To Allison, my wife and inspiration
ACKNOWLEDGMENTS

The process of creating a thesis is an accomplishment that I cannot claim as my own. The completion of this project, and ultimately my degree, is marked by a collaboration of minds and personalities, all of whom deserve recognition and my unyielding gratitude. I would first like to thank my advisor, Dr. Belio Martinez for encouraging me to pursue a topic that I am, and remain, passionate about and for helping me create a work I am truly proud of. Through his class on communication for development and social change until the final version of this thesis was submitted, Dr. Martinez served as a wonderful mentor and friend, guiding me through the maze of academia and for that I am grateful. I would also like to thank the additional members of my supervisory committee, Drs. Spiro Kiousis and Cory Armstrong, who served with patience as wonderful readers and offered invaluable critical analysis and advice for improvement. This thesis is much stronger having had their assistance and commitment to my academic success. I offer a warm thanks to Jody Hedge, who on countless occasions rescued me from the stress of this process with her charm (and chocolates). Finally, I would like to express my appreciation to the rest of the University of Florida Public Relations Department that has had a hand in my academic development within the discipline.

This research would not have been possible without the kind of support I received from those willing to participate in this study. A special thanks to Kriss Barker, Myra Betron and Lauren Goodsmith for their enlightening and candid conversations which provided a unique layer to this thesis. Their openness in interviews was greatly appreciated and I am ever indebted to them. I would like to extend my gratitude to Marion Pratt and Carol Lewis from USAID and Dr. Simon Rasin and Adrianne Johnson from the International Medical Corps who assisted me in collecting information for this thesis. Finally, I thank the organizations in this study, who are a beacon of hope for future prevention efforts and serve as a reminder that passion and resilience
are key components in changing the social and cultural barriers that enable violent behavior. Their work is the inspiration for this research and I am grateful for having been exposed to their efforts in improving the lives of women throughout Africa, and the world. The following is the conclusion of their work as well as mine.

Most importantly, I would like acknowledge that this thesis could not have been possible without the love and support of my friends and family. A warm thank you goes towards my family who applauded my academic aspirations and instilled in me a drive reach my goals. To my friends, here in Florida and back home in Virginia, I am thankful for your friendship and advice. My peers in Florida, our weekly lunches have provided an escape from my busy schedule and I will truly miss them following our graduation. I would like to acknowledge Christina LaCanfora, for her friendship and helpfulness throughout the thesis-writing process; on more than one occasion having her as my sounding board aided me in completing this paper. To my colleagues at the School of Natural Resources and Environment, thank you for the long years of support. You are what made this happen. Your guidance and advice in all matters, has and will always get me through stressful life moments. Finally, my wife Allison deserves a special thank you. Her belief in me that this thesis could be accomplished endured me through this process. May the next phase of our life be as fulfilling and rewarding as our time at the University of Florida.
## TABLE OF CONTENTS

| ACKNOWLEDGMENTS | .......................................................................................................................... 4 |
| LIST OF TABLES | .......................................................................................................................... 8 |
| LIST OF FIGURES | .......................................................................................................................... 9 |
| LIST OF ABBREVIATIONS | .................................................................................................................. 10 |
| ABSTRACT | ................................................................................................................................. 12 |

### CHAPTER

1. **COMMUNICATING PREVENTION: FRAMING THE ISSUE OF GENDER-BASED VIOLENCE WITHIN THE CONTEXT OF DEVELOPMENT** .............................................. 14

   - A New Paradigm for Development and Female Empowerment ........................................ 17
     - The Importance of Studying Africa .................................................................................. 21
     - U.S. Agency for International Development ................................................................... 23
     - The Communication Initiative Network ........................................................................... 25
   - Study Progression ............................................................................................................. 26

2. **REVIEW OF THE LITERATURE: THEORETICAL MODELS AND STRATEGIES FOR PREVENTING GENDER BASED-VIOLENCE** .......................................................... 27

   - Historical Framework for Development: From the Modernization Paradigm towards Participation .................................................................................................................. 28
   - Communication for Development: Participation, Empowerment and Dialogue ................. 32
   - A Multi-Pronged Theoretical Approach for Gender-Based Violence Prevention ............... 36
   - Communicating with Unique Populations and Hidden Publics ........................................ 41
   - Communication Strategies to Prevent Violence against Women ...................................... 44
     - Interpersonal Communication: Advocacy and Community Mobilization ...................... 46
     - Group Communication: Coalition Building and Multi-Sector Partnerships ................... 47
     - Entertainment-Education ............................................................................................... 47
     - Theater for Development: Harnessing the Power of Culture ....................................... 51

3. **A QUALITATIVE METHODOLOGY TO EXAMINE COMMUNICATION STRATEGIES** ......................................................................................................................... 56

   - Setting, Time and Scope .................................................................................................... 57
   - Unit of Analysis and Operational Definitions .................................................................. 58
     - Gender-Based Violence .................................................................................................. 58
     - Programs, Projects, Campaigns, and Interventions ...................................................... 59
     - Stakeholders .................................................................................................................. 60
<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-1</td>
<td>List of programs, organizations involved country of operation, program type, and communication approach.</td>
<td>93</td>
</tr>
<tr>
<td>4-2</td>
<td>Distribution of communication strategies by program type.</td>
<td>96</td>
</tr>
</tbody>
</table>
LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-1</td>
<td>Gumucio Dagron’s tables of participatory versus nonparticipatory communication strategies (cited in Singhal, 2004, p. 378)</td>
<td>55</td>
</tr>
<tr>
<td>3-1</td>
<td>Countries represented in this study.</td>
<td>71</td>
</tr>
<tr>
<td>4-1</td>
<td>Breakdown of gender-based violence programs by objective.</td>
<td>90</td>
</tr>
<tr>
<td>4-2</td>
<td>Gender-based violence by type.</td>
<td>90</td>
</tr>
<tr>
<td>4-3</td>
<td>Gender-based violence programs by type.</td>
<td>91</td>
</tr>
<tr>
<td>4-4</td>
<td>GBV prevention communication strategies by type. (N=43)</td>
<td>91</td>
</tr>
<tr>
<td>4-5</td>
<td>Distribution of communication strategy by program type.</td>
<td>92</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Full Form</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>-----------</td>
<td></td>
</tr>
<tr>
<td>ADAPT</td>
<td>Agisanang Domestic Abuse Prevention and Training</td>
<td></td>
</tr>
<tr>
<td>AEI</td>
<td>Africa Education Initiative</td>
<td></td>
</tr>
<tr>
<td>AP</td>
<td>Associated Press</td>
<td></td>
</tr>
<tr>
<td>APS</td>
<td>Annual Program Statement</td>
<td></td>
</tr>
<tr>
<td>ARC</td>
<td>American Refugee Committee</td>
<td></td>
</tr>
<tr>
<td>C4C</td>
<td>Communication for Change</td>
<td></td>
</tr>
<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination Against Women</td>
<td></td>
</tr>
<tr>
<td>CFD</td>
<td>Communication for Development</td>
<td></td>
</tr>
<tr>
<td>CI</td>
<td>Communication Initiative Network</td>
<td></td>
</tr>
<tr>
<td>CMFD</td>
<td>Community Media for Development</td>
<td></td>
</tr>
<tr>
<td>CPP</td>
<td>Community Publishing Project</td>
<td></td>
</tr>
<tr>
<td>DALY</td>
<td>Disability Adjusted Life Years</td>
<td></td>
</tr>
<tr>
<td>DHCA</td>
<td>Bureau for Democracy, Conflict, and Humanitarian Assistance</td>
<td></td>
</tr>
<tr>
<td>DRC</td>
<td>Democratic Republic of Congo</td>
<td></td>
</tr>
<tr>
<td>E-E</td>
<td>Entertainment-Education</td>
<td></td>
</tr>
<tr>
<td>FGM/C</td>
<td>Female Genital Mutilation/Cutting</td>
<td></td>
</tr>
<tr>
<td>GAD</td>
<td>Gender and Development</td>
<td></td>
</tr>
<tr>
<td>GBV</td>
<td>Gender-Based Violence</td>
<td></td>
</tr>
<tr>
<td>GRIP</td>
<td>Greater Nelspruit Rape Intervention Program</td>
<td></td>
</tr>
<tr>
<td>HBM</td>
<td>Health Belief Model</td>
<td></td>
</tr>
<tr>
<td>ICT</td>
<td>Information and Communication Technologies</td>
<td></td>
</tr>
<tr>
<td>IDP</td>
<td>Internally Displaced Person</td>
<td></td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education, and Communication</td>
<td></td>
</tr>
<tr>
<td>IGWG</td>
<td>Inter-agency Gender Working Group</td>
<td></td>
</tr>
</tbody>
</table>
MGD  Millennium Development Goals
MYMTC  Mobilizing Young Men to Care Project
OFDA  Office of Foreign Disaster Assistance
PEPFAR  President’s Emergency Plan for AIDS Relief
SGBV  Sexual Gender-Based Violence
TFD  Theater for Development
UN  United Nations
UNFPA  United Nations Population Fund
UNIFEM  United Nations Development Fund for Women
USAID  United States Agency for International Development
WHO  World Health Organization
WID  Women in Development
COMMUNICATING PREVENTION: COMMUNICATION APPROACHES IN GENDER-BASED VIOLENCE PREVENTION PROGRAMMING

By

Patrick Thaman Heck

August 2009

Chair: Belio Martinez
Major: Public Relations

Gender-based violence (GBV), in all of its manifestations, pervades society at the individual, family, community, and national levels. Gender-based violence is directly linked to limitations in economic and health improvement and must be properly addressed in a framework that accounts for the significant social, political and cultural barriers that have enabled violence against women. The communication for development (CFD) paradigm, which focuses on empowerment and participation via dialogue, is a dramatic shift from the modernization approach to development which is characterized by vertical, top-down communication between experts and locals. Through the lens of CFD, this study assesses the communication and evaluation strategies of twenty-five gender-based violence prevention and protection programs active over the last five years throughout Africa.

Qualitative methods, including textual analysis and interviews with key stakeholders, measure the ability of each organization (what type of organization, funding organization?) to effectively communicate their message in order to mobilize communities, empower women, advocate for policy changes, elicit social and behavior change, and provide necessary health services. The intent of this study is not to evaluate the effectiveness of different communication approaches, but to identify strategies currently in use that are consistent with the communication
for development paradigm. An analysis of four USAID-funded health service delivery programs, and twenty-one programs reviewed on the Communication Initiative website, identifies characteristics of prevention efforts, including: local participation, working with men, GBV type, program goals and objectives, communication approach and tactics, and systematic evaluative measures and impacts. Nine typologies of communication approaches are identified including: group communication, interpersonal communication, entertainment-education, theater for development, information and technology communication (ICT), and information, education and communication (IEC), community media, grassroots communication, and visual arts. Interviews with key stakeholders provided additional context of programming efforts and identified current trends in GBV prevention.

Results of the study reveal a growing increase in the use of group communication and entertainment-based approaches for GBV prevention. This correlates with an increase of local participation in development efforts paralleling the recent validation of the CFD paradigm. Few programs implement a multi-sector approach, though evidence of collaborative efforts through partnerships demonstrates a trend towards unifying strategies for change. A lack of clear evaluative measurements (objectives and indicators) limits how programs are able to demonstrate their impact. Programs that were able to evaluate their efforts, while lacking behavioral indicators, were able to demonstrate change through modifications in attitude and significant knowledge gains. A list of guiding principles for future research and practice are included as well. Finally, through GBV prevention, this thesis aims to contribute to theoretical discussions driven by re-defining the relationship between those assisting communities and those receiving aid.
CHAPTER 1
COMMUNICATING PREVENTION: FRAMING THE ISSUE OF GENDER-BASED VIOLENCE WITHIN THE CONTEXT OF DEVELOPMENT

“The youngest was three years old…and the oldest seventy-five,” recalls Dr. Denis Mukwege, the director of Panzi Hospital in eastern Congo, during a 60 Minutes interview with journalist Anderson Cooper (Gavshon, 2008). To describe the widespread brutality in the war-ravaged Congo requires reading the illustrations found in press reports leaving Goma, the capital of Congo’s North Kivu province. In doing so, one can immediately picture the (still) ongoing atrocities, common for women and children, families, and entire communities. “Machete,” “gang-rape,” “pregnant,” “broken bottles,” and “bayonets,” paint a gruesome portrait of the violence that doesn’t seem to end, despite the presence of 15,000 U.N. peacekeepers (Gavshon, 2008).

In January 2008, Cooper reported on the “war against women” which has been ongoing in the Democratic Republic of Congo (DRC) since the end of the Rwandan civil war in 1994. Print and broadcast media including, the Los Angeles Times, New York Times, Washington Post, 60 Minutes, TODAY Show, and the nightly newscasts for NBC, CBS, and ABC have covered the story of rape as a weapon of war, which is not a new or recent occurrence or one confined to the DRC. Cooper’s report brought a reminder and much needed attention to policy makers who have witnessed similar atrocities in modern conflicts across the globe. During the conflict in the Balkans, it is estimated that Serbian military forces raped between 20,000 to 50,000 Bosnian Muslim women (Kohn, 1994). The U.N. Human Rights Commission estimates that between 250,000 and 500,000 women were raped during the Rwandan conflict (Haffajee, 2006). In the turmoil that followed the 2007 Kenyan elections,¹ ethnic clashes escalated into countless, brutal

¹ Kenya held presidential elections on December 27, 2007. Violence following the disputed results lasted well into March 2008.
cases of rape. Joseph Osoo, a doctor at a two-room clinic in Nairobi was shocked by the cruelty. Recounting his experience, Osoo explained, “during the days immediately after the election I was treating up to 45 rape victims a day²…one ten year-old girl suffered a ruptured cervix as the result of her attack” (AP, 2008a). The number grows larger for Congolese women, as many rape victims are left to die, still in slavery³ or fail to report their victimization for fear of being abandoned by their family and community. Dr. Mukwege sees more than ten new cases of women and children who have been raped each day in his clinic (DRC “Epidemic of rape,” 2007).

While this situation warrants a sense of urgency, rape is only one form of gender-based violence (GBV) that requires the attention of the international community. Rape and other forms of GBV, such as sex-selective abortion, female infanticide, neglect, female genital mutilation⁴, forced prostitution, trafficking, forced early marriage, honor/dowry killings, intimate partner violence, and sexual harassment to name a few, are collectively detrimental to the fabric of society (Ellsberg and Heise, 2005). Efforts to prevent gender-based violence are ongoing as part of larger economic, social and health development programs. These efforts and the communication strategies they employ are the central focus of this thesis.

Methods to prevent gender-based violence vary depending on the theoretical perspective utilized to frame the problem. Universally agreed upon, GBV is a human rights and public health issue (USAID, 2006a; UNIFEM, 2003; UNFPA, 2005; WHO, 2005). While there are many

---

² Normally Dr. Osoo treats one rape victim per week.

³ Many armed militias kidnap women and children during raids on local villages; forcing them to become sexual slaves in their camps.

⁴ Female circumcision is not always considered violence. In some African cultures, the Maasai of Kenya for example, practice genital cutting as a rite of passage. The term female genital mutilation is an anti-cutting term and is used to bring light to many situations where cutting is forced and done improperly often leading to infections.
environmental and infrastructural obstacles that prevent empowerment and participation from occurring, few hurdles can measure up to the impact violence has society. Violence, in the context of war as well as peacetime, pervades all levels of society; from health to economics and beyond, into the realm of family and community life. As such, prevention must be addressed within the prevailing development paradigm and through the window already opened by the field of public health. However, these frameworks for social change are at possible odds with one another, at least theoretically. As a health issue, GBV has been addressed as a behavioral issue requiring persuasive communication to modify attitudes and beliefs (Morrison, Ellsberg, & Bott, 2007; USAID, 2006a). However, the current application of communication strategies within the development paradigm, communication for development, promotes dialogue over persuasion and requires horizontal communication (dialogue) between actors as a contrast to the vertical nature of mass media driven approaches to development (Melkote & Steeves, 2001; World Bank, 2007). The two methods, while not directly competing against one another, each have their own benefits, theoretical grounding, and processes for planning, implementation and evaluation. Both are (or can be) results-oriented, yet there are inherent limitations for assessing results-based programming, due to external influences (such as funding) within particular contexts. Different approaches and varying cultural situations may demonstrate, for example, that raising awareness about contraceptive options amongst teen girls may be an appropriate tactic to achieve results such as an increased knowledge about the health-risks of unprotected sex. While other programs measure success quantitatively, through a measureable decrease in reported behaviors, such as violence or live births. The evaluation and measurement of a program’s results are ultimately impacted by the communication framework and accompanying strategies.
The objective of this thesis is to provide an assessment of how organizations and programs aimed at preventing gender-based violence, conceptualize and utilize communication in their programming efforts. The investigation of communication strategies for GBV prevention may provide information to help assess the level of participation among stakeholders in development programs. Determining which strategies are frequently used in interventions will also be helpful in appraising organizational measures of evaluation in determining campaign success. Program evaluations can reveal how success and effectiveness are internally defined. Beyond programming, this research explores the context in which gender-based violence occurs through an examination of its root causes, prevalence in developing countries, and current intervention efforts. The literature suggests that prevention can only succeed when addressed within a local, cultural context that attempts to change social norms as a prerequisite over changes to individual behavior (UNFPA, 2005). To achieve a comprehensive analysis, the two frameworks that guide prevention efforts will be discussed as well as the historical paradigm shift within development practices.

**A New Paradigm for Development and Female Empowerment**

When the World Congress on Communication for Development⁵ met in 2006, participants acknowledged communication’s function as integral to the field of development and in achieving the Millennium Development Goals (World Bank, 2006). This recognition elevated the role communication within development programs and interventions; moving beyond persuasive strategies attempting to modify individual behavior in favor of facilitating dialogue that focused on changing the social norms.

⁵ The World Congress was organized by the World Bank, FAO, and the Communication Initiative; 200 media representative attends along with 900 of the leading scholars, policy-makers and practitioners of development communication.
The eight Millennium Development Goals established by the United Nations\textsuperscript{6} to reduce global poverty by the end of 2015 share a common thread: the empowerment of women (United Nations, 2008).\textsuperscript{7} The role of women is at the center of and interwoven through any discourse on development issues ranging from improving education and healthcare to stimulating economic progress and creating political stability in regions where conflict and corruption are rampant. Empowering women requires that scholars, policy-makers, and practitioners address social and gender norms that have prevented millions of women from achieving equal status at home, in the community and in society at-large. To understand where empowerment strategies fit within the broader scheme of development requires a historical overview.

The pervading gender disparity experienced by many girls and women is magnified by the abuse and violence they endure on a daily basis. The prevention of gender-based violence can be viewed as a vehicle for global female empowerment. The impetus for gender-based violence (GBV) prevention programs and strategies stem from the 1970’s Women in Development (WID) movement which elevated the role of women within the context of development (Melkote & Steeves, 2001; Steeves, 2000). The WID movement is situated within the continuum of theoretical approaches to development and often regarded as a symbol of the significant paradigm shift away from the patriarchal approaches of modernity and economic progress. The primary goal of WID centered on leveling disparities between genders within an economic context while increasing the visibility of women and including them during decision-making.

\textsuperscript{6} The goals were established in 2001 following the Millennium Summit in 2000. 189 member nations of the UN and twenty-three international organizations have pledged to meet these goals by 2015. The eight goals established by the United Nations include: 1) eradicating extreme poverty and hunger; 2) achieve universal primary education; 3) promote gender equality and empower women; 4) Reduce child mortality; 5) improve maternal health; 6) combat HIV/AIDS, malaria and other diseases; 7) ensure environmental sustainability; and 8) develop a global partnership for development (UN 2008).

\textsuperscript{7} To be specific, it is the third goal that explicitly aims to empower women and promote gender equality; however for the additional goals to be achieved, the success of this one in particular is required.
processes. In the 1980’s, the Gender and Development (GAD) movement emerged to further criticize the “assumptions of the dominant social, economic, and political structures that accord and perpetuate an inferior status to women relative to men (Melkote & Steeves, 2001, p. 189). GAD followers began tackling the disparity of social norms as a way to “restructure societies to accommodate women’s needs and concerns” (2001, p. 190).

