Thomas Tufte: The Study of Entertainment-Education and Health Citizenship

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Abstract

This paper aims to review the outstanding contributions of Professor Thomas Tufte in the fields of communication and social change, with a particular focus on health communication. Professor Tufte integrates the ideas of empowerment and dialogue from Brazilian educator Paulo Freire into communication studies, summarizing and proposing the "Third Generation Development Communication" theory, which emphasizes community participation, attention to structural inequality, and citizen empowerment. In the field of health communication, he emphasizes the media cultural perspective of "Entertainment-Education" (E-E), which highlights the role of entertainment media in transmitting health information to influence individual behaviors and promote social structural change. Additionally, he advocates for health citizenship, arguing that citizens should be active agents in health decision-making and discussions. Against the backdrop of globalization and media proliferation, Professor Tufte calls for health communication to transcend the limitations of behavioral sciences, adopting interdisciplinary approaches that address the social roots of health inequalities, and building a citizen-centered communication agenda to address the complex global health challenges.

Keywords

Introduction

Thomas Tufte is the Vice Dean of the Institute for Research and Innovation at Loughborough University London, where he also serves as the Director of the Institute for Creative Futures. Additionally, he holds the position of Distinguished Professor at the University of the Free State in South Africa and Senior Research Associate at the University of Johannesburg. Tufte is one of the leading figures in contemporary research on communication and social change. His work in the fields of development communication, media and social change, health communication, and global health is renowned for its critical perspective and cross-cultural research. His theory of "third-generation development communication" has gained widespread recognition in the international academic community.

Professor Tufte has authored and edited over twenty books and published more than a hundred academic papers. He has also served as the guest editor for special issues in prestigious international journals such as Journal of Communication, International Communication Gazette, and Mediaciones. His research has been published in English, Spanish, Portuguese, and Danish, and has been translated into several other languages, including Italian and Greek.

As a leading figure in international communication research, Tufte has provided expert consulting in the field of development communication for international organizations, including the World Bank, UNICEF (United Nations Children's Fund), UNESCO (United Nations Educational, Scientific and Cultural Organization), and USAID (United States Agency for International Development). He has been actively involved in the International Association for Media and Communication Research (IAMCR), where he served as the joint coordinator of the Health Communication and Social Change Research Group. In addition, he co-edited Selected Readings on Communication for Social Change with Alfonso Gumucio Dagron. Throughout his career, Tufte has played an important role in the global communication research network.

Communication and Social Change: An Overview of Tufte's Scholarly Thought

As a scholar committed to communication and social change, Tufte grounds his theoretical framework in the ideas of Brazilian educational philosopher Paulo Freire. Freire argues that education should enable learners to critically examine social reality and, through collective action, transform oppressive structures, thereby achieving liberation and empowerment (Citelli et al., 2021). Influenced by this tradition, Tufte identifies empowerment and dialogue as the core elements of communication for social change (Citelli et al., 2021). He maintains that communication research should serve civil society by enhancing communities' expressive capacities and enabling collective action through participatory communication. In the field of global health communication, he advocates community-based communication models and emphasizes the need to analyze the structural determinants underlying health inequalities (Tufte, 2008; Tufte, 2012).

In his landmark work Communication and Social Change: A Citizen Perspective, Tufte summarizes the limitations of the first two generations of development communication and proposes the concept of the "third generation of development communication." This framework prioritizes community co-creation, focuses on structural inequalities and empowerment, and, in contrast to scholars such as Schramm and Lerner, places greater emphasis on local cultures and indigenous knowledge. Tufte regards communication as an integral component of social action and collective mobilization, underscoring the transformative power of collective action (Bona, 2019).

Tufte consistently positions the question—how communication empowers citizens and drives social change—at the center of his work. Combining a cross-cultural perspective, rigorous empirical research, and a sustained concern for the Global South, he not only constructs a theoretical framework for communication and social change but also translates scholarly insights into development practice through field-based projects. In doing so, he serves as a bridge between academia, policy, and local communities (Bona, 2019).

In the field of health communication, Tufte engages media and cultural perspectives to explore the role of Entertainment-Education in health promotion. At the same time, he adopts a citizen-centered approach to health communication studies, focusing on the concept of health citizenship (Tufte, 2008; Tufte, 2012; Tufte, 2001).

Entertainment-Education: A Media Culture Perspective

Tufte's early research focused on media culture and its role in social transformation. His doctoral dissertation, Telenovelas, Culture, and Modernity in Brazil, is considered a classic in the field of communication ethnography. His attention to media culture significantly influenced his later work in health communication. He particularly emphasized the method of Entertainment-Education (E-E), which involves using entertainment media to disseminate educational and social development messages. Tufte argues that this approach not only influences individual behavior but also promotes structural social change (Tufte, 2001).

Tufte highlights the potential of Entertainment-Education across different cultural and social contexts, especially in developing countries and resource-poor regions (Tufte, 2008). He points out that this method can effectively bypass the barriers posed by traditional education models, using mass media such as radio, television, and theater to deliver complex health information to broad audiences. This, in turn, encourages the adoption of healthy values and behaviors (Tufte, 2008).

