory campaigns based on their objectives and characteristics. Such a categorization scheme will help practitioners clearly identify their role with respect to the community. Also, future research ought to theorize about the role of health communication scholars in working with subaltern classes in bringing about meaningful change as articulated by the subaltern participants. This calls for a fundamental shift from the expert position of the practitioner to one of a listener who is willing to engage in dialogue. Also, attention needs to be paid to questions of structure and structural change that have typically been ignored in much of health education and health communication research.

Notes

1. The goal of this project is to use the culture-centered approach as a theoretical lens to examine the participatory claims of the Radio Communication Project (RCP) in Nepal. We accomplish this through the examination of discourse in RCP episodes, annual reports, and published articles. In other words, the culture-centered approach provides the criteria on the basis of which RCP may be evaluated, simply providing a starting point for dialogue by pointing out the absence of subaltern voices in EE campaigns that claim to

be participatory. Future research ought to apply the culture-centered approach in engaging the subaltern participants of Nepal in dialogue about key issues of development.

2. Mountain Voices is a project documented by the Panos Institute, presenting interviews with more than 300 people living in the mountain regions of the world, and it provides an example of the culture-centered approach. The voices of the participants offer culture-centered perspectives on development, articulating the ways in which culture and structure interpenetrate their daily existences.

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