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# Structure–Culture–Agency: A Review of Mohan J. Dutta's Culture-Centered Approach

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## Abstract

This article systematically reviews the Culture-Centered Approach (CCA), a theoretical framework pioneered by Mohan J. Dutta, a distinguished professor in the Department of Communication at Massey University, New Zealand. Against the backdrop of growing global health inequities, mainstream health communication models have been widely criticized for their individualistic assumptions and top-down intervention logic. Grounded in postcolonial critique and Marxist political economy, and informed by Dutta's transnational life and academic trajectory, CCA constructs an analytical framework centered on the dynamic interplay of structure, culture, and agency. This study traces the theoretical origins of CCA, critically examines the limitations of dominant health communication paradigms, and elucidates how CCA reconceptualizes culture as a fluid field of meaning-making. It argues that health communication practices should be co-created through dialogue within communities, thereby empowering marginalized groups. As a profound challenge to mainstream models, CCA offers significant theoretical and practical insights for health communication research and intervention in Global South contexts, including China—particularly in studying rural populations, migrants, and other marginalized communities.

## Keywords

Culture-Centered Approach; structure; agency; marginalized communities; postcolonialism

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## Introduction

Against the backdrop of increasing globalization, frequent interactions among populations from diverse cultural backgrounds have intensified global interconnectedness in health matters. Within this context, the concept of culture has gained prominence as a central focus within the field of health communication.

However, mainstream responses, often framed through a cultural sensitivity approach, tend to treat culture as a static set of values and belief systems. This approach seeks to identify key cultural factors using quantitative tools to design effective communication strategies aimed at influencing individual behavior within communities. By extracting specific cultural traits to craft persuasive messages, this method essentially instrumentalizes culture, perpetuating a top-down logic of control.

As a pioneering theorist of the Culture-Centered Approach (CCA) in health communication, Mohan J. Dutta has long critiqued the individualistic focus of mainstream health communication models. His work emphasizes a culture-centered framework that promotes community-based, bottom-up processes of social change and advocacy, creating spaces for marginalized groups to articulate their voices [1].

Mohan J. Dutta is a Distinguished Professor and Dean of the Department of Communication at Massey University, New Zealand. He serves as the Director of the Center for Culture-Centered Approach to Research and Evaluation (CARE) and is an elected Fellow of the International Communication Association (ICA). He also holds the position of appointed Editor for the SSCI-indexed Journal of Applied Communication Research. Dutta has authored more than 150 articles published in leading international journals such as Communication Theory, Health Communication, Human Communication Research, Health Education and Behavior, and Qualitative Health Research.

Against the backdrop of growing global health inequities and increasing postcolonial critique, Mohan J. Dutta's theoretical framework places the voices of marginalized communities and structural inequalities at the center of scholarly inquiry, arguing that sustainable social change must be achieved through dialogue with and empowerment of subaltern groups [2].

This article systematically examines the development, theoretical foundations, analytical applications, and practical implementations of Mohan J. Dutta's Culture-Centered Approach (CCA), while also tracing the origins of his culture-centered perspective to his own cross-cultural life experiences.

## Theoretical Foundations: Postcolonial Critique and Subaltern Studies

Within Mohan J Dutta's theoretical framework, the definitions of both health and culture are intrinsically linked to structure. Dutta conceptualizes "structure" as the organizational form of social systems, the pattern of resource distribution, and the mechanisms governing access to these resources. Structures not only allocate resources and conditions but also shape and constrain how individuals perceive their environments [3].

Culture and social structure are dialectically interrelated: while culture is constrained by structure, it also possesses the capacity to reshape it. It is this dynamic interaction that shapes how people from different cultural and regional backgrounds interpret the world and construct meanings of health within the possibilities and constraints imposed by structural conditions.

Dutta's focus on structure stems from his lived and academic experiences within multiple structural contexts. Historically, India—as a former British colony—experienced profound structural control by Western colonialism across linguistic systems, cultural autonomy, and ways of life [4]. Against this backdrop, Dutta was born into a family of communist educators in the small town of Kharagpur , India. Influenced by his grandmother and father, he was exposed from an early age to the works of Marx, Lenin, Engels, and Trotsky, which cultivated a Marxist political-economic lens through which he observes and interprets social change [5].

In his adult years, Mohan J Dutta moved across multiple academic and geographic contexts—from Kolkata, the capital of West Bengal, to the University of Minnesota, Purdue University, the National University of Singapore, and Massey University in New Zealand. His studies spanned agricultural engineering, communication, and social marketing, under the guidance of scholars such as William D. Wells and Ronald Faber. This interdisciplinary and transnational trajectory prompted Dutta to continually reflect on the relationship between culture and communication, forming a critical foundation for his research on the role of culture and communication in processes of social change.

