

# IT TAKES A VILLAGE



## A TELEVISION AND RADIO PROGRAMME ON MATERNAL AND NEWBORN HEALTH

Pilot Episode Measurement, Evaluation and Learning (MEL) Report  
July 2021



**World Health  
Organization**

Representative Office  
for Papua New Guinea

**CH COMMUNICATION  
FOR 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.



预览已结束，完整报告链接和二维码如下：

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