Digital Health for Social and Behavior Change:
New Technologies, new ways to reach people

August 9th, 2018

IBP Initiative
Scaling up what works in family planning/reproductive health

HIP | FAMILY PLANNING
HIGH IMPACT PRACTICES

FP 2020
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Peggy D'Adamo, USAID, Moderator

Peggy has a background in ICTs for Development and Knowledge Management. She currently works as Knowledge Management Advisor for USAID's Global Health Bureau, Office of Population and Reproductive Health and serves as the AOR for the Knowledge for Health Project (K4Health). Prior to joining USAID in 2008, she worked at Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (CCP).

- **Welcome and Introduction**

- **Presentations**

- **Q & A**

- **Closing**

Before we Begin

Webinar will be recorded

Submit your questions anytime! We'll do Q&A after the presentations

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POLL

Digital Health for Social and Behavior Change: New technologies, new ways to reach people

August 9, 2018

Peggy D'Adamo

USAID Office of Population and Reproductive Health

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INTRODUCTION TO WEBINAR - 1

What are High Impact Practices(HIPS)?

- Evidence-based family planning practices vetted by experts and documented in an easy-to-use format.

- The HIP briefs can be used for advocacy, strategic planning, program design, looking at research gaps, to inform policies and guidelines, and to support implementation.

- Briefs are grouped into three primary categories:

  - Enabling Environment: Systems or structural interventions which affect factors indirect to contraceptive use

  - Service Delivery: Changes in the organization of services which directly affect access, availability, and quality of family planning services

  - Social and Behavior Change: Interventions which directly affect knowledge, attitudes, behavior, and social norms that influence contraceptive use

INTRODUCTION TO WEBINAR - 2

- Today's webinar will focus on a new brief in the Social and Behavior Change group: Digital Health for Social and Behavior Change: New Technologies, New Ways to Reach People.

- This brief is ranked as a PROMISING PRACTICE.
  A promising practice has limited evidence, with more information needed to document implementation experience and impact.

- It provides an update to evidence shared in an earlier HIP brief and is complimentary to another brief focused on digital health titled Digital Health for Systems: Strengthening Family Planning Systems Through Time and Resource Efficiencies which was published in September 2017.

INTRODUCTION TO WEBINAR - 3

Today's Learning Objectives:

- Participants have a better understanding of the Digital Health for SBC brief

- Share implementation successes and challenges in using digital and mobile technology in communicating with family planning clients

POLL

Tara Miller, FHI 360

Tara Miller is a Technical Officer for Research Utilization at FHI 360, where she supports RU activities in a variety of technical areas, including family planning and SRH. She brings an RU lens to digital health work, ranging from online knowledge management and social media to engage local stakeholders with evidence, to supporting adaptation of m4RH, an SMS platform delivering FP and SRH information to women and adolescents in developing countries.

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Trinity Zan, FHI 360

Trinity is a Technical Advisor in FHI 360's Research Utilization unit. She works on building research-to-practice linkages and promoting best practices in FP. Trinity is a key member of the team that developed Mobile for Reproductive Health (m4RH), a mobile-phone based information service that has won several awards. She has experience in synthesizing and disseminating evidence on digital health; developing guidance documents; engaging communities of practice at the global, regional and country levels. She is currently the co-chair of the Global Digital Health Network.

Digital Health for Social Behavior Change: New technologies, new ways to reach people

Tara Miller, Research Utilization Technical Officer, FHI 360

Trinity Zan, Research Utilization Technical Advisor, FHI 360

August 9, 2018

Background

Background on Digital Health HIP Briefs

Key Terms

Digital Health

"Digital health…is an umbrella term that encompasses all concepts and activities at the intersection of health and information and communications technologies (ICTs). This includes the delivery of health information, using ICTs to improve public health services, and using health information systems to capture, store, manage or transmit information on patient health or health facility activities." (USAID)

Social Behavior Change (SBC)

"Interventions that seek to change behaviors by addressing factors such as knowledge, attitudes, and norms, known collectively as social and behavior change (SBC) interventions…Social and behavior change interventions shape not only demand, but also communication between health providers and clients, families' and couples' communication, and the engagement of community leaders and other influencers in promoting the adoption of healthy behaviors and practices." (USAID)

Methods

- **Inclusion criterion**
  - "peer-reviewed articles and grey literature highlighting the use of digital health technology to advance family planning in LMICs"

  - Pubmed, mHealth Evidence, USAID mHealth compendiums

  - Restricted to 2013-2017

- **Search terms**
  - ("contracept*" or ("family planning")) and mHealth; ("contracept*" or ("family planning")) and "digital health"); (("family planning" OR contracept*) AND Facebook); (("family planning" OR contracept*) AND Twitter); (("family planning" OR contracept*) AND "social media"); (("family planning" OR contracept*) AND "text message"); (digital health" AND ("family planning" OR contraception) AND "cost" AND "scale")

