IT TAKES A VILLAGE

A TELEVISION AND RADIO PROGRAMME ON MATERNAL AND NEWBORN HEALTH

Pilot Episode Measurement, Evaluation and Learning (MEL) Report

July 2021
IT TAKES A VILLAGE:
A TELEVISION AND RADIO SERIES ON MATERNAL AND NEWBORN HEALTH

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EXECUTIVE SUMMARY

Papua New Guinea has one of the highest maternal mortality ratios in the world: for every 1000 births in the country, 9 mothers and 24 newborn babies die. These deaths are largely the result of preventable or treatable conditions, caused by late care-seeking behaviour for family planning, regular antenatal care and supervised delivery.

Factors found to limit care-seeking during pregnancies include the influence of men who often control household decision-making, norms and traditional cultures of families and communities, lack of access to modern family planning, and difficulties accessing a health facility. While significant efforts have been made to address structural barriers, attention to and investment in community-oriented measures to improve maternal and newborn health in Papua New Guinea have been limited. Low knowledge of maternal health and the danger signs during pregnancy, as well as misinformation about family planning, are common among men and women.

To reverse current trends, in 2019-2020 the World Health Organization (WHO) Representative Office for Papua New Guinea partnered with local nongovernmental organization The Hands of Rescue (THOR) and Australian media production house Screencraft to produce a pilot episode of the programme called “It Takes a Village” (ITAV). The project drew on principles of WHO’s Communication for Health (C4H) approach, utilizing formative research for targeted project design, applying effective storytelling techniques, and utilizing a measurement and evaluation methodology to understand health outcomes.

The programme aims to bring about behaviour change by educating men and women on the importance of early care-seeking behaviour for antenatal care and supervised delivery at a health facility, as well as family planning. The programme also hopes to encourage more active participation of men and the community throughout this process and help them identify the risks and danger signs early so that women can be taken to a health facility on time.

To determine the impact of the pilot episode and to inform future productions, the WHO Papua New Guinea office conducted two viewing panels in Port Moresby as part of the ITAV measurement, evaluation and learning (MEL) protocol: one panel comprising seven women and the other eight men. The panellists answered questions before and after viewing the pilot episode, and these were analysed to look for knowledge (K), attitude (A) and practice (P) messages.

The KAP analysis found that before viewing the ITAV pilot, maternal and newborn health (MNH) was not perceived or recognized as one of the most important health issues facing communities in Papua New Guinea. However, after viewing the episode, their answers changed, illustrating a positive effect from the episode on their knowledge, attitudes and planned behaviours. Men spoke about enacting behaviours that would support women, and women acknowledged the importance of male support. In addition, cultural norms (including taboos) appeared to be factors influencing male support for pregnant partners and the role of men in the first few months of a child’s life. Under-resourced rural health facilities and difficulties accessing them were also identified by viewers as reasons why women (and men) do not visit clinics in the prenatal and birth stages.

The ITAV pilot positively influenced panellists’ awareness, attitudes and intended behaviours related to MNH. Future episodes of the programme should consider KAP objectives in script preparation to further support MNH outcomes in Papua New Guinea.
IT TAKES A VILLAGE
1. OVERVIEW OF THE PROGRAMME AND THEORY OF CHANGE

It Takes a Village (ITAV) is a television and radio programme that applies a dramatic lens to motivate positive behaviours around maternal and newborn health (MNH) in Papua New Guinea. The low priority among both men and women towards family planning, regular antenatal care and supervised delivery is a key determinant of poor MNH outcomes in the country, where the World Health Organization (WHO) is seeking to support more women having access to health facilities.

The theory guiding the change that the ITAV programme is aiming to accomplish is as follows: If people understand the importance of women seeking medical care during pregnancy, they will take actions that save the lives of women and newborns. Men are a part of this solution, too, as their awareness, attitudes and behaviours are necessary for establishing the social norm of women seeking appropriate care when needed.

The WHO Representative Office for Papua New Guinea conducted two viewing panels as part of the ITAV measurement, evaluation and learning (MEL) protocol: one comprising seven women and the other eight men. The panellists came from different provinces of Papua New Guinea to watch the pilot episode in the capital, Port Moresby.
The ITAV programme is a Communication for Health (C4H) initiative.

WHO recognizes that health is shaped by: the information people have; the ways in which people communicate and with whom; the psychological, sociocultural and environmental factors at play; and the ways leaders and health providers hear and respond to public needs. From getting vaccinated to halting the spread of infectious diseases and improving health outcomes for women and children, communication can play a vital role.