Tufte stresses that the success of Entertainment-Education lies not only in its entertainment value but also in its participatory and culturally relevant elements (Tufte, 2001). He argues that to ensure the effectiveness and sustainability of communication content, it is essential to deeply understand and respect the local cultural context, while also employing participatory communication methods. This implies that when designing Entertainment-Education projects, collaboration among community members, health communication professionals, and entertainment producers should be encouraged. Through this collaboration, communication concepts and prototypes that align with local cultural values and needs can be co-created, ensuring that the messages are accurately understood and received (Tufte, 2001).

Tufte views Entertainment-Education as a powerful tool for promoting social change, not merely as a means of transmitting health information (Tufte, 2008). He believes that through entertainment forms, public critical reflection on social issues can be stimulated, community actions can be inspired, and broader social development goals can be advanced (Tufte, 2008). For instance, in Tanzania, radio dramas and interviews have been used to reduce stigma associated with albinism, addressing sensitive social issues through entertainment-based formats. This method can effectively facilitate encoded exposure to social norms, thereby influencing individual health behaviors (Riley et al., 2017).

Entertainment-Education projects utilize multiple communication platforms, including drama, radio, television, games, and social media, to increase knowledge, change attitudes, and promote social transformation. Tufte's research demonstrates that through these platforms, Entertainment-Education can achieve effective exposure to target audiences, ultimately influencing their health knowledge, attitudes, and self-efficacy (Farr et al., 2005). For example, in South Africa, the Eita! model has promoted the demand and use of pre-exposure prophylaxis (PrEP) through various channels, including radio, social media, television, websites, and chatbots (Riley et al., 2017).

Tufte's research practices encompass global health challenges such as HIV/AIDS prevention (Tufte, 2008). He argues that Entertainment-Education can play a critical role in addressing these complex issues by using compelling stories and characters to help audiences understand risks, adopt positive health behaviors, and reduce associated stigma and discrimination (Tufte, 2001; Tufte, 2008). For instance, in Ethiopia, an evaluation of an HIV/AIDS radio campaign found that Entertainment-Education effectively increased audience engagement with the program's content, leading to greater health knowledge, attitude changes, and enhanced self-efficacy (Farr et al., 2005).

Health Citizenship: A Citizen Participation Perspective

Tufte focuses on communication and social change, emphasizing the macro-level impact of communication on social structures and its relationship with social mobilization. Building on this framework, Tufte places particular emphasis on the concept of "health citizenship" in the health field (Tufte, 2012).

The concept of "health citizenship" introduced by Professor Thomas Tufte stresses that citizens should not merely be passive recipients of information but should actively engage as rights holders and agents of change (Tufte, 2012). Tufte argues that the core of health citizenship lies in empowerment, which involves enhancing individuals' and communities' abilities to access, understand, evaluate, and use health information, while actively participating in health decision-making and action (Tufte, 2012). Tufte contends that the ultimate goal of communication is to enhance the agency of marginalized and vulnerable groups, enabling them to better express their health needs and participate in the development of health policies and services, thus reducing health disparities (Tufte, 2012). For example, through participatory communication methods, community members can take an active role in the production, interpretation, and application of health information, thereby improving their health literacy—the ability to obtain, understand, process, and use health information to make appropriate health decisions.

Health citizenship also means that citizens are able to critically examine existing health systems, policies, and information, and actively participate in public discussions on health issues (Tufte, 2012). Tufte's research suggests that the field of social change communication needs to utilize critical pedagogy to "deconstruct and relearn" communication in response to resistance, criticism, and emerging practices in the field (Tufte, 2012). This critical perspective provides a theoretical foundation for cultivating the critical thinking and social action capabilities of future health communication professionals, further strengthening the concept of health citizenship. This implies that citizens should not only receive information but also possess the ability to question the sources, purposes, and impacts of that information, and participate in public policy discussions about health, ultimately promoting more equitable health services and policies.

Tufte's research implicitly frames health as a universal social right, with effective health communication serving as a crucial tool for realizing this right (Tufte, 2012). By promoting information access, knowledge sharing, and community participation, communication helps break down barriers in the health domain, ensuring that all individuals, regardless of socioeconomic status, cultural background, or geographical location, can enjoy the benefits of health and well-being (Tufte, 2012). This means that the goal of health communication is not only to change individual behaviors but, more importantly, to drive changes in social structures and policies to safeguard the health rights of all individuals.

Professor Thomas Tufte's perspective on health citizenship emphasizes that communication plays a critical role in advancing health equity. Through the empowerment of individuals and communities, it encourages critical participation and ultimately promotes the realization of health as a universal social right (Tufte, 2012). This goes beyond the traditional one-way information transmission model and advocates for a citizen-centered approach to communication that emphasizes participation and cultural sensitivity. This approach is essential for addressing global health challenges and achieving sustainable development (Tufte, 2012).

