ABSTRACT

Title of Document: SITUATING ORGANIZATIONAL
PARTICIPATION, DISCOURSE, AND
DEVELOPMENT AT TWO KEY GLOBAL
MATERNAL HEALTH CONFERENCES: A
CRITICAL-CULTURAL ANALYSIS

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This dissertation studied discourse produced by development organizations *for* and *about* the global maternal health problem (GMH). Discourse analysis was conducted to answer two research questions: How did distinctive organizations engage in the Women Deliver and Global Maternal Health conferences; and how did the organizations represent the problem of GMH at the conferences (Carvalho, 2008)? This analytic inductive study considered distinctions between GMH organizations and examined how organizations exhibited constitutive (reified) understandings.

The global development community has sharpened its focus on GMH due to the lack of progress toward the Millennium Development Goals. Goal five (reduction of maternal mortality), is the farthest behind. Estimates suggest that 1,000 women currently die during pregnancy and childbirth daily (WHO, 2011). Correspondingly, organizations have publically expressed renewed commitments.

Organizational (Ashcraft & Mumby, 2004), postmodern scholars (Holtzhausen & Voto, 2002), and critical global public relations scholars (Curtin & Gaither, 2007; L'Etang, 2005, 2010) claim that meaning production occurs through hegemonic public relations. The purpose of this dissertation was to extend the field's understanding of manifestations of organizational power and discursive meanings.

In total, 72 units of data were analyzed from a purposive sample of six organizations. Codes were assigned 1603 times and reduced using Charmaz's (2006) emergent coding scheme. For validity, member check discussions were conducted with eight individuals. Findings revealed that advocacy was woven into meanings at the conferences; seen through organizational identity, speaker identity, and conceptual identities. Organizations sought recognition and legitimacy, and agreement with other organizations. Power and hierarchy undermined messages of accountability, integrity, and rights.

Significantly, development discourse was univocal, as suggested by symbolic representations of organizational roles and identity constructions. Discursive themes of policy, progress, health, and measurement regulated representations. However, divergent meanings did create contradictions between understandings. Consistent with theory, meanings were fluid and unfixed, but had historical and political significance.

This dissertation met the need for public relations theorists to embrace the circuit of culture as a means of capturing discrete meanings. The study also offers a three-dimensional model to accommodate interactions by multiple consumers of communication patterns and articulations.

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CONFERENCES: A CRITICAL-CULTURAL ANALYSIS

By

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Dissertation submitted to the Faculty of the Graduate School of the
University of Maryland, College Park, in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy
2012

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Dedication

For my husband, Brendan. For the way you keep the world at bay for me. You are my person. I love you.

Acknowledgements

The expertise of my committee helped me refine my research agenda, and this dissertation would not exist in its current form if not for their help and guidance. I was so fortunate to have talented public relations, organizational, feminist, and cultural studies scholars on my committee.

My growth as a critical, interpretive scholar and feminist was shepherded by Dr. Linda Aldoory, who advised me and taught me from my first semester on. She reassured me more than once at moments of personal and scholarly doubt. She reassured me that the beliefs and questions I had about gender, health, and power *did* fit together. She agreed and supported my frustrations about the value of criticism and subjective, reflexive scholarship in the academy. Her qualitative research methods courses and health communication course were a joy to attend. I knew that each class session I leave knowing myself, my assumptions, and my field better than when I arrived.

The inklings of this research stream began in my first year theory class with Dr. Elizabeth Toth. She asked students to bring comments and questions on our readings to each meeting. Dr. Toth thoughtfully and deliberately wrote responses and discussed our observations in class. She noted my tendency to question and comment with a critical eye on public relations in society. Throughout my time as a student in the department, she was always willing to converse with me, loan me her books, and respond to my emailed questions at all hours. During this class, I met Stephanie Harrington, who came to be a good friend in and out of grad school life.

I also came to know Dr. Sahar Khamis and Dr. Andrew Wolvin in my first year as a doctoral student. I was highly impressed by Dr. Khamis' emancipatory field work with rural Egyptian women and her training in cultural studies. Dr. Wolvin was a pedagogical influence and a role model given his consulting work on strategies for listening and presenting to stakeholder audiences. I also owe special thanks to Brooke Fisher Liu, who invited me to sit in on her classes, took great pains to respond to my emails about research quandaries and served as a crucial contributor on my prospectus committee and subsequent dissertation research.

Dr. Lynn Bolles embodies the character and high quality that is the University of Maryland Women's Studies department. I feel extremely fortunate to have worked with her and other women's studies faculty with expertise in my scholarly interests.

I could not have reached completion on this project without the confidence and encouragement of my academic support team. At the University of Maryland, this included my dear friend Alyssa Samek. Alyssa enthusiastically befriended me during first year orientation, and became a trusted running companion, karaoke duet partner, and unwavering friend. Many thanks for long conversations about feminist subjectivities and mixed methods!

The dissertation process was both dramatic and enlightening thanks to my de-brief partner and emergency contact, Abbey Levenshus. I like to think that we dragged each other across the finish line on more than one occasion, and told it to each other straight about motherhood, data analysis, and the politics of academic research.

Brendan, who refused to let me quit, who convinced me I would reach this point when I had lost hope, who propped me up so many times I lost count. You reassured me repeatedly of your belief that it would all be worth it. I owe you many lifetimes of fun and a positive attitude! My adora-babe and comps good luck charm, Kieran, who changed me for the better from the moment I learned of your pending arrival. You captivated me as you came into your little self with your laughter, squeals, and energy. You took me away from dissertation worry. Your needs merged with mine, showing me that with you by my side and in my arms, I still had the focus and determination to do this (lacking time and sleep)! I hope that one day you will be proud that I finished this during your first 18 months on earth. Thank you for reminding me every day that I could be a good mom and a "good enough" researcher and writer!

To my cherished godmother, an amazing writer and woman, Debbie Hobler, for understanding and getting it: avoidance, anxiety, self-doubt, pressure, and family dynamics. I hope this milestone helps your masterpiece in the making. I am convinced that your book is destined for great acclaim. My cousin Coburn Dukehart, who lived with me for a year and shared meals, music shows, thrift store excursions, and most importantly, her friends (!), so I could get comfortable in D.C., making me miss my husband a little less.

For my father David Hobler, who called me a PhD candidate long before that title became a reality, who shared anecdotes and quips on voice mail, email, and in print. He and cherished supporter Kathleen Paniagua called, wrote, and texted me positive energy. You both commended me when I cut myself off from all other

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Chapter 1: Introduction

Scholars from development studies have critiqued dominant hegemonic definitions of "development," as interpreted by institutions that have historically occupied positions of power (Dissanayake, 2000; Escobar, 1995). The study of organizations as sites of meaning production is a means of examining development discourse. In 2011, Lindlof and Taylor noted a turn in communication scholarship[1]—an interest in "nontraditional sites" such as NGOs. Others have similarly identified concern with the study of discursive patterns associated with organizations (Ashcraft & Mumby, 2004).

Organizational (Ashcraft & Mumby, 2004), critical (L'Etang 2005, 2010; Motion & Weaver, 2005), and postmodern scholars (Holtzhausen & Voto, 2002; Ströh, 2007) claim that the meaning-making acts through public relations as hegemony. Extant global public relations literature has connected development communication to organizational ideologies (Curtin & Gaither, 2007; Freitag & Stokes, 2009).

This dissertation looks at how global maternal health (GMH) is communicated by organizations through 'development discourse' (Harcourt & Escobar, 2005). Although the term "global" is problematic, given the regional, local, and situational complexities of each mother's experience, it is a term often-used in conferences and meetings. Treating representations of GMH as forms of cultural public relations, this research seeks to capture communication by key organizations engaged in discrete events, two key GMH advocacy focused conferences that took place in 2010.

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[1] The field of communication scholarship is a theoretically grounded academic area of study that draws upon theories pertaining to mass communication, health and risk communication, and issues management (Botan & Taylor, 2004). The term communication is used throughout this dissertation to refer to how organizations and speakers define their interests and worldviews through symbolic discourse (Curtin & Gaither, 2007).

Development organization initiatives aimed at helping improve the lives of women have generally been unsuccessful (Bessis, 2004; Harcourt, 2002; Lazreg, 2002; Steeves, 2000). Since the 1970s, international development organizations have claimed to center women in gender and development programs, yet the accomplishments of these programs have fallen short (Mody, 2003). As stated by Tolhurst, Raven, and Theobold (2009), gender position in one's community and family directly affects women's access to health care and health status in regions across the globe. Development organizations have invested in population control and family planning efforts in the past, but social and cultural change has been limited (Greene, 2000; Harcourt, 2002).

The Millennium Development Goals (MDGs) created in 2000 by United Nations countries, expressed commitment to improving maternal health. As the twenty-year mark of the Millennium Development Goals (MDGs) approaches in 2020, more development organizations have been publically expressing commitments to improving global maternal health (GMH). For the most part, a handful of institutions and agencies dictate the GMH agenda.

In light of recent strategies and policies to define the global maternal (and child) agenda, maternal mortality has become a priority for many organizations (Rosenfield & Min, 2009). Key concerns include measuring maternal mortality by country, tying economic and social factors to programmatic and policy recommendations (Child & Ehiri, 2009). Maternal health development organizations face challenges politically, financially, and logistically. They also struggle to convince stakeholder publics of the necessity of maternal mortality as an international social injustice (as was articulated through the Safe Motherhood initiative, established in 1997) (Rosenfield & Min, 2009).

Communication scholars have asked for alternatives to existing models of communication used in development, and have recommended approaches that are community-focused, gender-aware, and guided by advocacy (Melkote & Steeves, 2001; Steeves; 2001; Servaes & Malikhao, 2010; Wilkins, 2000). Social and cultural advocacy efforts for women's health require resources and organizational commitment. The role of Western-based organizations in defining health problems in the "developing world" begs scrutiny.

Justification for Study

Given recent critical-cultural contributions to public relations theory, researchers of cultural processes and practices bear the responsibility to move beyond the study of audiences and practitioner perspectives, to scrutinize the social role and actions of organizations. The circuit of culture holds value to public relations studies of representations and organizational or issue identity, (e.g. Champ, 2008; 2010; Curtin, 2010; Curtin & Gaither, 2006; Gaither & Curtin, 2007; Han & Zhang, 2009), but more research is needed on the linkages between producers, representations, identities, and the regulatory environment.

H. H. Edwards and Kreshel (2008) analyzed public relations messages with the understanding that multiple cultural 'realities' exist in a complex social context that is perpetually in flux. The term culture refers to the "production and circulation of meaning" (duGay, Hall, Janes, Mackay, & Negus, p. 13). The point of production resembles Hall's (1980) concept of encoding (i.e. embedding preferred readings), and the point of consumption corresponds with the act of decoding (Hall, 1980), or negotiated interpretations. Du Gay et al. (1997) also included in the circuit three other points--social

identities, symbolic representations, and regulation, or "mechanisms" that moderate the adoption and circulation of representative meanings (p. 3).

As the circuit is active and dynamic, my dissertation sought to contribute theoretically in three ways. First, it included closer study of the articulations and relationships between points on the circuit in order to acknowledge constraints and limitations on production. Articulations change the cultural practices of producing and representations of those practices (du Gay, 1997, p. 4). This research accounts for the social and cultural location of the concept of GMH at a particular time.

My critical interpretation of discourses is my second contribution. Du Gay (1997) situated the practice of representing through discourse as a starting point in the cultural meaning production process. Discourses are reflective and informed by identities of the individuals and concepts associated with representations. In this dissertation, I closely examined how GMH as a concept was encoded or 'made meaningful.'

My third contribution concerns self-reflexivity. Champ (2008) proposed a three dimensional version of the circuit of culture model; positing that cultural processes also influence meanings during the researcher's analysis and when their academic research is read. Curtin and Gaither (2005) suggested the model's usefulness extended to micro and macro analyses across global contexts and circumstances; that it connected "the particular and the institutional" (p. 106). Assuming this depiction of how communication processes iteratively inspire comparative meanings, I concluded reflexively with my own experience of making meaning through my research and forming conclusions for my readers.

Overview of Dissertation

With this dissertation, I sought to build theory about cultural public relations by development organizations by examining discourses that were produced by these organizations about GMH. I assumed that knowledges shared and communicated by the development industry were socially and culturally constructed (L' Etang, 2010), and that public relations representations act to produce meaning in a broad global cultural environment (Curtin & Gaither, 2005). As Curtin and Gaither (2005) note, "Discursive formations govern how a topic is given meaning and how ideas are put into practice" (p. 99). I studied how organizations engaged with GMH discursively, treating two conferences as sites of meaning constructions.

My dissertation addressed the cultural production of communication about maternal health. I studied how in this current historical moment, organizations attempt to utilize communication about GMH to connect, collaborate, and advocate for women and their maternal health. Scholarship in public relations encouraged a turn toward "alternative communication practices" (organizational power is dismantled in favor of practice that serves public interest) (Pal & Dutta, 2008). I analyzed representations critically to examine how constructions of GMH illustrated dynamics of power. In choosing a theoretical base, I reviewed the postmodern, modernist, and rhetorical perspectives of public relations.

The purpose of my dissertation was to examine manifestations of organizational power and understandings of discursive meanings. I suggested the circuit of culture as a theoretical basis for public relations that bridges production, representations, and regulatory forces. Communication scholars have an opportunity to expand public

relations research by incorporating the circuit of culture as a theoretical framework for explicating identity and power in development communication. The circuit illustrates contextualizes discursive examples that show the richness of polyvocal understandings of meaning (Curtin & Gaither, 2005).

Summary of Methods

My primary method for this study was discourse analysis from a critical-cultural perspective. I chose to focus on two events that explicitly stated purposes of bringing together stakeholders and experts from organizations of all types, who shared a commitment to generating solutions to solving the global maternal health crisis: Women Deliver, held in June of 2010; and The Global Maternal Health Conference, held in September of 2010. By looking closely at representations of the global health problem, I saw similarities and distinctions between message producers from different organizations. At these events, organizational spokespeople identified their organization's place in addressing the problem. Actions taken at and after these conferences (e.g. the announcement of $1.5 maternal health grant; a $40 billion in pledges to support the Global Strategy for Women's and Children's Health and the related MDGs; over $5 billion in pledges by G8 countries, and the launch of the Muskoka Initiative to decrease maternal mortality) suggested that 2010 would be an important time for the international development agenda for GMH.

The method for this dissertation, discourse analysis, is a specific form of document analysis that allows the researcher to uncover symbolic representations of meanings and study them in context (Carvalho, 2008). Discourse is present in social language, and in events and experiences (Alvesson & Karreman, 2000). In addition to

analyzing symbolic representations from sources such as website content, keynote and plenary speeches, panel discussions, presentations, hard copy materials, and field notes, I used informal informant member checks to ask individuals their perceptions and understandings of my findings. My attention was centered on articulations and executions of public relations about GMH. Therefore, I have limited my literature to areas of communication scholarship that are relevant to this issue.

Significance of Dissertation

This style of study departs from public relations research that privileges the organization (Grunig, L.A., Grunig, J.E., & Dozier, 2002) *and* from qualitative scholarship focused on receivers of messages produced by organizations (Vardeman & Aldoory, 2008; Vardeman & Tindall, 2008); and focuses instead on communication from organizations (see Champ, 2008; Daymon & Hodges, 2009). Cultural public relations scholarship has developed through the perspective that cultural meanings change through circulation and as a function of the audiences' experiences and familiarity with other mediated content (Acosta-Alzuru & Kreshel, 2002; Modleski, 1982). This dissertation applies critical-cultural public relations literature and theory to uncover how representative meanings are constitutive (Han & Zhang, 2008; Jiang & Ni, 2009). Through this dissertation research, I located diverse messages about GMH, as illustrated in spaces where institutions and speakers built and transformed meanings (Buzzanell & Ellingson, 2005; Harter, Kirby, Edwards, & McClanahan, 2005; Valdivia, 1995).

Communication by development organizations. Development communication scholars have not adequately explored inter-organizational dynamics, aid politics, or practitioner involvement in the communication process (Peterstone, 2007; Waisbord,

2008). Despite the conceptual depth and methodological choices of communication theory, organizations treat the concept as way to deliver messages (Waisbord, 2007). In 2007, Petersone called for an integrated model of applied public relations that would theoretically advance development communication practice. He argued that communication supports and facilitates development, and should be informed by organizational development communication strategy.

Peterstone (2007) and Waisbord (2008) have argued that development institutions remain focused on technical ways to disseminate/diffuse communication messages, leaving strategic communicators with little authority or opportunity to advocate for communication for social change as an ethical responsibility. Looking at the culture and identity of development institutions, Waisbord (2008) found that public health experts exhibited an effects view of communication that prohibited investments in participatory thinking and advocacy programs. He suggested that political and social progress could be advanced by identifying and building awareness about problems, and introducing viable solutions (Waisbord, 2007).

Communication scholars with field experience have confirmed that organizational hierarchies have continued to dictate a top-down communication paradigm (Waisbord, 2008). Furthermore, development communication programs for social change are under-supported in program planning and execution (Greiner & Singhal, 2009; Peterstone, 2007; Porras, 2008; Waisbord, 2008). Within this culture of development, feminist objectives in gender and development have suffered for lack of support (Porras, 2008; Rattine-Flaherty & Singhal, 2009).

Lewis (2005) suggested scholars consider certain settings, or sites, as potential opportunities to capture an "organizational communication phenomenon" (p. 242). In this dissertation, I considered the manner in which organizations made meanings around GMH in the context of two conferences. I did so by observing and theorizing about how development institutions and organizations represented the present context for GMH. These representations portrayed challenges, solutions, and roles for the GMH global health development community.

This dissertation investigated the role of producers in the context of specific sites and moments in time. Through my research, I identified ideological limitations that influenced discourse about maternal health. As Benoit and Czerwinski (1997) argued in their critical analysis of organizational image, speakers have choices to make about persuasive messages; distinctions that can be studied by looking _within_ and _across_ texts.

Analysis of discourse unearthed how select organizations created representations of meaning. My research questions drew on cultural public relations literature, prompting me to examine how organizations enact communication for development. Through its use of the circuit of culture, this dissertation advances understandings of development communication as a form of public relations and of public relations as discursive and cultural.

Concepts

Having identified a few of the gaps in research, I proceed, in the next section, to specify the definitions of terms most useful for my dissertation. These are concepts relating to the function of public relations, communication for development, and the concept of motherhood in a global world.

Public relations. Botan and Taylor (2004) called public relations a professional practice and a subfield of communication with theoretical and conceptual tools useful to health, risk, and political communication. Public relations is an applied communication practice and a theoretical area of academic study. In 1992, Toth identified the rhetorical, critical, and systems perspectives as the three paradigms in public relations research. However, she later reconsidered the number and types of scholarship within the discipline; she encouraged paradigm development and the creation of new "conceptual foci" (Toth, 2009, p. 714).

The rhetorical view of public relations has shown how organizations construct meaning and enact their views in concert with others who produce similar and opposing narratives (Vasquez & Taylor, 2001). Heath (2007) posited that public narratives "that give meaning, direction, and coordination" are produced by multiple polyvocal discourses that converge and diverge (p. 41). Heath (1994) offered a notion of shared meanings, or zones of meaning that exist within a "fully functioning society" (Heath, 2009, p. 2). Vasquez and Taylor (2001) affirmed that meanings are formed and re-formed through a dynamic clash of narratives. If narrative depictions differ by organization, resultant social understandings reflect a blending of various perspectives.

The critical view of public relations differs from the rhetorical view in that it is fundamentally concerned with how organizations exhibit power and the negative impact of hegemony on public interest (Toth, 2009). Although critical scholars examine discourse in texts to question and challenge organizational assumptions, they can also spark new ideas with their research about how constructions of meaning are contextual and can be resisted (Toth, 2009). Leitch and Motion (2010) noted that a "discourse

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approach to public relations directs our attention to a number of key challenges, including how to navigate the multiplicity of discourses and subject positions" (p. 107).

Public relations research has called for organizations to relinquish social, economic, and political control, share power, and be respectful and inclusive of other cultures (Curtin & Gaither, 2008; L. Edwards, 2009; L'Etang, 2005, 2010). Heath (2007) has expressed an expectation that the organization be responsible in how it treats an issue and the affected publics. My purpose with this research was to examine symbolic forms of power as well as practices of constructing knowledge exhibited by these organizations.

The organization. Ashcraft and Mumby (2004) consider organizations to be a loci of power. According to Hatch and Cunliffe (2006), the organization projects certain characteristics to communicate its identities. It builds public narratives through representations, expecting its representatives to promote the organization's principles and values in a consistent way (Hatch & Cunliffe, 2006).

Dozier, Grunig, and Grunig (1995) regard the organization as responsible for understanding and segmenting its publics in order to more effectively and efficiently apply public relations strategies in a situation. Others have noted that often, it is the organization that initiates "public relations problems" (Kim & Ni, 2010, p. 52). For example, Berger (1999) found that in moments of crisis, organizations tend to seek out interactions with publics where they can affirm their ideological world view and maintain legitimacy.

Development communication. To clarify, development is more than foreign assistance to individuals "struggling to make a better life," health care, or forms of humanitarian assistance (U.S. Agency for International Development, 2011). The right to

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a better life must include "basic needs," (see Streeten, 1982) *and* a full range of physical, material, spiritual, and sexual desires (Nussbaum, 2000; Jolly, 2007).

Development, according to the United Nations Development Programme (UNDP), is about "building human capabilities." The notion behind development is to enable individuals to "lead long and healthy lives, to be knowledgeable," and "have access to the resources needed for a decent standard of living" (United Nations Development Programme, 2011).

The development industry is composed of organizations that grant international development funding and determine its use. These multilateral and bilateral organizations include United Nations (UN) agencies, donor governments, recipient governments, international foundations, consultants, non-governmental organizations, activists, and researchers (Jolly, 2007).

A few scholars writing about the practice of communication have offered definitions of development communication that describe its two-way, technical and support functions (Fraser & Restrepo-Estrada, 1998; Moemeka, 2000; Steinberg, 1996). Development support communication (DSC) takes a holistic, integrated view of communication that draws on values of participatory decision making (Melkote, 2000; Steinberg, 2009). The Food and Agriculture Association (FAO) has used DSC to assess the needs of rural populations, mobilize groups to gather information, and involve them in decision-making, education and training (Servaes, 1999). Wilkins and Mody (2001) described this process as initiated by institutions, using communication to "advance socially beneficial goals" along with community involvement (p. 385).

Peterstone (2007) offered a normative description of development communication: "culturally contextual, people oriented, empowering, and egalitarian" (p. 4). Scholars such as Servaes & Malikhao (2010) and Wilkins (2010) have attempted to theorize models of development communication using concepts such as advocacy communication or communication for structural and sustainable social change. According to Wilkins (2009) advocacy communication is used to bring about changes in policies.

Image of the mother. Scholars have studied the position of mothers in the global South[2] to understand how families, societies, and even nations conceive of motherhood (Jansson, 2009). Frequently mothers serve others (i.e., men and children). The Western world also regards children as innocent, and helpless; in need of care and protection (Jansson, 2009, p. 245). The image of the mother as a universal subject for consumption persists across the globe. In analyzing representations of GMH, it was my expectation that I would encounter constructed identities of mothers in developing countries and the health risks they faced.

Motherhood is inherently a gendered state. The concept of gender is a "socially constructed division" between men and women (Steeves, 1987, p. 11). This definition is acknowledged by some health and development organizations. For instance, The Johns Hopkins Bloomberg School of Public Health (2003) defines gender as the "socially constructed roles and responsibilities assigned to women and men in a given culture" (p. 1). Gender is a social construction, as well as an identity experienced along with other social identities such as race, class, sexuality, and nationality (Collins, 1990).

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[2] Harcourt (2009) defines the term "global South": as countries located in the southern region of the world, which tend to be disadvantaged economically when compared to the "global North," richer countries situated geographically in the North (p. 10).

When representations invoke gender, the concept functions to connote and reify

existing gendered meanings. When gender is absent, its invisibility is due to political,

social and cultural circumstances. The practice of communication across environments

and settings can exclude gender (Foss & Foss, 1988; Rakow, 1987). Gender is a social

structure-- enacted, produced, maintained, but also changed by society (Risman, 2004;

Scott, 1991).

The Global Maternal Health Problem

The GMH crisis is a daunting problem for the development industry. A number

of organizations and stakeholders are engaged in GMH. Their representations form and

sustain discursive meanings of maternal health and related themes, such as health and

development, gender, and culture. The first step for this dissertation study was to assess

the context of the GMH problem.

Globally, this problem is most severe in the poorest regions of the world, where

women are severely lacking in maternal health care services (Gill, Pande, & Malhotra,

2007; World Health Organization, 2011a). According to some estimates, one in six

women in "developing" countries dies in childbirth (Ronsmans & Graham, 2006).

Official estimates suggest that 1,000 women currently die during pregnancy and

childbirth every day (WHO, 2011a). Health complications in pregnancy and childbirth

are the leading cause of death and disability among 15 to 19 year old women in

developing countries (World Health Organization, 2009). These deaths result from

health problems that develop during pregnancy, postnatally, or during delivery (WHO,

2011a). Major causes of maternal morbidity and mortality include hemorrhage, infection,

high blood pressure, unsafe abortion, and obstructed labor (World Health Organization,

2010). Pregnancy-related death is not possible to measure completely and accurately, but

these estimates still demonstrate the existing problem of GMH (WHO, 2011b).

      Organizations focused on maternal health. At the two conferences,

organizations articulated that GMH was part of their mission, and communicated the

ways they would be involved in development for GMH moving forward. Below, I

provide brief definitions of the types of development organizations present at the

conferences.

- Multilateral Organizations: These organizations consist of member states from
  multiple national governments that commit representatives. Funding comes from
  government bodies and other sources, but is re-distributed to other countries
  (International Medical Volunteers Association, 2011). The United Nations
  Population Fund (UNFPA) and The World Heath Organization (WHO) are
  examples of multilateral organizations.

- Bilateral Organizations: These entities include international aid development
  agencies located in a single country (International Medical Volunteers
  Association, 2011). The United States Agency for International Development
  (USAID), the U.S. State Department, and U.S. Health and Human Services are all
  examples of bilateral organizations.

- Civil Society Organizations (CSOs): Non-Governmental Organizations (NGOs),
  and non-profits are private voluntary organizations (PVOs). According to the
  World Bank (2011b), CSOs include NGOs and non-profits. Estimates suggest
  that these groups are responsible for 20% of aid to developing countries
  (International Medical Volunteers Association, 2011). Examples of NGOs and

non-profits include Family Care International, the Population Council, and Save the Children. Foundations such as the Bill and Melinda Gates Foundation and the Robert Wood Johnson Foundation also fall into this group. This category would also include collaborative partnerships, such as the Maternal Health Task Force, and organizations such as Women Deliver.

In addition to development institutions, agencies, and organizations involved with GMH development, women's advocacy health groups and individual activists have played an instrumental role in establishing maternal health on the international development rights agenda.

Investments in women and mothers. Women's rights groups have stated that more financial support is required for the basic health services needed in order for maternal health to improve. These struggling communities need trained health workers to provide prenatal, postnatal and family planning care (Women Deliver, 2010a).

Following the Safe Motherhood Initiative in 1997, The Bill and Melinda Gates Foundation funded the start of an initiative called Averting Maternal Death & Disability (AMDD) in 1999. In 2000, world leaders at the UN Millennium Summit created the Millennium Development Goals (MDGs). In 2005, a considerable number of countries, donors, multi-lateral agencies, universities, and NGOs joined a WHO initiative: the Partnership for Maternal, Newborn and Child Health—focused on accelerating progress on MDG4 and MDG5.

The Millennium Development Goals

The eight Millennium Development Goals (MDGs) were established in 2000, and have a target date of 2015. These global goals were established by world leaders, but

indicators are country-specific. Goal eight of the MDGs aims to develop a Global

Partnership for Development and is a collaborative effort between the UNDP and the

partnership to build awareness about the MDGs, call for UN countries to adopt them, and

develop capacities that enable countries to pursue the MDGs. Additionally, the Global

Partnership for Development, in conjunction with UNDP, is focused on strategic

planning, research, training, human resources, financial management, and the creation of

information management tools (UNDP, 2010).

The MDGs concern poverty, education, HIV/AIDS, and environmental

sustainability. Three of the goals relate directly to maternal and child health: Goal three

promotes gender equality and the empowerment of women; Goal four: reduce child

mortality; and Goal five: improve maternal health (UNDP, 2010). The target for goal

five is to reduce the maternal mortality ratio by three quarters by 2015, through measures

such as prenatal care coverage, proportion of births attended by skilled health personnel,

and antenatal care coverage. A secondary target is to accomplish universal access to

reproductive health by 2015 through meeting the need for family planning, improving the

contraceptive prevalence rate, and reducing the adolescent birth rate (UNDP, 2010b).

Millennium Development goal five is *not* on track to meet indicators by the target

date of 2015. Despite a mandate from the United Nations (UN) to increase progress on

MDG5, maternal deaths remain high in a number of countries in sub-Saharan Africa, the

Middle East, Latin America, and the Caribbean (Women Deliver, 2010a). As of 2005

data, the global maternal mortality ratio had only decreased from 430 in 1990 to 400.

During that time period, the ratio fell less than 1% annually, in contrast to the 5.5%

annual ratio needed from 1990-2015 for each country to achieve MDG5 (World Health

Organization, 2011c).

As indicated, social and political conditions have limited action by the global

health community in the area of maternal health. Slow progress on MDG5 is both

discouraging and cause for increased attention. In development, measurement and

evaluation are widely considered valuable means of justifying investments and

quantifying program effectiveness. As a result, health outcome evidence has created a

discourse about accounting by localized social and cultural conditions. Research

translates to a practice of accounting—for deaths, for trained providers, for clinic visits,

and for live births.

A recent report, prepared by the Institute for Health Metrics and Evaluation

(IHME) and based on the largest data set on maternal and child mortality trends to date,

found that the maternal death rate in many countries is falling. A majority of maternal

health-related deaths took place in 21 countries, areas that are resource poor and suffer

from weak health systems (Institute for Health Metrics and Evaluation, 2010). However,

other researchers have cautioned that global health figures are simply estimates--

academic institutions only have access to public domain data, and even the UN, which

has access to unpublished data, lacks bottom-up information on mortality rates (Byass,

2010; Graham, 2010). This lack of agreement suggests that estimates are inconclusive,

and that maternal mortality is difficult to track accurately across countries.

Research suggests that the scope of needed improvements would require

significant financial resources. A 2008 UNICEF report that tracked progress in maternal

health estimated that health care systems planning, implementation and service

improvements will cost a minimum of $12 billion per year through 2010 and $20 billion per year through 2015 (United Nations Children's Fund, 2008). The UN has promised additional funds to support maternal health, and has focused their administrative efforts on measuring how countries are tracking their spending.

Before directing resources on a global and national level, institutions like the UN are trying to agree upon indicators and a system for monitoring results and predicting outcomes (UNDP, 2010). In December of 2010, the UN formed a commission to follow the $40 billion contributed to aid groups and UN countries that have pledged to improve maternal and child health (Clark, 2010).

The global development community's increased concern about GMH is in part due to heightened awareness among UN member states about the lack of progress toward the Millennium Development Goals that concern women and children. In the fall of 2010, Secretary General Ban Ki Moon launched the Global Strategy on Women's and Children's Health, which encourages investments in women and girls and promotes a collective global effort to increase investments toward Millennium Development goal five and assure universal access to reproductive health (U.S. Department of State, 2011).

Maternal health literature. The previous context section included current statistics about the problem, and only a few specifically emphasized communication as a variable. Therefore, I do not review articles in the following section that evaluate the outcomes of in-country GMH programs (Jack, DiCenso, & Lohfeld, 2005; Malhotra, 2008). However, case studies of in-country programs related to maternal health that incorporated alternative, participatory approaches to development communication are relevant (e.g., Auger, Decoster, & Colindres, 2008; Basu & Dutta, 2007). Short pieces

sponsored by the UN or WHO that offer relevant and current updates about the MDGs or global meetings like the G8 summit were also useful in my review of the literature (Attaran, Paul, & Matthew, 2010; United Nations, 2005).

As examples of a case study, Al-Gasseer and Persaud (2003) determined that contributions to nursing and midwifery were held back, in part, due to an insufficient system for measuring their impact. They also found that both global conditions and support from WHO contributed to the strategic direction of development. The objective of their study was to identify ways that maternal health priorities affected programming and policy.

In a more recent overview, Requejo, Merialdi, Merzagora, Aureli, and Bustreo (2010) identified formal and informal ways that the WHO publically (and strategically) called attention to MDG4 and MDG5. They described an "unprecedented global partnership" (p. 2115), facilitated by the WHO, between countries and organizations with maternal health initiatives. In response to the WHO's promotional and policy efforts, countries with high rates of maternal mortality have renewed their commitments to take steps toward MDGs four and five. However, a reproductive and maternal health expert from the NGO world suggested that the partnership was a political exercise without a clear contribution (personal communication, 2011).

Articles from medical journals have also taken a big picture view of the maternal health crisis. Graham, Ahmed, Stanton, Abou-Zahr, and Campbell (2008) drew connections between donor support, national budgets, and the role of civil society. Graham et al. (2008) reviewed approaches to capturing outcomes, technical capacity by country, and distinctions between health situations and measurement systems between

countries. The authors stressed the influence of the MDGs and argued that specific

MDGs could not be achieved without prioritizing the strengthening of health systems.

Powell-Jackson, Borghi, Mueller, Patouillard, and Mills (2006) focused on donor

accountability and estimates of assistance directly dedicated to maternal, newborn, and

child health-- causes that made up just 2% of total aid to "developing countries," with a

direct correlation to the rate of mortality in that country.

Summary

Global maternal health is a challenging issue to define thoroughly or capture

completely. Prenatal care, safe delivery practices, and skilled birth attendants are only a

few factors that influence maternal health. Lack of contraception and/or unsafe sex

practices lead to unwanted pregnancies, unsafe abortions, complications of pregnancy

and childbirth, and sexually transmitted infections (The Bill & Melinda Gates

Foundation, 2011). Although the GMH problem is complex, research overwhelmingly

indicates that the use of health care services throughout pregnancy will improve maternal

health outcomes (WHO, 1999). Family planning programs have the potential to prevent

215,000 maternal deaths each year (Care, 2011). To reach women most vulnerable to

maternal health risks, education and strategic communication from organizations will be

required to improve use of health services (Gill, Pande, & Malhotra, 2007).

Development communicators dedicated to GMH are pursuing various strategies to

increase awareness, improve policies, and build networks to strengthen efforts across

organizations.

Organization of Dissertation

Before reviewing the literature that informs the basis for this dissertation, I will first establish the context for GMH, in order to emphasize the significance of this global health problem on social and cultural levels. In the chapter two, I illustrate relationships between three areas of communication scholarship—public relations, development communication by organizations, and gender and development communication. I draw a significant portion of my literature from public relations scholarship and call out the role of the organization and its practitioners in producing meaning. Both fields have introduced the concept of advocacy, and made inroads in theorizing advocacy in practice.

The last section of my second chapter articulates the theoretical foundation for my dissertation, the circuit of culture as a framework for explicating the production of meaning. The concept of identity offers a means of understanding organizational engagement and GMH constructions, the focus of my two research questions. The points of production, representation, and regulation are concepts that illustrate the ways that meanings about the GMH development problem interact, as well as the articulations between the discrete points.

Chapter three, my methodology section, outlines the two events I have chosen as sites for analysis and explicates how a cultural framework shapes my methodological choices. In turn, I break down the steps I took when conducting discourse analysis and I review my data analysis procedures in depth. This study was a critical analytic study, using a constant comparative approach to analyze discursive themes. Also in my methodology section, I acknowledge the subjective qualities of research and the necessity for researcher self-reflexivity and integrity. I also make clear how I strengthened my

analysis through experiential involvement and by speaking to representatives from

organizations.

Chapter 2: Literature Review

This dissertation is guided by theory from public relations, development communication, and cultural studies. The beginning of this chapter establishes the connection between organizations and the practice of public relations before reviewing theoretical paradigms such as rhetorical, critical, and excellence (Toth, 2009). Scholars have situated public relations practice broadly in a context that includes public interest and social concerns (Heath, 2007; Heath, 2010; Wehmeier, 2009; Woodward, 2003). In development, organizations look to sponsoring and partnership organizations for support and programmatic guidance. Normatively, this resembles what Heath (2006) termed coordinated enactment (Meisenbach & Feldner, 2009; Waymer & Ni, 2009).

Critical Public Relations

Scholars writing about organizations have analyzed how communication is influenced by organizational culture (Ashcraft & Mumby, 2004). Some have envisioned public relations representations as reflective of the culture of organizations (Daymon & Hodges, 2009). From a critical perspective, scholars have argued that through public relations practice organizations express symbolic power (Benoit & Czerwinski, 1997; L. Edwards, 2009; Maguire & Hardy, 2006; Maguire & Hardy, 2009; Motion & Weaver, 2005; Motion, Leitch, & Brodie, 2003). Organizations perpetuate existing constructions of difference through public relations management, thereby maintaining existing hierarchies of power (Curtin & Gaither, 2008; Pompper, 2005).

Critical public relations scholarship focuses on the presence and role of power in the organization (L. Edwards, 2009). Scholars have identified circumstances where organizations utilize power and it functions to marginalize or oppress (L'Etang &

Pieckza, 1996; L'Etang, 2005). Critical scholars examine how power is deployed symbolically and discursively through public relations. For instance, scholars have looked at participation in the production of discourse (Boys, 2009; Chay-Nemeth, 2001). A study by Chay-Nemeth (2001) identified a locus (also termed a politicized site), where discourse and material resources are "exchanged, produced, and reproduced by different individuals and groups to effect social, political, or economic transformation--or to maintain the status quo" (pp. 128-129).

