More than halfway to the 2015 deadline, measurable progress has been achieved on some of the eight millennium development goals established in 2000 by leaders of 189 countries (United Nations, 2007). For instance, according to the United Nations (UN; 2007), from 1990 to 2004, the proportion of people living in extreme poverty (living on a dollar or less a day) dropped from 1.25 billion (32%) to 980 million (19%), and child mortality declined worldwide. However, severe problems remain, as half a million women die annually from preventable and treatable complications from pregnancy and childbirth, and there has been little progress in halving the proportion of underweight children. Moreover, in Sub-Saharan Africa, only 5% of children under age 5 sleep under insecticide-treated bed nets, an effective tool for preventing malaria, far short of the 60% target that was set for 2005. Deaths from AIDS increased to an estimated 2.1 million in 2007, with more than 15 million children having lost one or both parents to the disease. Half the population of the developing world still lives without basic sanitation and over a billion people lack access to safe water. Meanwhile, many of the benefits of global economic growth are not being equally shared.

Development communication examines communication issues related to efforts to solve the types of problems just identified, especially in less developed countries. As a distinct field of study, development communication was established in the 1950s and 1960s when the developed world began providing economic aid to increase food production, reduce poverty, slow population growth, and improve health and education in less developed and newly emerging countries. The emphasis of this aid was on improving national infrastructure and transferring modern (scientific) technology to these countries. Lerner’s (1958) classic study of the modernization of traditional societies theorized development as a process in which urbanization leads to increased literacy, which increases exposure to media. These changes are followed by wider economic participation (e.g., higher per capita income) and increased political participation (e.g., voting). Literacy and media exposure, thus, were considered crucial mediating variables (steps) between urbanization and economic or political participation. The rapid diffusion of the transistor radio, followed by television, also made the study of media and development a compelling area for communication scholarship.

In the United States, the field of development communication can be traced to the disciplines of rural sociology, journalism and mass communication, and education. To a great extent, the field was launched by the adaptation of the diffusion of innovation model from rural U.S. agricultural settings to a wide range of development problems around the world (E. M. Rogers, 1962, 1969, 1973), studies of the role of media in national development (e.g., Schramm, 1964), and the development of participatory approaches to the education of people living in poor, marginalized sectors of society (e.g., Freire, 1970). Research on the diffusion of innovations has a long history in the United States, but
in the context of national development programs, this type of communication research mainly has been applied in developing countries, which may account for its underrepresentation in the applied communication research literature. Jacobson (1993, 2003) used the context of national development to argue that the value of pragmatism justifies the acceptance of participatory communication research by academic disciplines. Justification is further enhanced by improving the theory of participatory communication in development programs.

It is beyond the scope of this chapter to review the entire field and all of the relevant points of controversy regarding development communication (for this history, see Casmir, 1991; Dube, 1988; Fraser & Restrepo-Estrada, 1998; Kim, 2005; Mayo & Servaes, 1994; Melkote, 1991; Nair & White, 1993; E. M. Rogers, 1999; Servaes, 1999, 2004). Hornik’s (1988) review identified an important trend in development communication that continues today: the split of practitioners and scholars alike into two related approaches. One approach focuses on media campaigns designed to change individual behavior (e.g., Andreasen, 1995; Fishbein et al., 2001; Hornik, 2002; Piotrow, Kincaid, Rimon, & Rinehart, 1997; Rice & Atkin, 2001); the other approach focuses on communication for participatory development within local communities with an emphasis on dialogue, group communication, and social networks (e.g., Beltrán, 1976; Beltrán & Gonzalez, 1998; Berrigan, 1981; Bessette & Rajasunderam, 1996; Calvelo Rios, 1998; Chambers, 1997; Coldevin & FAO, 2001; Díaz Bordenave, 1976, 1998; Dudley, 1993; Gumucio Dagrón, 2001; McKee, Manoncourt, Yoon, & Carnegie, 2000; Portales, 1986; Prieto Castillo, 1998; E. M. Rogers & Kincaid, 1981; Servaes, Jacobson, & White, 1996; Simpson, 1986; White, 1995).

This chapter focuses on the second trend of communication—participatory development. Rather than review the extant literature, highlight the main approaches and trends, and then identify the controversies, strengths, and shortcomings of this approach, we reverse the order. Our review of the literature revealed that what is missing is a comprehensive, coherent model of communication for participatory development that synthesizes the literature and addresses the main controversies and shortcomings in the field. Therefore, we offer such a model, one that can be used by practitioners to design and implement effective development programs, and by applied communication scholars to conduct research on those programs. As we explicate the model, relevant literature is reviewed in a manner that follows and supports the model. Thus, in this chapter, we present a model that synthesizes the literature and demonstrates how applied communication research can be theory based as well as pragmatic, focusing on real problems and practical situations across a variety of social, cultural, global, and professional areas of society.

Our review of relevant literature identified the following eight issues related to communication for participatory development:

1. The concept of development needs to be reformulated in a manner that applies to human development in local communities, as well as the traditional focus on national development.
2. Participatory development requires dialogue—a symmetrical, two-way process of communication. Although prevailing approaches to development communication use an asymmetrical, one-way process of communication.
3. No model of the development process reconciles the demand for social change at the community level and the need for requisite changes at the individual level.
4. Scholars and practitioners agree that community members should determine the goals of development themselves, but the problem-specific nature of funding often means
that external change agents impose development goals on communities. External change agents can play the valuable role of catalyst and facilitate the process, but motivation and leadership needs to come from within a community itself.

5. The role of conflict in communication generally is ignored in participatory development, even though it is common feature of most communities. Therefore, a model of the process needs to recognize conflict and suggest methods to manage it.

6. Ownership, self-determination, and social change are considered necessary to build community capacity and to sustain the process of development without further outside stimuli.

7. Communities should have access to local media, such as community radio, posters/billboards, traveling theater groups, and even cell phones, to produce content for their development objectives rather than rely on content originating from external sources that primarily serve the purposes of those sources.

8. Self-assessment needs to guide the process and motivate sustained, collective action.

A model of participatory development, thus, needs to be theoretically sound and useful to communication scholars but also useful to community leaders and communication practitioners. The model of communication for participatory development that we use to organize and synthesize the literature addresses these eight key issues, and it provides a tool useful for both research and practice. Specifically, because development is assumed to be “people oriented,” communication for participatory development needs to be based on dialogue, conflict management, and mutual understanding and agreement. The model also resolves other controversial issues that hinder progress in the field—problems subsumed under the general notion of “local culture,” such as community factions, entrenched power structures, equitable participation, sharing of benefits, and styles of leadership that may discourage, as well as facilitate, participation and collective action.