C4H harnesses the power of communication as a tool for improving health. Initiatives are evidence informed and audience driven, and leverage insights from social and behavioural science. Communication principles and processes are utilized to target particular audiences for specific purposes, based on known audience barriers, needs and preferences.

A viewing panel is a guided discussion about a particular topic, typically bringing together 6 to 10 people who share a common characteristic, such as gender, religion, political affiliation and education. Viewing panels are a qualitative MEL method that allows an organization to gain in-depth insight into what people know, what they believe and how they behave. These topics align with the behaviour change literature around:

- **Knowledge** – facts the viewing panel members know about the topic
- **Attitudes and beliefs** – positions or thoughts about the topic
- **Practices and behaviours** – past actions related to the topic.

The panel participants answered a series of questions before viewing the ITAV pilot episode to gauge their existing knowledge, attitudes and practices. For example, they were asked to identify important community health issues. The goal was to assess the importance that participants placed on various health topics without prompting a certain issue. Once the participants ranked the community health issues, they watched the pilot.

Afterwards, they were asked:

1. What key messages are you taking away from the programme?
2. Did you learn anything new? If yes, what?
3. Have you thought about things differently? If yes, which topics have you thought about?
4. How would you describe this programme to others?

The answers are useful for MEL in three primary ways. First, the viewing panel responses reveal the audience’s reaction to the programme and therefore the effectiveness of the programme’s messages. Second, the results can inform the content of future episodes. And third, audience insights can help tailor future MNH communication initiatives.
2. KAP ANALYSIS FINDINGS

The ITAV episode provides a powerful story of MNH in rural Papua New Guinea. All of the participants appeared to be moved by the programme and were able to articulate key KAP messages.

Male viewing panellists used the word “sad” several times, with one noting:

“I felt sad that the baby died at childbirth. We should support our women, and take them to the health facility, we should be more considerate of our women.”

Women appeared more apathetic towards the themes of the programme as they were resigned to the feeling that this is the “norm” and “just the way it is”, but they did acknowledge the importance of the topic after viewing. Most women had personal experiences with deaths related to MNH complications, and the group referred generally to the common lack of support from men or husbands.

One female participant summed it up as:

“Only when she was experiencing the pains that he became involved (busy), but had he gone earlier to see them (health worker/village health volunteer), they would have taken her to the health centre where they would have helped save her life.”

Another woman said:

“It’s like normal and that brings us to do nothing about it. And from this documentary, I saw that, it’s not normal for a mother to die from childbirth.”
The following table provides a summary of the key KAP themes that emerged in each panel after watching the ITAV pilot episode.

**KAP themes from ITAV viewing panels**

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2.1 WOMEN’S KAP REACTIONS

Seven women attended the pilot episode viewing panel, providing valuable insight into female perspectives.

Knowledge Theme 1: Women are aware that maternal and newborn death during childbirth is common in rural areas.

The major theme that emerged among the women was an awareness of the dire situation for women and newborns at childbirth, yet in some ways, this has become a normalized part of life. Women attributed this to limited access to proper health care in rural communities.

One participant noted (speaking of the woman in the programme):

"...especially in the health facility setting there’s lack of...maybe there should be more equipment...there shouldn’t be stock-outs and [in the programme] they didn’t have blood or they did not have the IV. Had they used that earlier when she arrived, maybe they would have saved her life. And the health worker there, maybe they should have trained him to assist better or to be able to stabilize her."

Most of the women in the panel either had personal experience of complications at childbirth or knew of someone who had died from complications, either because they did not have access to medical care or because they did not prioritize seeking medical care. Transport and road access were also noted as obstacles to safe delivery.

One participant said:

"My village is far, it is at the border of Kerema and the health centre is about two hours’ walk from our village. But it is just a health centre (aid post). Bereina Hospital (Health Centre) is some 8 to 9 hours walking. Because of the bad roads, very few vehicles go in. One of my aunties and my cousin died of similar situations. I did not like it because they were my family and because they died I was sad. The impact after that is really bad. My cousin (sister in-law) who died, she has three kids, she and the baby died while giving birth so after she died, her father asked/insisted for bride price, even though she died, so we went through a lot of trouble, saving/collecting money and all that."
Knowledge Theme 2: Neither women nor men prioritize seeking regular health check-ups during pregnancy.

The women participants noted that both men and women do not fully understand the importance of seeking health care or regular check-ups during pregnancy to avoid complications at childbirth.