Investment in gender-based violence prevention has been relatively low due to the high cost to support such programs (UNIFEM, 2003, p. 67). To increase support for prevention programs, proponents of the WID and GAD movements continued to focus on the economic contribution women provide to their households, communities and the larger societies. The economic cost of violence is now included in discussions of GBV as “a powerful refutation of governments’ arguments that ending violence is not a pressing issue” (UNIFEM, 2003, p. 67). Quantitative assessments have been produced to estimate the financial burden violence has on society. The World Bank (UNIFEM, 2006; World Bank 1993) measures four factors to assess costs, including: direct costs, non-monetary costs, economic multiplier effects, and social multiplier effects. In 1993, the World Bank’s World Development Report estimated that Canada (considered a developed country) incurred more than $1 billion in direct costs attributable to violence in counseling and legal fees and additional hospital expenses (UNIFEM, 2006, p. 67). The World Bank calculates the worldwide, cumulative, non-monetary costs associated with violence may reach nine million DALYs (disability adjusted life years)\(^8\) annually (2006, p. 68). This number is greater than the annual DALYs lost for all types of cancer worldwide (Morrison, 2005, 2). Combined with economic modifier effects (like absenteeism and decreased

\(^8\) The leading approach to estimate the health impacts of gender-based violence via the metric of disability-adjusted life years (DALYs) lost. DALYs have the advantage of including years lost due not only to premature mortality, but also to disability, emotional suffering and illness.
productivity) rape and violence cost countries upwards of two percent of their gross domestic product each year (UNIFEM, 2006; Morrison et al., 2007).

The economic contributions of women in developing countries, at all levels of society, are well documented. Current gender-based violence discourse focuses less on these contributions and more on the human rights imperative associated with preventing violence, leaving a void in effectively addressed the issue. Programs working for the prevention of gender-based violence are first and foremost aimed at stopping or reducing malevolent behavior, but require a change at the societal level. To achieve change in behavior, prevention campaigns must confront the underlying gender norms and expectations for all people, regardless of their gender. White et al. (2003) suggest, “the behavioral changes that interventions bring about will be relatively limited if programs do not address the underlying norms that determine them…Most programs have yet to address these norms” (p. 4). The causes, consequences, and impacts of violence are linked together by the constant pursuit of power, be it economic or political. Developing nations that cling to a paradigm based on exploitative and dominating control will be limited in their ability to reduce violence and hinder their ability to achieve the goals of development social equality and shared distribution of resources. The ecological and structural barriers to preventing gender-based violence require that programs address the social causes of sanctioning abusive and sexually violent behavior. An abundance of literature exists on the social causes of violence, behavioral change strategies and development communication approaches, as well as case studies about violence prevention campaigns (Pickup et al., 2001). However, little research has been completed to evaluate the different approaches to violence prevention programs (Ellsberg and Heise, 2005, p. 28). Due to the ability of some programs to reduce violence and challenge (if not change) existing norms, exploring what strategies are frequently utilized will assist in the
creation of a best communication practice guide to effectively manage public health (and broader societal-based development) issues within a paradigm of communication for development.

The Importance of Studying Africa

Gender-based violence is a global phenomenon and not confined only to Africa. However, its prevalence, along with unique cultural and economic conditions provides good reason for focusing on programs in Africa. News reports and academic research provides additional rationale for the study of GBV prevention including culture barriers, misunderstanding of the causes of HIV/AIDS and high rates of violence and rape in volatile political conditions as demonstrated in the introduction of this study.

The United States is heavily committed to providing the necessary financial assistance, education, and support to help African nations in their development efforts. $600 million was allocated as part of a nine-year USAID project, the Africa Education Initiative (AEI), to improve access and quality of education in Africa (USAID, 2009, January 12). Additionally, former-President George W. Bush implemented a $15 billion plan, the President’s Emergency Plan for AIDS Relief (PEPFAR), which allocated resources for HIV/AIDS treatment and prevention efforts in sub-Saharan Africa (PEPFAR, n.d.). In South Africa there is a severe misunderstanding of the cause and treatment of HIV/AIDS. One study found that a man had raped a nine-year old girl because of the “mistaken belief that sex with a virgin will cure an HIV-infected person or AIDS sufferer of his illness” (Meel, 2003). Lack of female decision-making power in reproductive health choices is an extension of male domination at the family level. Medical clinics often teach women the importance of using condoms to prevent unwanted pregnancy and HIV/AIDS infection. However, cultural norms may prevent women from being able to negotiate condom use or may face opposition by men to use contraceptives altogether (USAID, 2009, January 12). Bott et al. (2005) argue that “[Healthcare] providers who view violence as a social
rather than a health issue may fail to provide holistic care to women in danger, or to provide necessary, even life-saving care, such as STI prophylaxis [condoms]” (p. 25). In cases where women experience forced sex and/or cannot negotiate sex, condom use or other contraceptives, a link between the HIV/AIDS prevention and gender-based violence becomes apparent (Jejeebhoy and Bott, 2003; Krug et al., 2002). Recognizing the health link between sexual violence and HIV/AIDS, current public health communication literature and practice tends to focus on individual behavior change as a means to prevent gender-based violence. The fact that certain forms of violence, such as rape, are condoned by the legal and political systems, demonstrates how deeply rooted social norms can be and therefore limits how many individuals will be impacted by prevention efforts aimed at this level of change.

The absence of gender equity in many African countries is the result of competing cultural values. The continued prevalence of female genital mutilation (FGM) among the Maasai of Kenya, where 94% of the female population have experienced genital mutilation/cutting, demonstrates the significant role culture has in female healthcare decisions (UNFPA, 2005). In many parts of Africa, “female circumcision is considered a necessary part of a positive, purifying, transformative process for women….some cultures teach that it promotes fertility while others view it as having a contraceptive effect” (Green, 1999, p. 49). Programs such as, Safety Net for Girls Escaping Female Genital Cutting and Early Marriage, attempt to help young women who decide against circumcision by providing them safe housing and work with community leaders to emphasize alternative and culturally acceptable rites of passage (UNFPA, 2005).

Lastly, many programs have experienced difficulty in overcoming the environmental and infrastructural challenges in developing countries (i.e. radio and television exposure) yet have
achieved relative success. The acceptance and increased use of communication for development strategies in Africa is the primary reason that the scope of this thesis is sufficient to contribute to the growing body of knowledge. Focusing on the communication strategies of gender-based violence prevention programs that have been internally defined as successful, may provide future researchers with additional data on effectively communicating within economically, culturally, and politically unstable regions.

The original intent of this thesis was to capture a moment-in-time snapshot of the communication strategies utilized by an international development organization (USAID) in the prevention of gender-based violence. However, a significant difficulty in conducting an evaluative study is the ability to gain access to a full and complete data set. To supplement the potential lack of information, two data sets with similar characteristics were evaluated in this study. Information provided by the U.S. Agency for International Development (USAID) and the Communication Initiative were integral to the completion of this thesis.

**U.S. Agency for International Development**

In 2008, the United States Agency for International Development’s Bureau for Democracy, Conflict, and Humanitarian Assistance (DCHA) and Office of Foreign Disaster Assistance (OFDA) sought applications to fund programs aimed at preventing gender-based violence on vulnerable populations. The USAID annual program statement (APS), one funding mechanism to GBV prevention programs, highlighted the importance of developing programs that aim to protect vulnerable populations, which the APS suggests:

> Often bear a heavy burden in natural disasters and complex emergencies, having lost family and community support structures compounded with the effects of poverty and low social status. In insecure environments, women and children, in particular, are at risk of violence, sexual exploitation and abuse. (USAID APS, 2008)
USAID, a supporter of the communication for development paradigm, funds many GBV prevention efforts. The APS funding opportunity provided the impetus for this research. USAID’s relationships with development and non-governmental organizations as well as the organization’s involvement with GBV prevention efforts helps position the institution as a primary source of information for this thesis.

The guiding logic for evaluating USAID-funded programs assumed recent cases will provide the most common and innovative strategies to prevention and reveal the prevalence of certain communication approaches. Similar to the Dearing et al. (1996) study of HIV prevention strategies in San Francisco there will be no bias in the selection of campaigns with certain strategies, rather the researcher will inductively seek programs aimed at reducing gender-based violence in developing countries and analyze the strategies implemented. Using USAID reports widened the scope of reported case studies beyond typical human rights and international organizations (primarily UN-affiliated programs). Often organizations only provide information on successful programs. Reports and summaries provided by USAID will reveal programs and campaigns that have failed to achieve their desired outcome. Inagaki (2007) acknowledged there is a gap within the literature of failed program analysis. Marion Pratt of USAID echoed this sentiment suggesting “many campaigns do not succeed.” USAID was selected as the primary source for this research because of their access to a range of successful and non-successful projects. While some scholars have characterized preventive health programs and campaigns as being “centrally managed, unidirectional (from source to receivers), mass mediated, and oriented toward a single, time-bound behavior,” it is expected that USAID funded projects will reveal a

---

9 In this study, researchers conducted a 2-year investigation of the extent to which strategies based on social marketing and diffusion of innovations concepts are used in preventive health communication with unique (highly ostracized) populations. See Dearing et al. (1996) for a complete review of the methods used in this study.
hybrid approach that utilizes mixed-media strategies for reaching hidden and vulnerable publics (Dearing et al., 1996, p 344). The methodologies presented in this chapter revolve around the cooperation of USAID.

The Communication Initiative Network

The Communication Initiative (CI) network is an online database created and maintained for the purpose of “sharing experiences of, and building bridges between, the people and organizations engaged in or supporting communication as a fundamental strategy for economic and social development and change” (CI, 2009). Essentially, the network consists of user generated content providing experiences, evaluations, and suggestions on or about ongoing programs. The website is divided into regional (Africa and Latin America) and topical (policy, approaches, tools, issues, planning methodologies, change theories, trends, and Millennium Development Goals) sections – each focusing on the programs within that domain. Many programs are cross-listed between categories. The CI also generates weekly newsletters, Soul Beat and Drum Beat which provide summarized highlights of newly posted information.

The Communication Initiative network is a partnership with contributing agencies and organizations.¹⁰ The content reflected on the CI website is therefore the work completed or funded by these organizations. USAID is considered a “CI Partner” and is involved in both strategic and funding capacities. According to the CI, partners meet once a year to “guide the strategies direction of the organization” (CI, 2009). The value of utilizing the CI database is

evident in both its review of organizational methods, communication approaches and theoretical explanations. Additionally, it provides a comprehensive list of programs tackling issues encompassing GBV including general health issues, HIV/AIDS, gender equity, reproductive health, and economic development, conflict and governance. Utilizing the content of these thematic issues, the CI became a supplemental data set to the information retrieved from USAID.

Study Progression

The following chapters examine the various communication strategies involved in gender-based violence prevention programs. Chapter 2 explores the historical foundations of the development paradigm and the communication strategies used to prevent violence against women. The issue of gender-based violence is framed within the historical context of gender equality as well as a public health issue. Chapter 2 provides a critique of the primary theoretical frameworks from which current programming efforts are structured. A list of strategies aimed at facilitating dialogue and participation is also provided. The methodology guiding the assessment of gender-based violence campaigns is outlined in Chapter 3. Chapter 4 provides a summary of the findings. The chapter describes relationships between communication approaches and demographics such as program type (determined by organizational goals), level of participation and the inclusion of men. An analytical discussion of the communication strategies is presented in Chapter 5 along with concluding arguments and recommendations for best communication practices in GBV prevention.
CHAPTER 2
REVIEW OF THE LITERATURE: THEORETICAL MODELS AND STRATEGIES FOR PREVENTING GENDER BASED-VIOLENCE

Efforts to reduce and prevent gender-based violence are entrenched in issues of culture, human rights, gender, development, and public health. The violence Congolese women experience demonstrates how challenging preventing violence becomes during times of war. A recent report suggests the Congolese civil war has targeted and left no woman safe, as both the rebels and the country’s army appear to condone mass rape as an approved military tactic (Associated Press, 2008b). The long-term effects of violence are seen in the country’s vital statistics of life expectancy and child mortality as rates of abortion, sexually transmitted diseases and HIV/AIDS have increased due to widespread rape and abuse. In a news report eight months after the violence, one physician concluded that Kenya will face a “significant rise in the number of children born at the end of November [2008]” as a result of the violence associated with the post-election crisis comes into play (Makeni, 2008, November 7). In an interview for the same story, Dr. Eric Ontita suggested, “sex was a symbol of conquest and punishment. Captured women and those in vulnerable circumstances were raped or enticed into sexual liaisons on a continuous basis, inevitably leading to pregnancies” (Makeni, 2008, November 7). The Daily Nation, the region’s largest daily newspaper, reports between 1,200 and 3,000 cases of sexual assault occurred during the post-election crisis, sparking a debate over the country’s laws against abortion, which currently forbids abortion even in cases of rape and incest (Kweyu, 2008, April 9). One doctor noted a significant rise in the number of abortions during February and March following the upheaval while others feared the prevalence of “back-alley” abortions could also rise (Wafula, 2008, May 8; Makeni, 2008, November 7).

The proven connection between health and violence provide an established window through which to examine the issue of gender-based violence. As stated in the previous chapter,
A majority of health literature focuses on individual behavior change. Social change requires addressing the root causes of violence at the cultural level as well as the infrastructural hurdles to enforcing laws and protecting women. A review of relevant literature provides access to potential methods, especially at the convergence of development communication and public health, for prevention as well as guidelines to achieving successful and sustainable change. A discussion of the continuum that encompasses the development paradigm introduces the theoretical underpinnings drawing from recent case studies in prevention programming.

**Historical Framework for Development: From the Modernization Paradigm towards Participation**

Modern development practices can be traced to the development of the United Nations system\(^1\) and the implementation of the Marshall Plan after World War II, both pledging economic and social cooperation to war-torn countries in Europe (Melkote & Steeves, 2001). The success of the Marshall Plan led policy makers and aid organizations to believe similar results could be achieved in underdeveloped nations. The Third World equivalent to the Marshall Plan was the Four Points program of 1949. The fourth “point” in this plan according to former President Harry Truman was to “embark on a new program of modernization and capital investment” (as cited in Melkote & Steeves, 2001, p. 51). The injection of capital and emphasis on advancing industry and commerce as a means to westernization required a top-down, pro-persuasion, mass media driven communication effort. However, the notion that economic, social and political development would occur in non-industrial countries in the same manner by applying the same “blueprint” used in Europe was grounded in the theory of individual behavior change, thus strategies were aimed with such goals in mind (Melkote & Steeves, 2001).

---

\(^1\) UN has roots in the 1941 Atlantic Charter, signed by FDR and Churchill agreed on economic collaboration and fair trade and labor practices as well as world peace (Melkote & Steeves, 2003, p. 48).
Everett Rogers, creator of the concept of diffusion of innovations, was a leading expert on the early transfer of technology in Western society. His diffusion approach was adapted to early development efforts which relied on extension services to disseminate information, knowledge and skills to rural citizens (Melkote & Steeves, 2001; Inagaki, 2006; Servaes, 2007). The concept was simple; experts would explain a new idea, technology, or behavior that would have some benefit to the individual in the hopes that he would “adopt” the practice or belief. Extension services were responsible for helping citizens by providing them with the latest research and techniques. Political pressure on deciding what the “right” techniques were transformed the Extension agent into a change agent where one attempts to “influence adoption decisions in a direction he feels is desirable,” essentially “putting into place a one-way flow of influence-oriented messages from change agencies at the top to the rural peasantry at the bottom” (Melkote & Steeves, 2001, p. 56). The strength of interpersonal communication and social pressure cannot be overlooked. As communication technologies advanced and modest forms of infrastructure were put into place, the flow of information, while still interpersonal when delivered through a change agent, was quickly supplemented and eventually dominated by mass media channels, such as radio and television. Colle (1989) notes that the diffusion approach fails to account for the appropriateness of message channels and content:

For example, if radio were used specifically to create “awareness” and the material was boring and broadcast at inappropriate times…diffusion researchers would be unlikely to discover much radio influence at the “adoption stage. (as cited by Melkote & Steeves, 2001, p. 57)

Colle’s argument is elaborated further in the following sections in different contexts (where conflicting social and gender norms exist) that diffusion strategists have failed to consider.

---

2 Early development programs targeted men further subjugating women. “He” thus references the westernization link to gender violence and inequality.
Diffusion embodies the essence of the modernization paradigm. Modernization theory\textsuperscript{3} – and practice – can be characterized by its philosophical stance on development. Melkote & Steeves (2001) suggest modernization adopts the perspective that development must focus on “what development in the Third World should be and how it should be brought about” (Melkote & Steeves, 2001, p. 71). The fundamental shift in paradigm begins when this assumption is challenged. Modernization’s lack of responsibility for attributing to many nations’ underdevelopment is reflected in poor governance and economic instability. Root causes of the conflict in Congo can be attributed to the demands of neoliberal practices,\textsuperscript{4} especially the exploitation of natural resources (Ross, 2004). While the economic implications on the Third World are relevant, they are outside the scope of this thesis. Rather the diffusion approach to development and the acceptance of certain communication strategies warrants attention.

The theoretical foundations on which modernization was built have created and endorsed a path of individual behavior change. Individuals can learn, evolve and create a better situation for themselves by taking the advice of those who have reached modernity. The modernization perspective is in line with Social Darwinists who argue individuals can achieve social mobility through the acceptance of mass media messages and persuasive communication. Two leading scholars, Daniel Lerner and Everett Rogers, advanced modernization’s individual behavior change model, by identifying individuals as “change accepting” and “collectively persuaded to change traditional ways of life” (Melkote & Steeves, 2001). Theoretical support for individual behavior change will be discussed further in a later section.

\textsuperscript{3} Modernization has been called by scholars “the most powerful paradigm to originate after World War II [because of its] enormous social, cultural and economic consequences,” (Melkote & Steeves, 2003, p. 71).

\textsuperscript{4} Neoliberalism began as an elite academic theory of political economy for a new system of redistributive wealth that did not require intervention from the state. See Harvey (2005) for an elaboration of neoliberalism.
Competing approaches to development challenged modernization’s limited worldview of the people it attempted to help. The inherent male-bias of development programs was confronted by feminists and supporters of the WID and GAD movements. Boserup (1970) recognized male-bias in her research on the economic contribution of women in agricultural markets. She identified that females “constituted the vast majority of subsistence farmers,” but were neglected by Extension agents, via diffusion theory (as cited in Melkote & Steeves, 2001, p. 57). Essentially women were ignored during the creation and implementation of development assistance programs, which were almost always ineffective because of the lack of attention paid to those who did the actual work: women. Consequential research questioning the power of mass media lent additional support to followers escaping modernization as an appropriate development framework (Servaes, 2007, p. 488). The exodus away from modernization theory eventually caused leading diffusion scholars (Rogers, in particular) to rework and “self-reflect” on the theory, in order to remove the mass media bias (Inagaki, 2007, p. 6). The modernization paradigm wrongly acknowledged those receiving assistance as passive receivers in the communication process; however individuals receiving assistance are active learners and often re-distribute message via word-of-mouth. Diaz-Bordenave (1989) explains that individuals’ need for participation is innately human:

The need to think, express oneself, belong to a group, be recognized as a person, be appreciated and respected, and have some say in crucial decisions affecting one’s life, are as essential to the development of an individual as eating, drinking, and sleeping (cited in Melkote & Steeves, 2001, p. 337).

Acceptance of the receiver’s need for participation requires a complete withdrawal from modernism’s top-down approach to development. Rather, the need for citizens to engage in the development process becomes central to the current development paradigm.
Communication for Development: Participation, Empowerment and Dialogue

What is communication for development (CFD)? Is it a paradigm, an approach, a framework; is it perhaps all three? To answer this, Melkote & Steeves (2001) recommend that each component of CFD be viewed separately, then together as a whole. Communication, development, and empowerment each have different meanings and assumptions. One might logically assume that communication is the means for information to travel with development as the process by which society is improved; resulting in empowerment – the ultimate end goal of development and therefore communication (Melkote & Steeves, 2001). However, when evaluated holistically (from the historical perspective as well as within its current objectives), communication for development becomes a paradigm thru which communication and development are practiced, simultaneously.