Public relations and power. Motion and Weaver (2010) have theorized public relations as part of a "symbolic system" of power (p. 50). This dissertation focuses on communicative actions created by development organizations around maternal health. Public relations theories on power are useful for looking at cultural meanings from a critical-cultural view. Scholars have conceived of public relations as cultural interactions between social meanings (Boys, 2009; H. H. Edwards & Kreshel, 2008; Lester, 2006).

According to Berger (1999), organizations make decisions out of self-interest. These manifestations of power exclude or restrict other points of view, are nondialogic, and resemble public relations primarily as a means to influence. On the other hand, *power with* relations are exhibited when members use decision-making processes that are noncoercive, self-reflective, and inclusive of other points of view. Organizations committed to power-sharing consider public relations to be an important means of building shared meanings and relationships (p. 16).

Organizations practice public relations discursively, projecting certain goals and values to publics. Yet communicative interactions take place in particular political, economic, and social spaces, where the nexus of power is uncertain. Research has

suggested that a range of interest groups craft discourse in order to create public identities for their issues. Issue identities can be both at odds and constitutive (Curtin & Gaither, 2006; Henderson, 2005; Leitch & Davenport, 2005; Roper, 2005).

Critical scholars argue that discourse works to advances organizational interests and maintain hegemony (Curtin & Gaither, 2005; Dozier & Lauzen, 2000; Holtzhausen, 2000). According to Curtin and Gaither (2005), public relations scholarship and practice has traditionally been approached from a Western, managerial, economic view. Dominant or hegemonic entities, such as corporations or governments, are responsible for the production of meaning, scholars of culture posit that the practitioner holds a significant amount of power to engage with diverse publics and attend to socially constructed meanings developing discursively in the environment (Han & Zhang, 2009; Jiang & Ni, 2009).

Postmodern perspectives. Postmodernists favor public relations practice that embraces instability and change, with practitioners being encouraged by a participative organizational culture (Holtzhausen, Peterson, & Tindall, 2003). When discussing the role of the public relations practitioner, Holtzhausen (2000) envisioned a postmodern organizational activist, whose adherence to justice and ethics motivated them to act as an advocate for social change. From within the organization, practitioners would serve as intermediaries between the institution and publics, particularly perspectives from historically marginalized voices (Holtzhausen, 2000). The public relations practitioner acts as an organizational activist by resisting the hierarchy of their organization and playing a community relations role. Practically speaking however, postmodernist

abstractions are only useful to public relations practice if organizations can apply concrete principles in their strategic planning (Ströh, 2007; Toth, 2002).

Consistently, research has found that practitioners who are excluded from the decision making table (also called the dominant coalition) lack authority, resources, and influence (J.E. Grunig, 2006). Holtzhausen (2002) argued that the goal of public relations should be to reduce disenfranchisement, advocate for social transformation, and embrace public criticism and ideas. She notes that dissensus (conflict), and consensus (collaboration) are equally significant because they are representative of the social and cultural environment outside the organization.

As this literature suggests, power acts as a dominant regulating force in the management and practice of public relations (Heath, Motion, & Leitch, 2010). Berger (1999) noted that dominance models of public relations that de-emphasize dialogue and cooperation are the norm. Power dynamics result in hegemony sustained through discourses of power and kept in place through hierarchy.

Power also prevents relational activity between organizations. Karlberg (1996) and Dozier and Lauzen (2000) portrayed organizations as entities holding too much power and control to focus on relationship building and develop symmetrical communication with non-stakeholder publics. Individuals within the organization then must find ways to negotiate access to the dominant coalition and build their sphere of influence. They are responsible for building relationships with stakeholder publics with multiple identities (CITE).

Discursive exchanges. Public relations takes place "in multiple, contested sites where information is exchanged; meaning is mobilized and managed" (Berger, 1999, p.

190). In other words, one organization's messages are heard in concert with other contrasting and contesting representations. For this reason, organizations should approach communication with purpose and intention, and seek agreement, consensus, and legitimacy (Berger, 1999).

Dialogue. Organizations find themselves managing and negotiating conflicting, but interlocking, expectations by staff and publics. Engagement in dialogue is a means of fostering a sense of reciprocity. Organizations should seek to create a sense of social cohesion through dialogue, share interpretations, and look for consensus (Heath, 2006, p. 94).

For this to occur, the organization must operate effectively and reflectively (Heath, 2006). Toth (2009) wrote about organizations communicating purposefully and allowing public relations practitioners to contribute to the "development of climate and culture" (p. 217). Society is improved through dialogue, even if this dialogue is critical of policies and organizations (Heath, 2001). The result is a society that values "enlightened choice" and fosters advocacy (Heath, 2009, p. 39). Communitarianism, or collective social values, can be a core part of an organization, informing its awareness of its responsibilities (Leeper, 2001). Organizations would then practice public relations as a constructive avenue to change within organizations and for society.

Rhetorical scholarship. Rhetorical public relations scholars, who broadened the concept of dialogue by suggesting its role in co-constructing meaning, have contributed descriptive analyses of corporate rhetoric that illustrate the ways that organizational power curbs community participation in public dialogue (e.g. Ihlen, 2009; Meisenbach & Feldner, 2009).

A number of doctoral dissertations have taken up the study of rhetoric--produced about government projects of initiatives, organizational misconduct, issues management/crises, and attempts at advocacy and social change (e.g. Ferguson, 1999; Hobbs, 1990; Jones-Brodie, 2008). Like critical analyses, these in-depth studies focus on symbolic language, however rhetorical analyses of strategic communication or public relations tend to incorporate traditional rhetorical theory (i.e. narrative theory, Burkean analysis, image politics or ideological criticism). That said, certain doctoral studies have drawn from cultural studies in their rhetorical analyses (H.H. Edwards, 2002; Keltner, 2007).

Activism. The concept of advocacy exists both in public relations research and development communication, and conceptually signifies how organizational activism can bring about a better world (Heath, 2009; Servaes & Malikhao, 2010; Wilkins, 2009). In the view of Smith and Ferguson (2001), public relations strategies can be used to pursue advocacy through social change, as well as by affecting policy changes and legislation. Activists compete with other organizations for resources and, like organizations, must adapt their communication with publics as issues and environments evolve (L.A. Grunig, 1992).

Historically, research suggested that activism would improve the practice of public relations in organizations, because organizations were more likely to practice two-way symmetrical communication when facing the threat of activist retaliation or crisis (L.A. Grunig, 1992). Activism was in that moment defined as a "group of two or more individuals who organize in order to influence another public or publics through action that may include education, compromise, persuasion, pressure tactics, or force" (L. A.

Grunig, 1992, p. 504). Subsequent research on activist groups, however, showed ways that groups with activist aims were similar to organizations, and argued that organizations could seek to accomplish advocacy goals (Chay-Nemeth, 2001; Derville, 2007; Jiang & Ni, 2009; McCown, 2007).

Research on public relations and activism initially focused on how activists used tactics to gain attention. In 2001 Smith and Ferguson noted that few studies had examined how activist groups function. A point of continued interest is how for-profit, non-profit, activist, and advocacy organizations differ. In recent research on activist organizations, scholars proposed that interest groups and activists at organizations that value two-way symmetrical communication with publics used the same strategies (H.H. Edwards, 2006; McCown, 2007). Future research that explores the strategies, operations, goal setting, and decision making of groups seeking to influence through advocacy would complement the contribution of this dissertation. For instance, in a study of the group moveon.org, Sommerfeldt (2008) found that activist groups could increase their legitimacy and viability through resource mobilization.

Advocacy in practice. An increasing amount of public relations research has focused on strategies that enable advocacy and strengthen movements (Heath, 2001; Leitch & Neilson, 2001; Smith & Ferguson, 2001). Scholars have examined how communication produced by multiple voices richens the public discussion of a social issue or problem (Han & Zhang, 2009; Jiang & Ni, 2009). For instance, H.H. Edwards (2006) established that organizations and publics were co-creators in creating discursive meanings about an event.

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The concept of advocacy was clarified by Derville (2007), who defined *activists* as "people who form a group for social change and use militant tactics to achieve their goals" and *advocates* as "people who form a group for social change and solely use moderate tactics to pursue their goals" (p. 8). Derville (2007) separated activist-style strategies (direct, oppositional, attention-getting) from advocacy strategies (proactive, sustained, supportive of long-term social change).

The subsequent review of relevant literature on cultural public relations will highlight epistemological and theoretical contributions for my dissertation research. Cultural studies of public relations illuminate how meanings overlap and interact. As Grossberg (1993) indicated, "Cultural studies is always remaking itself as it responds to a world that is always being remade" (p.1). Public relations representations of GMH are considered theoretically from a cultural lens for precisely that reason.

Theory from cultural studies of public relations provided concrete concepts and methodological tools for this dissertation. I highlight in the next section on public relations research, how a cultural model can best illustrate the phenomenon of organization constructed meanings about GMH.

Cultural Public Relations Studies

In examinations of strategic communication and campaigns, researchers have used cultural studies as a guiding framework to consider historical, institutional, contextual, and regulatory factors that affect communication (Champ, 2008; Daymon & Hodges, 2009; Han & Zhang, 2009; Jiang & Ni, 2009; Zhang, 2010). Cultural public relations research accounts for social and cultural dynamics, situating strategic communication processes against the presence of power and omnipresence of

bureaucracy and hierarchy. This body of scholarship is promising theoretically for how it considers meaning and messages in multiple ways.

Public relations research that pursues cultural critiques of organizations demonstrates how issues can generate multi-faceted meanings, or potentially be imbued with dominant organization constructed identities (Curtin & Gaither, 2006; Han & Zhang, 2008). H.H. Edwards and Kreshel (2008) looked at how corporate communication interacted with audience experiences and cultural beliefs through a case study of the audience role in communication around the Avon Breast Cancer 3-Day walk. The authors examined a corporate approach to cause-related communication about a health issue from a cultural perspective. Strategies used in a single case were looked at within the broader context of organizations engaging in consumer focused campaigns about citizenship programs. They situated this particular event as a form of public relations, even though the corporation referred to it as community outreach.

Production. Research by Curtin and Gaither (2006) highlighted how the World Health Organization created cultural and national identities associated with difference through their campaign against smallpox. They found that the WHO associated itself with roles as a humanitarian leader and authority. Additionally, the organization used geographic data about immunization to construct difference between developed and less developed nations. These scholars drew their sample from news articles, using critical-cultural theory to analyze messaging about a health problem. Curtin and Gaither (2005) argued that difference and power were implicated in message production, representations, identity, circulation, and consumption. Their findings revealed that the producer, the WHO, held cultural assumptions about health, development, and publics.

The act of production brings up questions of intentionality, such as whether it is possible to theorize or measure production without observing how producers imagine and design communication. Only a few scholars (e.g. Acosta-Alzuru, 2003) have managed to incorporate data about this deliberative process in their cultural research. Scholars have however, combined ethnographic accounts of culture within an organization with document or discourse analysis (Berger, 1999; L. Edwards, 2009), and others have assessed organizational strategy along with responses by stakeholders and publics (Boys, 2009; Chay-Nemeth, 2005; H.H. Edwards, 2006; Roper, 2005).

In summary, the act of production begs further study. Curtin and Gaither (2006) attest that producers envision identities in their communication with publics, and construct their messages in an attempt to control public opinion. Organizations possess resources to use in production to spread messages to multiple audiences through several channels of dissemination.
Taylor, Demont-Heinrich, Broadfoot, Dogde, and Guowei (2002) viewed production as both literal creation and distribution of communication, as well as the stages preceding circulation of cultural narratives. According to Johnson (1987), extenuating circumstances interact to affect the role of the producer and moderate the organization's representations. Taylor et al. (2002) posit that consumers affect change on cultural products through a relationship with producers. Additionally, cultural activity is disrupted by regulatory articulations that unseat producer suggested meanings.

Regulation. Regulation is a function that modifies meanings through processes that attempt to limit or control meaning (Champ, 2008). Formally, regulation includes legal, institutional, educational, state, and local systems and their effects on

communication practices (Curtin & Gaither, 2005). Informally, regulation pertains to how cultural norms, expectations, and values certain circumscribe meanings (Champ, 2008). According to Curtin and Gaither (2005), regulation impacts national, organizational, and individual cultural understandings. In the circuit of culture model, regulation acts at the message production, circulation, and reception moments to change these understandings. Thus, regulation is a crucial piece of how meaning is created and maintained. Regulation delineates boundaries for cultural action.

In a normative sense, regulation can counteract social, cultural, and political constraints on the communication process (L' Etang, 2005). In their study of how bloggers and official representatives participated in discourse about a controversy in China, Han and Zhang (2009) noted that the power of dominant meanings was reduced by regulatory factors. Studies by H.H. Edwards and Kreshel (2008) and Acosta-Alzuru and Kreshel (2002) posited that representations are altered in a multitude of ways by regulatory factors as well as audience meaning-making.

Identity. Identity, as a construct, has particular significance to public relations scholars, because it concerns the perspectives and practices of individual producers <u>and</u> audience members, or publics (Vardeman, 2008). For individuals, identity may be understood as biological, as affiliation with a nation or state, or as occupational or social status. Others may have more intersectional or nuanced understandings of their cultural, gender, or class identity; meanings that are at times more prominent or salient, depending on context (Aldoory & Sha, 2007; Tindall, 2007; Vardeman-Winter, Tindall, & Jiang, 2010).

Identity is conceptualized as cultural stories (Champ, 2008). Critical and interpretive studies of public relations campaigns place a particular focus on identity (Gaither & Curtin, 2008; Vardeman-Winter, Tindall, & Jiang, 2010). Organizations develop cultural identities, as do issues, and individuals. These identities influence the production of messages and their representative meanings (Curtin & Gaither, 2006). Curtin and Gaither (2006) note a limitation in cultural public relations research—scholars *either* look at organizational identities or identities of publics. Instead, Curtin and Gaither (2006) argued that identity was a construct that could be applied to "any communicative enterprise," a "central discursive concept" key to public relations practice connected to an issue (p. 68).

Consumption. Research with publics has contributed to our understanding of consumption and identity. Research on publics has shown that message recipients can use power productively to reject hegemonic representations (Acosta-Alzuru & Kreshel, 2002).

Some scholars have contrasted public relations campaign discourse with resultant responses by publics as they consume representations (see Leitch & Davenport, 2005; Roper, 2005). The construct of consumption has generated cultural studies research on active audiences (see Levenshus, Hobler, Sundstrom & Aldoory, 2010; Vardeman, 2008). However, less research has been conducted on production and regulation, despite critiques of organizations proposed by postmodern and critical scholars.

Directions for public relations research. Associations must be recognized as interactive, at odds, and overlapping (Champ, 2008). Curtin and Gaither's (2005) proposal of cultural public relations research suggests that the relationships between

moments, such as production/representation, or representation/regulation, are points to either arrest meaning, or splinter meanings. This dissertation looks at the process of meaning production and investigates influences on meaning. As the construct of representations is the most fundamental concept in my research inquiry, I elucidate in a later section on Stuart Hall's (1980) encoding/decoding model, how I understand representations, or codes.

This dissertation will concentrate on communication by organizations, production and representations; in addition regulation and identity. As I have described, issue depictions and representations reflect values. Meaning production and influences on meaning are circular. In the following section, I review related studies that pertain to the role of development organizations and how communication is deployed discursively.

Communication by Development Organizations

Although the broad topic of development communication could have taken me in many directions, I narrowed my focus to conceptualizing representations produced by organizations communicating development about GMH. Development communication (DC) is a part of internal organizational processes, partnerships, dialogue, training, creating awareness, technical support, and advocacy. DC in practice can include interpersonal strategies directed at influential individuals with the potential to affect structural change and change policy.

Development communication theory. Escobar's (1995) critical writings on development inspired several communication scholars to shift the conversation about development communication to communication *about* development. Development as an industry and practice has been strongly criticized, most notably for how its discourse

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about developing 'the third world' (D'Enbeau, 2007; Harter, Sengupta, and Singhal, 2005; Harter, Sengupta, and Singhal, 2008; Waisbord, 2008; Wilkins & Mody, 2001). The development industry has produced number of discourses about science, progress, knowledge, and health (Escobar, 1995; Dutta-Bergman, 2005). Programmatically, scholars have argued that development initiatives originating from a Western perspective have been ineffectual in changing patriarchal gender practices (Harcourt, 2002; 2009; Rowley, 2003; Wilkins & Mody, 2001).

Development communication models have evolved as the idea of participatory communication in development gained traction (Elabor-Idemudia, 2002; Huesca, 2001; Kothari, 2001; Morris, 2003; Rattine-Flaherty & Singhal, 2009; Servaes, Jacobson, & White, 1996). As "experts" recognized that a top-down diffusion model of development did not convince local opinion leaders or community members to adopt new behaviors, other forms of development communication emerged encouraging local community participation (Auger, Decoster & Colindres, 2008; Brough & Lapsansky, 2010; Greiner & Singhal, 2009, p. 33; Liao, 2005). Singh (2005) posited that participation in development is a way for individuals to express their concerns and desires, organize as a community, and through active involvement build social structures that support participatory processes.

Power. Power in development communication is literal but also symbolic (Servaes, 1999). Subtle, even unconscious forms of power and ideology shape policy planning and decision-making (Servaes, 1997). Regardless of project focus, lack of power limits the potential of individuals in the global South to contest decisions made by institutions with power (Melkote & Kandath, 2001).

Both Servaes (1997) and Peterstone (2007) acknowledge a fixation in development with mass media as communication. In a diffusion of innovations/mass media model, development programs expect message receivers to access and understand forms of mediated communication, and then change their behavior. Communication scholars have discussed a need for research that considers how organizations invest in participatory forms of development communication (D'Enbeau, 2007; Melkote & Steeves, 2001; Steeves; 2001; Wilkins, 2000). Scholars mentioned in this dissertation have touted the need for research on participatory research as an epistemology. Yet academic researchers too are complicit in creating a division between theory and practice (Morris, 2003; Steeves, 2001; Waisbord, 2003).

Need for theory building. A divide exists—not only methodologically from an academic research perspective, but also theoretically—in development communication literature. The literature about communication reveals a residual fixation with describing development communication in terms of the diffusion and participation dichotomy (Morris, 2003, p. 225). Communication scholars have characterized theory and practice as top-down, where communication is used to transmit information, *or* bottom-up, where communication used as an opportunity for dialogue and empowerment (Melkote & Steeves, 2001; Servaes & Malikhao, 2010). Servaes (1997) questioned why communication in development is not recognized as a process, an "interaction in a network of social relationships," rather than thought of as production and transmission of messages (p. 504).

Development Organizations

Few scholars have concentrated on the role of development organizations and their cross-organization communication or examined their discourse through analysis. Atouba Ada and Shumate (2008) offered a comparison of international government organizations and international non-government organizations, arguing that development organizations must network with one another in order to survive. The authors applied network analysis to the study of social issues and development organizations. Through participative observation, Padovani (2010) also studied emerging networks of researchers, practitioners, and activists seeking to affect cultural change and policy at the United Nations 2010 meeting by revising the 1995 Beijing Platform for Action. Padovani (2010) noted that the meeting organizers and conference program neglected the opportunities to frame issues and promote a gender agenda using media.

Advocacy communication. Advocacy communication is a method of development that eschews hierarchy. In comparison with behavior change approaches that utilize communication to modify attitudes and prompt action, advocacy communication is intended to create empowerment (Wilkins, 2009). Although advocacy is a frequent term in development discourse, advocacy as a theoretical construct begs further exploring and theorizing in development communication research (Servaes & Malikhao, 2010). Servaes and Malikhao (2010) point out that issue identification and resultant policy support are tactics that further advocacy, but that an advocacy communication model must be theoretically based and tested. The expectation continues that social change should be an integral component of the development process, however it remains to be seen how research and theory will contribute to communication for social

change, as seen through mediated, interpersonal, and organizational principles (Servaes & Malikhao, 2010; Wilkins, 2009).

Gender and development communication. In assessing the role of development institutions, Storey (2000) reconceived of donor agencies as both instruments of U.S. foreign policy and as locations for promising political ideas and global advocacy. Staudt (1990) scrutinized the rationales and justifications for decision making in development organizations. She argued the need for further examination of programmatic principles and policy implementation. Staudt (1990) critiqued the development organization for being a hierarchical system where power functioned on cross-levels with broad consequences. In Staudt's (1998) assessment, "advocates for marginal women, in strategic (or marginal) positions of organizations, straddle discourses when they adopt or align with justifications" (p. 18). Because of their role within these institutions, practitioners become acclimated to development discourse and experienced in using it.

Given the exponential growth of NGO's over the past decade, scholars are concerned about how mainstreaming initiatives and empowerment discourse have co-opted what were formerly movement agendas (Benson & Nagar, 2006). With NGO-ization has come more hierarchy and donor accountability, as well as a shift to a state-based approach and a move away from power-sharing with local activists. Lucas (1995) found that a top-down approach to development inhibited women's involvement, but a bottom-up participative structure enabled women's agency, skill acquisition, social status, and productivity.

Scholars have emphasized how institutional power creates differentials between groups and individuals in development (e.g., Steeves, 2000; Waters, 2000; Wilkins,

2000). Some scholars have expressed concern that, while development studies offer

critical tools for analyzing gender, the legacy of development's cultural productions

remains--colonial discourses and essentialist and stereotypical representations of Third

World women (Grewal, 1994). Scholars have also argued that development

organizations produce and practice communication in gendered ways (e.g., Lucas, 1995;

Staudt, 1990, 1995).

     In her vision of actors within the development hierarchy, Staudt (1998)

highlighted the ethical burden of development practitioners and questioned whether

"these means and ends are fundamentally incompatible?" (p. 14). Finding ways to

circumvent hierarchical relations in a development organization is difficult when

institutional support is necessary to enable national governments and generate resources

and structures for change (Kabeer, 1994; Onseen, 1999). Studies on development

organizations (Staudt, 1998), and women's NGOs (Lucas, 1995) have described the

strategies, priorities, and dynamics of gender practice in development (Lucas, 1995;

Parpart, 2002). Communication for social change in gender and development is one such

strategy (Parrish-Sprowl, 2000; Wilkins, 2000).

     The previously reviewed research demonstrates the challenges and negotiation

strategies of development communication practitioners attempting to function within the

limitations of their organizations to accomplish change. Benson and Nagar (2006)

describe goals for gender and development that are reflective, anti-hierarchical and

celebratory of women's knowledges and politics. Presently however, individuals

working at organizations within the development hierarchy are constrained in their

capabilities to change the system and transform development practice.

Summary. The concept of communication for development was imagined with the objective of helping people improve their basic needs, as well as their physical and spiritual well-being (Fraser & Restrepo-Estrada, 1998; Melkote & Steeves, 2001; Moemeka, 2000). Drawing from criticisms of the notion of "developing" the third world, particularly politically and economically, scholarly writing on development communication largely portrays development as negative. Based on the literature I have reviewed, one-way communication programs are seen as harming rather than enabling recipients.

In this dissertation, a cultural studies framework informs my reading of development communication discourse about GMH. My theoretical basis for this study provides the foundation for uncovering how organizations produce meaning, the manner in which representations convey meanings, and the ways that meanings circulate.

Theory: A Cultural Studies Framework

Lindlof and Taylor (2002) state that cultural scholarship "has enabled scholars to identify the specific communicative practices (e.g., reification) by which elite groups normalize arbitrary arrangements and generally distort the processes of public debate" (p. 49). Cultural studies is a "radically contextual, and multimethodological project concerned with expanding the realms of political and economic freedom" (Grossberg, 1989, p. 340). By "radically contextual," Grossberg (1989) implied that cultural artifacts are momentary embodiments of temporary and contested ideologies. Therefore, changes in conditions wrought by technology, communication programs, the role of nation-states, economic fluctuations, and the ebb and rise of Western global influence dramatically impact cultural meaning.

Encoding and Decoding Model. Culture is generated through symbolic and

linguistic representative meanings that are then re-produced (Frow & Morris, 2000).

Frow and Morris (2000) posit that language, textual forms, and visual symbols are

imbued with meanings. Culture creates and sustains meaning for individuals and groups

(Hall, 1980, p. 72). In turn, their social practices and relationships cause meanings to

change.

Encoding. Stuart Hall (1980) established that producers design messages (i.e.

representations) to convey desired meanings, through a process he termed encoding. In

Hall's (1980) view, producers arrange texts purposefully so that viewers recognize

symbolic meanings and accept them as consistent. Once a producer has encoded a text

with a "meaning structure," it enters the communication system, where it engages with a

system of social relations (Hall, 2006, p. 165). Put more strongly, Curtin (2010)

described production in a public relations context, as a process whereby organizations

apply codes that promote and exclude other meanings. Representations translate

dominant meanings in different formats and through various means of distribution

(Curtin, 2010).

Hall (1980) theorized that the imbalance of power between the producer and the

audience favored denotative rather than connotative aspects of dominant discourse. Hall

(1980) posited that connotated, or symbolic, meanings in texts were ideological and

naturalized. He explained that "the effects and consequences of representation" take

place in a contained discursive environment (Hall, 1997, p. 6).

Critics examining representations attend to systems of power and address social

and political realities through cultural analyses. By commenting on the social effects of

discourse, the cultural critic challenges existing knowledges in public and private discourse (Russill, 2004). Identifying sites of dominance and control allows scholars to contextualize conditions of production and commodification. The cultural perspective described here shares with political economic theory a concern with dominant ideologies.

Decoding. Hall (1997) claimed that texts imagined acts of social conduct for their audiences. Producers utilized representations to create identities and instill subjectivities (Hall, 1997). In other words, producers sought to "influence, entertain, instruct or persuade, with very complex perceptual, cognitive, emotional, ideological, or behavioural [sic] consequences" (Hall, 2006, p. 165). In Hall's (2006) view, a text "must first be appropriated as meaningful discourse" before it takes on social and cultural relevance (p. 165). For that reason, audiences are most useful to producers when their readings are consistent with the preferred meaning encoded in the text. One of the assumptions of the cultural models reviewed here is that production takes place with consumption in mind; another assumption is that consumers are actively involved in negotiating dominant meanings and can decode messages according to their unique cultural experiences (Vardeman, 2008; Levenshus, Hobler, Sundstrom & Aldoory, 2010).

Dominant ideologies. Stuart Hall's (1980) encoding/ decoding model posited that institutions embedded meanings into various modes of communication. Referencing Hall's work, theorists maintained that texts reflected ideologies or belief systems (Ang, 1985; Fiske, 1987; Morley, 1986). The theory of hegemony (see Gramsci, 1987) gave British cultural theorists a way to name a phenomenon whereby institutions yielded power through communication—particularly in relation to production. As Kincheloe (2007) posited, "consensus seems to be emerging among criticalists that power is a basic

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constituent of human existence that works to shape both the oppressive and productive

nature of the human tradition" (p. 23). Lewis (1992) concurred with Hall that

communication messages were cultural forms of authority inscribed with ideologies

Producers created stories that fictionalized social lives, then contained these narratives in

a tightly bounded frame with circumscribed references (Lewis, 1992).

Modern cultural scholars, like many modern critical scholars, have moved away

from a Marxist conception of production (Thomas, 1997). Instead, they imagine a social

system and cultural relations that are not necessarily linked to economic conditions

(Thomas, 1997). Critical theorists consider ideology to be class-based, yet both critical

and cultural scholars agree that a specific set of ideas produced by and endorsed by a

group in power function to oppress and disempower other groups. Accordingly, cultural

theorists see a relationship between discourse, beliefs, and power (Thomas, 1997).

Limitations of the encoding/decoding model. Hall (1980) described the

difference between the encoding moment and the decoding moment as a conflict between

how ideology informs the text, and the ways that audiences discover and develop

meaning. The constructs were categorical. With only three options available to describe

reception, scholars went on to supplement Hall's work with other theories—feminist

scholarship being one example (Ang, 1985; Modleski, 1982; Williamson, 1986).

One criticism of cultural studies was that theorists neglected to speculate about

practical issues because scholars were preoccupied with class, material resources, or

media production (Fiske, 1987). Eventually critical theory expanded from textual studies

that envisioned the "ideological subject" to studies that recognized "socially and

historically situated" subjects (Fiske, 1987, p. 63). Cultural studies gave shape to a

blended model of communication producers, texts, and audiences (du Gay, Hall, Janes, Mackay, & Negus, 1997). Therefore, critical-cultural theory was concerned with production, representations and consumption.

A Model of Meaning Making: The Circuit of Culture

Johnson's 1987 article marked a defining moment in cultural studies with its model of interrelated points connecting cultural points through a circuit. Johnson clarified key concepts like production, circulation, and consumption. He discussed the strengths and weaknesses of production-based studies, text-based studies, and observations of "lived cultures" (pp. 47-49).   Johnson (1987) regarded production as a form of privilege. He noted power in his discussion of representations and emphasized Marxism and political economic principles. Johnson (1987) also noted the importance of uncovering the settings where consumption occurred and comparing material communication to social relations and cultural conditions. Consumption, according to Johnson (1987), was influenced by factor and form, the subjectivities of audiences, and social conditions.

Multiple points. Scholars broadened the production/consumption model by theorizing about representations, circulation, and other dynamics that influence audience responses. Du Gay, Hall, Janes, Mackay, & Negus (1997) expanded the concept of representation with a model of a circuit of culture. According to du Gay et al., representations ascribe universal qualities to objects or people. Producers, consumers, and regulators rely on symbols to communicate about commonly accepted profiles or characteristics (Champ, 2008). Members of society take for granted these social constructions, (visual and cultural ways of understanding their lives).

Both production and consumption are "dependent on human actors using cultural stocks of knowledge to engage an ambiguous and reactive world and to serve their situated, evolving purposes," or social constructions of reality (Lindlof & Taylor, 2011, p. 45). Social constructionism is a concept important to the points of production, representation, identity (e.g., race, ethnicity, class, gender, sexuality, region, and social position), and consumption. However, encoding and decoding as processes were complicated by the circuit of culture because "strategies through which new meaning is established" can be re-scripted and de-stabilized at multiple points of articulation around the circuit (Bennett, Foot, & Xenos, 2011, p. 65).

The circuit contains five points: representation, production, consumption, identity, and regulation. Although producers construct meanings in hegemonic ways, representations are modified by identities, regulation, and consumption. Hall's (1997) conceptualizations of production/encoding, and representations/decoding alone lend themselves to the study of discourse, and of the cultural struggles that take place through articulations. The interactive elements of the circuit expanded the scope of that two way model considerably. The table below organizes the aspects of the dissertation research context as they relate to the circuit of culture.

Table 1 - Research context according to the moments in the Circuit of Culture

Point	Description	Illustration	Considerations	GMH Context
Production	Planning, design, process	The act of encoding messages, selecting channels, and identifying audiences	Organizational culture; circulation of messages. Organizational, representational identities	Meanings in/to different organizations, Normatively: Practitioners as cultural intermediaries
Identity	Social understandings held by individuals, groups, organizations, institutions, networks, cultures, and nations	Definitions of GMH problem and of other organizations. At moments where it intersects with other points identity can predominate and moderate other aspects of representations	Individual, organizational, and national identities. Organizational identity (producers) Stakeholder and publics identities (receivers)	Intersecting interests and differing approaches; exchanges between organizations. Meanings of/about nations, countries, communities, individuals, health, and development
Representation	Objects, experiences, ways of knowing communicated symbolically and discursively. How cultural meaning is created and translated	Tactical execution (e.g. press releases, blogs, speeches, presentations, reports)	Meaning is bound by cultural understandings at a given moment, expanded through interactions with identities and influenced by the dominance of producers	Can be multi-spectral and divergent, or one-dimensional and constitutive. May be expressed as binaries
Consumption	Interpretations of meaning; modifications to constructed meanings	How objects/texts are received, interpreted, negotiated or accepted, and re-produced	Access to messages, beliefs, access and engagement with messages	Stability of conference environment; situational variables; the contextual particularities of representations

| Regulation | Accepted practices given current power dynamics. Articulations are temporary and unfixed | Restricting cultural norms; expectations of conduct; values; commonly accepted practices | Policy, bureaucracy, rules. Limitations and potential of technology. Economic, political, and social factors | Policy environment; MDGs, United Nations joint action plan and Every Woman Every Child initiative, Bill and Melinda Gates Foundation awards |

The process of communication is not a linear model from production to consumption. Meaning is socially constructed and historically situated. As affirmed by du Gay et al. (1997), multiple articulations are in constant interaction. Although there is constant activity taking place in the circuit, scholarly study of its points does temporarily halt its motion. Ultimately, the circuit is only useful as long as it stretches the field's understanding of its points/articulations, and that research using the circuit can expand its capacity for future studies.

Scholars such as Curtin and Gaither (2005) insist that cultural studies of public relations must attend to all five points on the circuit, however, multi–stage studies are challenging to undertake because they require significant time, resources, and access to receivers. Curtin and Gaither (2005) acknowledge the need to theorize about how its articulations function in particular situations. The production of meanings are contingent upon regulatory factors, and Curtin and Gaither (2005) posit that "the politics of academia…fall under the regulatory moment" (p. 108). The version of the circuit below highlights how I am interpreting moments in the circuit culture.
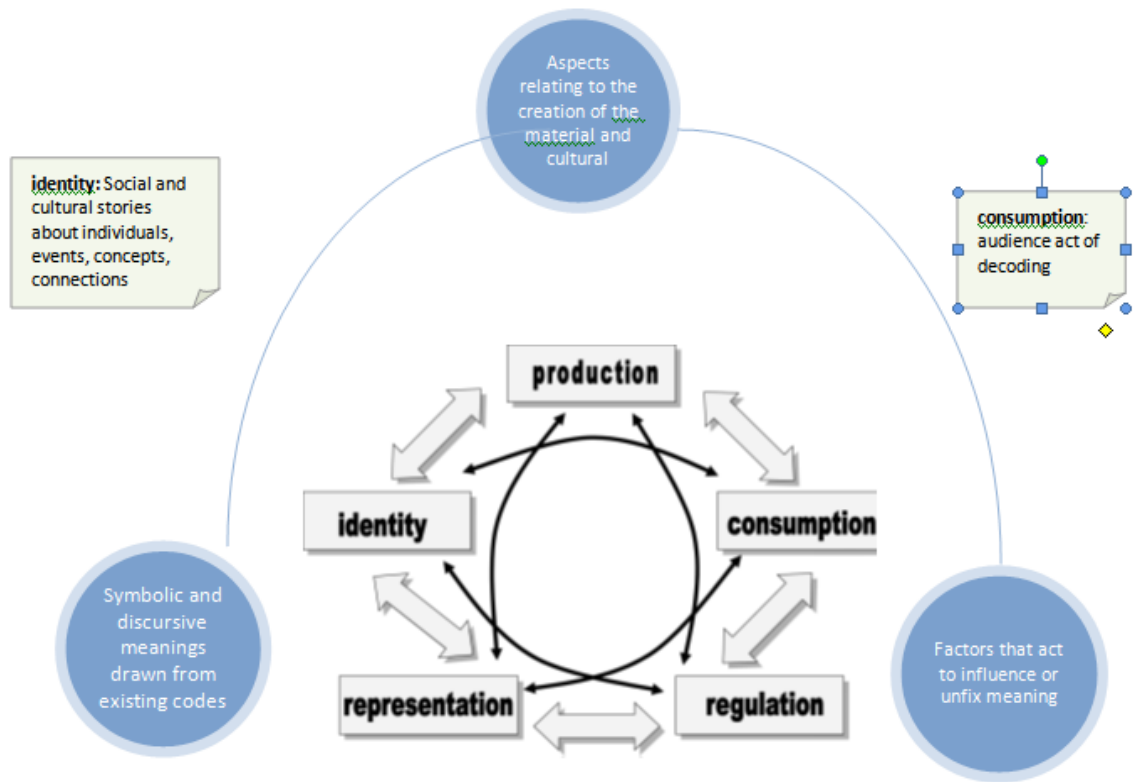
Figure 1 - Circuit of Culture points

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Champ (2008) suggested that researchers use the circuit of culture framework to incorporate more reflexivity in their cultural interpretations. Additionally, he argued that researchers should directly address their imagined audiences and discuss the audience's cultural experience consuming the research product. As Champ (2008) noted, researchers ascribe audience and producer intentionality as they attempt to understand experiences and phenomena. The process of creating knowledge from the study of knowledge production is a relativistic and inductive process. In Champ's (2008) version of a vertical circuit (see figure below), he sees a phenomenal layer where "circuit of culturalists" form conclusions about social reality (p. 91). The second layer is where the researcher engages in cultural production themselves, read through the circuit's points. The resultant cultural product is impacted by the researcher's regulations, identities, and way of seeing and receiving. At a third level stage, the scholarly audience also takes part in their own culturalist review, calling forth their subjectivities as they review and consider how the researcher has reported on these moments in their cultural analysis.
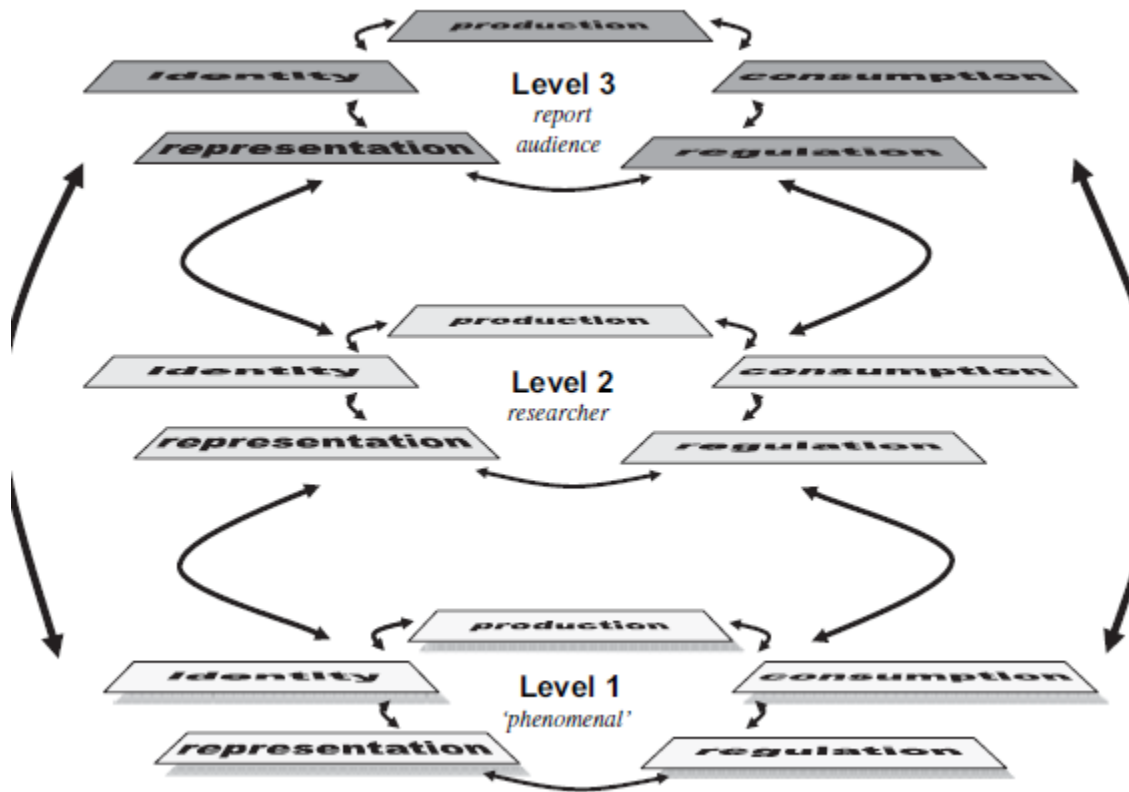
Figure 2 - Champ's (2008) vertical model of the Circuit of Culture

Craig (1999) claimed that critical study of communication practice could capture expressions of metadiscourse; prompting researchers to consider applied communication alternatives. In accordance with an understanding of cultural practices as inspired by everyday understandings, this research uses discourse analysis as a method to focus closely on organizations and contexts to uncover ways producers inscribed meanings. For the purposes of this dissertation, discourse is "a large-scaled, ordered, integrated way of reasoning/constituting the social world" (Alvesson & Karreman, 2000). Discourse analyses may highlight macro level factors, such as the historical, political, and social influences on culture and communicationt.