One participant noted:

“When they (pregnant women) go to the health centre and the health workers tell them that they must be at the health facility because you are a high-risk mother, they (health workers) usually tell you (mothers), it is your responsibility to make sure that you go to the health centre, even if your husband does not take responsibility/does not care, you must think about yourself and your children. It sometimes boils down to individual responsibility.”

The participants felt there should be more awareness or education on this, as opposed to viewing such deaths related to childbirth as the normal way of life.

Attitude Theme 1: The ITAV programme changed how women value MNH.

The viewing panel featured a pre- and post-viewing question sequence about the importance of community health issues in Papua New Guinea. At the beginning of the panel, participants were asked what the most important health issues are.

There was a general consensus that the most important health issues are noncommunicable diseases and some infectious diseases, which participants rated as top health issues. These diseases included:

- lifestyle diseases
- cancer
- HIV/AIDS.

MNH was not mentioned in the pre-viewing questions as an important community health issue in Papua New Guinea, although one participant made reference to child spacing (the length of time between pregnancies) as an issue due to blood loss. Post-viewing, the women re-evaluated what they considered a priority, putting MNH in the list of top health issues in the country.

One woman said:

“[Maternal and newborn health should be rated number] one because after the mother dies, the children are affected, the husband is affected, and it’s chaos.”
**Attitude Theme 2:** Women want men to support them.

The panel agreed that men should be more supportive towards women during pregnancy and childbirth.

One woman noted the unfair distribution of roles:

*The wife was doing more of everything. Like if the guy had an input in helping her, maybe it would have slowed down that risk of her going through such complications.*

Another participant noted:

*[I]*t’s high time now, we have to do away with these taboo things and they, men, have to know about the complications that women go through during childbirth.

Another woman said:

*S*ometimes *it’s the husband who doesn’t agree with the women going to the health facility* or does not see the importance to seek care. *The other [issue] is, some ladies do not have money to access the facility, like [for] bus fare, especially those who are not working, no finance and support from the partner.*

There was agreement that there should be more awareness and education targeted at changing men’s attitudes towards supporting women with MNH issues.

**Practice/Behaviour Theme 1:** Women want greater awareness and support for pregnant women.

The women in the viewing panel were somewhat resigned about the topic of MNH. Their suggestions for advocacy were centred around more public awareness messaging targeted primarily at men. The importance of investment in affordable and accessible health care was also highlighted.

Upon asking whether they would discuss the episode with others, one participant said:

*I would recommend my husband to watch it. Only because I feel that, well, I am married to someone from Central [province], at that time I never understood the complications that ladies go through until I went to the village. And I saw the struggle of getting there and back so I’d recommend him to watch it and maybe talk with his uncles and, not only his village people but his friends here in the city, too. I feel like this is happening in the city as well. With the boys. So I’d recommend boys to watch it. Girls yeah but mostly boys. For me that’s what I feel.*
Practice/Behaviour Theme 2: Women want to stop taboo customs related to MNH.

Women recognized that there were cultural constraints that affected how men and women interact in Papua New Guinea.

After viewing the pilot episode, one participant gave her own account of how complications could be prevented:

“I also feel like one of the points stressed is the fairness between husband and wife. The wife was doing everything [in the programme]. Like if the guy had an input in helping her, maybe it would have slowed down the risk of her going through such complications because when I was pregnant and I used to go for check-ups, you know, they’d [health workers] tell us to slow down [on physical activities/workload].”

Another participant noted that:

“[I]t’s high time now we have to do away with these taboo things and they, men, have to know about the complications that women go through during childbirth.”

Overall, it is clear that the women who took part in the viewing panel were aware of the issues women face during pregnancy and childbirth, primarily because they had experienced complications themselves or knew of women who had experienced them. Despite this experience, the societal attitudes and behaviours around maternal health reinforce the notion that this is a normal part of life. As such, the women did not initially identify MNH as a top health issue in Papua New Guinea. Viewing the ITAV pilot episode encouraged women to discuss these issues, including the need for greater support from their partners and other men in their community.
2.2 MEN’S KAP REACTIONS

Eight men attended the pilot episode viewing panel, and their answers were very insightful for understanding male perspectives.

Knowledge Theme 1: There are cultural norms in Papua New Guinea of men not adequately supporting their pregnant partners.

The panel participants noted that there are cultural traditions in Papua New Guinea that dictate that men do not stay with women when they are pregnant.

On why men are not with their wives when they give birth, one participant noted:

“Because it goes against our traditional customs. When a woman is pregnant or is about to give birth, or something like that, we cannot stay/live with her.