The paradigm of communication for development should be viewed as a continuum of strategies, approaches and tactics for development. At one end of the continuum are the mass media oriented, top-down strategies of modernization which attempt to achieve economic progress. At the other end participatory communication dominates as a bottom-up strategy for social change, with empowerment as an end goal. Figure 2-1 provides a useful typology to differentiate efforts of participatory and non-participatory communication strategies for social change (Singhal, 2004, p. 380). Communication for development (CFD) is most commonly characterized by its participatory approach to development; in some ways rendering modernization theory obsolete (Inagaki, 2007). However, CFD is different from the participatory communication strategy for development. Defined by the FAO, Communication Initiative, and World Bank (2007), communication for development is more than participation, it is:

---

5 Within this paradigm communication is both a means and an end. A means by which ideas are communicated through society and an end in which everyone has the opportunity to communicate their wants and desires.
A social process based on dialogue using a broad range of tools and methods. It is also about seeking change at different levels including listening, building trust, sharing knowledge and skills, building policies, debating and learning for sustained and meaningful change. It is not public relations or corporate communication. (p. xxxiii)

Communication for development can trace its roots to the liberation theology, largely supported and advocated by the Brazilian educator, Paulo Freire (1989) who stressed the importance of dialogue as a means to facilitate participation. Modernization theory, as Freire (1989) suggested was the act of “banking” education, noting that knowledge is considered “a gift bestowed by those who consider themselves knowledgeable upon those whom they consider to know nothing” (p. 58). Freire’s critique originated from his understanding that individuals crave knowledge and have the capacity to understand, but “need relationships to recognize and act on this capacity” (Melkote & Steeves, 2001, p. 298). Here, enters the role of communication, but not as one-way flow of information, but rather as “emancipatory dialogue” (p. 299). The role of dialogue freed communities and individuals giving themselves the opportunity to decide their own future and provided expanded consciousness and power to those who engage in it (Freire, 1989; Singhal, 2004; Melkote & Steeves, 2001, Pickup et al., 2001). Inagaki (2007) explains how this newly found freedom and power within marginalized communities can influence development objectives (and approaches), suggesting that “[communication] can become more inclusive and open-ended rather than goal-oriented, and may provide a venue to directly address structural problems such as a gender inequality, rather than immediate issues such as unprotected sex” (p. 7).

The shift towards a more participatory framework for development communications has two significant limitations. First, limitations are rooted within the discrepancies of how participation is evaluated and defined. Servaes (1996) notes that “participatory communication stresses the importance of cultural identity of local communities, and of democratization and
participation at all levels – international, national, local and individual,” therefore requiring all stakeholders have a role in the process of development (p. 75). The question then becomes at which level is participation evaluated; decision-making, implementation, evaluation, or in receiving benefits? Some critics remain concerned regarding the authenticity and genuineness of participation at each level (Inagaki, 2007; Servaes, 1996). Cultural conditions in which a program takes place may require participation at all stages of the process. However, by empowering communities as the decision-makers may create additional challenges when the empowerment of some groups threatens the status quo.

The complexities of evaluation are matched by the difficulties in planning interventions aimed at empowerment through participation and dialogue. While participation is the new mantra for U.S. aid agencies “it is not as widely or fully practiced as commonly believed” (Inagaki, 2007, p. 8). Through support of public health literature, gender-based violence prevention seems well-suited to become a model for CFD approaches. To this end, this thesis provides an assessment of GBV prevention organizations and programs and their utilization of communication approaches as a means to determine if participation is stressed and reported. It is believed that programs deemed “best practices” will most likely utilize participatory methods advocated by communication for development literature.

Most research concludes that actual practice of CFD utilizes a mixed-media approach to change social norms rather than individual behaviors. Figure 2-1 presents how communication (particularly dialogic) approaches of the current CFD paradigm differ from out-dated modernization theories. The current practice of communication for development is supported by an integrated communications model that maximizes the effect of mass media, while relying on interpersonal communication to elicit participation and dialogue from all stakeholders (World
Bank, 2007). Varying tactics implemented by the Food and Agricultural Organization of the United Nations (FAO)\textsuperscript{6} demonstrate the current use of CFD:

CFD encompasses many different media and approaches – folk media and traditional social groupings, rural radio for community development, video and multimedia modules for farmer training, and the Internet for linking researchers, educators, extensionists and producer groups to each other and to global information sources (FAO 2007).

As a paradigm, communication for development seeks the empowerment of people most affected by underdevelopment. The goal (and challenge) is to move away from agency-defined solutions to allow the recipients of development aid to express themselves and define the challenges that need solutions. The willingness to utilize mixed-use communication strategies demonstrates that practitioners are able to integrate several theoretical frameworks at once (Inagaki, 2007). Participatory models of communication, such as liberation theology, Participatory Action Research, and entertainment-education encompass multiple theories that form the framework of programming efforts. The following section explores the theoretical approaches used by CFD and gender-based violence prevention programs.

Successful theoretical models recognize that localized, culturally sensitive approaches and communication strategies will be the most effective at changing social norms. Assuming behavior change occurs within a vacuum or failing to address the influence of social pressure or cultural contexts results in ineffectiveness. The theoretical influences of gender-based violence prevention programs display an ability to adapt to new situations by reaching hidden publics and facilitating dialogue between stakeholders. Effective communication programs will have a strong theoretical framework and make the appropriate link between culture and communication.

\textsuperscript{6} The goals of the FAO are different from other agencies that may focus on health issues, for example. Communication for development can be applied in all circumstances, not just for agricultural issues.
A Multi-Pronged Theoretical Approach for Gender-Based Violence Prevention

Similar to Martinez and Kiousis (2005), who advocated for a theoretically-grounded approach to nation- and community-building, a multi-pronged theoretical framework guides gender-based violence prevention as well as overall development strategies. The theoretical foundations for gender-based violence and public health interventions encompasses stages of change at the individual level and make attempts to change behavior at the societal level; both approaches include input from multiple theories and are continually evolving providing an environment in which female empowerment can be realized. This section critiques current models of behavior change and provides support for empowerment theory and its applications in social change efforts.

The premise for public health campaigns is to modify behavior at the individual level, be it a promotion of positive health choices or reduction in harmful actions. The close link between HIV/AIDS and violence prevention has reluctantly increased acceptance of older theoretical models. Melkote & Steeves (2001) observe that individual behavior change theories have been “the anchor of preventative efforts,” despite the fact that, “psychosocial models do not consider the interaction of social, cultural and environmental factors as occurring independently of individual behavior variables” (p. 131-132). Models of behavior change in persuasion theory and public health literature support the idea that “individuals pass through a series of psychological stages in their readiness to adopt a new attitude or behavior” (Dearing et al., 1996, p. 344). These stages of change conceptualize how individuals process information on their way to making behavioral modifications. Most stage models and theories begin with the individual gaining awareness or knowledge before making the decision to adopt a certain behavior.

The Health Belief Model (HBM) has been used to explain health-related behavior since the 1950s (Melkote & Steeves, 2001, p. 132; Rosenstock et al., 1988). HBM assumes that
individuals become motivated to change their behavior according to their potential susceptibility to harm and the perceived severity of any consequences for not doing so. HBM has been used in research on HIV/AIDS prevention, but has little impact on efforts to prevent GBV violence, as the behavior in this case would require stiffer enforcement of laws (legal structures) and/or adjusted social norms (social structure). To have an impact on violence, prevention theories must account for the ecological structures and underlying cultural milieu in order to be effective.

The Theory of Reasoned Action and Social Learning (Cognitive) Theory are evolved modifications of the HBM. The Theory of Reasoned Action considers social pressure as a deterrent to harmful behavior. A UNAIDS report (1999) suggests, “This theory guides interventions by focusing on attitudes towards risk reduction, response to social norms, and behavior intentions vis-à-vis risky behavior” (Melkote & Steeves, 2001, p. 132). Bandura’s Social Learning (Cognitive) Theory is influential in the development of approaches that emphasize self-efficacy, which is defined as the degree that “an individual believes that he/she can control future situations” (Sabido, 2004, p. 68; Bandura, 2004). Within the context of gender-based violence, promoting self-efficacy is exemplified by characters in entertainment-education programs who are rewarded for positive behaviors, providing reinforcement and encouragement to audiences who learn from the successes (and in some cases mistakes) of a program’s leading characters. Social Learning Theory has been widely used in HIV/AIDS prevention and requires not only a reason to modify behavior but the means to do so. Melkote & Steeves (2001) note, “The individual is not an isolated, atomized entity, but an ongoing, active member of one or a number of the pyramid of social subgroups that exist” (p. 212). These individual behavior change theories maintain the individual as the locus of change, despite our
better understanding that interventions are most successful when addressing the context beyond the individual.

The theories of diffusion of innovations and social marketing dominate gender-based violence prevention literature in their ability to reach broader, unique and hidden audience populations. Both are social change models with strong, normative orientations toward pro-social development through improved public health (Dearing et al., 1996). These models influence current intervention programs; however their ability to change social norms is questionable. Diffusion is a stages-of-change model that begins with an individual’s awareness of a new idea, followed by an interest, evaluation, trial and adoption of the innovation (Perloff, 2008; Melkote & Steeves, 2001; Dearing et al., 1996). After being tested in developing countries, researchers highlighted the importance of interpersonal communication at the community level as a method of spreading information. Advocates of the diffusion model stress the importance interpersonal influence has on the ability to persuade individuals to adopt an innovation, “especially innovations that are perceived as opposed by social norms, risky, expensive, taboo, requiring a radical behavior change, or difficult to understand” (Dearing et al. 1996, p. 345). A major drawback of the diffusion approach is the emphasis placed on mass media channels while paying little attention to message content and audience demographics. Diffusion strategies often fail to account for women as a major audience segment and assume that information will be dispersed evenly through a population (Melkote & Steeves, 2001, p. 224). The assumption that information can be disseminated and will automatically be absorbed and adopted by all is faulty. Consider the structural and social limitations of women in developing countries: women have less access to media\(^7\) than men; are poorer than men, reducing their ability to purchase media; and have higher

---

\(^7\) Melkote & Steeves (2001) also consider the growth of the Internet which men dominate the usage of by a margin of by 2 to 1.
illiteracy rates which limit women’s access to print media (Melkote & Steeves, 2001, p. 224). Others scholars have suggested the uses of radio programs as an appropriate medium to reach populations with low literacy rates; however, Pickup et al. (2001) and Melkote & Steeves (2001) highlight the fact that radios are predominately owned by men, who control their use.

Taking into account the limitations of diffusion strategies, practitioners have called for a more strategic approach to campaigns, opening the door for social marketing practices to become widespread. Defined as “the application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the voluntary behavior of targeted audiences in order to improve their personal welfare and that of their society,” social marketing has deep roots in health communication and development issues (Andreasen, 1995, p. 7; Melkote & Steeves, 2001, p. 127). Social marketing has evolved into a thoughtful results-oriented process approaching health issues through a lens of social change. Yet, the social marketing campaign process reduces basic needs such as healthcare into a “cost-benefit framework” while not adequately addressing social contexts (structures, norms and political-economic conditions) in its conceptual framework (Wilkins 1999, p. 57). Social marketing, as Wilkins (1999) suggests, is “framed as a set of economic conditions and choices realized at an individual level” (p. 57). Andreasen (2003) frames social marketing in a similar way, suggesting change must be modified at the individual level if social problems (like GBV) are to be eliminated, adding that “individual-level intervention is social marketing’s primary niche” (p. 5). The theoretical frameworks mentioned thus far provide practical application for modifying behavior change at the individual level and are disconnected from the realities of modifying social behaviors. Diffusion and social marketing widen the scope of interventions, but again fail
to focus efforts on changing societal norms and account for ecological and structural barriers to change in their methodologies.

To produce change at broader level, change which will enable the empowerment of women, programs must facilitate participation and dialogue between stakeholders. The Integrated Model of Communication for Social Change, developed by the FAO et al. (2007) and Figueroa et al. (2002), is a recent theoretical framework “built around the process of community dialogue leading to collective action” (p. 2). Figueroa et al. (2002) suggest:

It is inappropriate to base a model of communication for social change on a linear model of communication that describes what happens when an individual source transmits a message to a receiver or group of receivers with some desired and predetermined individual effect. For social change, a model of communication is required that is cyclical and relational and leads to an outcome of mutual change rather than one-sided, individual change. (p. 2)

Interventions aimed at preventing gender-based violence and empowering women must require the facilitation of dialogue while addressing social and gender norms. Working to change individual behaviors for issues requiring collective action is insufficient and may not produce lasting or effective results.

Behaviors such as not sharing needles and wearing a condom during sexual intercourse to prevent the spread of HIV/AIDS may not require the integrated approach advocated by Figueroa et al. (2002) to become common place. Health communication models of behavior change such as the HBM and Theory of Reasoned Action do well to prevent these types of risky behavior. Other approaches however, are required when reaching vulnerable stakeholders that behave at the behest of social pressure. Dearing et al. (1996) provide a caveat to the usefulness of diffusion and social marketing approaches stating, “When the target audience is a unique population, certain concepts become more important in the development of strategies to change unhealthy practices” (p. 344). Campaigns and interventions dealing with gender-based violence prevention
require that messages reach “hard-to-reach” targeted publics. These stakeholders (in some cases are male perpetrators, in others, female victims) often have a low involvement with social change issues and are not motivated to change their behaviors. The dynamic process advocated by Figueroa et al. (2002) criticized communication approaches that are linear and one-way; often only achieving success with one segment of the population. Future campaigns must build in feedback channels so unique and hidden publics are able to engage in the dialogic process.

Communicating with Unique Populations and Hidden Publics

A majority of health communication literature relates to message channels, sources and target publics. Effective campaigns identify and assess communication strategies that have a significant chance of generating awareness and motivation to process campaign messages, especially among marginalized publics. Research on HIV/AIDS prevention conducted by Dearing et al. (1996) utilized diffusion and social marketing strategies to reach unique populations. The researchers explained the importance of this audience segment, stating:

Highly ostracized people are under unique constraints and constitute very small segments often not deemed large enough to justify the typical social marketing or diffusion approach to social change, yet they are of key health policy importance because they account for a disproportionate share of health services (1996, p. 344).

Guides to gender-based violence prevention recommend strategies that reach the entire community. Community-based and participatory approaches that engage all stakeholders are most successful. These strategies will be examined in more detail in the following section.

Defining target publics requires an understanding of the cultural context in which interventions operate. Who has access to victims? Who is respected in the community? Whose involvement does the intervention require in order to be successful? Targeted publics may include males, victims, bystanders, community leaders, and politicians, though given the nature and context in which gender-based violence occurs, all may be considered to have low-
involvement and therefore not always targeted. Gadomski et al. (2001, p. 277) suggest, despite their successful intervention in increasing the number of reported domestic abuses, that their strategy of targeting bystanders might not have been the most effective. In reviewing their results, the researchers suggest that targeting the victims or perhaps attempting to influence the behaviors of abusers might have been more effective in decreasing the number of incidents of domestic abuse. Selection of low-involvement publics is integral to and should be carefully analyzed during the research process. Incorrectly identifying the appropriate audience for specific action can result in program failure (K. Barker, personal communication, 2009). The current literature fails to explore strategies of engaging abusers/criminals in attempts to prevent harmful behavior, while reintegrating them back into their communities. Most health campaigns that target men address health issues among youth populations to curb malevolent social behavior early. Other programs have targeted male adults to increase awareness about gender-based oppression and equal rights for girls (White et al. 2003, p. 17). Programs that help empower women do not often include men, a key public for reducing incidents of GBV.

Theoretical perspectives provided by Hallahan (2000a, 2000b) are useful in understanding how (and why) to reach low-involvement publics with persuasive messages. Hallahan’s (2000a) motivation, ability and opportunity (M-A-O) model recommends enhancing all three to engage publics with low involvement. He suggests that targeting inactive publics is also a way to develop positive relationships (2000a). Efforts to reach publics most affected by GBV should begin by analyzing the structural environment (Parrott et al., 2002). It has been previously mentioned that access to information is critical to facilitate understanding of the issue. Most prevention programs have a public information component which requires the dissemination of information. Breakdown in the structural environment, i.e. availability of access to information
by women exaggerates the challenges of reaching all stakeholders. Research conducted by Gadomski et al. (2001) suggests that in rural areas, access to information is further complicated by limited services, social isolation and the lack of privacy. Despite the physical and structural deterrents to engaging low-involvement publics, they must be engaged for interventions to be successful.

The limitation of appropriate and effective message channels, the medium by which information is sent, is also a factor with providing publics the ability and opportunity to receive messages. Research suggests a successful modification of attitudes and behavior can be related to the communication strategies that include the use of “radio advertisements, posters, mailings to libraries and clergy, printed media articles, printed advertisements and health facility modifications” (Gadomski et al., 2001, p. 268). However, physical distance from or access to message channels is can affect channel impact. Traditional forms of communication, including theater and dance are positive substitutes for mass media alternatives.

Hallahan (2000a) explains that enhancing motivation is vital for reaching individuals with low involvement. He states, “The creation of attractive and interesting messages will help create a positive effect,” also noting that messages dealing with “hedonistic needs, such as sex” also stimulate a greater message affect (p. 468). Again, community theater and dramatic performances addressing sexual themes provide the ample motivation for individuals, especially males, to interact. Additionally, participatory education theater methods, that engage audience members can provide (and enhance) the opportunity and motivation of male audiences (Hallahan, 2000a; White et al., 2003; Morrell, 2003). Developing strong messages for use in theater is essential for campaigns attempting to reach stakeholders with low involvement.

“Health messages are designed to stimulate an active cognitive process in those audiences
generally with little involvement” suggests Igartua et al. (2003) adding, “one efficient way to capture the attention of the low involvement audiences is to insert the messages within an entertainment context” (p. 513). The ability to reach stakeholders that have little involvement with the issue of gender-based violence or wish to remain hidden due to fear of engaging in the dialogue about violence is critical to the future success in prevention campaigns.

Advocates for duel processing models, the Elaboration Likelihood Model in particular, recognize that “subjects with high involvement and those with low involvement react differently to the persuasive message to which they are exposed” (Igartua et al., 2003, p. 513). Igartua et al. (2003) analyzed affective and cognitive processes to explain the impact of entertainment-education and found that the more entertaining the format the more cognitive processing was induced; resulting in an increase of favorable attitudes towards preventative behavior. Given the advice provided by scholars, strategies such as the use of theater or televised “edutainment” dramas are an appropriate strategy to address gender-based violence prevention within a health based context. In order to produce social and individual change, a multi-pronged communication approach is required and therefore many funded prevention projects will likely employ a variety of strategies. The following section highlights selected strategies that have been proven to induce change within the communication for development paradigm.

**Communication Strategies to Prevent Violence against Women**

In regions where political and legal infrastructure do not have the capacity to address challenges like gender-based violence and mass rape, strategies are needed to mobilize and encourage citizen involvement to apply social pressure to prevent future abuse. The need to address both social norms and individual behavior requires an approach, generate or significantly modify social discourse while promoting safe behavior. Something is missing from this previous sentence…doesn’t make sense. Thus far, this thesis has advocated a communication for
development approach, as it provides the most appropriate and equitable vehicle for change and opportunities for participation. Inagaki (2007) revealed development communication programs use a variety of approaches and techniques including: interpersonal communication, entertainment-education and group communication; each finding a home within a theoretical, development paradigm ranging from the modernization model toward one of empowerment. Of the thirty-seven development programs in his study, Inagaki (2007) highlighted that a third of the programs adhered to either modernization or diffusion approaches of development. A high number of programs demonstrated an affinity for interpersonal communication but many were related to diffusion’s need for interpersonal communication to spread information. Group communication was the third most prevalent communication strategy and absent in programs supporting a modernization framework (Inagaki, 2007). Despite Inagaki’s assurance that many programs used more than one strategy, he failed to provide context in which strategies were paired together (2007). This thesis provides a context in which strategies can be assessed. Measuring the frequency of current strategies involved in GBV prevention will be helpful in creating a link between theory and practice. Thus two guiding research questions are presented and are central to the thesis, including:

RQ 1: What communication strategies are frequently utilized in gender-based violence prevention programs to reach targeted stakeholders?