The Concept of Development

Dissatisfaction with the pace of development, the discovery of unforeseen obstacles, and an increase in the inequitable distribution of income throughout the world has led to considerable controversy regarding the concept of development itself, the constraints of national political economies, and the proper role of communication for development. Since the 1950s, development has been defined as the increase in gross national product (GNP) or national per-capita income that is due to changes in the structure of a country’s economy, such as the growth of industry, a decline in agriculture, and an increased percentage of people living in cities rather than the countryside (Gillis, Perkins, Roemer, & Snodgrass 1992). Thus, the dominant development paradigm of the 20th century focused on modernization and wealth accumulation as keys to economic growth.

The economic side of development clearly was reflected in the priority placed on economic growth in the first, second, and third UN development decades (1960s, 1970s, and 1980s). Criticism of this narrow perspective, however, eventually led to a much broader conceptualization of development (Goulet, 1985). Even the United Nations Development Programme (2002) recognized that “preoccupation with economic growth and the creation of wealth and material opulence has obscured the fact that development is ultimately about people” (p. 15).

The increase in poverty and disease burden worldwide in the 1990s created the need for a people-centered paradigm of development. Consequently, at the 2000 UN Millennium Summit, human well-being and poverty reduction were at the center of global development objectives (United Nations Development Programme, 2003). Human devel-
Development was interpreted as a process of “expanding [people’s] choices to live full, creative lives with freedom and dignity.… Fundamental to expanding human choices is building human capabilities” (United National Development Programme, 2003, p. 28). The goal of human development was viewed as increasing the prospects for living a long and healthy life, being educated, having a decent standard of living, and enjoying political and civil freedoms to participate in the life of one’s community. Thus, the concept of development has evolved into the process of capacity building and human improvement, in general, with eight specific development goals established to guide development in the 21st century: (1) eradicate extreme poverty and hunger; (2) achieve universal primary education; (3) achieve 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) create a global partnership for development.

The active participation of community members in their development makes it possible to accomplish higher level needs, such as self-esteem and belonging, as well as basic physical and safety needs (Maslow, 1998). In Korea and Bangladesh, for example, women acknowledged an increase in their prestige and status after becoming leaders in women’s village development groups (Kincaid, 2000b; Kincaid & Yum, 1976; E. M. Rogers & Kincaid, 1981). Participatory development, thus, “places substantial value on local initiative and diversity [and] on self-organizing systems developed around human-scale organizational units and self-reliant communities” (Korten, 1984, p. 300). Such development involves a process of change in which people gain greater control over their environment to bring about social, as well as material, advancement for the majority of the people (E. M. Rogers, 1976).

Participatory development scholars usually emphasize Freire’s (1970) principle of the central role of the community in its development. This principle means that external change agents should (1) function as facilitators or catalysts who help community members to discuss and decide how to improve their lives, and (2) recognize that people have the ability to identify their needs and conduct self-assessments, make decisions about courses of action, and participate in the political processes that affect their lives (Bracht, 1999; Green & Kreuter, 1991).

**Communication for Participatory Development**

*Communication for participatory development* (CFPD) is a planned activity, using local media and dialogue among various stakeholders about a common problem or shared goal to develop and implement activities that contribute to its solution or accomplishment (Bessette, 2004). Stakeholders usually are individual members of the community itself, but they also may be organized groups within a community, local or regional authorities, nongovernmental organizations (NGOs), government institutions providing services at the community level, and policy-makers. The guiding philosophy of CFPD, as mentioned previously, can be traced to the work of Freire (1970), the Brazilian educator who conceived of communication as dialogue and participation for the purpose of creating cultural identity, trust, commitment, ownership, and (in today’s term) empowerment. CFPD builds on this philosophy and the broad literature on development communication created by practitioners, activists, and scholars.

The call for a model of development communication based on dialogue rather than monologue, horizontal rather than vertical information sharing, social rather than individual change, and equitable participation, local ownership, and empowerment (Gray-Felder & Dean, 1999; Gumucio Dragón, 2001; United Nations Population Fund, 2001) has grown stronger with the decentralization of authority and access to new communication
technologies that occurred during the 1990s (Beltrán, 1993a, 1993b; Díaz Bordenave, 1994, 1998; see also Lievrouw, this volume). An appropriate model of CFPD, therefore, should be based on dialogue, information sharing, mutual understanding and agreement, and collective action. Such a model needs to account for conflict and its management, as well as for cooperation. Finally, it also needs to identify social, as well as individual, outcomes. The convergence theory of communication (E. M. Rogers & Kincaid, 1981), grounded in dialogue and extended to account for divergence (Kincaid, 2002), meets the first two requirements; the CFPD model presented here satisfies the third requirement.

Communication as Convergence and Divergence

Convergence theory represents communication as a horizontal process of sharing information between two or more participants within social networks that leads to social outcomes—such as mutual understanding, mutual agreement, and collective action—as well as psychological outcomes—such as perception, interpretation, understanding, belief, and action (Kincaid, 1988, 1993; E. M. Rogers & Kincaid, 1981). Dialogue is a conversation between two or more people in which participants seek to clarify what each one thinks and believes. Dialogue itself constitutes a minimal form of cooperative, collective action. The underlying assumption of dialogue is that convergence is desirable and possible, and that all participants, not just one of the parties, are willing to listen and change.

Convergence does not mean consensus; it specifies only the direction of movement when dialogue is effective. Sometimes, however, this symmetrical process of dialogue breaks down. In that case, one or both parties quit listening, impose a point of view on the other, and feedback becomes ineffective. Convergence, therefore, slows and may reverse into divergence, with differences being exaggerated, turning harmony into polarization and cooperation into conflict. Hammond, Anderson, and Cissna (2003) referred to these two aspects of dialogue as “convergence” and “emergence.”

The inherent properties of dialogue suggest that, over time, most groups converge toward a state of greater internal uniformity, sometimes referred to as “local culture” (Kincaid, 1988, 1993), with the term local implying a bounded group of individuals. Convergence theory is valid, in part, because of the important role played by boundaries and bounded normative influence (Kincaid, 2002, 2004). Within the boundaries created by dialogue itself, convergence occurs because those who do not agree or see an issue the same way as other participants tend to stop participating and “drop out” of the group, perhaps forming a competing faction within the community. Simply leaving a group (moving outside the network boundaries created by dialogue) automatically creates greater uniformity among those who remain within the group compared to those outside of it. This convergence process is enhanced by bounded normative influence—the tendency of social norms to influence behavior within relatively bounded, local subgroups of a social system rather than in the system as a whole (Kincaid, 2004, p. 38). This social network principle resolves the paradox of how a new minority position can avoid becoming extinguished by majority pressure and eventually can grow and become the new majority. Within its local boundaries, its members are the majority and, thus, are able to sustain their new position and then grow by gradually recruiting new members outside of their boundaries from the larger community.