Theory of Change

Barriers	High Impact Practice	Intermediate Outcomes (Individual, Social, Tertiary)	Outcomes
Lack of accurate information about contraceptive methods, including medical eligibility and side effects	Digital technology to support healthy sexual and reproductive behaviors	Increased partner dialogue around family planning and contraception	Increased uptake of contraception
Low risk perception		Shifts in perceptions of social norms to support family planning and contraceptive use	
Concerns with privacy, stigma, and autonomy when seeking family planning information		Increased awareness, knowledge, self-efficacy and risk perception	
Low self-efficacy		Supportive attitudes, beliefs, and intention to use contraception	Increased correct and consistent use of contraception
Norms that discourage family planning and contraceptive use		Increased access to family planning information and services	

Findings

Measurement
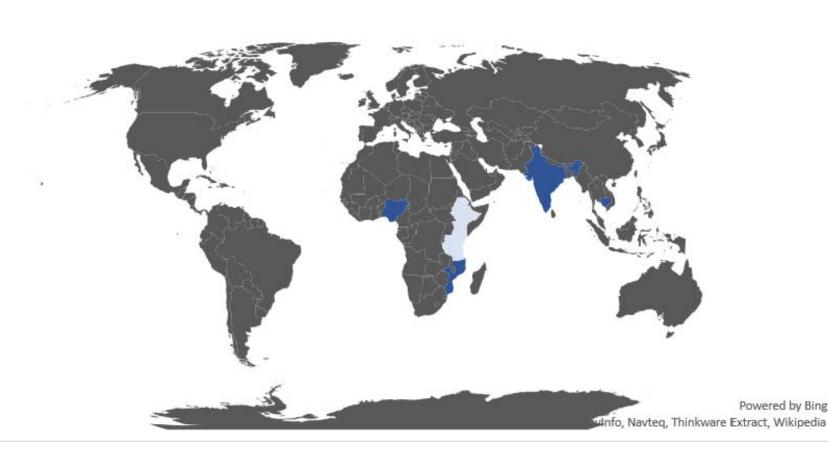
- **Variances in study and intervention design**
  - Study size
  - Study objectives
  - Standalone vs embedded interventions

- **Outcomes measured and reported differently**

- **Vastly different populations**
  - Target population
  - Population reached

Digital Health for SBC Implementation Locations

Digital Health SBC Intervention Implementation Countries

In Jakarta, Indonesia, a mother of one who want[s] delay her next pregnancy navigates a new mob[ile] health application for family planning.
© 2016 Radha Rajan, Courtesy of Photoshare

Intermediate Outcomes

Digital technologies for clients:

1. contribute to improving sexual and reproductive health knowledge; influencing attitudes, beliefs, and expectations; and increasing self-efficacy in support of healthy reproductive behaviors

2. may contribute to shifting norms and increasing social support for healthy reproductive behaviors

3. may offer more options to reach young people

Outcomes: Increased Uptake of Contraception

- **Men and women with sufficient exposure to digital health programming may be more likely to use modern contraceptives than those unexposed**

  - **Three of the five studies** that tracked changes in contraceptive behavior **documented significant increases in modern contraceptive use,** at least in the short term

  - **A fourth study found increase in use of particular methods**, but these trends were not aggregated for all modern method use

  - **Only the program in India found no significant change in contraceptive use** among participants interviewed at follow-up

Outcomes: Increased Uptake of Contraception

Country	Participant Description	Intervention	Summary Result
Cambodia[23]	Women (n=249 intervention, n=251 control) receiving postabortion services; the majority were aged 25 years or older and married. Interviews at 4 and 12 months.	In addition to standard of care, intervention participants received six automated IVR messages every 2 weeks for the first three months following abortion with a basic reminder about contraceptive use and the option to receive phone support from a counselor to discuss their chosen contraceptive method. Participants in the intervention group who chose oral contraceptives or injectables could also opt to receive reminder messages (e.g., when to receive a new injection) via SMS.	Women in the intervention group were more likely than those in the control group to report contraceptive use at 4 months (64% versus 46%, respectively; relative risk: 1.39). At 12 months, differences in contraceptive use were no longer statistically significant. There was no significant difference between the groups in repeat pregnancies or abortions at 4 or 12 months.