RQ 2: How are programs that address gender-based violence prevention evaluated for their success?

Cambridge (2002) provides a list of dominant strategies used to promote public awareness in communication for development efforts, including: community mobilization, folk music, social marketing, entertainment-education, and advocacy (as cited in Martinez and Kiousis, 2005, p. 5). According to Martinez and Kiousis (2005) these strategies are used in a wide-range of activities, including public health programs and are effective in increasing public
participation. However, Inagaki’s methodology would fail to categorize these strategies under participatory communication and thus they would be likely to fall under the older development paradigms of diffusion and modernization due to their reliance on providing information directly. Some of these strategies can provide evidence of creating social change as well as providing opportunities for participation. Within the paradigm of communication for development, three communication strategies seem to be most frequently used, including: interpersonal communication (through advocacy and community mobilization), multi-sector partnerships (coalition-building), and entertainment-education, all of which include participatory components and facilitate dialogue between key stakeholders.

**Interpersonal Communication: Advocacy and Community Mobilization**

While Inagaki (2007) claims that most interpersonal communication strategies fall under the theoretical diffusion model, three-fourths of participatory communication campaigns included interpersonal communication strategies. In this context, interpersonal communication often refers to horizontal communication and community management. Interpersonal communication plays a large role in training community-members in dealing with trauma. Class exercises of one-on-one communication to addressing the victim’s needs and concerns are often built into training courses as building trust and dialogue are hard to generate between workers and victims (Pickup et al., 2001).

Media advocacy is another form of interpersonal communication in that victims and journalists shed light on the atrocities in places like Congo, together. Advocacy groups working for women’s rights are often at the forefront of public policy debates and the driving force behind major public health initiatives (UNFPA, 2006; Pickup et al., 2001).
Group Communication: Coalition Building and Multi-Sector Partnerships

Inagaki (2007) highlighted seven studies that featured group communication strategies implemented in a participatory framework. The participants in each project include numerous stakeholders within society ranging from community members to government administrators and scientific experts to community and non-profit managers. Martinez and Molleda (2007) shared similar success in gathering stakeholders into long-lasting and sustainable multi-sector partnerships in Columbia when developing a city plan. “The participatory approach is often the preferred mode of implementing development projects aimed at creating and strengthening coalitions and collaborative partnerships” suggests Inagaki (2007, p. 29). Coalition building requires Freirean commitment to providing community members with full ownership of the project from start to finish as well as an even, two-way flow of information (dialogue) between stakeholders. Successful group communication requires that no participant feel he or she is left out of the decision-making process. Often group communication provides a forum for community members to address issues they feel plague their community. A program challenging deep-rooted social norms regarding violence against women in Bangladesh featured community groups which provided a forum where community members were able to discuss the issues as well as participating in developing solutions for prevention efforts (UNFPA, 2005).

Entertainment-Education

In 1999, the fourth installment of the popular, South African television series, Soul City, attempted to change cultural attitudes towards violence against women. Soul City IV encouraged viewers to end the silence surrounding domestic abuses and provided ways for citizens to voice their concern; notably by banging pots outside the home of the victim and abuser to cause a commotion, often ending the violence immediately (Usdin et al., 2004; Singhal and Rogers, 1999). Following the episode in which this tactic appeared, several locations throughout South
Africa reported other instances in which similar means were used to end violence (Usdin et al., 2004). One female viewer of *Soul City IV* explained the impact this series, stating:

> I saw it on the telly [television] and it was as eye opener...We Black people have this tendency that when we have problems at home we hide them...A woman abused by her husband won’t tell anyone...What Soul City has done is to show us that if a women is abused, she should report that...And if you see someone in the street being beaten, you are not supposed to keep quiet. (cited in Usdin et al., 2004, p. 153)

*Soul City IV* represents one of many successful entertainment-education campaigns that endeavor to change both social norms and individual behavior through an engaging medium.

Entertainment-education (E-E) refers to the “intentional placement of educational content in entertaining messages to effect individual and social change” (Lee et al., 2005, p. 1). Lee et al. (2005) propose the reason for growing institutional interest in E-E in popular media could be based on a conviction that inserting campaign messages in entertainment programming is as effective as (or more effective than) paid advertising or the PSA [public service announcements]. Inghal et al., (2004) bolsters the previous claim, suggesting formative research demonstrates how “carefully designed entertainment media messages can spur audience reflection, promote public discussion and dialogue on social issues, and move audience members to consider new patterns of behaviors” (p. 142). In order for entertainment-education programming to remain an option as a development communication strategy, it must overcome its biggest criticism; finding the right balance between entertainment and education to have full commercial viability (Singhal et al., 2004). This obstacle is often present in media saturated environments like the United States, but faces similar hindrances in developing countries with infrastructural limitations or state-controlled media. Having the ability to connect with and motivate audiences is the true appeal of E-E strategies. Research suggests entertainment-education and community theater are appropriate strategies to raise awareness and knowledge about social issues in order to influence
behavior change within various scales of society due to its effectiveness in agenda-setting (Lee et al., 2005; Inghal et al., 2004; Melkote & Steeves, 2001).

Entertainment-education strategy develops pro-social and culturally significant messages, differing itself from diffusion theory. Miguel Sabido is considered to be the leading practitioner of the edutainment strategy for his production of socially-aware telenovelas in Latin America. In accordance with his original strategy, messages of change must be consistent with the views of key opinion leaders, including politicians, TV executives and religious leaders and delivered by characters that are positive role models (Melkote & Steeves, 2001; Singhal and Rogers, 1999). Identifying the attraction of the entertainment-education strategy, Melkote & Steeves (2001, p. 141) suggest, “the central idea underlying the entertainment-education strategy is that people learn from positive role models with whom they can identify.” Kriss Barker, an E-E specialist, explains the organization, Population Media Center attempts to ensure the credibility of the cast as role models:

We try to cast young, relatively unknown voices, because these are more believable as characters in real-life. If you cast known voices, the audience will recognize these voices as actors, and will thus have a more difficult time believing them as the characters they are portraying in the drama. (personal communication, 2009)

Barker added if programs “bring the actors out as spokespeople; they tend to lose their ‘persona’ as the characters they portray. We don’t do this because we prefer our audience to continue to think of the voice actors as ‘real’ people” (personal communication, 2009)

The level of change that occurs as a result of E-E programs takes place both at the individual level and also produces a broader social change. The resulting change is significant because it “can influence the audiences’ external environment to help create the necessary conditions for social change at the group (community) or system (society) level” (Singhal and Rogers, 1999, p. 9). Entertainment-education programming’s ability to address social problems
on multiple levels has led to recent increases in its application; with some studies citing that one in twelve participatory campaigns in Africa utilize “edutainment” as a strategy (Inagaki, 2007). The strategy’s prevalence stems from the rapid increase in access to and availability of radios and televisions in developing countries. Piotrow et al. (as cited in Melkote & Steeves, 2001) estimate “between 1965 and 1995, the number of radios grew more than tenfold, from 82 million to 997 million. The number of television sets grew from only 13 million to 707 million” (p. 139).

Aside from considering the social context in which women have access to these mediums and the positive responses they elicit; the growth of E-E as a popular strategy creates a growing market for mass media approaches to development.¹ Message channels must be culturally bound to reach all stakeholders; while telenovelas (Spanish television soap operas) discuss social issues that are prevalent in Latin American, campaigns in Africa must engage publics differently (Inagaki, 2007). The South African program, Soul City, is considered to be the most successful multimedia (radio and television) application of education-entertainment strategy in Africa (Singhal and Rogers, 1999). The fourth installment, Soul City IV, addressed violence against women, youth sexuality and HIV/AIDS prevention. The program was extended to build partnerships with ground-based organizations to supplement the edutainment vehicle (Singhal et al., 2004, p. 147). Soul City was successful in reaching both urban and rural populations and demonstrated effectiveness when measuring behavioral indicators such as the increase of pot-banging incidents—a public protest of domestic violence where witnesses make noise at men who engage in abuse. Additional knowledge and awareness gains were made, tracked by an increase in phone calls to non-profit help hotlines (Singhal et al., 2004). While the results were

¹ I advocate against top-down, mass media driven approaches to behavior change. While some E-E approaches utilize mass media channels, their objectives aim to change social norms. These objectives are different from diffusion and social marketing approaches that focus on change at the individual level.
positive in developing social pressure to end violence, the study failed to report violence levels following the program. However, the program’s intended goal to raise the social consciousness of the issue was successfully accomplished. The application of the E-E model within a context of African communication proves promising. Various modifications of the entertainment-education model are also useful. To generate opportunities for dialogue and to encourage participation, one must look to community theater, often referred to as Theater for Development (TFD) or Theater of the Oppressed (TO) as a potential strategy for social change at the community level.9

**Theater for Development: Harnessing the Power of Culture**

In order to be effective at encouraging involvement and participation, social change programs must include a mechanism for dialogue. Saunders (2005, p. 82) defines dialogue as “an interactive process designed to change conflictual relationships over time.” Different from typical two-way communication processes, dialogue is a process in which people are changed by what they hear (Saunders 2005, p. 82). One process, Theater for Development, builds dialogue through interactions that confront individuals by making them become involved. Patrick (2003) suggests TFD “is an interrogative approach that seeks participation from ordinary people to address the priorities of those in a given community” (p. 141). TFD can only be successful at helping communities set their own agenda when performing for an active audience or when followed up by a discussion. Likewise, Theater of the Oppressed, founded by Augusto Boal, encourages dialogue, interaction and the participation of the audience to take control of situations (Singhal, 2006; Freire, 1989). The Mobilizing Young Men to Care Project, a gender-based

---

9 One caveat to the use of theater rests in the literature, where the only apparent difference between the two forms is in name only. TFD was discussed in a book from Uganda (Mukwaya et al., 2003) which research on TFO appeared in a mainstream book edited by leading scholars (Singhal et al, 2004). I believe the scholars from Africa objected to the reference of being oppressed.
violence prevention program is an example of how theater can facilitate the participation of marginalized audiences and reveals the potential effectiveness of similar approaches.

In 2001, DramAidE (Drama-in-AIDS Education), implemented the second phase of the *Mobilizing Young Men to Care Project* (MYMTC) in the region of KwaZulu-Natal, the epicenter of the HIV/AIDS epidemic in South Africa (White et al., 2003). The project targeted disadvantaged, male school children in rural areas of KwaZulu-Natal. The dominant traditional Zulu culture, which tends to be highly stratified and patriarchal, has helped shape the social norms and behaviors of school aged children. Existing cultural values facilitate the notion that “people typically do not openly discuss high-risk sexual behaviors with their children;” which prevents knowledge transfer among young adults (p. 4). MYMTC utilized a drama technique known as forum (or start/stop) theater in which a theatrical game is played involving “a problem …shown in an unsolved form to which the audience is invited to suggest, and act out, solutions” (Singhal, 2004, p. 386). White et al. (2003) reveal that “this technique involves the audience in the outcome of the drama [and has] interchangeable outcomes to each scene” (p. 19). While proven to some degree in gaining participation and addressing social and gender norms, the project had skewed results due to a methodological problem in how follow-up interviews were conducted. Attitudes toward the topic of violence were measured through participation in three focus groups (one male-only, one female-only, and one mixed-gender). Evaluations of the project produced mixed results. Despite the fact that the project targeted boys, the major findings revealed a breakthrough, acting as an empowering force for female students. White et al. (2003) note:

---

10To represent the local culture, the main character is described: “The protagonists is stereotyped as the ‘typical Zulu male,’ a powerful and dominant character, dismissive of any external criticism, with a number of sexual partners. A professional actor played this character and the boys and girls complemented his performance as well as those of other actors in the play. The audience and other actors are encouraged to challenge the Zulu male’s role.
Some of the young girls took on “masculine” attributes as they felt more empowered, such as being more expressive and performing dances traditionally reserved for males. In turn, young boys became less open and vocal during discussions about sexuality in the presence of the girls. Therefore, despite the focus on boys, the project also had an effect on the girls. (p. 15)

Simultaneous to the project’s positive outcome, the results are skewed because of the involvement of girls and represent a flaw in the methodology and evaluative process. The process did not have the desired effect and was disrupted by the presence of females, even though their presence was intended to “engender genuine change in the male students that would not be misinterpreted” (White et al. 2003, p. 51).

Theater for Development’s ability to engender dialogue and building trust with vulnerable audiences rests in its ability to present information in an easily visualized and conceptualized manner. Theater projects in Uganda have positively changed sexually-risky behavior by presenting information in a way that opens the subject up to discussion. Audience members recalled that following the play Ggampisi, they were still scared of the possibility of contracting HIV/AIDS, stating “we must be armed,” as they presented packages of condoms to researchers (Kisense, 2003, p. 338). Providing additional accolades for theater as an effective E-E strategy, Kisense (2003) suggests, “Theater provides an opportunity for public debate because [when] we dramatize something, we always seem to have a better control over it than if we tried to pretend it doesn’t exist” (p. 338). Advocates for the continued use of theater for development and even mass media approaches to E-E remain aware that in order for these strategies to remain effective for attitude and behavior change, social norms must be framed within a localized, cultural context.

The prevention of gender-based violence is linked to numerous social, economic, political, and cultural issues and has proven difficult to address holistically. This chapter has highlighted the theoretical and practical foundations for development and social change efforts on a broad
scale. The shift in application of individual behavior change theories towards more participatory and dialogic models has paralleled the transformation of the field of development. Current requirements in communication strategies have been negotiated and are suggested to be effective, at least with the field of public health. The use of interpersonal communication via advocacy, group communication in coalition building and entertainment-education as a strategy are all well-suited to address the complexities of gender-based violence prevention. The following section presents a methodology for assessing the prevalence of communication strategies in prevention campaigns and will seek to analyze how evaluations of these strategies determine their ultimate effectiveness.
<table>
<thead>
<tr>
<th>Participatory Communication Strategies</th>
<th>Versus</th>
<th>Nonparticipatory Communication Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horizontal lateral communication between participants</td>
<td>Versus</td>
<td>Vertical top-down communication from senders to receivers</td>
</tr>
<tr>
<td>Process of dialogue and democratic participation</td>
<td>Versus</td>
<td>Campaign to mobilize in a short-term without building capacity</td>
</tr>
<tr>
<td>Long-term process of sustainable change</td>
<td>Versus</td>
<td>Short-term planning and quick-fix solutions</td>
</tr>
<tr>
<td>Collective empowerment and decision-making</td>
<td>Versus</td>
<td>Individual behavior change</td>
</tr>
<tr>
<td>With the community's involvement</td>
<td>Versus</td>
<td>For the community</td>
</tr>
<tr>
<td>Specific in content, language, and culture</td>
<td>Versus</td>
<td>Massive and broad-based</td>
</tr>
<tr>
<td>People's needs are the focus</td>
<td>Versus</td>
<td>Donors' musts are the focus</td>
</tr>
<tr>
<td>Owned by the community</td>
<td>Versus</td>
<td>Access determined by social political and economic factors</td>
</tr>
<tr>
<td>Consciousness-raising</td>
<td>Versus</td>
<td>Persuasion for short-term</td>
</tr>
</tbody>
</table>

Source: Gumucio Dagron (2001)

Figure 2-1. Gumucio Dagron’s tables of participatory versus nonparticipatory communication strategies (cited in Singhal, 2004, p. 378).
CHAPTER 3
A QUALITATIVE METHODOLOGY TO EXAMINE COMMUNICATION STRATEGIES

The previous chapter describes how approaches to “development” may influence the communication strategy used to address an issue, such as gender-based violence. Freirean pedagogy argues for self-determined development goals; a transition towards grassroots development and empowerment. Communication based on an equal exchange of ideas that facilitates dialogue is mandatory for the creation of such an environment. The continuing shift away from modernization theory towards one of participation has created an array of strategies aimed at behavior change. The assumption that underlying social conditions must change in order to achieve “real” results is accepted and held in high regard. According to some scholars, failing to account for and address gender norms within the cultural context in project planning is the primary reason campaigns fail to succeed (White et al., 2003).

Inagaki’s (2007) notion that participatory communication programs are “not as widely or fully practiced as commonly believed,” suggests participatory approaches may be more idealistic than practical (p. 8). Prevention literature suggests that dialogue is an acceptable goal and one that precedes a reduction in violence. As mentioned earlier, communication for development centers on participatory approaches and dialogue and is therefore a desirable model for prevention efforts. A multi-pronged assessment of communication approaches utilized in prevention programs and campaign evaluations, guided by a communication for development framework, will seek to validate and address two important research questions:

RQ 1: What communication strategies are frequently utilized in gender-based violence prevention programs to reach targeted stakeholders?

RQ 2: How are programs that address gender-based violence prevention evaluated for their success?
In total, this study examined twenty-five programs implemented as recently as 2004. USAID provided reports on four programs\(^1\) active during the past three years (most still ongoing in 2009) servicing the Democratic Republic of Congo. No reports were provided by USAID on programs implemented in Kenya or South Africa. The supplementary data collected from the Communication Initiative’s online database yielded information on twenty-one programs addressing gender-based violence and prevention in additional countries throughout Africa. Unless noted, the rest of this chapter will refer to both sets of data as one complete set to eliminate confusion. The data collected for this study represent an eclectic mix of structure, scale, depth, and sustainability.

**Setting, Time and Scope**

A rapid shift in development strategies has occurred in the last five years; from modernization towards wide-spread acceptance of participatory strategies. Despite these steps forward, many women are still victims of violence and abuse. It is imperative that research examine the recent past to determine if this seemingly more equitable course is fully maintained. To assess the communication strategies utilized in GBV prevention in the most desperate and troubled parts of the African continent, a total twenty-five programs and organizations were reviewed. An attempt was made to focus on three specific countries: Democratic Republic of Congo, South Africa, and Kenya. However, to account for the lack of access to particular data, the scope was widened to include programs active in any African country. The programs listed in this study represent activity in twenty-five countries; the countries with recent or active programs are represented in Figure 3-1. To limit the scope of programs eligible for review, this thesis explores only recent cases no more than five years old between 2004-2009.

---

\(^1\) In response to a FOIA request, USAID provided sixteen quarterly program reports on four programs.
Unit of Analysis and Operational Definitions

For the purpose of this study the units of observation, as previously mentioned, are the individual program and project funded by USAID to prevent gender-based violence. This study’s unit of analysis is the individual communication strategies, separately defined by the organizations, as the medium in which program messages are delivered and discussed with stakeholders. The literature review identified interpersonal communication, group communication, entertainment-education and theater for development as key strategies although the research may reveal additional strategies, yet to be discussed. As part of this study there are a significant number of additional variables/terms that require operational definitions. As this thesis blends the fields of public relations, international development, and public health, a variety of terms have similar and overlapping meanings. The terms elaborated below are operationalized in order for textual analysis to be effective and efficient.

Gender-Based Violence

Perhaps the most critical term of this study, gender-based violence is complex with competing definitions. The term itself involves the nature of violence (sexual, psychological, and physical) and the type of violence (self-inflected, interpersonal, and collective) (Krug et al., 2002). USAID does not utilize a consistent definition for GBV and often defers to the United Nations or other organizations for their definitions. In a report for USAID, Guedes (2004) simplified the definition of GBV “as an act of intimate partner physical violence, sexual violence, and rape (whether by stranger or intimate partners)” (p. 1). Her definition fails to address women in general, though when placed in context is appropriate. The Inter-Agency Standing Committee’s Task Force on Gender and Humanitarian Assistance defined GBV as “a term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (gender) difference between males and females” (USAID, 2006b, p. iii). This definition,
utilized by USAID, fails to differentiate between types of violence and thus is not helpful for prevention efforts. For the purpose of this thesis, a definition provided by the UN Population Fund and used in a recent training guide for USAID health sector program officers will be used.