The existence of divergent subgroups or factions within a community implies two simultaneous processes: (1) convergence among members within each bounded subgroup and (2) divergence between subgroups over time. A boundary, determined by observation, interviews with key informants, self-reports, and social network analysis within a
community, defines who is included and excluded from dialogue. Splitting communities into factions with different points of view increases cohesion within each faction but reduces the overall social cohesion of the larger community. Factionalism of this type reduces the capacity of community members to solve mutual problems through collective action. If the lack of cohesion is severe, cooperative action can come to a complete halt or force one community faction to continue by itself.

By clarifying the meanings, values, and real interests of each party, however, dialogue also may lead to divergence and conflict. In the extended convergence–divergence model of communication, conflict is included as a possible outcome of dialogue (Howard, 1999; Kincaid, 2002). The extended model has six phases: (1) scene-setting, (2) build-up, and (3) resolution; or (4) climax and (5) conflict; and ending in (6) implementation (see Figure 21.1).

Four of the six phases correspond to the original convergence theory. In the first phase, scene-setting, the fixed parameters of the problem or goal are established. In the build-up phase, dialogue leads to convergence and, hence, a common frame of reference (mutual understanding). If each party agrees on a common position that it can trust the other to implement (resolution phase), the parties cooperate in some form of collective action (implementation phase). Mutual understanding ensures each party’s trustworthiness, but if flaws are revealed in the resolution stage, mistrust may arise, throwing the parties back into a new build-up phase with an increased possibility of conflict. Once resolution is reached, an atmosphere of mutual goodwill and trust makes the possibility of a successful implementation more likely.

The common frame of reference may or may not represent each party’s actual point of view. One or both parties may deceive the other by leaving something out or the parties

![Figure 21.1](https://example.com/figure21.1)
may create a mutual understanding that does not reflect their true preferences. A common framework built on deceit, however, ultimately may undermine implementation and damage future attempts at dialogue and collective action.

In the case of divergence, the build-up phase ends without agreement (resolution) and the process enters into a climax phase. The action shifts to confrontation and threats of taking fallback positions, which could range, for example, from refusing to provide labor and other resources for a community development project to physical violence in a more serious conflict. Power comes into play when one or both parties adopt the threat-taking fallback position. During confrontation, the parties disagree on the terms of the resolution or openly distrust one another to implement them. Fear and anger, thus, may interfere with reason. If these feelings can be overcome, the action still can shift back into a new build-up phase where dialogue can be tried again to manage the differences; if not, a decisive moment is reached, and one or both parties begin to implement fallback positions. If one or both parties prefer this latter outcome, the threatened fallback positions will be implemented and an open conflict phase follows. If one or both parties fear this outcome sufficiently, there may be enough pressure to get them to change their positions to avoid conflict and return to another build-up phase.

In situations where mutual understanding and agreement cannot be reached, to avoid conflict, something must give within this fixed framework or the framework must change. For example, one or the other party’s objectives may change, the threat of taking fallback positions may be withdrawn if not yet implemented, or beliefs about the fixed boundaries (preferences and courses of action) of the confrontation may change, including the goals themselves.

According to this approach to conflict (Howard, 1999), it is the rigidity of the final positions taken in the climax phase that creates a high level of emotion, both positive and negative. Without this emotion—fear of conflict, a threatened future, or a desire for a mutually beneficial solution—there is no motivation to change and very little pressure to avoid conflict. Emotion alone, however, is insufficient unless it is supported by rational arguments, sound logic, and evidence. Rational arguments can increase mutual understanding and produce a common frame of reference, and evidence builds credibility. Emotion alone is not taken seriously because it is transitory, but if it is accompanied by sound logic and evidence, a new position may be found that is credible and can produce a mutual agreement (Howard, 1999). Together, logic and emotion make it possible to reopen dialogue and move participants back into a new build-up phase. If a satisfactory resolution can be reached at that time, the process results in collective action.

Conflict can be managed by a variety of decision-making processes: by leaders alone; discussion until no objections are expressed and consensus is apparent; forwarding a proposal and a voice vote, show of hands, or secret ballot; or by the issue simply being postponed and left unresolved. All of these practices rely on some form of communication; even leaders acting unilaterally need to tell their followers what they have decided. If communication cannot create a sufficient level of agreement on a course of action, then compromise, mediation, or arbitration is necessary. If these approaches fail, the parties in conflict may resort to threats, violence, or avoidance, all of which undermine the participatory development process.

Ultimately, dialogue is one of the primary means of managing community conflict, as long as people still are willing to talk with one another. Convergence can be resumed when (1) participants with differing points of view listen to one another, as indicated by paraphrasing each other’s point of view to the other’s satisfaction (effective listening); (2) each party acknowledges conditions under which the other’s point of view can be accepted as valid (empathy); and (3) each party acknowledges the overlap or similarity
of the points of view (agreement; Rapoport, 1967, as derived from C. R. Rogers's, 1951, client-centered therapy).

Community Dialogue and Collective Action

CFPD begins with community dialogue and leads to collective action that can result in individual and social changes that improve the welfare and capacity of all members of a community. CFPD draws on a broad literature on development communication that was initiated in the early 1960s. In particular, the work of Latin-American theorists and communication activists is used because of its clarity and emphasis on a people-inclusive, integrated approach to communication for development. In addition, theories of group/organizational dynamics (e.g., Schein, 1992; Zander, 1971/1996), conflict management (e.g., Carpenter & Kennedy, 1988; Yankelovich, 1999), leadership (e.g., Scholtes, 1998), quality improvement (e.g., Tenner & DeToro, 1992; Walton, 1986), future search (Weisbord, 1992; Weisbord & Janoff, 1995), and, as previously explained, the convergence theory of communication (Kincaid, 1988; E. M. Rogers & Kincaid, 1981) all are incorporated into the CFPD model (see Figure 21.2).

How change begins is not very clear in most of the literature on development communication. It usually is assumed or hoped that communities spontaneously initiate dialogue about an issue and take action. Díaz Bordenave (1998), for example, described a community process that begins with “identification of the problem.” It is unclear, however, how a particular issue ever becomes “a problem” if a community sees it as something that is a normal part of life, such as a particular level of maternal mortality or girls not going to school. In contrast, the CFPD model makes explicit the role of catalysts in this process. A variety of catalysts can stimulate a community to discuss a problem, leading to a greater sense of dissatisfaction, lack of cooperation, or community conflict, or perhaps denial that the problem is serious enough to warrant any community response at all.

