

**CAN A HEALTH  
DRAMA AND  
DISCUSSION SHOW  
AFFECT THE DRIVERS  
OF BEHAVIOUR  
CHANGE?**

# Improving maternal and newborn health in Bangladesh

Bangladesh has a population of 153 million and is one of the world's most densely populated countries. In the last two decades, it has seen economic growth of over 6% and made good progress in reducing poverty and improving education. But every day more than 320 newborn babies die and women still have a one in 110 chance of dying during childbirth.<sup>1</sup>

Many of these deaths are preventable. Lack of knowledge, social and cultural barriers and inequitable access to services, particularly in lower socio-economic groups, are limiting the uptake of healthier maternal and neonatal practices.

With nearly 100 million Bangladeshi adults having access to a television, BBC Media Action developed a television drama, *Ujan Ganger Naiya* (Sailing Against the Tide), and discussion show, *Natoker Pore* (After the Drama), to help respond to these challenges.<sup>2</sup> Both programmes are shaped by formative research, pre-testing (drama only), and health communication theory and practice.

The programmes aimed to change behaviour around and improve knowledge about the importance of regular antenatal care (ANC) check-ups, preparation for birth, and essential newborn care. They also sought to promote discussion, address the social norms that drive behaviours, and encourage pregnant women to: go for ANC check-ups with a skilled health worker, prepare for birth, and deliver with a skilled birth attendant.

## The programmes



*Ujan Ganger Naiya* is a nationally broadcast drama series that follows the lives of a series of characters in a rural community, with engaging and entertaining storylines that highlight maternal and newborn health issues, practices and social norms.



*Natoker Pore* is a discussion show that highlights salient pieces of information and important scenes from the drama.

## The experiment

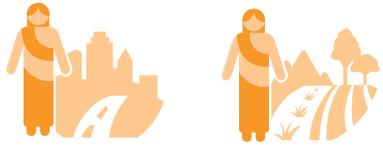
Causal evidence of the effectiveness of media-delivered maternal and newborn information in developing countries remains relatively scarce. Causal evidence of the effectiveness of different types of media formats (e.g. drama or discussion show) to deliver such health content is even scarcer. This study aimed to help fill these gaps by providing evidence from a randomised controlled trial that investigated the short-term effects of exposure to the two different health-focused television programmes.<sup>3,4</sup>

This briefing only covers the effects on two outcomes: health knowledge and behavioural intent.

# Health programming experiment

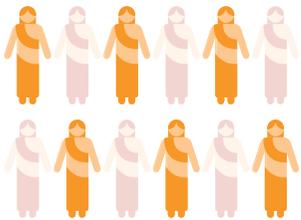
## A randomised controlled trial – design

BBC Media Action used a randomised controlled trial in two locations in Bangladesh to test the impact of a health drama, with and without the additional effects of a complementary discussion show.



### Recruitment

900 women of reproductive age who had watched TV in the last month were recruited.



### Random assignment

The women were randomly assigned to treatment or control groups so that the only difference between them was the media programming.

### Treatment groups



#### Health drama and non-health discussion show

300 women watched the drama and non-health discussion show.



#### Health drama and health discussion show

300 women watched the drama and health discussion show.



#### Control group

300 women watched a non-health drama and non-health discussion show.

### Impact evaluation

BBC Media Action compared the treatment and control groups to find out the short-term effects of exposure to the health-focused programmes.

#### Survey

All women were surveyed immediately after exposure.



#### Follow-up

Two weeks later, a sub-sample of women participated in focus group discussions.



### Outcomes

In relation to antenatal and essential newborn care, women's:

- Knowledge
- Attitudes
- Self-efficacy (self-belief in capacity to do something)
- Behavioural intent

