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## Article

# Women's television watching and reproductive health behavior in Bangladesh



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## ABSTRACT

Bangladesh has made significant social, economic, and health progress in recent decades, yet many reproductive health indicators remain weak. Access to television (TV) is increasing rapidly and provides a potential mechanism for influencing health behavior. We present a conceptual framework for the influence of different types of TV exposure on individual's aspirations and health behavior through the mechanisms of observational learning and ideational change. We analyze data from two large national surveys conducted in 2010 and 2011 to examine the association between women's TV watching and five reproductive health behaviors controlling for the effects of observed confounders. We find that TV watchers are significantly more likely to desire fewer children, are more likely to use contraceptives, and are less likely to have a birth in the two years before the survey. They are more likely to seek at least four antenatal care visits and to utilize a skilled birth attendant. Consequently, continued increase in the reach of TV and associated growth in TV viewing is potentially an important driver of health behaviors in the country.

## Introduction

Bangladesh, a South Asian country with resource-scarcity and high population density, has made considerable progress in social and health outcomes and in economic improvement in recent decades. The country is on track to achieve most of the MDGs (Arifeen et al., 2014; Dhaka Tribune, September 8, 2014). Literacy has improved, especially among women; there are signs of steady but consistent decline in poverty; infant and child mortality and maternal mortality have reduced significantly; and the total fertility rate has reached nearly replacement level at 2.3 births per woman during 2012–2014 (NIPORT et al., 2016).

Although Bangladesh has made significant social, economic, and health progress in recent decades, much progress remains to be made in the area of reproductive health. Despite recent declines, the maternal mortality rate in 2010 was 194 deaths per 100,000 live births (NIPORT et al., 2012). The idea that a pregnant woman should have antenatal check-ups with a medically trained provider, should deliver at a health facility, or should have a post-natal check-up, is new, especially in rural areas where over 70% of people live. Delivering a child at home has been the norm in the recent past; in the early 2000s, less than 10% of deliveries took place at facilities (Streatfield et al., 2002). In the same

period, only about 33% of pregnant mothers received antenatal care from medically trained providers (NIPORT et al., 2004). Fertility norms have been changing over a longer period, associated in part with a strong family planning program. In the early 1980s, about 55% of two-child mothers wanted to have additional children (Mitra et al., 1983). In 2014, only about 21% of two-child mothers want to have additional children; however 25 percent of recent births were reported to be mistimed or unwanted (NIPORT et al., 2016).

TV owning and watching has grown rapidly in Bangladesh in the last 25 years. In the early 1990s only 7% of households owned a TV and less than 18% of women aged 15–49 watched TV (Mitra et al., 1994). Recently, possession of TV and watching TV has reached over 40% and 50%, respectively (NIPORT et al., 2013, 2016). TV watching is markedly more common in urban than rural areas (80% vs. 40%). In this context of rapid expansion of access to mass media, low use of modern health care, and largely traditional lifestyles, there is marked potential for mass media, especially TV, to act as a health behavior change catalyst. The effect of health awareness-raising programs on health behavior is fairly well established (Wakefield, Laken, & Hornik, 2010), but we argue that TV watching for entertainment can have an independent influence on reproductive

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health behavior through the mechanisms of observational learning and information processing.

### Conceptual framework

#### *TV watching, observational learning, diffusion, and behavior*

There are two main mechanisms through which media in general and TV in particular have been hypothesized to affect people's lifestyle aspirations and behavior: "observational learning" and "information processing" (Bandura, 1994; Huesmann et al., 1986). The proponent of these mechanisms argued that people learn new behaviors by watching others. Observation of a behavior increases effective attention which increases retention of the information learned about the behavior in memory. Once information is stored in memory, it can sustain even in the absence of any behavioral manifestation until individual aspirational processes lead to its expression (Bandura, 1994). Television provides people with access to a wide range of observational learning experiences so it follows that people should learn a great deal from viewing others on television. Television programming helps viewers acquire various types of prosocial behavior such as "altruistic," "friendly," and "self-controlled" behaviors (Rushton, 1982). Experimental investigations, from both laboratory and naturalistic settings, show that television and film programs can modify viewers' social behavior.

Anthropological, ethnographic, and sociological studies in low income countries argue that entertainment TV exposes viewers to the outside world and other ways of life and ideas which are new to them (Barber & Axinn, 2004; Mankaker, 1993; Pace, 1993). TV watching was found to influence a wide range of day-to-day lifestyle behaviors, including reproductive behaviors. Ferrara, Chong, & Duryea, 2012 provides evidence from Brazil that television soap operas in which a small family is portrayed as ideal affected individual choice to have a smaller family and thus reduced fertility. In Indonesia, Dewi, Suryadharma, & Suryahadi, 2013 found that fertility reduction was associated with increased access to television. In Nepal, Barber and Axinn (2004) found that mass media is associated with childbearing behavior, and with preference for a small family, reduced son preference, and tolerance of contraceptive use. A significant reduction in reported son preference and pregnancy rate was observed following the introduction of cable TV in four states of India and the capital, Delhi (Jensen & Oster, 2009). Son preference is associated with high fertility and child mortality (Arnold et al., 1998; Das Gupta, 1987). In Southern India, watching TV or listening to radio was associated with use of maternal health care (antenatal care (ANC), facility delivery, and skilled birth attendance) and childhood immunization (Navaneetham & Dharmalingam, 2002).