The community dialogue and collective action components describe a sequence of steps that take place within a community, sometimes simultaneously, that leads to solving a common problem (for a detailed description of each step in the process, see Figueroa, Kincaid, Rani, & Lewis, 2002). The literature and practical experience indicate that if these steps are completed successfully, community action is more likely to be successful (Howard-Grabman & Snetro, 2003). In this sense, CFPD is a descriptive model that explains why community projects are successful or unsuccessful. It also is a prescriptive model that can be used by external change agents and local leaders to increase the likelihood that development projects succeed. Finally, it is a predictive model that can be used to pose hypotheses about what happens during a community development project.

Dialogue alone can produce considerable individual change in terms of knowledge, emotional involvement, and aspiration, as well as social change in terms of shared ownership, collective efficacy, and the emergence of new leaders, for instance, In Gwalior, India, for example, dialogue created a “serious engagement of the [community] in issues of concept, cause and cure of leprosy” (Krishnatray & Melkote, 1998, p. 340); it also produced emotional bonds between the community and people with this disease, leading to lower stigma compared to communities that lacked such dialogue. Women’s clubs (Mahila Mandal) in India provided a space for dialogue to identify problems and solutions that benefited women dairy farmers by giving them higher control over their resources and market sales (Shefner-Rogers, Rao, Rogers, & Wayangankar, 1998). It also is possible, however, that opposition to change may arise in the dialogue phase due to divergent individual and group interests based on tradition, economic self-interest, control and power,
Leaders play a crucial role in minimizing and managing these threats. The nature of the problem may lend itself to a particular type of leadership, generated from within the group that initiates the process, appointed externally, or from the pre-existing leadership structure of the community. The style of leadership may be formal or informal, stable or unstable, based on general competence or specialized knowledge, and autocratic and hierarchical or participatory and democratic, depending on local cultural


ethnicity, threat to self or communal identity, competition, or simply fear of change itself. Leaders play a crucial role in minimizing and managing these threats.

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tradition. The style of leadership that is adopted is contingent on the situation in which a group operates, such as level of group acceptance and support, task structure and clarity of goals, and degree of leaders’ power to control followers by reward and punishment (Fiedler, 1965; see also Chemers, 2001). However, some leadership styles are more participatory and lead to greater sharing of information and other resources, whereas other styles may reinforce an existing inequitable power structure in the community. An equitable form of leadership is more likely to happen when a wide, as opposed to small, range of members and groups in the community participate and endorse a particular leadership structure. The participation of those who are most affected by the problem (stakeholders and beneficiaries) is such an important characteristic of participatory development that it often is an implicit goal of external change agents who are committed to this form of development (Beltrán, 1993b; Bessette, 2004; Bessette & Rajasunderam, 1996; Breton, 1997; Ghaï, 2003; Gray-Felder & Dean, 1999; Gumucio Dagrón, 2001; Howard-Grabman & Snetro, 2003; Korten, 1984; McKee et al., 2000; Putnam, 1993; Servaes et al., 1996; White, 1995).

Once community members’ perceptions are clarified, they can begin to set objectives and take appropriate action. Setting objectives tends to make everyone’s individual and shared needs explicit. A strong attitude of “What’s in it for me?” may undermine the whole process and have to be replaced by one of “What’s in it for all of us?” Self-interest and other sources of conflict often are glossed over in applied programs and, consequently, in the literature as well. A blindly optimistic, or Pollyanna, stance when it comes to human conflict and other obstacles, however, is not uncommon in development programs.

A community project to improve newborn care in Pakistan (Shafique, 2005) illustrates just how pervasive conflict is and how important its management is for program success. In the beginning, it was very difficult to get any men to participate because village elders disapproved of women’s discussion of maternal and newborn care in public meetings. Due to social class, three subgroups in one village wanted to exclude a fourth subgroup. There also were numerous attempts to undermine new leaders, and some community activists demanded a financial incentive to participate. Finally, many people complained that they did not have enough time to participate. Via community dialogue, however, these obstacles eventually were overcome enough for the project to succeed. After almost a year of effort, the participating communities attributed the survival of nearly all newborns (no deaths and only three stillbirths) to adopting new life-saving practices.

Effective leadership is required to overcome these obstacles to participatory development. Further clarification may be needed (see the arrow back to the clarification of perceptions box in Figure 21.2) or new leaders and stakeholders may have to get involved (see the arrow back to the box for identification and involvement of leaders and stakeholders). The majority may have to convince a reluctant minority to go along, or conversely, a minority may have to recruit new members to become a new majority. These issues sometimes are easier to resolve if a community creates a clear “ideal picture” of the future that it wants to achieve. Such a common vision expresses the changes and benefits that community members expect to achieve, helping individuals and subgroups to see how their interests fit into the larger picture. Once such a shared vision is clear, it also is easier for a community to decide how to get there (Weisbord, 1992; Weisbord & Janoff, 1995). For instance, by using video to stimulate dialogue, group meetings, and other participatory methods, the “Building Bridges for Quality” project in rural Peru helped community and district health providers to identify priorities, create a shared vision and set goals, and develop strategies together to improve health services and practices in the home (Howard-Grabman, 2000).

The assessment of the current situation tells a community where it is now and how far
it has to go to realize its vision of the future. Assessment can be quantitative or qualitative. Quantification of the problem (see Query et al., this volume) gives a clear idea of its size, such as the number of children who had diarrhea in the last month, mothers who died during childbirth in the last year, or new orphans due to AIDS. A quantitative estimate of the problem makes it easier to set measurable objectives and to evaluate progress later. Unclear and ambiguous goals may make it impossible for a community to ever know what it may have accomplished. The act of comparing one’s current status with one’s desired status and then setting realistic goals also is a major source of group motivation (Zander, 1996). Research has shown, however, that if a goal is set too high, it seems unrealistic and, consequently, reduces group motivation, confidence, and self-efficacy. On the other hand, if a goal is set too low, it can be accomplished with very little effort and motivation will be low. Moderate, achievable goal setting creates the high level of group motivation that is required for people to take sufficient action to solve their problems (Zander, 1996).

