



Life  
Saving  
Commodities  
Improving access,  
saving lives

**Demand Generation for Reproductive, Maternal,  
Newborn and Child Health Commodities**

## A THEORY-BASED FRAMEWORK FOR MEDIA SELECTION IN DEMAND GENERATION PROGRAMS

JULY 2014



## Acknowledgements

The USAID-funded Health Communication Capacity Collaborative (HC3), based at the Center for Communication Programs within the Johns Hopkins Bloomberg School of Public Health, would like to acknowledge James BonTempo and Joanna Skinner for authoring this guide with support from Doug Storey, Lisa Cobb and Alice Payne Merritt. HC3 thanks Kathleen Fox, Kim Martin, Katie Kuehn and Mark Beisser for their editing and layout support. HC3 would also like to thank Zarnaz Fouladi, Hope Hempstone and Stephanie Levy at USAID for their invaluable feedback, guidance and support.

Additionally, HC3 wants to thank the facilitators and participants of the workshop “Using Health Communication Frameworks in ICT Interventions to Guide RMNCH Demand” for their formative feedback on identifying and applying appropriate communication theories and models.

### **Suggested citation:**

The Health Communication Capacity Collaborative HC3. (2014) *A theory-based framework for media selection in demand generation programs*. Baltimore: Johns Hopkins Bloomberg School of Public Health Center for Communication Programs.

The Demand Generation for Reproductive, Maternal, Newborn and Child Health Commodities activities are implemented by the Health Communication Capacity Collaborative (HC3) at Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU-CCP), with support from the RMNCH Trust Fund and the United States Agency for International Development (USAID), in partnership with Demand Generation Technical Reference Team members, including PSI, International Consortium on Emergency Contraception (ICEC), Jhpiego and other partners.

©2014, Johns Hopkins University. All rights reserved.

Cover photo: © 2010 Bonnie Gillespie, Courtesy of Photoshare

## Table of Contents

<b>Acronyms</b>	<b>4</b>
<b>About this Guide</b>	<b>5</b>
<b>Introduction</b>	<b>6</b>
Thirteen Life-Saving Commodities for Women and Children	6
What is Demand Generation?	8
Who are the Audiences of Demand Generation Programs for the 13 Life-Saving Commodities?	8
Key Concepts and Definitions in Demand Generation	9
<b>Using Theory to Design Demand Generation Programs</b>	<b>10</b>
<b>Theoretical foundations for media selection</b>	<b>10</b>
Media Richness Theory	10
Uses and Gratifications Theory	12
<b>TIMS: A New, Theory-Based Framework Media Selection</b>	<b>13</b>
Applying the TIMS Framework	13
Step 1: Media Richness	14
Step 2: Uses & Gratifications	15
Step 3: Overlapping Media	16
<b>Conclusion</b>	<b>16</b>
<b>Annex 1: Primer on Media Richness Theory</b>	<b>17</b>
<b>Annex 2: Primer on Uses and Gratifications Theory</b>	<b>18</b>

## Acronyms

<b>EWEC</b>	Every Woman Every Child
<b>HC3</b>	Health Communication Capacity Collaborative
<b>ICT</b>	Information and Communication Technology
<b>IPC</b>	Interpersonal Communication
<b>IVR</b>	Interactive Voice Response
<b>JHU-CCP</b>	Johns Hopkins Bloomberg School of Public Health Center for Communication Programs
<b>MDG</b>	Millennium Development Goal
<b>MMS</b>	Multimedia Messaging Service
<b>NGO</b>	Non-Governmental Organization
<b>ORS</b>	Oral Rehydration Salts
<b>RMNCH</b>	Reproductive, Maternal, Newborn, and Child Health
<b>SBCC</b>	Social and Behavior Change Communication
<b>SM</b>	Social Marketing
<b>SMS</b>	Short Message Service
<b>TIMS</b>	Theory-Informed Media Selection
<b>UGT</b>	Uses and Gratifications Theory
<b>UNCoLSC</b>	UN Commission on Life-Saving Commodities for Women's and Children's Health
<b>USAID</b>	United States Agency for International Development

## About this Guide

### What is this guide?

This guide is a resource to help increase the demand for the 13 reproductive, maternal, newborn and child health (RMNCH) commodities identified as underutilized by the UN Commission on Life-Saving Commodities (UNCoLSC) for Women's and Children's Health. The guide provides step-by-step information and practical tools to guide media selection (i.e., communication channels) for demand generation activities using a theory-based approach. The guide has a focus on information and communication technology (ICT) and new media channels, as there is little current guidance available regarding the selection of these channels.

### Who should use this guide?

This guide is intended for representatives of the government, health area experts, marketing or communication specialists, non-governmental organizations (NGOs) program managers and anyone else developing a communication strategy for demand generation programs that work to improve the demand for and utilization of RMNCH commodities and services.

### Why use this guide?

The most successful demand generation interventions are those that are grounded in sound behavioral and communication theory. While theory

and frameworks are regularly used to guide the design of health messaging content, the same is not always the case for the selection of the media through which those messages are conveyed. A new framework for theory-driven media selection, "TIMS"—based on two communication theories, Media Richness and Uses and Gratifications (UGT)—is presented to guide program managers in making informed decisions about selection of media for demand generation programs. By applying the two theories via TIMS, one can identify the media that can most effectively support the level of communication required, and that are consistent with how the target population chooses to use them. When used in conjunction with behavioral theories and models, and as part of a broader communication strategy, TIMS can lead to a powerfully effective combination of medium and message.

### How to use this guide?

This guide serves as an important resource in the Demand generation implementation kit for underutilized commodities in RMNCH ([www.sbccimplementationkits.org/demandRMNCH](http://www.sbccimplementationkits.org/demandRMNCH)), which is designed to support the development of country-specific communication strategies to increase demand for RMNCH commodities. The guide can be used when designing a demand generation strategy and determining intervention approaches and activities.

