

## **Pathways to Change: Media, Communication and Health Transcript**

At BBC Media Action, we know that media and communication are powerful tools for social and behaviour change. In Bangladesh, Ethiopia, India and South Sudan, our health programmes have reached an estimated 90 million people.

But it's not just about reaching people. It's about what they do next. Human beings are complex. So it's not always as easy as "listen-learn-act."

Because of this complexity, each of our health projects is underpinned by a 'Theory of Change.' In other words - how we expect media and communication to lead to change by influencing things like:

- People's knowledge of the correct healthy behaviours;
- Talking about health issues with family members or health workers;
- People's feelings of motivation and confidence about new practices; and
- People's perceptions of what others in the community think and do.

Take antenatal care. To test if our theories of change were on the right track, we used Structural Equation Modelling, powered by data collected from large-scale surveys with thousands of people. This analysis uncovered the underlying pathways between our media programmes and having a safe pregnancy and birth. As expected, the results revealed a complex web. In Bangladesh, it looks like this:

To isolate the impact of our programmes on each driver of behaviour change, we used a technique called regression analysis. We found that:

- Women who watched our programmes were significantly more likely to know that they need to attend antenatal check-ups and be able to identify at least three benefits than those who did not,
- They were significantly more likely to think that it's normal for women to go to antenatal care in the first trimester of pregnancy.
- Their discussions with their husbands were more helpful and accurate
- And, ultimately, they were more than twice as likely to have gone for antenatal care during their most recent pregnancy.

We use statistics to test our theories about behaviour change and to rule out other explanations such as income, education and distance to a healthcare provider. And it's not just on pregnancy check-ups in Bangladesh where we see great results. We have found that audiences exposed to our programmes in Bangladesh and Ethiopia know more, discuss more and are more supportive towards a range of maternal and child health behaviours. All

of this research, in addition to qualitative methods we employ, adds to the growing evidence base showing how mass media can help change behaviour and improve health outcomes across large, diverse populations.