Community consensus for a chosen course of action is important later for obtaining resources and for getting people to volunteer or accept various assignments to implement a plan of action. In Nicaragua, uneven community involvement in the planning of a hygiene project resulted in fragmented and unclear information about the project’s goals and implementation process, undermining members’ interest (Tapia, 2002). The more that community members participate and see the proposed action as “their own,” the more likely they will take action. A dialogue process that leaves people feeling that they share ownership of a project is expected to increase their commitment, involvement, and sense of collective self-efficacy if the project succeeds. Finally, a specific timetable for each activity that has to be accomplished creates realistic deadlines for moving effectively toward the solution of the problem. The action plan also specifies who does what activity and when and, thereby, helps a community to organize and coordinate its efforts to accomplish the project’s goals.

During the collective action phase, it may not be necessary for community members to take responsibility for all of the tasks that need to be accomplished, especially if there are organizations that can help. Thus, one of the assigned tasks may be to obtain support and assistance from preexisting community resources, such as schools, local health centers, and local media organizations.

Díaz Bordenave (1998) identified several ways in which the media can facilitate community dialogue and mobilization. In the dialogue phase, media can (1) support the diagnosis of problem situations and the presentation of a problem to a community (e.g., there are many examples of how radio has assisted in getting the “voices” of most community groups involved in dialogue processes; see the Journey of Life radio serial drama in Ethiopia described by Witte & Roberto, this volume), (2) stimulate community deliberation and prioritization of problems, (3) support the exchange of ideas and experiences between distant communities, and (4) help community organizations to find solutions to problems. In the action phase, communication and local media can contribute by (5) informing a community about available services and how to access them; (6) training community members to use the media to inform the public about their needs; (7) helping communities to obtain legitimization and support from authorities; (8) providing feedback to the community about the progress and achievements of community projects; and (9) praising/rewarding communities for their achievements and, thereby, enhancing members’ self-esteem and collective self-efficacy. The degree of participation by organizations in the community also should positively influence the sense of ownership of the program and promote social cohesion among community members.

Without an adequate assessment of what a community accomplishes and fails to accom-
plish, motivation for continual improvement will decline and members will lose confidence in their leaders. The self-reports of community members regarding how a project has affected their lives may be the most important form of feedback. Such reports spread by means of informal social networks without the need for public meetings. If the objectives of the community are quantitative, a formal evaluation of the amount of change can be undertaken. If, for instance, the problem is an unacceptable level of diarrhea among children under the age of 5, the action taken by the community should be followed by a reduction in the number of children who have diarrhea, which community members easily can track. To know the results of community projects, some observation or counting of events/incidents needs to be done to measure the level of achievement. Self-evaluation occurs when a community compares the observed outcomes of its project to both the status assessed when the objectives were set and to its members’ shared vision for the project. When community members do the evaluation themselves, it also contributes to the community’s reinforcement of, motivation for, and capacity for further development (Fetterman, Kaftarian, & Wandersman, 1996; Feurstein, 1986; Wallerstein, 2002). For instance, a community-based health-information system in rural Bolivian villages helped those communities to monitor their health and to plan and act as partners in the local health system. As a result, children’s health practices were higher in those communities compared to ones without that system (Willis, Schroeder, Howard-Grabman, Marsh, & Gonzalez, 2001).

After the implementation of a community project, self-evaluation amounts to a reassessment of the “new” status of the community with respect to the problem. This process is shown in the CFPD diagram by the broken arrow moving from participatory evaluation back to the steps for vision of the future and the assessment of current status. At this point, the community is ready to renew the process, moving forward to a new round of objective setting and collective action, either for the same problem or for a new one. By engaging in this reassessment process, a community reinforces its sense of collective efficacy, which creates or increases the community’s shared belief in and value of continual improvement.

Dialogue and collective action also are affected by contextual factors in the environment that constrain or support the progress of a community toward its envisioned goals. Although the CFPD model emphasizes the expansion of people’s choices, those choices never are totally free and unconstrained by forces outside of their control. Relevant external factors include physical resources (e.g., land and water); local, regional, national, and international governing bodies and the sociopolitical systems underlying them (e.g., executive, legislative, and juridical institutions and organizations); provision of and access to services (e.g., schools, health care, electricity, roads, and media); socioeconomic factors (e.g., access to credit, jobs, markets, and trade); religious institutions; and culture, in general (e.g., local beliefs and norms).

For instance, elements in the sociopolitical system determine whose voice will be heard and, therefore, who benefits from policy and legislative change. As Carnegie et al. (2000) contended, “Without adequate, positive change in the socio-political system the poor will remain poor and the voiceless will remain without a voice” (p. 191). There are many examples of projects that do not evolve beyond the initial pilot phase due to a lack of political support or corruption. Community members of Camicachi in Puno, Peru, for instance, saw their plans for better quality of care vanish after they reported corrupt behavior engaged in by one of the health providers in their health post (Tapia, 2003). Before any mutual plans could be developed, all the providers from the health center stopped participating in the dialogue, bringing the entire process to an end.

Socioeconomic and political constraints have received the most attention from
development scholars in the last few decades. Overcoming those constraints often is cited as a crucial step for sustainable development and the eradication of poverty. Economic growth alone, however, is not enough if people do not have fair access to the opportunities it creates; hence, some degree of power sharing is necessary. The World Bank (2004) took an optimistic perspective regarding participatory development, stating that “empowerment strengthens the capacity of poor people to have a say in decisions that affect their lives...and can also improve how politics and institutions respond to the needs of the poor” (p. 36). The CFPD model suggests that local communities may have to do more than just empower themselves: The two-way arrows between dialogue/collective action and environmental constraints/support indicate that for some problems, a community may have to change the external environment before it can take effective action to achieve its objectives. Doing so means advocating, as a cohesive group, for resources to support the implementation of a community plan (e.g., strengthening services and access to technology), or advocating for new laws or policies to enhance community access to resources (e.g., credit and health services).

Identifying and getting the involvement of leaders and stakeholders within and outside the community is one of the initial phases in the CFPD model and may determine the ultimate success of CFPD. Accomplishing this goal hardly is ever easy, especially in the context of entrenched local power, political factions, social norms, and strong vested interests outside the community. In Bangladesh, for example, it is not possible for women to meet in small discussion groups because strong norms of purdah (modesty) and husbands’ opposition do not allow it (Kincaid, 2000b). However, if those who oppose a project become part of the community dialogue from the beginning, they also may gain a “stake” in the project and see how their political and material interests can be advanced (e.g., Jovanovic, Steger, Symonds, & Nelson, 2007).