# Health programming experiment

## A randomised controlled trial – results

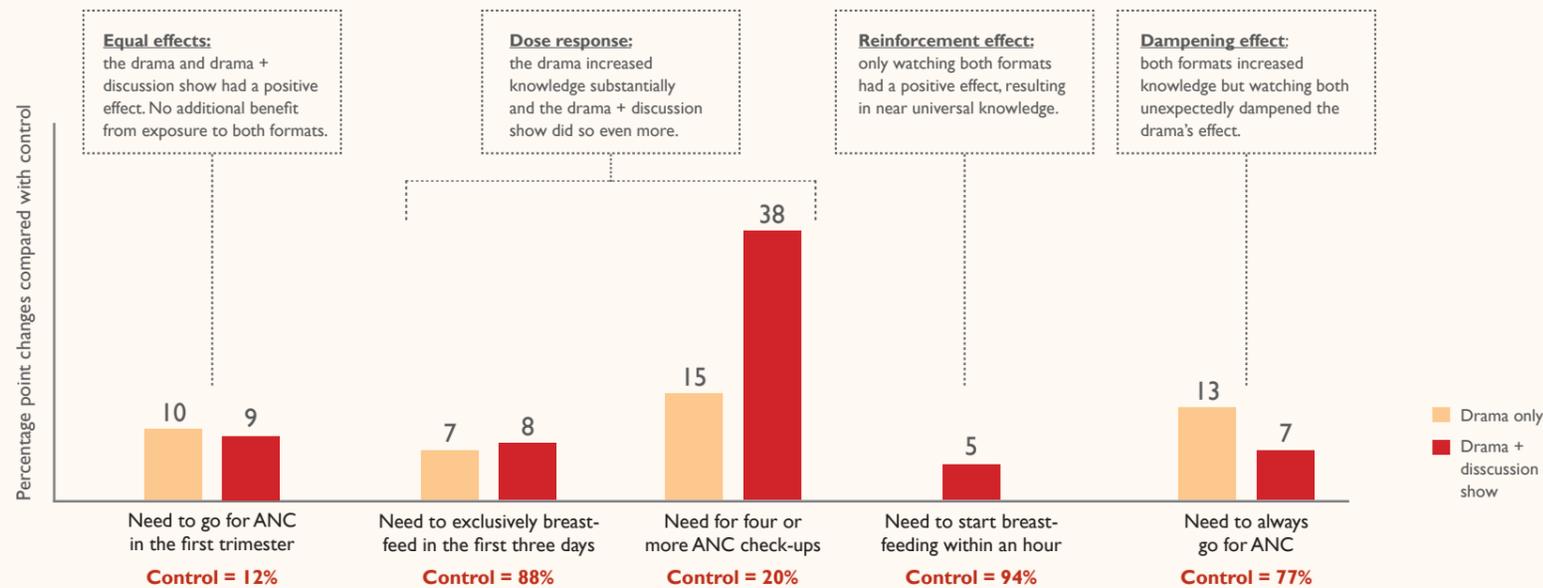
### KNOWLEDGE: watching the drama or drama and discussion show increases health knowledge

Compared with the control, watching the health drama

positively affected 4 of 5 knowledge areas

and watching the health drama and health discussion show

positively affected 5 of 5 knowledge areas



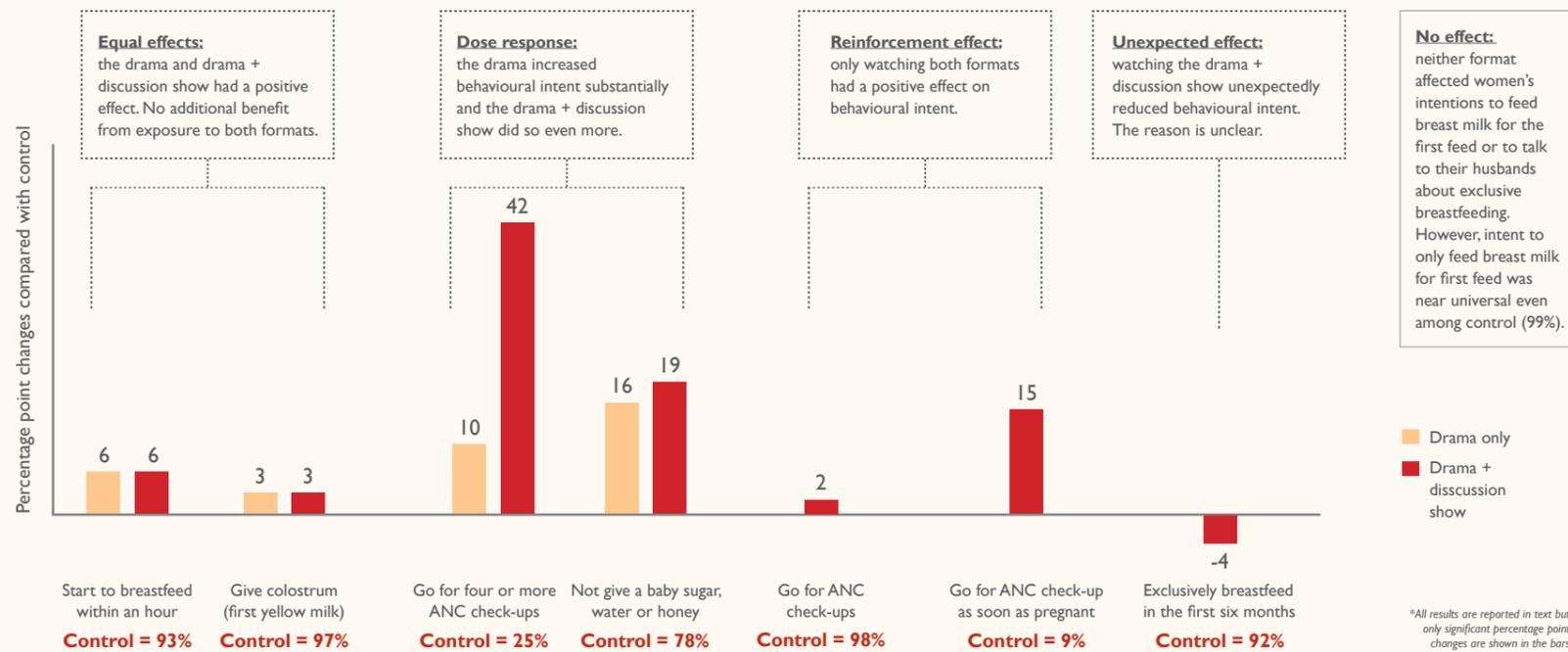
### BEHAVIOURAL INTENT: watching both programmes increases the intent to practise health behaviours more than the drama alone