## Introduction














### Thirteen Life-Saving Commodities for Women and Children

In 2010, the United Nations (UN) Secretary-General's Global Strategy for Women's and Children's Health (the Global Strategy) highlighted the impact that a lack of access to life-saving commodities has on the health of women and children around the world. The Global Strategy called on the global community to save 16 million lives by 2015 by increasing access to and appropriate use of essential medicines, medical devices and health supplies that effectively address the leading avoidable causes of death during pregnancy, childbirth, and childhood. Under the Every Woman Every Child (EWEC) movement, and in support of the Global Strategy and the Millennium

Development Goals (MDGs) 4 and 5, the UNCoLSC for Women's and Children's Health (the Commission) was formed in 2012 to catalyze and accelerate reduction in mortality rates of both women and children. The Commission identified 13 overlooked life-saving commodities across the RMNCH "Continuum of Care" (Figure 1) that, if more widely accessed and properly used, could save the lives of more than six million women and children. For additional background information on the Commission please refer to: <http://www.everywomaneverychild.org/resources/un-commission-on-life-saving-commodities>.

<sup>1</sup>For assumptions used to estimate lives saved see UNCoLSC Commissioner's Report Annex ([http://www.everywomaneverychild.org/images/UN\\_Commission\\_Report\\_September\\_2012\\_Final.pdf](http://www.everywomaneverychild.org/images/UN_Commission_Report_September_2012_Final.pdf))

Figure 1: 13 Lifesaving Commodities

Reproductive Health			
 <b>Female Condoms</b>	 <b>Contraceptive Implants</b>	 <b>Emergency Contraception</b>	
<b>Prevent HIV and unintended pregnancy:</b> A female condom (FC) is a plastic pouch made of polyurethane that covers the cervix, vagina and part of the external genitals. FCs provide dual protection by preventing STI infection, including HIV, and unintended pregnancies.	<b>Prevent unintended pregnancy:</b> Contraceptive implants are small, thin, flexible plastic rods inserted into a woman's arm that release a progestin hormone into the body. These safe, highly effective, and quickly reversible contraceptives prevent pregnancy for three to five years.	<b>Prevent unintended pregnancy:</b> The emergency contraceptive pill is the most widely available emergency contraceptive in developing countries. It is optimally taken in one dose of 1.5mg as soon as possible after sexual activity. An alternative product of 0.75mg is also widely available.	
Maternal Health			
 <b>Oxytocin</b>	 <b>Misoprostol</b>	 <b>MgSO<sub>4</sub> Magnesium Sulfate</b>	
<b>Post-partum hemorrhage:</b> WHO recommends oxytocin as the uterotonic of choice for prevention and management of postpartum hemorrhage.	<b>Post-partum hemorrhage:</b> In settings where skilled birth attendants are not present and oxytocin is unavailable, misoprostol (600 micrograms orally) is recommended.	<b>Eclampsia and severe pre-eclampsia:</b> WHO recommends MgSO <sub>4</sub> as the most effective treatment for women with eclampsia and severe pre-eclampsia.	
Child Health			
 <b>Amoxicillin</b>	 <b>Oral Rehydration Salts</b>	 <b>Zinc</b>	
<b>Pneumonia:</b> Amoxicillin is an antibiotic that is used to treat pneumonia in children under five. Amoxicillin is prepared in 250mg scored, dispersible tablet (DT) in a blister pack of 10 DTs.	<b>Diarrhea:</b> Oral rehydration salts (ORS) is a glucose-electrolyte solution given orally to prevent dehydration from diarrhea. ORS is packaged in sachets of powder to be diluted in 200 ml, 500 ml or 1 liter of fluid, prepared to an appropriate flavor.	<b>Diarrhea:</b> Replenishment with zinc can reduce the duration and severity of diarrheal episodes. Zinc is prepared either in 20mg scored, taste masked, dispersible tablets or oral solutions at concentration of 10mg/5ml.	
Newborn Health			
 <b>Injectable Antibiotics</b>	 <b>Antenatal Corticosteroids</b>	 <b>Chlorhexidine</b>	 <b>Resuscitation Device</b>
<b>Prevent newborn sepsis:</b> WHO recommends benzylpenicillin and gentamicin, in separate injections, as first-line therapy for presumptive treatment in newborns at risk of bacterial infection.	<b>Prevent pre-term RDS:</b> Antenatal corticosteroids are given to pregnant women who are at risk of preterm delivery to prevent respiratory distress syndrome in babies born in pre-term labor.	<b>Prevent umbilical cord infection:</b> Chlorhexidine digluconate is a low-cost antiseptic for care of the umbilical cord stump that is effective against neonatal infections.	<b>Treat asphyxia:</b> Birth asphyxia, or the failure of a newborn to start breathing after birth, can be treated with resuscitation devices.

### What is Demand Generation?

Demand generation increases awareness of and demand for health products or services among an intended audience through social and behavior change communication (SBCC) and social marketing (SM) techniques. Demand generation can occur in three ways:

- **Creating new users**—convincing members of the intended audience to adopt new behaviors, products or services;
- **Increasing demand among existing users**—convincing current users to increase or sustain the practice of the promoted behavior and/or to increase or sustain the use of promoted products or services; and
- **Taking market share from competing behaviors** (e.g., convincing caregivers to seek health care immediately, instead of not seeking care until their health situation has severely deteriorated or has been compromised) and products or services (e.g., convincing caregivers to use oral rehydration salts (ORS) and zinc instead of other anti-diarrheal medicines).

When well designed and implemented, demand generation programs can help countries reach the goal of increased utilization of the commodities by:

- Creating informed and voluntary demand for health commodities and services;
- Helping health care providers and clients interact with each other in an effective manner;

- Shifting social and cultural norms that can influence individual and collective behavior related to commodity uptake; and/or
- Encouraging correct and appropriate use of commodities by individuals and service providers alike.

In order to be most effective, demand generation efforts should be matched with efforts to improve logistics and expand services, increase access to commodities, and train and equip providers in order to meet increased demand for products and/or services. Without these simultaneous improvements, the intended audience may become discouraged and demand could then decrease. Therefore, it is highly advisable to coordinate and collaborate with appropriate partners when forming demand generation communication strategies and programs.