Outcomes (cont'd)

Country	Participant Description	Intervention	Summary Result
India[12]	Men and women ages 19 to 86 who used the Life Tools SMS platform (n=305 baseline, n=117 endline); 72% of participants were men and the majority were married.	Participants were sent a series of 65 SMS messages covering a range of topics around sexual and reproductive health (e.g., the menstrual cycle, family planning options) over a 16-week period.	No significant change in contraceptive use among participants interviewed at follow-up was observed.
Mozambique[13]	Men and women ages 18 to 24 in the Matola and Inhambane City districts (n=895 baseline, n=504 endline). At endline, the majority of participants were ages 20-24, about half were women, and over 70% of all participants had never been married. Endline interviews were conducted after three months of receiving the SMS messages.	SMS-based story messages (fictional narratives, based on behavior change theory, following a young person's decision to use family planning) were sent three times a week for eight weeks followed by information on contraception three times a week for four weeks. Participants also had access to a menu of frequently asked sexual and reproductive health questions.	Contraceptive use data were not aggregated. However, the study reported increases in particular methods within certain populations. For example, there were significant increases in current use of combined oral pills for female youth without children and the partners of male youth with and without children.

Outcomes (cont'd)

Country	Participant Description	Intervention	Summary Result
Nigeria[18]	Women ages 18 to 35 in Kaduna city (n=221 intervention, n=344 control). Study participants were an average age of 27 years, and 58% of study participants were married. Post-study surveys were conducted at an average of six weeks after the pre-study survey.	Participants opted to receive a series of 17 prerecorded IVR calls daily or twice a week, which included a drama segment (fictional stories related to using family planning methods) followed by an interactive component where participants could choose to listen to additional information and answer call-related quizzes. After each "regular" call, participants received SMS-based reminder messages about the key message from the previous call.	Modern contraceptive use among the intervention group increased significantly (from 23% to 37%) while contraceptive use in the control group remained nearly the same (at about 21%).
Nigeria[19]	Men (n=652) and women (n=670) in Kaduna city. The average age was 33 years for men and 29 years for women; 99% of men and women in the study were married. Post-study surveys were conducted after participants completed all 17 IVR calls.	A series of 17 prerecorded IVR calls were sent every 2 days and included a drama segment (following a fictional couple making choices about family planning) followed by an interactive component where participants could choose to listen to additional information and answer call-related quizzes. Three "quiz calls" were also sent during the intervention. One day after each "regular" call, an SMS "challenge" text was sent with a discussion prompt for the participants to practice new skills with his or her partner.	Modern method use increased significantly from 36% to 50% among women and from 35% to 41% among men. Women with high exposure* were twice as likely to use a modern method as women with low exposure. For men, high exposure increased the odds of using a modern method by 36%.

Tips, Priority Research Questions, and Tools

Tips from Implementation Experience

A newlywed college student in Jakarta, Indonesia, uses a mobile app for family planning to learn about contraceptive methods that may help delay her first pregnancy until she finishes her degree and secures employment. 2016 Radha Rajan, Courtesy of Photoshare.

- **Engage early and often with end-users**
  - To determine preferences for format, language, frequency, and dose of messaging
  - To understand literacy levels
  - To test for comprehension and content appropriateness

- **Consider privacy protection**

- **Budget accurately**

- **Consider sustainability**

- **Use existing features to support robust M&E**

Priority Research Questions

➢ Does the use of digital applications (e.g., SMS, IVR, social media) positively impact contraceptive behavior change and social norms? Which platforms (e.g., SMS, IVR, social media) are most effective?

➢ What is the cost, reach, and potential for sustainability of using digital health applications in different contexts?

Tools and Resources

mHealth for Behavior Change Communication Brief: Why mHealth Messaging? describes the importance of, and different channels for, mHealth messaging, as well as step-by-step guidance for creating an mHealth messaging program.
https://www.measureevaluation.org/resources/publications/fs-15-149

Gender and Information Communication Technology (ICT) Survey Toolkit provides resources for gender and information and communication technology landscape assessments and instructs users on how to interpret the findings and apply the learnings to their project and program portfolios.
https://www.usaid.gov/sites/default/files/documents/15396/Gender_and_ICT_Toolkit.pdf

A Practical Guide for Engaging with Mobile Network Operators and mHealth for RMNCH provides key motivators, challenges, and recommendations for mHealth service providers (e.g., developers and implementers) to strategically partner with mobile network operators.
http://www.who.int/reproductivehealth/publications/mhealth/mobile-operators-mhealth/en/

Global Digital Health Network forum provides leadership in digital health (mHealth, eHealth, and information and communication technologies) and offers a collaborative gathering space where members can share perspectives, resources, and practical guidance related to implementation across a range of technical areas. https://www.mhealthworkinggroup.org/

References

A complete list of references used in the preparation of this brief can be found at:
http://www.fphighimpactpractices.org/briefs/digital-health-sbc/

Caitlin Loehr, JHU-CCP

Caitlin is a Program Officer at the Johns Hopkins Center for Communication Programs (CCP), where she supports Francophone projects across a variety of health technical areas. Caitlin is a specialist in media and technology for international development, with a particular interest in following a human-centered design process to use media and technology for effective social and behavior change communication. Her experience has spanned from an interactive agricultural radio program in Malawi, to mobile phone-based election monitoring in Mali.

