

# IMPROVING HEALTH AWARENESS THROUGH MOBILE BASED HEALTH MESSAGES IN BANGLADESH

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## ABSTRACT

**BACKGROUND** MAMA Bangladesh is poised to reach approximately 3 million pregnant women, new mothers and their families within 3 years of national scale service with voice (IVR) and text (SMS) messages and achieve sustained improvements in health knowledge, behaviors, and outcomes under the brand name “Aponjon” (meaning the ‘trusted one’). During a successful pilot phase, “Aponjon” served 1403 subscribers in a few selected urban and rural areas of Bangladesh. A core research team had evaluated various aspects of the service before large scale roll out at a national level.

**PURPOSE** Formative research attempted to evaluate and understand users’ acceptance level of the service, get closer understanding of willingness to pay for the service, understand role of community health workers and popular media campaigns in subscriber acquisition, analyze the mobile technology and regulatory landscape to run such an innovative mHealth service etc.

**METHOD** Formative research collected feedback from 359 subscribers through extensive in-depth interviews, phone surveys, field visits and system generated reports.

**RESULTS** Receiving information through mobile phone was well accepted by women and gatekeepers. Women who were less educated chose to receive recorded voice messages while women who were educated chose text messages. Not all women had access to mobile phones, 41% of women depended on the handset of their family members. A significant number (53%) of gatekeepers opted to receive the service alongside the women. Families were following advice on immunization, nutrition, family planning, hygiene, breastfeeding and household healthy practices towards pregnant members, infants and mothers. Though trust on mobile content is high (91%) willingness to pay for mobile based messages is low across all socio-economic classes. Willingness to pay differs between women and gatekeepers; gatekeepers tend to pay more for the service as they control the phone bills.

**CONCLUSION** Inclusion of gatekeepers/important family members in the service is essential both from the perspective of sustained behavioral change as well as additional revenue generation. Engaging community agents is an effective way of registering the underprivileged women in rural Bangladesh. Longer term financial sustainability would depend on successful implementation of a potential business model which suggest alternative source of revenue generation and cross subsidies. infrastructure to trace and bring patients back to treatment. Treatment outcomes, such as sputum-smear or culture, testing is low. Further research is needed to evaluate this interactive intervention’s potential.