As demonstrated, theorists may disagree about the capacity of producers to control interpretations of meaning and the willingness of audiences to look for alternative meanings. Some communication studies scholars imagine a text that communicates dominant readings. Others privilege audience interpretations and see meanings changing through circulation. Cultural studies serves as the framework through which this dissertation discusses representative knowledges about maternal health.

In this dissertation, as with all cultural studies, the historical context and present circumstances shape meanings. Fairclough (2003) notes that one must "take account of the institutional position, interests, values, intentions, desires, etc., of producers; the relations between elements at different levels in texts; and the institutional positions, knowledge, purposes, values, etc., of receivers" when studying texts (p. 11). In this dissertation, discourse analysis is regarded as a method that views discourse as "general and prevalent systems for the formation and articulation of ideas in a particular period of time" (Alvesson & Karreman, 2000).

Dow (2001) portrays the critic as an individual that explores meaning possibilities; engages in the exercise of analysis; and, through that process, builds an argumentative case. Fairclough (2003) argues that texts create meanings and evoke interpretations through many processes, including "through the interplay between them" (p. 11). According to Dow (2001), even if a text has never been studied, seen, or heard; it takes on value when the critic recognizes it, interprets it, and circulates the text, and their interpretation, to a public. Simply put, the critic creates meaning by choosing, or activating, a text. Ceccarelli (1998) that there is no authentic truth found in multiple meanings. If the critic considers the audience in opposition to the text, they must situate

their own interpretation in the interpretive environment; seeing that they are producing another polysemic text.

As referenced by Champ (2008), when the researcher creates a summary of the producer-text-audience-producer-text cultural process, they are producing another cultural text for consumption through other cultural frameworks. A critical-cultural perspective allows the scholar to define complexities in representations and interpret how these have created knowledges.

Research Questions

Using two global maternal health care conferences as sites of meaning production, I investigated how development organizations constructed meanings about global maternal health (GMH). My dissertation had two goals: to determine how development organizations manifest power, and to analyze discursive meanings about the GMH issue.

My research began by identifying the organizations present at two major conferences, and determining their engagement. As I have explained, these conferences brought together organizations dedicated to addressing the global maternal health crisis.

The research questions for this study were:

RQ1: How did distinctive organizations engage in the Women Deliver and Global Maternal Health conferences?

I considered the work of six organizations focused on GMH in order to explore how organizations engaged with these conferences. Given the vagaries surrounding definitions of development communication, I sought to clarify how presentations of the problem of GMH reflected a development orientation and resultant discourse about development engagement and practice.

RQ2: How did the organizations represent the issue of GMH at the conferences?

I traced how the use of representations constructed GMH, reflected development, and allowed organizations to describe their involvement and strategies related to the problem of GMH. Consistent with scholarship reviewed, my research suggests the limitations and potential of public relations to create meaning for this global health problem.

Chapter 3: Methodology

I used discourse analysis to examine intertextual meanings of strategic messages disseminated by six organizations at two conferences, (e.g. press releases, speeches, reports, and blogs). In total, 72 units of data were analyzed. Codes were assigned 1603 times. Eight member checks were conducted with representatives from the six organizations. I spoke to a minimum of one participant from each organization. I spent 18 hours attending sessions, collecting materials, observing, and taking notes at the Women Deliver conference. My time involvement viewing, transcribing, and reviewing the website of the Global Maternal Health Conference totaled 16 hours.

In this chapter, I present the theoretical basis for my procedure, making an argument for the applicability of discourse analysis to answer my research questions. As this critical-cultural dissertation adds to existing studies of discourse in public relations and communication, I will briefly review methodological examples of that research as well. In my procedure section, I further explain how my research collection and critical analysis was an emergent process, and review principles of discourse analysis. Next, I talk about choosing my purposive sample of conferences, organizations, and texts.

In my procedure section I explain my process of recruiting participants for member checks and justify how conversations with informants from the sponsoring and participating organizations was part of my exploratory, evolving analysis. Also as part of my description of my procedure, I describe three stages of coding I used in my data analysis (Charmaz, 2006). To demonstrate how formative research guided my start on the path I followed, I share findings from a pilot study I conducted in 2009 on gender, health and development.

Discourse Analysis

Discourse analysis is a method for examining how communication is deployed symbolically and discursively (Heath, Motion, and Leitch, 2010). Discourse serves a social function; therefore, examination of discursive meanings reveals how texts promote socio-cultural meanings (Frandsen & Johansen, 2010). As I have previously stated, critical and cultural scholars use discourse analysis as a method to study how organizations use discursive strategies at a cultural moment.

According to public relations scholars Motion and Weaver (2010), discourse analysis interrogates how discourse exists within the context of a particular economic and political time. Therefore, the researcher should investigate related public policies, cultural phenomena, strategic relationships, and circulated ideas; as these factors can create or maintain hegemony (Motion & Weaver, 2010). If institutional change in development is an objective, communication scholarship needs to identify the need for reform in its discussion, challenge bureaucratic procedures, and insist on cultural change (Leiteritz, 2005; Waisbord, 2008). Critical discourse analysts seek to examine the social and political significance of causes by looking at the role of discourse in maintaining the status quo.

Methodological examples. Methodologically, critical public relations scholarship has used discourse analysis to uncover how organizations use discourse to establish or maintain a certain view. The critic interprets texts through a historical or political economic lens (L'Etang & Pieckza, 1996; Motion & Leitch, 1996; Motion & Weaver, 2005; Weaver, 2001). In Motion, Leitch, and Brodie's (2003) case study of corporate branding, the authors took a cultural approach to investigate practices of

constructing knowledge about a product to demonstrate how organizations tried to initiate actions by stakeholders.

Scholars have studied social causes through discourses associated with an issue or event. An environmental issue study by Lester (2006) used discourse analysis and interviews with producers (e.g. activists, government representatives, public relations practitioners and journalists) to look at interest group and government group messages and outcomes. Lester (2006) situated the key voices in the debate, and described the means, deployment of, and exchange of symbols. H.H. Edwards (2002) studied how audiences made meaning of cause related marketing through a cultural reading of a fund-raising walk. She used cultural studies to understand the activities of the Avon Corporation and their relations with publics.

Public relations scholars have employed discourse analysis to study organizational power and health issues such as HIV/AIDS or breast cancer (e.g., Chay-Nemeth, 2001; H.H. Edwards & Kreshel, 2008). Brown's (2004) study of health educators looked at discourse about beliefs and values and how it affected the process of audience segmentation and message development. Findings by Curtin and Gaither (2005) revealed cultural assumptions that the World Health Organization projected about health, development, and publics in their smallpox campaign.

In organizational communication scholarship about development, Harter, Sengupta, and Singhal (2005) studied gender and development organizing and initiatives to observe participatory practices and social change approaches; treating feminism, gender, and development as discursive constructions. D'Enbeau (2007) examined the actions of transnational feminist networks through their online identity constructions.

She considered how organizations tried to articulate an agenda of gender concerns while simultaneously speaking on behalf of already marginalized women.

Discourse analysts differ in how they choose and order texts. In their analysis of global institutions, Maguire and Hardy (2006) reported findings on four organizations they referred to as actors. They contrasted two actors practicing a specific discursive strategy, with two other organizations/actors using a different strategy. In reporting their results, Maguire and Hardy (2006) created a simple table describing the three themes associated with the texts they reviewed.

In a case study examining how organizations created symbolic power, L. Edwards (2009) developed a diagram of power strategies in public relations practice. The diagram resembled the process of generating and cultivating power, and was complemented by a figure describing relationships within a stakeholder network.

Sample

Six organizations served as the organization-level units of analysis: Program for Appropriate Technology in Health (PATH), Population Action International (PAI), The Bill and Melinda Gates Foundation (BMGF), the United Nations, EngenderHealth/the Maternal Health Task Force, and Women Deliver. All organizations were present at the two key global maternal health conferences studied. The two conferences were: Women Deliver, held in Washington, D.C. in June 2010, and the Global Maternal Health Conference in New Delhi, India, held in September 2010.

Purposive sampling technique. There are several benefits to purposive sampling (Patton, 2002). Choosing organizations using this sampling technique led me to "information-rich" examples (Patton, 2002, p. 230). I chose organizations and texts

through critical case sampling. The characteristics of each unit in the sample differ.

Collectively, they suggest "logical" theoretical conclusions due to their "maximum

application of information" (Patton, 2002, p. 243). My goal was to seek evidence of

participation and activity at the conferences as seen through organizations that richly

illustrated the phenomenon of GMH discourse.

  Purposive sampling from events. The sponsors of both conferences stated that

the gatherings shared the purpose of bringing together stakeholders and experts from

organizations of all types who shared an intention to generate solutions to the global

maternal health crisis. Both conferences promoted progress toward the MDGs. The

conference materials discussed other recent and complementary global health initiatives

as well as upcoming strategic government meetings.

  Women Deliver. The Women Deliver (WD) conference took place on

June 7, 2010, and drew 3,400 attendees, diverse attendees who gathered in support of

reducing maternal mortality and increasing reproductive health access for women around

the world (Women Deliver, 2010a). This event was the second Women Deliver

conference, and it offered an opportunity for organizations to mobilize in support of

commitments to maternal health.

  Women Deliver is a global advocacy organization dedicated to bringing together

influential policy makers from Western countries, leaders from developing governments,

representatives from multi-lateral agencies, and potential donors from foundations that

support both existing and developing efforts to improve maternal and child health

(Women Deliver, 2010b). This advocacy work includes creating and cultivating

partnerships and networks that support global efforts to grow investments in women and

children (Women Deliver, 2010b).   At the WD conference, participants in plenary and breakout sessions ranged from heads of UN agencies and government officials to corporate executives, journalists, and NGO leaders. The event emphasized the need to address the lack of progress made toward Millennium Development goal five (Women Deliver, 2010c).

At the conference, representatives from prominent organizations made several announcements that indicated commitments to addressing the lack of progress toward reducing maternal mortality. Ban Ki-moon, Secretary General of the United Nations announced the launch of a Joint Action Plan for women's health, focused on achieving the MDGs. The World Bank shared findings about a link from economic empowerment and improved school attendance for young women with reduced rates of early marriage and teen pregnancy. USAID reiterated its viewpoint on the characteristics of good policymaking about maternal health. The U.S. Global Health Initiative (GHI) spoke about its recent decision to invest $63 billion over six years to help partner countries improve health outcomes through programs that will include maternal and child health and a woman- and girl-centered approach.

Global Maternal Health Conference. Global Maternal Health Conference (GMHC) was sponsored by EngenderHealth, a reproductive health organization, the Public Health Foundation of India, and the Maternal Health Task Force, an offshoot of EngenderHealth that "contributes to shaping collective efforts to improve maternal health worldwide" (Maternal Health Task Force, 2010a).

The GMHC took place in New Delhi, India, in August 2010. This conference was an "unprecedented gathering" of "maternal health experts and their allies in a global

technical and programmatic meeting focused exclusively on maternal health" (Maternal Health Task Force, 2010a).

The Maternal Health Task Force (MHTF) is a unique initiative that "brings together existing maternal health networks and engages new organizations to facilitate global coordination of maternal health programs" (Maternal Health Task Force, 2011a). According to their mission stated on their website, the MHTF seeks to fill spaces where knowledge is lacking and create opportunities for collaboration through activities that improve maternal health programs and further progress. The organization EngenderHealth established the MHTF to connect individuals and organizations and link together existing maternal health networks. Its expressed purpose is to coordinate and "play a complementary role by convening stakeholders and creating an inclusive setting to engage in dialogue, build consensus, and share information" (Maternal Health Task Force, 2011a).

The organizational structure of GMHC echoed the mission of the Maternal Health Task Force: to bring together evidence, programs and advocacy. The MHTF website stated that the conference would cover six themes: maternal health interventions and programs, underlying factors affecting maternal health, measurement (trends and methods), reproductive health, health systems, and policy and advocacy (Maternal Health Task Force, 2010a). A steering committee of twenty-five members chose the agenda (Maternal Health Task Force, 2010b). Most of these organizations were also represented at Women Deliver. However, GMHC had a specific focus on scientific research. A scientific sub-committee reviewed abstracts, panels, and poster session submissions.

These two events were chosen because they were sponsored by NGO organizations committed to advocacy specifically for global maternal health. They were exceptional due to their mission, and the involvement of significant organizations and figures in the field. I recognized both events as opportunities to study the discourse of key organizations produced within a tightly defined space and period.

Purposive sample of organizations. I invested time during the early stages of my analysis in looking at a much larger set of organizations present at the conferences and the discourse in texts collected from the events. This allowed me to form judgments that helped me develop my sampling strategy. Purposive sampling then guided my selection of critical cases (Corbin & Strauss, 2008; Patton, 2002). My method for selecting organizations was based on the comparative and emergent findings in my early analysis.

Critical case sampling permitted me to consider and select organizations with commonalities and differences. These organizations included the primary sponsor from each conference: Women Deliver and the EngenderHealth/The Maternal Health Task Force (MHTF). I also chose Population Action International (PAI), Program for Appropriate Technology in Health (PATH), the Bill & Melinda Gates Foundation (BMGF), and the United Nations. The organizations in my sample illustrated distinct types of GMH commitments. For more detail about their focus on maternal health, see Appendix A, which includes the larger set of organizations that I looked at initially. My sample of these six organizations was selected because they provided the most critical evidence I needed to answer my research questions theoretically (Patton, 2002). The six organizations all had the following characteristics:

- Existing advocacy efforts (policy, community outreach, engaged in resource mobilization online and at meetings or events, seeking like-minded partners in order to form coalitions and start initiatives)

- Concern with strengthening the maternal health agenda on a systems level rather than simply on a logistical level

- Innovative (use of technology, networking tools, and ways to circulate progressive research on alternatives to previous approaches to improving maternal health in the developing world)

- Supported by significant funding designated for maternal health

Five organizations included in my sample were non-governmental organizations (NGOs): PAI, PATH, Women Deliver, EngenderHealth/the MHTF and the BMGF. The BMGF was a key funder of EngenderHealth and sponsor of the Maternal Health Task Force. The organization also granted funds to Women Deliver for the WD conference. Due to their high profile as a major donor and increase in public maternal health investments, the BMGF was useful to my goals of theory building.

Although the BMGF is a non-profit, it is one of the wealthiest foundations in the world. The BMGF is a registered 501C3 non-profit, but it is also a private donor. Therefore, I did not feel I should place it in the same group as NGO's such as PAI and Women Deliver, and chose instead to see it as a donor institution.

Importantly, I learned that PAI and PATH had benefitted from recent funding from the BMGF for development on maternal health and that they had oriented their work more in that direction, even adjusting their discourse on their website and blogs. Although I was already aware that the BMGF was responsible for the creation and

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existence of the MHTF, I learned that WD had received significant resources from the BMGF as well (personal communication).

I also wished to include a multilateral or bilateral institution in my sample. In evaluating the participation of organizations at the two conferences, the United Nations, and specifically representatives from the Development Programme and the Population Fund, were highly active in sessions. Additionally, as I referenced earlier, both conferences took progress toward the MDGs as a focus. The United Nations is the organizing body working with world leaders to advance the MDGs through leadership, coordination, support, and reporting (UNDP, 2010a). For these reasons, I chose the UN as the sixth organization for my sample.

In terms of differences, I selected PAI because it is a research organization and PATH because it is a technical organization. Women Deliver I assessed to be a convening organization, and the MHTF a facilitating, organizational initiative. I have previously discussed Women Deliver and the MHTF in detail, the sponsoring organizations of each conference.

Purposive sample of texts. I began collecting data during my review of the Women Deliver and Global Maternal Health Conference, EngenderHealth, and Maternal Health Task Force websites. I studied the impact of the event through additional related materials such as press releases and blogs, using these materials to help focus my attention on content related to advocacy.

I transcribed and coded speeches and presentations from both conferences that helped me begin to create a coding scheme I would use with subsequent texts. As I did

not attend the GMHC, I made an effort to amass a broad collection of texts, in order to familiarize myself as deeply as I could with the discourse at the conference[3].

Once I selected my sample of organizations from the two conferences, I chose a number of texts from each organization to develop a broad data set. For Women Deliver, I reviewed video recorded speeches, publically available transcripts, my notes from the sessions I attended, and my journal about my experiences participating at the conference as a volunteer and attendee. For the GMHC, I reviewed archived presentations, studied the website, blogs, Twitter feeds, and hyperlinks. Although I did not have observational notes from attending the conference or sessions in person, I viewed more than 20 hours of speeches and sessions and I transcribed 17 speeches, introductions, and presentations.

In my analysis of documents from all six organizations, I included press releases, website content, reports, notes, and speech transcripts from keynotes, plenaries, and panels. For smaller organizations such as PATH, and PAI, I analyzed the discourse in six texts across the two conferences. I analyzed 17 texts from EngenderHealth/and the MHTF (the organization), 13 texts from Women Deliver, 14 texts from the Bill & Melinda Gates Foundation, and16 texts from the United Nations.

A smaller subset of texts were included in my findings than were collected and analyzed, as it was necessary to set thematic parameters in order to build conclusions. In a few instances, I stepped outside the boundaries of the conference to consult texts describing complementary initiatives. For instance, I collected texts from the UN that followed WD and GMHC because in September 2010 from the United Nations held a

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[3] Transcribed speeches or presentations from the GMHC for open coding: Ana Langer (EngenderHealth), Helena Hofbrauer IBC, Nancy Northrup CRR, Harshad Sanghvi (Vice President and Medical Director for JHPIEGO), Sarah Neal (Universities of Southampton and Aberdeen and the White Ribbon Alliance), Ann Blanc (MHTF), and Lynn Freedman (HSPH).

MDG goals summit in New York. To better understand my findings, it was relevant to familiarize myself with the two UN initiatives, Every Woman Every Child, and the Global Strategy for Women's and Children's Health (EWEC, 2011).

Procedure

      Formative research. I conducted 18 hours of research in-person at the Women Deliver conference in Washington, D.C. I attended speeches, plenary sessions, discussions, and a documentary screening; and I spent time in the exhibit hall, where multiple organizations had booths and representatives. I also conversed with attendees, presenters, Women Deliver staff, and volunteers about conference topics and our shared interests in global maternal health.

      At WD, I worked as a volunteer to waive the registration fee; however, I only had a four hour volunteer commitment and was free to attend speeches and sessions during the rest of the three day conference. During my time at the conference, and in the week following, I took autobiographical field notes in the form of a journal. I incorporated data from these reflections of my participation in this event into my open-coding process. These notes, and my memories of the experiences I had at the conference were incorporated into my purposive sampling, coding, and analysis. I incorporated my observations and reflections from my attendance into notations as I was coding.

      Travel and financial constraints prevented me from attending the GMHC in person; however, I feel that I captured equally descriptive, if distinct, data from the online materials available to me such that I achieved consistency in my treatment of both conferences. Although the conference was held in India, it had an expansive website. I analyzed the website, the conference program, and the arrangement of the schedule for

GMHC. According to the conference sponsors, it was intended to be highly accessible to a virtual audience. My interpretive analysis included program materials, collateral, and research reports, webcasts of speeches and sessions, and press releases, as well as other website content.

 As the focus was on advancement of evidence-based program successes, I spent a good deal of time studying the accepted abstracts. I viewed and transcribed a sample of video speeches and sessions. I reviewed archived presentations**.** I considered significance and the impact of the event through additional related materials such as press releases and blogs, using this content to guide my choices about organizations to select for my sample.

In viewing, transcribing, and reviewing the website for the GMHC, I made similar assessments about organizations and speakers as I had with WD (i.e. were they involved in a keynote or plenary session; who did the organization send as a representative; did they have news to announce?). I recorded the topics of the sessions each organization sponsored and the titles of the presentations they conducted. I created a loose typology of organizations (e.g. donor, research, technical, or program) in order to begin my sampling. I wrestled with how to choose a smaller sample—should I select organizations based on the speakers, their focus, and their level of involvement, what I assumed to be their reputation in the field? Should I assess the organizations based on their own descriptions or according to how they were featured conference promotional materials?

Ultimately, I accepted that I might not find an abundance of evidence from certain organizations at one of the conferences and that there would be an imbalance between the data I could collect about the organization at one conference in comparison to the other. I

also noted that although a number of organizations seemed very committed to maternal health, when I visited their websites and reviewed the pages closely, they described their maternal health commitments in ways that made them seem secondary to their focus on children, medical research, or population control. Collectively, I felt that their participation and involvement in the conferences would allow me to answer my questions about how organizations represented their interpretations of GMH.

In a conversation I held with an informant from the MFTF, sponsor of the GMHC, they stated that main role the organization played in the maternal health agenda was to "enable" advocacy. When I probed for a definition, the informant raised both communication and policy work, tying the two as pertinent to advocacy, one of the organization's top priorities. They suggested that by addressing the communication gaps in the global health community, organizations could more effectively leverage advocacy rationales. This groundwork included generating statistics, creating and supporting knowledge, and disseminating it in different ways adapted to researchers, policy makers, and other advocacy proponents.

Conducting discourse analysis. Discourse analysis was my primary method of working with the material I collected from both conferences. Drawing from both events, I analyzed discourse produced by the six organizations at the two conferences. To manage such a considerable amount of material, I re-organized my data and wrote up findings throughout my analytic process.

In this study, I followed Carvalho's (2008) recommendations for conducting a discourse analysis, and Charmaz's (2006) technique of three-step coding. According to Carvalho (2008), in analyzing discourse, first, the researcher looks for texts that depict

the issue. As I collected texts, I organized them according to certain features, such as the report or article name, prominence, length, or topic. During this process I took what Hall (1975) described as a "long preliminary soak" in the texts to develop familiarity with their representative qualities (p. 15). Rose (2001) suggested that in doing discourse analysis the researcher immerse oneself in the material, look carefully at each element, and scrutinize interrelations between texts.

Continuing with Carvalho's (2008) framework, I next assessed the body of texts and asked questions about what the authors/organizations and actors/speakers represented, discussed, and proposed. At this phase, I began to determine who was speaking, how they framed their messages, what they chose to highlight, and what was missing. Throughout my initial read of the data, I did not take any assertions for granted, and I frequently questioned commonly accepted statements or terms. My first read and early coding stage was exploratory, rather than bound to a hypothesis. I remained open to contradictions and held back from making connections too hastily. Assumptions can cause the researcher to filter or limit the thematic possibilities emerging from the data (Carvalho, 2008).

The purpose of discourse analysis is not to consider only the role of texts in representing social life, but also how they are political tools (Weiss & Wodak, 2003). Fairclough (2003) proposed that discourse analysts should consider elements of text and interaction but should also focus on structures or strategies used as means of reproduction. I tried to uncover ideological perspectives as consistent with theory (Weiss & Wodak, 2003). During the course of discourse analysis I noted "significant debates,

controversies, and silences," and also recorded aspects "absent from a particular text (factual data, arguments, points of view, etc.)" (Carvalho, 2008, p. 166).

In continuing to analyze, I wrote reflexively about the significance of discourse on two levels: socially constructive implications and ideological qualities. One challenge I had was how to then represent my analysis of representations through my own representations. In writing from a critical-cultural perspective, I was re-producing the discourse of others, *and* producing my own. Fairclough (2003) has distinguished between "construal," or to "represent" and "imagine," a form of "construction" (p. 8). Discourse in every instance affects the social environment and will constrain *and* enable (van Dijk, 1993).

For me the act of analysis was an involved, reflexive process of attempting to discover and broader cultural representations. My analysis included critiques and interpretation. My reflections about social realities and communication practice influenced my analytic process. As I note in my conclusions, broadening social awareness of my research topic was one of my goals throughout my project.

In summary, discourse analysis was used in this study to examine text at a micro, meso, and macro level (Alvesson & Willmott, 2002). According to van Dijk (1993), the method of discourse analysis is appropriate for addressing current social issues, with a normative goal of creating "change through critical understanding" (p. 252). The texts I looked at ranged in form, complexity, and depth. My analytic process was multifaceted and circular (Fairclough, 2003).

Although qualitative textual analysis encourages the researcher to be comprehensive and representative in their depiction of themes within a text, discourse

analysis does not share this objective (Fürsich, 2010; Silverman, 2003). When employing a critical lens, the researcher examines discourse as a tool used to uphold or challenge the status quo (Fürsich, 2010). In an attempt to better understand how culture is construed by and also shapes social understandings, the discourse analyst observes where a speaker exhibits particular linguistic and symbolic tendencies (Maguire & Hardy, 2006). Therefore, my selection of textual evidence does not reflect the depth or breadth of examples I reviewed. Rather, I highlighted instances where organizations situated their roles and understandings of GMH, even when my discussion focused closely on a single speaker or point in their presentation. Rather than looking to provide multiple proof points from all six organizations of a claim, I made the conscious choice to extricate and elaborate on a few critical texts.

Consulting with representatives. In order to advance my interpretations about the six organizations, I conducted member checks. I sought contact with the organizations, following University of Maryland Institutional Review Board (IRB) approval. I maintained the anonymity of the individuals I spoke with. One of these meetings took place in person; the other conversations were held by phone. Four of these conversations took place during my data collection and analysis, and four took place at the conclusion of my study. As my written findings and conclusions chapters evolved, I sought the input of participants from the organizations I was writing about, to improve the validity and integrity of my research.

My conversations with respondents were open-ended and unstructured, in order to encourage participants to direct the conversation according to what they deemed most reflective of their experiences and examples (Wolcott, 1994). This format reduces

interviewer influence (Rubin & Rubin, 2005). Conversations ranged from 35 minutes to 75 minutes. In addition to transcribing verbatim, I took notes during each conversation (Denzin & Lincoln, 1994). As participants volunteered their thoughts and perspectives in response to my research, I learned about the organizations and their commitment to GMH, their plans for ongoing involvement, and their investments in speaking publically about the problem. These talks helped me obtain a deeper sense of organizational missions, objectives, and strategies.

I first spoke to a gender advisor at Population Action International, followed by a senior-level employee at PATH involved in external communication and outreach. These conversations were recorded for accuracy and transcribed within one day, so that I could code the transcripts immediately according to the three-step coding process discussed in my data analysis section (Charmaz, 2006). These two participants were available during my initial coding phase, therefore I spoke with them at that point to discuss my preliminary findings.

Lindlof and Taylor (2011) classify "informant interviews" as meetings with knowledgeable individuals who contribute to the research by contextualizing the circumstances, context, and culture the researcher is studying. They enable the researcher to learn about the situational history and better grasp the actions and identities of the social actors.

After I completed my first stage of coding, I sent requests to Women Deliver and the Maternal Health Task Force asking for their participation in phone conversations. I was successful in securing agreement for two phone appointments with the MHTF and one with Women Deliver. After several weeks more spent focused on analysis, I held my

conversations with two representatives from the Maternal Health Task Force. One of these respondents gave me a virtual tour of their website and directed me to resources, materials, and a list of their partner organizations. This discussion was recorded for accuracy and transcribed in full. I also spoke with an experienced public relations practitioner affiliated with the organization who had past experience working in population, sexual and reproductive health, and maternal health as a strategic advisor. We spoke about public relations and the current GMH crisis in detail, and the respondent shared ideas for the future that might enable the collective effort to push this agenda forward. The individual was open in sharing his thoughts about the need and effectiveness for public relations for GMH. This conversation was not recorded, and I only took notes during and after our discussion. I was given permission to record, however the recorder malfunctioned.

Next, I was granted time for a brief conversation with a communications associate at Women Deliver, who during our discussion provided me with background on the conference and an overview of the organization's relationships with stakeholders. At this point, I increased my efforts to identify individuals for member checks from the two donor institutions in my sample. Due perhaps to the size and structure of these two organizations, I had to invest significant time and effort into securing member checks. However, I made the decision to target communication professionals, in hopes they would offer valuable input and be more willing to share their time. The BMGF employs approximately 50 communication personnel (personal communication). In an endeavor to arrange an in-person meeting with an individual dedicated to maternal health and

public relations, I attempted through acquaintances to arrange an introduction to a communications manager with the BMGF.

I conducted member checks with the remaining organizations after I had written an initial draft of my findings, and returned to two of the organizations I had spoken with previously to request time with other individuals. I probed them about distinctions between advocacy and public relations. I explored whether the organizations acknowledged its diverse publics in their outreach strategy and messaging.

In early December 2011, I engaged in an in-person informal discussion with an individual at the BMGF who works on maternal health communication, and a phone conversation with a high-level representative from PATH. In these conversations, I raised the topic of how maternal health communication is important on the local level. I asked whether in their work and in the organization's outreach, culture was seen a component of GMH. We talked about how culture influences social constructions of gender. Another point of conversation concerned how Western organizations with development portfolios directed at several causes, could understand GMH deeply enough.

I also corresponded by email with representatives from PAI and conducted a member check with a media professional from UNFPA as I was writing about cultural and gender identities. In this member check, I pointedly posed questions about Western assumptions regarding culture. Finally, I spoke to a second, high-level figure from Women Deliver about my findings in relation to the outcomes of the conference and the organization's role since that time. When I raised my findings about accountability discourse, I asked participants to share their perspectives on micro-level systems at the

community level. I tried to ascertain how regulation influenced how the six organizations at the two conferences represented GMH.

I developed the parameters for my sampling and procedure based on the literature, my experience participating in one of the conferences, and from my previous research. When I interviewed practitioners at different organizations in my pilot study, I had observed inconsistencies and contradictions even within organizations. I also learned how insular the maternal health community was/is, with some participants holding experience at three or more of the organizations within my sample. For this reason, I believe that my choice of organizations was less important than my certainty about seeing the potential for each organization in my sample to contribute to my understanding of public relations and the production of meaning about GMH. Ultimately, these "checks" were a means of balancing the textual evidence that composed the bulk of my findings chapter. In creating narrative summaries of my research questions, I found myself emphasizing more heavily the discourse of the two most powerful organizations. Transcripts from my informants enhanced my ability to write reflexively and de-brief my research findings with my peers, thereby increasing the quality of my assessments and strengthening my assertions.

Data Analysis

To assist in data management and analysis, I used HyperRESEARCH 3.0.2, a qualitative analysis software program. This program has been recognized for its usefulness during the axial coding stage, in identifying concepts, establishing themes and helping the researcher ground the study in theory (e.g., Lonkila, 1995; Weitzman, 2003).

I followed Charmaz's (2006) coding process, in order to explore the explanatory power of theory by evaluating and adapting to emergent findings from stages of coding. After establishing initial distinctions between organizations, I sought to analyze discursive engagement. I filtered for texts and organizations that discussed advocacy strategies or self-defined as having an advocacy and a maternal health focus. Drawing from the literature, I established several parameters for my question of "how organizations engaged." Next, I went text by text to locate an example from each organization that was both unique and deep enough for me to work with. Regularly, I reminded myself to look within each text without assigning organizational intentionality.

To answer research question one, I had to consider how I might distinguish between types of organizations based on their involvement at the conferences. As I continued to organize my research from the conference sessions, speeches, and research presentations, I found that my abilities to identify distinctions between organizations and their public relations strategies and messages sharpened.

As I moved into the process of analyzing my texts, I arranged the organizations and my selected texts into descriptive visual tables. These visual tables allowed me to track, compare, and modify my units of analysis. Using an iterative approach, I found myself continually moving back and forth between gathering textual evidence, transcribing, representing my findings, analyzing discourse, choosing more examples, and coding.

I used visual strategies, such as charts and diagrams, to represent my findings and illustrate relationships within the data (Wolcott, 1994). Miles and Huberman (1994), Wolcott (1994) and Charmaz (2006), all suggest that researchers focus their data analysis

on components and people that inspire in them the most connections to theory. Data reduction strategies were necessary to contain my most meaningful data in a useful way. While clustering and separating texts, I took note of the areas where I wished to dig deeper, which helped to simplify and reduce the significant amounts of material I had collected. Returning to the literature was another way I narrowed the study and noted if patterns were occurring (Bogdan & Biklan, 1992). I reached theoretical saturation as the point where I saw repetition of themes and believed that I could provide adequate evidence of varied representations (Glaser & Strauss, 1967; Lindlof & Taylor, 2002).

Three-step coding. Multi-stage coding guided my data analysis for this dissertation. I used codes as I collected texts to define concepts I began to see within discourse. Preliminary findings drawn from early coding refined and improved my subsequent data gathering. My codes changed from description, to shorthand labels, and then became emerging assessments that served my ongoing discussion, questions, and conclusions (Charmaz, 2006). Working with my sample of six organizations, I attempted to balance my selection and depth of texts, rather than focus on capturing a certain number of examples per organization. I ceased refining concepts when I began to see patterns and connections that reinforced my use of terms (Corbin & Strauss, 2008).

I began to code early in the research process. I conducted research for my dissertation with an initial conceptual framework taken my literature review and through open-coding, where I used broad naming. The background research I had conducted was useful in helping me think critically about what I was seeing, and create codes to use moving forward. In the open coding stage, I looked at stated objectives for the conferences, the current development climate, and connections between conference

session titles and content. During open coding, I assigned codes to how the organizations represented their commitment to maternal health on their websites. During open coding, I worked through each text line by line, formed my codes, compared the insights I developed for each text to other texts, and developed my process of analysis (Charmaz, 2006).

The second stage of coding I undertook was axial coding. I reviewed sections of coded texts numerous times; refined the names of codes, combined codes, assigned one or more codes to the same piece of text, and shortened or lengthened sections of coded text. In the axial-coding phase, I worked from and around existing categories to identify relationships between dimensions of each group of data (Corbin & Strauss, 2008). Axial-coding was a means for gathering the data together into an understandable framework (Charmaz, 2006).

At the beginning of axial-coding, I continued to take notes and associate them with the codes I had created during my preliminary research. Emergent findings guided my subsequent coding and grouping of codes. I added reflections to these notes, and started to re-name or modify code associations that I had decided on early in the research process. The functionality of HyperRESEARCH was extremely helpful in making updates, changes, and annotations. Memo-writing, diagramming, and organizing were useful practices that helped me make connections between concepts begin to envision the emerging theoretical structure (Lonkila, 1995).

During selective-coding, my familiarity with the material in my HyperRESEARCH collection aided me in maintaining clear definitions, variables and concepts that sharpened my thematic analysis (Charmaz, 2006). To determine the

circumstances of the phenomena I was studying as well as make links to outcomes, I posed questions to myself about conditions and consequences of discursive actions. By my last phase of coding, I had reduced my codes into 10 groups. At that point, I used selective data to fill gaps and expand the properties of emergent theoretical categories. The third stage of selective coding enabled me to interrogate my observations and assumptions, further establishing links between sub-groups of codes. I maintained a focus on incorporating literature and theory with my analysis. I posed questions about the themes and considered if I needed to adjust my sample of texts for clarity (Lonkila, 1995). I ceased coding when I reached a place where I had collected multiple illustrations of the phenomena I was studying (Charmaz, 2006; Starks & Trinidad, 2007).

I began my research guided by critical-cultural public relations theory with the objective that my research would fit with and build on existing theory. According to Corbin and Strauss (2008), researchers are guided by theory, prepositions and concepts, even as they are seeking to build on or expand theory. They seek to explore, nuance and add to extant theory. Emergent data analysis has a number of advantages over other methods of analysis. In contrast to predictive models, where hypotheses lead the research, iterative analysis suggests that the data collected during the research process demonstrate the complexities of a phenomenon (Stanley & Wise, 1991). Therefore, research findings are not presented in a particular consequential order because they are not referred to as "evidence" of a social reality (Stanley & Wise, 1991). Moreover, personal involvement and the role of the researcher are part of the interpretive context (Stanley & Wise, 1991).

