Blended Learning for Social and Behavior Change Communication

A Literature Review

Executive Summary

Blended learning, or the use of a variety of media and learning environments to achieve mastery and application of knowledge and skills, is increasingly being used to build capacity in middle- and low-income countries. However, few studies have examined the use of blended learning to build the capacity of social and behavior change communication (SBCC) professionals. The aim of this literature review is to determine promising practices for utilizing blended learning in SBCC capacity building activities, identify considerations for designing the correct "blend" of learning components and examine the implications of using blended learning in low-resource settings.

While few studies were found that look specifically at blended learning related to SBCC, the paper discusses findings more broadly associated with capacity building that can be applied to the SBCC context. Interaction with the instructor and relevance to actual responsibilities emerged as important factors in successful blended learning design, but findings varied on determining the appropriate blend between these and other program components. Evaluating the local context and looking for innovative solutions is important when designing blended learning programs for middle- and low-income countries.

Introduction

The Health Communication Capacity Collaborative (HC3) is a five-year, global project funded by the United States Agency for International Development (USAID) and designed to strengthen the capacity of institutions and governments in middle- and low-income countries to develop and implement state-of-the-art health communication programs.

HC3 is led by the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU·CCP) in partnership with Management Sciences for Health (MSH), NetHope, Population Services International (PSI), Ogilvy Public Relations and Internews, and addresses important health issues such as child survival, family planning, maternal and newborn health, HIV/AIDS and malaria.

An essential component of the project's efforts is to build capacity in developing and implementing health communication programs in middle- and low-income countries by determining the most effective and efficient methods for facilitating and sustaining the learning process for SBCC professionals. Developing and implementing effective learning processes in these countries can be particularly challenging as low access to health and education programs, lack of available resources and weak infrastructure can present significant challenges to the traditional classroom approach. HC3 aims to examine the use of blended learning as an approach to build capacity in individuals, non-governmental organizations, government and others, particularly to design, develop, implement and evaluate SBCC programs.

Blended learning is one approach that is increasingly being used in middle- and low-income countries. The term, "blended learning," is used to describe this combination of a variety of learning media (such as face-to-face, online, radio, print, social media) and learning environments (such as instructor-led, teamwork, self-study and peer-to-peer interaction) that reinforce and accelerate mastery and application of the job. Blended learning approaches are seen as an effective way to strengthen programs through combining existing materials and various modalities (radio programs, eLearning, print materials, etc.), and to lower the costs associated with face-to-face instruction in low resource locations.

The use of technology as part of a blended learning approach has been widely recognized as an approach that can bridge many of the educational barriers that exist in low- and middle-income countries (Dodani, Songer, Ahmend, & Laporte 2012; Thukral et al., 2012). Increasingly, combining the Internet and other technological approaches with more traditional education methods is proving to provide the flexibility and affordability required in low- and middle-income countries while still successfully improving knowledge, attitudes and skills (Boitshwarelo, 2009; Chio, 2012; Duhaney, 2009).

Research has shown that the results of blended learning approaches are similar to, and in some cases better than, traditional classroom approaches (Aggarwal et al., 2011; Arroyo-Morales, Cantarero-Villanueva, Fernandez-Lao,

Guirao-Pineyro, Castro-Marin, & Diaz-Rodriguez, 2012; Means, Toyama, Murphy, Bakia, & Jones, 2010; Valk, Rashid, & Elder, 2010). Most of this research, however, tends to focus on the use of blended learning in academic settings or in programs that focus on the acquisition and application of "hard skills" such as research and topical knowledge. Less research has focused on the use of blended learning approaches in programs focusing on "soft skills" such as communication skills, creativity and critical thinking. The effectiveness of blended learning approaches in courses focusing on "soft skills" is particularly important when looking at designing and implementing SBCC programs, as SBCC programs seek to use communication to positively influence social dimensions and well-being.

While research has shown blended learning approaches to be effective as a whole, less is understood about the effectiveness of variations within blended learning. Many factors can influence the effectiveness of a blended learning program, and it can be challenging to identify the best "blend" of approaches to complement the learning objectives, meet the needs of participants, and match the program's context.

HC3 conducted a literature review in order to better understand the implications of implementing a blended learning approach for strengthening capacity in designing, implementing, and evaluating SBCC programs.

The aim of the literature review was to:
1. Determine promising practices for utilizing blended learning in SBCC capacity building activities.
2. Identify considerations for designing the correct "blend" of learning components.
3. Examine the implications of using blended learning in low-resource settings.

Because of the lack of literature directly related to the use of blended learning in SBCC capacity building, this paper discusses findings on blended learning for capacity building in general, which can then be applied more specifically to SBCC.

Conclusion

Blended learning approaches offer efficient and effective options for providing learning opportunities in low-resource settings for a variety of subjects, including capacity building for SBCC. However, while blended learning programs have been used in a variety of contexts and curricula, more focused research on its implementation in relation to capacity building for social and behavior change communication is needed in order to come to a better understanding of how to maximize its impact in this area.

In particular, research should move beyond initial knowledge gain and look towards long-term application of knowledge and skills. This shift would require that ongoing follow-up be incorporated into the course design and that resources are dedicated to this purpose. There is also a need for more experimental design to illuminate the impact and effectiveness of individual components within a blended learning design. While the use of experimental design can be complicated and resource intensive, it would provide valuable insight into the contribution of individual elements of blended learning programs to the overall learning objectives.

Expert Consultation

On **June 17, 2014,** HC3 will host a Blended Learning Expert Consultation with the aim to develop key recommendations and a package or guide on developing a blended learning approach to capacity building for SBCC professionals.

A tremendous amount of content is available to help indigenous institutions create SBCC programs both through JHU·CCP, as well as other organizations.

HC3 has selected four panelists who are experts in the field of blended learning. Each panelist will provide insight, advice, approaches, and suggestions on how to best use a blended learning approach to build the capacity of SBCC professionals in indigenous institutions. Panelist will represent their assigned area of focus (needs analysis, instructional design/development, implementation, and evaluation), grounding their presentations in four case examples: SBCC professionals, Ministries of Health, Universities and Health Workers.

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