Compared with the control, watching the health drama

positively affected 4 of 9 behavioural intentions

and watching the health drama and health discussion show

positively affected 6 of 9 behavioural intentions



### Viewers respond differently

Audiences responded differently to the two formats, with equal, dose response, reinforcement and dampening effects being seen. Content analysis of the programmes found that covering a health topic often and providing information that audiences perceived to be new led to greater increases in knowledge and behavioural intent. It also suggested that, by covering pregnancy complications, the discussion show may have unintentionally triggered viewers to associate ANC check-ups with ill health, thereby dampening the drama's effects on this knowledge area.

Analysis also revealed intra-audience differences in responses to the two formats. For example, urban women gained more knowledge on the importance of going for four or more ANC visits from watching the health programmes than their rural counterparts, though there were still strong effects among the rural women.

### Focus groups

The follow-up research revealed:

- Both urban and rural women reported feeling engaged with the drama – the characters and storylines reflected their and their relatives' or neighbours' lives
- The discussion show clarified issues raised in the drama – via expert advice, discussion and other women contributing their experiences
- The need for, and benefits of, four or more ANC check-ups were clear takeaways
- Higher recall on information that was perceived to be new (e.g. four or more ANC check-ups)
- Most women had gone on to discuss information from the programmes with others, suggesting a potential diffusion effect

### Conclusion

The experiment provides strong evidence that watching BBC Media Action's two health-focused programmes (independently and in combination) positively affected women's knowledge and behavioural intent – two key drivers of behaviours – around key maternal and neonatal practices. While the formats' effects were not uniform, women exposed to both had better health

knowledge and greater intention to practise the behaviours targeted than those in the control group and those who only watched the health drama. This demonstrates the power of interventions with multiple communication strands.

### Implications

The experiment's controlled setting and randomisation exclude alternative explanations for change, demonstrating conclusively that BBC Media Action's programmes caused the short-term knowledge and behavioural intent changes seen. Although the experiment cannot, by its very nature, shed light on the programmes' longer-term effects on these two outcomes,

its findings prove that exposure to more than one format has a greater effect than exposure to just one programme. Furthermore, if the substantial increases seen around four or more ANC check-ups hold in real-world conditions with repeated exposure over time, large numbers of women of child-bearing age in Bangladesh could benefit from the programmes.

# Acknowledgements

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## Endnotes

1. Unicef (2017) *Bangladesh: the children* [online]. Available from: <https://www.unicef.org/bangladesh/children.html> [Accessed 27 January 2017].
2. Further information on these programmes is available from: <http://www.bbc.co.uk/mediaaction/where-we-work/asia/bangladesh/mch> [Accessed 8 March 2017].
3. In a randomised controlled trial, one set of people (the 'treatment' group) receives the intervention, while a second set (the 'control' group) gets a placebo.
4. The study took place over 30 days in spring 2016, with approximately 30 women participating for four hours each day. Purposive sampling was used to achieve an equal number of rural and urban women, equal distribution of women by number of children (zero, one, and two or more) and an equal number of women aged under and over 30. Recruitment took place in a different location each day to avoid the risk of contamination (women discussing the programmes they had watched with others). To avoid bias, participants and enumerators were blind to the treatment allocation and the short pre-exposure survey was used during analysis to check for bias in treatment allocation. The study's design and results were validated by a London School of Economics and Political Science expert, and will be published in a peer-reviewed journal.
5. Smethurst, L. (2014) *What influences maternal health practices in four countries? Insights and lessons learned*. Research report from BBC Media Action [online]. Available from: [http://downloads.bbc.co.uk/rmhttp/mediaaction/pdf/research/maternal\\_health\\_research\\_report.pdf](http://downloads.bbc.co.uk/rmhttp/mediaaction/pdf/research/maternal_health_research_report.pdf) [Accessed 17 January 2017].
6. Ibid.
7. Content analysis suggests that the coverage of pregnancy complications on the discussion show may have unintentionally triggered viewers to associate ANC check-ups with complications or ill health.