Analysis of the World Values Surveys during the 1980s and 1990s demonstrated that television can modify the viewers' perception of the world and how to live in it; television viewing was found to be a contributing factor to raising individual income aspirations, but higher income aspiration lowered the effect of higher income on individual happiness (Bruni & Stanca, 2005). Jensen and Oster (2009) found evidence that the rapid spread of cable and satellite television in India was associated with significant positive changes in gender attitudes and norms, including decreased reported acceptability of intimate partner violence and increases in women's autonomy. However, television exposure and specific content of television entertainment can have negative effects on behavior, especially among children and adolescents. See, for example, Anderson et al. (2001), Gerbner and Gross (1976), Hughes (1980), and Pearl, Bouthilet, and Lazar (1982) for their work on the effects on children and adolescent norms and behavior of TV entertainment programs.

Summarizing television effects, Rushton (1982) maintained "*The message is clear: People learn from watching television, and what they learn depends on what they watch. Television is much more than mere entertainment; it is also a major source of observational learning experiences, a*

*setter of norms. It determines what people judge to be appropriate behavior in a variety of situations. Indeed it might be that television has become one of the most important agencies of socialization that our society possesses.*"

#### *Pathways of TV effects on health behavior*

The pathways through which TV watching can affect health behavior is depicted in a simplified manner in Fig. 1. We identify three main pathways: 1) sponsored health mass media campaigns that specifically aim to change health behavior; 2) mass media coverage of health topics that are not aimed to change behavior but do; and 3) general mass media entertainment (e.g., dramas or movies that deal with familial and social issues) that does not specifically aim to cover health but may change norms and aspirations leading to changes in health behavior.

#### *Sponsored health programming through television*

Health communication programs are designed to change particular behaviors. They can include donor-sponsored programming but also private sector advertising and programming to promote particular products or behaviors. There are numerous examples of the effects of media campaigns on health behavior change (Wakefield et al., 2010). For example, in family planning, spread of information through mass media was found to be associated with contraceptive use (Cleland & Ali, 2006). In Bangladesh, use of immunization services was associated with national campaign exposure (Hutchinson et al., 2006). Also in Bangladesh, the NGO Service Delivery Program (NSDP) aired a drama serial to promote specific health messages for about six months which became very popular; a study showed that health care utilization was significantly higher among the serial watchers than non-watchers after controlling for confounding factors (Rahman, Timmon, & Shahjahan, 2007). However, in their review article, Pegurri, Fox-Rushby, & Damian, 2005 documented no effect on vaccination of mass media campaigns alone.

#### *Health reporting through television*

Health reporting that is commonly done in the media can affect health awareness and subsequent behavior although it is not specifically designed to change behavior. Examples include general reporting of side effects of drugs, findings of new studies, documentaries, news coverage (e.g., on health systems), etc. From such reporting, people learn about the availability of new health technologies, services, or products along with sources of such products and services, or learn about day-to-day issues associated with health service delivery. Such reporting leads to acquisition of new ideas of and aspirations for health behavior or healthcare utilization. For example, in the US, media coverage of the public debate over risks of children's aspirin consumption was associated with an abrupt decline in use of aspirin in children and in the incidence of the diseases associated with its use (Soumerai, Ross-Degnan, & Kahn, 1992). General health reporting can also influence health behavior negatively, however, especially if it is inaccurate or overly simplified (e.g. Skjeldestad, 1997; Mason & Donnelly, 2000).

#### *Television entertainment programming*

Entertainment, such as reality TV, drama, movies, chat shows, etc., is the principal product of the television industry. Most viewer time spent on TV is on entertainment and this is a primary avenue for TV to affect lifestyle aspirations and behaviors. TV entertainment, especially drama and movies, attract people's interest and also move them emotionally (Kincaid et al., 1988). In the US, the popular MTV reality show "16 and Pregnant" follows the lives of real teenage girls who are pregnant. A recent analysis suggests that the show may be associated with up to third of the recent reduction in teenage pregnancy in the US (Kearney & Levine, 2014). Stories in TV dramas and movies in Bangladesh and South Asia commonly deal with ordeals of personal or family life associated with scarcity of resources. Young men or women from large families cannot achieve what their counterparts from a small

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