Gender-based violence was defined as:

…violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women. Violence is directed specifically against a woman because she is a women, or affects women disproportionately It includes, but is not limited to physical, sexual, and psychological harm…it includes that violence which is perpetrated or condoned by the state, (USAID, 2006a, p.4).

The phrase “violence against women” is also used in the program reports. The 1979 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) defines violence against women as “any act of gender-based that results in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life” (UNFPA, 2003). However, there are theoretical distinctions between the two phrases which are outside the scope of this study. As such this thesis will utilize the USAID/UNFPA definition of gender-based violence for consistency. In many cases, programs working on specific forms of violence circumvent the general definition and shape the definition to encompass local and cultural contexts in which the program or organization works.

Programs, Projects, Campaigns, and Interventions

The terms programs, projects, campaigns, and interventions have each been used to describe the same action, but the use of the term relies heavily on the framework in which it is approached (i.e. public health often uses the term intervention to describe what an individual in public relations may refer to as a program). These terms are characterized by a systematic approach or process that begins with research and includes the implementation of a strategy that
is evaluated for its success throughout and after its completion. Due to funding limitations many organizations may not include formative research or systematic evaluations. Additionally, the terms are utilized to convey their intended duration (i.e. projects may occur within a larger campaign). For the sake of convenience the terms are used interchangeably to describe the overall effort to reduce gender-based violence.

**Stakeholders**

This thesis identifies and categorizes stakeholders as the targeted individuals of the campaigns messages including vulnerable populations, hidden publics, oppressed and marginalized individuals and sectors of society; notably women and children who lack legal and social protections from violence. While the funding agency and the organizations that implement programs may be considered stakeholders, the intent of this study is not to evaluate their involvement, but rather the frequency of strategies aimed at communicating with those directly impacted by violence against women.

**Participation**

Despite this dilemma, Uphoff (1985) defined participation in development programs as any of the following: “1) participation in the decision-making, 2) participation in the implementation, 3) participation in the evaluation, 4) participation in the receiving benefit” (as cited in Inagaki, 2007, p. 8). This has become the de facto model for measuring participation and is also used in this study. There have been overwhelming challenges in finding an accurate definition for the term participation, because the issue in question lies in “the location and direction of power…who sets the agenda” (Inagaki, 2007, p. 8). In other words, is participation organic and self-created? This obstacle is circumvented by allowing the organization to define their level of local inclusion and participation, be it organic or not.
Evaluation

The term, evaluation, refers to the organization’s (USAID or funded group) effort to measure and account for their outputs and/or the impact of their project among the targeted stakeholders.

Success

Success is defined by most organizations as a positive change in key indicators (i.e. number of reported cases or number of cases referred to health providers) or in some cases, organizational output (number of media hits\(^2\) or media advisories released). It is widely acknowledge that despite many organizations’ best efforts to implement GBV programs many have not undergone rigorous evaluation (Guedes, 2004). For programs that have been evaluated, many have not focused on measuring their impact on a community. This is primarily due to the difficulty in establishing baseline figures and key indicators for prevention. In some cases, a belief exists that measuring the strength or frequency of outputs can determine audience reach or exposure to program messages. Because this in an exploratory study that provides descriptive analysis of the current communication strategies implemented in programming efforts to prevent GBV, it does not seek to evaluate whether a project was or was not successful. However, analysis of key indicators, be it behavioral change indicators or outputs, may reveal critical information about the concerns of the project and what impacts might potentially be achieved.

Data Collection Methodologies

For the primary data set, the researcher used the Freedom of Information Act (FOIA) to request the annual and quarterly status reports and proposals for gender-based violence prevention projects in the Democratic Republic of Congo, Kenya and South Africa that have

\(^2\) Media hits refer to the number of times a program receives mention in the press.
received USAID (federal) funding over the past three fiscal years, FY 2006-2009. The length of
the time period was deemed acceptable by FOIA case examiners; of which there were four who
assisted in processing this request. Limiting the timeframe from five or ten years (so as to
determine a noticeable shift from practices associated with modernization) to the past shortened
the amount of time USAID needed to search for the information without compromising the
integrity of the study. As a graduate student, the researcher was responsible for helping to defray
the cost of processing the request. USAID charges for the search time at a rate of $31.19 per
hour. The agency has limited availability to electronic documents so printing costs were an
additional $.20 per page. In total, the cost of gathering this amount of data was $165.77.

When a FOIA request comes through, the agency worker, in this case an employee from
USAID, determines the appropriate Bureau to direct the request. As mentioned above, USAID is
heavily involved in GBV prevention efforts and has at least three Bureaus involved with the
effort: the Bureau for Democracy, Conflict and Humanitarian Assistance\(^3\); the Bureau for Global
Health\(^4\); and, the Bureau for Economic Growth, Agriculture and Trade\(^5\). It is unclear whether or
not all three Bureaus were asked to contribute to the FOIA request.

While the suggested wait time for the documents requested is estimated at twenty days, the
real time may be longer and was in this case. The researcher waited almost eight weeks before
the data was delivered. One explanation for this is that when the request is circulated to the
appropriate Bureau(s), those involved with information management may subsequently re-direct

---

\(^3\) The original APS funding came from the Office of Foreign Disaster Assistance, Bureau of Democracy, Conflict
and Humanitarian Assistance.

\(^4\) In this case, the correct subsection would be the Office of Population and Reproductive Health.

\(^5\) In this case, the correct subsection would be the Office of Women in Development.
the request to individual field offices in the selected countries. The three countries chosen for this study were done so with this caveat in mind. However, the delivered data only included information from the Democratic Republic of Congo.

The program reports provided by USAID had two objectives. In addition to becoming the primary data for the research, the cases would be helpful in identifying key professionals who could then be contacted (via phone or email) for in-depth interviews on the subject of GBV prevention and questioned regarding the choice of selected communication strategies. One unforeseen obstacle that was not made known to the researcher during his ongoing correspondence with USAID case workers was the impact of personal privacy laws. A letter to the researcher that accompanied the reports suggested, “the withholding of the key personnel is provided for under the FOIA provision 5 U.S.C. §552 (b)(6). Exemption (b)(6) covers ‘personnel and medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.’ In this instance, we withheld the release of local staff and their email addresses as we believe it to be an unwarranted invasion of the privacy of the listed individuals” (personal communication, February 26, 2009).

Organizations involved in the reports were contacted directly with a request to speak with employees connected to the program/report. All three organizations were timid in divulging information for privacy reasons, though all three noted that someone would get back to the researcher to discuss the program further. To date, only one organization, the International Medical Corps, has responded to my request for interviews, despite repeated outreach.

Thoughtful consideration was given to gathering additional USAID programs via internet searches. However to keep the results systematic, cases not provided directly from USAID were excluded from the final analysis. The primary reason for this decision was that additional case
studies found online were frequently discussed in other reports by leading scholars and practitioners. The cases provided directly from USAID remain largely out of view from public critique, thus allowing the analysis to be original and have value to the ongoing discussion of GBV prevention.

**Supplemental Data Set: The Communication Initiative Network**

A secondary set of programs was collected from the Communication Initiative network’s online database. Unfortunately, the parameters for this set of data were slightly different than that requested of USAID. To gather an appropriate-sized pool of programs the timeframe for this search was expanded to five years to include programs active in 2004. While the search was opened further to include as many case studies as would allow; keeping the time frame relatively recent was important as one objective for this study was to determine what strategies are currently in use. The search for programs was widened to include projects from all over the African continent. This was done in part to overcome the difficulty of systematically identifying programs specific to Kenya, South Africa and the Democratic Republic of Congo.

Searching “gender-based violence” or “violence against women” against the selected countries, and even all of Africa, yielded too few relevant programs. A majority of responses came in the form of interviews, book reviews and conferences descriptions. To be more efficient, the searches focused on cross-referencing the terms within two subsections (evaluations and experiences) and six categories (women, reproductive health, gender, HIV/AIDS, conflict and communication reviews) of the website to account for the integration of violence in other health interventions. The search netted over 230 articles after duplicates were removed; however only about thirty were found relevant to the study. The majority of the results either focused on HIV/AIDS prevention or education about gender equity without mentioning or addressing violence; thus these cases were deemed not relevant to the study. Programs and the sponsoring
organizations were crossed referenced with an additional internet search to determine the veracity of the details provided in the CI descriptions. In instances where situations could not be verified, those cases were dropped from the collection of programs.\(^6\) Often, names, emails and phone numbers were included in the overview for each program. This information was collected and recorded in a spreadsheet database and was helpful in contacting individuals to interview.

A few situations during the search posed methodological barriers. A report on approaches to end female genital mutilation/cutting (FGM/C) by the Population Reference Bureau (Diop et al., 2006) was featured in one CI review. The report featured a list of 92 projects aimed at preventing or ending FGM/C and featured three “best practice” model interventions. The temptation to use some of these programs in this report was strong because the report itself was funded by USAID. However, only one of the three model programs, Totsan’s *Community Empowerment Project*, was listed on the CI website as a separate project and therefore became the only program from this report used in the current study. An attempt was made to keep consistent with the methodology and constraints placed on USAID to give the thesis as much opportunity to contribute original research to the field as possible.

Additionally, the CI website was helpful in creating a unique but acceptable classification of communication strategies. The Communication Initiative Network classifies communication approaches and tools used in development programs. CI identified ten categories\(^7\) of communication approaches, including:

- Advocacy
- Entertainment

\(^6\) One organization, People Opposing Women Abuse (POWA), had a long-track record of training and outreach programs, but the information provided by the Communication Initiative Network could not be verified by additional sources and was thus excluded from the final list of programs.

\(^7\) Two of these categories, recognition/awards and research, are obviously not relevant and used only for the CI’s internal classification of material.
• Interpersonal
• Local Participation
• Marketing
• News/Information
• Recognition and Awards
• Research
• School Curricula
• Traditional and Folk Media

The CI website identifies nine communication tool categories used in development, consisting of: computing and internet, film and video, live performance, person-to-person, print, radio, telephone, television, and visual arts. These two systems of classification are helpful in creating new discrete categories for the identified approaches.

Textual Analysis of Programs

Four programs identified by USAID, along with twenty-one programs collected from the Communication Initiative were used in the study. Additionally, the websites for all twenty-five programs and organizations were reviewed as a cross-referencing strategy to program goals and objectives as well as to help identify communication approaches. As a qualitative research method, textual analysis is a blend of case study and content analysis methodologies. Wimmer and Dominick (2003) define case study analysis as “using as many data sources as possible to systematically investigate individuals, groups, organizations, or events” (p. 129). Scholars characterize case study research as being particularistic, descriptive, heuristic, and inductive, all of which is demonstrated in this study (Wimmer and Dominick, 2003). Inagaki (2007) utilized case studies found in peer-reviewed journals and a development communication database funded by the Communication Initiative. His data was used as background research for the World Congress on Communication for Development. A similar methodology was conducted to assess the USAID and CI program reports.
Content analysis, according to Kerlinger’s definition is “a method of studying and analyzing communication in a systematic, objective, and quantitative manner for the purpose of measuring variables” (as cited in Wimmer and Dominick, 2003, p. 141). While a textual analysis is qualitative, it is no less systematic and objective. In this study a textual analysis is conducted by the researcher to identify program type, GBV type, targeted stakeholders, level of participation, communication strategies, range of appeal, structural and ecological barriers to success, and outcome results (Inagaki, 2007). The research may define additional variables while analyzing the reports from USAID as this form of conventional content analysis is accepted by scholars (Hsieh and Shannon, 2005). The results were crossed referenced with current, highly-regarded “best practice” guidelines provided by the literature review. Additional data will be collected through personal interviews with development practitioners and USAID personnel to provide qualitative responses on the perceived benefits of using such strategies.

**Interviews with Primary Stakeholders**

Six complete interviews lasting between thirty minutes to an hour in length were conducted with USAID officials (current and former) and development and GBV prevention practitioners. Additional emails and phone calls to other organizations were completed, but none yielded further opportunities. Names, emails and phone numbers were collected from the program reports and organizations’ websites. The reports provided by USAID yielded only phone numbers as names and emails were not supplied due to privacy concerns. As previously mentioned, the organizations were contacted and asked for contact information for program officers. An email was distributed to key stakeholders and included informed consent and questionnaire information. Recipients were asked to complete the questionnaire or set up a time to for an in-depth interview. Follow-up phone calls and emails helped to establish interviews. In one case, an interview was sought with the author of a handful of USAID reports. Because the
individual’s email or phone number were difficult to locate. The research utilized the business-oriented social networking site, LinkedIn, to establish a connection with the practitioner. This proved to be an effective method for contacting practitioners. The purpose of conducting interviews was to provide qualitative data on decision-making processes and the perceived benefits (or detriments) of leading strategies. Interviews were conducted via telephone, with follow-up questions addressed through email communication.

Interviews were not formally transcribed or recorded. Notes were taken with Word 2007 or handwritten on notebook paper. Quotes were repeated to the interviewee for clarity. The organic nature of the interviews allowed for additional discussion of contextual topics, such as other programs, methods, and evaluations. In some cases additional names and contact information were provided.

An IRB proposal was created and submitted before seeking interviews. Semi-structured open-ended phone interviews provide additional context and assessment of the strategies used in prevention oriented development programs. Questions included:

- How long have you been involved in prevention programming efforts?
- What type of communication strategies are used most frequently in prevention interventions?
- What are the strengths and weaknesses you perceive in the given strategies?
- How are the strategies evaluated for their success?
- What key indicators do you measure to determine your impact?
- What should other programs with similar goals adopt as best communication practices in future efforts to end gender-based violence?

For individuals with whom a phone interview was not possible, an electronic survey of open-ended questions was distributed. Surveyors were asked to respond (in written format) on issues similar to the interview questions. All participants in the research study were informed of
the goals of the research and asked to sign a consent form. Participants were also be given the option to have the interviewer use a pseudonym in the write-up of the case study for privacy purposes. Interviews were between thirty minutes and one hour in length; enough time to gain additional insight into the reasoning for selecting each strategy. Additionally, the interviews addressed the internal evaluation process of the projects. There is a firm belief among practitioners that measuring outputs is no longer effective for evaluating impact, rather change must be identified at the attitude and hopefully the behavioral level. Determining how a project is measured directly relates to effectiveness. The low number of accepted invitations to interview could be considered a limitation of this thesis.

As mentioned earlier, the focus of this study is to determine what strategies are frequently used in prevention programs while appraising program evaluations. The combined evaluation of reports and interviews provides a holistic analysis of current and ongoing prevention programs and the strategies employed to address gender-based violence.

**Findings and Implications**

Communication for development has transformed how stakeholders become engaged in and approach the communication process. The critique of current and ongoing campaigns lends additional evidence in support of or against certain communication strategies. The prevalence of certain campaign strategies demonstrates methods for overcoming ecological and infrastructural barriers. As the link between the Millennium Development Goals and communication is made, research on the impact of communication sets a benchmark for practitioners as they strive to achieve their goals. The methods used in the evaluation of gender-based violence prevention programs lends credible support that communication strategies and methods discussed in this thesis can have a positive impact on the future of prevention campaigns. Similar to the Inagaki (2007) presentation of communication strategies and theoretical perspectives, study findings are
presented in tables depicting the relationships between selected communication strategies. Charts featuring the frequency of strategy use are provided along with tables describing the level of participation and outcomes via self-evaluations. Additional tables featuring the evaluation methodologies are also be included. Providing graphical visualizations serves to offer a greater understanding of the current strategies within a given context. The following chapters provide the research findings and draw conclusions on the validity and applicability of current communication strategies for development, and more specifically for the prevention of gender-based violence.
Figure 3-1. Countries represented in this study.
CHAPTER 4
FINDINGS

Gender-based violence prevention programs in Africa have the difficult task of providing services, creating awareness, and advocating for change in communities where knowledge, attitudes and behaviors run counter to western concepts of equality, gender and human rights. In many situations western notions of violence are also defined differently by local communities as cultural tradition and established social order are firmly woven into the fabric of society. Developing organic, culturally sensitive programs that meet the self-identified needs of communities is challenging, yet the most appropriate model for combating gender-based violence. The programs reviewed for this study recognize these challenges and have equipped themselves with proven communication strategies that demonstrate a substantial impact on improving the audience’s awareness and understanding of the issue, modifying community attitudes, and are likely to elicit behavioral changes that have a direct effect on preventing gender-based violence, regardless of the differences in cultural norms and mores. This chapter provides a summary of the findings for twenty-five GBV prevention programs gathered by this study. The results of the qualitative program analysis along with contextual comments gathered through in-depth interviews are included. A detailed discussion of program objectives, GBV typologies, communication approaches, and key indicators for success will follow.

The guiding conceptual framework for this thesis is provided by Inagaki’s (2007) case study analysis of the impact of communication for development programs. In the same style, this thesis explored recent, and in some cases still ongoing, prevention programs in an attempt to assess the communication strategies each program uses to achieve its goals. While the study did not attempt to measure impact, it did identify key success indicators which reveal a great deal about target audience selection and the challenges of modifying attitudes and behaviors.
Results

In total this study examined twenty-five programs implemented as recently as 2004 (Table 4-1). USAID provided reports on four programs\(^1\) active during the past three years (most still ongoing in 2009) servicing the Democratic Republic of Congo. No reports were provided by USAID on programs implemented in Kenya or South Africa. The supplementary data collected from the Communication Initiative’s online database, yielded information on twenty-one programs addressing gender-based violence and prevention. Unless noted, the rest of this chapter will refer to both sets of data as one complete set to eliminate confusion.

The twenty-five programs collected for this study are an eclectic mix of structure, scale, depth, and sustainability. At least a quarter of the projects in this study received USAID funding; as a majority of the programs listed on the CI website failed to include who funded their programs. In some instances, further investigation revealed a broad range of collaborators and funding organizations. Multiple attempts were made to reach organizations; though only in one instance did an interview take place that revealed USAID was the funding organization of a project (Population Media Center’s radio serial dramas). Funding organizations have their own strategic objectives and therefore in open requests for proposals or requests for assistance (RFP and RFA, respectively) have already detailed program objectives and strategies. Therefore, identifying the funding organizations can shed light onto the programming framework.

**Program Demographics: Program Objective, Type of Violence, Involvement of Men, and Level of Local Participation**

This study is unique in that it is not limited to programs utilizing a specific communication strategy, rather it cross-cuts individual programs to explore the on-ground operations of GBV prevention efforts. Similar to studies utilizing survey methodology where respondent

\(^1\) USAID provided sixteen, individual quarterly reports for the four programs.
demographics are helpful in drawing conclusions, the twenty-five unique cases in this thesis have significant demographic information which is helpful in drawing conclusions.

**Program Objectives**

While this study explicitly looks at projects that address gender-based violence prevention, for some programs addressing GBV was not the primary or sole objective for some programs. In other programs violence was not even identified as an objective. The study reveals half of the programs did identified gender-based violence as a primary objective (Figure 4-1). In seven programs, gender-based violence was one of multiple defined objectives (Figure 4-1). In four cases GBV prevention was not necessarily a concrete objective for the program, rather participants involved with the project utilized the individual venues as a way to empower individuals (both men and women) to discuss gender, violence against women and reach new publics to create dialogue (Figure 4-1).