### Who are the Audiences of Demand Generation Programs for the 13 Life-Saving Commodities?

Reducing maternal and child morbidity and mortality through increased demand for and use of RMNCH commodities depends on the collaboration of households, communities and societies, including mothers, fathers and other family members, community and facility-based health workers, leaders and policy makers. Some of the commodities are more provider-focused in terms of demand and utilization, but all depend on the care-seeking behavior of women and families.

Provider-focused	Provider and End-user
<input type="checkbox"/> Oxytocin	<input type="checkbox"/> Female condoms
<input type="checkbox"/> Magnesium sulfate	<input type="checkbox"/> Implants
<input type="checkbox"/> Injectable antibiotics	<input type="checkbox"/> Emergency contraception
<input type="checkbox"/> Antenatal corticosteroids	<input type="checkbox"/> Misoprostol
<input type="checkbox"/> Resuscitation equipment	<input type="checkbox"/> Chlorhexidine
<input type="checkbox"/> Amoxicillin	<input type="checkbox"/> ORS
	<input type="checkbox"/> Zinc

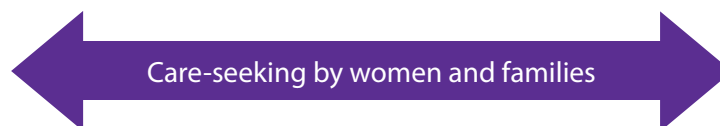


Figure 2: Audiences of Demand Generation



## Key Concepts and Definitions in Demand Generation

### Social and Behavior Change Communication

**(SBCC):** SBCC promotes and facilitates behavior change and supports broader social change for the purpose of improving health outcomes. SBCC is guided by a comprehensive ecological theory that incorporates both individual-level change and change at the family, community, environmental and structural levels. A strategic SBCC approach follows a systematic process to analyze a problem in order to define key barriers and motivators to change, and then design and implement a comprehensive set of interventions to support and encourage positive behaviors. A communication strategy provides the guiding design for SBCC campaigns and interventions, ensuring communication objectives are set, intended audiences are identified and consistent messages are determined for all materials and activities.

**Social Marketing (SM):** SM seeks to develop and integrate marketing concepts (product, price, place, and promotion) with other approaches to influence behaviors that benefit individuals and communities for the greater social good. ([http://socialmarketingblogs.com/r\\_craig\\_lefebvres\\_social/2013/10/a-consensus-definition-of-social-marketing.html](http://socialmarketingblogs.com/r_craig_lefebvres_social/2013/10/a-consensus-definition-of-social-marketing.html))

### Channels and approaches:

- **Advocacy:** Advocacy processes operate at the political, social and individual levels and work to mobilize resources and political and social commitment for social and/or policy change. Advocacy aims to create an enabling environment to encourage equitable resource allocation and to remove barriers to policy implementation.
- **Community Mobilization:** Community mobilization is a capacity-building process

through which individuals, groups or organizations design, conduct and evaluate activities on a participatory and sustained basis. Successful community mobilization works to solve problems at the community level by increasing the ability of communities to successfully identify and address its needs.

- **Entertainment Education:** Entertainment education is a research-based communication process or strategy of deliberately designing and implementing entertaining educational programs that capture audience attention in order to increase knowledge about a social issue, create favorable attitudes, shift social norms and change behavior.
- **Information and Communication Technologies (ICTs):** ICTs refer to electronic and digital technologies that enable communication and promote the interactive exchange of information. ICTs are a type of media, which combine a variety of different devices (e.g., computers, mobile and smart phones), channels (e.g., the Internet, short message service [SMS]) and social media (e.g., Facebook, Twitter).
- **Interpersonal Communication (IPC):** IPC is based on one-to-one communication, including, for example, parent-child communication, peer-to-peer communication, counselor-client communication or communication with a community or religious leader.
- **Mass and Traditional Media:** Mass media reaches audiences through radio, television and newspaper formats. Traditional media is usually implemented within community settings and includes drama, puppet shows, music and dance. Media campaigns that follow the principles of effective campaign design and are well executed can have a significant effect on health knowledge, beliefs, attitudes and behaviors.

## Using Theory to Design Demand Generation Programs

It is well established that the most successful health communication and demand generation interventions are those that are grounded in sound behavioral and communication theory. Theories are often used to guide the design of messaging content aimed at increasing demand for health services and commodities. However, it is not always the case that theories are used to guide the selection of the media through which those messages are conveyed; especially in modern demand generation initiatives that leverage new technologies and media. Given that different media have different capacities and abilities to effectively transmit information, the medium and the message cannot be considered separately—one needs to select media and develop content together, in a way that optimizes both. In this guide, a new theory-based framework for media selection is presented that will assist program managers who carry out demand generation activities in identifying and selecting the appropriate media.

### Theoretical Foundations for Media Selection

While theories and models like Health Belief Model, Theory of Reasoned Action or Extended Parallel Processing Model help inform the development

of messages to address targeted determinants of behavior change, they provide no guidance on whether or not the content should be delivered via print materials, radio, the Internet or some combination of media.

For guidance on media selection, one must turn from behavioral to communication theory. Two models from communication theory that are particularly useful in supporting the selection of appropriate media are Media Richness and Uses and Gratifications.

### Media Richness Theory

Media Richness Theory describes how the characteristics of various communication channels affect their ability to convey information (Daft & Lengal, 1984; see Annex 1 for more details). In this theory, the richness of a medium is defined by its ability to effectively transmit information and cues. Rich media are those that can transmit messages with high cue (verbal and visual) and language variety, allow for timely feedback and tailoring for the recipient (including the infusion of affect), and are able to transmit messages that are ambiguous, complex and non-directive (see Figure 3).