However, the participants did acknowledge that this custom has been changing. One said:

“I think it’s time to leave behind such customs, like now I feel... I will... I watched this programme and, well, it’s not good for our women and children to die, shortening their lives.

Knowledge Theme 2: Men are aware of the lack of medical assistance in rural areas.

There were limited knowledge themes that came up in participants’ answers as the pilot episode did not provide many facts or statistics for the participants to repeat. The major theme was the emerging awareness among viewing panel participants of the dire situation for women and children in rural communities.

One participant noted:

Actually in reality, back to the women in my home province, apart from the Kerema town, other villages, it’s true, it’s happening. The mothers who already gave birth, with experience, they do face complications. The remote aid posts do not have the medicine. The place to give birth... and also...looking at it, the husband was not really concerned, he didn’t know what to do when the wife was in that stage. He should know about this type of situations or have some training, so he can know how to deal with the situation and help the person who’s, I mean females... Back at my village in Kerema, we do have situations like this... the aid post too is a bit far. And there’s no doctors there, there’s only one or two nurses there. The travelling distance, too.
Most of the men spoke of cases that they knew of where a woman or newborn died due to lack of access to medical care.

**Attitude Theme 1:** The ITAV programme changed how men value MNH.

The viewing panel featured a pre- and post-viewing question sequence about important community health issues in Papua New Guinea. At the beginning of the panel, participants were asked what the most important health issues in the country are. Their answers included:

- malaria
- tuberculosis (TB)
- teenage pregnancy
- diabetes
- cold and influenza
- HIV/AIDS.

The participants scored these health issues as most serious in Papua New Guinea, scoring them a 9 and 10 (on a scale of 1-10, where 10 is the most serious or important issue). MNH, other than teenage pregnancy, was not mentioned in the pre-viewing questions as an important community health issue in Papua New Guinea. However, when prompted by the viewing panel moderator, one person scored MNH as 6 and two other participants, after prompting, rated MNH as 8 and 10. These findings suggest that most of the men in the viewing panel view MNH as a less important community health issue than other issues.

At the end of the viewing panel, the men were asked again to rate the importance of MNH. All except one scored it as 10 (the one participant scored it as 9), meaning that the episode achieved a shift in men's perceptions of MNH as an important community health issue. This is a major finding of the viewing panel: the episode changed men's attitudes about MNH.

**Attitude Theme 2:** Men need to support women.

The male panellists had an overwhelmingly positive attitude about men supporting women during pregnancy and childbirth.

One noted that men need to stay with their women:

*It’s the child’s health, what the mother eats, benefits the child, so if the husband is with her, he can help her prepare a good meal.*

Some noted that the custom of men staying away from women for up to six months was no longer important:

*Yes, I feel that it’s not good, this custom [of staying away from women after pregnancy].*
There were also some behavioural themes with the men stating that they would act a certain way in the future and tell other men about how to protect their partners.

**Practice/Behaviour Theme 1:** Men intend to share the message and advocate for better support for pregnant partners.

The men in the viewing panel appeared to advocate MNH issues after watching the pilot. Their suggestions for advocacy ranged from more information from the government to conversations with their male friends about MNH.

One man said:

> The main message I will tell them (male friends) is during pregnancy, it’s good to take the ladies for check-ups. Because back at my home, most of the young girls and all the mothers who are pregnant, they only go for two or three times. Most of the times, they won’t. So it’s good for us. I’m married, so I need to educate my wife also. Even we find mothers, sisters or aunties, I can always pass the message.

Other men noted that there needs to be more public awareness about MNH:

> I think, basically, there should be a lot of awareness and education given to the young generation now, so they are aware of this issue, because it’s a big issue now.

Others reported that they would tell others about what the programme had taught them:

> I’m married, so I will go and share what I watched...share the importance of this show, share it with others, my family, sisters and mothers. I tell them what I watched and the importance of it.

Another man confirmed that, although difficult, it is important to talk about MNH issues with other men:

> I think, when we are with our mates we [should] talk about these issues, tell them we need to get our wife or our girlfriends and also tell them, when the girl is not matured, let her be matured before getting her pregnant/before she falls pregnant. Just talk about it in the house before we go...It’s a bit hard for men to talk to men much about this issue. I think we need to wake up now and talk to each other in the street or with our family members.
Practice/Behaviour Theme 2: Men report that they would take their partner to a clinic.