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Rationale for tools

Women often lack the skills and confidence to communicate their needs, concerns and desires when visiting a family planning provider

➔ **Smart Client** aims to help women become *informed, empowered* and *confident* users of FP services and methods

Men may think that they should not be involved throughout the process of adopting and continuing to use family planning

➔ **Smart Couple** aims to encourage women and men to be *informed, supportive* and *equally involved* in making decisions and taking actions related to the use of FP services and methods.

Development of tools

- Interactive Voice Response (IVR) tools developed by the Family Planning team of the USAID-funded Health Communication Capacity Collaborative (HC3) project

- Tools built using VOTO Mobile platform, content recorded locally

- Content pretested and tool prototype tested in Nigeria and Cote d'Ivoire

- User studies of each tool conducted in Kaduna, Nigeria to test the effects of the tools

Design of tools

Series of **17 calls** designed to be listened to sequentially

- 1 introduction call
- 13 "episode" calls
- 3 quiz calls (interspersed)

Episode calls: multiple segments per call - some automatic, others optional

- Introduction, drama, testimonial, sample dialogue, friend-to-friend chat, quiz question
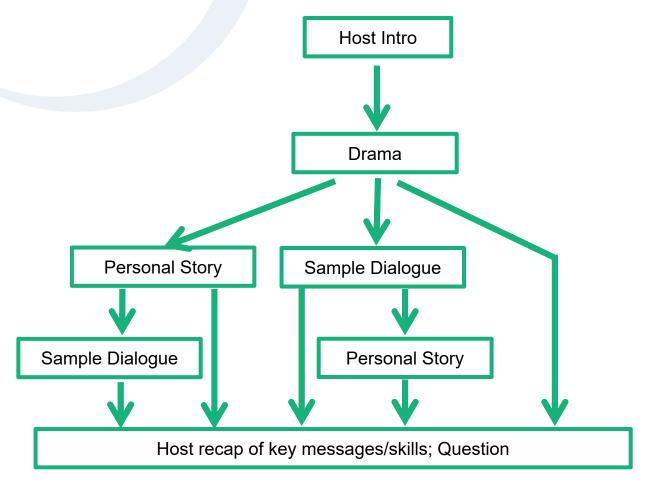
Quiz calls: 3-5 questions to test knowledge of key messages/ themes