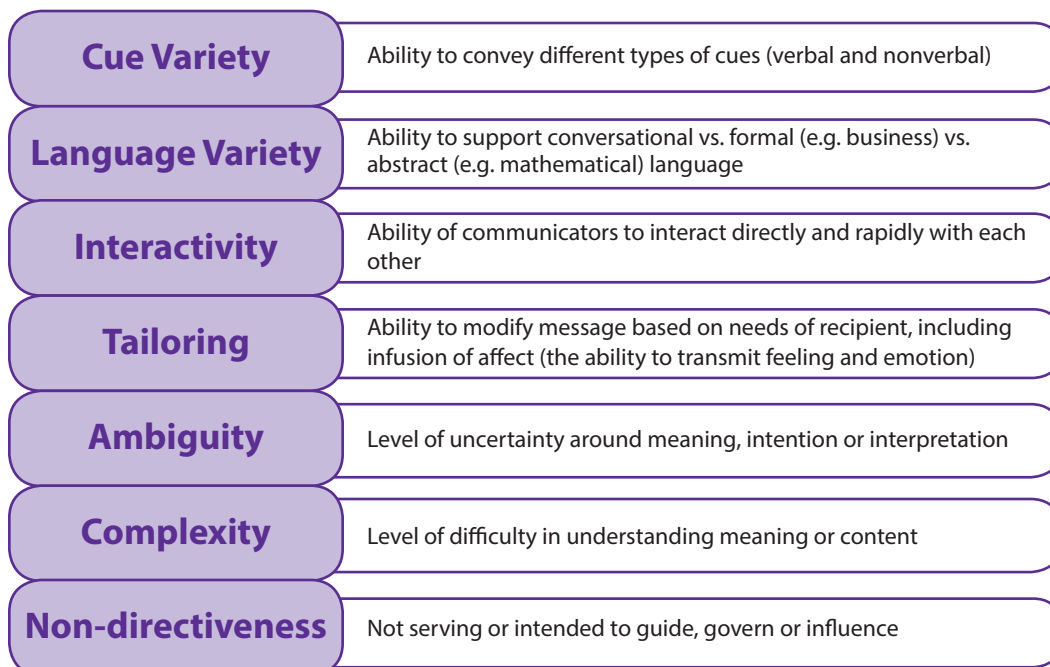


Figure 3: Criteria for Media Richness

In general, the more criteria a specific medium meets, the richer it is. Considering all of the elements of Media Richness Theory, it is possible to objectively grade different media on a scale from lean to rich based on their inherent qualities and maximum potential for richness (see Figure 3). For example, a text message—which is text only, asynchronous and limited to 160 characters—is a fairly lean medium when compared to face-to-face, interpersonal communication that allows for the transmission of both verbal and visual cues, instantaneous feedback and high degrees of tailoring and affect. However, media are not always used to their full capacity of richness.

For example, interpersonal counseling between providers and clients has the possibility of being very rich, but if the provider does not allow for interactivity, or does not vary his or her language or tailor the message to the individual client, then the effective richness of the medium is reduced. When selecting a medium it is important to ensure not

only that it is sufficiently rich, but also that it is not too rich: selecting a richer than necessary medium can lead to reduced communication effectiveness or unnecessary cost. For example, selecting interpersonal communication as a communication channel for a relatively simple message, such as where a commodity is available, is not an effective use of valuable resources. This message could be more effectively disseminated via lean media, such as print or SMS.

It is possible to increase the overall richness of the media environment by adding media together, for example, text messaging can be combined with radio to provide a feedback mechanism, effectively increasing the richness of communication possible compared to their use individually. This combination of media is consistent with the best practice in SBCC of using multiple media channels to transmit mutually reinforcing messages and reach different audiences.