Communication and Social Change

As a result of dialogue and collective action, change is expected to occur at both the individual and community levels. The lower left-hand side of the CFPD model lists many types of individual change that can occur, based on stage models of behavior change (e.g., Piotrow et al., 1997; Prochaska, DiClemente, & Norcross, 1992; E. M. Rogers, 1995) and ideational models of behavior (e.g., Bandura, 2004; Fishbein et al., 2001; Kincaid 2000a). The model also indicates that individual changes can occur as a result of direct influence of some of the catalysts identified in the model, such as media messages that promote specific health practices or the construction of a health clinic near a community. However, because social change at the community level is not as well understood as individual change and sometimes merely is implied, the remainder of this chapter focuses first on social change and then examines individual change.

The lower right-hand side of the CFPD model lists eight community outcomes of participatory development that enable human development and social change. The sociological literature defines social change as a transformation in the organization of a society and its overall structure as represented by changes in the distribution of resources, whether educational, economic, power based, or discursive (Farley, 1990; Underwood 2002). Human development is more likely to happen with these structural changes than without them. The CFPD model assumes that through participatory development, conditions for social change are enabled by means of dialogue and collective action. Participatory development leads to an increased pool of ideas and a new worldview, articulation of goals and a vision of the future, cohesive communication networks that allow access to resources previously unavailable, enhanced collective consciousness of community status, collective capaci-
ties for change, and enhanced self-confidence to act (Sztompka, 1993). This context for social change is represented in the model by eight social outcomes. The last one, *value for continual improvement*, is understood as the transformation of a community into a “learning organization” that continuously seeks ways to advance (Deming, 1986). If a community effectively completes the steps outlined in the model and accomplishes one or more of its objectives, we expect the following potentially profound social outcomes for the community, above and beyond the benefits to individual members who participate:

1. **Leadership**, *an improvement in the capacity or ability to guide, direct, or influence a group’s course of action toward a desired goal*. A leader’s traits, style, and behavior influence community participation (Goodman et al., 1998; Trimizi, 2002). Leadership that is encouraging and supportive motivates members’ ideas and efforts, guiding and inspiring them to higher levels of involvement and a stronger sense of accomplishment (Storey & Kenney, 2004). Thus, one main consequence of successful participatory development is effective, transformational leadership that broadens and elevates the interests of the community to accomplish a common vision (Bass, 1985).

The cultural context of leadership is a particularly important component of development (Bebbington, Dharmawan, Fahmi, & Guggenheim, 2004). In Indonesia, for example, the presence of a leader whose characteristics resonated with the community’s social conventions and cultural values produced a strong response from the community to participate in collective health efforts and to contribute resources (Storey & Kenney, 2004). Although no single style of leadership applies in all situations (Lord & Brown, 2004), some societies and ethnic subcultures expect a directive type of leadership. Nevertheless, the CFPD model assumes that engaging and inclusive leadership is more likely than other forms of leadership to enhance other social change outcomes, such as information equity, shared ownership of the project, and social cohesion.

2. **The degree and equity of participation**, *an increase in the number and diversity of community members who participate in a development process*. Diversity includes the extent to which traditionally disenfranchised or marginalized community members (e.g., economically disadvantaged, minority ethnic groups, women, and youth) participate, as well as the range of members’ activities (number of steps in the CFPD process; Ghai, 2003). Dialogue at the community level, as described in the CFPD model, requires a space for previously unheard or dissenting voices (Howard-Grabman & Snetro, 2003). Development projects that fail to include those with the highest need or those more hesitant to change run the risk of addressing the wrong issues or accomplishing short-lived improvements. Inclusion of these groups in the dialogue and action phases guarantees that conflicting or restrictive issues get to be known and negotiated, if not resolved, so that a legitimate shared vision can emerge for the community. In Bangladesh, for example, an arsenic mitigation water project allowed open participation and was flexible enough to respond to people’s preference for a community-piped water system rather than household-based options (Hoque et al., 2004). However, because of their design or funding source, many projects tend to compartmentalize health problems, such that even if community participation is sought, people “are often asked to participate based on predecided low-cost options” (Hoque et al., 2004, p. 76).

Addressing the participation of women and ethnic minorities in the dialogue phase may create problems of power distribution within communities, giving space to conflicts of interest between various community groups. In these situations, change agents should seek the support of additional formal or informal leaders or groups, skillfully manage these conflicts, and encourage all voices to be heard, but still make the conflict of interest explicit (Institute of Development Studies, 2001). Leadership and participation are different sides of the same coin: Leaders need a strong base of actively involved
members (followers) and members need strong, inspirational leadership. A mix of formal and informal leaders, such as reputational leaders, opinion leaders, and others who set community norms (Goodman et al., 1998), may assist in managing these conflicts and, thereby, enhance the degree and equity of community members’ participation. Although no universal formula can be applied to secure participation, “appropriate solutions have to be found from within…rather than being imposed from the outside” (Lattimer, 2003, p. 2). Among the barrios of the Solinalpa, Nicaragua, for instance, existing political divisions created misconceptions about whether a new community center was being built for the entire community or not, but these misunderstandings and divisions were resolved through community dialogue with representatives from the barrios and the project organizations (Crabtree, 1998).

Social norms are the collectively agreed-on standards and rules that are adhered to and accepted by the majority of the members of a particular society or group, whereas norms of participation refer to a community’s beliefs and rules about how and who should or should not attend meetings, speak up, and share in making decisions. Norms of participation also include what is considered “fair” regarding individual contributions and the sharing of benefits. Social norms also determine how leaders are chosen and how they are expected to behave.

Participation is influenced by, and affects, other social outcomes of CFPD, such as network cohesion, trust, and collective efficacy. Similarly, social networks and the history of community action can facilitate or delay participation (Howard-Grabman & Snetro, 2003).

3. Information equity, an increase in the distribution of knowledge about a problem—how well knowledge is shared among individuals within a group and between community groups. High levels of information equity likely positively affect participation in the implementation of a program, shared ownership of it, and distribution of benefits. Conversely, a successful participatory project is expected to reduce information inequity in a community.

Two dimensions of information equity have been identified: (a) sufficient and accurate knowledge about a problem, and (b) the free flow of information within a community. In communities where income and education inequality are high, there is a greater likelihood that information inequality also is high (Kawachi, Kennedy, Lochner, & Prothrow-Stith 1997). This principle amounts to an application of the knowledge gap hypothesis—that people with higher education have a better ability to acquire information than those with lower education (Tichenor, Donohue, & Olien, 1970; Viswanath & Finnegan, 1996)—within locally bounded communities (Rucinski, 2004; Viswanath, Kosicki, Fredin, & Park, 2000).