**Violence Type**

Gender-based violence prevention strategies are shaped by the type of violence they attempt to prevent. This study reveals that programs addressed six types of gender-based violence: sexual GBV, female genital mutilation/cutting, domestic violence, and early/forced/arranged marriage, human trafficking, and non-specific gender-based violence\(^2\) (Figure 4-2). In some cases, programs addressed multiple types of violence. Kriss Barker, of the Population Media Council (PMC, the organization responsible for the radio dramas Cesiri Tono and Gobe da Haske), noted that violence is defined culturally (K. Barker, personal communication, 2009). During the research phase of an Ethiopian drama about trafficking, members of PMC became aware that Ethiopian culture and tradition required boys and girls to

\(^2\) Non-specific gender-based violence could refer to domestic abuse, rape, and other sexual forms of GBV. Programs that did not identify a specific form of GBV were given the non-specific label.
leave their home to go on an “adventure” as a rite of passage. In the modern context, this was accomplished by parents “giving” their children to a neighbor or relative to help on a distant farm. In doing so, the child’s labor generated additional family income while also fulfilling the requirements of the child’s “adventure.” Through formative research, PMC realized the parents were unaware of the “the harsh working conditions that their children will face” (Barker, personal communication, 2006).

**Working with Men**

The involvement of men in gender-based violence prevention is widely supported and recognized as a fundamental principle of GBV programming (White et al., 2003; USAID, 2006c; UNFPA, 2006). UNFPA suggests, “One way to gain greater involvement of men is to make them the focus of sensitization efforts and awareness campaigns” (2006, p.20). The inclusion of men through participatory learning was an identified practice in many of the programs. For the purpose of this research, the involvement of men was determined through self-reported target populations in program objectives, goals, or strategies. Male involvement was evaluated based on an organization’s stated objectives, particularly in expressing a goal of changing male behaviors and emphasizing male participation. In some cases programs did not directly identify men as critical to the goals or implementation of the project; these cases were marked as “no male involvement,” even though men might have received some benefit of the program, as in cases where entertainment-education was utilized (i.e. serial radio dramas or participatory theater). In its mission, the *Agisanang Domestic Abuse Prevention and Training* (ADAPT) project states that, “ADAPT aims to achieve a society free from domestic and sexual violence against women, through the creative participation of both men and women…recognizing the importance of working with men at the community level in order to affect meaningful change” (CI, 2006). Of the twenty-five programs, only eight explicitly involved men. UNFPA (2006)
notes that at “the institutional level, the fight against gender-based violence has been dominated by women” (p. 20). The International Rescue Committee (IRC), for example, provides emergency assistance to displaced communities in North Kivu, DRC, and failed to disclose if it targeted men for care. However, the organization’s website suggests its programs “work with partners to reach out to men and boys to change attitudes that foster violence against women” (IRC, 2009). Of the sixteen programs that did not identify males as key stakeholders, there can be no doubt that men were involved in process in some manner though not clearly identified.

**Participatory Development**

The field of communication for development stresses the importance of including participation of the local community in the planning, implementation and evaluation of programs. Whether through the construction of entertainment-education media, empowerment projects such as photography and journalism, or grassroots advocacy campaigns participation was highly recognizable in many of the projects. Seventeen programs identified using a participatory method in the planning, implementation or evaluation of the program. Of the seven programs that did not clearly identify participatory elements, four were USAID-funded health service delivery projects to IDPs and refugees. Dr. Simon Rasin of the International Medical Corps (IMC), one of the organizations working to provide care to SGBV survivors in the Congo, explained that in areas of conflict where health services are provided, interpersonal communication occurs frequently with local members of the community to get “the word out” about the services offered by IMC. He estimated that in most IMC projects occurring in historically turbulent regions of the world (in this case the DRC), relationships between the local population and the servicing organization have already been established and matured over time; most likely during the last, or original conflict. Health service delivery projects conduct sensitization and training for employees, some of which are from the local citizens. Still, these
cases do not clearly reflect the intention of participatory development from the standpoint of academic literature and were not included with the organizations which clearly reflect the participatory approach. Inagaki (2007) warns against dichotomous evaluations of participation, stressing that participation “should be understood as a continuum” (p. 13). However, due to the limited amount of data from structured evaluations, participation was difficult to measure, but worth noting as a program demographic.

**Program Type: Conceptual Framework**

Program type is fundamental to the analysis of prevention efforts as it provides an orientation and conceptual framework for approaching gender-based violence. Often, the program type is determined by the project’s goals and outcomes of the intervention. In a report for USAID, Guedes (2004) provides a literature review and analysis of GBV-prevention programs coming out of USAID’s Bureau for Global Health. Her analysis categorized programming efforts into six categories, including: behavior change communication; service delivery programs; community mobilization; policy; programs aimed at youth; and programs working with refugees, internally displaced populations (IDPs), and/or returnees. (p. 3). Guedes (2004) makes the distinction that two of these categories, this one and that one, focus on target populations rather than specific goals.

Betron (2008) reviewed USAID GBV programming in Tanzania and “categorized interventions by sector and/or targeted population and then by type of intervention” (p. 7). Interventions fit into four discrete typologies, including: laws and policies; delivery and/or reform of services; community mobilization; and individual behavior change. Betron (2008) notes that many programs work across sectors, suggesting “a multi-sectoral approach is key to preventing gender-based violence” (p. 7).
Findings from this study were comparable to Betron (2008) and Guedes (2004) as programming efforts fit into similar categorizations, including: advocacy, education, community mobilization, empowerment, health service delivery, and social and behavior change (Figure 4-3). Eleven programs exhibited specific goals and fit into only one category, while thirteen programs maintained a wider purpose and could be categorized into multiple typologies. The data revealed little variation between programs that fit only one category. Such programs included advocacy-only, education-only, empowerment-only, and behavior change-only program types. All community mobilization programs had additional objectives beyond mobilization. This finding is consistent with other studies and is attributable to the importance of community mobilization efforts that encourage partnerships and build on existing social capital networks (Abbott, 2008; USAID, 2006c; Guedes, 2004). No apparent pattern emerged between program type and location, type of violence, date, objectives, amount of participation, or communication strategy.

Communication Strategies

The central purpose of this thesis aims to assess the communication strategies of recent gender-based violence prevention programs in Africa. The following research question guided the study and is vital to the analysis.

RQ 1: What communication strategies are frequently utilized in gender-based violence prevention programs to reach targeted stakeholders?

The literature on communication for development programs in addition to preventative gender-based violence interventions deconstruct the communication strategies utilized into broad categories. The literature review reflects this mentality and provides four commonly used classifications: interpersonal communication, group communication, entertainment-education, and theater for development. Broad categories are used because the distinction between
approaches, strategies and channels is blurred and not universally agreed upon. The study found that the communication strategies in recent GBV prevention programs are much more diverse in reality. As a result, categorizing communication approaches accurately within the four typologies if difficult. Five additional approaches were identified beyond the four already discussed. These approaches include grassroots communication, community media, information and communication technology (ICT), visual art, and information, education and communication (IEC).

The distribution of communication strategies is reflected in Figure 4-4. Of these nine types, the most common communication approach utilized by programs was group communication. The rest of the approaches are evenly distributed within the data set. Just over one-third (N=9) of the projects used only one clearly defined communication approach. The fourteen other programs implement an integrated communication strategy to reach their objectives.

The broad use of entertainment forms to deliver messages of change and empowerment was surprising. Visual arts, theater for development, community media, and entertainment-education were utilized in a nine programs (38%) and account for almost one-quarter of the total strategies implemented.³ Rather than incorporating all entertainment strategies under one broad category, their intentional separation was meant to distinguish individual characteristics and highlight unique approaches toward raising awareness, inducing behavior change and facilitating dialogue.

**Group communication:** Based upon the distribution of communication strategies by program type, group communication is heavily favored in all program types other than (except) health-service delivery. The use of group communication is significant in empowerment, social

---

³ The total number of strategies utilized was forty-two. The total number of program included in this study was twenty-five.
and behavior change, advocacy programs (Figure 4-5, Table 4-1). The obvious trend within the group communication strategy was the use of participatory discussion and training workshops, coalition-building activities, and multi-sector partnerships with NGOs and government agencies. The use of this strategy can be attributed to the need for societal buy-in from development leaders but also as a method for building social capital, thus allowing broad-based change to occur.

**Information and Communication Technologies (ICT):** The role of ICT in GBV prevention was widely overlooked in the literature. However, ICT’s use is pronounced among advocacy and education programs. The *Postcard Pledge, Cyber Dialogues, and the Ratification of the Protocol Campaign* (RPC) use ICTs as a strategy to accomplish their goals. In an interesting case, RPC formed a coalition to support the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa, “then launched a mobile phone short message system (SMS) campaign known as ‘text now 4 women’s rights’. The project attempted to enable cell phone users across the world to send SMS’s from their cell phones to sign an online petition in support of the campaign” (Ali et al., 2006, March 24, para. 6). RMC also hosted a weblog to support dialogue, networking and strategy-building amongst coalition members.

**Interpersonal communication:** Interpersonal communication was widely associated with health service delivery. Interpersonal communication is the primary communication strategy for service-oriented programs which are characterized by monitoring visits as well as sensitization and training efforts aimed at building capacity within the program’s region of influence. Individual on-the-job training is common for organizational employees as well as local staff. Other programs that used interpersonal communication did so in a similar capacity. *The Community Publishing Project* (CPP) executed mentoring as an effort to empower young
writers. Advocacy and lobbying were additional tactics that fall under the guise of interpersonal communication and present in multiple programs.

**Grassroots communication:** This approach is symbolic of social movements and is evident in two advocacy campaigns. *The Men’s Traveling Conference* was a part of the larger worldwide, *16 Days of Activism Campaign*, an international effort to address violence against women. A second program during the same effort was the *Postcard Pledge Campaign*, a self-identified grassroots letter campaign coupled with a white ribbon-wearing program which successfully generated 800,000 pledges via written and electronic signatures.

**Visual Arts:** Visual arts programs center on user-generated photographic exhibitions. Two programs, *Fatherhood Project* and *Binti Pamoja (Daughters United)/Lightbox*, focused on allowing locals to capture life as it is to the individual. *Binti Pamoja* began with a group discussion on women’s issues and quickly identified violence against women as a priority. Participants were given an initial assignment entitled “A Day in the Life of a Young Woman.” Girls were given cameras and tasked with capturing their interpretations and true reflections of their daily life. The review of this program stated:

To complement these group discussions, members were given simple point-and-shoot disposable cameras and assignments that paralleled discussion topics. Most of the young photographers had never before held a camera. Once the photos were developed, the group used them as a tool, together with role-playing and drama, to discuss sensitive issues such as rape, prostitution, and HIV/AIDS. The use of photography as a medium was intentional; the idea was that girls could remain detached from their own experiences when asked questions such as, "What would you do if you were the girl in the picture?" This strategy was designed to allow them to explore alternatives and potential solutions to problems that they were likely facing themselves (CI, 2008).

Two major results stemmed from this project. First, according to the CI program review, “Reuters' Africa Journal aired a documentary segment about Binti Pamoja, suggesting various organizations expressed an interest in funding a book developed from the girls' photos and essays
(Swaka and Verellen, 2008). A number of photo exhibitions have also been held in the United States to raise awareness and funds for the program. Exhibitions consisted of over 70 photos taken by Binti Pamoja members and their accompanying essays.” Second, the book, LightBox, was funded and completed in 2006. According to the programs website, “LightBox demonstrates the value of empowering a young woman and is a celebration of the victories these young women achieve every day” (LightBox, 2006).

Community media: Community media is written and produced by locals about issues that matter most to them and delivered in print or broadcast form. Three programs in this study utilize community media. One program, the Community Publishing Project (CPP) describes itself as:

Supporting organized groups of African writers…aiming to create entry points into publishing, making more openings for new and marginal voices and indigenous languages in South Africa. CPP aims to foster the development of new small publishers filled with enthusiasm and imagination to support the successful marketing and sale of the books they produce (Higgs, 2005, para. 1).

The program allows individuals to identify the issues that matter to them. While not directly a GBV prevention program, community authors published Namolelang Basadi, a collection of stories about violence against women (Higgs, 2005, para. 4).

Built on the framework of participatory video, the American Refugee Committee and Communication for Change, established the Through Our Eyes Project. The program produces locally made videos and holds public screenings, called “playbacks” to “raise awareness of and help prevent sexual and gender-based violence,” in Western Africa (Molony et al., 2007). This form of community media is fully oriented at the local level. Molony et al. (2008, para. 2) explains the process:

From conception though production and public screening, the process is driven by individual community members. Featuring community voices, resources, and models of change the themes and topics are relevant to local audiences and presented in culturally appropriate ways. People are always keen to see their own community members on screen.
Video helps amplify voices for change from within the community and fosters peer-to-peer outreach.

Through their involvement in community media, survivors of sexual gender-based violence (SGBV) are able to “tell their own stories, diminish stigma associated with their experience, and help others” (Molony et al., 2007, para. 6). It is this ability that differentiates community media from the entertainment-education approach. Additionally, Lauren Goodsmith, of Communication for Change, explains when communities watch these videos together, individuals become aware of the services available to victims and promotes attitude and behavior change in the form of reporting crimes to prevention. Additionally, the program includes male involvement, though attempts “to make sure there is gender diversity and that women have access to the technology” used in the production of the videos (L. Goodsmith, personal communication, 2009, April 30).

**Theater for development:** This strategy was covered in the literature review. Its implementation in three programs suggests that it is a practical approach to opening dialogue about uncomfortable issues. As part of the *One Man Can Campaign*, the project used a strategy known as Ambush Theatre, also known as Invisible Theatre (Khumalo and Peacock, 2007). This participatory approach is exemplified by:

A small group of actors stage a short scene, often related to gender conflict, in a public space such as a street, bus, or taxi rank. Onlookers are unaware that they are watching a piece of theatre, and the apparently ‘real’ scene becomes the subject of informal discussion and debate. (2007)

This communication approach is both Freire-like and similar to guerilla marketing tactics used in commercial public relations, without a product for sale.

**Entertainment-education:** Only three clearly identified “edutainment” programs were identified in the study. It is believed that the lack of strict entertainment-education programs does not truly reflect the prevalence of this strategy in development or gender-based violence prevention programs. Two organizations, Population Media Center (PMC) and Community
Media for Development (CMD) produce numerous programs that did not make it into the study but their presence was recognized. Similarly, many programs (including *Yizo Yizo* and *Soul City*) were identified using this strategy but did not meet the criteria for the study, either because the program’s date of activity was outside the range or because the program focused on a topic other than gender-based violence. An audit of entertainment-education programming in Africa would validate this assumption. While the use of mass media can be considered a top-down approach, the strategic and theoretically-based framework has more in common with participatory approaches more so than with the older diffusion model (Inagaki, 2007, p. 38).

The entertainment-education strategy is distinguished from other communication approaches in that the story is ongoing, allowing the characters to develop into role models. The adherence to the Sabido methodology, as it is called, “uses characters as vicarious role models to demonstrate the desired behaviors” (Barker, 2007). Formative research assists in identifying cultural characteristics and existing community issues that might shape attitudes towards gender, child welfare and risky sexual behavior. Barker (2007) explains that before a drama is created a policy frame is conducted to identify any legal and policy implications of the message and storyline. Governments and organizations are asked to sign the document as a means to prevent the organization from communicating any cultural misinterpretations. Follow-up, evaluative research is usually conducted after a series ends with proven, highly effective results.

**Key Indicators of Success**

Scholars recognize the importance of thorough program evaluation and consider this process as an integral component of gender-based violence prevention. Guedes (2004) acknowledges that “evaluations assess changes in knowledge and attitudes among providers, men, and women, but have not been able to assess or demonstrate changes in corresponding behaviors,” unless programs have received proper funding to complete systematic evaluations (p.
ii). Establishing key indicators for gender-based violence interventions is essential to creating successful programs. Because this is not an evaluative study, no judgment will be placed on the effectiveness of the study’s data set, rather key indicators of success will be reviewed, as this sheds light onto proper and effective program management practices. The second research question serves as a guide for assessing the program’s measurement and evaluation tactics.

RQ 2: How are programs that address gender-based violence prevention evaluated for their success?

In other words, what are the programs key indicators? Guedes (2004) suggests many programs have goals to increase knowledge and modify attitudes as a typical objective, but changes in behavior are ideal. This section will explore how these goals are measured and what indicators they are measured against.

The findings reveal that 66% (N=17) of programs in this study failed to report their evaluation methods, provide key indicators for success, or quantify their results in a way that indicators could be deduced. For the 33% (N=8) of programs that provided evaluations; four came from USAID quarterly program reports, with significant evaluative capacity. Meaning that only 20% (N=4) of the CI programs included evaluative measures in the reviews. Each of these four programs has received wide-spread recognition as good program models, if not “best practices.”

One program, the International Rescue Committee’s (IRC) Emergency Assistance to Displaced and host Communities in the Rwanguba Health Zone, North Kivu, provided three impact indicators and fourteen output indicators that helped measure their effectiveness. These indicators include:

Impact:

4 One of the impact indicators was for general health, but measured rape survivor treatment.
• >90% of rape survivors who report to the hospital of health center are managed according to appropriate clinical guidelines

• % of total reported survivors of GBV who received support during the reporting period through IRC-supported health facilities

• % of total reported survivors of GBV who received support during the reporting period through community-based mechanisms

Outputs:
• # and type of GBV services made available to targeted population
• # of women trained/sensitized in GBV issues
• # of men trained/sensitized in GBV issues
• 75% of health staff trained on their role in providing clinical services to survivors sexual violence and GBV guiding principles
• 75% of health staff trained who demonstrate an increase in knowledge
• 20 GBV Focal points trained on providing basic emotional support and referral services
• 100% of GBV Focal points trained who demonstrate an increase in knowledge
• # of successful referrals made between health centers and hospitals
• # of successful referrals made between community-based focal points and health center focal points
• 20 community-based Psychosocial focal points trained
• At least 75% of trained community-based psychosocial focal points who can respond correctly to 85% of questions post-test
• # of women receiving individual psychosocial and referral services from a community-based psychosocial focal points
• 10 community-based women's groups supported
• At least 625 women received sanitary kits based on identified needs (IRC, 2008, p. 6, 11-12)

These types of indicators were typical of the health service delivery programs. However, the four USAID programs focused on protection and not prevention. The findings reflect similar suppositions made by Jennings and McLean (2005) who found:
There is more talk among agencies about protection, and much less on how a protection approach is being implemented or monitored…unless GBV is made explicit, with accompanying objectives and resources, there is a risk that it becomes subsumed in other protection issues, and eventually evaporates (p. 30).

In fact, only one of the health services delivery programs identified prevention in their objectives. Merlin, a London-based NGO receiving USAID funding for refugee protection, states their program objective is “to increase assistance to survivors through prevention and treatment activities in Rutshuru Territory” (2008, p. 5). Merlin’s accomplishments include the actions taken by local authorities following one of their training sessions on SGBV prevention and detection activities. In one instance, local authorities and the military, after attending a Merlin training session, followed-up on and imprisoned several perpetrators.

The CI programs that included evaluative measures included: Image Study, Community Empowerment Program, and PMC’s Gobe da Haske and Cesiri Tono. The Ratification of the Protocol Campaign, did not necessarily include indicators, but as the objectives of the campaign were to ensure the ratification of African Charter on Human and People’s Rights on the Rights of Women in Africa, it is included as the results would either represent ratification or not. In 2005, the protocol was ratified by all of the required fifteen member nations of the African Union. Totsan’s Community Empowerment Program was identified as a “promising approach to end female genital mutilation” by Feldman-Jacobs and Ryniak (2006). The CI review states:

Men and women were interviewed before and after the intervention, and again 2 years later, to measure women’s and men’s awareness, attitudes and behavior concerning reproductive health (RH) and FGC. A group of women and men from 20 similar villages that did not receive the education program were interviewed at the same time to serve as a comparison group. To test the impact of the program on community members’ willingness to abandon FGC, the proportion of respondents’ daughters aged 0-10 years whose parents reported they had been cut was used as the primary outcome indicator. (Diop et al., 2004, para. 4)
This indicator provided an accurate reading on the prevalence of FGM/C in Senegalese communities. The reported results included an increase in awareness and changes in attitude, but more fundamentally, the results showed a modification of behavior. The study reported:

At the baseline survey, 7 out of 10 women said they wanted to have their daughters, who had not yet been cut, cut in the future. This proportion fell to about 1 in 10 women among participants and 2 in 10 women indirectly exposed to the program. In the comparison group, more than half (54%) of the women expected to have their daughters cut. Nevertheless, a significant decrease was seen here also. In the medium term, more than three-quarters of the women decided no longer to have their daughters cut. (Diop et al., 2004)

Similar results were reported by other programs using entertainment-based approaches, such as the PMC radio soap operas and Communication for Change’s community videos. Goodsmith acknowledges that the Through Our Eyes Project videos have not been fully evaluated for their effectiveness though discussed ongoing efforts in Liberia to conduct baseline, mid-term, and post-implementation evaluations now that funding has been secured (L. Goodsmith, personal communication, 2009, April 30). She predicts the program will have positive results. Interviews with audiences have demonstrated high levels of message recall and images from past videos, a reliable indicator for knowledge and attitude changes. Goodsmith also explained that the “playback” sessions are a participatory monitoring and evaluation approach as they involve community members and serve as focus groups in which dialogue occurs (personal communication, 2009, April 30). While success is not derived from program type alone, all the CI programs that included evaluations were participatory development programs.