Since the 1990s, the global spread of neoliberal ideology has not only contributed to the disintegration of traditional family structures in India under waves of modernization and economic development, but also exacerbated health resource inequalities across the Global South through widening wealth disparities [6].

Grounded in these experiences, Dutta's theoretical framework is deeply rooted in postcolonial thought and subaltern studies. It emphasizes a culture-centered methodology that creates platforms for theorizing from the margins, positing that sustainable social change is achieved by centering the voices of those structurally silenced.

## Challenging Dominant Communication Paradigms

As early as 1994, Lupton highlighted fundamental flaws in global health communication, pointing out that conventional approaches predominantly follow a top-down model, where information flows from authoritative institutions to passive audiences [7].

Research indicates that mainstream health communication theories largely focus on individual behavior change. For instance, the Theory of Reasoned Action (TRA) posits that behavioral intention—shaped by attitudes and subjective norms—is the primary determinant of behavior. Similarly, the Health Belief Model (HBM) is structured around six core constructs: perceived severity, perceived susceptibility, perceived benefits, perceived barriers, cues to action, and self-efficacy [8].

Dutta critiques these theories for being rooted in social psychology and a universalized biomedical perspective, which reductively frame health as a matter of individual behavior change while overlooking cultural, structural, and social dimensions. From a decolonial standpoint, such an approach to health reflects a neoliberal, Western-centric ideology that perpetuates capitalist expansion and structural inequality, systematically obscuring and depriving marginalized regions and populations of health resources [9].For instance, a meta-analysis conducted by Snyder in 2002 revealed that even strategically planned health campaigns yield only short-term and limited effects. More critically, such campaigns often exacerbate wealth disparities and further neglect marginalized communities [10].In the same year, Viswanath and Finnegan also emphasized that populations with low socioeconomic status—those most in need of health interventions—benefit less from these campaigns than their higher-status counterparts. Substantial evidence indicates that conventional health communication efforts ultimately widen pre-existing health and socioeconomic gaps [11].

Against this backdrop of marginalized voices being systematically overlooked, the Culture-Centered Approach (CCA) emerged. In his 2007 seminal article, "Communicating About Culture and Health: Theorizing Culture-Centered and Cultural Sensitivity Approaches," Mohan J Dutta delineated the theoretical foundations of CCA by contrasting it with the cultural sensitivity approach, and comprehensively articulated its analytical framework and practical applications.

## Core Theoretical Framework: Structure, Culture, and Agency

Within mainstream health research, culture is often treated as a kind of “exotic” or static entity—shaped by structural factors and observable from an external, detached perspective. Health campaigns developed under this view are typically expert-led, relying on the identification of specific cultural markers within a community to design messaging strategies aimed at modifying individual behavior.

Mohan J Dutta challenges this reductive view, arguing instead that culture constitutes a complex and dynamic web of meanings. It functions as a continuous element that evolves in response to political, economic, and communicative structures at local, national, and global levels [12]. Therefore, when health is examined through a culture-centered lens, health issues are revealed to be deeply embedded within the structural conditions of a given context.

In his research on health perceptions in Bangladesh, Mohan J Dutta identified poverty as the decisive factor shaping health outcomes, with local understandings of health consistently framed

by structural issues of inequality and resource scarcity [13]. Similarly, studies on HIV/AIDS in India reveal that perceptions of extramarital relationships are deeply embedded within broader cultural contexts. In such settings, top-down communication strategies often conflict with the moral and value systems of traditional Indian society.Social structures define the range of health choices available to cultural groups and determine their access—or lack thereof—to vital resources. However, Dutta refutes the mainstream portrayal of individuals within cultural communities as passive, lacking autonomy, or possessing low self-efficacy [14]. Instead, he argues that cultural participants, drawing on their deep understanding of local environments and structural conditions, actively engage in dialogue and communicative practices to navigate daily life and confront systemic challenges.

Thus, health is reconceptualized not as an individual-level phenomenon driven by top-down messaging, but as a community-centered process that emphasizes structural interventions and collective decision-making [15]. Dutta's work fundamentally seeks to amplify voices systematically erased within dominant knowledge systems, ensuring that marginalized perspectives are heard and integrated into health discourse.

## Methodological Practice: From Qualitative Insights to Quantitative Validation

In 1995, Bandura introduced the concept of collective efficacy and applied it to the field of health promotion. Collective efficacy is defined as "people's beliefs in their joint capabilities to forge divergent self-interests into a shared agenda, to enlist supporters and resources for collective action, to devise effective strategies and to execute them successfully, and to withstand forcible opposition and discouraging setbacks" [16].