The male panellists were asked if they would take their partner to a clinic and whether they see themselves as having a role in the birth. All of them said yes. Their quotes demonstrate their commitment:

“When a woman is expecting, the men must be always close to her… when it’s time for delivery, he must take her to the hospital.”

Another said:

“[Men should] take their wives to the health centre... due date for giving birth and all these, I think maybe two or three weeks, that time they can move to the health centre where they have medicines to cater for... to help.”

Yet another said:

“I felt sad that the baby died at childbirth. We should support our women, and take them to the health facility, we should be more considerate of our women.”

Some men recognized the cultural dimension affecting why men often do not stay with women and questioned whether it should continue:

 “[We must] tell the boys, maybe we should let go of some of our customs from before, especially to do with women during pregnancy. The women too must listen, and discuss among themselves, on how we can take care of each other, men and women.”
3. CONCLUSIONS AND RECOMMENDATIONS

Four recommendations emerged when the male and female viewing panel answers were analysed together.

1. Include clear messaging in subsequent ITAV episodes on the role of all community members to improve health outcomes for women and newborns.

First, MNH was not perceived as one of the most important health issues facing communities before viewing the episode. The participants identified infectious diseases such as malaria, TB and HIV/AIDS and noncommunicable diseases such as cancer and diabetes as top health issues in Papua New Guinea. None of the participants identified MNH as a top priority until the moderator mentioned it. Once mentioned, however, some participants agreed that it was important and placed it towards the top of the list. The fact that participants did not mention MNH without prompting means that greater awareness is needed of the importance of MNH. Programmes such as ITAV have an important role in raising awareness about MNH as a whole-of-community issue, not just a women’s issue.

2. Embed more awareness messages into future scripts through joint work between WHO and the ITAV producers. Likewise, intentionally add attitude and behaviour messages to future episodes.

Second, the ITAV pilot episode appears to have had a positive effect on some KAPs. The panel participants did not initially recognize MNH as a top community health issue but changed their answers after viewing the episode. They had more positive attitudes about men’s roles in supporting women, making decisions that will help their partners, and the male panellists spoke of personally advocating to other men about how to best support MNH. However, the pilot lacks knowledge messages such as facts, statistics and other information to prompt viewers into new ways of thinking about MNH.
3. **In future WHO outreach initiatives, consider ways to leverage cultural norms to position MNH as a priority for communities, not only women.**

Third, cultural norms (including taboos) appear to be factors influencing men’s support for pregnant partners and the role of men in the first few months of a child’s life. Cultural norms are difficult to change, and both the male and female viewing panels identified cultural traditions as keeping men out of the birth process. It was concluded that most of the female participants knew about childbirth issues based on their experiences and/or knew women who died from childbirth-related complications. However, when asked about priority health issues, the panellists did not bring up maternal health. It was only after viewing the episode that they became passionate about it. It would seem that cultural and social norms and practices have suppressed issues surrounding childbirth, related complications and maternal death. This may be why panellists overlooked MNH issues and other women’s health issues that affect them directly. The most successful communication campaigns acknowledge and build on culture.

4. **Continue collaboration between WHO and the Ministry of Health of Papua New Guinea to improve local clinics and build trust that clinics in rural areas will provide improved health-care services, especially around MNH.**

Fourth, both panels acknowledged that rural health facilities are inadequately equipped and that there are patterns as to why women (and men) do not visit clinics in the prenatal and birth stages. Participants saw the need for improved health-care services, including more trained health workers, especially in rural areas. Ill-equipped facilities do not engender trust, and transportation to clinics is also problematic. Community-oriented programmes should be bolstered by health system strengthening.

Some limitations of the MEL analysis also need to be acknowledged. The KAPs identified from the viewing panel responses provide great insight into public perceptions but cannot be generalized to the whole of society. The participants’ answers – and change in perceptions – may be short term and they may not follow through on what they talked about. Nevertheless, the viewing panel data show that the men and women changed their attitudes towards MNH after viewing the episode. Men on the panels spoke about enacting behaviours that would support women, and women said that they want this support.

Reflecting back on the theory of change guiding the ITAV programme, the men and women who participated in these viewings appear to understand the importance of women seeking regular antenatal care and supervised delivery by a trained health worker at a health facility. They spoke about making better decisions that save the lives of women and newborn infants. The men see themselves and other men as advocates who will influence outcomes for women and children.

Future ITAV episodes should consider KAPs in script preparation and storytelling so that there can be greater impact of the programming on MNH. Viewing panels and other MEL tools may be used to help guide script development.