For the majority the study’s programs (including additional participatory programs), findings are consistent with the Guedes’ (2004) assumptions that programs do not have the financial capacity to evaluate their efforts methodologically, “in other instances, no baseline data are available to serve as a point of comparison” (p. ii). Kriss Barker echoed this point, acknowledging in one case PMC programs, funded by USAID, could not establish appropriate
baseline figures for the prevention of child trafficking. She explained that while attitude and knowledge indicators are adequate, changes in behavior are needed; hence, the existence of prevention programs. “Be wary of and cautious of indicators you can’t control,” said Barker (personal communication, 2009, March 23) in an interview, referencing the fact that since there were no figures for child trafficking, there would be no way of knowing if a program aimed at reducing child trafficking would be successful. As a result, Barker focused on attitudinal indicators such as asking participants, “Do you know what trafficking is?”

In the case of Soul City IV, the project included a new innovation; placing a “tag” of pot banging into the plot. Since this was not a common phenomenon, the only way someone would know to do that is by having watched the program. When incidences of communities and individuals banging pots all over the country were recorded, Soul City IV was able to claim their program had a behavioral impact in preventing domestic abuse. The difficulty of researching programs in this study centered on finding indicators that measure the key elements of their efforts. The results raise additional questions, such as what is the impact of empowerment and how do you measure it?
Figure 4-1. Breakdown of gender-based violence programs by objective.

Figure 4-2. Gender-based violence by type.
Figure 4-3. Gender-based violence programs by type.

Figure 4-4. GBV prevention communication strategies by type. (N=43)
Figure 4-5. Distribution of communication strategy by program type.
<table>
<thead>
<tr>
<th>Program Titles</th>
<th>Organizations Involved</th>
<th>Country</th>
<th>Program Type</th>
<th>Communication Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agisanang Domestic Abuse Prevention (ADAPT)</td>
<td>Agisanang Domestic Abuse Prevention and Training (ADAPT), Oliver Tambo Community Centre</td>
<td>South Africa</td>
<td>Health Service Delivery, Social and Behavior Change</td>
<td>Interpersonal communication, Group communication</td>
</tr>
<tr>
<td>Alertos da Vida Project</td>
<td>Community Media for Development</td>
<td>South Africa, Mozambique, Angola, and Lesotho</td>
<td>Education, Social and Behavior Change</td>
<td>Entertainment-Education/Theater for Development</td>
</tr>
<tr>
<td>Binti Pamoja (Daughters United) /LightBox</td>
<td>Binti Pamoja (Daughters United) Center, Carolina for Kibera (CFK)</td>
<td>Kenya, U.S.</td>
<td>Education, Empowerment</td>
<td>Visual Art, Group communication</td>
</tr>
<tr>
<td>Cesiri Tono</td>
<td>PMC</td>
<td>Burkina Faso, Cote d'Ivoire, Mali</td>
<td>Social and Behavior Change, Empowerment</td>
<td>Entertainment-Education</td>
</tr>
<tr>
<td>Community Empowerment Program</td>
<td>Tostan</td>
<td>Burkina Faso, Djibouti, The Gambia, Guinea, Guinea Bissau, Mali, Mauritania, Senegal, Somalia, and Sudan</td>
<td>Social and Behavior Change, Education</td>
<td>Group Communication, Grassroots</td>
</tr>
<tr>
<td>Community Publishing Project (CPP)</td>
<td>Centre for the Book</td>
<td>South Africa</td>
<td>Empowerment</td>
<td>Interpersonal communication, Community media</td>
</tr>
<tr>
<td>Cyber Dialogues</td>
<td>Gender Links and other organizational partnerships in conjunction with the 16 Days Campaign</td>
<td>South Africa</td>
<td>Social and Behavior Change, Advocacy, Education</td>
<td>Group Communication, ICT</td>
</tr>
<tr>
<td>Program Titles</td>
<td>Organizations Involved</td>
<td>Country</td>
<td>Program Type</td>
<td>Communication Approaches</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
<td>-------------</td>
<td>-------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Emergency and Transitional Health Assistance in Eastern DRC</td>
<td>International Medical Corps</td>
<td>DRC</td>
<td>Health Service Delivery</td>
<td>Interpersonal Communication</td>
</tr>
<tr>
<td>Emergency Assistance to Displaced and Host Communities in the Rwanguba Health Zone, North Kivu</td>
<td>International Rescue Committee</td>
<td>DRC</td>
<td>Health Service Delivery</td>
<td>Interpersonal Communication</td>
</tr>
<tr>
<td>Emergency Health Assistance to internally displaced populations and host families in North Kivu, Eastern DRC</td>
<td>International Medical Corps</td>
<td>DRC</td>
<td>Health Service Delivery</td>
<td>Interpersonal Communication</td>
</tr>
<tr>
<td>Fatherhood Project</td>
<td>Human Sciences Research Council (HSRC)</td>
<td>South Africa</td>
<td>Social and Behavior Change</td>
<td>Visual Art, IEC</td>
</tr>
<tr>
<td>GBV Prevention Network</td>
<td>Coalition on Violence Against Women (COVAW), GBV Prevention Network</td>
<td>Kenya, Uganda</td>
<td>Community Mobilization, Advocacy</td>
<td>Group communication</td>
</tr>
<tr>
<td>Gobe da Haske</td>
<td>PMC</td>
<td>Niger</td>
<td>Social and Behavior Change, Empowerment</td>
<td>Entertainment-Education</td>
</tr>
<tr>
<td>Greater Nelspruit Rape Intervention Program (GRIP)</td>
<td>Greater Nelspruit Rape Intervention Program (GRIP)</td>
<td>South Africa</td>
<td>Health Service Delivery, Community Mobilization, Education, Advocacy, Empowerment</td>
<td>Interpersonal Communication, Group Communication, IEC</td>
</tr>
<tr>
<td>Health assistance to the war affected population of Ruthshuru Territory, North Kivu Province, Eastern DRC</td>
<td>Merlin</td>
<td>DRC</td>
<td>Health Service Delivery</td>
<td>Interpersonal Communication</td>
</tr>
</tbody>
</table>
Table 4-1. Continued

<table>
<thead>
<tr>
<th>Program Titles</th>
<th>Organizations Involved</th>
<th>Country</th>
<th>Program Type</th>
<th>Communication Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Image Study</td>
<td>University of the Witwatersrand, Small Enterprise Foundation</td>
<td>South Africa</td>
<td>Empowerment, Community Mobilization</td>
<td>IEC, Group Communication</td>
</tr>
<tr>
<td>Men As Partners (MAP) Workshops</td>
<td>EngenderHealth, Planned Parenthood Association of South Africa (PPASA)</td>
<td>South Africa</td>
<td>Social and Behavior Change, Community Mobilization, Empowerment, Advocacy</td>
<td>Group communication</td>
</tr>
<tr>
<td>One Man Can Campaign</td>
<td>Sonke Gender Justice, Constella Futures, National Department of Health (UK)</td>
<td>South Africa</td>
<td>Social and Behavior Change, Advocacy</td>
<td>IEC, Theater for Development, Group Communications</td>
</tr>
<tr>
<td>Postcard Pledge Campaign</td>
<td>16 Days of Activism against Gender Violence Campaign</td>
<td>South Africa</td>
<td>Education, Community Mobilization</td>
<td>Grassroots, ICT</td>
</tr>
<tr>
<td>Raising Voices</td>
<td>Tides Center</td>
<td>Uganda</td>
<td>Education, Community Mobilization</td>
<td>IEC</td>
</tr>
</tbody>
</table>
### Table 4-1. Continued

<table>
<thead>
<tr>
<th>Program Titles</th>
<th>Organizations Involved</th>
<th>Country</th>
<th>Program Type</th>
<th>Communication Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rite of Being</td>
<td>Kenya Female Advisory Organization (KEFEADO), Mothertongue</td>
<td>Kenya, South Africa</td>
<td>Social and Behavior Change, Empowerment, Group communication</td>
<td></td>
</tr>
<tr>
<td>Rural Women Reporting</td>
<td>Community Media for Development (CMFD) Productions/FAHAMU</td>
<td>Kenya, Sierra Leone, South Africa</td>
<td>Community Mobilization, Empowerment</td>
<td>Community Media, Group Communication</td>
</tr>
<tr>
<td>Through Our Eyes Project</td>
<td>American Refugee Committee (ARC), Communication for Change (C4C)</td>
<td>Guinea, Liberia</td>
<td>Education</td>
<td>Community Media, Group Communication</td>
</tr>
</tbody>
</table>

### Table 4-2. Distribution of communication strategies by program type.

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Interpersonal</th>
<th>Group</th>
<th>Edutainment</th>
<th>Theater for Development</th>
<th>Community Media</th>
<th>IEC</th>
<th>Grassroots</th>
<th>Visual Art</th>
<th>ICT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy</td>
<td>2</td>
<td>7</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Education</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Community Mobilization</td>
<td>1</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Empowerment</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Health Service Delivery</td>
<td>6</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Social and Behavior Change</td>
<td>2</td>
<td>7</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
<td><strong>34</strong></td>
<td><strong>6</strong></td>
<td><strong>6</strong></td>
<td><strong>4</strong></td>
<td><strong>13</strong></td>
<td><strong>7</strong></td>
<td><strong>3</strong></td>
<td><strong>6</strong></td>
</tr>
</tbody>
</table>


CHAPTER 5
ANALYSIS, LIMITATIONS, RECOMMENDATIONS, & CONCLUSIONS

The findings from this thesis suggest the field of communication for development and social change is an appropriate paradigm in which to address gender-based violence prevention. The focus on participation, dialogue and empowerment are evident in a majority of the study’s prevention programs. Melkote & Steeves (2001) argue “even now, many of the frameworks offered for understanding social change in the newer [academic] approaches do not differentiate significantly from the earlier models in the dominant paradigm as they do not aim to alter the structures and processes that maintain power inequities in societies models,” and called for future academics and practitioners to prepare the way for macro-level change via gradual grassroots efforts (p. 348). This thesis demonstrates that even the smallest sample of projects and organizations have realized, in part, the challenge put forth by Melkote & Steeves (2001). Gender-based violence prevention requires a comprehensive and strategic communication component that is central to both the planning and execution of program objectives. In conclusion, this chapter explores the role of communication within gender-based violence prevention efforts and reveals the “barriers and catalysts” to implementing programs by, with and for the communities in need.

Re-Defining Development

The literature supports the need in development, regardless of program goals, to move away from the modernity paradigm that is characterized by top-down program structure and communication efforts focused solely on mass media. In the new paradigm, emphasis has been placed on Freirian, self-determinism that is marked by participatory methods and goals; with local citizens defining the issues that matter to them and taking collective action to improve their situation. The researcher feared that this thesis would identify a large gap between academic
idealism and practical application; this was not the case. With the exception of the health service delivery programs reviews provided by USAID, the majority of organization and projects included participation at some level within the intervention process. Inagaki (2007) revealed that many programs include participation, though primarily at the “receiving benefits” level with almost no studies reporting participation during the evaluation process. This thesis supports Inagaki (2007) finding, not because participants were excluded but because it appears that thorough evaluations were in most cases not conducted. Describing his findings, Inagaki concludes that “clear evidence [indicates] that the participatory approach in development communication has gained the mainstream status among recent empirical literature” (2007, p. 13). Likewise, this study finds that participation, as a key element in development programs, has reached “mainstream status” in practice as well.

The link between public health and gender-based violence prevention is made clearer after reviewing the findings of this thesis. Of the twenty-one Communication Initiative programs, a clear majority addressed the link between the spread of HIV/AIDS and GBV, including: Men as Partners (MAP) workshops, Greater Nelspruit Rape Intervention Program (GRIP), Image Study, and projects by Raising Voices and Alertos da Vida. Others identified the impact of FGM/C on reproductive health issues. However, while prevention programming benefits from the incorporation of GBV into larger health contexts, such as reproductive health and prevention of HIV/AIDS, doing so marginalizes gender-based violence to a secondary health issue. Findings also suggest an almost a universal acceptance that GBV prevention is best achieved when approached from a health perspective. Programmers would most likely not agree with this sentiment, yet some do believe that GBV should be its own Millennium Development Goal (Betron, 2008, p. v). Nonetheless, it is agreed upon that gender-based violence should be
approached within a multi-sector context, from fields including: health, legal and policy, humanitarian assistance, and economics, and in a larger sense, development (USAID, 2006a; Betron, 2007).

**Re-Tooling Gender-Based Violence Prevention to Incorporate Communication as a Key Element: Trends in Communication Approaches**

The aim of this thesis was to ascertain the prevalence of communication approaches and determine the key indicators used to measure success. This was to be done within the framework of communication for development which emphasizes the role of participation (action) and reflection. Because gender-based violence and prevention are not as commonly associated with development, compared to programs addressing issues such as economic or trade, applying this analytical framework proved insightful. A majority of the findings are consistent with Inagaki (2007) though there were some positive deviations.

In Inagaki’s study (2007), interpersonal communication was the dominant communication approach analyzed by researchers. This was attributed to the overwhelming presence of projects based on the diffusion model; information passed by experts down to community members via peer-to-peer or client-provider communication. Inagaki (2007) attributed group communication to higher levels of participatory development strategies as old models of development did not include this approach (2007, p. 18). In this thesis, group communication was the approach most prevalent, a finding that corresponds to the high levels of participation throughout many of the study’s programs.

The elements associated with group communication (coalition building, partnerships, community workshops, dialogue sessions) are highly collectivistic, echoing a theme of prevention, notably that “GBV prevention depends on changing community norms about gender equality and the acceptability of violence against women; interventions targeted at individuals
are not enough” (USAID, 2006a, p. 15; Guedes, 2004, Pickup et al., 2001). Because group communication focuses on facilitating dialogue at all levels within a community, it is most likely responsible for producing the critical consciousness\(^1\) necessary for empowerment programs to be successful as well as affecting change in social norms (Freire, 1989). Tostan’s *Community Empowerment Project* (CPP), embodies Freirean pedagogy through its use of a learner-centered education program. Recognized by the Population Reference Bureau and USAID as a the most well known and most successful program in fighting female genital mutilation and cutting, Tostan’s CPP uses localized group communication to educate communities about health, hygiene, problem solving, human rights and development. According to the program’s website, “each participant in a Tostan class adopts a friend, neighbor, or family member with whom he or she shares new knowledge” and learn through the sharing of personal experience. Thus in the eyes of Freirean logic, “here, no one teaches another, nor is anyone self-taught…Men teach each other, mediated by the world” (Freire, 1989, p. 67). Group communication, viewed as a continuous process, is the means by which individuals and communities may become empowered.

The study’s findings warrant caution against completely linking individual empowerment with prevention strategies. Given that empowerment is linked directly to better economic conditions, higher education, and better overall health it is imperative that women become empowered. But the counter-argument remains, the existing power structure and societal norms must be modified to encourage and allow empowerment. Kriss Barker (personal communication, 2009, March 23) explained that one of her Haitian programs identified rural women as the highest-risk group for HIV/AIDS infection. Through an education program, women were

---

\(^{1}\) Freire coined the term conscientização in Portuguese or translated into English as conscientization or critical consciousness.
encouraged and empowered to use contraceptives and take responsibility for their reproductive health. Follow-up evaluations revealed that HIV rates among the same rural women had increased, despite their efforts. Barker’s project targeted the wrong individuals for behavior change, noting that in many cases men are the dominant figures in determining reproductive health practices. In some cases, empowering women without addressing men can lead to a possible increase in reactionary violence corresponding to the increased status of women (Pickup et al., 2001). Barker (personal communication, 2009, March 23) encourages the use of formative research in developing programs as a way to avoid making similar mistakes. As a strategic communication function, formative research can help identify the appropriate targets audiences, develop key messages and recognize cultural norms relevant to prevention efforts.

In their assessment of GBV prevention efforts, Jennings and Mclean (2005) found very limited, isolated programming efforts and a lack of unified national strategies. The researchers note that institutional and structural elements to prevention and protection often hampered programs’ efforts and highlighted the importance of having political buy-in from the host nation. Coalition building was a tactic used by a few programs to build support, though only a few of the programs reviewed demonstrated a cohesive effort to end GBV. Cyber Dialogues, Postcard Pledge Campaign, Alertos Da Vida, and the Ratification of the Protocol Campaign were four independent programs working under the umbrella of an international strategy. When viewed comprehensively, many of the programs in the study applied an integrated communication approach to their efforts; utilizing more than one strategy to reach program goals. Whereas group communication seeks to generate discussion and dialogue while defining the issues most important to women it may also educate, mobilize and empower communities. Entertainment-oriented approaches were also found to be useful agents in generating dialogue about gender,
rights, and health related issues in addition to their use in education and empowerment programs. The *16 Days of Activism* campaign incorporated four of the study’s programs, reveals that ICT, IEC, group and interpersonal communication, entertainment-education, and theater for development approaches were utilized.

Only seven programs in this thesis received federal funding, though interviews revealed many international projects, not captured by this study, are funded through agencies like USAID, World Bank and the UN. A lack of access to information prevented this study from fully understanding how institutions like USAID influenced host nation policies or if agency efforts were deterred by cultural barriers. Kriss Barker suggests programs integrate and conform to the nation’s policies. Failure to do so will most likely result in a rebuke of programming efforts. To get around the structural barriers, Population Media Center, prepares a policy frame, a cultural situation analysis for each country they conduct their work that is then signed by the national government and international organizations (including religious institutions) as a sign of support. “In some cases it allows us to cover our butts, but on the flipside, you end up eating stuff you’re not happy about eating” says Barker, referencing Ethiopia’s laws about in-marriage legalities. “You then re-work your strategy to overcome the barrier” adds Barker (personal communication, 2009, March 23).

The lack of complete evaluations and well-defined indicators of success was a strong concern for this study. In the introduction of this thesis, two frameworks (public health and communication for development) were identified with potentially conflicting ideologies while at the same time exhibiting complimentary elements. Public health seeks change individual behavior while addressing the social barriers that may prevent this change. CFD seeks a growth in empowerment and dialogue. Both frameworks have the difficult challenge of identifying key
indicators that measure success. Guedes (2004) explains “there are numerous gender-based violence-related initiatives taking place in various parts of the world, many of them are quite small and few have been rigorously evaluated and/or documented. When evaluations have been implemented, their quality tends to be uneven” (p. i). Uneven evaluation findings are due to the difficulty in gathering information about GBV, especially when it is hard to establish baseline data on victims and thus hard to measure a programs impact. IMC and IRC, measure the number of victims treated, but their program reports failed to include what preventative measures they took over the past year to reduce the number of victims who were serviced. Protection programs must demonstrate a greater effort to monitor and identify who attended training sessions. Merlin’s demonstration of what happens after their training is significant and should be replicated. Reports show international peacekeepers have engaged in misconduct and exploitation of women, highlighting the need for greater accountability in this field. Identifying how many police and military officials have been trained can assist in keeping national and international authorities accountable and transparent.