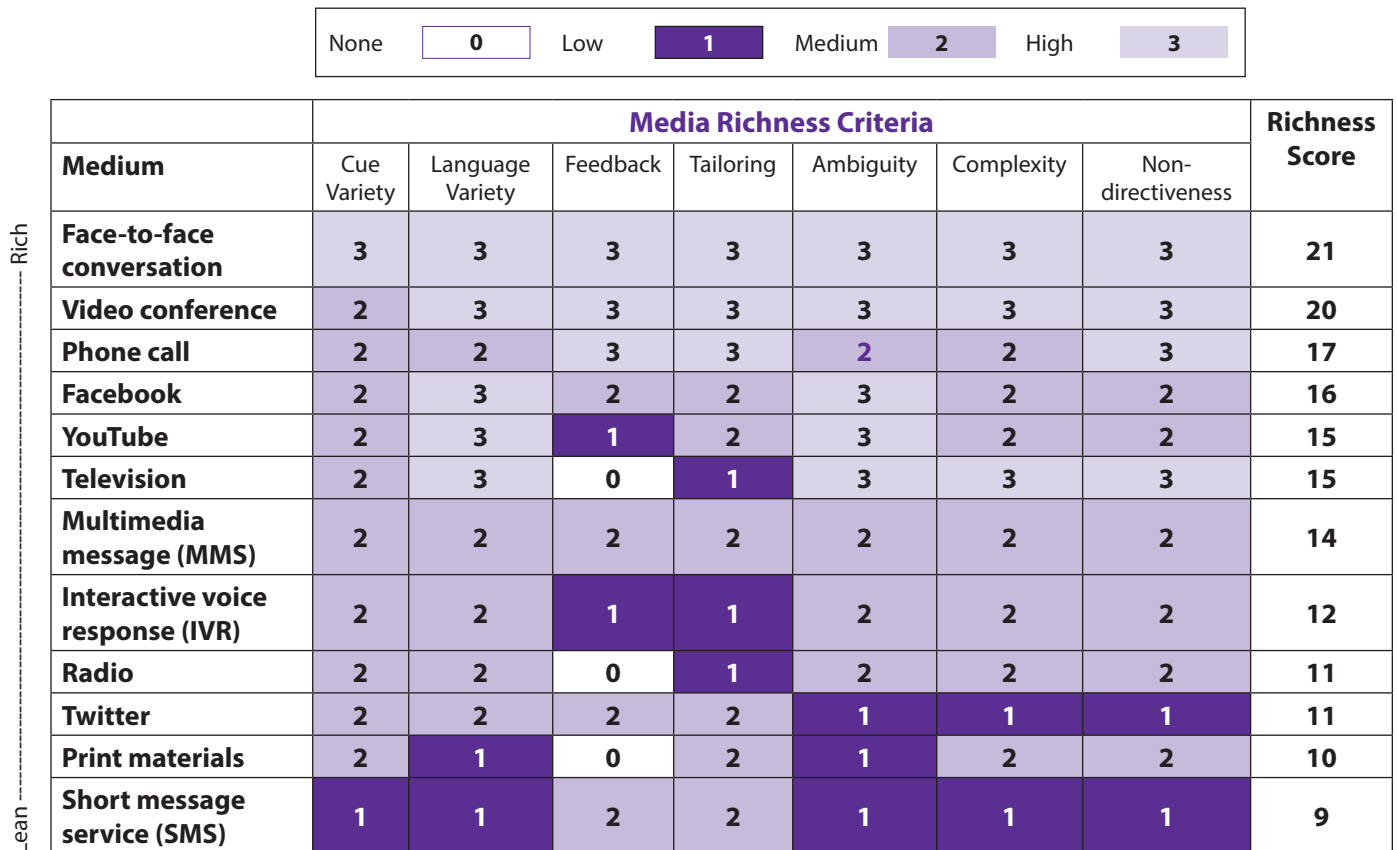


Figure 3: The richness of different media based on the sum of scores across Media Richness criteria. Each medium is given a score—1-Low, 2-Medium, 3-High—depending on its ability to address each criterion. For example, video conferencing allows for immediate feedback (3); depending on the scenario, Facebook can potentially allow immediate feedback (2); YouTube allows asynchronous feedback (1); and print materials do not provide any mechanism for feedback (0).

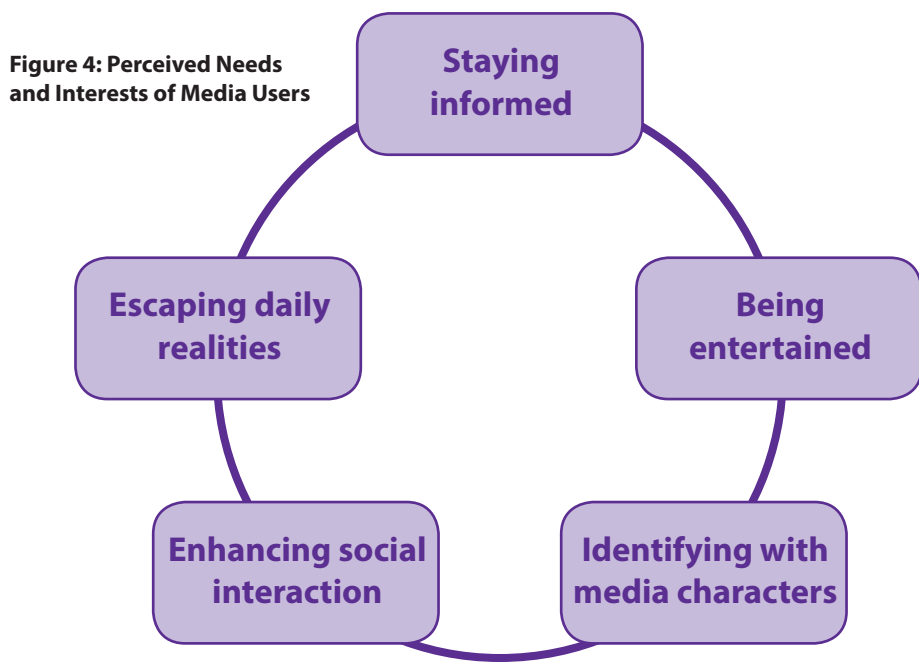
For the purposes of selecting an appropriate medium, it is important to consider the richness of the communication required to address target behavioral factors. After all, the Media Richness criteria actually describe the richness of communication occurring via a medium. For example, increasing general awareness of an issue may be achieved with the simple, one-way dissemination of information, whereas addressing deeply ingrained social norms will likely require the active engagement of and ongoing dialogue with community members and stakeholders. Starting with a consideration of the nature of the communication required, rather than with a specific medium in mind, can help ensure that decisions are not being directed by technology.

**Uses and Gratifications Theory**

While Media Richness Theory provides useful guidance on identifying which media may be able to most effectively facilitate certain types of communication, it does not take into account the pragmatic realities of media access or use among the intended audience in a given context or environment. Uses and Gratifications Theory focuses on why and how people use different media, and seeks to identify the channels that people

rely on for different types of information and to satisfy clusters of perceived needs (see Annex 2 for more details on UGT). Traditionally used to explore relationships with mass media, but also relevant to other media, including ICTs and new media, Uses and Gratifications Theory describes the intended audience as active consumers who make choices about the media they access given their needs and interests. The perceived needs and interests of the media user are generally grouped into five categories: staying informed, escaping daily realities, enhancing social interaction, identifying with media characters and being entertained (see Figure 4). In addition to these categories, media can serve other personal, social and policy functions. These functions may include: self-regulation of emotions and mood, and developing and reinforcing beliefs about how the world works (personal); fostering behavioral norms and perceptions of those norms (social); and the role of media in agenda setting for public discourse (policy).

Therefore, unlike Media Richness Theory, which is inherent to each particular medium, UGT is highly context-specific, depending not only on the country and geographic location within that country, but also on the needs of different audiences.