Supporting SMS after each episode call to reinforce key messages

Episode Call Structure

```
                    ┌─────────────────┐
                    │   Host Intro    │
                    └─────────────────┘
                             │
                             ▼
                    ┌─────────────────┐
                    │      Drama      │
                    └─────────────────┘
              ┌──────────────┼──────────────┐
              ▼              ▼               │
    ┌─────────────────┐  ┌─────────────────┐ │
    │ Personal Story  │  │ Sample Dialogue │ │
    └─────────────────┘  └─────────────────┘ │
          │      │            │              │
          ▼      │            ▼              │
  ┌─────────────┐│   ┌─────────────────┐     │
  │Sample       ││   │ Personal Story  │     │
  │Dialogue     ││   └─────────────────┘     │
  └─────────────┘│         │                 │
        │        │         │                 │
        ▼        ▼         ▼       ▼          ▼
  ┌────────────────────────────────────────────────┐
  │  Host recap of key messages/skills; Question   │
  └────────────────────────────────────────────────┘
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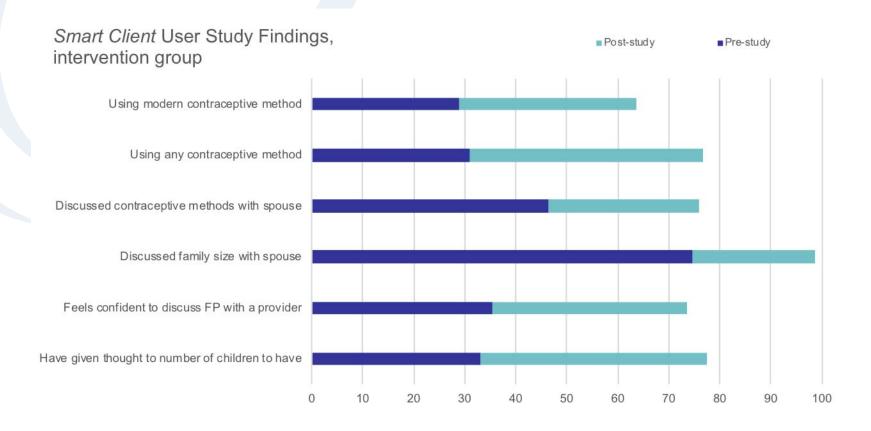
Evaluation Methods

- Quasi-experimental, pre-post design

- For each study: six wards selected from each of two LGAs in Kaduna city

- Smart Client User Study: 250 women (92 intervention; 148 control) completed both baseline and endline surveys

- Smart Couple User Study: 670 women and 652 men completed pre- and post-intervention survey

- Smart Client User Study used automated (IVR) surveys; Smart Couple used in-person surveys

User Study Results

Smart Client User Study Findings, intervention group

Legend: Post-study, Pre-study

Categories (top to bottom):
- Using modern contraceptive method
- Using any contraceptive method
- Discussed contraceptive methods with spouse
- Discussed family size with spouse
- Feels confident to discuss FP with a provider
- Have given thought to number of children to have

X-axis: 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100

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User Study Results

Smart Couple User Study Findings

- Currently using modern contraceptive method
- Currently using any contraceptive method
- Intention to use contraceptive method
- Discussion of family size with spouse
- Discussion of visiting FP provider with spouse
- Discussion of FP methods with spouse
- Discussion of FP with spouse

■ Men post-study   ■ Women post-study   ■ Men pre-study   ■ Women pre-study

User Study Results

- Participants in both studies had very positive opinions about the content and the user experience

- However, listenership analytics revealed that participants did not access most content or interactive features

  – Average duration of listening: 5:43 minutes (Smart Client); 5:25 minutes (Smart Couple women); 4:29 minutes (Smart Couple men)

