

Research Brief

Scaling Up Child Survival Programs with Mass Media and Technology

Mass media and technological approaches are less common in neonatal and child health, but when used effectively can reach large and geographically dispersed audiences, which interpersonal and group-based interventions cannot do (Storey, 2011). These approaches include strategic communication, mass media, social marketing, social media, and texting/SMS. They can achieve society-wide changes in social and behavioral drivers of health because they reach millions of people quickly with high quality information.

Social media and mobile technologies, in particular, allow for more control and personalization of content.



Strategic Communication

Strategic communication is a broad term referring to almost any communication intervention that uses theory and research to design optimum message strategies. It typically refers to multimedia communication programs, usually implemented over time, that—like social marketing—use techniques adapted from the commercial sector, such as audience segmentation, staged behavior change and branding.

Mass Media

Mass media can reach audiences on a large scale, often over considerable distances. It can deliver education entertainment ("edu-tainment" or EE) programs. One medium is not considered better than any other medium because the channel that works well for one audience may be inappropriate for another.

In fact, a combination of channels is often the most effective because it can trigger specific sequential determinants of behavior, particularly when the desired outcome is habitual or ongoing (e.g., diet) rather than episodic (e.g., immunization; Wakefield, Loken & Hornik, 2010).

Current research shows clear effects of mass media on reproductive health/family planning outcomes (e.g., Do & Kincaid, 2006; Boulay et al., 2002). It is also worth noting that campaigns with a PR or advocacy component can create a facilitating environment through policy change or enforcement, which increases the likelihood of behavior change. Also, there are many opportunities for public/private partnerships, such as partnering with large mobile service providers.

Social Marketing

Social marketing adapts traditional marketing theories and principles to the promotion of a "product"—usually a behavior—in order to improve personal and social well-being (Storey, Saffitz & Rimon, 2008). This term sometimes refers to the promotion of specific health services (e.g., pharmacies) or service providers (e.g., ANC) in order to increase service uptake, utilization or delivery. Other times, it can refer to the promotion of a specific health product (e.g., water purification, indoor residual spraying for malaria prevention). Repeated exposure is often needed in order to achieve behavior change.

This can be done through a coordinated mix of mass media and interpersonal communication. It should be remembered that the services or products being marketed must be widely available and accessible. Also, this approach must take into account cultural and gender norms. Although social marketing is often used for condoms and family planning, it has not been used much in other areas of public health.

Social Media

Social media covers a variety a web-based and mobile technologies and software applications that permit users to engage in dialogue with each other (often over great distances), share information, interact, collaborate and create and exchange user-generated content. This includes social networking, blogs, content communities, and virtual worlds. Access to social media has grown dramatically, even in the poorest areas of the world.

Although social media is quite popular, very little has been published about its application to health promotion and even less about the evaluation of such programs. Most evidence comes from reproductive health and nutrition in developed countries.

The use of social media leaves electronic traces that

create opportunities for monitoring and evaluations. For example, social media has been used to monitor epidemics such as influenza (Corley et al., 2010). However, program design using and evaluation of social media needs to be more systematic in measure its use and impact.

Texting/SMS

Text messaging is potentially powerful because it is farreaching, inexpensive and instant. A review of 12 studies published before June 2009 assessing health outcomes whereby texts were the primary form of communication found evidence to support texting as an effective tool for behavior change. Only one study in the review was from a developing country and none addressed child survival issues (Cole-Lewis & Kershaw, 2010).

Another review of both peer-reviewed and gray literature published before May 2011 found 34 studies from developing countries that included SMS applications and focused on disease prevention (Deglise, Suggs & Odermatt, 2012).

Key Article on Social Marketing

Social marketing intervention promoting oral rehydration salts in Burundi

Kassegne, S., Kays, M. B., & Nzohabonayo, J. (2011). Evaluation of a social marketing intervention promoting oral rehydration salts in Burundi. *BMC Public Health*, *11*:155.

Intervention

Two radio spots on the importance and use of ORASEL (oral rehydration salts, ORS); two on the consequences ofdiarrhea, esp for children <5; and one on ORASEL aired on six stations 4,994 times. Community outreach activities were held at schools and health centers. Health workers, vendors, pharmacy employees also trained in promotion and use of ORASEL

Evaluation

Household surveys were conducted among females of reproductive age (2006 and 2007). Reported diarrhea treatment-related behavior, key behavioral determinants, exposure to intervention were measured.

Results

ORASEL use among caregivers at a child's last diarrheal episode significantly increased from 20% in 2006 to

30% in 2007. The campaign was also associated with improvements in perceived availability, knowledge of signs of diarrhea and dehydration, social support and self-efficacy. A higher level of exposure to the campaign was associated with greater use of ORASEL.

Limitations and Gaps

Personalization of information is a challenge but can be achieved through audience segmentation or "micro casting." Also, very little evaluation exists of programs using mass media and technology impacting MCH behaviors in the African context (although several programs are currently in place). There is no research on the effectiveness of social media in Africa. There is also a great opportunity for SMS studies applied to CS issues in the developing world, but they need to include rigorous evaluations.

Sources

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