Pilot Study

I undertook a qualitative research study in 2009 to explore the reflections and challenges of development communication from the practitioner point of view. I sought to answer the following research question: How do health communication practitioners make meaning of development communication, and of gender in their organizations and their work? This question was inspired by Staudt (1998), who studied how development institutions conceived of gender and tried to incorporate gender into development, and Steeves (2000), who proposed that feminists inside and outside development organizations could advance feminism. More recently, Porras (2008) called for research on development communicators to capture their "invisible" work to advance gender equity through participatory community-based programs.

Although I initially planned to do more research with international development practitioners, to observe the ways that they participate in the production of communication about gender (e.g., Staudt, 1991; Lucas, 1995), my literature and theory review led me to step back and recognize the necessity of research that would examine the development system at a macro level. Thus my dissertation research focuses on the issue of maternal health on an organizational level, rather than studying the level of the practitioner. After conducting the pilot study, I found myself turning away from feminist criticism and more toward critical public relations and cultural studies literature. Through a critical/cultural lens, I broadened my knowledge of how organizations in the field of development view maternal health and how they envision their roles.

Validity

I followed other procedures to ensure integrity in my process. Throughout the research gathering phase, I wrote observer comments in the margins of documents,

memos, and transcripts. Observer comments allowed me to summarize, comment, note

questions or inconsistencies, and try out ideas and themes (Bogdan & Biklan, 1992).

Memos were a substantive opportunity to critically reflect and re-visit the literature,

while exploring concepts that reappear with some regularity (Miles & Huberman, 1994;

Rubin & Rubin, 2005). I also used techniques such as journal writing and free writing

(Wolcott, 1994).

During data analysis I employed subjectivity and reflexivity as I focused on the

the complexities of meaning constructions. As I attended the Women Deliver conference

and collected hard copy materials, I used note-taking and memo-ing to record my

reflections. As I researched more about the two conferences, I went back to my notes and

memos and created summary sheets (Miles & Huberman, 1994).

Integrity. I strove to maintain integrity throughout this critical and interpretive

study by remaining open to the patterns and contradictions that came up during my

discourse analysis. Mies (1991) conceived of a researcher who enters into the research

situation with flexible expectations about the outcomes. She acknowledged that research

is

> an ongoing contradiction; ultimately the researcher must objectify the
>
> experience of the researched, must translate that experience into more abstract
>
> and general terms if an analysis that links the individual to processes outside
>
> her immediate social world is to be achieved. (p. 136)

Scholars have challenged the positivist presumption that neutrality and objectivity can

afford a study a level of validity (Mies, 1991). Yet long-standing social science traditions

have privileged empirical research and have treated research as scientific examination rather than an interpretive process (Mies, 1991).

Member checks. Member checks were valuable at the conclusion of my study in strengthening the credibility of my research. As previously referenced, I consulted with participants/members associated with the six organizations in my sample, during and at the conclusion of my research. These member checks were a means of incorporating responses to my analysis, and ensuring greater integrity in my research process (Lindlof & Taylor, 2002). During the axial coding phase, member checks helped me to develop and identify emerging themes, which strengthened the quality of my analysis. Additionally, input from participants allowed me to understand and account for regulatory, social, and cultural considerations I would not have otherwise recognized. Informal debriefs with peers and associates also expanded my capacity to write about the phenomena of GMH discourse.

Credibility. Scholars have argued in favor of standards of research rigor such as *credibility* and *integrity*, rather than traditional social science terms such as validity and objectivity. When confronted with questions of researcher *bias*, they suggest that subjectivity enhances data gathering and interpretation (Dallimore, 2000; Olesen, 1994). A skilled researcher is reflexive enough to explore and uncover the issues that shape their views and actions (Olesen, 1994). Instead of justifying this dissertation according to standards of objectivity and validity, I propose that it should be evaluated against alternative criteria, such as credibility, integrity and transparency, as expressed through sustained reflexivity (Kvale, 1995).

Dallimore (2000) argued that the goal in research is to find rich meanings, not to predict or prove hypotheses. I agree, and believe that by starting my dissertation with strong theory and clear questions, I determined in my research and analysis important areas where more depth was needed (Reinharz, 1992). I tried to immerse myself deeply in existing research and identify points where other researchers had noted a need for additional study. Finally, I chose methods well-suited to my research question. Reflecting on my findings in conversations with my colleagues was extremely important. These de-briefs gave me the time and space to delve into the facets of my critical, unique, or contradictory findings.

Reflexivity. I must acknowledge how my definitions of concepts influenced my interpretations (Olesen, 1994). Researchers and practitioners should engage in self-reflection in order to evaluate their role in the research process (Creswell, 2007; Olesen, 1994). My choice of maternal health as research topic was deliberate; I see it as a grave social issue on a global scale. I have certain beliefs about gender and development communication based on my education in women's studies. I am familiar with the ways that development has disadvantaged women (see Hirshman, 1995; Parpart, 2002; Udayagiri, 1995). Additionally, I am troubled that scholars (i.e. Staudt, 1990), have shown that practitioners in organizations seemingly dedicated to correcting gender inequities find it difficult to accomplish women's rights objectives.

In the past, I have questioned whether I have the awareness, the tools, and the right to study gender, health and development. I recognize that I avoided direct engagement with thorny issues in women's studies about subject position and voice by deliberately choosing in my pilot study to look at how development practitioners

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construct communication directed at women in "the third world." In this dissertation, I focused on organizations, taking my focus to a level even farther removed the needs and experiences of women in the global South. In the research I conducted (even while observing at the WD conference), I did not observe or speak with women of color. Nor did I pursue at length their concerns in the member checks I conducted.

I acknowledge that my initial ideas about the operation of development organizations were merely speculative, as I had no professional or volunteer experience in the field. However, I do have a fair amount of training and experience in public relations from multiple roles as practitioner, scholar, and teacher. My assessment that public relations and development communication are similar stems from this standpoint. Despite the pitfalls of wrestling with experience (Scott, 1991) and the challenges posed by analyzing macro level forms of power and production; I was committed to combining critical and cultural research methods. My commitments will continue to lead me to look for forms of conducting research that are flexible and diverse enough to accommodate multiple standpoints and interpretations (Olesen, 1994).

To review, I believed that I managed to maintain integrity in my research process, I practiced self-reflection and held conversations with others throughout the course of my project. I believe that craftsmanship and transparency (Kvale, 1995) in research are enhanced by talking with one's peers. Regular "check-ins" with my advisory committee reminded me of my methods and theory training and helped me stay committed to a clear, procedural path. They also allowed me to hone and refine my study design when particular approaches or processes were not working as well as they could have. Dallimore (2000) wrote about this concept as a commitment to maintaining credibility.

She framed this concept in terms of the ethics, trustworthiness, and integrity of the researcher.

I interpret Dallimore's (2000) concept of "bounded generalizability" and Kvale's (1995) concept of "pragmatic validity" as theoretical usefulness and praxis. An important goal for my research was to make a scholarly contribution. Therefore, I was systematic and thorough in how I conducted, arranged, and reported the findings of my study. My goal was to illustrate craftsmanship and transparency, so that other scholars in my field, who might want to use my study to guide their own research, would find my steps clear and reasonable.

Although this was a critical-cultural analysis, I see potential for pragmatic implications, and for future practical research that I can circulate to individuals outside of the academy. I see from my research experience opportunities to improve organizational processes, public relations strategy, health communication in its formative stages, and development interventions for maternal health.

Epistemology. Epistemology, or my way of knowing, guided the choices that I made in my research process and influenced the way I gathered and interpreted my data (Chesbro & Borisoff, 2007). My experiences as a woman and belief in women's equality and women's rights, informed my research. Feminism is a perspective or "mode of analysis, a method of approaching life and politics, rather than a set of political conclusions about the oppression of women" (Harstock, 1998, p. 35). As a scholar who studies women, I hope I have paved a way for others to do additional research on this topic, whether it is from a radical or liberal feminist perspective (Tuchman, 1978).

After taking an exploratory approach in my examination of how development communicators produce meanings about gender in my pilot study, I was open in this dissertation to noting how gender as a construct functions in development discourse. I believe that gender is only one axis of oppression that functions in relationship to other parts of a social system (Crenshaw, 1991; Dill & Zambrana, 2009). In my research for this dissertation, I wanted to look at how development ideology influenced the maternal health agenda. As I analyzed discourse from the conferences, I did experience moments where I had to reflect on gender, health, and social change. However, because my research questions concerned representations, they led me to organizational processes and ideologies in development about development, rather than revealing understandings about gender and health.

The critical/cultural approach of this dissertation meant that I considered social, historical, and political influences. I am aware that my critical lens stems from my concerns about hierarchy and power. My personal experiences working in corporate public relations and my educational training contributed to the assumption I hold that discourse influences communication representations and practice. As a former communication practitioner, I made a very deliberate choice to view the issue of maternal health on a global scale and judge discourse as public relations, a choice with which other scholars and my participants may disagree. I tried in my analysis to acknowledge the fluid character of institutions and structures and the processes that change them (Harstock, 1998).

I acknowledge that research is highly subjective because it is an iterative process, and researchers find themselves drawing from their experiences in their choices (Denzin

& Lincoln, 1994). I recognized that I needed to be aware of how my reflections and interpretations affected my ongoing research, my understandings of the problem I studied, and how I crafted my ideas (Angrosino and Mays de Peréz, 2003). As Avner (2001) observed, "Writing can no longer be considered innocent" (p. 582). In the process of recording, analyzing, interpreting, and narrating, researchers may privilege a certain "voice" (or voices) in order to authenticate their account (p. 581). In creating a version of history, researchers bear the responsibility to communicate multiple truths and knowledges in their translation (Avner, 2001; Benson & Nagar, 2006; Gangadharan, 2008). I have struggled throughout my graduate career to reconcile whether the time I spend in the university environment, takes me far from the realities of organizations where strategic communication is practiced.

My identity as a woman living in "the first world" shaped my interpretation and my writing. Each subject has a standpoint or "a perspective involving assumptions and values" (Alcoff and Potter, 1993, p 6). According to Harstock (1998), standpoint is "a technical theoretical device that can allow for the creation of better (more objective, more libratory) accounts of the world" (p. 236). My understanding of my research topic was changed by my experiences and assumptions, which included my preconceptions of countries where the crisis is most severe, my opinions about government and development organization's involvement in women's health, and my concerns about the development industry and Westernized practices.

Reflexivity must also include my personal reproductive and sexual health experiences, and, most importantly, my identity as a mother. When I conducted an ethnography of a community prenatal clinic in 2008, I had no intention of bearing

children. My experiences with the patient advocate staff, the nurse midwife, and the pregnant mothers and mothers-to-be opened my eyes to the journey of pregnancy. I saw women of all ages and mostly low-income, non-English speaking backgrounds benefit from prenatal health care.

When I conducted my pilot study with development practitioners, I was able to distance myself easily from the "subjects" of the reproductive and maternal health programs I discussed with my participants. Since the interview participants were mostly elites who were many steps removed from their "publics," our conversations about health status and women in "the third world" felt abstract. Following my experience doing interviews for that project, I became excited about the participatory action and feminist action research case studies I was reading in my classes. I anticipated that for my dissertation I might travel to a Latin American country to conduct an in-depth ethnography of a communication for social change intervention. However, shortly before taking my comprehensive exams, I learned that I was pregnant, and I realized extended time in the field with a newborn would be too difficult.

When I attended the Women Deliver conference, I was six months (and visibly) pregnant. As I spoke with representatives from organizations at booths and chatted with other attendees sitting near me at sessions, I was slightly self-conscious and did not talk about my pregnancy. I identified most strongly as a scholar then. I imagined myself there in search of insight about the very broad topic of global maternal health. Because of my frame of mind and high quality prenatal care, I did not feel much of a connection to the stories I heard of maternal death, lack of access to care, poor nutrition, and inadequate resources, such as skilled birth attendants.

On the second day of the conference, I attended a screening and panel discussion of a film "No Woman No Cry" by filmmaker and celebrity Christy Turlington Burns . In the opening sequence, Burns shares the story of the birth of her daughter and the hemorrhaging that occurred immediately after the birth. Another vignette in the movie focuses on a widowed father who lost his wife after she had an embolism following delivery. Both of these mothers were middle-upper class residents of the United States, yet I did not identify with them. My attitude toward the film was that it was educative, an artifact of the conference, and a tool for representing the narratives of mothers across the world.

As my due date approached in August 2010, I felt anticipation, but also was reassured that the classes I had taken in natural childbirth would give me the tools I needed for birthing. I was highly confident in the midwives I had chosen for labor and delivery and was looking forward to delivering in a birthing center, rather than a hospital. I most of the preceding summer reading books, watching videos, and meeting with experts about birth (e.g., doulas and a hypnotist). I had been practicing yoga, exercising in the water, eating well, and nourishing my body and mind through meditation and visualization. My identity had shifted dramatically from full-time student, scholar, and teacher to prospective parent.

My birth experience went very differently than I had hoped. After eight hours of un-medicated, active labor, my midwife determined that I needed to be transferred to a hospital due to obstructed labor. My baby was at risk from a prolapsed cord, and I ultimately had to undergo surgery several hours later. In the weeks and months that

followed, I often replayed my birth in my mind and questioned how it might have gone differently. I struggled with grief, disappointment, and guilt.

In March of 2011, I again viewed the film "No Woman, No Cry" at a panel discussion in Seattle during an event hosted by global health organizations. I was flooded with emotion and a sense of helplessness as I interpreted the narratives in the film in relation to my own birthing story. Six months into my new life as a mother, I feel disassociated from my university and my former life as a full-time graduate student. Frequently, in my 18 months of motherhood I have felt without resources, exhausted by the seemingly endless needs of a child. I often long for intellectual engagement and interactions with colleagues who could help me puzzle through my research insecurities and find solutions to logistical roadblocks. Yet more than my change in identity is due to more than my change in status. My son has changed me, and I now feel a bond with all mothers. I have a renewed passion to understand how communication is intertwined with the issue of maternal health and how organizations can be influential in highlighting and improving this crisis. Finally, I have an intimate knowledge of prenatal care, the experience of obstructed labor, and new feelings about social and cultural expectations for mothers. I have developed a personal investment in this cause that was absent when I began studying maternal health communication.

My experiences and beliefs about gender, motherhood, health, and culture shaped my "mode of analysis," my method of "approaching life and politics" (Harstock, 1998, p. 35). I tried to maintain a consciousness about how my epistemology was inscribed upon my research. Through the practice of reflexivity, I was able to identify how my subjectivities shaped my research questions and both narrowed and enhanced my

analysis. I paid attention to the emotional aspects of my research I experienced and wrote about GMH discourse.

Summary. My method differed from other forms of textual analysis that focus on language or language patterns, such as semiotic analysis or strict Foucauldian analyses of power (Iedema & Wodek, 1999; Chay-Nemeth, 2005). I chose instead, to explore discursive themes in texts in relation to their social, cultural and historical contexts (van Dijk, 1993). Eschewing techniques utilized in quantitative content analysis, I treated texts as intertextual and interdiscursive rather than as the source of causal effects (Fairclough, 2003). My approach to discourse analysis was "cultural," meaning that I ascribed to the premise that texts constitute their subjects and audiences (Fürsich, 2010).

Overall, through this research inquiry into development culture, I departed from development communication paradigms of behavior change, mass communication, and communication for community-level social change. My application of the circuit of culture also was distinct. Instead of studying publics and their meaning-making, as I had done in previous research projects, I chose to focus on the organizational level of analysis, selecting discourses to view socially and culturally constructed meanings about GMH.

Chapter 4: Findings

The purpose of this chapter is to answer the research questions. Below I present detailed findings of my research according to each question. For research question one, I explored organizational engagement. I studied participation of the six organizations in the context of WD and GMHC in several ways: focusing on their distinctiveness; closely analyzing significant texts at the conferences, and considering the texts in relation to the conference, the organization, and the speakers. Member checks were useful in elaborating and supporting findings for research question one.

RQ1: How did distinctive organizations engage in the Women Deliver and Global Maternal Health conferences?

There were four primary thematic areas that encompassed how organizations engaged in WD and GMHC. *Advocating action* was a theme related to advocacy and its meanings. *Momentum growing* was a theme suggested by discourse about the maternal health agenda. *The time has come* was a message created through tones of urgency, predominantly communicated through state of the issue speeches. Finally, *working in better ways* was a characterization that reflected the spirit of the conferences to generate new ideas and affirm responsibilities.

The resultant thematic discussion describes engagement descriptively and with examples. Axial and selective codes were assigned to each text referenced in the findings for research question one. The reduced set of codes are listed in Appendix B. Those coding labels indicate concepts I identified through my research, and their terms differ from the thematic findings presented below.

Advocating action. Advocacy through action was integral in the discourse at both conferences. Organizations engaged through and at the conferences to create identities for themselves as involved in advocacy. PAI was unique for its conviction that its intellectual property (e.g. research on family planning and population) gave it the power to carry out its advocacy with action. In a member check with a representative from PAI, where we talked about advocacy; she stated that she personally worked "strategically with our advocacy staff about how to communicate research results in ways that can most strategically inform policy in the realm of family planning and reproductive health but also more broadly the development agenda."

Policy change. Advocacy was framed as a concept achieved through maternal health policies. On the first day of the WD conference, Melinda Gates' delivered the lunchtime plenary speech, titled "A conversation with Melinda Gates." Her announcement of a substantial grant for maternal health garnered a great deal of attention at the conference and in the media. She admonished her peers in her speech, saying "we haven't tried hard enough." She faulted the inaction of policymakers and criticized powerful figures in both wealthy and poorer countries; accusing them of having "squandered opportunities to improve" the health of women and children. Melinda Gates implicated governments, officials, countries, and donors without directly tying inaction to maternal and newborn deaths. She rebuked the development community for wasting time and money, and reproved those in power for failing to wield political will. Her discourse argued that financial support and maternal health policies were crucial first steps in creating change.

Policy, action, and economics were intertwined. Discursive associations between policy and advocacy in texts from PATH and PAI mostly concerned policy at the global or national level, rather than local level practices dedicated to maternal health. Administrators involved with communication at both PATH and the BMGF, at both conferences, stressed that policy was essential to inspiring funding and support. Demonstrations of this discourse, overall, pertained to micro-issues such as how advocacy through policy implementation could be conducted by organizations. At times, however, organizations raised macro-issues pertaining to policy, such as how donor countries (e.g. the U.S., the U.K., Denmark, etc.) could spearhead policies that would result in more aid for GMH.

Research and metrics were also framed as an advocacy resource. Statistics were recognized as a means of prompting decision making. Measurement could increase adoption and scale up of interventions. At the GMHC, Ana Langer, head of EngenderHealth, claimed

> I don't need to tell you, maternal health experts, how necessary reliable and timely numbers are for priority setting, needs assessments, policy making, evaluation of costs, and effectiveness.

This quote captures policy as a multi-faceted concept that was related discursively to advocacy at the conference.

Alliances. The MHTF and EngenderHealth proposed that they could further advocacy through alliances. On its website, the MHTF referred to policy, a partner channel, and dialogue as key organizational priorities. Messaging about forming connections between groups through projects and joint initiatives was consistent

throughout the website and in materials for the GMHC. The MHTF website noted, "In order to foster dialogue among experts in specific sub-fields of maternal health, the MHTF has helped convene communities of practice around a certain issue." As I discuss in my conclusion, the MHTF served a distinct facilitating function in coordination of complementary efforts.

In a member check, a MHTF informant said that "for a long time" the maternal health landscape had been "fractured and disparate." She suggested that the field was previously incapable of "taking on maternal health in an integrated way." This individual warned that without a "multi-sectoral approach," organizations would continue to struggle to coordinate and build their efforts. Organizations needed to blend their energies, knowledges, and strengths. Those that refused to relinquish their primary foci would lose influence and power.

Call for involvement. Melinda Gates asked audiences in her speech to confirm their involvement in a common vision, "We need to be ready with answers. We need to be ready with a plan. A single plan on which we all agree." The "plan" she referred to was a joint action plan driven by the involvement of the United Nations, discussed throughout the WD conference as a excellent next step. The UN agenda was positioned as reflective of the global health development industry's renewed agreement to improve progress toward MDG5.

Involvement was also discursively tied to advocacy, action, and commitment to the MDGs. In a conversation with a representative from Women Deliver, she described advocacy as a "call to action and for organizations to follow up on previously made

commitments." She defined "action" as organizations providing promised assistance and working in tandem.

Momentum growing. Melinda Gates firmly stated in her speech, "we have the momentum now. We can make a new world for poor women and children." The assumption that putting women and maternal health at the center of the development agenda meant change for the industry was unspoken but understood. In the absence of recognition of maternal health activists, it was ambiguous who Melinda Gates was referring to when she said, "we" and "you" were. When she concluded her discussion of policy and advocacy she remarked, "Thanks to you—and heroes like you—women and children are finally at the top of the global agenda—and that is where they are going to stay." She seemed to address women's health advocates, but her emphasis was on asking organizations and donors to exhibit commitment in actionable ways.

Putting women and maternal health at the center of the development agenda was explained in the context of concern about MDG5, although speakers claimed that maternal health was a priority regardless. In the beginning of his speech, Ban Ki-moon announced that the world was ready: "This is the right time for us to come together." He returned to the concept of momentum towards the end of his speech when he assured the audience, "If we act now, and act together, we can deliver for women."

Government and donor support. According to the tone of the WD conference, increases in 'support' would make substantive change happen. Melinda Gates' speech and sizable grant were referred to in other speeches at the conference. The announcement was heralded as a symbol of more support to come. Ban Ki-moon was positive, in his speech, about the "new program"/"new commitment from the UN to

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help," and "the push to meet the MDGs." He assured the audience that the joint action plan was different from previous global initiatives. However, he steered away from talking about financial contributions or specific government commitments to enact change.

The time has come. A core message that speakers affirmed to one another at WD and GMHC was that maternal health needed addressing *now*. Through materials associated with its conference such as press releases, website content, and blog updates, Women Deliver argued that that maternal health care reduces maternal mortality, and that wasting time directly translated to lives saved or lives lost.

In her speech, Melinda Gates said, "Experts agree that fulfilling the unmet need for family planning would reduce maternal deaths by at least 30 percent, and newborn deaths by 20 percent." Her tone was pragmatic, but firm.

During a media interview at the conference, President Jill Sheffield described the conference as global agreement that GMH was deserving of immediate attention and help. In a member check, a communications specialist from Women Deliver said, "It [the conference] seemed like one of the bigger moments, a watershed time because it showed that maternal health is being invested in."

Community with a common agenda. Melinda Gates employed discourse about the global maternal health community throughout her speech. At one point she said, "We must move forward together, as one, with the courage to overcome the obstacles that have stopped us in the past." As previously mentioned, she attempted to create a unified identity for the maternal health community (seen in the table below), creating a vision of a collective of like-minded groups at the conference.

Table 2 - Discourse relating to GMH community and development efforts

"our community,"
the "world we see"
"our unity and courage"
"we have nurtured a vision of global health that embraces mothers and their babies"
"make the most of the opportunity we created"
"we can say…but there is so much we don't know about spreading that message"
"we don't have to treat these as separate issues. We can treat them the way mothers themselves treat them"

Across job position, other speakers at the conference employed similar language to include or exclude themselves in the global maternal health community, choosing to do so selectively depending on the information they were presenting.

At the GMHC, Ann Blanc, the head of EngenderHealth called women's health advocates and leaders "activists." She noted her disappointment that since the Nairobi conference 23 years prior, women still were dying. She stated that her belief that "experts" present at the Nairobi conference and other conferences "anticipated that maternal health would be the norm" by 2010, and explained that the Maternal Health Task Force was ready to continue convening the community until maternal mortality and morbidity ware "a thing of the past."

When Ann Blanc referred to the "developed" world and contrasted it to the "developing" world, she did not explicitly recognize herself as part of the developed world. She was careful to include herself in the audience but also distance herself from "experts" with more expertise about organizing and development strategies.

Better relationships with stakeholders. Speaking about its stakeholders in a member check, a representative from Women Deliver said that the organization hoped to "continue to engage stakeholders and bring them together to continue the conversation."

She added that Women Deliver as an organization wished to "champion" their partners and their efforts.

Coming two months after Women Deliver, GMHC needed to be distinct, yet build on the momentum created by and since Women Deliver. The MHTF created an identity for the event as ground-breaking, the culmination of two years of planning and groundwork to link maternal health organizations together and provide opportunities for dialogue and planning by stakeholders.

The conference was a flagship endeavor for MHTF and one of the ways they were able to reach stakeholders with power to improve and fund global health directly. An informant explained to me that the initial Gates foundation grant in 2008 specified that the task force would hold a global conference to disseminate scientific information about maternal health (personal communication). The BMGF charged them with improving coordination between existing maternal health organizations, building knowledge management tools, and encouraging consensus and training. Although the MHTF had been executing these tasks through its website and interpersonal communication, the GMHC conference by contrast, allowed it to serve as a *convening* organization. Previously recognized in relation to their association with their donor, BMGF, the conference was an opportunity to define their identity and an identity for global maternal health.

Elizabeth Madsen, a researcher from PAI, spoke at one of the sessions about reproductive and maternal health supplies. Strategically, she shared that the 35-40 in-country stakeholders that she interacted with in Bangladesh and Uganda helped her to

find "entry points for advocacy." At GMHC, speakers framed stakeholders differently depending on if they were at the government, country, or local level.

   Working in better ways. Organizations indicated they planned to work together, while also contribute in unique ways through their specific areas of expertise. All of the organizations insisted that their engagement in the conferences stemmed from honorable motivations, and said that they were well-intentioned about making improvements to practice. They employed discourse about commitment and responsibility, prominent speakers such as Melinda Gates and Ban Ki Moon in particular.

   At the conferences, organizations needed to differentiate themselves while also publically recognizing their collective and complementary strengths. EngenderHealth/the Maternal Health Task Force, and Women Deliver were organizations that claimed that their primary purpose was to construct polyvocal spaces for discussion, collaboration, and advocacy. The research organization PAI created distinct and critical meanings for how research would help the work of GMH. PAI highlighted research through discourse about stakeholders, partnerships, country systems, and resources (supplies, initiatives and programs, and lack of support at the government and local level). The organization PATH emphasized its technical expertise and the improvements they could yield by going in new directions, creating innovations, joining research and measurement, and funding initiatives and programs. PATH primarily used discourse about resources (products, tools, implementation) when its speakers described its engagement. The individual discursive accomplishments of PAI and PATH acted to produce knowledges about maternal health in more concrete and straightforward ways. Both were consistent in how they positioned and promoted their organizations.

After the conference, Women Deliver as an organization evaluated its conference by "seven success factors." They shared the evaluation and said that it demonstrated how the conference was an "international game changer." The evaluation document summarized successes as first media coverage, second attendance, and third the involvement (and financial and policy commitments) of Melinda Gates and Ban Ki-moon. Jill Sheffield's appointment to the UN Commission on Information and Accountability for Women's and Children's Health was heralded as an achievement, along with Ban Ki-moon's announcements about the Global Strategy for Women's and Children's Health. Women Deliver noted the importance of special sessions at the conference, but primarily emphasized the contribution of "decision-makers." Advocacy was positioned as ongoing. The evaluation document stated that the upcoming G8 meeting and UN summit would next take it up.

Dialogue. Organizations such as Women Deliver connected the concept of dialogue discursively to collective discussion among maternal health organizations. At WD, there were meetings arranged at the conference for brainstorming, such as the Minister's Forum, the Parlimentarian forum, the Youth Symposium, and the Midwives Symposium. The conference program included 300 plus speakers in 118 separate sessions over 3 days (according to the evaluation document). Women Deliver president Jill Sheffield commented, in her closing address, that she viewed the forums as uniquely valuable. Speaking at the end of the conference, she said, "It's parliamentarians and ministers and midwives and young people - and they're really doing what we'd hope they'd do when they came to Women Deliver."

Collaboration. A sub-theme related to dialogue was *collaboration*, discursively described as cooperation exhibited by like-minded or complementary groups. The MHTF proposed that the task force was secondary to other organizations, that they were working toward "creating an inclusive setting to engage in dialogue, build consensus, and share information." At a presentation at the Women Deliver conference by PATH, Rachel Wilson (Advocacy Director at PATH) focused on dialogue as a means of generating advocacy. She claimed that collective advocacy would be easier if organizations collectively "discussed what works" and considered "common challenges" and "lessons learned." In a member check, a representative from PATH differentiated its advocacy efforts from those of other organizations,

> We work in 70 countries and have an advocacy function that is very well
>
> intertwined with our programmatic function. The advocacy team works jointly in
>
> our advocacy endeavors with technical colleagues. We are a broad organization
>
> that has a lot of partnerships and collaborations with a number of entities in the
>
> countries that we work in, so we leverage a whole range of relationships and
>
> perspectives to help form a policy agenda and carry forth the advocacy in an
>
> impactful way. I'm not saying that other people don't have many of these things,
>
> but I do think that our experience in translating evidence and data into
>
> transforming policy and mobilizing stakeholders—usually the experts working in
>
> these areas, particularly on the ground, is unique.

Working in better ways had very different meanings, as communicated by speakers from the various organizations. Ban Ki-moon, who spoke in an authoritative capacity, positioned collaborative partnerships as a way to manage, provide oversight, and follow

the same plan. When he talked about how the UN had created a new plan to "help

governments deliver for mothers and children," he said that this plan "calls for every part

of the world to work together on health services."

By contrast, NGOs saw dialogue and collaboration as a way to create alliances

that would generate advocacy in new and innovative forms. In a member check, an

informant from the MHTF said, "My interest is in alternative forms of development

communication that are internal, that are across organizations that are part of a network,

where dialogue is coming together through conferences, social media, or through

whatever is coming about."

Comparative engagement. In table below, I explain how my discourse analysis

helped me to assign processes and practices to certain organizations as I answered

research question one. I looked at interactions and for intertextuality between points on

the circuit of culture. Although this table is not an exhaustive interpretation of

"distinctiveness" or "engagement," it serves to highlight dominant *and* layered meaning

possibilities created at the two events.

Table 3 - How distinctive organizations engaged in the Women Deliver and Global
Maternal Health conferences

Organization	Identities at WD (emphasis on advocacy)	Identities at GMHC (emphasis on advocacy)	Publics that were addressed
PATH	• Translator between countries, NGOs and multilaterals • Participant in partnerships to further conversations about programs, technology, and policy (personal communication)	• Provides support • Part of working groups and coalitions (personal communication)	• Potential partners • Social scientists • Advocacy (policy) experts • Family health proponents • Advocates for improved health care

United Nations	• Making history • Calling for global action and partnerships • Taking stock of progress to date (e.g. Ban Ki-moon)	• Helping women live full, productive, and healthy lives • Assessing program relevancy, effectiveness, and efficiency • Assessing coordination, management and support from UN agencies (e.g. Luc de Bernis, UNFPA)	• Ministers • Government officials Foundations • UN agencies • WHO • President of Global Fund • Women "who deliver" • Health researchers (at the GMHC) • Other NGOs • State governments
Population Action International	• Strengthening the movement with evidence • Pushing MDG5 forward with legislators (personal communication)	• Member of reproductive health coalition • Advocacy partner (as suggested by Elizabeth Madsen at the GMHC)	• Social movement • champions (at WD) • Stakeholders (at WD) • Researchers • Partners • Organizations they have funded
EngenderHealth	• Sharing responsibilities for reproductive health rights work • Exploring overlap between family planning efforts and maternal health • Supporting innovative maternal health interventions and considering how to take them to scale (Notes from various sessions)	• Generating information (e.g. Ana Langer) • Convening the community (e.g. Ann Blanc)	• Organizations they have funded
Women Deliver	• Generate attention • Call for involvement • Obligate donors and government • Develop strategies • Problem-solve (e.g. Jill Sheffield)	• Concerned about injustices • Pushing a maternal health agenda online • Recruiting other advocates • Empowering mothers • Problem-solving (e.g. Janna Oberdorf)	• Global maternal health community • Media • UN decision-makers • G8/G20 leaders • Heads of state • Young people

The Bill & Melinda Gates Foundation	• Giving health workers training and tools • Coming up with answers and "a plan" (e.g. Melinda Gates)	• Improving efficiencies • Creating new solutions • Enhancing communication with families • Shaping demand and practices • Shifting social and cultural norms • Staffing public health provider positions (e.g. T. Usha Kiran at GMCH)	• Global health community (Melinda Gates at WD) • BCC audiences (e.g. T. Usha Kiran at GMHC) • Women and children (e.g. Mohammad Khurshid Alam at GMHC)
Maternal Health Task Force	• Concerned about progress toward MDGs • Adjusting goals and framework with national governments • Examining global indicators and deliberative processes • Suggesting new global agreements (personal communication)	• Convener • Publisher • Surveyer • Summarizer • Highlighter • Identifying directions (e.g. Raji Monaham)	• Policy-makers • Decision-makers • Maternal health community (GMHC)

Summary. In summary, for RQ1, speakers framed action in pragmatic rather than humanistic terms. Organizations expressed certainty that if sustained, efforts would yield improvements in health status. They proposed similar rationales for investing in maternal health. The six organizations expressed confidence that a collective commitment and improved systems would have a dramatic impact on the future of GMH. However, a hierarchy of development organizations was maintained at the conferences, which acted against shared power/equality between organizations and independent advocates.

RQ2 pertained to how the six organizations constructed meanings at the conferences. In this section, I will explain interactions between concepts that emerged from my analysis of representations of GMH.

RQ2: How do the organizations represent the problem of GMH at the conferences?

In my findings for research question two, I noted polyvocality in the conferences, however this study of GMH did not reveal alternative meanings of development. The conference identities and organizational identities constrained the production and transmission of meanings. As presented in findings, there were several reasons that meanings were invisible or hidden.

There were five primary thematic areas that encompassed how organizations represented the problem of GMH at the WD and GMHC conferences: *change that lasts, contributing together, repeating rights arguments, taking responsibility,* and *positioning to audiences*. In the following section, I discuss these themes descriptively with examples.

I developed themes after reducing codes through the axial and selective coding process.
Axial and selective codes were assigned to each text for research question two. The reduced set of codes are listed in Appendix B. These coding labels were used to indicate the concepts, although the terms differ from the thematic findings presented below.

Change that lasts. On its website, the MHTF called out, "Help us create change that lasts, delivering quality health care in the world's poorest communities."
Organizations such as EngenderHealth and Women Deliver directly addressed donors,

and how they made change for maternal health possible. On its website, EngenderHealth called attention to its dependence on donor funding.

Joining together as a collective. Representatives from organizations spoke frequently about finding ways to work together and solidify their mutual plans. In a description about the goals of the MHTF initiative, EngenderHealth stated on its website that, "Recognizing that real progress requires better coordination and increased global attention, EngenderHealth brings together existing maternal health networks and engages new organizations to facilitate global coordination of maternal health programs."

On its website, the MHTF listed contributions such as drawing together institutional knowledges, and participating in policy talks in existing maternal health networks. The website stated, "The MHTF has a mandate to advance maternal health by supporting and collaborating with leading institutions in the field, as well as with those working in allied fields" (MHTFc, 2011).

The Bill & Melinda Gates foundation Institute of Population & Reproductive Health, in a session at WD, claimed that "effective, sustainable progress" required a comprehensive and sustainable plan of action, and "must involve stakeholders from all different aspects" of the maternal health issue. In a member check, a respondent from the BMGF said "since the conference, what's happened in the maternal health space is that the advocacy groups have gotten smart. They are on it; how to join together for their specific causes. They are seeing the space where we are uniquely positioned to get something going."

Institutional knowledges. Two speakers at WD conveyed personas of leadership and authority: Ban Ki Moon, Secretary General of the UN, and Melinda Gates, co-chair

of the Bill & Melinda Gates Foundation. These two individuals emphasized the expertise of a broader global health community. Their opinions were legitimated by their organizational affiliation and strategic placement as opening plenary speakers. In Melinda Gates' speech, she complimented global health organizations for their "specialization" and "expertise." Melinda Gates reminded her audience that "we don't have to tolerate fatalism."

 The promises Ban Ki-moon communicated in the first few moments of his speech were far-reaching and optimistic. In his introduction, he referred to the other "leaders" in the room who "turned out" to support "women's health and women's empowerment." Ban Ki-moon urged, "We must translate what we know into global action fast," explaining that other "world leaders" were the figures who "know" how to "translate" knowledge. UN Secretary General Ban Ki-moon's placement as an introductory speaker meant that it was important that his messages fit well with the Women Deliver platform to draw attention to the MDGs.

In her plenary speech, Melinda Gates said to her audience "We need to be ready with answers. We need to be ready with a plan; a single plan on which we all agree." The BMGF was poised to take a leadership role in the maternal health care cause. However, certain representations produced by the BMGF suggested that it expected others to carry out the practical components of the work. Both the BMGF and the UN focused in their messaging on health system weaknesses and inadequate global support. They failed to promote their own paths to pursuing change at the conferences.

Combining maternal with family health. Consistently, maternal health was lumped together with other types of women's reproductive and family health, including

newborn and child health. On its website in the section about maternal health, PATH spoke about "new mothers and babies, [who] at their most vulnerable, need care, protection, and nurturing." On its website PAI mentioned wanting to help women "and their families" in its first sentence about its mission. In a presentation about postpartum hemorrhage treatment options at GMHC, a Maternal and Newborn Child Health director from PATH introduced herself as assigned to reproductive health, but explained that her focus was on maternal/newborn and youth programs.

A family health expert from the BMGF based in India gave a presentation on maternal health at the GMHC where she discussed family health and behavior change. She stated that the BMGF was looking at "shaping demand and practices," and carefully choosing the best "solutions and strategies" that could address the broad spectrum of family health. At WD, the BMGF also sponsored a session to discuss how family planning was a key pillar of maternal health.