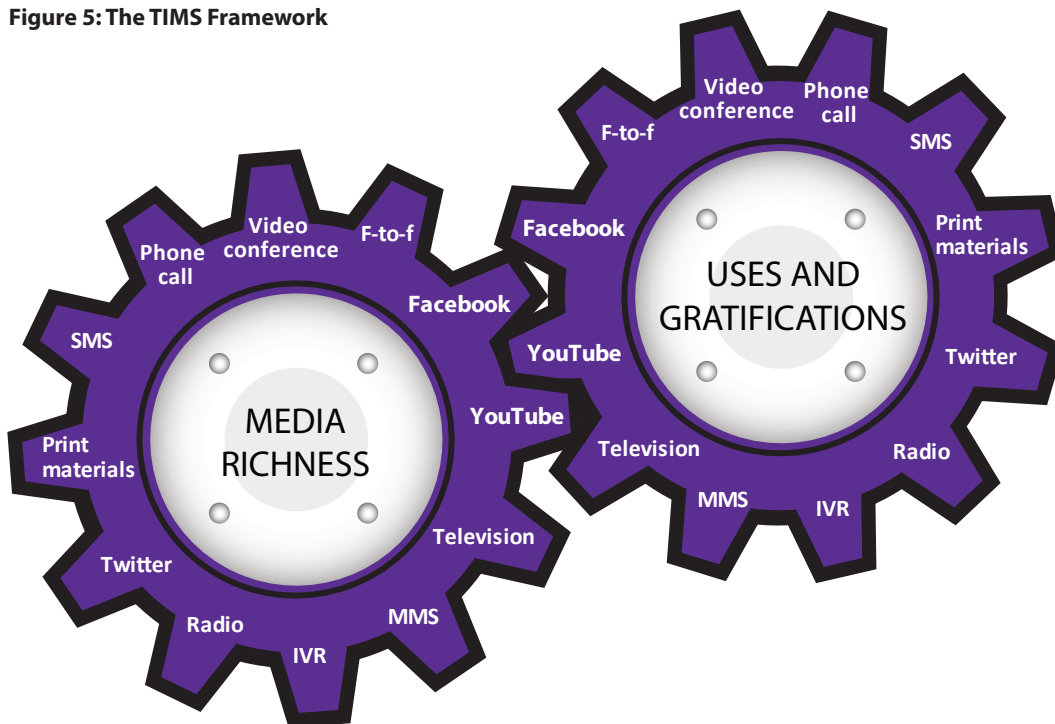


## TIMS: A New, Theory-Based Framework for Media Selection

By combining the theories of Media Richness and Uses and Gratifications, a new framework is constructed that allows for theory-informed decision making with regard to media selection—the theory-informed media selection (TIMS) framework. This framework supports making an informed choice—based on identified strengths and weaknesses—

regarding which media to use to facilitate what sort of communication in order to achieve a desired change. The answer to the question “Which media are most appropriate?” lies where the most effective media for a given communication need intersect with the existing uses of media (see Figure 5).

**Figure 5: The TIMS Framework**



While TIMS can be used to identify the ideal media to support demand generation activities, there likely will be times when, due to budgetary or access constraints, the most effective media cannot be leveraged—i.e., there will be no overlapping options between those identified as most appropriate considering their media richness and those that meet the relevant uses and gratifications.

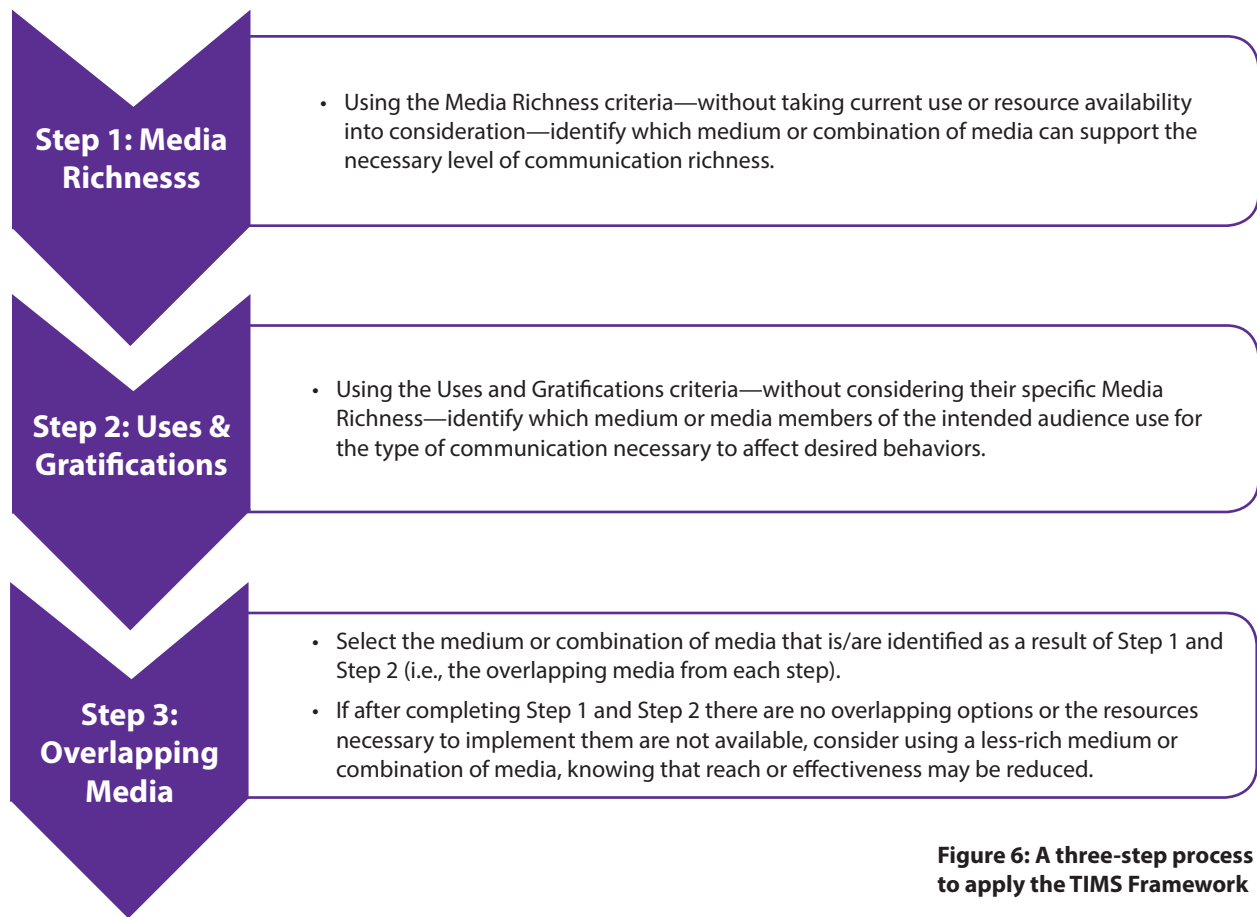
In those situations, programs should creatively combine other media that are currently used for similar purposes and that, together, achieve the necessary richness (e.g., SMS and radio). Otherwise, implement interventions using what media is available, knowing this may lead to potentially reduced reach or impact.

Hopefully, these instances will become less common as access to a greater variety of modern technologies and media continues to expand.