Mohan J Dutta, who grew up within a traditional extended family in India, emphasizes that in vibrant and well-organized communities, members exhibit a strong sense of participation and actively mobilize personal and communal resources to advance positive health initiatives.He regards the community as the primary site for practical intervention and advocates for participatory communication methods—such as focus group discussions, community meetings, team-building activities, and ethnographic research. In practice, Dutta calls for researchers to invest substantial time in understanding and immersing themselves in the local culture, actively identifying structural barriers that marginalize populations, and collaboratively summarizing health challenges faced by the community. Through partnership with communities, he aims to co-develop communication tools, resources, and channels that facilitate social change [17].

The essence of the culture-centered approach lies in establishing voice infrastructures for marginalized communities [18], thereby enhancing their capacity to articulate concerns and participate actively in developing solutions.In the Sonagachi HIV/AIDS Intervention Program

(SHIP), initiated in Kolkata, India in 1992 with Mohan J Dutta's involvement, local sex workers established and managed the Durbar Mahila Samanwaya Committee (DMSC), assuming full ownership over the design and implementation of HIV/AIDS interventions. External experts, such as physicians and researchers, served only in advisory or supportive roles rather than as decision-makers [19].

Statistical outcomes demonstrate the program's success: condom usage among sex workers in Sonagachi, Kolkata's largest red-light district, rose from 3% in 1992 to 90% by 1999, while HIV prevalence remained comparatively low at around 11%. In contrast, cities employing traditional top-down campaigns—such as Mumbai and Delhi—reported infection rates as high as 50–90% during the same period.However, the broader effectiveness and replicability of this model require more systematic and quantitative validation.

A critical breakthrough was achieved in Mohan J. Dutta's 2019 study, A Culture-Centered Community-Grounded Approach to Disseminating Health Information among African Americans. Departing from earlier qualitative research, this work, conducted in Indiana, USA, was the first to employ a rigorous quantitative experimental design to scientifically evaluate the "knowledge enhancement effects" of a health intervention that was entirely designed and executed autonomously by community members [20].

At the outset of the project, Dutta's team established Community Advisory Boards in two African American communities—Lake County and Marion County—in Indiana. These boards held primary decision-making authority in identifying health priorities, designing communication strategies, and creating campaign materials. They subsequently launched a year-long community health communication campaign aimed at disseminating information from comparative effectiveness research in the area of cardiovascular disease.The local advisory boards conducted 70 in-depth interviews, 16 focus group discussions, and 12 communication design workshops to ensure that both the content and delivery of cardiovascular health information were grounded in the cultural narratives and lived experiences of community residents. This approach mirrors the decision-making autonomy exercised by the sex workers' collective in the Sonagachi project.

Results demonstrated that residents in the two intervention counties exhibited significantly higher levels of heart health knowledge compared to those in the control county, both when analyzed collectively and individually.

## Conclusion

This article systematically reviews Mohan J. Dutta's intellectual development and the theoretical foundations, framework, and practical applications of the Culture-Centered Approach (CCA). Dutta's theoretical contribution lies not only in his critique of mainstream health communication models but, more importantly, in constructing an analytical framework centered on the structure-culture-agency dynamic, offering a novel perspective for understanding global health inequities.

It is noteworthy that while Dutta exposes the fundamental flaws of top-down communication models from a critical standpoint, he does not outright dismiss the value of traditional research. Instead, through theoretical innovation, he opens up a more inclusive developmental space for the field of health communication. This enables new theories to complement existing ones and fosters mutual learning and integration between traditional and emerging paradigms. For instance, whereas Dutta's early work relied heavily on qualitative methods, his broader practical engagements have incorporated quantitative approaches such as surveys and experimental designs. These efforts provide objective, measurable scientific evidence supporting the claim that community-led, culture-centered interventions can effectively enhance health knowledge.

In the context of the rising Global South, Dutta particularly emphasizes that the Culture-Centered Approach (CCA) in practice is not merely a process of "localized adaptation" but a fundamental paradigm shift. In cases such as the Sonagachi sex worker community in India, rural Bangladesh, and Māori communities in Aotearoa New Zealand, he observed that marginalized groups, through the establishment of dialogic infrastructures, can transform everyday life experiences into effective health solutions. This bottom-up knowledge production process is key to countering the neoliberal model of health governance.

For China's health communication practices, Dutta's theory is applicable not only to marginalized groups such as rural populations and migrants but also provides a critical perspective for re-evaluating modernist development models. In the implementation of national strategies like Rural Revitalization and Healthy China, the CCA reminds us to prioritize the importance of local knowledge, avoiding a narrow equation of health with mere healthcare access. Instead, it urges emphasis on the agentic role of community cultural resources in health promotion.

Looking forward, the development of the CCA requires further exploration into the creative integration of quantitative and qualitative research, the establishment of more systematic evaluation indicator systems, and strengthened dialogue with other critical theories. Dutta's theoretical legacy lies in revealing that genuine health equity does not stem from propagating Western models globally, but from enabling each cultural community to construct its own healthy future based on its own knowledge systems.

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