Rather than focusing strictly on maternal health, most of the sessions sponsored by the BMGF at WD and the GMHC and, those that involved the UN, PAI, and PATH at the GMHC, had a broader scope that included reproductive health, technology, newborn health, or health in development. A representative from the BMGF confirmed these linkages when we spoke for a member check, "we call women and children's health 'family health.' That's sort of the bucket."

Contributing together. At Women Deliver, the multilateral organization of the United Nations and top donor, the BMGF, indicated that influential government, multilateral, and bilateral organizations should and *would* contribute more in the future to improving maternal health. Ban Ki Moon assured the audience that, "You can count on

us in promoting women's rights, women's health, and children's health." Although all of the six organizations emphasized the importance of coordinated efforts, the charge was led by the United Nations.

Melinda Gates stressed that governments and donors needed to participate equally, warning that "we need to be much more coordinated than we have been." She promised that the Gates Foundation would be "joining many others in the global health community in working toward a more unified approach to women's and children's health."

To situate its expertise, an organization would outline development practices that could generate collective knowledges, lead to better information about solutions, and strengthening strategic management. Organizations agreed that the global maternal health community needed correct communication breakdowns and to build stronger infrastructure within the development system. Each organization individually expressed their confidence that they understood the issues and were committed to working together on maternal health development.

Partnerships. Individuals made reference to the concept of partnerships in numerous instances. At the GMHC, researchers would start their presentations by thanking their funder or giving credit to co-researchers or partners. For example, Patricia Coffey of PATH praised coordinated health research and implementation in several countries and recognized national and international product manufacturers. She gave credit to Pathfinder International, another NGO that was implementing one of the devices she discussed.

Ban Ki-moon used the term "partnerships" prominently in his speech, conveying that organizations such as the UN, governments, and foundations could form alliances and combine their resources. He proposed that "the best way and the only way to make these simple measures universal is through global partnerships." Throughout his speech he used the pronoun "we" to ally himself with other officials and the government entities represented by the UN.

Locating providers and supplies. To illustrate its ability to assess the problem, organizations described country systems and identified places where communities were lacking supplies and other forms of support. At the GMHC, PAI stated that access to maternal health care was a complex problem influenced by a myriad of factors. Elizabeth Madsen's research presentation abstract claimed that "challenges cross the entire health system, with deeply embedded issues of human resources, infrastructure, competing priorities and community engagement."

Several speakers claimed that development practitioners were highly familiar with the context of third world countries, steering the discussion to local resources. Melinda Gates spoke at WD about the strengths of field-experienced trained health providers, who had insight into "how to manage pregnancy complications." She also identified the knowledge base of the private sector, and its potential to produce local funding. At GMHC Pam Barnes of EngenderHealth reminded her audience that "what happens outside the health clinic can be as important as what happens within it."

What's working now. In a member check with a representative from the BMGF, she said, "when you sense that people aren't on the same page, you aren't going to want to be involved with them. But when you feel like there is a common goal, something is

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happening and people work together." At the GMHC, more speakers talked about development on the ground and suggested that practitioners, providers, and community members act as health care advocates, than did at WD.

Repeating rights arguments. Women's needs and rights were areas of emphasis that UNFPA said that they sought to "protect." The agency stated that it worked to raise awareness of women's vulnerabilities and "specific strengths." Additionally, UNFPA stated that they prioritized gender inequity by supporting girls' education, women's economic empowerment, women's political participation and the balancing of reproductive and productive roles (all "critical factors underlying inequalities and rights violations").

In his plenary speech, Ban Ki-moon decisively pronounced that the United Nations would be committing more to women because the UN saw that "this is the right topic." In contrast to how he positioned "women's rights," an often used phrase in UN discourse, Ban Ki-moon also talked about 'rightness' as a duty of UN members and an accomplishment that the global health community could achieve. Rightness had a double-meaning, stakeholder responsibility and an acknowledgement of women's lack of health resources and power.

Creating community change. At the GMHC, a presentation by a representative of the BMGF called for "mobilizing women's groups and participatory action level oriented learnings." In one instance at the GMHC, Elizabeth Madsen referred in her presentation to the need to "overcome the perception in communities that maternal health is a women's battle." This example is significant when contrasted to other presentations at the GMHC where mothers were referenced as subjects for interventions.

Throughout Ban Ki Moon's speech, he included himself with the listening audience of mostly women. He assured the women present, that "this is men's work too." A representative at the GMHC offered a compelling argument for men as partners in her presentation, arguing that:

> Working with men and boys will help accelerate progress towards international sexual and reproductive health goals. They need support to ensure their own sexual and reproductive health, and so they can play many different roles in relation to women's sexual and reproductive health and child bearing, and to support women's empowerment.

Although a few other speakers at the WD conference talked about gender and culture in communities, this discussion was not a major part of the sessions related to advocacy.

Cultural identities. The sample of sessions studied from the two conferences did not create identities for women through narratives about culture. However, social and cultural experiences were referenced on organization websites. EngenderHealth presented an overview of circumstances, on its website, affecting women in "most parts of the world"

> Women tend to have less education and fewer job opportunities than men, which limits their potential to control and improve their wealth and health. This reality prevents women from accessing critical health information and services and can lead to poor reproductive, maternal, and child health outcomes, including death.

In another instance, cultural realities were condemned as human rights violations. On its website, UNFPA condemned "traditional practices that harm women, such as child marriage and female genital mutilation/cutting."

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In member check conversations, by contrast, individuals associated with the organizations more readily spoke about identity and the importance of incorporating stories of culture into conversations about the maternal health experience. In my conversation with a representative from the BMGF, she said:

> We need to tell stories that are specific, not policy-wonky. Some organizations are getting better at it, but they still aren't rooting their advocacy in stories. Sure, you need a plan and you need to talk about the substance of that plan, but if you are talking to an audience and trying to convince them to engage with your issues, and give money, you *have* to be telling the stories of real people.

Despite this respondent's belief that "storytelling is fundamental to advocacy," she expressed concern that stories about maternal deaths can compromise requests for support. In her words, "when you are making the argument for aid, you need to show that it is doing amazing stuff."

On behalf of women and girls. Some organizations represented maternal health as part of their larger commitment to achieving gender equity across the world. An informant from the MHTF said, "We are trying to encompass gender and think that programs should utilize local resources. We've talked about peer counselors and other avenues to improve equality between men and women"

Melinda Gates shared insights from time spent in India and African countries, "They [mothers] want their children to grow up healthy, and they want them to get a good education, so they can realize their full potential." Representations about gender had the potential to inspire ethos and identification in the audience of mostly women. Yet these portrayals were mostly absent from the presentations and conference discourse.

As previously mentioned, the United Nations directly called for maternal health as a human right. On the UNFPA website, the agency characterizes its work as to "Ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV, and every girl and woman is treated with dignity and respect." At both conferences representatives from the UN agencies talked about women in ways that were consistent with UNFPA messaging.

      Positioning to audiences. Organizations tried to highlight their strong grasp of the severity of the crisis, to the point of appearing competitive with one another. An organization would articulate the issue and draw attention to its current and potential contributions. As speakers offered compelling arguments for supporting the cause, they also promoted their abilities. Communication strategy came up in a member check conversation I had with a BMGF representative. The participant indicated that they had a clear family planning agenda, with Melinda Gates at the center of their outreach and grants. The participant said,

> on the aid part, the organizations have been complacent because the evidence is flawed, and no one is focusing and prioritizing. We can help amplify and get a community of advocates and technical groups more coordinated and supported. We are going to come out strong on family planning this year, Melinda in particular. That's an example of how we do effective advocacy—looking at how we can drive impact where others aren't.

Speakers were careful to indicate that more progress would take place in the future. One of the underlying discourses circulated by WD and the MHTF, the two conference producers, was that for far too long GMH had gone unrecognized as a serious

problem. Powerful organizations such as the BMGF and the UN were in agreement that securing support, taking responsibility, and partnerships would greatly improve maternal health efforts.

As part of following up on its investments in women, organizations concurred that monitoring and reporting would make an important difference to progress.

Proof in measurement. At the GMHC, The Director of the Bill and Melinda Gates Institute for Population and Reproductive Health commended recent global evidence showing reductions in maternal mortality due to contraceptive use, trained midwives, and counseling by village-level health workers. A Senior Program Officer with the BMGF Family Health Global Program stated that "we have the evidence that family planning is critical to achieving international goals around maternal mortality and newborn and child health." A researcher from PAI argued in favor of quantifying all interventions.

The realities of global maternal health. At the GMHC, researchers from PATH explained that quality and comprehensive prenatal and delivery care was "essential." They argued for the "value proposition" of life-saving technologies to reduce maternal mortality. Speakers from PATH utilized discourse about intervention such as "performance criteria," and "analysis of user and systems issues." By contrast, PAI's researcher who spoke at the GMHC was one of the few individuals who noted that outreach and communication at a local level might hasten adoption and adherence. She suggested these considerations while proposing ways to make supplies available and actually used.

Some speakers offered a cautionary message that care saves lives, but the data on deaths and survival was poor. Ana Langer said at GMHC, "Maternal deaths are rarely public events. Women often die in their homes and communities and their information is not registered. Health systems are weak, their statistics poor and clinical records non-existent or very poor quality." Elizabeth Madsen from PAI at the GMHC spoke about health workers and stressed that the maternal health community needed to offer support in-country where the health systems weren't working.

One voice. In a session at Women Deliver entitled "Words Matter: Language That Reflects Our Values and Speaks to Diverse Experiences," a campaign and media specialist from UNFPA talked about the importance of maternal health movement speaking with "one voice." This panel had two other speakers: CEO of the UN Foundation, Kathy Bushkin Calvin, a writer from Salon, and a self-described feminist. The media representative agreed that public relations messaging should include emphasis on the concept of women as deserving of reproductive choice and freedom.

In the conference recaps for Women Deliver and the GMHC, both organizations drew attention to the contributions of campaigns to further the movement. On its website, Women Deliver highlighted "seventeen launches" of campaigns, data, and publications. Consistent with the phrase "women deliver," certain representatives at both conferences recommended building a public campaign to promote maternal health.

In member checks, both representatives from PATH and from the BMGF affirmed the need to address audiences appropriately. The PATH respondent said:

Before, people were doing a lot around building awareness but weren't talking about the specific changes that they wanted to see. A lot of it was about trying to

get attention-- it was way too broad without clear goals and action items for

policymakers to figure out how to do something. Good things were being done

but some opportunities might have been missed. We need to segment our target

audiences so we know what we are trying to say to them.

The respondent from the BMGF also talked about clarifying the "call to action, what we

are asking them to do, and how that will lead to impact in terms of advocacy." Both of

these members stressed knowing and communicating "the ask."

Taking responsibility. Certain texts referred to individuals in positions of power

and their need to embrace their responsibility to help. In a blog post reflecting on the

GMHC, Pam Barnes, President of EngenderHealth, demanded that the maternal health

community, "Hold decision makers accountable. Government leaders worldwide have

formally committed to achieving the MDGs, but accountability has been a problem."

PAI in its materials also referred to holding policymakers "accountable," and mentioned

that "government actors" and "members of civil society," would likely continue to fill in

where policies were absent.

At a session about "accountability" and maternal health rights at WD, France

Donnay of the BMGF claimed that "layers of activities must be accomplished by layers

and levels of action." Donnay was also involved in an accountability panel at the

GMHC.

The Women Deliver website stated in reference to "quality" of maternal health

care and "equity" of services, that:

We can do that by being and holding partners accountable for pushing and

implementing the correct context-specific packages of services, interventions or

support at national and sun-national levels and measuring what makes a

difference.

In other words, choosing mechanisms and practices that would improve and expand

existing health efforts would improve GMH care program outcomes.

The value of care. Organizations also expressed frustration that due to low levels

of commitment, the global health community had not managed to communicate and

articulate the urgency of development for maternal health. Although maternal health had

become more of a development priority, the industry was still trying to figure out how to

tie organizational responsibilities to improvements in care, and values to program design

and implementation.

In advance of both conferences, all of the organizations had content on their

websites that explained their commitment to improving maternal health that made an

argument for how and why maternal health care would reduce deaths. The case for

maternal health was presented in a simple and direct manner. These assessments of the

situation were a means to create public concern and inspire advocacy for maternal health.

In a press release at the start of the WD conference, Women Deliver acknowledged a

recent report on a decline in maternal deaths. However, they stated with emphasis that the

community could not take this as an excuse to rest: "a thousand women still die every day

in pregnancy and childbirth – more than 350,000 every year."

Ban Ki-moon, Melinda Gates, and Janna Oberdorf, a blogger from Women

Deliver who reported from the GMHC, all argued that "the world" has failed to "invest"

in women. In a blog post written several months before the conferences, the MHTF

stated, "Family planning saves women's lives." Coupled with statistics, this discourse

made the argument that maternal health disparities were injustices. In other words, women should not die giving life, regardless of location or available services.

At a family planning session at the GMHC, run by a Director from the BMGF, the speaker warned of the dangers and consequences of "unwanted or risky births." Dr. France Donnay of the BMGF and liaison to the MHTF, talked about "the biological process of pregnancy and childbirth" at the WD conference, suggesting the medical necessity of pre and postnatal health care. At the GMHC, in a BMGF presentation about health and behavior change, the speaker emphasized that maternal health solutions were provided through interventions. She stated that development programs should be "cost-effective," "high impact," "preventative," and "curative." Notably, speakers at the GMHC frequently used biomedical discourse to describe maternity.

Contradictions between both scientific and socially aware discourses were present within single texts. The family planning session at the GMHC began by referring to mothers and "their transition from lactation to contraceptive use in the postpartum period." Later, the same speaker shifted to talking about data collected from qualitative case studies and described interactions between midwives and mothers, and the engagement of community-based health workers with mothers who needed services and health counseling. Following this brief discussion however, the speaker returned to noting statistics about use of supplies, supervision of midwives and health workers, fertility decline, and maternal death numbers.

Senior Program Officer at the BMGF Monica Kerrigan talked at Women Deliver about the importance of resource commitments and assessing the political environment and regulatory practices. She and her fellow panelists also talked about health systems

and supporting health providers, in order to "deliver essential services to the poorest and most vulnerable groups who may not have access to mainstream service delivery."

Advocating for mothers in global South. Much of the content of Melinda Gates' speech at WD concerned the experiences of mothers and their children. Out of the 2500 words in her speech transcript, 1100 words related to women in the global South and their experiences as mothers, and 665 words pertained to conditions in "developing countries." Melinda Gates addressed multiple audiences, but her own identity marked the speech as deeply personal and was her means of drawing a connection with the mothers she represented. After an introduction describing her visit to India and interaction with a new mother who celebrated the daughter of her birth with a ceremonial ritual, Melinda Gates shared, "I kept thinking about the overwhelming joy and hope I felt when each one of my three children was born."

In comparing her feelings of appreciation and reverence for the experience of birth, Melinda Gates infused her speech with pathos. She talked about the "powerful feelings" associated with this "moment of beauty." In her account, the act of greeting one's child, holding them close, and knowing that it is healthy and safe, is unparalleled. She said, "it is incredibly moving to hold a healthy baby in your arms, to hold the future in your hands." Childbirth, in her words, is a practice that for "tens of millions of women" brings "dread, pain, and sorrow," instead of the joy and hope she felt.

Ana Langer at the GMHC also talked about women's suffering when she said "Women often die in their homes and communities and their information is not registered." Ann Blanc of EngenderHealth also stated strongly that pregnancy and

childbirth complications were "unacceptable;" women's lives were being lost every 90 seconds.

Summary. As referenced in the findings for research question one, organizations emphasized needs and gaps in the development system for GMH at the conferences. Representations of GMH proposed potential benefits of recommended solutions and applauded the strengths of the development organizations associated with the GMH problem. In other words, organizations managed to cast the future positively. In a WD session about "winning the maternal health movement", a moderator from PAI insisted that "Many would argue that we—the family planning, reproductive health, and maternal health communities—have the evidence we need to push our issues to the fore."

Another chief goal was unifying and broadening awareness, in order to increase involvement and support. Organizations reminded their audiences that maternal health was achievable if the community pursued innovative and integrated health approaches, and incorporated research. The priority was that the field be intervention-focused. There were few representations of GMH describing mothers with much detail.

Chapter 5: Discussion and Conclusions

The purpose of this dissertation was to interrogate discursive meanings about organizational participation and analyze representations of GMH at two key conferences. This research employed discourse analysis of documents, from two conferences, produced by six organizations. Treating discourse as cultural public relations, I examined how organizations constructed meanings of engagement and defined the problem of GMH.

For research question one, related to engagement by the six distinctive organizations in the two conferences, I located predominant discourses about *advocating action*, *momentum growing,* and *working in better ways.* Organizations also agreed that *the time had come*, suggesting that collectively, commitments to GMH were due. For research question two, organizations represented the problem of GMH at the conferences in mutually affirming ways. Representations discursively conveyed the importance of *change that lasts*, *contributing together, repeating rights arguments, taking responsibility*, and *positioning to audiences*. The findings for both research questions confirmed the predictive, usefulness, and possibilities of public relations theory in understanding the manifestations of power through participation, practice, and discourse about GMH.

The circuit of culture served as a framework for identifying 1) the creation of meanings (production) 2) stories about organizations and the GMH problem (identities) 3) symbolic and discursive patterns (representations), 4) factors that constrained or contradicted meanings (regulation), and 5) how messages were specific to distinct publics (consumption). Within this context, meanings are active and relational, illustrated by

articulations at points on the circuit. This chapter reflects on the consistencies and ambiguities suggested by my findings. My focus in drawing conclusions from this research is on the circuit of culture as a theoretical framework for illustrating public relations and power. As representations circulate, articulations occur, creating temporary moments of interactions between meanings. Associations between elements of the circuit of culture are complementary but also restrictive. As I discuss contributions from my two research questions, I highlight the traits exhibited by discourse with theoretical relevance, demonstrating how meanings are provided, practiced, and interpreted in different ways. At the conclusion of this chapter, I propose modifications to this model that can support its use in ongoing scholarship on discursive understandings of public relations for health and development.

Research Questions

Research question one findings contextualized how advocacy was woven into meanings at the conferences, seen through organizational identities, speaker identities, and conceptual identities in the texts. Significantly, despite the complexities of each organization's identity and the identity of the speakers, consistently advocacy had a common meaning. Organizations defined the concept as policy change supported by donor commitment, rather than as social change driven by an equity or rights mission (Servaes & Malikhao, 2010). Consistent with Derville's (2007) definition of advocacy tactics as "moderate," organizations did not self-define as socially motivated or members of an activist movement (p. 8).

Meanings of GMH advocacy. My research determined where and how advocacy was part of discourse. Advocacy meanings were created through

representations of policy, action, accountability, and alliances. Organizations that

identified with advocacy were also focused on management of the development process

and the implementation of protocols to plan and track GMH development in practice. A

representative from PATH explained that inadequate policy support inhibited advocacy.

At the same time, she felt that her organizations and others should focus on advocating

for the "bigger decisions" about policy that could "enable" maternal health work.

Advocacy was positioned as progress to take place in the future, facilitated by

improvements in intra-organizational sharing, collaboration, and collective efforts.

Organizations were in agreement about the value of working with stakeholders and

forming partnerships, in order to unify behind a common maternal health agenda.

Melinda Gates urged, "We must move forward together, as one, with the courage to

overcome the obstacles that have stopped us in the past."

The discourse analysis for research question one revealed that organizations all

sought recognition and legitimacy. Institutions (the UN and the BMGF) were successful

in setting the official agenda and endorsing a plan to work towards MDG5. NGOs had

suggestions about research, information-management, and momentum building.

However, organizations possessed varying degrees of power and knowledge.

My analysis led me to see contradictions between underlying meanings of

organizational advocacy and organization identities. Engagement was regulated by

power, the dominance of the UN as "keeper" of the MDGs, and the identity of the

BMGF, the most wealthy donor in the world, holder of the purse strings.

Meanings of progress. Discourse about engagement with the GMH problem

indicated that organizations perceived that structural constraints inhibited progress and

that structural improvements would improve progress. They attributed previous failures to mitigating factors. Organizations suggested that development could tackle GMH if organizations tightened their management processes. For the most part, organizations proposed a strategy of tiered engagement. The responsibility for decision-making and direction fell to multilateral organizations such as the UN. The BMGF could provide funding for research, resources, and initiatives. Women Deliver and the MHTF could sustain momentum and coalition building.

Symbolic representations of the value of GMH care strengthened representations of the integrity of the institutions and organizations present. Information brought credibility, and evidence contributed to power. All six organizations confirmed that securing measureable outcomes needed be part of the "official" plan to reduce maternal mortality. Notably, representations of organizational and government responsibility were produced and consumed by culturally similar development experts within the confines of the conferences. The were a force unified in consensus.

There was a sense of agreement discursively, that the field was getting there, moving toward a common understanding about factors that could make a significant impact on maternal mortality rates. President of Women Deliver Jill Sheffield said at the WD conference, "We've reached a new plateau. We're headed straight into it." Organizations managed to be enthusiastic about the direction of the movement, but still had to be realistic about the progress achieved to date. All agreed that financial investments, well-founded strategies, and careful execution were smart tactics. Progress on policy and engagement by major donors meant that organizations could focus on solutions related to access, supplies, and resource allocation. Organizations concentrated

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on intra-organizational aspects of development management, rather than on advocacy as public-centered and empowering (Peterstone, 2007).

Overall, the organizations conveyed that they were collectively optimistic about moving forward. Jill Sheffield said at the close of WD, "We have real agreement on what solutions are. On who needs to do what. On how much it costs. All of these – we haven't had before, so this is – it's the moment." Speakers suggested that the maternal health care crisis could be resolved through the combined expertise and skills of the organizations at the conferences. An informant from the MHTF stated that "organizations are doing good work, and we hear the things they are able to accomplish and that the impact we are having is meaningful."

Meanings about the GMH agenda. Research question two pertained to how the six organizations constructed meanings at the conferences as indicated through the production of meanings about GMH. According to key texts, perceptions of the value of maternal health had suffered within the overall development agenda. Organizations claimed that the GMH movement was impaired because maternal health was not a development priority. Priority setting in maternal health was slow; forward movement was slow because of oversight and micromanagement from governments and funders. Organizations excused past mistakes, yet were unclear about the value of their proposed contributions. Additionally, speakers faulted weaknesses in structures at the country level.

One rationale offered by organizations for the state of MDG5 was that those who could and *should* contribute to the agenda did not fully understand the crisis of global maternal health. The public's low awareness about the severity of the issue meant that

the agenda was not public knowledge. In constructing assessments about the state of the

GMH problem, organizations represented the cause as worthwhile but challenging.

Organizations described how they were battling to convince local governments and

NGOs to embrace their program ideas. Grantee organizations were frustrated because

they needed more funding so that they could scale up programs. Institutions and donors

expressed that outcomes were disappointing because poor execution at the local level had

resulted in failed Western agency expectations.

An informant from the MHTF was pessimistic when reflecting on "the deep

divides on how to approach key issues," but later in our conversation seemed hopeful that

the field was figuring out how to treat development for maternal health as a synchronized

endeavor. Another representative at the GMHC from the BMGF expressed concern

about past interactions and the impact that divisions had on health outcomes. A

participant from the BMGF acknowledged in a member check that the Foundation saw

itself as "joining the partners that are dedicated to our advocating for both policy and

program changes at the country as well as global level."

Meanings of a global maternal health community. The identities of the global

maternal health "community" factored heavily into prominent texts. Organizations used

the conferences as platforms to name GMH as a development problem and generate

public attention. Organizations suggested that maternal health's perceived importance

would increase once experts had the means to enact their goals and plans. If authorities

had more power and resources, they could bestow their knowledge upon local

implementing agencies. This mentality demonstrated that either a) donors were not

recognizing global maternal health as a crisis of severe proportions, or b) organizations

throughout the development community held positions with more or less power. Donors were characterized as saviors, however the mechanisms of donor funding were not addressed and were largely invisible from conference programming.

As alluded to earlier, speakers with a fair amount of experience in the field described it as historically siloed and uncoordinated. An informant from the MHTF said, "The entire field from the beginning has been very fragmented; more so before than now." One of my informants from PATH said, "Instead of thinking of each other as competitors, the community started to come together to say what are the things we can do that will change this landscape and recognize what a big problem we're dealing with."

Meanings of duty. The ways the GMH problem was constructed implied that certain development organizations had a duty to help. Organizations agreed that lack of support was holding back improvements. Logistical issues plagued development processes, and were inhibiting implementation. However, organizations were extremely reticent to blame one another for obstructing or impairing maternal health advancement. They praised "action" that could be achieved through another joint initiative involving powerful agencies.

An informant from the MHTF said that layers of opportunity existed to elicit public interest and involvement, shape policy, and to introduce global accomplishments on a national and at the grassroots level. At the conferences, organizations spoke about how walls between them were coming down, making it possible for conversations about solutions to take place.

Each organization had a slightly different way of recommending who should be involved officially, politically, and locally, although there was a great deal of overlap. Most of the organizations indicated that they saw each other as stakeholders (Spicer, 2007).

My findings indicated that there was a difference between how the organization actively represented itself and its work, and the unintentional consequences of their discourse. Power and hierarchy undermined messages of accountability, integrity, and rights. Interactions took place between influential and resource-rich institutions that were distanced from the 'needs and plight of women' in the "third world." They appeared removed from day to day realities. They looked to one another as authorities, rather than recognizing the expertise and knowledge of mothers and their care circles.

Meaning of maternal health needs. At both events, organizations agreed that health approach integration and better measurement would expand health services. Individuals spoke about using health interventions that would work, that local governments would adequately support, and that mothers could count on. Every one of the six organizations acknowledged the power of evidence for explaining maternal health. The concept of measurement held many meanings-- scientific, bureaucratic, removed from individuals and their health care. In order to create and support programs, organizations implied that it was necessary to build a case for development support with statistics.

Meanings of the concept of measurement revealed that evidence both enabled and curtailed progress—statistics about mortality helped increase concern about the state of maternal health, examples of program successes brought increased funding, but lack of results showing long term effectiveness stalled program support. This mentality is

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consistent with scholarship stating that development discourse privileges scientific

knowledge and behavior change (Dutta, 2008; Singhal & Chitnis, 2005)

Drawing from the findings for research question two, organizations neglected to

center narratives of recipient communities in their texts. Only one high-profile speech

celebrated mothers in the global South. In most cases, discourse disallowed storytelling

about mothers themselves. Discursive representations of individual capabilities, self-

actualization, and women' empowerments were minimal and diminished. Although this

perhaps was less the focus of a global gathering of influential development organizations,

discursively, the lack of references to gender inequities in advocacy presentations de-

centered and marginalized mothers.

With few exceptions, speakers did not link advocacy and social change.

Participatory research and development were left out of the discussion about human and

women's rights, and individual advocacy was barely accounted for. When maternal

health activists were recognized, it was with gratitude for their selflessness and

tirelessness. However, texts did not bring this experiential knowledge and insights about

development forth.

A theme presented across a few of the significant texts was the potential of the

next generation of maternal health advocates to take up the cause, to fight for women's

right to health, and to act as a unified coalition. Ann Blanc, who at the time of the

GMHC was the director of the MFTF, heralded a group of youth who were recruited by

the Public Foundation of India to take part in the conference. They were identified as

future "advocates to-be," "young champions" for the issue of maternal health in

development. They would bring fresh ideas and enthusiasm to the maternal health

problem.

A discursive strategy both Gates and Ann Blanc employed was lauding increased

commitments from other experts and organizations. In distinguishing themselves as

individuals from powerful organizations, they shifted responsibility for solving maternal

deaths. Another way they used responsibility to diminish the role of their organizations

was through their attempts to energize and mobilize experienced women's rights

advocates and young socially responsible volunteers.

Critical case examples. The institutional development discourses circulated by

the six organizations overshadowed discussion about what was happening "on the

ground." Instead of utilizing the conferences as a means of celebrating the global mother

and affirming her needs in order to meet them, meanings of health and maternity were

muted. Where health meanings were present, they were articulated as intervention and

adoption. When the third world mother was invoked, she was associated with long felt-

suffering. Purportedly, development was about actor accountability and government and

institution responsibility. Discourse did not reflect how the movement was sustaining the

activist spirit of the GMH rights advocates.

The United Nations. Ban Ki-moon, and the United Nations respectively, offered

the most powerful level of commitment "to help governments deliver for mothers and

children." In his speech, Ban Ki-moon echoed Jill Sheffield's proposition that the

condition of maternal health would soon change, now that the appropriate supporters

were involved and ready to act. Ban Ki-moon's speech at Women Deliver was

consequential in a way that speeches by women leaders were not for a reason that Melinda Gates pointed out: "men matter more."

Strikingly, Ban Ki-moon did not spend long on the responsibility or actions of the UN. However, in stark contrast to Melinda Gates' speech, he did not present a narrative for mothers. He did refer to "women and children," and women who "still die in childbirth every year," but he did so tactically to set up the statistic that 99% of the women who die in childbirth live in developing countries. He used the word "women" 14 times, but only mentioned "mother" once.

As a keynote address, Ban Ki-moon's speech was important for its reiteration of public relations key messages used consistently in the Women Deliver press materials, website, by Women Deliver staff, and by other speakers at the conference. An important example was the phrase "invest in women, it pays." The discursive argument for "investing in women" with economic support was present throughout texts related to both conferences. At WD in particular, media coverage, program descriptions, and blog posts used and re-used the two phrases "women deliver for the world, now it's time for the world to deliver for women," and "invest in women, it pays." Consistently, speakers in follow-up plenaries, individual sessions, and sessions at GMHC from various organizations picked up and circulated the same message about investing. The reference could have had multiple meanings: economic grants to women's health improves their health, women in the global South are economic contributors in their communities, *or* paying attention to women is a strategic move. Scholarship suggests that investing in women is a process and promise compromised by a lengthy and troubled history of

limited and failed investments in women in development. Speakers called recent, current and future investments into question at these two conferences.

Ban Ki-moon's representations were affected by formal regulation factors; he invoked private donors and foundations, governments, NGOs, civil society, and individual world leaders to politicize the conversation. His associations with these interest groups were "part of this picture" he created. His level of knowledge offered him clout. His reputation as an authority on women's health regulated his statements about women's lives--women "would be saved" and the "risk of death can be almost eliminated."

The UN did not address the history of donor investments, the efforts of local governments, or the fluctuations in resources afforded to health care providers. Ban Ki-moon skimmed over the present state of women's global maternal health. Thus, his promise of "success" seemed impossible. He tried comparing the "fight" for "women's health and empowerment" to the challenges posed (and met) by HIV/AIDS, and malaria. Although these health problems (along with maternal health) are associated now with "known strategies that save lives," Ban Ki Moon was vague about how maternal mortality was a parallel health issue.

NGOs. Women Deliver's website, press materials, and conference materials prominently associated both the organization and the conference with advocacy. The WD website stated that the organization was a "global advocacy organization bringing together voices from around the world to call for action against maternal death." It showed a constitutive meaning of advocacy created by advocates for women's global health, building on a history of work to "empower" women through development. The

organization and its President maintained that WD was a champion for global maternal health.

With the organizations EngenderHealth/the Maternal Health Task Force, and Women Deliver, engagement in advocacy was communicated by their identities as *conveners*. Importantly, these were the organizations whose primary purpose was to construct polyvocal spaces for discussion, collaboration, and ideas for working in better ways (Heath, 2006). The key contribution made by MHTF was gathering and distributing information. Women Deliver also represented its advocacy identity through an arbiter of meaning role.

Population Action International (PAI) paired advocacy with research, defining advocacy as attention to results. PAI took a role of data gatherer. Its website established that its expertise was in family planning, and that the organization hoped to apply its knowledge in that sector to advocacy and research on maternal health. PAI and the technical organization PATH, were fairly consistent in how they positioned and promoted their organizations. At the conferences, PAI referenced local realities; communities, health providers, inequities, and case examples. PATH emphasized resources (products, tools, implementation), country systems, donor support, and health approaches (going in new directions, initiatives and programs, innovations, research and measurement). The individual discursive accomplishments of PAI and PATH acted to produce knowledges about maternal health in concrete and straightforward ways.

Melinda Gates' plenary. The discursive accomplishments of Melinda Gates' plenary speech made it a critical example. Women Deliver purposefully promoted this speech through public relations outreach. The conference planners strategically

scheduled Gates on the first day of the conference over the lunch hour. The BMGF was involved in numerous sessions at WD, and had several representatives at GMHC as well. However, "the conversation" with Melinda Gates was perhaps the most significant. Melinda Gates created an identity for accountability and change; an identity for the maternal health advocate community, identities for mothers in the global South, and an identity for the BMGF as a leader moving forward in development for family planning.

My notes from my participation in the Women Deliver conference about Melinda Gates' speech characterized her delivery as personal, an impassioned endorsement of mothers, and highly articulate. Perhaps out of cautiousness and with a degree of humility, she did not claim the status of the "health experts" or the "advocates" in the audience. She clearly did respect the nameless individuals for working "tirelessly for women and children, even when it was lonely work," and those who "kept up the drumbeat, even when others were silent." She suggested that the problem of maternal death was worsened by sexism; that men in power continue to regard women and children "as if they matter less than men." Throughout her speech, Melinda Gates made interesting transitions, from empathetic mother to energetic supporter, to critical observer, to inspired and impressed. This speech was critical in communicating the realities of conditions for birthing, and making the argument that tragedy is unacceptable yet common.

The BMGF is unique because they are a private donor and are not bound to the mistakes of government entities. The BMGF is a major donor for other organizations that work more directly on maternal health issues and services. They fairly recently became involved in development for GMH. Melinda Gates is a high-profile figure who

has spoken in public about a number of health issues including malaria and ARVs. Although Melinda Gates holds a great deal of power and influence as co-chair of the BMGF, she was successfully able to distance herself and her organization from culpability.

MHTF: An exemplar NGO. I came to understand the identity and activities of the MHTF as an exemplar organization within my sample. Although it is not autonomous, it engaged quickly and effectively with the maternal health community. The MFTF consistently and frequently defined their identity as an enabler, rather than a leader. They lead by example, using online media extensively, and providing timely, relevant, and actionable research and case examples. One of the two informants I spoke to at the MFTF agreed that "we don't do anything programmatically. Our job is to convene and catalyze." When I coded this transcript, I marked three mentions of the term "convene." The other participant explained that the MHTF wished to build consensus.

Participation by the MHTF at the GMHC was not limited to activities such as convening technical meetings and blogging. They also made an impact by demonstrating their contributions as knowledge management experts who were collecting a virtual repository of information on maternal health research and solutions. They succeeded in their objectives for the GMHC by drawing together maternal health researchers and program organizations, encouraging collective efforts to address health situations, and coordinating existing maternal health resources.

The MHTF practiced a form of organizational relations that showed its focus on helping other organizations communicate their work on maternal health more effectively. Their mode of engagement was different from the discursive approach taken by the other

five organizations I studied. Their umbrella organization EngenderHealth, collaborates with "governments, institutions, communities, and health care professionals in more than 20 countries around the world." Accordingly, the MHTF works independently to encourage the actions of partners.

Development organizations and power. Development organizations such as the United Nations, and the Bill & Melinda Gates Foundation, occupied positions of power which allowed them to communicate understandings of GMH that became part of the common discourse at the two conferences. These findings were unsurprising; Morris (2003) posits that donor power dictates the direction of development. Servaes (1999) determined that power and ideology drive decision-making in development.

Unsurprisingly, the omnipresence of government and the Western development system loomed over the conferences. Development hierarchy influenced how power functioned within discourse. Due to shifts in funding and increases in grants, development has continued to sustain a horizontal power structure that NGOs must maintain.

GMH discourse and power. The six organizations upheld that the potential for donor grants and initiatives and plans spearheaded by the UN to affect policy and program improvements. As Smudde and Courtright (2010) posit, public relations campaigns by institutions, NGOs, and activists are effective in drawing attention to global issues of concern. However, due to the power of Western organizations, power is conferred through organizations, and yielded by individuals through their interactions with stakeholders and publics.

As Motion and Weaver (2010) argue, public relations discourse draws forth certain truths and knowledges through the strategic use of power. At these two conference sites, organizations and their discourses revealed ways that public relations manifests power. Dominant discourses about policy, accountability, and evidence obscured other social and cultural considerations.

Although organizational discourses overshadowed demonstrations of activism, Melinda Gates did function as a spokesperson for 'the third world mother,' delivering narratives about childbirth and the maternal experience. Other organizations however, neglected to share their observations of women's roles within their communities or call out the nuances of the maternal experience across cultures. Modes of involvement and rules for engaging with the GMH problem were similar at the conferences to literature about paternalistic forms of development discourse. Mechanisms of power in development complicate the concept of the 'third world mother.' Due to the content of the materials studied, it was not possible to perform a thorough examination of this concept or its treatment by the six organizations.

Both conferences drew the attention and involvement of influential women's health leaders, yet their focus was on maternal health interventions and programs. The sampled texts did not discuss alternative research imparities, or social and cultural interests. The GMHC in particular centered on the technical and programmatic aspects of the GMH problem. Furthermore, health communication was articulated as a biomedical, possibly educative, but not empowering opportunity. Overwhelmingly at the GMHC conference, representatives of organizations pushed health interventions.

Public Relations Scholarship

Findings suggest that public relations enacted at global conferences (and perhaps summits, and meetings as well) diminished publics, leaving little space for representations of their identities. As the literature suggests, communication practitioners may seek to share power, however they execute power through their public communication in hegemonic ways (Berger, 2005; Heath, Motion, & Leitch, 2010; Leitch & Motion, 2010). In this research context, organizations used power to maintain the current top-down structure, rather than to test its boundaries. If organizations truly sought an integrated, holistic view, they would have incorporated discussion about community level involvement and gender and development capabilities into their discourses about advocacy and GMH.