  – Most participants did not access optional segments

  – Number of Smart Client participants answering in-call questions ranged between 45 and 69 participants; ranged between 256 and 601 for Smart Couple

Conclusions

- Significant positive results about effects of the tool point to potential for tool to be used for promoting positive contraceptive attitudes and behaviors

- Entertainment-education via IVR proved popular and effective

- However, current format and approach of intervention should be modified to improve accessibility of content

  - High attrition rate could be lowered by reducing the number of calls and length of each call

  - In-call questions proved to be challenging for participants with limited numeracy skills and lower levels of comfort with using telephone keypad

Using the Smart Client & Smart Couple tools

- Lessons learned informed recommendations in an Adaptation Guide

- Tool documents are available on HC3 website to provide info and guidance to other FP projects interested in adapting and adopting the tool as another channel for reaching their target audience
  - Tool background, objectives and approach
  - Full scripts
  - Adaptation Guide
  - User Study report
  - Audio files available upon request

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Katia Amado, Pathfinder International Mozambique

Katia Amado is a medical doctor who graduated from Eduardo Mondlane University. She also has a masters in healthcare administration from Walden University. Prior to joining Pathfinder, Katia worked as clinician at the district level supporting the national FP program as an advisor at Ministry of Health. She is now managing a project focused on maximizing opportunities in Family Planning in six urban districts and works closely with MOH acting as a Co-chair of national FP Technical Working Group and Adolescents and Youth TWG.

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Digital Health for Social and Behavior Change

Using *dHealth* to Reach Youth with Comprehensive Sexual Health Information in Mozambique
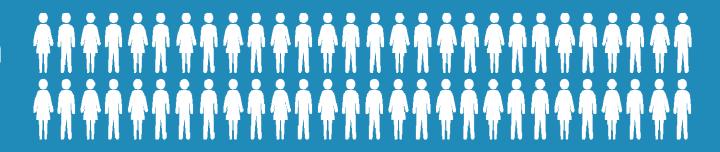
Katia Amado

PRESENTATION OUTLINE

- Why is mHealth a feasible approach for young people in Mozambique?

- mCenas!: Pathfinder Mozambique Experience – *from pilot to scale*

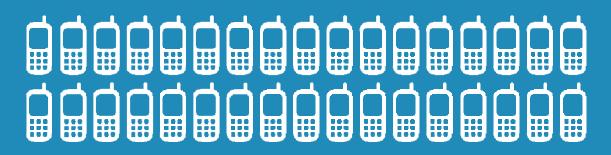- Lessons learned using SMS as mechanism to deliver comprehensive sexual health information
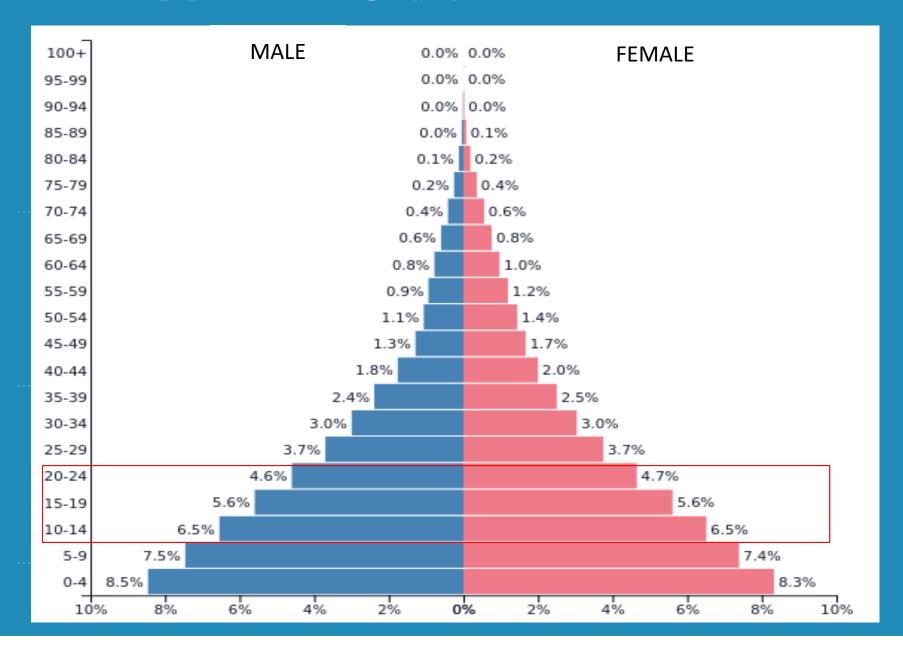
The opportunity (1)

28 Million
People

13 Million
Mobile Phone Users

Around 67% live in underserved areas
Limited Access to Healthcare

The opportunity (2)

Population pyramid showing MALE (blue, left) and FEMALE (pink, right) by age group.

Age	MALE	FEMALE
100+	0.0%	0.0%
95-99	0.0%	0.0%
90-94	0.0%	0.0%
85-89	0.0%	0.1%
80-84	0.1%	0.2%
75-79	0.2%	0.4%
70-74	0.4%	0.6%
65-69	0.6%	0.8%
60-64	0.8%	1.0%