4. Equitable access to resources, an increase in the distribution of tangible resources—how much they are shared among individuals within a group or between groups within a community. Of all the community outcomes specified by the CFPD model, equitable access to resources may be the hardest to accomplish. There is a consensus that development programs should make an effort to avoid reinforcing existing socioeconomic structures if they impede community members’ equitable access to available resources, especially resources generated by their efforts. Obviously, equitable access to resources requires that there be resources to share. Many development problems are related to the scarcity of resources, sometimes as basic as food and water.

Strictly speaking, the social changes specified by the CFPD model are changes in the system, whereas far-reaching social-structural changes are changes of the system. There is always hope, as Sztompka (1993, p. 6) noted, that system changes “accumulate and finally touch the core of the system, turning into changes of” the system. For example,
the communication program for women dairy farmers in India increased their involvement in dairy cooperatives, but it also increased their access to market resources and their control over production and earnings (Shefner-Rogers et al., 1998). Increasing access to resources, such as education, employment, and income, which often are beyond the reach of certain societal groups or classes, not only changes the dynamics of social interaction but also leads to improvements in the quality of life, in general. Meaningful social change simply does not occur as long as there has been no impact on the socially unjust conditions that affect so many people’s lives (Breton, 1997).

5. **Perceived shared ownership, an increase in community members’ belief that a joint project belongs to them rather than to outsiders or a small subgroup within the community.** As Kraemer (1993) explained:

Ownership develops when partners play a key role in formulating and implementing a project and understand the benefits of participation. The recognition by each partner that he will be better able to achieve his own goals by collaborating and helping his partners reach their respective goals is the best way to ensure partners are committed for the long haul. (p. 23)

There are at least six dimensions to shared ownership: (a) importance of an issue or program to participants, (b) sense of responsibility for the program, (c) contribution to the program, (d) extent to which benefits from the project are shared, (e) personal identification with the program, and (f) personal accountability. **Ownership, one of the keys to sustained change, means that “local people must have a sense of responsibility for and control over programs promoting change so that they will continue to support them after the initial organizing effort” (Thompson & Kinne, 1999, p. 30).** To achieve a sense of responsibility and control, external change agents need to accept different views from the community and not anticipate community decisions and plans in advance (Howard-Grabman & Snetro, 2003). Ownership also makes it possible to address issues of accountability when plans do not move forward as agreed.

6. **Collective efficacy, an increase in a community’s shared belief in its collective capability to attain its goals and accomplish desired tasks** (Bandura, 1986). Such efficacy involves the belief that effective collective action is possible and can succeed. Collective efficacy is distinct from individual self-efficacy. For example, if individual members are capable and their self-efficacy beliefs are high, low confidence in their group’s capacity for collective action still may inhibit dialogue and collective action. Collective efficacy is not a monolithic group attribute; instead, individuals who occupy different roles or positions in the same group may differ in their perceptions of the group’s collective efficacy (Bandura, 1995). It is expected that a community’s collective efficacy influences the group’s goal setting, dialogue, collective effort, and, especially, its persistence when barriers arise.

Collective efficacy is not general; it applies to specific contexts or tasks (Bandura, 1986, 1997). There are three main dimension of collective efficacy. First, **perceived efficacy to take action as a group** refers to the confidence of community members to work together as a group to solve a common problem. This dimension may be affected by contextual factors in the form of a community’s past experiences, such as a history of factionalism or other conflicts in the community. Second, **perceived capability of other community members** refers to community members’ perceptions of other members’ talents and abilities to accomplish their work. Third, **perceived efficacy to solve problems as a group** refers to members’ perceived confidence to solve a specific problem or address a particular issue at the community level by working together. In Ghana, for example, community members’
high sense of collective efficacy to fight HIV and AIDS was positively associated with providing support to people living with the disease (Bazant & Boulay, 2007).

7. Social capital, an increase in a community's capacity to cooperate for mutual benefit (Collier, 1998; Krishna & Shrader, 1999). Social capital is a relatively new addition to development theory (Edmondson, 2003; Lyson, 2000; Mayer & Rankin, 2002; Navarro, 2002; Trigilla, 2001). Putnam (1993) described social capital as features of social organization, such as social networks, norms, and trust, which facilitate coordination and cooperation for mutual benefit. The concept can be traced back to Coleman (1988), who emphasized aspects of social structure that facilitate the actions of actors within the structure. Like economic and human capital, social capital contributes to participatory development by making possible the achievement of certain ends that are not attainable in its absence. Social capital is inherent in the structure of relations among persons; as Coleman (1990) explained, “it is lodged neither in individuals nor in physical implements of production” (p. 302). Social capital is derived from the “investment in social relations by individuals through which they gain access to embedded resources to enhance expected returns of instrumental or expressive actions” (Lin, 1999, p. 9). Social capital can be measured by the level of social trust or social reciprocity, and by the cohesiveness of the social networks within a community.

Social trust is the general confidence that one has in the integrity, ability, and good character of other people in a community. Trust is the glue that holds a group or community together, making cooperative action possible. The central question is whether members trust others to have any influence over important issues.

Social reciprocity refers to the mutual interchange of favors, privileges, and benefits in a relationship. For example, if someone helps another person to build a well or harvest the crops, the person who receives the favor is expected to return the favor at a later date. Hence, the central question is whether others in the community are perceived as opportunistic, disregarding their obligations to others, or whether there is a sense that others will voluntarily fulfill their obligations or will only do so if they think that they will be punished for failing to help.

Social network cohesion has two dimensions: (a) the density and interconnectedness of the social ties and communication links within a bounded community (Kincaid, 1993), and (b) the forces that act on members of a group or community to remain in it and actively contribute to it. Communities with low network cohesion are characterized by separated factions with few interconnecting ties that serve as “bridges” among them. The lack of such bridges is an obstacle to participatory development, but if successful, the CFPD process can reduce differences and increase the number of interconnecting ties. As network cohesion increases, members will be more likely to want to belong to the group, get along well with one another, share group goals, and remain loyal and united in the pursuit of those goals.

To qualify as a form of “surplus value,” the social capital of a community must have the potential to be transformed into “work.” Furthermore, the social capital of a community must be capable of being increased by some type of investment in human or other resources. The dialogue and collective action process described by the CFPD model is a learning process by which community members’ participation increases their motivation for cooperative action and creates structures—such as networks, teams, and leader–follower relationships—which increase the social capital of a community—its capacity for future collective action.