In brief, the speeches and presentations from the two conferences reflected institutional beliefs and assumptions that in turn scripted the resultant symbols and cultural meanings. Producers recognized GMH through its global, political, and systems issues. They considered how to make adjustments to material aspects of the problem. Even when organizations related advocacy to women's rights and the maternal experience, overwhelmingly, texts favored representations of organizational goodwill and expertise.

Theoretical Implications for Critical-Cultural Public Relations Research

Critical theory. Public relations scholars Karlberg (1996) and Woodward (2003) issued a call for research that was process oriented, and critical, but also practical. By conducting research and data analysis through a critical-cultural lens, particular organizational interests came forth. In accordance with critical public relations

scholarship, the unbalanced levels of power were of immediate relevance. Taking two conferences as sites of study, the phenomenon of GMH development was marked by communicative constraints and culturally narrowed social practices.

Producing critique requires interpretation and discussion of organizational capabilities. To make a contribution to scholarly understandings of discursive power, it is important to ground one's research endeavor in theory, *and* attempt to understand the ways that one's discoveries can be productive and informative (Alvesson & Deetz, 2000). As Alvesson and Deetz (2000) acknowledge, "a rich array of interpretations" are always possible, with the research process itself changing in response to the "norms and conventions for expression in particular settings" (p. 149).

According to Smudde and Courtright (2010), communicative acts confer power through public relations, which took several forms. With development 'institutions' the UN and the BMGF, these forms included "language, symbols, knowledge, and discourse" (Smudde & Courtright, p. 179). As these two organizations created knowledges about the problem of GMH, agreement formed between other organizations with similar interests, but less power. Although interactions were framed as cooperative, a notable degree of self-interest persisted. Messages produced by the six organizations privileged the organizational identity/view. As organizations were the primary producers of discourse, the industry level view dominated, quieting the perspectives of individual development professionals seeking to pursue avenues toward strategic change.

In contrast to critical research focused solely on pointing out forms of hegemony and dominance in decision-making and stakeholder relations, this dissertation also aims to produce a sense of consciousness about social interests. Part of the function of public

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relations within a hierarchical system is to define other positions within that system, and the responsibilities of other actors within that system. As posited by Deetz (2000), critical scholarship can prompt commitments to morally sound, activist, and democratic systems. The role of organizations in social change must be addressed, along with the capabilities of practitioners, and means of cultivating agency and empowerment for historically marginalized groups (Deetz, 2000).

This study meets the need for public relations theorists to embrace the circuit of culture as a means of capturing discrete meanings—from the moment of production, through the circulation of representations, and according to culturally relevant and socially understood identities. Meanings are fluid and unfixed, but they have historical and political significance. This dissertation examined GMH discourse at single events. Discourses were rich with identities yet shaped and bound by regulation.

Cultural theory. Previous cultural public relations research with campaigns has tried to capture (even fix) meanings held within texts or negotiated by audiences. My method for this dissertation allowed me to capture the complexities of meaning making (text, speaker, organization, session, conference, publics, and situation) and bring to light aspects of the circuit previously under-emphasized in public relations research.

Based on the dominant preferred meanings encoded into organizational discourse at the conferences, I might have drawn the assumption that the conferences were merely spaces for organizations to issue a rallying cry for financial and policy resources. According to the definition of regulation, this means that organizations saw the most potential in formal meanings. From this lens, the conferences signified power dynamics, rather than creating awareness about advocacy and collaboration. Due to the strong

presence of institutions that embodied power and authority, GMH representations reflected development weaknesses.

In consideration of my own subjectivities, and to maintain data analysis integrity, I looked for negotiated/decoded meanings. These peripheral perspectives were much stronger in my member check conversations. I acknowledge that broader voices have the potential to gain volume and influence discourse about GMH in other contexts. I recognize the power of the GMH community to evolve, transform, and re-make social norms. Looking at the role of informal regulation (e.g. micro-discrete narrative accomplishments), I see opportunities for discourse to change.

Circuit of culture as a framework. This dissertation confirmed the theoretical applicability of the circuit of culture to communication research. I used the circuit of culture as a theoretical framework for situating this study of GMH, and explicating my findings. Through my research questions, I considered how significations constructed a cultural system of discursive understandings and interpretations (Curtin & Gaither, 2005). In my observation, the production of meaning affected how representations were recognized and acknowledged. Connotative identities exchanged by organizations at the conferences were attempts to define and fix meaning (Hall, 1980; 1997).

As intersections of meaning are fluid and unfixed, I saw a need to build on the concepts of the circuit. Looking at six organizations, I was challenged to answer how meaning was ascribed through identities in open *and* contained ways; how contingencies altered meaning. *Production*, or encoding, was a moment I saw as the *act of producing*. Producing meant exchanging discourse in ways accordant with producer subject positions. The second most salient construct for my research was *identity*. The circuit of

culture in this context as shaped by power emphasized identity (most significantly

organization, speaker, and conference identity).

   Producing and identity. For the United Nations, identity was most obvious

through its principal actor and representative. Ban Ki-moon embodied an authoritative

yet reassuring identity of secretary general. His position as global ambassador was

official and powerful, stabilizing his representations of maternal health. Melinda Gates,

who also possessed a high degree of power and influence due to the BMGF's monetary

role, enacted an identity as social engineer. Her speech was the most significant and

meaningful text in my sample because it represented multiple narratives. Her voice and

identity as a spokesperson and mother overshadowed the identity of the BMGF as an

organization (well-known for its work with malaria and HIV).

   Representations. My findings related to representations were more about public

relations than the phenomenon of communication about maternal health. I defined public

relations critically, as hegemonic and marked by power. Yet I also considered the shades

of meaning and possibilities for re-constituting meanings throughout the cultural

environment of the conferences. Viewing public relations through cultural studies was a

way of investigating how producers encoded their identities into their discourse.

   Regulation. I argue that in these instances, *regulation* (e.g. hierarchy, structure,

funding, the development apparatus) acted in tension with identity to circumscribe

meanings. Regulation is a function that unfixes and unseats commonly agreed upon

social practices and collective representations (de Gay, et al., 1997). Initially in this

project, I presumed that I would find regulation working through the global political-

economic context to contain meanings. However, I came to observe that institutional

power and the culture of the development community sustained at the conferences were more potent regulatory forces. Interestingly, manifestations of regulation as policy, global commitments (e.g. MDGs), and development organization type (i.e. multilateral, government or bilateral) were less important than I expected. As I noted, identities related to the subjects of GMH (i.e. constructions of health, gender, and culture) were also less felt.

Stretching and widening the circuit. Not only do the five points on the circuit of culture overlap, but meanings cross within the confines of the circuit. Based on my research, I now envision the circuit as three-dimensional rather than flat, and elongated to accommodate vertical planes (Champ, 2008). In the figure below, I have taken Champ's (2008) vertical version of the circuit of culture, and added five boxes with notes translating the context for my research questions. The state of the MDGs, the conditions for the conferences, and the historical, social, and political regulatory constraints shaped my research. During my research process, I identified constitutive meanings exchanged by organizations through analysis of represented identities. As past development communication scholarship agrees on a dominant behavior change paradigm, it suggested only nascent theory on development support communication. Therefore my theoretical framework was focused on cultural conditions related to organizational power and their understandings of GMH, read through my personal epistemological lens.

I will discuss further in a later section, more about my self-reflexive experiences with this research. The verticality proposed by Champ (2008) allowed a dimensionality to my experience with the circuit of culture. I envision the addition of verticality and dimensionality as a way to accommodate the curves and extensions created by

intersections at different points (see Figure 3 below). I was accustomed to one-

dimensional applications of the circuit of culture, useful as a model for examining a

single representation, or even a campaign. I proceeded with my research believing that

"problem" of GMH was the primary identity I was studying, and that representations of

this problem would make sense once I chose the producers to examine, noted the

regulatory environment, and analyzed a set of texts to uncover identities.
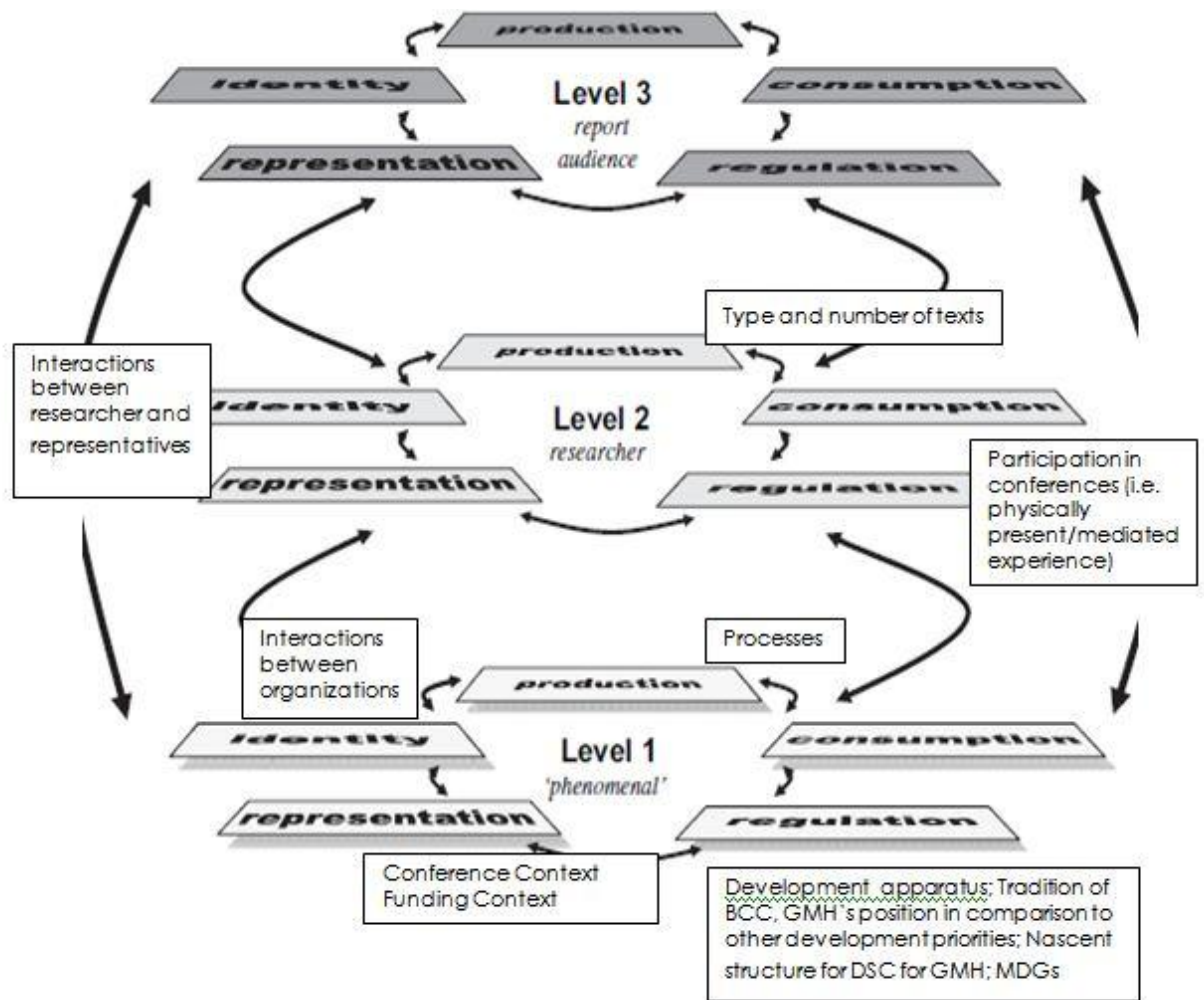
Figure 3 - Circuit of Culture and GMH context

        Taking a critical-cultural lens in this project focused my analysis of a particular

historical and material context, allowing tensions and contradictions to come forth. Even

without studying external publics (e.g. other NGOs, local governments, community groups, families, or individuals), I found the confines of the circuit challenging because I sought to consider power by six different producers and identities through so many texts.

Curtin (2011) argued that ideology shapes knowledges and invokes power. I believe my analysis would have been facilitated by a circuit of culture framework that better captured distinctive modes of engagement (production) by producers with different amounts of power, thereby linking intertextuality (cultural identities and problem representations) to organizational identity and allowing for theory-building for the concept of regulation. Other studies (Curtin, 2011; Curtin & Gaither, 2006; 2007) have encompassed an immense amount of textual material. However, my study involved multiple producers and consumers, as did Chay-Nemeth's (2001) critical analysis of institutions, publics and power.

Culture and Power in Development

Cultural studies are an "attempt to understand and intervene into the relations of culture and power" (Grossberg, 1993, p. 2). Speaking about forms of power originating at the community level, some organizational representatives indicated that power could and should manifest in-country on a local grassroots level, leading to improvements in gender equity, and improved communication between communities, households, and clinics.   Organizations such as EngenderHealth claimed to "empower people to make informed choices." The MHTF, PAI, the BMGF, and Women Deliver represented empowerment as personal choice and fulfillment also. PATH and the UN centered women's rights as a precursor for mobilizing women to lead and direct their own lives.

During the WD conference, I attended a plenary session entitled "Women need a world that delivers." During the panel, the President of the United National Foundation openly acknowledged that empowerment was only possible if those in power were willing to give up some of their power. The panelists agreed that not only was there only so much power to go around, and feared that once power was re-distributed, those who lost power would want it back.

Melinda Gates' perspective on power in her speech was a culturally produced meaning of power. At one point in her speech Melinda Gates said, "we do have the power to save women and children." Her belief in the collective resources and commitments from the organizations in the global health community was compelling. She promoted power for and by women universally, without acknowledging that place, class, race, and gender narrow and even eliminate one's power. Power as women's unique knowledge and experience was a concept reinforced by representations at Women Deliver. The WD conference keynote speakers insisted that women have power, should use power, and can create empowerment through women's rights directed initiatives.

Situating power through the conferences. Findings suggested that power was inherent in development communication between organizations. This dynamic was explained by the theory that discourses are historically constituted and direct actions. Representations construct phenomena because social life is inherently discursive (Knights & Morgan, 1991). At both conferences, intra-organizational references were consistent because discourse aligned with the identity and messaging of the conferences, re-constituting existing identities. The representative identities of the conferences reflected the identity of development as a culture.

With development's identity overshadowing the conferences, the conference identities and organizational identities were mutually reinforcing. The six organizations managed identities assigned to them and managed the identities of other organizations (Henderson, 2005). As indicated in research by Motion, Leitch, and Brodie (2003), co-sponsored endeavors between organizations enable them to discursively create shared identity and define common values. Theoretically, this finding suggests that representations and aspired for identities were reinforcing.

As the six organizations reflected previously established development ideologies, the phenomenon of co-constructing meaning was superficial. In other words, values related to health, safety, care, and choice, were overwhelmed by the stagnancy of international development culture. As the organizations assumed their designated roles, they accordingly accepted a limited amount of power and responsibility. Thus, definitions of concepts such as health, gender, motherhood, and culture were one-dimensional and uncontested (although members expanded these meanings in our conversations). Heath's (1994) zones of meaning in this instance meant that meanings confirmed and reaffirmed one another. Prominently, this dynamic was seen in the discursive reification of both the existing organizational hierarchy and the historically Western, paternalistic intention to develop the "third world."

There were several factors related to power and regulation that impacted the speakers and their discourse. Resources, endorsement by one's management, and availability influenced registration and attendance in the conference. Location (i.e. Washington, D.C. and Delhi) also shaped who attended. Second, the conference producers (e.g. Women Deliver and the MHTF) created the program based on particular

methodologies for selecting speakers, arranging panels, naming sessions, and forming a schedule. Thirdly, each individual text may have had more than one producer and may have been consumed and re-produced multiple times before its presentation at the conference. Finally, the depth of engagement in the conference by a single organization, differed depending on whether single texts were created in conjunction with related artifacts (blog posts, twitter feeds, announcements, even media interviews). Thus, no single source was the cause for limiting understandings of the GMH problem.

As I have noted in numerous ways, in a cultural milieu such as a global health conference, many facets of GMH were absent. Relationships between Western NGOs such as PATH, PAI, and the Gates Foundation, with their local partners, were barely visible. However, scholars have claimed that collaborative partnerships between NGO organizations are more visible at the local country level than at the management, decision-making level (Burnside Lawry, 2009; Singh, 2005).

Scholarship focused on the interactions between Western donors and local implementing agencies is emerging. Buffardi (2010) found that recipient country implementation had a regulating impact on the scope and effectiveness of donor aid. WAISBORD

Significance for public relations. As argued in this dissertation, public relations representations processes, and practices, create and circulate meanings. The organization bears a responsibility to embrace dialogue and create shared meanings that correspond social interests. However, careful intention to challenge social constructions of meaning and challenge ideological discourse requires organizations to relinquish power, and re-imagine authority. Heath (2010) stated, as a society we must:

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address how meaning is crafted, shared, and enacted in ways that relate to

collective and competitive sense making of the information/facts and evaluations

at play. We wordy animals craft the reality in which we live by fostering a web of

shared and conflicting ideas, evaluations, identification, and policies (p. xii).

As proposed in chapter two of this dissertation, dialogue is a means of bringing values,

ethics, and principles of integrity, sharing views of advocacy as a social responsibility,

and expressing willingness to contribute to a cause.

The organization centered approach, as defined by Dozier and Lauzen (2000) and

Karlberg (1996) overshadowed possibilities for organizational activists (Holtzhausen,

2000; Holtzhausen & Voto, 2002) to privilege aware and active external publics

(Aldoory, 2001; Aldoory, 2005; L. A. Grunig, J. E. Grunig, & Dozier, 2002) in their

discourse.

Critical public relations research. The scholarly and theoretical foundation set

for this research builds on extant understandings of critical-cultural public relations. This

dissertation challenged unspoken assumptions of organizations as it critiqued the social

implications of public relations representations. If "hidden power and privilege must be

exposed by the critical scholar," than it is increasingly relevant in a global society to

consider how organizations communicate and how their resources advantage their

discourse (Heath, 2009, p. 14).

This inquiry into the cultural phenomenon of GMH discourse was broad in scope.

I considered the producer roles filled by six different organizations, I approached

identities from development culture, organizational, and conference perspectives, and I

theorized about the function and articulations of identity and regulation in this context.

These findings about GMH discourse contribute to communication scholarship by testing the circuit of culture.

Working with a large library of texts enabled me to identify the concerns organizations had in terms of advocacy/policy, how they positioned themselves in relation to other organizations and governments, and how they characterized development at the global systems level and at the local country level.

Legitimated discourses. A secondary purpose for this dissertation was to extend understandings of manifestations of organizational power through public relations. Previous research by Curtin & Gaither (2005) and Zhang (2010) guided my inquiry into elements of power. As Curtin (2011), proposed, public relations by organizations and speakers shape discourses and construct identities.

In this context, representatives served to legitimate the development power structure by producing symbolic meanings for UN leadership, donor support, and NGO collaboration. Speakers commended women's rights advocates for championing the cause, and blamed local governments for impeding their initiatives.

My focus on discourse produced by *multiple* authorities led me to imagine more discursive possibilities for the problem of GMH than I discovered. The context and culture of the two conferences shaped *producing*. Thus, *articulations of meaning* were temporarily shown in textual representations. Shared discursive meanings were re-constituted by the *circulation of identities*.

Emerging forms of culture. As I discussed in the aforementioned section on the circuit of culture, I had to find ways to supplement my theoretical toolbox and expand my use of cultural studies as an approach. My iterative, emergent approach to data analysis

led me from texts to speakers and organizations, back to speakers, to organizational

identity, to public relations' influence on organizational identity, and to conference

identities. Although I applied a critical lens to my analysis of discourse, I also allowed

for an interpretive experience, enhanced by my participation in the conferences and

interactions with representatives. As a supporter of global health progress who studies

advocacy communication, I sought evidence of public relations as a way to accomplish

empowerment and emancipation from oppression and suffering.

Studies that emphasize the consumption moment are useful for their descriptions

of situational variables, context, and individual identity. Previous in-depth cultural

studies of meanings of health and gender have demonstrated that publics can offer

negotiated understandings of individual, problem, and producer identities (Vardeman &

Aldoory, 2008; Vardeman, 2009). However, looking at production and representation,

recent applications of the circuit of culture have focused on the production of knowledge

about culture and difference (Curtin, 2011; Zhang, 2010). Both types of studies have

advanced the field's understanding of the interplay of identity, power, and culture as they

manifest during the acts of producing and representing.

Methodological opportunities. The current study contributes methodologically to

public relations scholarship as well, through its blending of discourse analysis enhanced

by discussion with producers and a greater degree of reflexivity. Acosta-Alzuru (2003)

conducted interviews with both producers and receivers of a television program, and

H.H. Edwards (2002) combined interviews, participation, and textual analysis of a health

event produced by a powerful non-profit. My findings showed that public relations by

and between similar internal publics was discursively convergent and contained within

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the conference environment, even if the topics at the events were relevant for external publics and news about the conferences attracted a mass public.

Public relations and development scholarship. To assess power in multiple enactments, I looked across scholarship pertaining to public relations and development. Previous scholarship supported my findings that ideologies are insidious in hierarchical organizational systems (Escobar, 1995; Mody, 2003; Mowlana, 2001; Stuadt, 1991). Unfortunately my results did not concur with D'Enbeau's (2007) finding that ideological and material challenges could be overcome through an advocacy identity and an alternative organizational structure (in her example of an online transnational advocacy organization).

Unsurprisingly, my findings showed that public relations, power, organizational engagement, and representations were interrelated. In this dissertation, I observed an interplay of symbolic power, literal stakeholder power, and dependency. Power and lack of power dictated the qualities of communication and relationships between government-endorsed multilateral institutions, conveners, and NGOs managing fluctuating levels of funding. I found that the objectives stated by the conference sponsors for addressing the problem of global maternal health were carried through in the discourse at the conferences. However, authoritarian and paternalistic discourse colored the discursive themes, such as accountability and government and donor responsibility.   This was most strikingly felt in Ban Ki Moon's address at WD, where he told women "you can count on us" [development], yet he neglected to describe with any specificity how the UN planned to directly fix aspects of the health system, increase access to quality care, or reduce maternal deaths.

Advocacy, public relations, and development. Much as public relations scholars promote horizontal forms of communication, scholars have suggested a two-way communication in development (Chang & Jacobson, 2010; Rattine-Flaherty & Singhal, 2009). Despite the idea of a post-development period characterized by models of social change (Wilkins, 2009), the participatory communication paradigm continues to be more a hope than a reality (Atouba Ada & Shumate, 2008; Blanchet, 2001; Brough & Lapsansky, 2010; Greiner & Singhal, 2009; Rattine-Flaherty & Singhal, 2009). As research continues to explore how organizations value and define advocacy, theoretical principles will emerge about how decision-makers balance power and public relations while they pursue development communication models that include local participation.

Possibilities exist for government, institutions, and NGOs to disperse power. Organizations can assert social understandings of GMH that are more closely associated with local culture and women's needs. As proposed by emerging research in public relations scholarship on advocacy, organizations are both capable and supportive of positioning social interests in their work (Heath, 2010).

The separation between academic research on public relations and practice has meant that theoretical principles are under-used in organizations (DiStaso & Stacks, 2010). Communications practitioners (dominant coalition members) I spoke to for member checks expressed enthusiasm for strategic communication, and the development practitioners all expressed that communication was essential to carrying forth their commitments and achieving their goals. Although public relations activity stems from management planning and goal-setting, organizations rarely undertake critical reflection about their assumptions and ideologies (Frandsen & Johanesen, 2010).

Significance for gender and development scholarship. Feminist scholars have

challenged social constructions of women as reproducers and sought to produce

alternative knowledges about women's social, economic, and political lives (Wilkins,

2000). Presently, local practitioners attempting to strategically implement

communication and accomplish gender empowerment goals, are constrained by power

dynamics on multiple levels (Porras, 2009). In Staudt's (1991) seminal work, she

concluded that cultural, political, and economic factors combined with prevailing

ideologies about gender and development constrained gender policy. She called for

studies on gender ideology and attitudes about development that examined the

bureaucracy of Western institutions, international governments, and NGOs.

Local, community NGOs invisibility was significant in light of the long-held

assertions about power from gender and development scholarship (Grewal, 2005;

Marchand & Runyan, 2000). Scholars such as Hirshman (1995), Rathgeber (1995), and

Udayagiri (1995), have called for grounding development communication in women's

rights and viewing development as empowerment.

In this analysis, community resources were part of discourse, but cultural

identities were diminished by dominant discourse. The organizations I studied did raise

the importance of culture and gender in their mediated representations, such as websites,

brochures, even reports and articles. However, these visual and textual identities were

static, whereas conference engagement was interactive, reactive, and discursively

inconsistent.

Advocacy as seen from an activist perspective is a type of structural change that

requires communities to assume a degree of power. Research by Kwami (2010) and

Porras (2009) conducted in the field affirmed that the producer position still directs the direction of development communication, thereby engendering practice with paternalism. Where advocacy communication theory is used to guide commitments, problem solving, and action, organizations and practitioners themselves would be empowered to share power.

Future research focused on the application of advocacy communication principles as they inform engagement with development issues, interactions with publics, and policy and media objectives, would contribute to an understanding of power dynamics throughout the development communication process (Servaes & Malikhao, 2010; Wilkins, 2009).

Updating types of development communication. Organizational communication in development demands more research into normative and explicative treatment of development. As mentioned earlier, network analysis is a method that can be used to look at communicative and relational practices within and between organizations (Atouba Ada & Shumate, 2008). Networks are necessary when organizations seek closeness and narrative commonalities emerge (Bennett, Foot, & Xenos, 2011). The study of networks and their effect on structure, power, and storytelling, would be a valuable method to use for this research topic.

Development support communication. Previous research on development communication agrees on the common definition as behavior change or persuasion (Melkote & Steeves, 2001; Moemeka, 2000b). A few scholars have studied organizational communication and strategies in development (Melkote, 2000; Melkote & Kandath, 2001). However, little theoretical work on development support

communication (DSC) has been accomplished however, since Melkote's (2000) proposal to reinvent DSC. DSC theory-building would offer an opportunity to connect lessons from field successes with implementing agency goals and donor expectations.

This dissertation showed that the concept of development was not holistic or integrated, with interventions and policy efforts making up the largest parts of the picture. Waisbord's (2008) organizational-level assessment of institutional processes suggested that: 1) bureaucratic processes prohibited institutions from embracing participatory communication as a philosophy; 2) donor requirements overwhelmingly favored an information based results driven model of external development communication; 3) organizations remained stuck in a technical mode, therefore social change approaches were unlikely to be given adequate consideration; and 4) communication theory was not understood, nor utilized, even by social science researchers making decisions about development communication. The findings from this dissertation confirm Waisbord's (2008) assertions.

Development support communication as a way of ideologically and practically enabling power-sharing in development, was indicated in a few ways. As I called out earlier, the Maternal Health Task Force is pioneering a cross-organization system open to diverse publics including local NGOs and practitioners. This knowledge building, content management system is not a new idea in development however; it is an important step in increasing the resources available to the larger maternal health community (personal communication, 2011). Additionally, PAI and PATH conduct their development programs in conjunction with other organizations; currently these two

organizations have partnered together in an effort to research and improve family

planning supplies (personal communication, 2011).

Practical considerations for organizations. A purposeful direction for

organizations is to include communication theorists in their management ranks. Should

this happen, communication could take on more than a functional role. Trained and

experienced professional communicators in the field would understand differences in

development communication. For instance, advocacy, defined outwardly and

straightforwardly as policy, requires that organizational representatives be able to explain

how gender inequity relates to poor maternal health, why availability does not necessarily

mean access and, how resources can benefit power differences caused by gender norms.

If organizations more fully embraced a mission to enable communities, families,

and mothers, they could establish objectives at the organizational level accordingly. The

formative planning stages would include identifying communication approaches that

support advocacy through related policies, dialogue with stakeholders, and decision

making. Next, they might create processes that involve the participation of partners and

actors with common values and goals. The resultant forms of communication should be

supported by development communication that aligns with the design of communication

goals, strategies, and methods that will help improve maternal health programs. Donor

funding is an important piece, but it should not curtail beliefs in social change and tenets

of participatory development communication.

Ideally, embracing public relations theory would instill in organizations the hope

that external message development could be conjoined with advocacy. According to

Peterstone (2007), symmetrical two-way public relations informed by communication

ethics, will result in forms of communication engagement that will be far more effective than the current system. Yet until organizations consult advancements in communication theory, they will continue to hold on to limited definitions of development communication. These definitions are incomplete and are no longer working.

Simply put, publics have different interests and needs. As practical examples, creating strategies for an online content management system intended for a broad public is a different undertaking than attempting to improve transparency with donor and partner publics. Perhaps more importantly, humility with local publics requires that practitioners center culture, gender in their approach (Parpart, 2002; Dutta, 2008).

Dialogue (e.g. Heath, 1994; 2001) was an emergent theme for how organizations wished to practice collaboration, and more research could help in understanding its discursive qualities. Understanding public relations as relational communication would assist development organizations such as the BMGF and MHTF, and benefit their stakeholder relations (Aldoory, 2007; Banks, 2000; Boys, 2009).

Development organizations serve a number of distinct publics, yet they either have insufficient funds to support communication as a strategic management function, or do not understand its value. Organizations have a responsibility to invest in development communication as educative and supporting. Primarily donors have provided funding that was then set aside for behavior change communication interventions. In many cases, communication is not a staffed department; the function is outsourced to public relations and strategic communication firms.

An integrated model of development should be informed by theory, yet development communication theory is outdated and misconstrued as either participatory

or diffusion. Participatory forms are perceived as impractical/expendable, whereas diffusion is unreliable but familiar. Literature on aid effectiveness (e.g. Buffardi, 2010) suggests a connection between approaches stemming from vertical and specific objectives, (such as maternal health), *or* higher level integrated models intended to strengthen health systems (i.e. family planning, reproductive and maternal health, newborn and child health, etc.).

Limitations of Research

My research suggests that single events are important discursive spaces, and within those discrete spaces I looked at production, circulation, and regulation. However, certain issues limit the findings of my study. I chose sites that were historically unique; therefore, another scholar could not replicate them. I also selected a sample of organizations prior to beginning the axial (and more in-depth analysis) phase of coding for themes across representations. A different set of organizations would have yielded different results. However, I made the assumption that the discourse produced by organizations at these conferences, circulated between similar publics, could have far reaching consequences for organizational development for GMH.

A weakness of this study is that my multi-disciplinary approach dilutes my contribution to public relations theory. This research does not include the study of practitioner roles, or look closely at how organizations communicate with stakeholders or other publics. As my analysis was focused on discursive actions that occurred at two conferences, I do not address the impact of media coverage of GMH, the conferences, or the organizations. Other important publics include foreign governments, grassroots NGOs, and community groups. Using the same sample of six organizations, I could have

stepped outside the confines of the conferences and gained a deeper understanding of how they discursively related to publics.

Additionally, exploratory findings about advocacy as collaboration were limited mostly to my discussion of the MHTF as an exemplar NGO. I did find that both Women Deliver and the MHTF have served instrumental functions in the GMH agenda. Yet due to my study design and research questions, I did not study their positions in the organizational landscape or unravel their identities as fully as I would have liked. The potential to examine these two organizations from a different perspective would be an opportunity to contribute to concepts such as organizational activism and development support communication.

Theoretically, I used the circuit of culture to explicate and illustrate articulations between aspects of meaning-making. I returned to the postmodern, critical, and cultural perspectives summarized in my literature review as I wrote memos and notes about what I was finding in my discourse analysis. Yet my approach to gathering data, examining texts, and establishing relationships between themes was emergent and circular. My study attempts to evaluate a model of public relations and organizes my conclusions around the circuit. However, it is not predictive of the discourse of these six organizations in other contexts, nor do I speculate about the traits of different types of GMH development organizations. Therefore, its descriptive quality limits its contribution (Shoemaker, 1997)

Another weakness in my research is that I attempt to straddle competing priorities. I was driven by a desire to explain organizational discursive processes (as a scholar/critic *and* communication practitioner), an intention to produce original work that

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elevates awareness of GMH as a political and social issue (as a woman and a mother), and by my goal to center communication for development in global health development (as a student, observer, and consultant).

Directions for Future Research

Cultural studies. There is a need for additional research that explicates the situational particularities that regulate encoding of meanings into communication. A meaningful direction for cultural public relations is research that takes the abstractness of the circuit of culture down to earth. In the corporate, non-profit, and government sectors, organizations are formulating and executing symbolic communication to internal and stakeholder publics. Using the constructs of the circuit (particularly producer, representations, and consumer) would allow researchers to theorize the organization—practitioner—practice—publics continuum.

The pervasiveness of ideology coupled with deeply entrenched historical modes of practice are an important starting point for the study of public relations messages. Public relations scholars adopted the circuit of culture in order to explore audience meaning making in a call to empower the perspectives of publics. Yet by setting aside the workings of producers and the intertextuality of their representations, this scholarship avoided diving into the heart of power. The qualities of campaigns will always be slightly different, as will the arrangements made by the organizations to construct them. Campaign scholars suggest that theory as applied by organizations to health communication has demonstrated consistencies. Then it would follow that power as a phenomenon underlying public relations begs further study to assess its patterns. Regardless of the topic—risk, health information, or fundraising, organizations and their

use of power is a key place to begin when seeking to understand communication strategies with stakeholders.

Advocacy and practitioners. As I have learned in my research on international development organizations and communication about global women's health, there are complex differences between organizational identities, cause identities, and practitioner identities. Future research on GMH could investigate the differences between practitioners within different types of global development organizations, practitioners from Western organizations operating in-country, and practitioners from local NGO's. Developing the construct of advocacy as a personal belief in equity and health justice (more than just policy) would allow researchers to measure its effectiveness.

As scholarship by Berger (2005) posits, the dominant coalition (Dozier et al., 2002) is not a single monolithic entity. Public relations strategy planning occurs in many dominant coalitions throughout organizations. Berger (2005) called power structures "porous;" in other words, paradigm change is possible but can be too difficult to attempt. Power sharing also can offer advocacy practitioners moments to recreate symbolic communication to publics (p. 12). This claim is particularly relevant to critical scholars (Holtzhausen, 2000; Motion & Weaver, 2005) who contend that public relations practitioners are discourse producers.

Feminist action. When it includes coalition-building and other grassroots practices, local development is more likely incorporate participatory communication for social change (Greiner & Singhal, 2009; Rattine-Flaherty & Singhal, 2009). Feminist activists transnationally can contest colonial discourses and essentialist and stereotypical representations of women in the global South (Grewal, 2005). Transnational feminists

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with a share of voice produce strong meanings of women's oppression and empowerment.

Field practitioners and researchers must create opportunities for women in the global South to define their own needs and constraints related to changes in maternal health care.

All global feminist scholars bear a responsibility to produce scholarly work that conceives of culture without labeling women's experiences as oppressed, or collusive (Steeves, 1987; 2000).

Undeniably, women across the globe experience are affected by the process of global restructuring (Grewal, 2005). Maternal health is a women's rights issue, and feminist research is an important undertaking for Western scholars (Mies, 1991; Reid, 2004). Communication researchers can use participatory action research as an opportunity to create a new research paradigm for the study of women's global health (Auger, Decoster, & Colindres, 2008; Nichter, 1999).

Value of "evidence". This study found that organizations privileged generalizable research and measurement of health outcomes at the two conferences. Practically, research on development suggests that countries with strong policy environments manage aid well, indicating that funding is best spent when structures for evaluating their results are in place (Burnside and Dollar 2000; Kosack, 2003). Perhaps due to competition for funding, and the looming expectations of international initiatives (i.e. the MDGs and the U.S. Global Health Initiative), NGO's may experience pressure to link approaches to accomplishment of program effectiveness.

Pragmatically, the conferences taught me that maternal mortality was extremely difficult to capture on a global level. Watching the presentations from the GMHC, I learned that studies measuring maternal deaths are difficult to carry out, that counting measures and surveys are inaccurate. Family members and neighbors are more concerned with the loss than the steps leading up to a woman's death.

In recent years, communication researchers have gained familiarity with the study of development at the country level (Greiner & Singhal, 2009; Rattine-Flaherty & Singhal, 2009; Harter, Sengupta & Singhal 2008) which can contribute valuable case study examples of successful gender and communication programs that incorporate participatory principles. Although case study research more often than not highlights mistakes and 'lessons learned," this may change as more and more communication scholars are finding grant support to conduct international research (see Singh, 2005). Certainly, men are capable of conducting case study research that considers social constructions; however, the contributions of feminist researchers are also needed to protest systems that perpetuate women's poverty, and to collect rich examples of how women in the global South negotiate their lives (Reid, 2004).

Conclusions

Women Deliver communicated strongly at its event that the global maternal health community has the knowledge and capabilities to prevent maternal deaths and prevent pregnancy and delivery complications. Yet none of the six organizations offered reassurances about why interventions that had not worked well in the past would succeed in the future, a gap that was incongruous with messaging from the Women Deliver organization.

Both Ban Ki Moon and other powerful figures like Melinda Gates implied that governments around the world were as culpable, if not more responsible for the state of women's maternal health than NGOs and smaller groups. These speakers presented an arrangement where many parties would work together to quicken the pace of improving maternal health. Ban Ki-moon's speech tried to offer answers to unspoken questions about what hasn't worked in the past and what would work in the future. He explained, "We have already tried a piecemeal approach. Trying one part in isolation. One group at one time. We have found that this hasn't worked." The step toward solutions, as proposed by the conference discourse, was to secure participation of other major agencies with a great deal of power. In this example, partnerships were less about merging diverse ideas to create stronger systems, and more about commanding government and other responsible (and presumably powerful) parties to dedicate financial and/or political support.