Health Communication Research Directions in the Context of Globalization and Mediatisation

In his article Communication and Public Health in the Context of Globalization, Professor Thomas Tufte systematically reviews the achievements and challenges of health communication, as well as its development directions within the context of globalization and mediatisation (Tufte, 2012).

Tufte argues that health communication, as an independent field, has made significant progress since 1975, particularly in its use of mass communication as a persuasive tool and its application of quantitative research methods, such as randomized controlled trials and experimental designs, to assess the effectiveness of health interventions (Tufte, 2012). This approach mainly focuses on changes in individual knowledge, norms, beliefs, and behaviors, attempting to quantify the impact of public health campaigns. However, Tufte emphasizes that this behaviorist approach has significant limitations, as outlined below (Tufte, 2012):

Firstly, the absence of social sciences. The field of health communication has notably lacked integration with the social sciences, particularly sociology, anthropology, media studies, and political science. This gap has led to a tendency within health communication to overlook the deeper social, cultural, and political roots of health issues (Tufte, 2012). Secondly, limitations in evaluation. Existing evaluation methods struggle to isolate the specific effects of multimedia campaigns and fail to deeply analyze how social, cultural, and policy contexts affect the outcomes of interventions. This narrow evaluative scope limits our understanding of the mechanisms of health behavior change and may lead to misjudgments regarding the effectiveness of interventions (Tufte, 2012). Thirdly, the neglect of macro-level factors. Health communication often focuses excessively on individual-level behavior change without sufficiently considering broader macro-level social determinants such as citizenship, socioeconomic status, power relations, and wider policy priorities. This can sometimes result in health communication practices that are counterproductive, transforming into a process of "de-powering" rather than "empowering" (Tufte, 2012).

Tufte argues that health communication is facing challenges from globalization and mediatisation (Tufte, 2012). He notes that we are confronting a complex and unstable global landscape, where individual subjectivity is disrupted, social relations are increasingly liquid, and risks are pervasive. In such a context, health communication cannot remain confined to behavior change but must deeply understand how these macro forces shape people's health perceptions, behaviors, and health citizenship (Tufte, 2012).

To address these challenges, Tufte proposes an emerging health communication agenda that calls for deeper interdisciplinary integration and a paradigm shift within the field. This agenda includes three key assertions (Tufte, 2012):

The core of public health lies beyond the public health system. Tufte emphasizes that health issues are not merely medical or biological problems but are deeply interconnected with broader social, economic, cultural, and political factors. These include civil rights, empowerment, socioeconomic status, cultural values, power relations, and policy priorities. Therefore, effective

health communication must move beyond traditional medical frameworks and embed solutions within broader social networks and community life, adopting a holistic perspective (Tufte, 2012).

Globalization forces are central to understanding and addressing health challenges. Globalization has introduced new health risks while altering people's identities, social relations, and the processes by which meaning is constructed. Phenomena such as large-scale migration and the mediatisation of life have destabilized modern subjectivity, leaving individuals facing existential insecurity, fear, and uncertainty in their daily lives. Health communication must deeply analyze how globalization influences these processes and explore how, in the context of global localisation, health citizenship and collective action can be promoted (Tufte, 2012).

Global health communication urgently requires a stronger epistemological, theoretical, and methodological foundation. To effectively tackle ongoing global public health challenges such as HIV/AIDS, tuberculosis, malaria, obesity, and diabetes, health communication can no longer be confined to a behaviorist perspective. It must integrate theories and methods from disciplines such as sociology, anthropology, media studies, and political science to create a more comprehensive interdisciplinary communication paradigm. This means better theorizing modernity, globalization, and social change, thoroughly analyzing the process of mediatisation in society, and employing interpretive, culture-centered, and qualitative methods, such as media ethnography, to understand how people construct meaning and engage with health information in the context of globalization and mediatisation (Tufte, 2012).

Conclusion: Rebuilding Hope in the Name of Communication

Starting from Paulo Freire's philosophy of education and moving towards social practices in the Global South; from the everyday narratives of media culture to the grand themes of communication and social change—Tufte's research has always been grounded in "development" and "empowerment." He focuses on marginalized groups and advocates for social equity (Citelli et al., 2021).

In the context of a world increasingly marked by pandemics, wars, and growing global inequality, Tufte calls for communication studies to transcend Western-dominated technological utopias and commercial logics. He argues for a shift toward a humanistic communication framework centered on liberation and empathy. Drawing on Latin American liberation theology and African Ubuntu philosophy, Tufte promotes the concept of "sociology of absence and emergence," advocating for communication practices that focus on marginalized knowledge and groups. Through emotion, dialogue, and hope, he envisions the reconstruction of humane social connections (Citelli et al., 2021).

This is Tufte—a scholar whose intellectual depth is matched by his humanistic warmth, a thinker who has consistently used the power of communication to empower citizens and the light of knowledge to illuminate social change.

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