55-59	0.9%	1.2%
50-54	1.1%	1.4%
45-49	1.3%	1.7%
40-44	1.8%	2.0%
35-39	2.4%	2.5%
30-34	3.0%	3.0%
25-29	3.7%	3.7%
20-24	4.6%	4.7%
15-19	5.6%	5.6%
10-14	6.5%	6.5%
5-9	7.5%	7.4%
0-4	8.5%	8.3%

mCenas!

PILOT INTERVENTION

- USAID-Funded Extended Service Delivery/Family Planning Initiative Project ; Technology Partner Dimagi, Inc.

- July 2010 – July 2014, 2 provinces

- Goal:
  - Youth have greater access to contraception, reproductive health, and HIV services through youth-friendly health centers

- Population: 28 million

- Urban population: 32%

- Rural population: 68%

- Population under age 24: 65%

OVERALL DESIGN OF mCENAS! (MOBILE SCENES)

- Youth need information **AND** strategies to address range of barriers

- Using SMS, we utilized narratives, the cornerstone of Pathfinder's behavior change approach

- Drew on experiences and lessons learned of other SMS and mHealth programs globally (m4RH designed by FHI360)

- Complement stories with:
  - A way for youth to receive straightforward information on methods
  - A mechanism for interactivity and a way to address sexuality, sexual health, rights, and reproductive health

mCenas! HAVE THREE COMPONENTS

1. Story using barriers and facilitators identified by youth

2. Informational messages on contraceptive methods

3. Interactive frequently asked questions menu on range sexual health and reproductive health topics

Content Development Process

STORY DEVELOPMENT

- The *Pathways to Change* game was used with youth to gather information about barriers and facilitators of contraceptive use and to generate initial story ideas

- 2 stories developed for parenting and non-parenting youth

- Story line in 24 chapters
  - Each chapter shoe-horned into three 160 character (Portuguese) SMS messages
  - 8 weeks, 3 chapters per week

- First person narrative style chosen

- Texting slang/abbreviations essential

TARGET AUDIENCE AND ENROLLMENT

- Free Service for Youth

- Parenting and non-parenting youth, 15 – 24 years

- Have own cellphone, ability to use text SMS

- Initially the enrolment was conducted by 20 peer educators from two youth community-based organizations of Matola in Inhambane trained to register youth in mCenas!
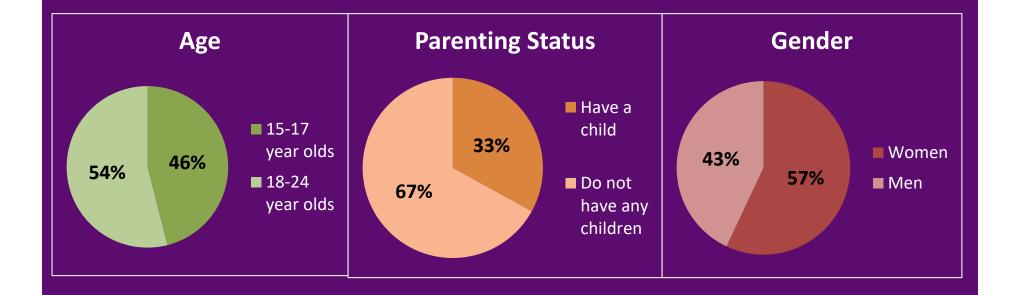
TOTAL ENROLLMENT IN mCENAS!

Phase I

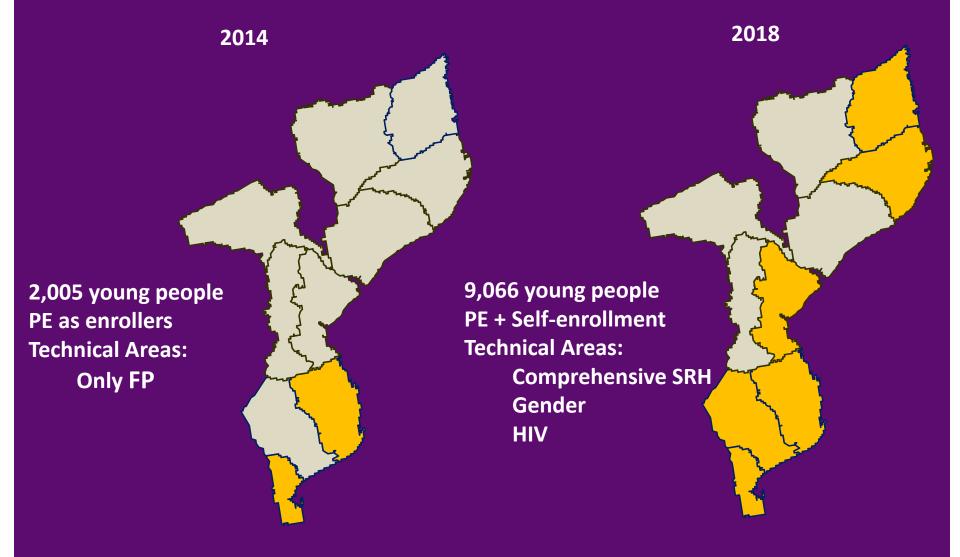- Enrollment period: September 2013 until February 2014
- **2,005 young people** enrolled in mCenas!

Age

54% 46%

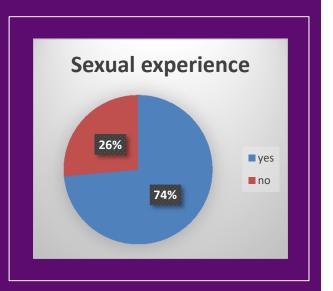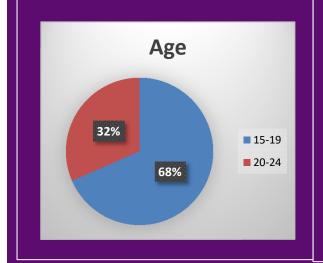- 15-17 year olds
- 18-24 year olds

Parenting Status

33% 67%

- Have a child
- Do not have any children

Gender

43% 57%

- Women
- Men

From **Pilot** to **Scale**

ENROLLMENT IN mCENAS!

Sexual experience

26%

74%

- yes
- no
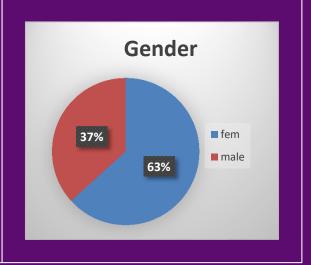
Phase II

- Enrollment period: 1st six months 2018
- **9066 young people** enrolled in mCenas!

Age

32%

68%

- 15-19
- 20-24