The crisis of maternal health around the world does demand "joint action," as identified by the United Nations, and action should come from men and women on multiple levels. From within development, men hold decision making roles and possess

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valuable experience. One senior-level communications officer I spoke with about networking and collaboration, emphasized that professional communicators had the skills and knowledge to create partnerships. In his words, "grassroots advocacy is needed in-country and here (in New York and Washington, D.C.), to demand implementation of research and advocacy objectives and policy in a timely, needed, and achievable way." Within academia, many scholars of development are men, some work in conjunction with women and a few conduct field-research in countries where they are familiar with the language and cultural practices (see Basu & Dutta, 2007; Melkote & Steeves, 2001). I feel that is important to acknowledge the presentations and sessions that took place at both conferences led by men and focused on promoting gender equity-- such as a statement made by Søren Pind of Denmark; a panel that discussed community level engagement intervention activities with young men (created by Promundo, a Brazilian NGO); and a global campaign for fathers created by MenCare and the MenEngage Alliance.

Suggestions for future research. This study questioned mono-narratives exchanged between elite producers. To further cultural public relations and global public relations research, more studies are needed of recipients of health messages in the global South. To bridge the gap that exists between literature on reception, and critiques of message encoding, future research should consider pursuing an examination of consumption by the multiple publics addressed in communication about GMH. Observation and interviews of publics focused on consumption and re-production would be useful in determining how advocacy and publics-centered priorities guide and affect them.

Case study research is also needed to illustrate advocacy communication approaches and identify how exemplar organizations offer development support to NGOs that in turn enable women's health empowerment. As posited by Chang and Jacobson (2010), community input and dialogue should be communication measures in public health interventions in non-Western countries. Additional research might build on the communication for social change concept; looking at intra-organizational communication by stakeholder groups such as government, health providers, and community leaders, and tracing their approaches to their communication strategies with audiences (Greiner & Singhal, 2009; Rattine-Flaherty & Singhal, 2009).

Contributions of study. The purpose of this study was to examine discursive meanings about a global health problem, and extend understandings of organizational power both in the fields of public relations and development communication. As Kincheloe (2007), claims, "ideological hegemony involves the cultural forms, the meanings, the rituals, and the representations that produce consent to both the status quo and to individual's particular places within it" (p. 23). In my study, representatives from organizations created cultural forms and meanings related to public relations, development communication, and upheld the status quo for maternal health development approaches.

These findings contribute to cultural public relations theory and have practical uses for development organizations committed to women's maternal health. Privileged organizations and influential speakers were the producers of the discourse I studied; therefore, I made the decision not to theorize about subject positions of disempowered publics in my analysis. Using a cultural studies approach, I discovered layers of

meanings circulated by producers as they existed on different levels. By incorporating

critical scholarship from public relations, I uncovered layers of themes regarding how

organizations engaged in meaning-making. Identity proved to be a dominant influencing

factor in my study of distinctions between texts, contexts, and organizational roles.

Regulation was also highly significant in explaining how discourses about GMH were

expanded *and* compromised. The concept of regulation as factors that modify meanings

was a key theoretical contribution of my study.

Previous research has applied the consumption point on the circuit of culture to

explore how audiences make meaning of constructions of health. I departed from this

paradigm by looking at producers that reside at the height (or close to the top) of the

development hierarchy. As critical scholars have shown that power, discourse, and

ideology (Thomas, 1997; Kinchloe, 2007) create meta-narratives (Ashcraft & Mumby;

Craig, 1999), it has become crucial to conduct research that studies macro-level systems.

Using a critical interpretive epistemology in my research and analysis led me to consider

the organizational perspective without privileging them as producers, despite how they

addressed one another as "experts," and "thought leaders."

Research conclusions. At two pivotal gatherings in recent maternal health

history, organizations made scant mention of participatory objectives such as coalition-

building between Western and local NGOs, grassroots initiatives, or community-driven

development. Global health and gender inequities occupied space in conversations about

fairness, and operational success. Development priorities were practical rather than

revolutionary. Donors did not convey a desire to increase investments in empowerment

or social change approaches. Discourse about equity resembled historical paternalistic development discourses.

Institutional discourses about structure, and articulations of development support (i.e. practical forms of collaboration and integration), were strong. Although these were conferences designed for broad audiences, the flow of communication between multilaterals, NGOs, and granting institutions, reflected similar discourses. The way that development for GMH was represented undermined the post-modernization participatory communication paradigm (Servaes, 1999).

Reflexivity. My observations of presentations in person and as mediated through webcasts were part of my interpretive experience. In part, first-person immersion in the research context led me to give credit to participating organizations for their support of the cause of global maternal health. Subjectively, I believed that they were concerned with how to make other publics conscious of the problem and prompt action. Through my member checks, I developed the belief that the majority of the organizations understood the problem of global maternal health as a vital issue. I was able to gain a deeper awareness of how representatives and their organizations understood their responsibilities to their publics.

After over two years researching reproductive and maternal health communication, I have seen and heard about dedication and commitment to improving the processes and practices of development. I remain convinced that although development is ideological discourse, it also continues to inspire very active and public discussion about how to improve conditions across the world. Despite the overabundance about communication for and about development (e.g. cloudy promises

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about how change can be accomplished), communication is ever-present alongside development. Through the efforts of (mostly women) practitioners who champion women's rights by speaking out, the movement will continue to grow.

Earlier research I conducted where I explored culture-centered, direct maternal health care rooted in gender advocacy informed this dissertation (Hobler, 2009). A study of gender advisors with population control, reproductive health, or family planning employed in development agencies also influenced my choice of topic (Hobler, 2010). When I studied meanings of gender and health for practitioners, I observed that maternal health was a problem lumped in with other areas of vertical focus, such as newborn and child health. As I gained an understanding of institutional distinctions and pressure from donors, I made the decision to write my dissertation on organizations. Disappointingly, in my transcripts from all three projects, and in my dissertation discourse analysis, I note a pattern where speakers define public relations as awareness building, media relations, and occasionally public affairs or strategic outreach (to stakeholders).

Public relations messages about health awareness drove the production of meanings around GMH by organizations at the conference. Discourse about awareness building, highlighting the issue, and drawing attention, was favored. With such high registration at the conferences (WD in particular), organizations were well positioned to argue that now was the time to commit. Identities were consistently associated with certain organizations, indicating that public relations approaches were a means of differentiating their expertise and contribution.
Organizations such as EngenderHealth, the MHTF, and Women Deliver openly used public relations tactics as part of a strategy to build awareness about maternal mortality

and highlight the issue with stakeholder publics. Despite public relations scholarship explicating meanings of advocacy to internal and external publics, only a few of my informants and member check participants responded affirmatively that advocacy pertained to communication (Derville, 2007; H. H. Edwards, 2002).

This research context involves organizations and their interpretations of gender, although gender was not an overt concept in maternal health discourse (Ashcraft & Mumby, 2004; Buzzanell, & Ellingson, 2005; Harter, Kirby, A. Edwards, & McClanahan, 2005). Undeniably, gender is a piece of this story; it is one of the social constructions and woven into identities produced in discourse about maternal health. My underuse of gender as a variable that changes meanings was perplexing to me, for I believe that development is gendered and that development communication enacts beliefs about gender and culture. The only explanation I can offer was that space and time limitations prevented me from investigating more deeply why gender was invisible or left out, and replaced by discourses about organizational accountability and the technical aspects of interventions.

One organization I studied to some extent during my open coding phase was the organization Averting Maternal Death and Disability (AMDD). I coded several texts, all produced by Lynn Freedman, the director of AMDD and a professor at Columbia University. I chose not to include this organization in my sample, but I continued to pay attention to their role in the maternal health agenda. Freedman (2011) wrote a few months after the conferences about the administrative, structural, and ideological weaknesses in the field of maternal health. She summarized the current landscape with

the statement, "some true champions labor on, providing excellent services in the face of daunting challenges (p. S81).

As President Jill Sheffield said in a Women Deliver press release from September 15, three months after the WD conference, "Our mission is far from complete." Development is an apparatus, full of bureaucracy and hierarchy. Development is an industry, an expansive network, but it is also a culture. Impassioned individuals who believe that their work will have a positive effect inhabit this culture. For women without rights, without resources, and without power, individual advocates making incremental differences can help contribute to saving the lives of mothers around the world.

The dynamics of communication about and for development at WD and the GMHC reflected gender and development history, development organizational bureaucracy and GMH identity. My analysis specifically was concerned with the state of GMH advocacy in the context of development values and priorities. With the leadership of the United Nations and increased investments and commitments to MDG5, regulatory forces will continue to surround the GMH agenda. Moving forward, responsibility and accountability will likely remain prominent concepts in development discourse. Advocacy, as enacted through socially and culturally founded public relations, may fall to the background.

The 'above the ground' position of these organizations and their largely Western based conference speakers, is revealing. Their approach to global maternal health is discursively presented in other public settings to other audiences. Perhaps when development organizations go "in-country," to address heads of state, local leaders, health workers, and communities, they are forced to speak about the meaning of their

years of involvement, and acknowledge past failures. Yet at "global" conferences, large powerful institutions criticized local governments but they were not self-reflective about their own role or collective accountability in maternal health history. No organization admitted that by association with the cause, they were complicit in poor progress toward MDG5.

If economics and policy concerns influence development institutions and donors, the cause of GMH takes on an identity tied to resources and outcomes. Meanings of health, maternity, family, and gender equity, will be absent from development discussions about GMH. Ironically, WD and the GMHC were created and funded to raise awareness about the tragedy of maternal mortality, to raise concerns based on past history, coordinate a campaign for MDG5, and decide how to make the simple changes that could save women's lives across the world. Despite the clear connection between strategic public relations about and for GMH, organizations placed a greater emphasis on discourse about organizational alliances, than on discourse about empowerment and advocacy through local, culture-centered, participatory approaches.

Appendix A

Sample of NGOs at Women Deliver and the Global Maternal Health Conference

Name of NGO	Maternal Health Focus
Women Deliver	Promote health through advocacy and action; serve as an information source, develop resources (i.e. messages and tools)
PATH	Conduct health interventions, generate prevention and treatment innovations; fund technology such as vaccines, fund projects to improve delivery conditions, and mother and infant nutrition
Population Action International	Communicate that women and families need to have access to contraception in order to improve their health, reduce poverty and protect their environment. Through research and advocacy, strengthen U.S. and international assistance for family planning
EngenderHealth	Take a holistic approach focused on ensuring access to services throughout the life cycle, including involving partners
Maternal Health Task Force	Concerned with improvements in coordination in order to guide collective efforts to reduce maternal morbidity. Seeking to conjoin other maternal health organizations and play a supporting role with projects. Gathers stakeholders together for information sharing and dialogue
The Bill & Melinda Gates Foundation	Maternal, neonatal and child health (i.e. family health) is one of its five priorities of focus. The foundation is investing in providing tools and treatments to mothers and their infants at critical points and in critical places in order to save lives

The United Nations	Committed to improving progress toward MDG5. UNFPA agency sponsors a thematic fund to strengthen national health systems and help governments execute their commitments and plans to improve maternal health
JHPIEGO	Promotes health, safety, and care through education, training, policy, social mobilization, and communication programs
AMDD	Seeks to strengthen national health systems, research and policy, technical advancements, advocacy
CEDPA	Partners with women leaders, local partners, and international organizations through educational programs, information and tools, and leadership initiatives/trainings
Save the Children	Tracks how women in health care help mothers to demonstrate how education, health care, and economic opportunities are needed for mothers
Population Council	Helps build policy and program evidence base through the study of determinants of health behavior, care strategies, evaluating national programs, and promoting scaling up of quality antenatal, delivery, and postpartum care
Population Services International	Works on maternal health risk and mortality through interventions to reduce postpartum hemorrhage, unsafe abortion, clean Delivery Kits, and nutrition
Family Care International	Raises awareness by working with other agencies on resources, research, and information sharing. Collaborate on technological solutions. Promote improved access to care

CARE	Regards mothers as uniquely vulnerable to disease, malnutrition, and poverty. Involved with projects that include family planning, STIs, prenatal care, and labor and delivery services. Focus on enabling local partners to deliver services and supporting health volunteers to contribute to community health
White Ribbon Alliance	Coalition of countries and national alliances with the goal of guaranteeing safety for women in pregnancy and childbirth. A movement to champion the voices of women , demand action, and signify hope and life

Appendix B

Open, axial, and selective codes that emerged from my data for RQ1 and RQ2

Research Question One Coding Scheme

Open Codes	Axial Code Examples	Selective Codes
Advocacy	Definition In a specific area Advocates Allies	Policy change Alliances/Partnerships Call for action Fight metaphor Stakeholders in-country must be involved
Limitations	Donor support Regional involvement	Mismanagement Stuck metaphor Failures
Mitigating factors	Macro-level systems Institutional identity	Conflicting interests Roles
Highly Valued	Mission and values GMH care-it will save lives Progress in the future	Education for girls Gender equity
Up Next	Representations of strategies External communication Public relations representations Set goals	Officially sanctioned decisions Reaching audiences
Need/Lacking	Consistent approaches Coordination Decision making Financial dependability	Improved practices Knowing what works Sharing resources Different ways of generating information Maternal health counterparts
Resources	Leaders Sharing content Communication Research We know what the strengths are Solicit input	Pioneers Synthesize for publics Support research
Positives	Collective or coalition Champions of the cause Leading the movement Commending one another	Convening Gaining attention Seeking to understand

Research Two Coding Scheme

Open Codes	Axial Code Examples	Selective Codes
Advocacy	Definition In a specific area	Strategies for creating action Accountability Access Fight metaphor Curtailed Case examples
Limitations	Local local responsibility Lack of help Poverty Power	Commitment Stuck metaphor Supplies Siloed
Mitigating factors	Acceptance of mortality MDGs	Initiatives and programs Stakeholder contributions
Highly Valued	Awareness building Health as a right Marking commitment Research	Economic argument Health approaches Create consensus Measurement and evidence
Up Next	Continue to highlight issue Set goals	Community change Men's involvement
Need/Lacking	Cultural change Equity Empowerment Momentum	Connections between aspects of problem Lasting change Responding to the needs of other organizations
Resources	Slow progress Roadblocks persist Now is the time Countries have some systems Improvements needed now	Potential for more progress Invest in women
Positives	Innovations News circulating about issue Deeper grasp	Communicating key aspects to stakeholders Is happening
Subjects	Each woman/country is unique Social/cultural aspects Communities are important Women's rights Vulnerability Ongoing suffering Women and family	Generic mother Voices/narratives Lack of power Women as a symbol of the country

Appendix C

Results according to the circuit of culture: How do the organizations represent the issue

of GMH at the conferences? (Normative interpretation)

Point on the Circuit of Culture	*Illustrations*	*Examples of Producers*	*Gender and Development Considerations*	*Circuit Interactions (and links to RQ1)*
Production	Countries Communities Economics MDGs The Future Political Will	UN BMGF	• Development authorities • Local circumstances hold back MDG5	**Regulation:** Conflicting meanings of advocacy family health centered project objectives
Identity	Poverty Men as partners Women in the context of the family Gender oppression Empowerment	PATH EngenderHealth BMGF	• Experience in the field • Investment in maternal health and gender change • Seeing the problem within a development frame	**Production:** Institutional power as it has functioned within the development apparatus **Representation:** Gender is socially constructed; cultural complexities
Representation	Vulnerability of mothers Cultural change Country systems Investing in women and girls	PAI EngenderHealth Women Deliver BMGF	• The oppressed third world mother • Women at the center of cultural life • Development as social change	**Identity:** Intersectionality of woman/mother in the global South **Regulation:** Economic commitments; national governance (commitments to maternal health and management of maternal health funds)
Consumption	Organizations (with many and different needs) Mothers (lack of rights, health circumstances)	All six organizations	• Value placed on elite publics • Vast network of stakeholders • Low expectations of resource availability and adoption	**Production:** Levels of hierarchy **Regulation:** History of organizational differences; Conflict and dissent locally
Regulation	Strategic goals Larger global health community	BMGF MHTF	• Political constraints • Social and	**Consumption:** Primarily limited to Institutions and

			cultural in-country factors	Organizations experienced in public relations Representation: Common development discourse; Consistencies in emerging rhetoric about MDG5 and GMH

References

Acosta-Alzuru, C. (2003). "I'm not a feminist… I only defend women as human beings."
The production, representation, and consumption of feminism in a *telenovela*.
Critical Studies in Media Communication, 20, 269-294.
doi:10.1080/07393180302333775

Acosta-Alzuru, C., & Kreshel, P. J. (2002). "I'm an American Girl...whatever *that*
means:" Girls consuming Pleasant Company's American Girl identity. *Journal of
Communication, 52*(1), 139-161. doi:10.1093/joc/52.1.139

Alcoff, L., & Potter, E. (1993). Introduction: When feminisms intersect epistemology. In
L. Alcoff & E. Potter (Eds.), *Feminist epistemologies* (pp. 1-14). New York, NY:
Routledge.

Aldoory, L. (2009). Feminist criticism in public relations: How gender can impact public
relations texts and contexts. In R. L. Heath, E. L. Toth & D. Waymer (Eds.),
Rhetorical and critical approaches to public relations, II (pp. 110-124). New
York, NY: Routledge.

Aldoory, L., & Bonzo, S. (2005). Using communication theory in injury prevention
campaigns. *Injury Prevention, 11*(5), 260-263. doi: 10.1136/ip.2004.007104.

Aldoory, L., & Sha, B. L. (2007). The situational theory, methodological challenges and
theoretical horizons. In E. L. Toth (Ed.), The future of excellence in public
relations and communication management: Challenges for the next generation
(pp. 339-356). Mahwah, NJ: Lawrence Erlbaum.

Al-Gasseer, N., & Persaud, V. (2003). Measuring progress in nursing and midwifery globally. *Journal of Nursing Scholarship, 35*(4), 309-312. doi:10.1111/j.1547-5069.2003.309_1.x

Alston, P. (2005). Ships passing in the night: The current state of the human rights and development debate seen through the lens of the Millennium Development Goals. *Human Rights Quarterly, 27*(3), 755-829.

Alvesson, M., & Deetz, S. (2000). *Doing critical management research*. London: Sage.

Alvesson, M., & Willmott, H. (2002). Varieties of discourse: On the study of organizations through discourse analysis. *Human Relations, 53*(9), 1125-1149.

Ang, I. (1985). *Watching Dallas: Soap opera and the melodramatic imagination*. London, England & New York, NY: Methuen.

Angrosino, M. V., & Mays de Peréz, K. A. (2003). Rethinking observation: From method to context. In N. K. Denzin & Y. S. Lincoln (Eds.), *Collecting and interpreting qualitative materials* (pp. 107-154). Thousand Oaks, CA: Sage.

Ashcraft, K. L., & Mumby, D. K. (2004). *Reworking gender: A feminist communicology of organization*. Thousand Oaks, CA: Sage.

Attaran, A., Paul, C. H., & Matthew, S. (2010). Misplaced health expectations at the G8 summit. *Canadian Medical Association Journal. 182*(10), E426. doi:10.1503/cmaj.100770

Atouba Ada, Y. L., & Shumate, M. (2008). *Interorganizational networking patterns among development organizations.* Paper presented at the annual meeting of the National Communication Association San Diego, CA.

Auger, S. J., Decoster, M. E., & Colindres, M. D. (2008). Teach-with-stories method for prenatal education: Using photonovels and a participatory approach with Latinos. In M. J. Dutta & H. M. Zoller (Eds.), *Emerging perspectives in health communication: Meaning, culture, and power* (pp. 155-181). New York, NY: Routledge.

Babrow, A. S., & Mattson, M. (2003). Theorizing about health communication. In T. L. Thompson, A. M. Dorsey, K. I. Miller & R. Parrott (Eds.), *Handbook of health communication* (pp. 35-62). Mahwah, NJ: Lawrence Erlbaum.

Basu, A., & Dutta, M. J. (2007). Centralizing context and culture in the co-construction of health: Localizing and vocalizing health meanings in rural India. *Health Communication, 21*(2), 187-196. doi:10.1080/10410230701305182

Bennett, W. L., Foot, K., & Xenos, M. (2011). Narratives and network organization: A comparison of fair trade systems in two nations. *Journal of Communication, 61*(2), 219-245. doi: 10.1111/j.1460-2466.2011.01538.x

Benoit, W. L., & Czerwinski, A. (1997). A critical analysis of USAir's image repair discourse. *Business Communication Quarterly, 60*(3), 38-57. http://dx.doi.org/10.1177/108056999706000304

Benson, K., & Nagar, R. (2006). Collaboration as resistance? Reconsidering the processes, products, and possibilities of feminist oral history and ethnography. *Gender, Place & Culture: A Journal of Feminist Geography, 13*(5), 581-592. doi:10.1080/09663690600859083

Berger, B. K. (1999). The Halcion affair: Public relations and the construction of

ideological world view. *Journal of Public Relations Research, 11*(3), 185-204.

doi:10.1207/s1532754xjprr1103_01

Berger, B. K. (2005). Power over, power with, and power to relations: Critical reflections

on public relations, the dominant coalition, and activism. *Journal of Public*

Relations Research, 17(1), 5-28.

Berg, B. L. (2007). *Qualitative research methods for the social sciences* (6th ed.).

Boston: Allyn & Bacon.

Bessis, S. (2004). International organizations and gender: New paradigms and old habits.

Signs, 29(2), 633-647.

Blanchet, K. (2001). Participatory development: Between hopes and reality. *International*

Social

Science Journal, 53, 637_641.

Botan, C. H., & Taylor, M. (2004). Public relations: State of the field. *Journal of*

Communication, 54(4), 645-661. doi:10.1111/j.1460-2466.2004.tb02649.x

Bogdan, R. C., & Biklen, S. K. (1992). *Qualitative research for education: An*

introduction to theory and methods. Boston, MA: Allyn & Brown.

Boynton, L. A. (2006). "What we value:" A Delphi study to identify key values that

guide ethical decision-making in public relations. *Public Relations Review, 32*(4),

325-330. http://dx.doi.org/10.1016/j.pubrev.2006.09.001

Boys, S. (2009). Inter-organizational crisis communication: Exploring source and

stakeholder communication in the Roman Catholic clergy sex abuse case. In R. L.

Heath, E. L. Toth & D. Waymer (Eds.), *Rhetorical and critical approaches to public relations, II* (pp. 290-310). New York: Routledge.

Brady, M. J. (2007). *Discourse, cultural policy, and other mechanisms of power: The Smithsonian Institution's National Museum of the American Indian* (Unpublished doctoral dissertation). Pennsylvania State University, University Park, PA.

Brown, L. A. (2004). *Health communication among rural, African American women: Methodological, theoretical, and rhetorical considerations* (Unpublished doctoral dissertation). Georgia State University, Atlanta, GA.

Brough, M., & Lapsansky, C. (2010). *Developing a video-based approach to the most significant change evaluation methodology.* Presented at the annual meeting of the International Communication Association, Boston, MA.

Buffardi, A. (2011). *Institutional influence: The role of donors in shaping international assistance goals, Implementation and effectiveness*. (Unpublished doctoral dissertation). University of Washington. Seattle, WA.

Burnside, C & Dollar, D. (2000). Aid, policies and growth. *The American Economic Review 90*(8), 847–868. doi: 10.1257/aer.90.4.847.

Burnside Lawry, J. (2009). *Participatory communication: An exploratory study of organisational listening competency,* Presented at the annual meeting of the National Communication Association, Chicago, IL.

Carlone, D., & Taylor, B. (1998). Organizational communication and cultural studies: A review essay. *Communication Theory, 8*(3), 337-367.

Carvalho, A. (2008). Media(ted) discourse and society: Rethinking the framework of

    critical discourse analysis. *Journalism studies, 9*(2), 161-177.

    doi:10.1080/14616700701848162

Ceccarelli, L. (1998). Polysemy: Mutiple meanings in rhetorical criticism. *Quarterly*

Journal of   Speech, 84(4), 395-415.

Champ, J. G. (2008). Horizontal power, vertical weakness: Enhancing the "circuit of

    culture." *Popular Communication, 6*, 85-102. doi:10.1080/15405700801977426

Champ, J. G. (2010). The circuit of culture: A strategy for understanding the evolving

    human dimensions of wildland fire. *Society and Natural Resources*, 23, 573-582.

    doi:10.1080/08941920802129845

Chang, L., & Jacobson, T. (2010). Dialogue in public information campaigns: A

    communicative action approach to evaluating citizen voice. *Conference Papers --*

    International Communication Association.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through*

    qualitative analysis. London: Sage.

Chay-Nemeth, C. (2001). Revisiting publics: A critical archaeology of publics in the Thai

    HIV/AIDS issue. *Journal of Public Relations Research, 13*(2), 127-161.

    doi:10.1207/S1532754XJPRR1302_2

Chesbro, J. W., & Borisoff, D. J. (2007). What makes qualitative research qualitative?

    Qualitative Research Reports in Communication, 8(1), 3-14.

    doi:10.1080/17459430701617846

Child, I. G., & Ehiri, J. E. (2009). Maternal and child health in the organization for

    economic cooperation and development (OECD) countries. In J. Ehiri (Ed.),

Maternal and child health: Global challenges, programs, and policies (pp. 53-81). New York: Springer.

Christensen, L. T., & Langer, R. (2009). Public relations and strategic use of transparency, consistency, hyporcrisy, and corporate change. In R. L. Heath, E. L. Toth & D. Waymer (Eds.), *Rhetorical and critical approaches to public relations, II* (pp. 129-154). New York: Routledge.

Collins, P. H. (1990). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. New York, NY: Routledge.

Condit, C. M. (1989). The rhetorical limits of polysemy. *Critical Studies in mass communication, 6*, 103-122. doi:10.1080/15295038909366739

Corbin, J., & Strauss, A. (2008). *Basics of qualitative research*. Thousand Oaks, CA: Sage.

Clark, C. (2010, December 16). Harper to track world's child, maternal health aid pledges. *The Globe and Mail*. Retrieved from http://www.theglobeandmail.com

Craig, R. T. (1999). Communication theory as a field. *Communication Theory, 9*(2), 119-161. doi: 10.1111/j.1468-2885.1999.tb00355.x

Crenshaw, K. (1991). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination, feminist theory and antiracist politics. In K. T. Bartlett & R. Kennedy (Eds.), *Feminist legal theory: Readings in law and gender*. Boulder, CO: Westview Press.

Creswell, J. W. (1997). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.

Curtin, P., & Gaither, T. K. (2005). Privileging identity, difference, and power: The

circuit of culture as a basis for public relations theory. *Journal of Public Relations

Research, 17*, 91-115. doi:10.1207/s1532754xjprr1702_3

Curtin, P., & Gaither, T. K. (2006). Contested notions of issue identity in international

public relations: A case study. *Journal of Public Relations Research, 18*(1), 67-

89. doi:10.1207/s1532754xjprr1801_4

Curtin, P. A. (2010). Negotiating global citizenship: Mattel's 2007 recall crisis. In W. T.

Coombs & S. J. Holladay (Eds.), *The handbook of crisis communication* (pp. 23-).

Malden, MA: Blackwell.

Curtin, P. (2011). Discourses of American Indian racial identity in the public relations

materials of the Fred Harvey Company: 1902–1936. *Journal of Public Relations

Research, 23*(4), 368-396. doi: 10.1080/1062726X.2011.605972

Dallimore, E. J. (2000). A feminist response to issues of validity in research. *Women's

Studies in Communication, 23*(2), 157-181.

doi:10.1080/07491409.2000.10162567

Daymon, C., & Hodges, C. (2009). Researching the occupational culture of public

relations in Mexico. *Public Relations Review, 35*(4), 429-433.

doi:10.1016/j.pubrev.2009.06.006

D'Enbeau, S. (2007). *Transnational feminist advocacy online: Identity (Re)Creation

through transparency, diversity, and co-construction.* Paper presented at the

International Communication Association Annual Conference, San Francisco,

CA.

Deetz, S. (2000). Conceptual foundations. In F. M. Jablin & N. Lan (Eds.), *The new handbook of organizational communication: Advances in theory, research, and methods* (pp. 3-46). Thousand Oaks: Sage.

Denzin, N. K., & Lincoln, Y. S. (1994). The art of interpretation, evaluation, and presentation. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 479-484). Thousand Oaks, CA: Sage.

Derville, T. *Relationship management and member retention: A case study of an advocacy organization* (Doctoral dissertation). Retrieved from Dissertations & Theses: Full Text.(Publication No. AAT 3297281).

Dewey, J. (1927). *The public and its problems*. Athens, OH: Ohio University Press.

DiStaso, M. W., & Stacks, D. W. (2010). The use of research in public relations. In R. L. Heath (Ed.), *The SAGE Handbook of Public Relations* (pp. 325-337). Los Angeles: Sage.

Dill, B., & Zambrana, R. E. (2009). Critical thinking about inequality: An emerging lens. In B. Dill & R. E. Zambrana (Eds.), *Emerging intersections: Race, class, and gender in theory, policy, and practice* (pp. 1-20). New Brunswick, NJ: Rutgers.

Dodd, R. R., & Cassels, A. A. (2006). Health, development and the Millennium Development Goals. *Annals of Tropical Medicine & Parasitology*, 100(5/6), 379-387. doi:10.1179/136485906X97471

Dougall, E. (2005). *Describing and measuring the state of organization-activist relationships using relationship-signaling statements.* Paper presented at the annual meeting of the International Communication Association, New York, NY.

Dow, B. J. (2001). Criticism and authority in the artistic mode. *Western Journal of Communication*, *65*(Summer), 336-348.

Dozier, D. M., Grunig, L. A., & Grunig, J. E. (1995). *Manager's guide to excellence in public relations and communciation management*. Mahwah, NJ: Lawrence Erlbaum Associates.

Dozier, D. M., & Lauzen, M. M. (2000). Liberating the intellectual domain from the practice: Public relations, activism, and the role of the scholar. *Journal of Public Relations Research, 12*(1), 3-22. doi:10.1207/S1532754XJPRR1201_1

du Gay, P. (1997). *Introduction*. In P. du Gay, S. Hall, L. Janes, H. Mackay, & K. Negus (Eds.), (pp. 2-5). Doing cultural studies: The story of the Sony Walkman. London, England: Sage.

du Gay, P., Hall, S., Janes, L., Mackay, H., & Negus, K. (1997). *Doing cultural studies: The story of the Sony Walkman*. London, England: Sage.

Dutta-Bergman, M. J. (2005). Theory and practice in health communication campaigns: A critical interrogation. Health Communication, 18(2), 103-122.

Dutta, M. J. (2007). Communicating about culture and health: Theorizing culture-centered and cultural sensitivity approaches. *Communication Theory, 17*(3), 304-328. doi:10.1111/j.1468-2885.2007.00297.x

Dutta, M. J. (2008). *Communicating health: A culture-centered approach*. Malden: MA.: Polity.

Dutta, M. J., & de Souza, R. (2008). The past, present, and future of health development campaigns: Reflexivity and the critical-cultural approach. *Health Communication, 23*(4), 326-339. doi:10.1080/10410230802229704

Dutta, M. J., & Zoller, H. M. (2008). Theoretical foundations: interpretive, critical, and cultural approaches to health communication. In M. J. Dutta & H. M. Zoller (Eds.), *Emerging perspectives in health communication: Meaning, culture, and power* (pp. 1-28). New York, NY: Routledge.

Edwards, H. H. (2002). *60 miles of meaning: Understanding the Avon 3-day experience (Unpublished doctoral dissertation)*. University of Georgia, Athens, Georgia.

Edwards, H. H. (2006). A rhetorical typology for studying the audience role in public relations communication: The Avon 3-Day disruption as exemplar. *Journal of Communication, 56*, 836-860. doi:10.1111/j.1460-2466.2006.00322.x

Edwards, H. H., & Kreshel, P. J. (2008). An audience interpretation of corporate communication in a cause-related corporate outreach event: The Avon Breast Cancer 3-Day Walk. *Journalism & Communication Monographs, 10*(2), 175-244.

Edwards, L. (2006). Rethinking power in public relations. *Public Relations Review, 32*, 229–231

Edwards, L. (2009). Symbolic power and public relations practice: Locating individual practitioners in their social context. *Journal of Public Relations Research*, 21(3), 251-272. http://dx.doi.org/10.1080/10627260802640674

Entman, R. M. (1993). Framing: Toward clarification of a fractured paradigm. *Journal of Communication, 43(4),* 51-58.

Escobar, A. (1995). *Encountering development: The making and unmaking of the third world*. Princeton, NJ: Princeton University Press.

Escobar, A. (2008). *Territories of difference: Place, movements, life, redes*. Durham, NC: Duke University Press.

173

Every Woman Every Child (EWEC). (2011). *About.* Retrieved from

    http://everywomaneverychild.org/about

Fairclough, N. (2003). *Analysing discourse: Textual analysis for social research.*

    London, England: Routledge.

Ferguson, D. P. (1999). *Rhetorical public relations and issues management strategies of*

    social movement organizations: The communication of values and policy

    preferences. (*Unpublished doctoral dissertation).* Purdue University, Purdue,

    Indiana.

Fiske, J. (1987). *Television culture*. London, England: Methuen & Co. Ltd.

Ford, L. A., & Yep, G. A. (2003). Working along the margins: Developing community-

    based strategies for communicating about health with marginalized groups. In T.

    L. Thompson, A. M. Dorsey, K. I. Miller & R. Parrott (Eds.), *Handbook of Health*

    Communication (pp. 241-261). Mahwah, NJ: Lawrence Erlbaum Associates.

Foss, S. K., & Foss, K. A. (1988). What distinguishes feminist scholarship in

    communication studies? *Women's Studies in Communication, 11*(Spring), 9-11.

Frandsen, F., & Johansen, W. (2010). Strategy, management, leadership, and public

    relations. In R. L. Heath (Ed.), *The SAGE Handbook of Public Relations* (pp. 293-

    306). Thousand Oaks, CA: SAGE.

Fraser, C., & Restrepo-Estrada, S. (1998). *Communicating for development*. London,

    England: I. B. Tauris.

Freeman, C. P. (2008). *Struggling for ideological integrity in the social movement*

    framing process: How U.S. animal rights organizations frame values and ethical

ideology in food advocacy communication. (Unpublished doctoral dissertation), University of Oregon, Eugene, Oregon.

Freedman, L. P. (2011). Integrating HIV and maternal health services: Will organizational culture clash sow the seeds of a new and improved implementation practice? *Acquired Immune Deficiency Syndrome, 57*(2), S80-S82.

Frow, J., & Morris, M. (2000). Cultural studies. In N. K. Denzin and Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 315-386). Thousand Oaks, CA: Sage.

Fürsich, E. (2010). In defense of textual analysis. *Journalism studies, 10*(2), 238-252. doi:10.1080/14616700802374050

Gangadharan, S. P. (2008). *Public intellectualism and critical communication research.* Paper presented at the annual meeting of the International Communication Association, Montreal, Canada.

Gitlin, T. (2003). *The whole world is watching: Mass media in the making and unmaking of the new left.* Berkeley, CA: University of California Press.

Gill, K., Pande, R. P., & Malhotra, A. (2007). Women deliver for development. *Lancet, 370*, 2820-2834. doi:10.1016/S0140-6736(07)61577-3

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Hawthorne, NY: Aldine de Gruyter.

Graham, W. J., Ahmed, S. S., Stanton, C. C., Abou-Zahr, C. L., & Campbell, O. R. (2008). Measuring maternal mortality: An overview of opportunities and options for developing countries. *BMC Medicine*, 61-68. doi:10.1186/1741-7015-6-12

Gramsci, A. (1987). *Selections from the prison notebooks of Antonio Gramsci*. New York, NY: International.

Greene, R. W. (2000). Governing reproduction. In K. G. Wilkins (Ed.), *Redeveloping communication for social change* (pp. 27-38). Cumnor Hill, Oxford: Rowman & Littlefield.

Greiner, K., & Singhal, A. (2009). Communication and invitational social change. *Journal of Development Communication, 20*(2), 31-44.

Grewal, I. (2005). *Transnational America: Feminisms, Diasporas, Neoliberalisms*. Durham, NC: Duke University Press.

Grossberg, L. (1989). The circulation of cultural studies. *Critical Studies in Mass Communication, December*, 413-420.

Grossberg, L. (1993). Cultural Studies and/in new worlds. *Critical Studies in Mass Communication, 10*, 1-22.

Grunig, J. E. (2006). Finishing the edifice: Ongoing research on public relations as a strategic management function. *Journal of Public Relations Research, 18*(2), 151-176. doi:10.1207/s1532754xjprr1802_5

Grunig, L. A., Grunig, J. E., & Dozier, D. M. (2002). *Excellent public relations and effective organizations: A study of communication in three countries*. Mahwah, NJ: Lawrence Erlbaum Associates.

Hall, S. (1975). Introduction. In A. C. H. Smith (Ed.), *Paper voices: The popular press and social change*, 1935-1965 (pp. 11-24). London: Chatto and Windus.

Hall, S. (1980). Encoding/decoding. In S. Hall, D. Dobson & P. du Gay (Eds.), *Culture, media language: Working papers in cultural studies, 1972-1979* (pp. 128-138). London, England: Hutchinson.

Hall, S. (1997). *Representation, meaning, and language*. London, England: Sage.

Hall, S. (2006). Encoding/decoding. In M. G. Durham & D. M. Kellner (Eds.), *Media and cultural studies* (2nd ed.), (pp. 163-173). Malden, MA: Blackwell.

Han, G., & Zhang, A. (2009). Starbucks is forbidden in the Forbidden City: Blog, circuit of culture and informal public relations campaign in China. *Public Relations Review, 35*(4), 395-401. doi:10.1016/j.pubrev.2009.07.004

Harcourt, W. (2002). Body politics: Revisiting the population question. In K. Saunders (Ed.), *Feminist post-development thought: Rethinking modernity post-colonialism and representation* (pp. 283-297). London Zed.

Harcourt, W., & Escobar, A. (2005). *Women and the politics of place*. Bloomfield, CT: Kumarian Press.