### Applying the TIMS Framework

The TIMS Framework can be applied through a simple three-step process to select the most appropriate communication channels, including the use of ICT and New Media (see Figure 6). This process should be carried out when determining activities and interventions for a demand generation program (see Step 5 in the Demand generation implementation kit for underutilized commodities in RMNCH (I-Kit): <http://sbccimplementationkits.org/demandrmnch>)—after identifying audiences, and in concert with creating positioning statements and key messages.

This process is illustrated below using two hypothetical scenarios—Scenario A: Increasing demand for contraceptive implants among women in Ethiopia; and Scenario B: The use of chlorhexidine by providers in India.



**Figure 6: A three-step process to apply the TIMS Framework**

### Step 1: Media Richness

- Without taking current use or resource availability into consideration, using the Media Richness criteria, identify which medium or combination of media, can support the necessary level of communication richness. This is done by considering the behavioral change desired—or the behavioral determinants that need to be targeted—and the nature of the communication that would most effectively address them. For example, a simple lack of information can be addressed with a relatively lean medium because all that is needed is the one-way transmission of unambiguous information. However, addressing cultural norms is complex and requires significant dialogic

interaction, and therefore will require a higher level of communication richness and richer medium/media.

#### **Scenario A: Increasing demand for contraceptive implants among urban, adult women**

- In Ethiopia, the fear of the side effects from the use of contraceptive implants is the number one reason for limited use of this life-saving commodity among women. Addressing fears, especially as they relate to myths and misconceptions, is a complex task that often requires active exchange, empathy and tailoring of information to meet the needs of an individual. In other words, the communication necessary in this case is relatively rich. Given



the complexity of the topic and the need for feedback, affect (which could be enhanced by the addition of visual cues) and tailoring, the face-to-face media of interpersonal counseling, videoconferencing or social media would be most effective.

**Scenario B: Increasing demand for chlorhexidine among providers**

- In India, lack of knowledge about the use of chlorhexidine for cord care is a key barrier to its use by service providers. Communicating the basic knowledge about chlorhexidine and its efficacy requires only transmission of simple information; however, developing the skill requires modeling and demonstration. In this case, there is the need for both lean (knowledge) and rich (skill) communication. A series of print materials or text messages combined with a video, respectively, could be used to support the necessary mix of communication richness.

As these examples show, an understanding of the type and richness of communication necessary to facilitate a given behavioral change can lead to the identification of the most appropriate media to use. They also make it clear that addressing different factors (e.g., beliefs and perceived risk), transitions (e.g., from contemplation to action), knowledge or skills often requires the use of different media, therefore, a demand generation project should look to combine media in a way that matches its needs for communication richness with the capabilities of the media available.

**Step 2: Uses & Gratifications**

- Without considering the specific communication richness that can be supported, identify which medium or media members of the intended audience use for the type of communication necessary to affect desired behaviors. It is helpful to refer to findings from the program’s situation analysis in order to evaluate the medium or media that the intended audience prefer, relevant to the behavior in question.

**Scenario A: Increasing demand for contraceptive implants among urban, adult women**

- In Ethiopia, most women in the target demographic have limited access to ICTs. Some women own or have access to mobile phones, and some access social media at Internet cafes where they have a limited amount of time to spend online. For women with access to ICTs and social media, most use the devices and applications to interact socially with family and friends and to be entertained. At the same time, most women have access to a radio or television and use these media to stay informed of current events. While doing so, they also receive cues on social and behavioral norms. Given the patterns of access and use of the various media, radio and television would be appropriate for providing health information and addressing real and perceived norms concerning contraceptive implants.

**Scenario B: Increasing demand for chlorhexidine among providers**

- In India, mobile phone ownership and usage is high among the intended group of providers. They use their mobile devices to access health information on the Internet, including video content, and to ask clinical questions of and get support from mentors using both text and voice. While the providers also have high rates of access to and use of television and radio, they use these media almost exclusively for entertainment. Since providers are already using their mobile devices to access clinical content to keep current with their practice and get performance support, mobile text, voice and video would be appropriate media for providing general information and training resources on the use of chlorhexidine.

These examples demonstrate that an understanding of the current access to and uses of different media can lead to the identification of the most appropriate media to use—as in the previous cases, which media are used to stay informed or access health-related information. They also make it clear that different media (e.g., mobile content, social media, radio, television) are used for different purposes (e.g., keeping current versus being entertained) across different populations..

### Step 3: Overlapping Media

- Working within the limits of available project resources, select the medium or combination of media that is/are identified as a result of Step 1 and Step 2 (i.e., the overlapping media from each step).

#### **Scenario A: Increasing demand for contraceptive implants among women**

- In Step 1, using the Media Richness criteria, face-to-face counseling, videoconferencing and/or social media were identified as potentially the most effective media. In Step 2, the Uses and Gratifications framework suggests that radio and television would be the most appropriate media for staying informed and communicating about social norms, myths and misconceptions. In this scenario, there is no overlap in the media identified; therefore, a choice needs to be made as to which media is the most appropriate for the demand generation project. A project could select to offer only face-to-face counseling, but they would likely not reach as many clients. Alternatively, radio or television could be used, but neither medium would provide the interactivity and tailoring necessary. By combining radio or television programming with a mobile call- or text-in service, the necessary richness could be established; however, it is still possible that women would not be reached because their ICT use is limited and mainly for social and entertainment purposes.

#### **Scenario B: Increasing demand for chlorhexidine among providers**

- In Step 1, using the Media Richness criteria, text messages and video were identified as potentially the most effective media. In Step 2, the Uses and Gratifications framework suggests that mobile media would be the most appropriate for staying current on clinical practice. In this scenario, there is a clear overlap in mobile media, suggesting that its use would be the most effective and acceptable approach for reaching the providers, as mobile media has the capacity to support the necessary richness of communication and is currently being used in a similar manner by the intended audience.

These examples demonstrate that cases vary greatly. In some instances, examining Media Richness and Uses and Gratifications indicates no overlapping media, making it necessary for a program manager to make an informed decision—knowing the downsides of each potential medium. However, in other cases, the exercise will show that there is a clear medium that suits both the level of Media Richness required and meets the Uses and Gratifications criteria of the intended audience. When making final determination of activities, careful consideration should be given to the type and abilities of the message and communication necessary to reach the intended audience through a variety of media/channels, the project timeline, associated cost, and available resources.