8. Value for continual improvement, an increase in community members’ regard for improvement of their status as they resolve problems by means of dialogue and collective action, and accomplish one or more of their shared goals. Deming (1986) used the
term continual improvement to refer to general processes of improvement that transform organizations and their members. This value is an inherent part of learning organizations where “people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together” (Senge, 1990, p. 3). For instance, as they progressed from small-scale to large-scale village development projects, the women who participated in mothers’ clubs in Korea during the 1970s gained a sense of individual and collective self-efficacy, which, in turn, increased their capacity and desire for continual improvement (E. M. Rogers & Kincaid, 1981). Collective improvement, thus, enhances community members’ desire to find solutions to other problems.

Individual behavior change often is the expected outcome of health-promotion campaigns (see Kreps & Bonaguro, this volume), especially those dedicated to single health problems, such as childhood diarrhea, malaria, contraception, immunization, and HIV prevention (see Witte & Roberto, this volume). The urgency of the problem, concentration of resources, and narrow focus increase the efficiency and likelihood of success. In some situations, however, without social support and changes in social norms, individual change may be self-sustaining. Conversely, when only social change occurs, the capacity for development may increase, but without the individual change necessary for development. This complementary relationship is indicated in the CFPD model by the two-way arrows between individual and social change outcomes. Success is expected to reinforce both collective and individual change, as well as increase a community’s value for continual improvement.

A good example of this complementary relationship is the prevention of malaria by removing stagnant water sources in the area around homes. If only a few individuals in a community practice this behavior, there will be little impact on the mosquito population and, consequently, no incentive to continue the practice. However, if a collective decision is made and everyone within a certain radius takes joint action at the same time, an effective, long-term solution to the problem of mosquito-born diseases can result. If the incidence of malaria becomes noticeably lower and, hence, observable to the community, the new behavior and collective decision will be reinforced, and the community’s value for continual improvement will increase.

Implications for Applied Communication Research

Our comprehensive, theoretical model of CFPD was created to synthesize the wide-ranging and diverse literature on development communication and social change. In practice, participatory development ranges from community events, such as demonstrations and local fairs, through community meetings and the comprehensive application of the CFPD process of dialogue and collective action. As one progresses along this participation continuum, the requirement to apply concrete criteria of effectiveness increases substantially. The CFPD model specifies the critical steps that should be undertaken, as well as individual and social outcomes that should result when participatory development is effective. In the future, applied communication researchers need to examine several important, unanswered questions.

Many of the separate components of CFPD have been tested across a variety of social and cultural settings, but the model as a whole only now is beginning to be applied and evaluated. Applied communication research needs to be conducted on all components of the model at the same time under a variety of social and cultural conditions. Over time, with replication and research, the model can be refined and some of the “best practices”
can be documented and then applied by others in their programs. At some point, the application and testing of CFPD also needs to be taken to scale, applied in a systematic way to an entire region or country for a particular development objective, because much of the existing literature and practice is limited to a small number of pilot programs and promising case studies.

It is especially important to investigate the nature, importance, interrelationships, and cumulative effects of the social outcomes specified by the model (e.g., leadership, cohesion, ownership, information equity, goal setting and self-assessment, and participation) and to determine which ones are most related to effective CFPD. The measurement of social outcomes lags behind the measurement of individual outcomes; consequently, measurement of all of the social outcomes needs improvement. In the literature and in practice, participation usually is treated in a simplistic manner by ascertaining how many people attended various meetings, perhaps with some indication of their gender, age, socioeconomic status, and other characteristics. To understand participation more fully, researchers need to observe the interaction among participants and between leaders and followers to determine how many and to what degree they are engaged in each step of the CFPD process: proposing new problems, sharing power in the decision-making process, recommending solutions, assuming responsibility for implementation and assessment of outcomes, and so forth. Measurement of these dimensions of participation then can be correlated with participants’ perceived level of ownership and motivation to continue using the CFPD process with new problems.

The extant literature also revealed a split between the emphasis on individual change and social change. Further applied communication research is needed to clarify the nature of the relationship between these two types of change. Longitudinal research also is required to test the hypothesis that the combination of individual change and social change leads to higher levels of self-sustained development. Intensive case study research needs to examine how the steps specified in the CFPD process unfold and the extent to which the actual sequence of events is related to development outcomes. Can some steps be skipped altogether? Are there critical paths that cannot be skipped for the process to be effective? What level of intensity and completion of each step is required for the process to be effective and to achieve the desired individual and social outcomes?

One of the key elements found in practice and identified by the model is conflict and its management during the CFPD process. There are, however, many unanswered questions: How is conflict managed in different cultural and socioeconomic settings, and for different types of development problems? Can a minority or even a majority faction within a community continue the process alone? Does it make a difference if the “door is left open” (or not) for dissenting community members or groups to join later in the process and perhaps share in the benefits of a successful project? How do the methods used to manage conflict affect future CFPD efforts?

Unless the CFPD process is initiated spontaneously from within a community, the methods and amount of involvement by outside change agents may determine how effective the process is and, more important, whether the process continues in their absence. Applied research is needed to determine the proper balance between the type and amount of external initiative and leadership versus internal leadership and responsibility. What level of imbalance may lead to dependency and stagnation? Is there an ideal exit strategy for external change agents? We do know that improvement in local capacity that external agents leave behind determines how self-sustaining the CFPD process will be without external assistance.

The other division encountered in the literature is between local community action and mediated communication, such as radio and television. One question concerns the
role that media can play to support, reinforce, and legitimize the CFPD process in local communities and perhaps improve the effectiveness of the process. Because these two approaches usually are treated as mutually exclusive, if not in competition for resources, the possibility of featuring community action projects on television and radio typically is overlooked. Applying the principles of social learning theory and social comparison theory, it makes sense to select the best community action projects and let members tell stories about their projects on radio and television. Audiences in the surrounding area or throughout the entire country then could participate vicariously and perhaps learn enough to emulate what they see and hear, or at least initiate a dialogue in their communities. In this sense, media could not only reinforce local efforts but also multiply the impacts of successful programs on a larger scale.

Conclusion
If development ultimately is about people, communication for development needs to be based on some element of human involvement and active participation. Participatory communication is the core component of the communication for participatory development model, as it is in most approaches to communication for development and social change. By focusing on people’s active participation in the process, the model provides a framework to guide and improve applied communication research on development.

The communication for participatory development model, however, goes beyond dialogue per se by not assuming idealistically that once people begin discussing their problems, positive change automatically occurs. Full implementation of the communication for participatory development process is required, with active goal setting, assignment of responsibilities for action, and self-assessment of progress. Without well-organized collective action, participatory communication programs for development may result only in discouragement, heightened levels of dissatisfaction, and a lower sense of collective efficacy in a community. Dialogue and collective action are the participatory processes by which people can develop themselves, increase their collective efficacy, and continue to improve the communities in which they live.

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