Harcourt, W. (2009). *Body politics in development: Critical debates in gender and development*. London, England: Zed Books.

Hardy, C., Lawrence, T., & Phillips, N. (1998). Talking action: Conversations, narrative and action in interorganizational collaboration. In D. Grant, T. Keenoy & C. Oswick (Eds.), *Discourse and organization* (pp. 65-83). London: Sage.

Harter, L. M., Kirby, E. L., Edwards, A., & McClanahan, A. (2005). Time, technology, and meritocracy: The disciplining of women's bodies in narrative constructions of age-related infertility. In L. M. Harter, P. M. Japp & C. S. Beck (Eds.), *Narratives, health, and healing* (pp. 83-106). Mahwah, NJ: Lawrence Erlbaum.

Harter, L., Sengupta, A., & Singhal, A. (2005). *(De)centering and (Re)envisioning gender and development organizing through feminist and participatory standpoints*. Paper presented at the annual meeting of the International Communication Association New York, NY.

Harstock, N. (1998). The feminist standpoint revisited. Boulder, CO: Westview Press.

Hatch, M. J., & Cunliffe, A. L. (2006). *Organization theory* (2nd ed.). Oxford, England: Oxford University Press.

Heath, R. L. (1994). A rhetorical approach to zones of meaning and organizational prerogatives. *Public Relations Review, 19*(2), 141-155. doi:10.1016/0363-8111(93)90004-V

Heath, R. L. (2001). A rhetorical enactment rationale for public relations: The good organization communicating well. In R. L. Heath (Ed.), *Handbook of public relations* (pp. 31-50). Thousand Oaks: CA: Sage.

Heath, R. L. (2006). Onward into more fog: Thoughts on public relations' research directions. *Journal of Public Relations Research, 18*(2), 93-114. doi:10.1207/s1532754xjprr1802_2

Heath, R. L. (2007). Management through advocacy: Reflection rather than domination. In E. L. Toth (Ed.), *The future of excellence in public relations and communication management* (pp. 41-66). Thousand Oaks, CA: Sage.

Heath, R. L. (2009). Introduction. In R. L. Heath, E. L. Toth & D. Waymer (Eds.), *Rhetorical and critical approaches to public relations, II* (pp. 1-11). New York: Routledge.

Heath, R. L. (2009). The rhetorical tradition: Wrangle in the marketplace. In R. L. Heath, E. L. Toth & D. Waymer (Eds.), *Rhetorical and critical approaches to public relations, II* (pp. 17-47). New York, NY: Routledge.

Heath, R. L. (2010). Introduction: Mind, self, and society. In R. L. Heath (Ed.), *The SAGE Handbook of Public Relations* (pp. x-xv). Los Angeles: Sage.

Heath, R. L., Motion, J., & Leitch, S. (2010). Power and public relations: Paradoxes and programmatic thoughts. In R. L. Heath (Ed.), *The SAGE Handbook of Public Relations* (pp. 190-204). Los Angeles: Sage.

Henderson, A. (2005). Activism in "paradise": Identity management in a public relations campaign against genetic engineering. *Journal of Public Relations Research, 17*(2), 117-137. doi:10.1207/s1532754xjprr1702_4

Hirshman, M. (1995). Women and development: A critique. In M. Marchand & J. L. Parpart (Eds.), *Feminism postmodernism development* (pp. 42-55). London, England: Routledge.

Hobbs, J. D. (1990). *A rhetorical analysis of corporate advocacy strategies during public relations crises: Three case studies (Unpublished doctoral dissertation).* University of Kansas, Lawrence, Kansas.

Hobler, M. (2009). *Women's health, women help: Patient advocates and culture-centered communication in a community prenatal clinic*, Organization for the Study of Communication, Language, and Gender annual conference, Los Angeles.

Hobler, M. (2010). *Engendering international development communication: A qualitative study of how practitioners interpret and enact gender and*

development, National Communication Association annual conference, San Francisco, CA.

Holtzhausen, D. R. (2000). Postmodern values in public relations. *Journal of Public Relations Research, 12*, 93-114. doi:10.1207/S1532754XJPRR1201_6

Holzhausen, D. R., & Voto, R. (2002). Resistance from the margins: The postmodern public relations practitioner as organizational activist. *Journal of Public Relations Research, 14*(1), 57-84. doi:10.1207/S1532754XJPRR1401_3

Holtzhausen, D. R., Petersen, B. K., & Tindall, N. T. J. (2003). Exploding the myth of the symmetrical/asymmetrical dichotomy: Public relations models in the new South Africa. *Journal of Public Relations Research, 15*(4), 305-341. doi:10.1207/S1532754XJPRR1504_02

Ihlen, Ø. (2009). Good environmental citizens? The green rhetoric of corporate social responsibility. In R. L. Heath, E. L. Toth & D. Waymer (Eds.), *Rhetorical and critical approaches to public relations, II* (pp. 360-372). New York: Routledge.

International Medical Volunteers Association (2011). *The major international health organisations*. Retrieved from http://www.imva.org/Pages/orgfrm.htm

Iyer, A., Sen, G., & Ostlin, P. (2008). The intersections of gender and class in health status and health care. *Global public health, 3*, 13-24. doi:10.1080/17441690801892174

Jack, S. M., DiCenso, A., & Lohfeld, L. (2005). A theory of maternal engagement with public health nurses and family visitors. *Journal of Advanced Nursing, 49*(2), 182-190. doi:10.1111/j.1365-2648.2004.03278.x

Jiang, H., & Ni, L. (2009). Activists playing a dual role: identities, organizational goals, and public relations practices, *Journal of Public Affairs, 9*(4), 288-300. doi:10.1002/pa.330

Johnson, R. (1987). What is cultural studies anyway? *Social text, 16*(Winter), 38-80.

Johns Hopkins School of Public Health (2003). *The gender guide for health communication programs*. Retrieved from http://www.jhuccp.org/pubs/cp/102/102.pdf

Jolly, S. (May, 2007). *IDS Working Paper 283*. Institute of Development Studies at the University of Sussex Brighton, UK.

Jones-Bodie, A. (2008). *When trust is broken: A rhetorical analysis of nonprofit wrongdoing.* (Unpublished doctoral dissertation). Purdue University, Purdue, Indiana.

Kabeer, N. (1994). *Reversed realities: Gender hierarchies in development thought*. London, England: Verso.

Karlberg, M. (1996). Remembering the public in public relations research: From theoretical to operational symmetry. *Journal of Public Relations Research, 8*, 263-278. doi:10.1207/s1532754xjprr0804_03

Keltner, K. (2007). *From myth to metaphor to memory: A rhetorical analysis of televised representations of Project Apollo, 1968--2004.* (Unpublished doctoral dissertation). Ohio University, Athens, Ohio.

Kline, K. N. (2003). Popular media and health: Images, effects, and institutions. In T. L. Thompson, A. M. Dorsey, K. I. Miller, & R. Parrott (Eds.), *Handbook of health communication* (pp. 557-582). Mahwah, NJ: Lawrence Erlbaum.

Kline, K. (2007). Cultural sensitivity and health promotion. *Health Communication, 21*, 85-96. doi:10.1080/10410230701283454

Kothari, U. (2001). Power, knowledge and social control in participatory development. In B. Cooke & U. Kothari (Eds.), *Participation: The new tyranny?* London, England: Zed Books.

Kosack, Stephen. (2003). Effective aid: How democracy allows development aid to improve the quality of life. *World Development 31*(1):1-22. doi: 10.1016/S0305-750X(02)00177-8

Kreuter, M. W., & McClure, S. M. (2004). The role of culture in health communication. *Annual Review of Public Health, 25*, 439-455. doi:10.1146/annurev.publhealth.25.101802.123000

Kvale, S. (1995). The social construction of validity. *Qualitative inquiry, 1*(1), 19-40. doi:10.1177/107780049500100103

Kwami, J. D. (2010). *Information and communication technologies for development and gendered realities in the South: Case studies of policy and practice in Ghana.* (Unpublished doctoral dissertation). University of Oregon, Eugene, Oregon.

Lazreg, M. (2002). Development: Feminist theory's cul-de-sac. In K. Saunders (Ed.), *Feminist post-development thought: Rethinking modernity post-colonialism and representation* (pp. 123-145). London Zed.

Leeper, R. (2001). In search of a metatheory for public relations: An argument for communitarianism. In R. L. Heath (Ed.), *Handbook of public relations* (pp. 93-104). Thousand Oaks: CA. : Sage.

Leitch, S., & Davenport, S. (2005). Talking with the silent majority: An interest identity framework. *Public Relations Review, 2006*(32), 71-73.

Leitch, S., & Motion, J. (2010). Publics and public relations. In R. L. Heath (Ed.), *The SAGE Handbook of Public Relations* (pp. 99-110). Thousand Oaks, CA: SAGE.

Leitch, S., & Neilson, D. (2001). Bringing publics into public relations: New theoretical frameworks for practice. In R. L. Heath (Ed.), *Handbook of public relations* (pp. 127-128). Thousand Oaks: CA. : Sage.

L'Etang, J. (2005). Critical public relations: Some reflections. *Public Relations Review, 31*, 521-526. doi:10.1016/j.pubrev.2005.08.011

L'Etang, J., & Pieczka, M. (1996). *Critical perspectives in public relations*. London, England: International Thomson.

Liao, H. (2005). Toward a feminist pragmatism of participatory communication. Paper presented at the Conference Papers -- International Communication Association, New York, NY.

Lindlof, T. R., & Taylor, B. C. (2002). *Qualitative communication research methods* (2nd ed.). Thousand Oaks, CA: Sage.

Lindlof, T. R., & Taylor, B. C. (2011). *Qualitative communication research methods* (3rd ed.). Thousand Oaks, CA: Sage.

Lester, L. (2006). We too are green: Public relations, symbolic power, and the Tasmanian wilderness conflict. *Media International Australia, 121*(11), 52-64.

Levenshus, A. B., Hobler, M., Sundstrom, B., & Aldoory, L. (2010). *Eclipsing message meaning: Exploring the role of sponsor identity and cynicism in audiences' perceptions of health care reform issue ads.* Paper presented at the annual

meeting of the Association for Education in Journalism and Mass Communication Denver, CO.

Lewis, C. (1992). Making sense of common sense: A framework for tracking hegemony. *Critical Studies in Mass Communication, 9*(3), 277-292. doi:10.1080/15295039209366832

Lewis, L. (2005). The Civil Society sector: A review of critical issues and research agenda communication scholars. *Management Communication Quarterly, 19*(2), 238-267. http://dx.doi.org/10.1177/0893318905279190

Locke, K. (2001). *Grounded theory in management research*. London, England: Sage.

Longino, H. (1993). Subjects, power and knowledge: Description and prescription in feminist philosophies of science. In L. Alcoff & E. Potter (Eds.), *Feminist epistemologies* (pp. 101-120). New York, NY: Routledge.

Lonkila, M. (1995). Grounded theory as an emerging paradigm for computer-assisted qualitative data analysis. In U. Kelle (Ed.), *Computer-aided qualitative data analysis: Theory, methods, and practice* (pp. 41-51). London, England: Sage.

Lucas, E. (1995). Two rural women's development organizations in Nigeria: A look at organizational structures. In D. A. Newsom, & Carrell, B. J. (Ed.), *Silent voices*. Lanham, MD: University Press of America Inc.

Maguire, S., & Hardy, C. (2006). The emergence of new global institutions: A discursive perspective *Organization Studies, 27*, 7-29. http://dx.doi.org/10.1177/0170840606061807

Maguire, S., & Hardy, C. (2009). Discourse and deinstitutionalization: The decline of DDT *Academy of Management, 52*, 148.

Malhotra, G. (2008). The role of information and communication technologies in

    addressing safe motherhood in South Asia. *Marriage & Family Review, 44*(2/3),

    357-363. doi:10.1080/01494920802255976

Marchand, M. H., & Runyan, A. S. (2000). *Gender and global restructuring: Sightings,*

    sites, and resistances. London, England: Routledge.

Marsh, C. (2008). Postmodernism, symmetry, and cash value: An Isocratean model for

    practitioners *Public Relations Review, 34*(3), 237-243.

    doi:10.1016/j.pubrev.2008.04.006

Martin, J. N., & Nakayama, T. K. (1999). Thinking dialectically about culture and

    communication. *Communication Theory, 9*(1), 1-25. doi:10.1111/j.1468-

    2885.1999.tb00160.x

Maternal Health Task Force. (2010a). *Conference updates.* Retrieved from

    http://maternalhealthtaskforce.org/index.php?option=com_content&view=article

    &id=48

Maternal Health Task Force. (2010b). *Conference planning.* Retrieved from

    http://maternalhealthtaskforce.org/gmhc2010/index.php/conference/planning/plan

    ning?team

McAdam, D., McCarthy, J. D., & Zald, M. N. (1996). *Comparative perspectives on*

    social movements: Political opportunities, mobilizing structures, and cultural

    framings. New York: Cambridge University Press.

Maternal Health Task Force. (2011b) *About/Mission.* Retrieved from

    http://maternalhealthtaskforce.org/about/mission

McCown, N. (2007). The role of public relations with internal activists. *Journal of Public Relations Research, 19*(1), 47-68. http://dx.doi.org/10.1207/s1532754xjprr1901_3

Meisenbach, R. J., & Feldner, S. B. (2009). Dialogue, discourse ethics, and Disney. In R. L. Heath, E. L. Toth & D. Waymer (Eds.), *Rhetorical and critical approaches to public relations, II* (pp. 253-271). New York: Routledge.

Melkote, S. R. (2000). Reinventing development support communication. In K. G. Wilkins (Ed.), *Redeveloping communication for social change* (pp. 39-53). Cumnor Hill, Oxford: Rowman & Littlefield.

Melkote, S. R., & Kandath, K. P. (2001). Barking up the wrong tree? An inward look at the discipline and practice of development communication. In S. R. Melkote & S. Rao (Eds.), *Critical issues in communication: Looking inward for answers (Essays in honor of K.E. Eapen)* (pp. 188-204). Thousand Oaks, CA: Sage.

Melkote, S. R., & Steeves, H. L. (2001). *Communication for development in the third world: Theory and practice for empowerment* (2nd ed.). London, England: Sage.

Mickey, T. J. (1998). Selling the internet: A cultural studies approach to public relations. *Public Relations Review, 24*, 335-349. doi:10.1016/S0363-8111(99)80144-1

Mies, M. (1991). Women's research or feminist research? The debate surrounding feminist science and methodology. In M. M. Fonow & J. A. Cook (Eds.), *Beyond methodology: Feminist scholarship as lived research* (pp. 60-84). Bloomington, IN: Indiana University Press.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: Sage.

Modleski, T. (1982). *Loving with a vengeance: Mass produced fantasies for women*. Hamden, CT: Archon Books.

Mody, B. (2003). *International and development communication: A 21st-century perspective.* Thousand Oaks, CA: Sage.

Moemeka, A. A. (2000a). Development, social change, and development communication: Background and conceptual clarification. In A. A. Moemeka (Ed.), *Development communication in action* (pp. 1-16). Oxford, England: University Press of America.

Moemeka, A. A. (2000b). Development communication: Strategies and methods. In A. A. Moemeka (Ed.), *Development communication in action* (pp. 115-132). Oxford, England: University Press of America.

Moffitt, M. A. (1994). Collapsing and integrating concepts of "public" and "image" into a new theory. *Public Relations Review, 20*, 159-170. doi:10.1016/0363-8111(94)90056-6

Mohanty, C. T. (1992). Feminist encounters. In M. Barrett & A. Philips (Eds.), *Destabilizing theory: Contemporary feminist debates* (pp. 74-92). Cambridge, England: Polity Press.

Mohanty, C. T. (2003). *Feminism without borders: Decolonizing theory, practicing solidarity*. Durham, NC: Duke University Press.

Morley, D. (1986). *Family television: Cultural power and domestic leisure*. London, England: Comedia/Routledge.

Motion, J., & Leitch, S. (1996). A discursive perspective from New Zealand: Another

world view. *Public Relations Review, 22*, 297-309.

http://dx.doi.org/10.1016/S0363-8111(96)90051-X

Motion, J., Leitch, S., & Brodie, R. J. (2003). Equity in corporate co-branding: The case

of adidas and the All Blacks. *European Journal of Marketing, 37*(7-8), 1080-

1094. http://dx.doi.org/10.1108/03090560310477672

Motion, J., & Weaver, C. K. (2005). A discourse perspective for critical public relations

research: Life sciences network and the battle for truth. *Journal of Public*

Relations Research, 17, 49-67. doi:10.1207/s1532754xjprr1701_5

Mowlana, H. (2000). Communication and development: Everyone's problem. In A. A.

Moemeka (Ed.), *Development communication in action* (pp. 17-38). Oxford,

England: University Press of America.

Mullen, P. M. (2003). "Delphi: Myths and reality". *Journal of Health Organization and*

Management, 17(1), 37-52. http://dx.doi.org/10.1108/14777260310469319

Nussbaum, M. (2000). *Women and human development*. Cambridge, England:

Cambridge University Press.

Olesen, V. (1994). Feminisms and models of qualitative research. In N. K. Denzin & Y.

S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 158-174). Thousand

Oaks, CA: Sage.

Onseen, C. (1999). Women organizing for change: Transformational organizing as a

strategy for feminist development. In M. Porter & E. Judd (Eds.), *Feminists doing*

development: A practical critique (pp. 101-111). London, England: Zed Books.

Oswick, C., Keenoy, T. W., & Grant, D. (2000). Discourse, organizations and organizing: Concepts, objects and subjects. *Human Relations, September*(53), 1115-1123.

Padovani, C. (2010). The potential to empower of gender advocacy networks. *Media Development*, 57(4), 33-39.

Parameswaran, R. (2002). Local culture in global media: Excavating colonial and material discourses in National Geographic. *Communication Theory, 12*(3), 287-315. doi:10.1111/j.1468-2885.2002.tb00271.x

Parpart, J. (2002). Lessons from the field: Rethinking empowerment, gender and development from a post-(post-?) development perspective. In K. Saunders (Ed.), *Feminist post-development thought: Rethinking modernity post-colonialism and representation* (pp. 41-56). London, England: Zed Books.

Parrott, R., & Steiner, C. (2003). Lessons learned about academic and public health collaborations in the conduct of community-based research. In T. L. Thompson, A. M. Dorsey, K. I. Miller & R. Parrott (Eds.), *Handbook of health communication* (pp. 637-650). Mahwah, NJ: Lawrence Erlbaum.

Parrott, R. (2004). Emphasizing "communication" in health communication. *Journal of Communication* (December), 751-787.

Paruzzolo, S., Mehra, R., Kes, A., & Ashbaugh, C. (2010). *Targeting poverty and gender inequality to improve maternal health.* Washington, DC: Women Deliver.

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, Calif: Sage.

Peterson, V. S., & Runyan, A. S. (2010). *Global gender issues in the new millennium* (3rd ed.). Boulder, CO: Westview Press.

Petersone, B. (2007). *Integrated approach to development communication: A public*

    relations framework for social changes. Paper presented at the annual meeting of

    the International Communication Association, San Francisco, CA.

Philo, G., & Miller, D. (2000). Cultural compliance and critical media studies. *Media,*

    Culture & Society, 22(6), 831-839. doi:10.1177/016344300022006007

Pompper, D. (2005). Difference in public relations research: A case for introducing

    critical race theory. *Journal of Public Relations Research, 17*(2), 139-169.

    doi:10.1207/s1532754xjprr1702_5

Powell-Jackson, T., Borghi, J., Mueller, D., Patouillard, E., & Mills, A. (2006).

    Countdown to 2015: Tracking donor assistance to maternal, newborn, and child

    health. *Lancet*, 368(9541), 1077-1087. doi:10.1016/S0140-6736(06)69338-0

Press, A. L., & Cole, E. R. (1999). *Speaking of abortion: Television and authority in the*

    lives of women. Chicago, IL: University of Chicago Press.

Rai, S. M. (2008). *The gender politics of development: Essays in hope and despair*. New

    Delhi, India: Zubaan.

Rakow, L. F. (1987). Looking to the future: Five questions for gender research. *Women's*

    Studies in Communication, 10(Fall), 79-86.

Rathgeber, E. M. (1995). Gender and development in action. In M. Marchand & J. L.

    Parpart (Eds.), *Feminism postmodernism development* (pp. 204-220). London,

    England: Routledge.

Rattine-Flaherty, E., & Singhal, A. (2009). Analysing social-change practice in the

    Peruvian Amazon through a feminist reading of participatory communication

research. *Development in practice, 19*(6), 726-736.

doi:10.1080/09614520903026884

Reid, C. (2004). Advancing women's social justice agendas: A feminist action research

framework. *International Journal of Qualitative Methods, 3*(3), 1-22.

Reinharz, S. (1992). *Feminist methods in social research*. New York, NY: Oxford

University Press.

Requejo, H. J., Merialdi, M., Merzagora, F., Aureli, F., & Bustreo, F. (2010). The World

Health Organization policy on global women's health: New frontiers. *Journal of*

Women's Health, 19(11), 2115-2118.

Risman, B. J. (2004). Gender as a social structure: Theory wrestling with activism.

Gender & Society, 18(4), 429-450. doi:10.1177/0891243204265349

Ronsmans, C., & Graham, W. J. (2006). Maternal mortality: Who, when, where, and

why. *Lancet, 268*, 1189-1200. doi:10.1016/S0140-6736(06)69380-X

Roper, J. (2005). Organisational identities, identification and positioning: Learning from

political fields. *Public Relations Review, 31*, 139-148.

doi:10.1016/j.pubrev.2004.11.012

Rose, G. (2001). *Visual methodologies.* London: Sage.

Rosenfield, A., & Min, C. J. (2009). A history of international cooperation in maternal

and child health. In J. Ehiri (Ed.), *Maternal and child health: Global challenges,*

programs, and policies (pp. 3-18). New York: Springer.

Rowley, M. (2003). A feminist oxymoron: Globally gender conscious development. In E.

Barriteau (Ed.), *Confronting power, theorizing gender: Interdisciplinary*

perspectives in the Caribbean. Kingston, Jamaica: The University of the West

 Indies Press.

Rubin, H. J., & Rubin, I. S. (2005). *Qualitative interviewing: The art of hearing data*

 (2nd ed.). Thousand Oaks, CA: Sage.

Russill, C. (2004). *Renewing a Deweyan cultural studies project through pragmatist*

 publics: Contributions from James Carey and… Michel Foucault? Paper

 presented at the annual meeting of the International Communication Association

 Boston, MA.

Sandoval, C. (2000). *Methodology of the oppressed*. Minneapolis, MN: University of

 Minnesota Press.

Saunders, K. (2002). Introduction: Towards a deconstructive post-development criticism.

 In K. Saunders (Ed.), *Feminist post-development thought: Rethinking modernity*

 post-colonialism and representation (pp. 1-36). London, England: Zed Books.

Scott, J. W. (1991). The evidence of experience. *Critical inquiry, 17*, 773-797.

 doi:10.1086/448612

Sengupta, A., Harter, L. M., & Singhal, A. (2008). The socio-spatial dynamics of identity

 construction in a gender and development communication initiative. *Journal of*

 Creative Communications, 3(3), 279–304. doi:10.1177/097325861000300303

Servaes, J. (1999). *Communication for development: One world, multiple cultures*.

 Cresskill, NJ: Hampton Press.

Servaes, J. (2007). Harnessing the UN system into a common approach on

 communication for development. *International Communication Gazette, 69*(6),

 483-507.

Servaes, J., & Malikhao, P. (2010). Advocacy strategies for health communication. *Public Relations Review, 36*(1), 42-49. doi:10.1016/j.pubrev.2009.08.017

Sha, B.-L. (2006). Cultural identity in the segmentation of publics: An emerging theory of intercultural public relations. *Journal of Public Relations Research, 18*(1), 45-65. doi:10.1207/s1532754xjprr1801_3

Sharf, B. F., & Vanderford, M. L. (2003). Illness narratives and the social construction of health. In T. L. Thompson, A. M. Dorsey, K. I. Miller & R. Parrott (Eds.), *Handbook of health communication* (pp. 9-34). Mahwah, NJ: Lawrence Erlbaum.

Shoemaker, P. (1997). Criteria for evaluating theories. Available from P.J. Shoemaker, S. I. Newhouse School of Public Communications, Syracuse University, Syracuse, NY 13244.

Silverman, D. (2003). Analyzing talk and text. In N. K. Denzin & Y. S. Lincoln (Eds.), *Collecting and interpreting qualitative materials* (pp. 340-362). Thousand Oaks, CA: Sage.

Singh, M. (2005). Communication for social change at the crossroads: Moving from theory to praxis- A case study. *Paper presented at the annual meeting of the International Communication Association*. New York, NY.

Singh, S., Darroch, J. E., & Ashford, L. S. (2010). *Adding it up: The costs and benefits of investing in family planning and maternal and newborn health*. Retrieved from Guttmacher Institute and United Nations Population Fund website: http://www.guttmacher.org/pubs/AddingItUp2009.pdf

Singhal, A., & Chitnis, K. (2005). Community organizing for health: A people-centered vision of health. *Communications MICA Review, 2*(1), 47-54.

Smith, M. L., & Ferguson, D. P. (2001). Activism. In R. L. Heath (Ed.), *Handbook of Public Relations* (Vol. 291-300). Thousand Oaks, CA: Sage.

Smudde, P. M., & Courtright, J. L. (2010). Public relations and power. In R. L. Heath (Ed.), *The SAGE Handbook of Public Relations* (pp. 177-189). Los Angeles: Sage.

Solin, A. (2004). Intertextuality as mediation: On the analysis of intertextual relations in public discourse. *Text, 24*(2), 267-296. doi:10.1515/text.2004.010

Sommerfeldt, E. (2008). *Money and people change the world: Internet resource mobilization in activist public relations*. Paper presented at the annual meeting of the International Communication Association Quebec, Canada.

Spicer, C. H. (2007). Collaborative advocacy and the creation of trust: Toward an understanding of stakeholder claims and risks. In E. L. Toth (Ed.), *The future of excellence in public relations and communication management*. Mahwah, NJ: Lawrence Erlbaum Associates.

Sriramesh, K. (2002). The dire need for multiculturalism in public relations education: An Asian perspective. *Journal of Communication Management, 7*(1), 54-70. doi:10.1108/13632540310807250

Sriramesh, K., & Verĉiĉ, D. (2003). *The global public relations handbook: Theory, research, and practice*. New York, NY: Routledge.

Stanley, L., & Wise, S. (1991). Feminist research, feminist consciousness, and experiences of sexism. In M. M. Fonow & J. A. Cook (Eds.), *Beyond methodology: Feminist scholarship as lived research* (pp. 265-283). Bloomington, IN: Indiana University Press.

Starks, H., & Trinidad, S. B. (2007). Choose your method: A comparison of

    phenomenology, discourse analysis, and grounded theory. *Qualitative Health*

    Research, 17(10), 1372-1380. doi:10.1177/1049732307307031

Staudt, K. (1990). Gender politics in bureaucracy: Theoretical issues in comparative

    perspective. In K. Staudt (Ed.), *Women, international development, and politics:*

    The bureaucratic mire (pp. 3-36). Philadelphia, PA: Temple University Press.

Staudt, K. (1995). Engaging politics: Beyond official empowerment discourse. In M.

    Marchand & J. L. Parpart (Eds.), *Feminism postmodernism development* (pp. 97-

    111). London, England: Routledge.

Staudt, K. (1998). *Policy politics & gender.* West Hartford, CT: Kumarian Press.

Steeves, H. L. (1987). Feminist theories and media studies. *Critical Studies in Mass*

    Communication, 4(2), 95-135. doi:10.1080/15295038709360121

Steeves, H. L. (2000). Gendered agendas: Dialogue and impasse in creating social

    change. In K. G. Wilkins (Ed.), *Redeveloping communication for social change*

    (pp. 7-25). Cumnor Hill, Oxford: Rowman & Littlefield.

Steeves, H. L. (2001). Liberation, feminism, and development communication.

    Communication Theory, 11(4), 397-414. doi:10.1111/j.1468-2885.2001.tb00250.x

Steinberg, F. (1996). Can development communication improve urban management?

    Habitat International, 20(4), 567-581. doi:10.1016/0197-3975(96)00029-X

Streeten, P. (1982). *First Things First: Meeting basic human needs in the developing*

    countries New York, NY: Oxford University Press.

Storey, D. (2000). A discursive perspective on development theory and practice. In K. G. Wilkins (Ed.), *Redeveloping communication for social change* (pp. 103-118). Cumnor Hill, Oxford: Rowman & Littlefield.

Ströh, U. (2007). An alternative postmodern approach to corporate communication strategy. In E. L. Toth (Ed.), *The future of excellence in public relations and communication management* (pp. 199-220). Mahwah, NJ: Lawrence Erlbaum Associates.

Taylor, B. C., Demont-Heinrich, C., Broadfoot, K. J., Dogde, J., & Guowei, J. (2002). New media and the circuit of cyber-culture: Conceptualizing Napster. *Journal of Broadcasting & Electronic Media, 46*(4), 607.

Thomas, S. (1997). Dominance and ideology in cultural studies. In M. Ferguson & P. Golding (Eds.), *Cultural studies in question* (pp. 74-85). Thousand Oaks, CA: Sage.

Tolhurst, R., Raven, J., & Theobold, S. (2009). Gender equity: Perspectives on maternal and child health In J. Ehiri (Ed.), *Maternal and child health: Global challenges, programs, and policies* (pp. 151-166). New York: Springer.

Toth, E. L. (2002). Postmodernism for modernist public relations: the cash value and application of critical research in public relations. *Public Relations Review, 28*, 243-250. doi:10.1016/S0363-8111(02)00130-3

Toth, E. L. (2007). Introduction. In E. L. Toth (Ed.), *The future of excellence in public relations and communication management: Challenges for the next generation* (pp. xvii-xx). Mahwah, NJ: Lawrence Erlbaum.

Toth, E. L. (2009). The case for pluralistic studies of public relations: Rhetorical, critical, and excellence perspectives. In R. L. Heath, E. L. Toth & D. Waymer (Eds.), *Rhetorical and critical approaches to public relations, II* (pp. 48-60). New York, NY: Routledge.

Tsetsura, K. (2010). Social construction and public relations. In R. L. Heath (Ed.), The SAGE Handbook of Public Relations (pp. 163-176). Thousand Oaks, CA: SAGE.

Tuchman, G. (1978). Introduction: The symbolic annihilation of women in the mass media. In G. Tuchman, A. K. Daniels & J. Benit (Eds.), *Hearth and home: Images of women in the mass media* (pp. 3-38). Oxford, England: Oxford University Press.

Udayagiri, M. (1995). Challenging modernization: Gender and development, postmodern feminism and activism. In M. Marchand & J. L. Parpart (Eds.), *Feminism postmodernism development* (pp. 159-178). London, England: Routledge.

United Nations Children's Fund (UNICEF). (2008). *Countdown to 2015 MNCH: The 2008 report tracking progress in maternal, newborn, and child survival*. Retrieved from the United Nations Children's Fund website: http://www.countdown2015mnch.org/reports-publications/2008report

U.S. Department of State (2011). *Statement by the United States at the UN Commission on Population and Development.* Retrieved from http://www.state.gov/g/prm/rls/rmks/2011/160559.htm

United Nations. (2005). United Nations Millennium Development Goals, targets and indicators. *Convergence, 38*(3), 11-17.

United Nations (2010a). *What are the Millennium Development Goals?* Retrieved from

http://www.undp.org/mdg/basics.shtml

United Nations (2010b). *Goal 5: Improve maternal health.* Retrieved from

http://www.undp.org/mdg/goal5.shtml

United Nations Development Program (UNDP). (2011). *The human development

concept*. Retrieved from http://hdr.undp.org/en/humandev/

United Nations Population Fund (UNFPA). (2011). *About UNFPA.* Retrieved from

http://www.unfpa.org/public/about/

United States Agency for International Development (USAID). (2011). *About USAID*,

Retrieved from www.usaid.gov/about_usaid/

van Dijk, T. A. (1988). *News as discourse*. Hillsdale, NJ: Lawrence Erlbaum.

van Dijk, T. A. (1993). Principles of critical discourse analysis. *Discourse & Society,

4*(2), 249-283. doi:10.1177/0957926593004002006

vanZoonen, L. (2004). *Feminist media studies* (2nd ed.). London, England: Sage.

Vardeman, J. E. (2008). *How teen girls and parents make meaning of a cervical cancer

vaccine campaign: Toward a feminist, multicultural critique of health

communication.* (Unpublished doctoral dissertation), University of Maryland,

College Park, Maryland.

Vardeman, J., & Aldoory, L. (2008). A qualitative study of how women make meaning of

contradictory media messages about the risks of eating fish. *Health

Communication*, *23*, 282-291. doi:10.1080/10410230802056396

Vardeman, J., & Tindall, N. (2008). *"If it's a woman's issue, I pay attention to it":

Identity in the Heart Truth campaign.* Paper presented at the annual meeting of

the Association for Education in Journalism and Mass Communication Chicago,
IL.

Vardeman-Winter, J. E., Tindall, N. T., & Jiang, H. (2010). *The possibilities and realities of studying intersectionality in public relations*. Paper presented at the annual meeting of the Association for Education in Journalism and Mass Communication Denver, CO.

Vasquez, G. M., & Taylor, M. (2001). Research perspectives on "the public". In R. L. Heath (Ed.), *Handbook of public relations* (pp. 139-154). Thousand Oaks: CA: Sage.

Waisbord, S. (2008). The institutional challenges of participatory communication in international aid. Social Identities, 14(4), 505-522. doi:10.1080/13504630802212009

Waters, J. (2000). Power and praxis in development communication. In K. G. Wilkins (Ed.), *Redeveloping communication for social change* (pp. 89-102). Cumnor Hill, Oxford: Rowman & Littlefield.

Waymer, D., & Ni, L. (2009). Connecting organizations and their employee publics: The rhetorical analysis of employee-organization relationships (EOR). In R. L. Heath, E. L. Toth & D. Waymer (Eds.), *Rhetorical and critical approaches to public relations, II* (pp. 216-232). New York: Routledge.

Weaver, C. K. (2001). Dressing for battle in the new global economy: Putting power, identity, and discourse into public relations theory. *Management Communication Quarterly, 15*, 279-288. http://dx.doi.org/10.1177/0893318901152007

Wehmeier, S. (2009). Out of the fog and into the future: Directions of public relations, theory building, research, and practice. *Canadian Journal of Communication, 34*(2), 265-282.

Weiss, G., & Wodak, R. (2003). *Critical discourse analysis: Theory and interdisciplinarity*. New York: Palgrave Macmillan.

Weitzman, E. A. (2003). Software and qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Collecting and interpreting qualitative materials* (pp. 310-339). Thousand Oaks, CA: Sage.

Wilkins, K. G., & Mody, B. (2001). Reshaping development communication: Developing communication and communicating development. Communication Theory, 11(4), 385-396.

Wilkins, K. G. (2000). Accounting for power in development communication. In K. G. Wilkins (Ed.), *Redeveloping communication for social change* (pp. 197-210). Cumnor Hill, Oxford, England: Rowman & Littlefield.

Wilkins, K. (2009). *The problematic privatization of programs for the public good.* Paper presented at the annual meeting of the International Communication Association Chicago, IL.

Wilkins, K. (2010). *Advocacy communication: Using communication to advocate for structural and normative public benefit*. Paper presented at the annual meeting of the International Communication Association Boston, MA.

Williams, S. L., & Moffitt, M. A. (1997). Corporate image as an impression formation process: Prioritizing personal, organizational, and environmental audience factors.

Journal of Public Relations Research, 9(4), 237-258.

doi:10.1207/s1532754xjprr0904_01

Williamson, J. (1986). Woman is an island: Femininity and colonization. In T. Modleski

(Ed.), *Entertainment: Critical approaches to mass culture* (pp. 99-118).

Bloomington, IN: Indiana University Press.

Wolcott, H. F. (1994). *Transforming qualitative data*. Thousand Oaks, CA: Sage.

Women Deliver. (2010a). *Focus on 5: Women's health and the MDGs*. Retrieved from

http://www.unfpa.org/webdav/site/global/shared/images/publications/2009/focus_

on_5.pdf

Women Deliver. (2010b). *About*. Retrieved from http://www.womendeliver.org/about/.

World Health Organization (WHO). (1999). Reduction of maternal mortality: A joint

WHO/UNFPA/UNICEF/World Bank Statement. Retrieved from

http://whqlibdoc.who.int/publications/1999/9241561955_eng.pdf

World Health Organization (WHO). (2009). Women and health: Today's evidence

tomorrow's agenda. Retrieved from

http://www.who.int/gender/documents/9789241563857/en/index.html

World Health Organization (WHO). (2010). Maternal health. Retrieved from

http://www.who.int/topics/maternal_health/en/

World Health Organization (WHO). (2011a). Making pregnancy safer: Country profiles

on maternal and newborn health, Retrieved from

http://www.who.int/making_pregnancy_safer/countries/en/index.html

World Health Organization (WHO). (2011b). Civil society organizations. Retrieved from

http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/CSO/0,,contentMDK:2

0127718~menuPK:288622~pagePK:220503~piPK:220476~theSitePK:228717,00
.html

World Health Organization (WHO) (2011c). Millennium Development Goal 5.
Retrieved from
http://www.who.int/making_pregnancy_safer/topics/mdg/en/index.html

Woodward, W. D. (2003). Public relations planning and action as 'practical-critical'
communication. *Communication Theory, 13*, 411-413. doi:10.1111/j.1468-
2885.2003.tb00299.x

Yin, R. K. (2003). *Case study research: design and methods* (4th ed.). Thousand Oaks,
CA: Sage

Zhang, A. (2010). *Understanding public relations communication: A critical and cultural
perspective.* (Unpublished doctoral dissertation). University of Maryland College
Park.