Furthermore, there is a lack of evidence to suggest behavior change is occurring, causing measurements in changes of attitude and knowledge to remain the best methodology to implement. Likewise, measuring empowerment is difficult. Economic data links women’s income to level of abuse which is not reflective of reality. Self-reports of empowerment were included in the study’s programs, but did not reveal widespread empowerment. The strongest measures by some programs were distribution numbers for informational materials or group/audience size of performances. These results in no way discount the efforts of these programs; rather results highlight the difficulties in measuring the programs’ true impact. The most evaluative programs are by far PMC’s soap operas, which use follow-up interviews and
focus groups of exposed versus non-exposed audiences to measure knowledge and attitudes towards issues discussed on-air. Educational-radio programming has demonstrated the largest impact, by increasing knowledge gains and attitude modification directly linked to exposure.

The communication process identified in this study indicates a strategic approach to understanding the audience, enabling community empowerment, inducing social and behavior change, effective in mobilizing communities, addresses the policies that support GBV effort and served as guidance for measuring success. Communication has been central to the accomplishments these programs have achieved. Interestingly, communication at the institutional (USAID) level is only mildly relevant. Barker (personal communication, 2009, March 23) explained that teams divided into groups based on strategic objectives are situated throughout Africa. Despite the success of many programs where communication has been central to their mission, USAID only has one communication team in the continent; it is based out of Mali. To fulfill their missions, successful organizations embrace the role of communications and the communicator as central to both decision-making and strategic operation (Dozier, et al., 1995).

The current communication model presented in the findings suggest acceptance of culturally-sensitive approaches coupled with the use of technology as a way to reach the masses. Communication is demonstrating its impact through balanced approaches in the study’s programs. However, many programs seem to lack the strategic function communication has to offer.

**Limitations: In Methodology, Not Purpose**

Regrettably this thesis which sought to provide a flexible assessment of communication approaches used in gender-based violence prevention programs was plagued with both methodological and structural limitations. The original intent of this thesis was to only look at USAID-funded programs recently/currently active in Africa. This was to achieve objectivity
while assessing the nature and practice of one of the world’s largest development organizations, and one concerned with the prevention of GBV. The recent publication of USAID’s (2006) GBV manual for health sector program officers would serve as a baseline for funded prevention projects as it provides data on appropriate goals and indicators for success in a variety of program types. The original methodology was sound and had potential to add a great deal of information to the current body of literature, both in academic and professional contexts. 

**Data Collection**

The initial request for information using the FOIA was modified due to cost and time limitations. The researcher was instructed that asking all the field offices in Africa as well as individual Bureaus would be too time consuming and would require significant financial investment. Modifying the request to reflect potential “hotspots” of violence was deemed an appropriate option. However, one of two results occurred. USAID either failed to direct the FOIA request to the Bureau of Global Health, the home for a majority of USAID’s GBV programs; or an officer from the Bureau of Global Health failed to respond to the request. Both are likely scenarios. One interviewee revealed that USAID internal communications are suboptimal and noted “Bureaus are notorious for not communicating with one another” (M. Betron, personal communication, 2009, March 31).

The resulting data set acquired from USAID’s Bureau of Democracy, Conflict, and Humanitarian Assistance, was therefore limited to health service delivery programs in one of three requested countries. While the data revealed interesting information about how success is defined, these programs did not present a true reflection of prevention efforts. USAID (2006) notes:

> While health service delivery programs have a key role in responding to GBV and mitigating its effects, other approaches—such as community mobilization and communication for social and behavior change—may be better suited for preventing
violence against women in the first place and reducing overall levels of GBV in the long run (p. 14).

The lack of data from USAID placed pressure to gather additional resources while remaining as objective as possible. Because this was an assessment of communication approaches, the Communication Initiative was chosen because of its access to a broad range of development programs with emphasis on communication strategies. Additionally, research conducted in Inagaki (2007) “was carried out under the supervision and in collaboration with Chris Morry of the Communication Initiative” providing a comparative case study to assess longitudinal changes in communication strategies. (p. v).

Data collection from the Communication Initiative, while successful was marred by the overall collection methodology. Despite an attempt to remain systematic, information gathering proved problematic at times. Program reviews were first collected, yet revealed to be organization summaries. *Raising Voices*, thought to be a program, is an international organization aimed at educating communities and policy makers about the link between HIV and GBV. As mentioned in the methodology, all programs were cross-referenced with their respective websites for accuracy. In the case of *Raising Voices*, the CI review was updated in 2005, yet the material it discussed was created and disseminated 2003, outside the approved timeframe. Following a discussion with Myra Betron, a GBV prevention practitioner for the Futures Group, the researcher was dissuaded from cutting the program from the study. Betron considers the program a model program and praised the organization and their *Sasa! Advocacy Kit*. Following the interview, an additional search of the CI database turned up a program review for *Sasa!* that was within approved guidelines. The likelihood that the audit conducted by this study missed additional GBV programs is a potential limit to the study’s accuracy. However, the
researcher is confident that any program left out of the study would not have skewed the results and in all likelihood conforms to the conclusions drawn.

Moreover, because of the Communication Initiative’s involvement with Inagaki’s (2007) report on the impact of communication for development, the likelihood that results of the study would be similar to Inagaki was highly probable. Certain aspects proved to be true, while the studies diverged at other areas of interest. Programs on the CI website are communication-oriented and structured with a strong focus towards participatory practices. This limitation is also a benefit. When communication is central to the program, evaluation of the program becomes easier, as does the measurement of the program’s impact.

Scale and Scope

Another limitation of this study is its relatively small scale and scope. Despite attempting to complete a full audit of GBV prevention programs in Africa listed on the Communication Initiative’s website, it is certain that the information collected is only a fraction of recent prevention programs. This point is well made by Myra Betron (personal communication, 2009) when she stated, “There are so many programs out there; a lot happens in the field, but not everyone has the resources to record the work they’re doing. In some cases, programs are created Ad Hoc to fill a need, or in response to other health initiatives.” Furthermore, GBV is not located to Africa alone. When asked what programs they considered to be “best practice,” each interviewee pointed to programs outside Africa, noting innovations and successful replications in the Philippines, India, and Latin America, though not discounting the efforts made by African programs.

Terminology

A lack of agreed upon terminology exists in the programs’ description of key elements. The qualitative nature of the study allowed for a flexible assessment of individual programs
though it did not adhere to formalized guidelines. The intention was to allow individual organizations and programs to identify their own goals, objectives, communication strategies and evaluative methods. Each of these was then cross-referenced with practices of similar programs identified in prevention literature, guides and manuals (USAID 2006; Guedes 2004; cite additional training guides). The challenge evolved when organizations would identify their goals to include “advocacy and awareness,” though explained very little in terms of how they would advocate or make their publics aware. For example, the Greater Nelspruit Rape Intervention Program (GRIP) self-identified itself in five of the six program typologies. Its program summary defined the effort as:

A community-based rape intervention that provides support in the form of counseling and crisis care facilities to rape survivors in South Africa. The organization provides the forum for healing after the trauma of crime and abuse by building community spirit through teamwork and team volunteers. It aims to give life and hope to women and children who have been raped, and to educate local communities about preventing rape and the consequences of rape. (Kenyon, 2004, October 10, para.1)

The CI project review provided a list of wide-reaching objectives that include empowerment, lobbying, teaching, and training, hence it was classified under the corresponding categories. Further review of the case via the organization’s website, revealed that empowerment was an end rather than a means of producing change. Furthermore GRIP did not mention any additional activities to lobby against GBV or prevention efforts and is thus more in line with health service delivery programs than its additional categorization. The fact that the program was community based provided evidence for participation; however, there was little evidence that this project was in fact participatory in nature. Because the analysis was ongoing during the data collection, accurately identifying program type and strategies proved difficult. Many programs seemed to use buzz words associated with current and applauded development practices but never produced evidence those practices were utilized.
Theoretical Implications and Recommendations for Future Research

Gender-based violence prevention programming is plagued with social, cultural and structural barriers and designing effective interventions proves to be a difficult task. However, organizations both in the United States and in Africa have taken up this challenge and are armed with a variety of communication approaches. This assessment of the communication strategies utilized in recent GBV prevention programs in Africa reveals that from within the framework of communication for development, public health programs can approach GBV from a multitude of directions. The findings of this study are consistent with previous research on the use of communication to support various program types (USAID, 2006; Guedes, 2004; Betron, 2008). This study reveals the growing use of participatory methods to encourage community action and involvement while demonstrating that the gap between scholarship and practice is not as wide as previously imagined.

Despite the limitations of this study, its concept can and should be replicated. Communication plays a large role in social change and development and should be a core component of all development programs. Research has the ability to perform a “watchdog” function by ensuring programs seeking significant change in behavior are utilizing appropriate techniques. A more appropriate methodology for future research could be accomplished through an analysis of individual cases studies. This would narrow the study and allow for more efficient data collection and evaluation. However, the intention to capture a moment in time is valid. Research considering a similar approach should build in additional time for data collection. Because development and GBV programs are not central to Africa alone, similar projects with a focus on Latin America, the Middle East, or Asian-Pacific countries would be beneficial and useful in replicating the results.
This thesis is grounded in theoretical literature. Yet the current body of scholarship and relevant models can only support the field of development, notably the sub-field of gender-based violence prevention, for so long. The research presented in this thesis, serves as the starting point for future theoretical development. The observation presented here, if only a fraction of recent program and communication efforts to curb or prevent GBV, is the first step to explaining how prevention efforts are maintained and developed. Future research should focus on generating theory around prevention based activities to explain how prevention communication, be it through community media or theater for development, actually effects behavior and empowerment. Generating theory is a starting point for the creation of innovative approaches and can serve as an evaluation tool for future practice.

The impact of this study resonates with the growing need for development programs to include more participatory methods. Because public health has traditionally offered solutions to problems, it is now poised to let communities awaken themselves, become empowered to act, and take the necessary steps to change their own lives. This thesis adds to the body of literature on the growing amount of participatory methods in health programming. Future research addressing the communication component of development programs, notably gender-based violence prevention programs, should be guided by participatory and empowerment methodologies. Interviews with leading practitioners suggest that this transition is already taking place.

**Recommendations for Future GBV Prevention Programs**

The recommendations by other scholars center on how to approach GBV, such as focusing on men or partnering with HIV/AIDS programming. Guedes (2004) suggests that prevention best practices cannot be established because of the relatively recent attempt to prevent this behavior. Five years after Guedes’ (2004) claim, there are promising practices being implemented, though
creating a list of best practices is bound by the program’s ability to demonstrate its true impact. Findings suggest that too many programs have difficulty in critically evaluating their impact on communities. In an attempt to offer additional insight into GBV programming, rather than identifying “best” practices, this thesis provides guiding principles that hope to stimulate future research and practice of GBV prevention, including:

**Communication must be central to program development:** The notion that USAID only has one communication team on the African continent (in Mali) is disheartening and demonstrates the lack of commitment to centralizing communication closer to decision-making authorities. Given the new U.S. administration’s keen understanding of the power of communication and technology along with the growing prevalence of CFD programming, one can be hopeful to see a change in how projects are designed and implemented. Monitoring how communication is practiced within the organizational structure may provide insight as to how it approaches the task at hand. In order for programs to empower and facilitate participation, communication must be centralized and fully open at all levels within a project.

When communication is central to the mission, the evaluation of program impact becomes so as well. The need for efficient, low-cost, and accurate evaluative methodologies is apparent in this study. Before implementing a program, concrete objectives should be defined and determined how they will be measured. Despite the difficulties in obtaining regional and national data, many of the programs failed to internally define how they would achieve success, let alone measure it. An attempt should be made, even for the smallest organization should commit to ongoing evaluations of their programs. Simple surveys and follow-up focus groups are two cost effective methods that can be easily integrated into existing infrastructure outlets via post offices, schools and universities.
Support opportunities that use innovative communication strategies to address GBV:

The most interesting aspect of this study is the growing number of programs that incorporated non-traditional approaches for prevention activities. The use of mobile-to-mobile technologies in the 2004 16 Days of Activism campaign pre-dates the effective campaign strategy implemented by the Barack Obama campaign to mobilize supporters.² Campaigns that can maximize their reach while providing opportunities for civic engagement should be encouraged as a successful strategy. The use of visual art and community media assists in giving the power of communication to individuals and communities so they can determine the agenda. Support of efforts to evaluate and monitor programs implementing these communication approaches have been limited, an increase in support would be helpful to determining the impact these approaches have in preventing future abuse. Finally, the use of theater for development provides an appropriate cultural context in which to safely discuss GBV and prevention. Utilizing these innovative approaches to facilitate a discussion and dialogue about sensitive topics such as GBV removes the voice of external third-parties and enables bottom-up and sustainable projects to thrive. Additional support for evaluation would strengthen the viability and potential for replication of these approaches in culturally-similar situations.

Incorporate media advocacy: Only a handful of programs mentioned their use of media advocacy or efforts to gain support through the use of mass media. Organizations that are able should pursue international media attention to help frame gender-based violence within an accurate context. Barker (personal communication, 2009) suggests waning support for diffusion criticisms based on media access. While television access is still limited, women and other

² Obama’s successful use of mobile technologies in political campaigns was considered, in the U.S., as a major first. However, four years earlier, it was being utilized successfully in Africa. This signifies the importance of this medium in generating support and mobilizing capabilities.
targeted publics do have greater, general access to radios due to their decreasing costs and increased availability. While there are more appropriate methods for generating awareness and mobilizing communities, the incorporation of media advocacy as a tactic is useful when attempting to elicit policy-level changes.

**Ensure programs are sustainable:** Many of the programs in this study have been active for years. Some, however, are funded or supported for only one to two years to serve a specific need. Still, other programs are created on an ad hoc basis. There was little evidence that suggested the fate of these programs. Betron (personal communication, 2009) explained in some cases USAID funds programs to GBV prevention efforts for one year to measure the impact of singular strategies. Changing social norms about gender roles and equality require prolonged, comprehensive efforts to succeed. Short-term programs will generate little in the way of behavior change. Creating programs that are sustainable after third-party financial investments run out is essential for programs not generated by grassroots efforts. Sustainability requires community buy-in to overcome existing institutional barriers. Long-term programming is also the only way to fully measure program impact on decreasing incidents of GBV.

**Continue encouraging participation:** A large majority of the study’s programs incorporated participation at some level. However, it was difficult to determine whether or not many of these programs originated out of the local population’s request/need or if organizations simply applied their program to fit a community. Due to this lack of clarity, emphasis on encouraging participation must be reiterated.

**Ensure the multi-sector approach to prevention is multi-sectoral:** It was frequently acknowledged in research and training guides that GBV prevention must be approached by multiple sectors of the development community (health, security, legal, human rights). Yet,
many programs addressed the issue from within only one framework. Programs that are able to build large networks to share experiences were the most likely to address the problem from various angles. Building coalitions are essential in maintaining strong relationships at all levels within society, from the community level to the national level. Joining efforts with international movements such as the 16 Days of Activism campaign express that violence prevention is a global effort and requires attention from all sectors of the development community.

The goals of the communication for development paradigm align nicely with GBV prevention efforts, notably the inclusion and empowerment of all community members. Inagaki (2007) concludes “we should be reminded that communication is one of the few remaining resources—both viable and universal—that can be mobilized by, and for, disadvantaged people and communities in developing countries” (p. 46). Facilitating participatory communication and development by allowing communities to determine their own best course of action and harnessing their creative power to raise awareness and mobilize communities for social change is the only way to end the ongoing epidemic of gender-based violence. This thesis demonstrates the viability of various communication approaches in allowing dialogue to prosper. Future research is necessary to evaluate the continued effectiveness of these approaches and will be helpful in demonstrating communication’s impact on the practice of development, notably in securing the future safety of women and children across the globe.
APPENDIX
INSTITUTIONAL REVIEW BOARD CONSENT FORM

Informed Consent
Communicating Prevention: Communication Approaches In Gender-Based Violence Prevention Programming

Please read this consent document carefully before you decide to participate in this study.

Purpose of the research study:
As a graduate student researcher at the University of Florida, I, Patrick Heck, state the purpose of this study is to examine the efforts of international development in Africa to assess the communication strategies implemented in gender-based violence (GBV) prevention programs.

What you will be asked to do in the study:
If you agree to participate in the study, you will be asked to provide your perspective on communication strategies in Africa through a phone interview or email survey. If you agree to an interview, you will be asked to participate in an interview of no more than one hour. The list of general question topics include: your knowledge of past gender-based violence prevention projects, current communication strategies used in development and prevention projects, and methods for evaluating the success of communication strategies. Your interview will be conducted by phone after I have received a copy of this signed consent from you. With your permission, I would like to audiotape this interview. Only I will have access to the tape, which I will personally transcribe. All tapes will be destroyed by being erased at the conclusion of the research. Your verbal remarks may be included in the thesis document. Your responses may be anonymous, but will be associated with the development group or government group of which you are a member. If this is agreeable to you, please sign the consent form below where indicated.

You may also be asked to complete a survey by email, delivered by the researcher, Patrick Heck, regarding GBV prevention projects that will focus on your perceptions associated with Africa. The topics covered will be the same as in personal interviews. Your responses may be included in the thesis document. Though you may request anonymity, your remarks will be attributed to your organization in which you are affiliated. The survey will not be completed until you have read and signed the consent form. Only I will have access the completed surveys.

Time required:
1 hour

Risks and Benefits:
There are no anticipated risks, compensation, or other direct benefits to you as a participant in this interview. You are free to withdraw your consent to participate and may discontinue your participation in the study at any time without consequence.

Compensation:
There will be no direct compensation for participation in this study.
Confidentiality:
Your identity will be associated with your interview or comments in meetings unless you specifically request that I do not include your name in the thesis. Surveys may be anonymous except for being associated with the community development group or government office within which you work.

Voluntary participation:
Your participation in this study is completely voluntary. There is no penalty for not participating.

Right to withdraw from the study:
You have the right to withdraw from the study at any time without consequence.

Whom to contact if you have questions about the study:
Patrick Heck, Graduate Student, University of Florida, Department of Public Relations, Weimer Hall, PO Box 118400, Gainesville, FL 32611, (703) 850-9620

Belio Martinez, PhD, University of Florida, Department of Public Relations, Weimer Hall, PO Box 118400, Gainesville, FL 32611, (352) 846-2399

Whom to contact about your rights as a research participant in the study:
IRB02 Office, Box 112250, University of Florida, Gainesville, FL 32611-2250; phone 392-0433.

Agreement:
I have read the procedures described above and agree to participate in the interview, survey, community meeting (observation) [circle all that apply] for the [title of your thesis]. I agree to have my remarks included and identified as mine in the thesis.

Participant: ___________________________________________ Date: _________________
Principal Investigator: ___________________________________ Date: _________________

I have read the procedures described above and agree to participate in the interview, survey, community meeting (observation) [circle all that apply] for the [title of your thesis]. I do not wish to have my remarks included in the thesis but rather wish them to remain confidential, subject to the protections described above and confidential to the extent provided by law.

Participant: ___________________________________________ Date: _________________
Principal Investigator: ___________________________________ Date: _________________

Copy of Interview
If you wish to receive a copy of the thesis, please indicate here and provide your name and address below. I will be happy to provide you a copy with the thesis upon its completion.

YES / NO (Circle one)

Participants Mailing Address:
LIST OF REFERENCES


123


BIOGRAPHICAL SKETCH

Patrick Heck received his Bachelor of Arts in political science and anthropology from James Madison University in Harrisonburg, Virginia. Mr. Heck received his master’s degree in public relations from the University of Florida in the summer of 2009. He hopes to continue his work in public health and communication for development nationally and internationally.

Mr. Heck’s professional experience includes three years as a communication specialist in the UF School of Natural Resources and Environment. In this capacity, he currently serves as the managing editor of the school’s award-winning online newsletter, the SNRE Source. Prior to his arrival in Florida, Mr. Heck served as an account coordinator in Ketchum’s public affairs office in Washington, D.C., specializing in international media relations. While at Ketchum, Mr. Heck was assigned to notable clients such as FedEx, Clorox, the American Society for Clinical Oncologists (ASCO), and the Embassy of the People’s Republic of Bangladesh.