## Conclusion

The TIMS Framework offers program managers a practical theory-informed model to select media channels for demand generation interventions. By using theory-driven approaches to analyze characteristics of communication channels—

combined with an understanding of the actual ways in which intended audiences use media—demand generation programs can put in place the most effective strategic approaches to reach audiences and increase demand for RMNCH commodities.



## Annex 1: Primer on Media Richness Theory

Under the best of conditions, the interpretation of information is a complicated process. For example, people bring their own preconceptions and biases to a conversation. Someone's ability to understand what another speaker is saying will depend on the complexity of the information—how it is framed and how it is colored by the speaker's body language, speed of delivery and skill at tailoring to the listener's background—and ability to process information.

### What is Media Richness?

The concept of media richness, introduced by Daft and Lengel in 1984, was based on information theory and was originally used to understand the effectiveness and efficiency of communication and information exchange within organizations. Media Richness Theory describes characteristics of various communication channels that affect their ability to convey complex or ambiguous information.

With often-limited resources and budgets, health communication program planners must make strategic choices about which channels to use. Newer communication options, such as social media and ICTs, add to an already extensive range of media options. Media Richness Theory can help identify the communication channels that match the needs of a program to convey information effectively.

### Message Ambiguity

A key concept in Media Richness Theory is the potential ambiguity of the messages to be disseminated. A message is ambiguous when it can be interpreted in more than one way. Reaching understanding about ambiguous information requires the interaction between communicators (e.g., between communication programs and their audiences), the sharing of cues and the exchange of alternative explanations.

Messages that are more ambiguous are communicated more effectively through a richer communication medium that can convey a broader range of information types and allows greater interactivity between communicators. In contrast,

where there is already relative consensus on the meaning of information, it can be communicated effectively through a less "rich" medium.

Richer communication media, such as face-to-face communication and some emerging technologies, tend to be more effective for conveying ambiguous messages because they allow for discussion and immediate feedback, transmission of both verbal and visual information, and greater personalization. Important "richness" factors include:

- **Interactivity/feedback**—the ability of communicators to interact directly and rapidly with each other;
- **Language variety**—the ability to support natural (conversational or vernacular) language as distinct from more formal language (e.g., formalized business language) or abstract language (e.g., mathematical symbols);
- **Tailoring**—the ability to modify the message based on the needs of the recipient in real time; and
- **Affect**—the ability to transmit feeling and emotion.

Unequivocal (less ambiguous) messages can be communicated effectively through less rich media—and probably should be. A mismatch between message complexity and medium richness may reduce communication effectiveness. A less rich medium may be incapable of delivering some complex types of messages, while trying to convey simple information through rich media may be a waste of valuable resources.

### Additional Resources

Daft, R. L., & Lengel, R. H. (1984). Information richness: A new approach to managerial behavior and organization design. *Research in Organizational Behavior*, 6, 191-233.

Ledford, C. J. W. (2012). Changing channels: A theory-based guide to selecting traditional, new, and social media in strategic social marketing. *Social Marketing Quarterly*, 18(3), 175-186.

Otondo, R. F., Van Scotter, J. R., Allen, D. G., & Palvia, P. (2008). The complexity of richness: Media, message, and communication outcomes. *Information & Management*, 45(1), 21-30.

## Annex 2: Primer on Uses and Gratifications

Uses and Gratifications Theory describes how people use media strategically to fulfill specific needs and to cope with everyday life. The classic uses and gratifications study (Lasswell, 1948) described the uses of media for surveillance of the environment (i.e. monitoring contemporary conditions and events), correlation (i.e. seeking consensus and coordination with others), transmission (i.e. to express ideas and share information with others), and entertainment (i.e. for pleasure and diversion).

An extensive body of work since then reveals that the media serve many other personal, social and policy functions, including: agenda setting; developing and reinforcing beliefs about how the world works; fulfilling a need for social contact; fostering behavioral norms and perceptions of those norms; escapism, play and distraction; and anxiety reduction through self-regulation of emotions and moods.

### Active Seekers and Users

Uses of communication media and content vary with needs. For example, in times of stress and uncertainty, the use of media for surveillance of the environment fills a need for information and helps to reduce uncertainty and anxiety. In times of loneliness, people turn to media for direct or vicarious human contact and to establish or maintain social relationships. Uses and Gratifications Theory assumes that people are active rather than passive seekers and users of information.

Communication programs can draw on UGT to help understand why and how people use certain media

and which channels should be chosen to achieve certain program communication objectives. For example, if research indicates that clinical providers rely on a certain channel for health information, then that channel should be used to achieve information dissemination objectives of a program. Likewise, if the program strategy requires the strengthening of interpersonal networks in order to reinforce social norms, then the channels people use for social connection—such as Facebook and/or a church community—should be incorporated into the strategy. The media preferences of an intended audience can be understood through the collection of formative research data using qualitative and/or quantitative methods.

### Additional Resources

LaRose, R., & Eastin, M. S. (2004). A social cognitive theory of internet uses and gratifications: Toward a new model of media attendance. *Journal of Broadcasting & Electronic Media*, 48(3), 358-377.

Lasswell, H. D. (1948). The structure and function of communication in society. In Bryson, L. (Ed.), *The communication of ideas* (pp. 37-51). New York: Harper and Brothers.

Papacharissi, Z., & Rubin, A. M. (2000). Predictors of internet use. *Journal of Broadcasting & Electronic Media*, 44(2), 175-196.

Rubin, A. M. (2002). The uses-and-gratifications perspective of media effects. In Bryant, J. & Zillmann, D. (Eds.), *Media effects: Advances in theory and research* (2nd ed.; pp. 525-548). Mahwah, NJ: LEA.

Whiting, A., & Williams, D. (2013). Why people use social media: A uses and gratifications approach. *Qualitative Market Research: An International Journal*, 16(4), 362-369.





Life  
Saving  
Commodities  
Improving access,  
saving lives