Parenting status

16%

84%

- have a child
- do not have a child

Gender

37%

63%

- fem
- male

INFORMATION REQUESTS: SEXUALITY FAQ MESSAGES 1ST SIX MONTHS 2018
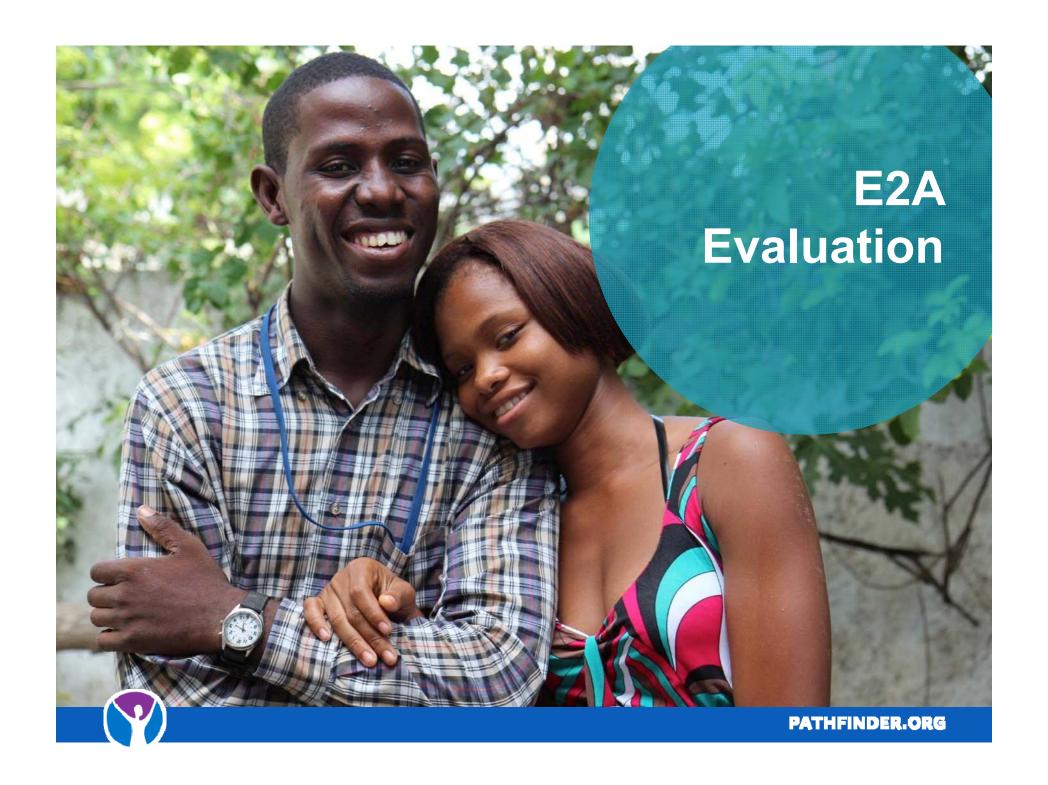
Menu Messages	Number of Requests (N=8263)
Am I ready for sex?	8% (668)
Masturbation	6% (481)
Sexual pleasure	7% (577)
Can I be pregnant?	4% (345)
Can I have an STI or HIV?	4% (356)
Am I ready to have a child?	4% (336)
Menstruation	4% (296)
Sex and violence	3% (225)
Personal hygiene	5% (398)
Post-abortion	3% (208)
Circumcision	2% (134)
Sex post-partum	3% (258)
HIV and pregnancy	2% (186)

INFORMATION REQUESTS: CONTRACEPTIVE METHODS 1ST SIX MONTHS 2018

Contraceptive Method	Number of Requests (N=1468)
Implants	12% (173)
Pills	5% (77)
Injectable	5% (70)
IUD	4% (52)
Male condom	3% (44)
Fem condom	2% (35)
FAQ	63% (928)

E2A
Evaluation

Lessons Learned

LESSONS LEARNED

- Use of a local script writer, story-based messages, text message slang, and participatory design process with youth was essential

- SMS is an acceptable and feasible method to deliver sensitive and confidential SRH information for young people

- Interventions resulted in increased contraceptive knowledge, comfort and intention to use methods

- Integrating SMS interventions within larger service delivery projects is critical to ensure supply for demand created

- Narratives and interactivity is the suggested best practice

- Scaled SMS projects can become costly; need for business models and market research on willingness to pay for sustainability

- Both experiences suggest youth might be willing to pay for the service
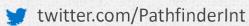
CITATIONS

- E2A mCenas Evaluation:
  http://www.e2aproject.org/publications-tools/assessing-the-effects-of-mcenas.html?referrer=https://www.google.ca/
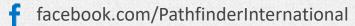
KHANIMAMBO

Pathfinder
INTERNATIONAL
Sexual and reproductive health
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facebook.com/PathfinderInternational

Youtube/user/PathfinderInt
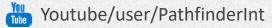
Digital Health for Social and Behavior Change:

New Technologies, new ways to reach people

Q & A

Before we close:

Recording will be shared tomorrow.
Also find it here:
http://fphighimpactpractices.org/briefs/digital-health-sbc/

Presentation available here:
http://fphighimpactpractices.org/briefs/digital-health-sbc/

IBP Initiative
Scaling up what works in family planning/reproductive health

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Join us at the next HIPs webinar:

Social Franchising: August 23rd, 2018

Register here:

https://attendee.gotowebinar.com/register/
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For more information, please visit:

www.fphighimpactpractices.org

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www.familyplanning2020.org

THANK YOU

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